

Part IV: Sharing, Helping, Growing

CDC Performance Improvement Managers Network Call

September 26, 2013

- Today's Speakers:**
- Susan Thomas, Missouri Department of Health and Senior Services
 - Anita Berwanger, Missouri Department of Health and Senior Services
 - Drew Hanchett, New York State Department of Health
 - Bobbie Erlwein, CDC/OSTLTS

Moderators: Melody Parker, CDC/OSTLTS

Elon (Operator): Good afternoon and thank you all for holding. Your lines have been placed on a listen-only mode until the question and answer portion of today's conference. I would like to remind all parties the call is now being recorded. If you have any objections, please disconnect at this time. I would now like to turn the call over to Melody Parker. Thank you. You may begin.

Melody Parker: Thank you, Elon. Well, greetings everyone and welcome to the September Performance Improvement Managers Network webinar. As you heard, I am Melody Parker with the Office for State, Tribal, Local and Territorial Support, and I am joined here today by several of my colleagues from OSTLTS. So thanks for joining us today. This is our eighth call of 2013. The Performance Improvement Managers (PIM) Network is a community, and we support all National Public Health Improvement Initiative (NPHII) performance improvement managers in learning from each other as well as from partners and other experts. These calls give the members of the Network a venue to learn about each other and share information about resources and training opportunities related to our work in quality improvement and performance management. Our topic today will take us from lessons learned in managing documentation for public health accreditation in Missouri to the roll-out of performance management training in New York State. But before we dive in, let's first review some of the technological features of today's call.

On the LiveMeeting site today, which you can see before you if you are on the web, you can see other sites participating in the call today by looking at the attendees under the link at the top left of your screen. You can also download reference documents that were sent to you yesterday via the icon at the top right that looks like three sheets of paper. We're going to have two ways to facilitate the discussion



today, and it's going to be in two parts. First, we strongly encourage you to type in your questions and comments at any time using the Q&A box, which you can find by clicking Q&A in that toolbar at the top of your screen. Second, we will open the lines for discussion after our presenters have finished. So please, please, please mute your phone now either by using your phone's mute button or by pressing star-6 on your phone's keypad.

Please note that we will announce the identity of the people submitting questions via LiveMeeting, so if you prefer to remain anonymous to the group when you write your question, please type Anon either before or after your question. Now, this is going to be a little bit different today in that we're going to have presentations in two sections. There'll be two people at the top of the call, and the second half of the call will be a NPHII/OSTLTS type of presentation from Bobbie Erlwein. Today's call will last approximately an hour. The call is being recorded, and it will be archived on the OSTLTS PIM Network page.

We'll be conducting a couple of polls on today's call. I'll be introducing each poll question. When I announce that the poll is open you can cast your vote by selecting your response with a mouse click. The first poll will give us an idea of who's participating on our call today, so please indicate your affiliation. Are you a state health department, a tribal health department, a territorial health department, or US-affiliated Pacific Island health department? Are you a national public health organization, or are you an other? It's open. Please cast your vote. All right. Seems that we have about 67% that are state health departments, 2% tribal, 5% local, 2% territorial and U.S.-affiliated Pacific Island, 5% organizations and 14% other. Thank you.

Now the second poll is your opinion. As we go on at this point we would like to ask you, before we go into a new fiscal year, how often would you like to have PIM Network webinars? Do you like this monthly thing? Is this working for you? Do you like bi-monthly? Does quarterly work better for your schedule? Please let us know what you think. Looks like it's tending towards monthly. It's running about 54% monthly, 23% at bi-monthly, and 11% of you would prefer a quarterly interval. So thanks for that. We'll also want to hear your feedback at the end of today's event, so look for a poll at the end of the hour where you can tell us what you thought about the call today.

We have several speakers on the line with us today. First, we'll be hearing from Susan Thomas, who is the PIM, and Anita Berwanger, who is the accreditation coordinator, from the Missouri Department of Health and Senior Services. They're going to be giving us an overview of the lessons learned as they have looked at managing their public health accreditation documentation through SharePoint. After that, they'll be followed by Drew Hanchett from the New York State Department of Health and his colleagues as they tell us a little bit more about their performance management training series through New York State's learning management system. And then after that, we'll be hearing a whole wonderful treasure trove of information from Bobbie Erlwein, the NPHII Team Lead here at CDC/OSTLTS. So, without any further ado, Susan, Anita, I'm going to turn it over to you.



