



COMMONWEALTH of VIRGINIA

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State Health Commissioner

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September 30, 2021

MEMORANDUM

TO: The Honorable Ralph S. Northam

CC: The Honorable Luke Torian, Delegate and Chair, House Appropriations
The Honorable Janet Howell, Senator and Chair, Senate Finance and Appropriations
Dan Timberlake, Director, Department of Planning and Budget

THROUGH: The Honorable Daniel Carey, MD
Secretary of Health and Human Resources

FROM: M. Norman Oliver, MD, MA 
State Health Commissioner

SUBJECT: Chapter 0001 of the Acts of Assembly of the 2021 Special Session II
VDH Reports Required for ARPA Project Appropriations

As required in Chapter 0001 of the Acts of Assembly of the 2021 Special Session II, the Virginia Department of Health (VDH) is providing implementation plans and schedules for the five projects requiring the submission of these documents. VDH will provide additional details in the quarterly update report that is due by December 31, 2021.

These reports includes the following ARPA project appropriations to VDH:

1. Broadband connectivity at local health departments
2. Electronic Health Records
3. Facility Infrastructure at VDH Central Office and Local Health Departments
4. Modernization of VDH administrative systems and software
5. Records Management System

Our staff has worked diligently since the August special session to turn these appropriations and proposals into detailed plans for implementation. We are excited about the opportunity to use these funds to improve the efficiency and effectiveness of VDH and to improve the lives of the people of Virginia.

If you have any questions or need additional information, please let me know.

RECORDS MANAGEMENT SYSTEM

American Rescue Plan Act (ARPA) State Fiscal Fund (SFF) Workplan



9/30/2021

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Context for ARPA Initiatives

The Virginia Department of Health (VDH) is excited about the opportunity presented by the appropriation of ARPA State Fiscal Funds in the August 2021 Special Session II of the General Assembly to improve public health in Virginia. The agency views this as a once in a generation opportunity and we will work tirelessly to maximize use of funds to create and sustain these initiatives. Simultaneously, VDH is fully engaged in responding to COVID-19 and protecting the health of the people of Virginia from that disease. Such emergency response efforts may impact the agency's ability to complete the ARPA initiatives on schedule. At this time, VDH is creating project plans to minimize the impacts of emergencies on local health departments in the first year and will be flexible in our implementation of these initiatives as dictated by the emergency response. When changes or impacts to plans occur, VDH will reflect that in future updates.

Executive Summary

The Virginia Department of Health (VDH) seeks to digitize and automate their current paper-based records keeping processes to make data across all offices more accessible and interoperable. The existing paper-based processes make it challenging to react and respond to real-time data inflow, which greatly increased throughout the COVID-19 pandemic, and they increase the manual effort in record storage and retrieval that results in department inefficiencies. Additionally, the physical space necessary to house the department's records is significant and constantly increasing – an issue for a department with resource and space constraints. Digitizing and automating processes that are currently paper-based enables employees to work effectively while remote, allowing departments to adhere to distancing guidelines to minimize the spread of COVID-19 and supporting employees who need to perform caretaker duties or are shielding to protect themselves and their families from COVID-19. Digitizing paper records, automating record keeping processes, and destroying physical records will all contribute to making VDH a more efficient and agile department, allowing it to better serve Virginia residents and better respond to future public health crises.

Objective(s)

VDH aims to digitize existing paper records, destroy unnecessary paper records, and automate existing paper-based record keeping processes to:

- Allow for easier and more efficient access to data across the organization and to our customers
- Allow for integration and interoperability of data across state level offices and the local health district (LHD) offices
- Eliminate the time and effort associated with manually recording, filing, and retrieving data
- Increase open space in VDH sites by digitizing or destroying paper records and removing the file storage containers

Background

As a large state agency with many different offices and functional areas, VDH has numerous records scattered across its 120 different buildings. Many of these records are paper based and physically stored in office specific repositories. Throughout the COVID-19 pandemic, reports and results came into the department in record-high numbers, and it quickly became evident that the current paper-based processes prevented VDH from quickly and accurately managing, processing, storing, and retrieving records. The additional resources that were necessary to manage the intake and processing of records meant that fewer resources could be spend directly responding to the pandemic.

