

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL**

**DEPARTMENT OF HEALTH
OFFICE OF PRIMARY CARE,
PREVENTION, AND PLANNING, AND
MEDICAL AFFAIRS
REPORT OF INSPECTION**



**CHARLES C. MADDOX, ESQ.
INSPECTOR GENERAL**

Inspections and Evaluations Division
Mission Statement

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness, and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, to identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



November 26, 2003

Mr. James A. Buford
Director
Department of Health
825 North Capitol Street, Northeast
Suite 4400
Washington, DC 20002

Dear Mr. Buford:

Enclosed is our final *Report of Inspection of the Office of Primary Care, Prevention, and Planning and Medical Affairs*. Your agency's comments on the seven findings and seven recommendations your agency agreed to are included in the Report. Your agency's comments on the two findings and two recommendations your agency did not agree to are also included in this report. The Office of the Inspector General (OIG) has included comments, in this final report, where your agency disagreed with our inspection team's findings and recommendations.

In accordance with Mayor's Order 2000-105, District agencies are responsible for taking action on all agreed-upon recommendations in this final Report. The OIG has established a process to track agency compliance and to facilitate our follow-up inspection activities. Enclosed are *Compliance Forms* on which to record and report to this Office any actions you have taken concerning each outstanding recommendation. These forms will assist you in tracking the completion of actions taken by your staff, and will assist this Office in its inspection follow-up activities. We track agency compliance with all agreed-upon recommendations made in our reports of inspection, and we request that you and your administrators establish response dates on the forms and advise us of those dates so we can enter them on our copies of the *Compliance Forms*.

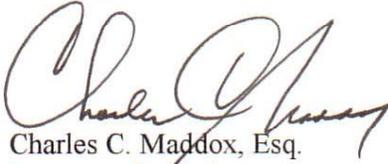
In some instances, things beyond your control, such as budget decisions, impact on trying to set specific deadlines. In those instances we request that you assign *target dates* based on whatever knowledge and experience you have about a particular issue. Please ensure that the *Compliance Forms* are returned to the OIG by the response date, and that reports of "Agency Action Taken" reflect actual completion, in whole or in part, of a recommended action rather than "planned" action. We will work closely with your designated point of contact throughout the compliance process.

Letter to James A. Buford
November 26, 2003
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We appreciate the cooperation shown by you and your employees during the inspection and we hope to continue in a cooperative relationship during the upcoming follow-up period.

If you have questions or require assistance in the course of complying with our recommendations, please contact me or Alvin Wright, Jr., Assistant Inspector General for Inspections and Evaluations at (202) 727-5052.

Sincerely,



Charles C. Maddox, Esq.
Inspector General

CCM/LP/lp

Enclosure

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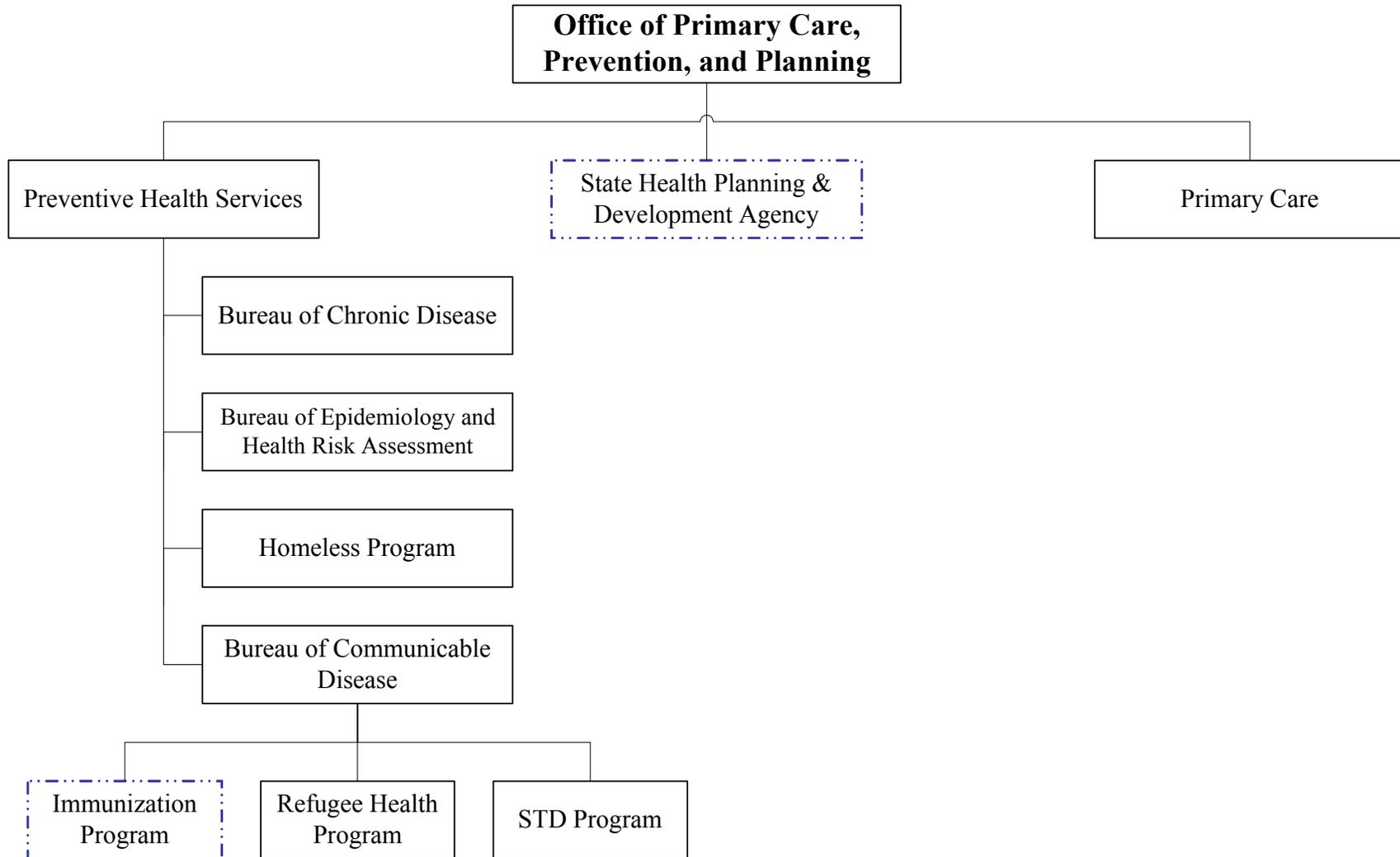
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ACRONYMS