Susan Thomas: Thanks, Melody. We appreciate the opportunity to be able to share some of our experiences with everybody. We did listen in on the call last month, and our experiences are somewhat similar to some of the other states who have done SharePoint, so we're going to try to take the next couple of minutes to just concentrate on some areas and some things that we maybe chose to do just a little bit differently, and then some lessons learned from our experiences. To put things in context, like many of you, we have set up domain teams for each of the domains in the PHAB accreditation process. Each of those teams has a leader assigned to them, and that leader is what I'd call a "content expert" in that particular area. That's the context that we've set up around the SharePoint system. As far as the benefits of SharePoint, they're very similar to what everyone talked about last week. Everyone has access to the SharePoint. Our I drive is a little bit limited, so we didn't want to put even more stuff out there to take up more of that space. So SharePoint was what we chose to gather the documentation.

We modeled our site after Minnesota's, and they gave a great presentation last week, so a lot of the things we did are similar to theirs, but a couple of things we chose to do just a little bit differently based on some conversations that we had with our team leaders. We did use an intern for the development of this site. She was awesome. She wasn't afraid to just jump right in, make changes. She hounded our IT department, which I wouldn't probably have the guts to do. We really appreciated her expertise on this development of this site.

You all saw a demonstration of Minnesota's site last week, so on the left-hand side of their screen there is folders for each of the domains. When you go into each of those folders, we chose to put two additional folders within each domain. One of the folders is listed as a team member folder, and that folder is where any team member can upload documents into that team member folder. It's open and accessible for any team member. What we also then included was a team leader folder, and in that team leader folder is where we've asked our leaders to do a cursory review of the documents and choose the best ones, and the best two to three documents are then moved up into the team leader folder. We asked our team members for lots of examples of each piece of documentation. We knew, up front, that we weren't going to use all those, but we still wanted to keep them in one place. We then initiated the team leader folder where we could move the documents into as we reviewed them and found them to be the most applicable for the guidance.

I'm going to let Anita talk just a little bit about some of our lessons learned. I was involved a lot in the setup and the background, and Anita, our accreditation coordinator, came in about three months ago and has a lot of lessons learned in the site and made some enhancements to it since then. Anita?

Anita Berwanger: Hello, everyone. As Susan said, I came to the office in June, and they had done a great job in thinking through how to set up our accreditation process, and they used the SharePoint. But with anything, once you're in it and using it, you can always go back and think of ways that it might go better. One of the things that is real important to think of up front is how you want individuals loading documents to name them. Before I came, they had asked that the leaders name them by the standard number, but as a lot of individuals, as Susan said, could upload into the team folder, the naming system got a little bit lost. And you can have as many ways to name a document as you have people loading



them up, so I would recommend trying to keep everyone with a naming system. What I have found is that if you name your documents by the standard number or measure number, SharePoint will line them up that way in the folders, and then it will go from numerical to alphabetical line-up of documents. It doesn't line them up by date, you know, or when you put them there, but it lines them up by the title. So something to think of is how do you want them named, and try to have everyone be consistent. Develop a cheat sheet that you can send out to anyone that will be loading documents and send emails to remind them, or have regular meetings to remind your other members of how to do some of the logistics.

I also like, in SharePoint, that you can set up alerts to be notified when documents are added or changed. As the accreditation coordinator, I like to know what activity is going on in SharePoint, even without opening it up and looking. I've set up my notifications so that I get notified when someone else goes in and adds or changes the document. That way I can keep up better with my spreadsheets. I also keep an Excel spreadsheet about where we are, what we have and what we are needing yet for those particular standards and measures.

Another thing that we've done with SharePoint is several of the domain team leads have developed or uploaded their own tracking spreadsheets into SharePoint, as a supplementary document, rather than a measure or a standard. SharePoint does allow you to upload some other information for general consumption of the members, or general information sharing. We have done that and found it to be helpful. That spreadsheet was for identifying initially what documents could work for each of the different standards and measures.