Additionally, these physical records need space within VDH to be stored. In a post-pandemic work environment where space is important to maximize social distancing for in-person employees, any space constraints hinder the department's ability to safely serve its employees.

As a result of the ongoing issues with the paper record keeping processes in VDH, the extent of the paper filing in VDH's main office was assessed and documented in July of 2021. The assessment proves to be a vital tool for identifying the location and extent of paper records in VDH departments, and further demonstrates a need to digitize, with 9 of 15 offices assessed having 50% or more of current records paper-based. By digitizing these records and those in the various LHD offices, as well as automating the manual processes associated with them, VDH will emerge a more agile, efficient, and digitally enabled agency.

Problem Definition

VDH records are largely paper based and have been retained for many years, creating operational and space inefficiencies that make it increasingly challenging for the department to efficiently and effectively serve Virginia residents. In addition to digitizing records, VDH must change and improve its processes to add automation and remove future paper generation and storage.

Evidence-Based Reasoning

Data and technology have become integral elements across public health operations, including responses to outbreaks, enhanced surveillance, and formal epidemiology investigations, yet VDH's current technology infrastructure is outdated. The CDC has expressed the importance of building preparedness and disaster response capabilities. Investment in modernizing data and technology tools would enable VDH to significantly improve the quality and agility of their responses to future emergencies. Improvements to data and technology also enable health equity through more data-driven decision making by providers and patients. The disproportionate impact to some of the communities and demographics served by public health care systems demonstrates the need for modern systems to provide the best possible care.

VDH’s response to the COVID-19 pandemic was impaired by the outdated and paper-based records management system. Pandemic response activities were limited by a lack of accessible and digitized records. In order to improve response in future public health emergencies, VDH must digitize and automate records management to support health information exchange with reduced errors and costs.

Executive Sponsors, Key Stakeholders, and Initial Stakeholder Management Plan

Executive Sponsor(s)

- Executive Sponsor: Tiffany Ford, *Deputy Commissioner, Administration*
- Initiative Owner: John Ringer, *Director, Public Health Planning & Evaluation*

Key Stakeholders

Kim Beazaley	Director	VDH Office of Licensure and Certification	First wave of offices with large numbers of paper files
Dwayne Roadcap	Director	VDH Office of Drinking Water	First wave of offices with large numbers of paper files
Seth Austin	Director	VDH Office of Vital Records	First wave of offices with large numbers of paper files

Initial Stakeholder Management Plan

VDH has collected information on paper file storage in the Madison building and is collecting information about paper file storage at other offices and at local health districts. The initial plan was to focus on three offices the first year (Licensure and Certification, Drinking Water, and Vital Records), more offices the second year, and then the local health districts after that time. This plan is designed to allow the local health districts to continue to fix their attention on COVID response in the short term before moving to these initiatives, which will require some amount of staff time and engagement. Additionally, VDH plans to focus on maximizing digital storage space through a scan of agency shared network drives to identify duplicate records or records that are beyond the state’s document retention schedule.

Additionally, VDH plans to focus on identifying automation projects, using the document scanning and digitization projects to identify the potential automation projects with the largest potential return on investment.

Proposed Solution, Feasibility, and Approach

To immediately and effectively address the department's need for digitized record keeping, the solution approach will take place in three phases spread across the three fiscal years of funding (FY22-FY24). This approach starts with prioritizing the digitization effort for the offices most in need. Timing consideration will be given for the offices and divisions that are more resource constraint, while currently responding to the COVID-19 pandemic, as to not burden them until the later phases of the initiative. The following phase descriptions outline the specific activities and tasks planned through FY24.

Phase 1 – FY22

The initiative's first phase will have three goals:

1. to identify and procure a contractor to digitize and destroy paper documents,
2. to identify and implement a system to store digital records, and
3. to initiate and complete the digitization process for the VDH main offices most in need of digitization.

In Phase 1, one of the initial focus will be to procure a digitization vendor that meets VDH's needs (including security requirements for digitizing and destroying medical and personal records) at the best value for VDH. The initiative starts with three offices and the expectation is that the selected vendor will digitize and dispose of the eligible VDH's records over the three-year period.

While undergoing the procurement process, VDH will simultaneously undergo an internal assessment to identify a storage platform that best suits VDH's needs at the best value. This will require coordination with VITA to align the selection with Virginia's IT capacity and VDH's future, long-term product platform suite.