CON	Certificate of Need
DCMR	District of Columbia Municipal Regulations
DCPS	District of Columbia Public Schools
DOH	Department of Health
HSP	Health Systems Plan (also known as <i>State Health Plan</i>)
LAN	Local Area Network
PCPP	Office of Primary Care, Prevention and Planning and Medical Affairs
SHPDA	State Health Planning and Development Agency



Office of Primary Care, Prevention, and Planning and Medical Affairs



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background

The Inspector General (IG) directed the inspection of the Department of Health (DOH) in August 2001. Because DOH is such a large agency, major components were individually inspected between August 2001 and December 2002, and a separate report for each component was subsequently issued. This report evaluates the Office of Primary Care, Prevention and Planning and Medical Affairs (PCPP) of the DOH. PCPP consists of the Preventive Health Services Administration, State Health Planning and Development Agency (SHPDA), and the Primary Care Administration. The Preventive Health Services Administration is organized into four bureaus or programs: the Bureau of Chronic Disease, the Bureau of Epidemiology and Health Risk Assessment, the Homeless Program, and the Bureau of Communicable Disease. The OIG did not conduct a comprehensive inspection at the PCPP, but focused on three key projects within the PCPP – the State Health Plan and the D.C. Public Schools Immunization Project. Additional findings regarding the management of PCPP were included for their importance to these projects and overall PCPP functioning. The inspection of these areas occurred from October 2001 to January 2002, and follow-up interviews on the State Health Plan were conducted in February and March of 2003.

Scope and Methodology

OIG inspections comply with standards established by the President’s Council on Integrity and Efficiency, and pay particular attention to the quality of internal control.¹

The inspection focused on the following areas:

- DOH progress in developing and implementing the District of Columbia’s (District) State Health Plan;
- The District’s Certificate of Need (CON) program; and
- PCPP’s role in the District’s school immunization project.

The team conducted 11 interviews, toured work areas and facilities, and reviewed numerous files and documents. This inspection report contains 9 findings and 10 recommendations, all of which were reviewed and commented upon by DOH senior management prior to publication. PCPP management and employees were cooperative and responsive throughout the inspection.

¹ “Internal control” is synonymous with “management control” and is defined by the General Accounting Office as comprising “the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud.” United States General Accounting Office STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

EXECUTIVE SUMMARY

Perspective

The mission of the Office of Primary Care, Prevention and Planning, and Medical Affairs (PCPP) is to improve the health and well-being of District residents. It is the principal District agency responsible for epidemiological surveillance, communicable disease control, preventive health, primary care, the State Health Plan and health care service planning. PCPP

- provides leadership in preventive health, primary care, and health planning in the District of Columbia and serves as a health planning resource for policy makers;
- develops and regularly updates the State Health Plan, which specifies the population need for health services in the District of Columbia;
- issues Certificates of Need to health service organizations and programs;
- places medical providers in health professional shortage areas;
- designs and implements initiatives for the prevention of chronic disease and disability;
- provides free immunizations, mammograms, diabetes screening, and numerous other health screening and prevention services to District residents;
- investigates outbreaks of communicable disease such as *Legionella*, meningitis and food-borne illnesses; and maintains an active program to monitor potential epidemic diseases and safeguard the health of the population;
- maintains a program for the study and prevention of injury and disability in children; and
- maintains a childhood immunization registry.

Compliance and Follow-Up

The OIG inspection process includes follow-up with inspected agencies on findings and recommendations. The I&E Division Compliance Officer will coordinate with DOH on verifying compliance with the recommendations in this report over an established time period.

EXECUTIVE SUMMARY

FINDINGS AND RECOMMENDATIONS

State Health Planning and Development Agency

SHPDA spent approximately \$400,000 for development of a 2002-2007 State Health Systems Plan (HSP) that has not been released. (Page 10) Between May 2001 and October 2001, DOH paid a contractor \$398,948 for work on the 2002-2007 State Health Systems Plan. Between January 2002 and January 2003, the HSP remained in the internal DOH review and editing process. In January 2003, DOH held the first of three public hearings to receive public comment on the plan. **Recommendation:** That the Director of DOH (D/DOH) establish a plan for development of the next HSP to ensure that DOH resources are used to promote timely development and release of the HSP. **(Agree)**

SHPDA's failure to issue an HSP every 5 years prevents efficient allocation of healthcare resources. (Page 12) The District has not had a State Health Plan (Plan) since the Plan published in 1989. Consequently, applications have been approved for new healthcare facilities and programs without the analyses provided by a Plan. Such facilities may not reflect the actual healthcare needs of the community. **Recommendation:** That the D/DOH expedite the review and release of a current State Health Plan. **(Disagree)** **OIG Response: OIG continues to recommend that the D/DOH expedite the review and release of a current State Health Plan as required by the D.C. Code.**