Another thing we did later on was to develop a couple of archive folders, in addition to the team member folders that Susan referred to. A lot of information got entered and had to be sorted through, and eventually two or three best ones were picked. But at the same time, we're early enough in accreditation process that we didn't want to lose anything that might be of value later on, but we didn't want 30 examples of surveys just sitting there in a folder. We made archive folders and moved some things over that we just want to keep there until we're absolutely certain whether or not it would be needed for documentation.

I think the most useful thing I learned about SharePoint was at last month's call at the very end of the call. One of the speakers was talking about the open with Explorer feature in SharePoint. Now, I didn't know anything about that feature and I had been finding it very difficult to move things in SharePoint. I would emphasize that it has been a lifesaver to me. As a reminder, you go into your library tab, and your library tool, and then you click on the open with explore button, and that will show all your files in a window environment. It's so easy then to move things from one folder to another, which was just great timing for us because some of our leaders were getting ready to move their best documents from the team folder to the leader folder. I was so appreciative that we were able to learn that little tidbit last month, and it's really helped us. Those are some of the things that I want to share and hope that your adventures in SharePoint will be painless and productive. Thank you.



Melody Parker: Well, thank you Anita, and of course, thank you, Susan. And with that, we are going to dive right into New York State. Drew, are you ready?

Megan: Melody, this is Megan. We have some technical difficulties, so he's signed on by phone in a different location, so I'm not sure if he has the permissions to speak right now.

Melody Parker: Okay. Gosh.

Elon: Drew, your line is now open.

Drew Hanchett: Hi, everyone. We recently were able to launch a new training series that we developed here in New York. As people wander into this world of performance management and quality improvement (QI), you're probably finding that there's just a ton of stuff out there, and what we wanted to create was hopefully a one-stop shop for our counterparts here in New York. While I don't think we're there yet, we've made a good beginning, which has been good. Melody, are you going to log on here?

Melody Parker: Yes, I am. I'm there now. Can you see my screen?

Drew Hanchett: I can see your screen, yep.

Melody Parker: Okay.

Drew Hanchett: This is our learning management system here in New York State. We've been lucky enough to have this available to us, accessible obviously through the web. Melody's a user. Anybody can log in and become a user in our system. If folks are really interested and questions don't get answered today, feel free to email me. We have some one-page quick guides that I can distribute and send to people as well if you're interested. You'll see under learning management system's home page, we are one of the announcements, which is nice so you can see the performance management series. I'm probably going to see stuff on here that I want to correct, too, as we go through and look at it.

Here you go. Again, what we tried to do was create a place where we could build from our QI knowledge and content, tutorials, some longer, some shorter, with varying topic areas that no matter where you are on your QI journey, you may find something that is applicable to what you're trying to do. This is just the beginning of it. Again, we plan to continue to develop different trainings as we go forth, and I'll just talk a little bit about some of our ideas in here. One thing we are lucky to have here in New York State, is a relationship with our public health training center, which other states probably have as well. This is a HRSA-funded effort, and we have the Empire State Public Health Training Center here in New York. The collaboration was, we developed the content for these training tutorials, and they had the technology to build them into this online system.

How we've set up the series is, it starts off with a couple of overview trainings, and one is an introduction to performance management. This describes our performance management system framework, based in TurningPoint, which is not going to be anything new to you folks that have been



doing this for a while, but we found that it's been really important to kind of create a common language. People are like, performance management, quality improvement, what's the difference? We describe here how quality improvement fits in as a component of our performance management system. That's a little bit longer. We've actually used interviews with our colleagues based on some work we did with them and how they used a performance management framework, performance management mindset, to do some of their work. You get to see me on video there, which is painful every time I look at it.

The next one is the basics of quality improvement. So that's kind of like a 101. We base a lot of our work in the Models for Improvement, so folks are probably familiar with that. It's a good overview, and includes what's the difference between measuring for improvement versus measuring for research and evaluation, a lot of different components in there, what's a Plan, Do, Study, Act (PDSA) cycle, so that's kind of the 101.

The bottom three are really what we term quick learns. They're shorter, and they're very specific in terms of the topic areas that they're looking to cover. One's around measurement. You can see the QI team development, and then developing AIM statements. Again, kind of quick one-offs depending on where you are in terms of your QI project development. Some ideas we have going forward are to develop more of these quick learns specific to QI tools. How do you a value stream map? How do you do a process flow chart? How do you use the different tools? That's our game plan over this next year. We've budgeted into our NPHII funding to develop more tutorials specific to using QI tools.