Once the solution is in place with a selected digitization/record disposal vendor, and a storage platform selected, VDH will initiate the digitization process for records in the Office of Drinking Water (ODW), the Office of Vital Records (OVR), and the Office of Licensure and Certification (OLC). These three offices have been identified as VDH main offices that have the greatest amount of paper records/record-keeping and are not directly involved with the COVID-19 response in the same way that local health districts are involved.

For each office, the records will be identified and classified by the Record Type and Record Series that are outlined in the Library of Virginia Record Retention Schedules. Records that no longer require retention (either the time period of retention has expired, or retention was never required) will be disposed of in accordance with the guidance set forth in the Record Retention Schedule. Those records that do require retention will be digitized, and their paper-based forms destroyed in accordance with the Retention Schedule. This digitization and destruction process will be the standardized process for all digitization efforts throughout the duration of this initiative and will be referred to as "digitizing/disposing" through the remainder of this work plan.

Phase 2 – FY23

The initiative’s second phase will have three goals:

- to digitize the remaining VDH main offices,
- to survey the LHD offices to identify the need and extent of digitization necessary, and
- to identify paper-based processes that will benefit from automation.

After digitizing/destroying the records of ODW, OVR, and OLC, the same contractor will be used to digitize/destroy the records in the remaining VDH offices. While there will be more offices to address than in the first Phase, the remaining offices will have varying levels of digitization necessary –according to the July 2021 files assessment, the estimated percentages of paper-based records to be digitized in central office below:

Office	Percent of Paper-Based Records to be Digitized
OEHS	100%
OEpi	100%
OHR	100%
ORH	99%
OHE	80%
SBS - PHP	80%
OPGS	75%
OCOM	50-60%
OFHS	40%
OPE	40%
SBS – PH	38%
OCHS	35%

While the VDH main offices are undergoing record digitizing/destroying, VDH will begin outreach to LHDs across the Commonwealth to identify the digitization status of these offices, and begin to prioritize those with the greatest need for digitization based on the number/percent of paper based records, and the associated burden of paper-based processed on the office. Delaying this process until the second year of the initiative (FY23) will reduce the strain on the LHDs, given that the increased local-level workload associated with COIVD-19 pandemic response will likely subside with increasing time.

The final component of the second phase will be to begin identifying paper based manual processes in both the main and local offices that are significant resource draws and would bring great efficiencies and benefits through automation. Potential processes will be identified through internal assessments and surveys to the LHDs.

Phase 3 – FY24

The initiative’s third and final phase will have two goals:

1. to digitize LHD offices, and
2. to automate manual process throughout VDH.

After identifying the needs and priority of record digitization/destruction in the local offices, the same contractor will be used to digitize/destroy the local office records in order of priority. By saving this process for the final phase of the initiative, it will be least intrusive to the LHDs, given that the workload associated with the response to COVID-19 is expected to be further minimize by FY24.

While the local level digitization process is underway, VDH will simultaneously begin to implement RPA techniques to automate the prioritized manual processes identified in Phase 2. Given the processes identified, a contract will be bid out and services procured to develop and implement these RPA solutions. Soon after, the implementation of RPA upgrades will take place throughout FY24 and the remainder of the initiative.

Proposed Solution Team

John Ringer	Director of Public Health Planning	OCOM	Tiffany Ford	Lead and ensure initiative implementation
Suresh Soundarajan	CIO	OIM	John Ringer	Coordinate with other IT projects and technical expert

Required Capabilities, Initial Risks, and Risk Management

This plan requires expertise in state procurement processes, request for proposals, methods, and best practices for completion of memorandums of understanding, technical expertise in digitizing documents and storage options. VDH will need a process to identify and prioritize automation opportunities and prioritize them for use of the funds available in this initiative. VDH will require the capability to project manage multiple records project management initiatives at once and deliver them on time and on budget.

Required Capabilities

- Capability 1: Cooperation among all main and local offices in locating the records to be digitized
- Capability 2: Ability to develop, publish, and process RFPs.
- Capability 3: Ability to manage multiple simultaneous projects.
- Capability 4: Ability to coordinate with the Administrative Systems ARPA project and other agency initiatives to avoid bottlenecks and to maximize the impact of these efforts.