SHPDA lacks sufficient personnel to administer the Certificate of Need (CON) program. (Page 13) The CON program is intended to ensure that healthcare services are distributed equitably across the city by evaluating the merit of proposals for new health services and health-related capital expenditures. Only one employee performs a task that requires at least two or more. **Recommendation:** That D/DOH assign additional personnel to SHPDA to conduct reviews and inspections. **(Agree)**

SHPDA's filing system is inadequate and the filing room is disorganized. (Page 14) SHPDA files are in disarray and randomly stacked on tables, shelves and the floor, making files and documents difficult to find. **Recommendation:** That the Director of PCPP (D/PCPP) assign employees or to hire temporary personnel to organize and maintain files. **(Agree)**

SHPDA does not collect mandated healthcare provider information. (Page 14) SHPDA does not have an information technology system to collect and analyze healthcare data from providers concerning use and management of services, costs, charges, and patient demographics as required by the D.C. Code. **Recommendations:** That SHPDA establish a data collection program and develop ways to increase reporting of health services data. **(Agree)**

Immunization Program

DOH did an excellent job in carrying out the 2001-2002 child immunization program. (Page 17) DOH employees worked closely with the D.C. Public Schools on conducting a school-by-school survey, and advertising and completing over 15,000 immunizations of District school children. **Recommendation:** None

EXECUTIVE SUMMARY

Office of the Director

Frequent changes in PCPP and DOH management negatively affect operations and morale. (Page 19) Employees perceive the high turnover of senior managers in DOH and PCPP since 1993 as harmful to the effectiveness of DOH programs and bad for employee morale.

Recommendation: That D/DOH take steps to reduce the high turnover of senior managers. **(Agree)**

PCPP lacks standard operating procedures (SOPs) for conducting day-to-day operations in many areas. (Page 20) PCPP employees and supervisors lack an adequate reference guide or documentation governing their operational areas. Supervisors state that the lack of SOPs increases the difficulty of enforcing disciplinary employee actions against employees who fail to perform because there are no written standards governing day-to-day operations. **Recommendation:** That D/DOH and Director of Director of the Office of Primary Care, Prevention and Planning and Medical Affairs (D/PCPP) ensure that DOH and PCPP managers develop operating procedures for day-to-day operations. **Recommendation:** That D/DOH and D/PCPP create updated SOPs. **(Disagree)** **OIG Response: OIG stands by recommendation.**

PCPP communication with satellite offices is limited and often untimely. (Page 21) Managers of satellite offices state that business-related information received from the PCPP Office of the Director is often received too late to take action. Although employees in satellite offices interviewed were connected to DOH via email, managers stated that they often are informed of PCPP ad-hoc meetings just before the meetings are to begin, do not receive all of the information received by managers at the central facility, and are subject to continuing problems with computer viruses on the DOH LAN that impede their ability to send and receive emails. **Recommendation:** That the D/PCPP ensure that program managers in satellite offices receive all information required to perform their duties in an efficient and timely manner. **(Agree)**

INTRODUCTION

INTRODUCTION

Background

The IG directed the inspection of the DOH in August 2001. Because DOH is such a large agency, major components were inspected individually between August 2001 and December 2002 and a separate report for each component was subsequently issued. This report evaluates the management and conduct of two significant projects within the Office of Primary Care, Prevention, and Planning: the State Health Plan and the D.C. Public Schools Immunization Project.

The stated mission of the Office of Primary Care, Prevention, and Planning (PCPP) is to “[i]mprove the health and well being of District residents by surveying and reporting population health measures, investigating and controlling communicable diseases, prevention of chronic diseases and their complications and engaging in health care systems planning to meet the service needs of the population.”²

The PCPP has 149 employees. Its Fiscal Year (FY) 2002 proposed budget was \$14,165,251, of which \$6,822,070 was from local funds. Under that budget, PCPP assumed responsibility for two new functional areas: the Office of Primary Care and the State Health Planning and Development Agency (SHPDA).

The team found deficiencies in the SHPDA that should be addressed by senior PCPP and DOH management. The PCPP Immunization Program, however, was well advertised and implemented successfully.

Scope and Methodology

The inspection’s primary focus was on the development and publication of the State Health Plan,³ the operation and implementation of the D.C. Public Schools immunization project, and the District’s Certificate of Need (CON) program. The team held an entrance conference with then-PCPP Director Andrew Shames. During the course of the inspection, Dr. Shames was replaced by Dr. Michael Richardson, former chief of PCPP’s Bureau of Chronic Disease. The team also interviewed Carl Wilson, Acting Chief of SHPDA. The team conducted other interviews, reviewed pertinent documents, and attended public hearings concerning State Plan implementation.

During the inspection period of October 2001 to January 2002, the position of Chief of SHPDA was vacant. In February 2003, the team conducted a telephone interview with Mr. Carl Wilson, who had been designated as Acting Chief of SHPDA. The team later attended public hearings for the State Plan in February and March 2003 and conducted interviews with senior SHPDA staff regarding plan implementation.

² D.C. Department of Health, *Office of Primary Care, Prevention, and Planning*, at http://dchealth.dc.gov/about/index_opcpp.shtm (Mar. 25, 2003).

³ The Health Systems Plan is also known as the Health Services Plan and the State Health Plan.

INTRODUCTION

The team found PCPP management and employees cooperative and responsive throughout the inspection.

Compliance and Follow-Up

The inspection process includes follow-up with the inspected agencies on findings and recommendations. The I&E Compliance Officer will coordinate with PCPP senior management on verifying compliance with the recommendations in this report over an established time period. In some instances, follow-up inspection activities and additional reports may be required.