There it is in a nutshell. I don't know if people have questions about it. Again, you can see Megan's email there, and that's our phone number. If people have problems logging into our system they can certainly contact us, or have any questions. If you have ideas on types of tutorials you'd like to see, I'd love to chat with you. If you don't have the capacity to build these online but you have content, maybe we could do, you know, do a little collaboration and we could get it up online for people. That's all I really have, Melody. Specific questions?

Melody Parker: Thank you, Drew. I'm trying to see if we have any questions here while I try to get my screen back. Here we go. And it does look like we have a few questions. We do. Let's see. Emily Brown wants to know: are these trainings available to anyone? And I know the answer to that, but so do you. So go ahead, Drew.

Drew Hanchett: They absolutely are; if you can get on the Internet, you can log in. You would have to enroll and log in to become a user in our system, but they're absolutely available to you, yes.

Melody Parker: Excellent. And Janie wants to know: if the tip sheet for Missouri can be shared with the PIM Network, and I do believe that we did the tip sheet. I'm not exactly which tip sheet you're talking about, Janie. Elon, can we go ahead and open up the lines, and I can talk to Janie and see if she can tell me exactly which tip sheet she means.

Elon: All lines are open at this time.



Melody Parker: Hi, Janie. Are you out there?

Janie: I'm here, yes, thank you.

Melody Parker: Yes. Which tip sheet were you talking about in your question?

Janie: I think they were talking about the tip sheet that they sent to their employees to assist with the documentation like the naming and saving of the files and things like that. We have one in Kentucky, I just wanted to compare since we're in the early stages of documentation upload.

Melody Parker: Yeah, So Susan?

Susan Thomas: Yeah. We'd be happy to do that. We had a tip sheet, and then we also had a checklist.

Janie: Okay. That's more of what we have. We have a checklist, did you put the logo on it? Is it dated? We're not using SharePoint. In hindsight, I wish we were, but we don't really have the capacity to do that, so we're just using our shared drive, but I think just seeing somebody else's tip sheet would be helpful. Thank you.

Susan Thomas: Sure.

Melody Parker: And another one for Drew from Karen Swanson: Drew, are the trainings required of all your staff, of all the Department of Public Health staff in New York?

Drew Hanchett: I wish. No, but we're pursuing agency accreditation as well, and it's part of our QI plan. Folks have probably been working on developing theirs, and as a way to kind of build the maturity of QI in our agency is to begin to work some of these things into requirements for personnel. But as of right now, no, these are not requirements at all.

Melody Parker: That's your wish list.

Drew Hanchett: Yes, exactly.

Melody Parker: All right, lines are open. Any other questions today for either Susan and Anita or Drew? Okay. Well, if something comes up as we go along, by all means, feel free. Wait, it looks like we might have one more. From Jobin Abraham, also in New York, New York City, he says, "Way to go, New York! Drew, do you have a process for assessing competencies and recommending trainings?"

Drew Hanchett: We do not at this point. You know, again, this is hoping that it's one of those if we build it they will come. We realize these online tutorials are not the end-all, be-all, but we hope they're a starting to pique interest, and after each one, we encourage folks to follow up with us. We're funded through NPHII, so really, to take it to the next level and implement that sort of stuff. We've found that whether it's in person or online trainings, people walk away from them and they say okay, I get it, but now what? That's a lot of our work is the follow-up to that. I would love to start a discussion on the PIM Network around levels of competency for QI. We talk about it all the time, you know, they have



competency levels for epidemiologists and things like that. I wonder if there's not, three competency levels that we can talk about around QI. I have some ideas, and I'd love if we could, on the PIM Network, facilitate a conversation around that.

Melody Parker: Definitely. All right, then. Elon, if you will go ahead and close the lines again. At this point, I would like to go ahead and turn the call over again to our resident NPHII team goddess, Bobbie Erlwein.

Bobbie Erlwein: Okay, thanks.

Melody Parker: You're welcome.