Initial Risks

- Risk 1: Ability to procure a digitization vendor that can scale to the necessary level to serve all main and local offices over three years
- Risk 2: Ability to develop a system infrastructure to effectively store documents prior to the procurement of a vendor and the initiation of digitization
- Risk 3: Ability to coordinate with local offices in assessing their records' current state and with the eventual digitization
- Risk 4: Ability to digitize records while still allowing for access to vital records and without hindering VDH's ability to conduct business
- Risk 5: Ability for VDH staff to adjust to a new records management system and process

Risk Management

- Strategy to mitigate risk #1: Carefully craft the RFP and evaluate respondents including discussions of capacity to meet VDH needs and timeframes.
- Strategy to mitigate risk #2: Proactively coordinate with VITA and learn best practices from other agencies who have been through similar projects.

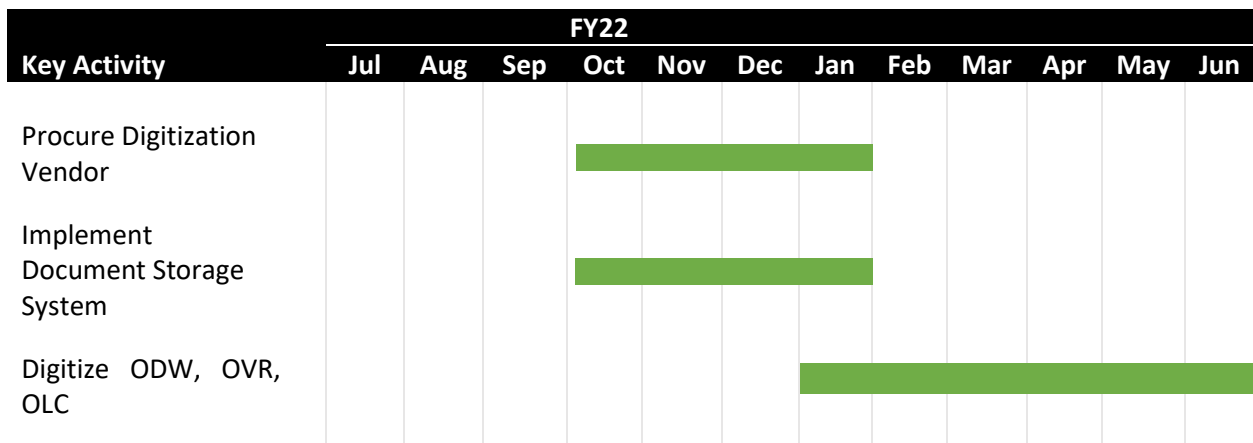
- Strategy to mitigate risk #3: Carefully plan records digitization projects to meet current work needs and access to documents if needed

Change Management Considerations

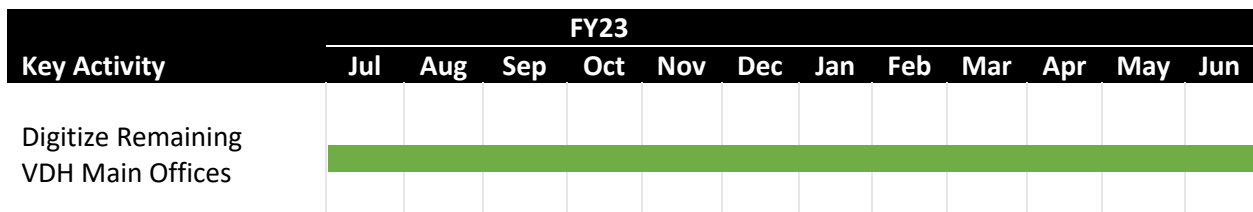
VDH understands that transformation initiatives are successful not only with the right technology, processes, and resources, but also with people who are properly equipped for the changes. Successfully navigating transformation in a highly complex environment requires effective managing business process changes and the way people accomplish work, communications, and stakeholder management to create buy-in at the early stages. VDH will develop and implement an effective change management and communications strategy to establish employee understanding of the initiatives and any impacts to their individual jobs. The strategy will include communication of the goals of the upcoming changes, preparation and alignment of the changes, and an overall building of confidence in the benefits of the changes.