**Findings and
Recommendations:**

**STATE HEALTH
PLANNING AND
DEVELOPMENT AGENCY**

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

The State Health Planning and Development Agency (SHPDA) is responsible for health systems planning and health resources development to ensure that healthcare services are available to meet the needs of District citizens. SHPDA is responsible for implementing project reviews for the Certificate of Need (CON) program,⁴ monitoring the compliance of healthcare facilities with the requirements of the CON program, and establishing a health data and information program. D.C. Code §§ 44-405 – 406 (2001). In addition, SHPDA is mandated by law to articulate the health policy of the District through the production of a comprehensive State Health Systems Plan (HSP) and an Annual Implementation Plan.⁵ D.C. Code § 44-404 (2001).

The HSP serves as the basis for allocating public and private health resources in the District of Columbia by:

- articulating the District's policy relating to maintaining and improving the health of District residents and the District's healthcare delivery system;
- projecting current and future healthcare needs;
- identifying health services gaps among District residents and recommending alternatives to address health needs; and
- prioritizing healthcare issues.

1. SHPDA spent approximately \$400,000 for development of the 2002-2007 HSP. When delivered, the HSP required major revisions and remained in the internal DOH review process for almost a year.

The HSP reviews the current state of the District healthcare system, evaluates access to healthcare services, provides an epidemiological profile of the District (morbidity and mortality), and projects the health care needs of District residents for the next 5 years (e.g., the projected need for acute-care beds, long-term care beds, mental health care beds, etc.). The plan is important in that it provides a basis for financial and economic impact analyses of changes to the healthcare system.

The District's last HSP was published in 1989. In July 2000, DOH issued a Statement of Work (SOW) for the development of a HSP for the years 2002-2007. A contractor was selected and began work on the plan. Between May 2001 and October 2001, DOH paid the contractor \$398,948 (Appendix 2).

In September 2001, the Chief of Staff of DOH indicated that the status of the HSP was an area of concern for the Director. In January 2002, the team was informed that the HSP was under internal review at the DOH and that no mechanism existed to provide the public with access to the draft plan. In August 2002, the team was informed that the HSP remained under DOH internal review and that no date had been scheduled for a public hearing or for the plan's

⁴ When hospitals or other healthcare organizations propose to build or renovate a facility so that it impacts the number of beds and services available in an area, the organization must demonstrate the need for the additional resources in that area to DOH. This process seeks to regulate health services so that some areas are not oversupplied while other areas remain underserved.

⁵ The Annual Implementation Plan is a supplement to the State Health Plan and amends the plan as needed to reflect new healthcare goals and priorities for the city.

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

release. In November 2002, the team was informed that the manager of the HSP project was no longer with the agency, that a new acting Chief for SHPDA had been appointed, that the internal review of the plan had not been completed and that the outside review process had not been scheduled.

In January 2003, the team was informed that the City Council had requested a review of the CON process so they could decide whether to continue funding this SHPDA function. At the Council's request, a work group was formed to evaluate the CON process and recommend ways to reform the process. One effect of this request was an increased interest in the HSP within DOH. The current Director established an April 2003 goal for the plan's release. Subject experts from within DOH were recruited to review, edit, update, and rewrite the HSP in order to make it ready for public release. Three public hearings on the HSP were scheduled for January, February, and March 2003.

Recommendation:

That the D/DOH establish a plan to help ensure that DOH resources are used wisely to promote the timely development and release of the next HSP.

Agree _____ **X** _____ Disagree _____

Department of Health's comments as received:

The information presented under item 1 is correct, however there are a few missing items. In October 2002 the SHPDA's entire \$1.2 million fiscal year 2003 appropriated budget was eliminated due to a major Department of Health budget reduction. The City Council requested that a Certificate of Need Reform Work Group be established to identify funding options for continuing the certificate of need functions at the SHPDA. A Work Group was appointed by the Director of the Department Health composed of public and private health agencies, associations and private citizens.

The Work Group reviewed the SHPDA's certificate of need and health planning processes and developed a report with recommendations. The report, which was submitted to the City Council on January 31, 2003, provided five recommendations for funding the Certificate of Need program. The City Council passed emergency legislation to implement a \$4 per admission hospital user fee similar to the process used in Maryland. The SHPDA collects \$134,000 each quarter from District hospitals for a total of \$536,000 per year. A funding source has not yet been developed for the SHPDA's planning functions. In the absence of planning funds, DOH has used staff from across the Department to assist with updating sections of the Plan.

Three public hearings were held in January, March and June of 2003 and more than fifty people and agencies presented testimony. Major recommendations from the public comments were incorporated into the Plan and on September 9, 2003 the Statewide Health Coordinating Council received a briefing on all chapters except one, which was still being developed. It is anticipated that the Plan will be completed by December 30, 2003.

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

2. SHPDA’s failure to issue a HSP every 5 years as required by District law adversely affects the District’s health care needs.

D.C. Code §§ 44-401 to 421 outlines SHPDA’s current responsibilities. According to D.C. Code § 44-404(a), SHPDA is to develop a proposed comprehensive HSP that is reviewed annually and amended as necessary, and to issue a new HSP every 5 years.

SHPDA has failed to issue a new HSP for the District since the one published in 1989. Without a current HSP, SHPDA lacks sufficient data to take informed action on the applications of hospitals and other healthcare providers to build new facilities, increase facility size, or make large capital expenditures. Managers stated that, as a result, the city has developed a disproportionate number of healthcare beds and a disproportionate amount of the government’s money is spent supporting hospitals instead of providing primary/preventive healthcare services that would reduce the necessity of some residents having to go to the hospital.

Recommendation:

That the D/DOH expedite the review and release of a current State Health Systems Plan.

Agree _____ Disagree _____ **X** _____

Department of Health’s comments as received:

The statement “Without a current HSP, SHPDA lacks sufficient data to take informed action on the applications from hospitals and other health care providers to build new facilities, increase facility size or make large capital expenditures” is not entirely correct. The 1989 State Health Systems Plan remains in effect until a new Plan is developed. In addition, there are other categorical state health plans, studies and statistical reports that provide more current information that is also used in certificate of need reviews.