Bobbie Erlwein: I really appreciate y'all making time for me on the call today, and I really enjoyed both presentations. Thank you very much. I'm always so impressed by the work you all are doing, no kidding. Drew, I think I'm going to have to log on and take some of those courses, and everyone knows how good I am at SharePoint. I'm going to have to take some of those tips to heart as well from Missouri, so thanks. I have several things I want to share with you today, so I'll just put them all out there and then we'll open the lines to take some questions.

I want to tell you up front that because I'm giving you a lot of information, if we run out of time I absolutely want to hear from you with questions if we don't get them answered today. So you can always shoot an email to the NPHII mailbox, and I'll get back with you. Or, if I see we have a need for more conversation, I'll schedule another call. Don't feel like if we don't get all the questions in today, you won't have a way to ask.

The very first thing I want to say is, congratulations on getting your applications in. I know many of you are anxious to know the status of your notices of award. They should be out to you this week. You should get a notice of award for NPHII certainly, and if you applied for and were awarded money under the supplement, you should get a separate notice of award for that. Again, that should all come out this week. If you don't have one by Friday, please reach out to your performance officer (PO) and let them know so that we can just check and make sure that it's not stuck some place in the system. That's the first bit of good news.

I'm just going to tell you what I don't know about a potential government shutdown. Many of you have been asking questions, and reasonably so, rightly so. Honestly, we don't know much more than you do about what Congress is going to do. There certainly is a chance they can resolve these issues and we will not have a shutdown, but I don't know what will happen. Similarly, I have no information that I can share with you about what a shutdown, if one were to occur, would mean for NPHII. I just don't have any information to give you. Like you, I'm watching the news and I'm listening. I'm sure that as information becomes available, HHS and CDC will be sharing that with us, and as soon as we know something that we could share with you, we will make it a priority to get that out to you. But I'm sorry; I just don't have any information for you, which I know is very frustrating.



The third thing I wanted to tell you is that I'm very excited for year four. I have such high expectations for this program overall, and that's based on the history and all the good work you've done. I want to tell you a little bit about some specific things that I expect to see in year four and probably you do, too. More good work, that goes without saying. But within the good work, I really expect every grantee will be making solid forward progress toward completing quality improvement activity. I guess it's hard for me to imagine a scenario where every grantee didn't get at least one of those done. I just can't imagine why that couldn't happen. I also will find it hard to imagine that every grantee wouldn't make good forward progress in terms of completing at least one of the prerequisites, unless you're already done with them. Those are things like strategic plan, community health assessment, and community health improvement plan. To be very plain, I'm looking to see completed quality improvement activities from every grantee, and completed, if they're not already done, prerequisites from every grantee. I just can't imagine we couldn't reach that goal. And many of you will do far more than that, and I'm not limiting, please, do as much as you're able to do, but at the very least I would expect to see that from everybody.

I also wanted to just start foreshadowing where I think we're headed with the money as we're going into year four. You know we talked about offsets for the current awards, and some of those happened. Looking into year four, when you turn in your year five application I expect that we will again ask you for an interim Federal Financial Report (FFR). And I expect that we will again consider offsetting awards. So what does that mean? That means that next year we might consider using unspent money from year four to offset your year five award. That's a little different from what we thought about doing this year.

This year we looked back to old money, year one and two money, to offset money in year . . . going into year four. But as we head into year five, we might consider using the year four money to offset your awards. Like it's a little confusing, so let me put it a little more plainly. You should absolutely spend your money to advance your project work. That's exactly what we want you to do. If you have funds that are unobligated come March or April, they're a little bit vulnerable to potentially being used to offset the amount of new money we give you in the subsequent year. So, by all means, get your plans together and spend your money. That's really what we want you to do. But just consider this the first heads up that come next March or April when we're looking at year five applications, if you haven't obligated your money you're at a little risk. I hope I'm making sense. We'll open for questions shortly and you can ask. Let's see, around the money, did I want to tell you anything else? No, I think that's it.

Oh, I do have one more note on the money. There's nothing you need to do right now, so don't panic. Just work your plans for year four and spend your money. You should also, as soon as you're able to get your final FFRs done for this year, come in and ask for your carryover money. I want you to use that where it makes sense to advance your program goals. So nothing has changed. You can absolutely ask for carryover from year three into year four. Let's just get those in and get the money obligated as early as we can.