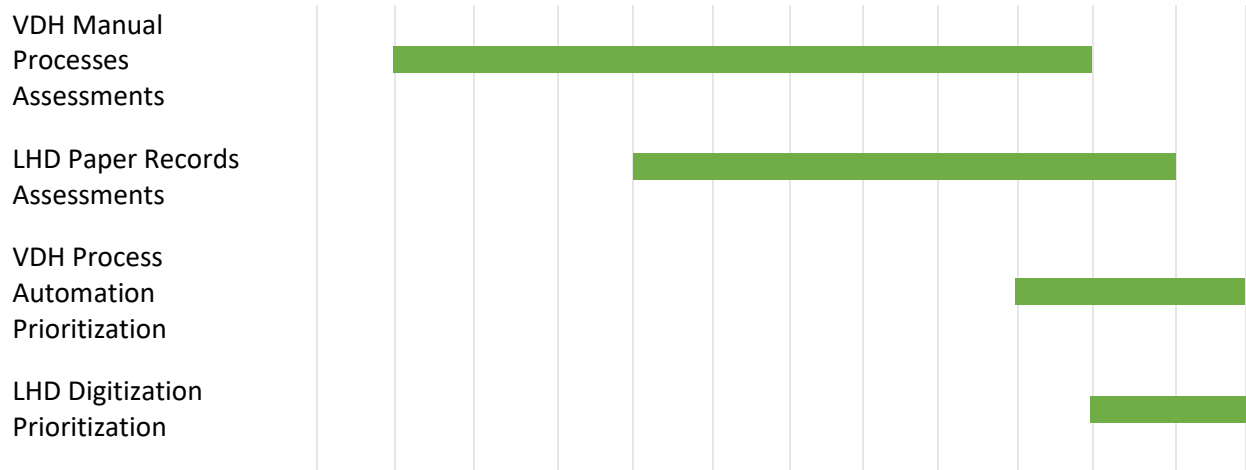
Initiative Timeline, Key Activities, and Milestones

The initiative timeline for Phase 1 can be seen below:

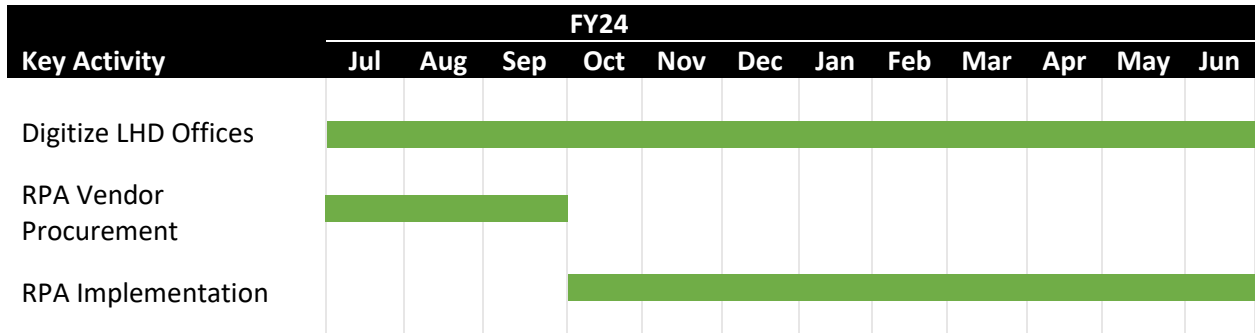


The initiative timeline for Phase 2 can be seen below:





The initiative timeline for Phase 3 can be seen below:



Records Management Project Budget

Total Budget: \$30,000,000

Item	FY22	FY23	FY24
Overall Records Management <i>(Capital Assets and Equipment)</i>	\$550,000	\$1,500,000	\$0
Office of Licensure and Certification <i>(Scanning, Digitization, RPA, PMO)</i>	\$3,150,000	\$150,000	\$150,000
Office of Drinking Water <i>(Scanning, Digitization, RPA, PMO)</i>	\$3,150,000	\$150,000	\$150,000
Office of Vital Records <i>(Scanning, Digitization, RPA, PMO)</i>	\$3,150,000	\$150,000	\$150,000
Other Central VDH Offices <i>(Scanning, Digitization, RPA, PMO)</i>	\$0	\$5,775,000	\$150,000
LHD Districts <i>(Scanning, Digitization, RPA, PMO)</i>	\$0	\$0	\$11,525,000
Total	\$10,000,000	\$7,725,000	\$12,125,000