The statement in the report that states “Managers stated that, as a result, the city has developed a disproportionate number of health care beds and a disproportionate amount of the government’s money is spent supporting hospitals instead of providing primary/preventive health care services that would reduce the necessity of some residents having to go to the hospital” is not entirely accurate. In fact, over the past two years, two hospitals have closed which has decreased the number of licensed hospital beds by 650 beds.

With the closure of D.C. General Hospital, an organization called the Health Care Alliance was formed to provide health care services for the uninsured. The Alliance has placed additional emphasis on the provision of primary care for Alliance clients.

OIG Response:

OIG continues to recommend that the D/DOH expedite the review and release of a current State Health Systems Plan as required by the D.C. Code.

3. SHPDA lacks the personnel needed to carry out its Certificate of Need (CON) program.

Three primary functions of SHPDA are to articulate the District's health policy in the Health Systems Plan, administer the CON program, and collect and analyze health data. D.C. Code § 44-402 (Supp. 2002).

The CON process promotes the strategic priority of building and sustaining healthy neighborhoods by ensuring that healthcare services and facilities are equitably distributed across the city. The CON process is also considered a method of containing health care costs in that it should disallow the acquisition of expensive equipment and buildings in areas that already have sufficient services of the same type. All persons or institutions proposing to offer or develop a new institutional health service or to obligate a capital expenditure of \$2 million or more in the District must obtain a CON that demonstrates a public need for the new service or expenditure.

SHPDA currently employs only one professional employee dedicated to the CON program. The employee who must review letters of intent and applications for the CON process, meet with applicants, and perform mandated preoperational inspections of healthcare projects cannot adequately administer the program. *See* 22 DCMR § 4007.1. The chief of the Project Review Unit (C/PRU) stated that, because of the staffing shortage, CON preoperational inspections have not been performed for several years. As a result, the District does not adequately verify if healthcare facilities are actually needed and are being built as approved.

Recommendation:

That D/DOH assign additional personnel to SHPDA to ensure that health facility reviews and inspections needed for the CON process are performed.

Agree _____ **X** _____ Disagree _____

Department of Health's comments as received:

Through the implementation of a new hospital user fee, the SHPDA is able to have a staff of four people working on the CON process. The SHPDA is in the process of hiring two public health analysts to fill two of these positions, which are vacant. The statement "As a result, the District does not adequately verify if healthcare facilities are actually needed and are being built as approved." The SHPDA conducts preoperational inspections on major certificate of need projects.

4. **SHPDA does not maintain an adequate filing system and file room.**

The team observed that the file room for CON applications and reviews is disorganized. Files were placed haphazardly in stacks on the floor, on tables, and on shelves throughout the room. The C/PRU stated that a temporary administrative assistant had been hired to organize the file room, but funds for the project were depleted before it was completed. He further stated that it is difficult to find files because the stacks of files are not arranged in a systematic order. He further stated that he maintains a separate filing system of recent CON applications and information within his office for routine access because the file room is too disorganized.

Recommendations:

That the D/PCPP assign staff employees or hire temporary personnel to organize and maintain CON files.

Agree X Disagree _____

Department of Health's comments as received:

The SHPDA does maintain adequate records on all certificate of need decisions including SHCC meeting and hearing transcripts. Current records are kept in a designated file cabinet. Historical records are kept in a file room. A plan has been developed to reorganize the file room with additional staff assistance. Clerical staff have also been sent to a records management training course.

5. **SHPDA does not collect mandated healthcare provider information from District health care facilities.**

SHPDA is responsible for the collection, maintenance, analysis, and publication of public and provider health systems data and information for use in the District health policy development process. *See* D.C. Code § 44-405 (2001). This information should then be used for health planning, allocating resources, and data sharing with other government agencies. The Health Planning Data System (HPDS) collects information from hospitals, nursing homes, and public and private clinics across the city. Section 44-405 (a) states:

[i]n order to implement the HPDS, the SHPDA shall require health care facilities to submit, in writing or other uniform media, data related to the utilization, management, and financing of health services including data on utilization of health services, costs of services, charges of services, and patient demographic and characteristic information, as necessary for the development of the HSP and AIP.

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Id.

According to SHPDA Performance Measures, in FY 1999 and FY 2000, 10 of 18 targeted hospitals reported utilization data, but nursing homes and clinics failed to regularly provide information. In FY 2001 and FY 2002, SHPDA did not provide information on the number of hospitals, nursing homes, or clinics reporting (Appendix 3). SHPDA lacks an information technology system for collecting, maintaining, and analyzing data from providers and does not have a staff to analyze such data. As a result, DOH lacks much of the data necessary to “track developments in health care, to measure performance, to understand the cost effectiveness of services and to facilitate the development of sound policies and programs.”⁶

Recommendations:

- a. That the D/DOH and the D/PCPP ensure that SHPDA establishes a data collection and analysis program.

Agree _____ **X** _____ Disagree _____

- b. That the DDOH and D/PCPP assist SHPDA in developing and implementing methods to increase reporting of health services data by healthcare providers.

Agree _____ **X** _____ Disagree _____

Department of Health’s comments as received:

The SHPDA collects information from CON applicants and local providers. The SHPDA has an agreement with the District of Columbia Hospital Association to provide hospital discharge data from the major general acute care hospitals. The SHPDA has established a working relationship with the State Center for Health Statistics to help with data collection and analysis and is working with the Health Care Safety-net Administration on collecting data on the uninsured. As additional staff members are added to the SHPDA’s Certificate of Need Division, data collection and analysis activities will be expanded.