Now, the big news, I have one more thing to tell you, and it's big news. And I have an ask, a favor that I could use your help on. First the big news. I've made a decision to change the PO fund in a fairly significant way. The way we're structured right now, everybody works with some states, but most of the



territories are focused between one, maybe two POs, so not everyone has the opportunity to work with a territory. Similarly, not everyone has the opportunity to work with a tribe. Those are concentrated in one, maybe two PO assignments. Same is true for working with local health departments, cities, or counties. That's not the best model for several reasons. We're going to move to a model where every PO will work with some grantees from each sector. That's going to increase the PO experience and the diversity of portfolios, the groups of grantees they work with, which is good for CDC. I think it's also good for the program, though, because I think we'll get better integration across those sectors. We'll start working, I hope, even more collaboratively across all the sectors that we fund, state, locals, tribes, and territories. After this call, I will send out to you, via a separate email, the list so that you can see who's going to be going where and what changes will happen. I know this is hugely disruptive, and I know that we hate making these kinds of changes. So I'm sorry to do it to you, but believe me when I tell you I wouldn't make this change if I didn't think it was really in all of our best interests. It's not a decision that was made lightly, and I truly do believe it's going to be of benefit to NPHII. I'll get that list out to you. The timeline for making this change is, we're going to start with the first of the year. Starting in October we'll begin the transition. I would expect those to be not hurried at all, so you should have time to talk with your current PO and your new PO. Likely we'll do a transition call so that that's a smooth handoff. It's not like the current POs are going anywhere, so if you do get a new performance officer, they can always reach back to the person who worked with you last so we have continuity. And I would expect all the transitions to be completed by the end of October. I think that's all I wanted to tell you. I know that's big news, so you digest that.

Well, I give you that big bomb, and then I ask for a favor. So here's the favor: we have a time-critical need to gather some information about the impact that the economic crises have on public health. You all know better than I that across the country we lost some 40,000 positions in public health. We want to understand here at CDC what that means in terms of the loss of services or, heaven help us, a loss of life or an increase in the disease rate or other disease indicators. We'd like to know the actual impact in your jurisdiction. What happened because you lost those positions? I'm going to send this out too in a separate email and explain what I'm asking for. Really just three simple questions I'm asking you to answer. If you could respond back to the NPHII mailbox with that, it would be hugely helpful.

Once we see what you can tell us and you might not have a lot to tell us on this. I mean, you may not have information that would let you answer the questions, and that's okay. Just do the best you can if you would. This is us asking you for help as partners. This is not about NPHII, this is not about a potential shutdown. This is about what the crisis that happened economically in our country did to your agency's ability to provide services, or how it impacted the health of your residents, your constituents. So I'm looking for that information. I'll get the email out to you if not this afternoon or early tomorrow morning. Just do the best you can. When we see your first response, we might reach out to some of you to ask some questions to make sure we have a clear picture of what the impact was in your jurisdiction. I hope I'm making sense.



Let me just quickly recap. I told you a lot of things. I told you Notices of Awards for this year are coming soon. You should have them this week. If you don't have them by Friday, let us hear from you. I told you I have nothing that I can tell you about a potential shutdown, but we will keep you posted as we get more information. I set some expectations for year four, specifically around quality improvement and the prerequisites. And I also gave you a heads up about the possibility of offsets going into year five, and that we'll like be asking for an FFR in your application for year five. Oh, I did forget to tell you one thing: another expectation moving into year four is that we'll increase the use of our online system. That will start with modifications to your work plans. As you make those, we'll be doing them on the online system, and certainly for the APR. We'll be getting the annual progress report out to you in October. It's ready to go, and I'm looking forward to seeing those be completed on the online system, using the online system. I also told you about the changes to PO assignments, and I'll get that list out to you with additional information in an email probably tomorrow. And I asked for your help to understand the impact of a loss of positions in public health in your jurisdiction. I think I covered a lot of ground, so let me stop talking and, if it's okay with Melody, ask if you all have questions. Can we open it up?

Melody Parker: Yes. Elon, we are ready to open the line.

Elon: All lines are open.

Drew Hanchett: Hi, Bobbie. This is Drew Hanchett in New York City. Can you hear me?