⁶ *Certificate of Need Reform Work Group Report*, January 21, 2003, District of Columbia Department of Health.

**Findings and
Recommendations:
IMMUNIZATION PROGRAM**

IMMUNIZATION PROGRAM

The Immunization Program provides vaccinations to children and high-risk adults, with particular emphasis on children under two years old. Services provided by the division include the Vaccines for Children Program (VFC), education services, disease surveillance, and outbreak control. The Immunization Program also provides free immunizations to children and adults through six special walk-in evening clinics and through community sponsored events.

6. DOH did an excellent job advertising and implementing the 2001-2002 child immunization program.

In January 2001, DOH, D.C. Public Schools (DCPS), and selected partners formed the Immunization Task Force to work together on school immunization issues. For several years, DCPS had not enforced D.C. Code § 38-505 (2001) which states that “[a] school shall permit a student to attend for not more than 10 days while the school does not have certification of immunization for that student.” In October 2001, the DOH/PCPP/Immunization Program used DOH employees to assist with a school-by-school survey of DCPS student medical records. The survey showed that approximately 26,000 of 66,000 DCPS students had incomplete medical records indicating that they were overdue for one or more immunizations.

Once the survey was completed and the extent of the problem recognized, the D.C. School Board announced a January 25, 2002, deadline for school children to receive immunization certifications. DOH employees worked closely with DCPS in developing an advertising campaign for the immunization project, which included television and radio advertisements, local news coverage, outreach to local churches and service organizations, and parental notification of individual children lacking immunization certification. DOH employees also instituted 24-hour immunization clinics at D.C. General Hospital, offered immunizations at the Washington Convention Center Health Expo, and expanded the immunization services provided at other clinic locations and in schools throughout the city.

Between October 2001 and January 2002, the Immunization Project assessed 20,441 students and immunized 15,687 students (Appendix 4). Students immunized by their private physician, apart from city efforts, were not included in this total.

Recommendation: None.

**Findings and
Recommendations:**

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PCPP employees stated that some medical professionals hired as senior managers from outside the government often are technically competent but untrained in program management and the public administration skills required to manage DOH programs. They arrive with good plans and ideas but become frustrated with the District bureaucracy and ultimately leave or are fired. Employees perceive other managers as hesitant to take professional risks or promote health initiatives that may be opposed by senior DOH management or the public for fear of being fired.

7. **Frequent changes in PCPP and DOH management may negatively affect operations and employee morale.**

Since 1993, there have been five directors of DOH, four directors of PCPP, and frequent turnover of middle managers as well. SHPDA, for example, has not had a program manager for the past 18 months and has been administered by managers of other DOH programs. The current D/PCPP has been in his position since January 2002, when his predecessor resigned after only a year with DOH. PCPP also experiences frequent turnover among middle managers. Employees believe that program effectiveness and morale suffer because they are continually adjusting to new managers and new managerial priorities.

Recommendation:

That D/DOH attempt to determine the reasons for the high turnover among managers, and consider suitable corrective actions that might include leadership and public administration training and mentoring by experienced and successful DOH managers.

Agree X Disagree _____

Department of Health's comments as received:

The Office of Primary Care, Prevention and Planning was formally established in January 2001 per Mayor's Order dated 1/2/01. Consequently, PCPP is an organization that is less than three (3) years old that is experiencing growing pains. This phenomenon is common to all new organizations. Leadership and public administration training is continuous for our managers through hands-on day-to-day training to the more formalized training modules such as Management Supervisory Service (MSS), Center for Excellence in Municipal Management (CEMM), and Leadership Integration and Empowerment Program (LIEP).

The SHPDA was removed from under the aegis of PCPP in June 2002. Moreover, the issue of high staff turnover can also be attributed to the fact that the District of Columbia Government is unable to compete with the Federal Government or private sector in terms of salary. Pay in the Federal Government and/or the private sector is as much as 15% higher than salaries in the District of Columbia.

8. PCPP lacks up-to-date written polices and procedures for conducting day-to-day operations in several key areas.

Site visits and interviews by the team determined that several PCPP areas lack up-to-date standard operating procedures (SOPs) and written policies outlining the methods to be used by employees to complete day-to-day operations. In addition, there are no standards that show what supervisors and managers should use to measure effectiveness. Some of the functions lacking written, up-to-date SOPs are:

- internal processing of grant applications;
- internal processing of requisitions and purchase orders; and
- administrative functions such as time-keeping and communication.

Program managers stated that although SOPs are either outdated or nonexistent, they do not have the time or staffing resources to develop and maintain updated SOPs. Standard operating procedures that should be issued at the administration or department level (e.g., time and attendance, information technology, etc.) are also nonexistent for many functions.

Without up-to-date SOPs, training of new employees is not standardized and may not be comprehensive. Current employees and supervisors lack adequate reference guides that govern their operational areas, provide work direction, and establish quality standards. Supervisors state that they have difficulty in enforcing or initiating disciplinary actions against employees who fail to perform because there are no written standards governing day-to-day operations.

Recommendation:

That D/DOH and D/PCPP ensure that DOH and PCPP managers create, update, promulgate, and maintain updated written policies and procedures for all significant aspects of the administration's day-to-day operations.

Agree _____ Disagree _____ **X** _____

Department of Health's comments as received:

Day-today operations are governed by existing District and Federal laws, regulations and various other policies and procedures i.e. the Administrative Practices Act, Civil Infractions Act, Procurement Practices Act, EEO Laws and Regulations, Competition in Contracting Act, the Anti-Deficiency Act, DCMR 27, DCMR 22, Minor Children's Act, Personnel Practice Act, Nurse Practice Act, DPM, OMB Circulars 123 and 87, Hill Burton Act, American with Disabilities Act, Communicable Disease Act, etc. Additionally, PCPP has numerous other policies and operating procedures governing clinical and medical issues.

There is no existing manual to relay to managers how to do their jobs on a day-to-day

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basis. Employee position descriptions, along with their respective performance management plans/evaluations and the individual development plans serve as benchmarks for duties, responsibilities, and performance expectations. The District’s citywide strategic goals as well as the DOH Strategic Business Plan compliment the individual employee’s guidance and direction for achievement of uniform goals and objectives designed to ultimately serve District residents.

OIG response:

OIG continues to recommend that D/DOH and D/PCPP ensure that DOH and PCPP managers create, update, promulgate, and maintain updated written policies and procedures for all significant aspects of the administration’s day-to-day operations.

9. PCPP communication with satellite offices is limited and often untimely.

Managers of satellite offices state that business-related information received from the Office of the Director is often received too late to take appropriate action. Although employees in satellite offices are connected to DOH via email, managers stated that they are often not informed of PCPP ad-hoc meetings until just before the meetings are to begin, do not receive all of the information received by managers at the central facility, and are subject to continuing problems with computer viruses on the DOH LAN that impede their ability to send and receive emails.

Program managers state that they often do not receive information from the central office that is important to their ability to function effectively. For example, managers for two of the three satellite offices interviewed stated that they did not receive information on nominating employees for FY 2001 performance bonuses until the day that the nominations were due. The third stated that he received the information after the deadline and was unable to nominate any employees for a performance award.

Recommendation:

That D/PCPP ensure that program managers in satellite offices receive all information required to perform their duties in an efficient and timely manner.

Agree X Disagree _____

Department of Health’s comments as received:

Notwithstanding PCPP’s response to Finding No. 8 above, PCPP provided approximately \$80,000 to the DOH Office of Information Technology to provide IT support fro FY 2003. PCPP has undertaken plans to upgrade remote sites through capital improvement projects that include telecommunications. These improvements will enhance communications among offices and ensure that managers in satellite offices receive all information required to perform their duties in an efficient and timely manner.

APPENDICES

APPENDICES

- Appendix 1:** List of Findings and Recommendations
- Appendix 2:** Record of Invoices for State Health Plan Contractors
- Appendix 3:** SHPDA Performance Measures, 1999 – 2003
- Appendix 4:** DOH Immunization of School-Aged Children October 2001 – January 2002

APPENDIX 1

LIST OF FINDINGS AND RECOMMENDATIONS

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY:

1. **SHPDA spent approximately \$400,000 for development of the 2002-2007 HSP. When delivered, the HSP required major revisions and remained in the internal DOH review process for almost a year.**

Recommendation:

That the D/DOH establish a plan to help ensure that DOH resources are used wisely to promote the timely development and release of the next HSP.

2. **SHPDA's failure to issue a HSP every 5 years as required by District law adversely affects the District's health care needs.**

Recommendation:

That the D/DOH expedite the review and release of a current State Health Systems Plan.

3. **SHPDA lacks the personnel needed to carry out its Certificate of Need (CON) program.**

Recommendation:

That D/DOH assign additional personnel to SHPDA to ensure that health facility reviews and inspections needed for the CON process are performed.

4. **SHPDA does not maintain an adequate filing system and file room.**

Recommendation:

That the D/PCPP assign staff employees or hire temporary personnel to organize and maintain CON files.

5. **SHPDA does not collect mandated healthcare provider information from District health care facilities.**

Recommendations:

- a. That the D/DOH and the D/PCPP ensure that SHPDA establishes a data collection and analysis program.
- b. That the DDOH and D/PCPP assist SHPDA in developing and implementing methods to increase reporting of health services data by healthcare providers.

LIST OF FINDINGS AND RECOMMENDATIONS

IMMUNIZATION PROGRAM:

6. **DOH did an excellent job advertising and implementing the 2001-2002 child immunization program.**

Recommendation: None.

OFFICE OF THE DIRECTOR:

7. **Frequent changes in PCPP and DOH management may negatively affect operations and employee morale.**

Recommendation:

That D/DOH attempt to determine the reasons for the high turnover among managers, and consider suitable corrective actions that might include leadership and public administration training and mentoring by experienced and successful DOH managers.

8. **PCPP lacks up-to-date written policies and procedures for conducting day-to-day operations in several key areas.**

Recommendation:

That D/DOH and D/PCPP ensure that DOH and PCPP managers create, update, promulgate, and maintain updated written policies and procedures for all significant aspects of the administration's day-to-day operations.

9. **PCPP communication with satellite offices is limited and often untimely.**

Recommendation:

That D/PCPP ensure that program managers in satellite offices receive all information required to perform their duties in an efficient and timely manner.