Bobbie Erlwein: I can, Drew.

Drew Hanchett: I just had a question about the QI projects and stuff. We're doing a lot of work right now in writing up our stories. We have a couple of different formats. One is based on the CDC success stories. Others of our projects fit better into a story board based on kind of the sections of PDSA. Is CDC going to make the decision on what's the best way to present this stuff? Should we send it all through you guys and then you guys will triage and vet it?

Bobbie Erlwein: Send it to us in any format. I'm delighted that you're doing them.

Drew Hanchett: Okay.

Bobbie Erlwein: Whatever format is easiest for you to capture the information, I am happy to get it.

Drew Hanchett: Okay. Will you guys close the loop with things like the Public Health Quality Improvement Exchange (PHQIX) and things like that? I also put our training notice up on PHQIX. Will CDC be doing that as well, or should we as PIMs take care of that?

Bobbie Erlwein: That's a good question. I'm so glad you're asking about this, Drew. I don't think that we can submit to PHQIX on your behalf. I think you need to submit yourself to PHQIX. I think it's fine, though, to submit jointly. In fact, I got that question from another grantee on the west coast earlier this week. I think it's find to have a story do double duty, so absolutely submit to PHQIX and send it to us,



and we'll take it in whatever format you do it in. But I don't think that we can submit it for you to PHQIX. I'll look into that, but I'm not sure we can.

Drew Hanchett: That's fine. Thank you.

Bobbie Erlwein: Thank you.

Lisa: Hi, this is Lisa from Alaska.

Bobbie Erlwein: Hey, Lisa.

Lisa: Hi. I just have a comment, and I'm sure you already know where it's going to be. But it's regarding the changing of the PO assignments. I just want to say I understand where you're coming from in terms of for the PO themselves, or even maybe for your office or for the CDC, the benefit of a person having multiple levels or sectors that they're overseeing. But as a grantee, having a PO who has similar grantees to me has been extremely useful. And much more useful since I think Alaska, like everyone, has had the experience of having many, many POs, and the POs who have been the most helpful to us are the ones who have grantees similar to us and that we can share the little experiences and stories.

I hear that you're trying to have a concerted effort to get that information out to everyone, but I don't think everyone needs all of that. I think there are lots of other formats where we can all share all different kinds of information, like these calls and all the web resources, and now the online thing, which are all terrific and great. But it's helpful having a PO who has a clearer understanding of grantees that are similar. We just had this amazing meeting in Hawaii where a lot of the territories were on, as well as Hawaii and Alaska, but we also had people from the mainland too. But it is so valuable to Alaska to have a PO and have a way, a venue, to share with those that we have a lot in common with. So I guess I have to say that when I hear that you're changing the POs again.

Bobbie Erlwein: You know what? I really appreciate the comment, Lisa, and I think you're right. I think when we make this change that I'm committed to making, if we lose that then we have really lost something usually important. So I think you're absolutely correct. It's vital that grantees that share commonalities have a way to communicate with one another and share those stories that resonate with them, you know, that makes sense for that group of grantees. I have some ideas in mind of how we can move forward to maintain that kind of connection and still engage multiple POs in the discussions, and perhaps even like the meeting in Hawaii, which I understand was a rousing success. I'm excited to learn more about that.

I think we can employ some strategies to keep those connections intact, but they'll be a little different, they'll be a little more rich because we'll have other POs engaged, different POs with different skill sets engaged, as we pull together territories or tribes or what have you, whatever sub group. So I hear you, and I think your point is absolutely legitimate. Let's try and employ some of these other ideas for building maybe communities of practice or setting up calls and regions or bi-sector or what have you. I



have lots of different ideas. The POs have ideas about how we can try and preserve that. But I think you raise a very, very valid point. So thank you for the comment.

Lisa: Thank you.

Bobbie Erlwein: Um-hum.

Dan: Hi, Bobbie. This is Dan in Idaho, here.

Bobbie Erlwein: Hey, Dan.

Dan: I am not sure which economic impact you're referring to, 2008 or what?

Bobbie Erlwein: Okay, thank you. Really, this started around 2008, 2009.

Dan: Okay, that one.

Bobbie Erlwein: That was a big . . .

Dan: The big one.