APPENDIX 2



U.S. General Services Administration
Office of the Chief Financial Officer

10/29/01

19 VITAP invoices found.



ACT#	Vendor	Invoice#	Inv Amount	Start Date	OrgCode	Possible DailyInt	Possible CumInt	Key Date	Delivery Date	S.O. Receipt Date	
05725296	[REDACTED]	3A05725296	\$30,000.00	5/2/2001	A11VR112	0	0	5/2/2001	3/31/2001	5/2/2001	[REDACTED]
05725296	[REDACTED]	1A05725296	\$35,705.00	5/2/2001	A11VR112	0	0	5/2/2001		5/2/2001	[REDACTED]
05725296	[REDACTED]	2A05725296	\$35,705.00	5/2/2001	A11VR112	0	0	5/2/2001		5/2/2001	[REDACTED]
05725296	[REDACTED]	4A05725296	\$35,705.00	5/2/2001	A11VR112	0	0	5/2/2001	4/15/2001	5/2/2001	[REDACTED]
05725296	[REDACTED]	605725296	\$35,705.00	5/16/2001	A11VR112	0	0	5/16/2001		5/16/2001	[REDACTED]
05725296	[REDACTED]	5A05725296	\$35,705.00	5/23/2001	A11VR112	0	0	5/23/2001	4/30/2001	5/23/2001	[REDACTED]
05725296	[REDACTED]	105725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/16/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	1105725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/20/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	1205725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/24/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	1305725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/25/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	705725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/15/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	805725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/16/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	905725296	\$15,334.00	8/3/2001	A11VR112	0	0	8/3/2001	7/16/2001	8/3/2001	[REDACTED]
05725296	[REDACTED]	1405725296	\$15,334.00	9/10/2001	A11VR112	0	0	9/10/2001	8/25/2001	9/10/2001	[REDACTED]
05725296	[REDACTED]	1505725296	\$15,334.00	9/28/2001	A11VR112	0	0	9/28/2001	8/25/2001	9/28/2001	[REDACTED]
05725296	[REDACTED]	1605725296	\$15,334.00	9/28/2001	A11VR112	0	0	9/28/2001	8/25/2001	9/28/2001	[REDACTED]

05725296	[REDACTED]	1705725296	\$15,334.00	9/28/2001	A11VR112	0	0	9/28/2001	8/25/2001	9/28/2001	[REDACTED]
05725296	[REDACTED]	1905725296	\$15,334.00	9/28/2001	A11VR112	0	0	9/28/2001	8/25/2001	9/28/2001	[REDACTED]
05725296	[REDACTED]	105725296RESUB	\$6,415.00	10/2/2001	A11VR112	0	0	10/2/2001	9/30/2001	10/2/2001	[REDACTED]
Total:			\$398,948.00								\$0.00

| [GSA Home](#) | [GSA Finance](#) | [Invoice Search](#) |

TOTAL P.03

APPENDIX 3

Mission of the Plan Development Division:	The Plan Development Division as per D.C. Code 32-132 § et seq, 1. Articulates the policy of the District with respect to maintaining and improving the health of District residents and the health care delivery system in the District. 2. Projects current and future health care trends. 3. Identifies the health needs of District residents and recommends alternatives to address those health needs. 4. Prioritizes health issues.							
Goal:	To develop and publish a city-wide Health Systems Plan and Annual update that contains a current assessment of available services and projected needs and city-wide Health Policy for the District which will support the recommendation of the Statewide Health Coordinating Council and the decisions of the Director relating to Certificates of Need (CONs).							
Citywide Strategic Priority Area(s) Supported:	II. Building and Sustaining Healthy Neighborhoods I. Strengthening Children, Youth, Families and Individuals IV. Making Government Work V. Enhancing Unity of Purpose and Democracy							
Manager:	Regina Knox Woods, Director, SHPDA							
Supervisor:	Andrew Schamess, M.D., Senior Deputy Director for Primary Care, Prevention and Planning							
Performance Measures	FY 1999		FY 2000		FY 2001		FY 2002	FY 2003
	Target	Actual	Target	Actual	Target	Actual	Target	Estimate
# of chapters currently being developed	10	12	18	12	18	12	18	18
# of chapters updated	4	0	12	N/A	12	N/A	18	18

Mission of the Data Collection, Analysis and Publication:	The collection, maintenance, analysis and publication of public and private providers health systems data and information for use in the District health policy development process.							
Goal:	Develop and maintain a uniform, accurate and interactive Health Planning Data System							
Citywide Strategic Priority Area(s) Supported:	IV. Making Government Work							
Manager:	Regina Knox Woods, Director, SHPDA							
Supervisor:	Andrew Schamess, M.D., Senior Deputy Director for Primary Care, Prevention and Planning							
Performance Measures	FY 1999		FY 2000		FY 2001		FY 2002	FY 2003
	Target	Actual	Target	Actual	Target	Actual	Target	Estimate
# of hospitals reporting	18	10	18	10	18	N/A	18	18
# of nursing homes reporting	0	0	21	0	0	N/A		
# of public clinics reporting	0	0	8	0		N/A		
# of private clinics reporting	0	0	Over 100	0	Over 100	N/A	Over 100	Over 100

The SHPDA accomplishes its mission by developing the Health Systems Plan, which articulates the policy of the District residents and the health care delivery system, by administering the Certificate of Need program, and by developing and maintaining the Health Planning Data System. These activities support the overall mission of the

APPENDIX 4

DOH IMMUNIZATION OF School-Aged Children -
October 2001- January 2002

<u>Name</u>	<u>Oct. 2001</u> <u>No. Assess- ed</u>	<u>Oct. 2001</u> <u>No. Immuniz- ed</u>	<u>Nov. 2001</u> <u>No. Assess- ed</u>	<u>Nov. 2001</u> <u>No. Immuniz- ed</u>	<u>Dec. 2001</u> <u>No. Assess- ed</u>	<u>Dec. 2001</u> <u>No. Immuniz- ed</u>	<u>Jan. 2002</u> <u>No. Assess- ed</u>	<u>Jan. 2002</u> <u>No. Immuniz- ed</u>	<u>Total</u> <u>Assessed</u> <u>Oct. 01-Jan.</u> <u>02</u>	<u>Total</u> <u>Immunized</u> <u>Oct. 01-Jan.</u> <u>02</u>	<u>Grand</u> <u>Total</u>
DC Public Schools	295	463	377	162	228	170	5881	4366	6781	5161	11942
DOH Express Clinics	2120	1747	2033	1603	1576	1311	5471	4075	11200	8736	19936
D.C. Convention Center							679	559	679	559	1238
D.C. General Hospital							1781	1231	1781	1231	3012
Totals	2415	2210	2410	1765	1804	1481	13812	10231	20441	15687	36128