Bobbie Erlwein: The big one, okay. Right. Everybody started getting furloughed, and reassessing programs, and that big economic push.

Dan: Okay, thank you. Is it possible to get that—I'm asking a big request—to get that today since I'm not going to be here tomorrow. If you want that response by Monday.

Bobbie Erlwein: I'm going to do my very best. I have a little technical difficulty that's precluding me from getting it sent out.

Dan: Or if we can get that forwarded to Tracy, I could let her know because she'll be here tomorrow.

Bobbie Erlwein: Okay. That I can do. If we get the technical issue fixed today, we're going to send it today. (Laughter, several voices). If the computer doesn't cooperate, then it'll have to be tomorrow and we can sure get it to Tracy.

Dan: Fantastic. Hawaii, that was an awesome idea.

Bobbie Erlwein: You mean the meeting?

Dan: Yeah, it was great.

Bobbie Erlwein: Maybe a model we need to recreate.

Dan: I would think so. If other areas are thinking of doing it, it's great.

Bobbie Erlwein: Good, nice to hear.



Jill Lewis: Bobbie, this is Jill Lewis from Alaska.

Bobbie Erlwein: Hey, Jill.

Jill Lewis: Hi. Following up on the last caller who was talking about the impacts of the budget cuts from the recession, have you already worked with the Association for State and Territorial Health Officials (ASTHO)? Because they've collected this information and their budget cuts survey. Is this in addition to that information?

Bobbie Erlwein: Yeah. That's a great question. I'm glad you asked. CDC is taking a multi-faceted approach to responding to this. Absolutely, we have folks working with ASTHO and the National Association of County and City Health Officials (NACCHO) as well, and others who have collected information about the impacts on public health. We're looking at those sources of information and reaching out to you all just to add to and augment that information. So yes, we're looking at it, but still, if you have a story from your jurisdiction, we want to put a face on these stories to the extent that we can. Sometimes the aggregate data loses its punch, whereas if you hear from the State of Alaska well, this meant we couldn't give X number of immunizations, or you know, whatever the impact was. Sometimes if you tell your story different ways it will hit different people with some impact. So that's what we're shooting for, just a multi-faceted response. But a good suggestion on the ASTHO information, and we are absolutely looking at that. Thank you. More questions for me?

Josh: This is Josh in Virginia.

Bobbie Erlwein: Hi, Josh.

Josh: I know you said you don't know anything, but I'm stubborn, so . . .

Bobbie Erlwein: That's okay. Give it a whirl.

Josh: I'm going to ask it in a different way. The last time we came close to a government shutdown, which wasn't too long ago, was there ever a determination back then made whether we'd be considered essential or non-essential services?

Bobbie Erlwein: I honestly never heard one.

Josh: Okay.

Bobbie Erlwein: I can tell you I do not recall hearing that determination. I'm sorry, that doesn't help much. I know I hate the waiting myself. I really appreciate how frustrating it is.

Josh: We all do.

Bobbie Erlwein: Yeah. More questions for me? You might need to ruminate on it. Please remember once you see the list of assignments, and once you see the email on the ask regarding the impact of the loss of positions in public health, if you have questions, please give a call to your PO. You can give me a



call, or certainly reply back to the NPHII mailbox and if I see that we need to have another chat about any of this stuff, because I know I gave you an awful lot of information today, we sure will find a way to do that. I like talking with y'all, so I'm happy to schedule another call if we need to.

Melody Parker: All right. It looks like we have wrapped up that piece. I want to thank everybody for participating on the call today, Susan and Anita and Drew and Bobbie, and all of you that have joined us today. Before we leave today, of course, our final poll. How would you rate the webinar overall today? Was it excellent, was it good, was it fair, was it poor? If you'd like to give us any additional feedback on the call, or as usual, suggest a few topics for future calls, you can email us at PIMNetwork@cdc.gov.

Please join us at the top of the next fiscal year for our next call on October 24th. We'll be hearing updates from our national partners at that time. Of course, in the meantime, remember that you can view and download these calls and materials from the PIM Network webinar series on the OSTLTS PIM Network website. Again, thank you so much for being with us today. We'll see you next time. Thank you and goodbye.

Elon: Thank you. This ends today's conference. You may disconnect at this time.

