

The Road to a Performance Management System

CDC Performance Improvement Managers Network Call

March 27, 2014

- Today's Speakers:**
- Stephen Johnson, Accreditation Coordinator, Maricopa County Department of Public Health
 - Kate Watson, Director, Center for Performance Management, Kansas Department of Health and Environment

Moderator: Melody Parker, CDC/OSTLTS

Sibyl (Operator): Welcome and thank you for standing by. At this time, all participants are in the listen-only mode until the Q&A session of today's call. You may press star-one on your touch-tone phone when you would like to ask a question. Today's conference is being recorded. If you have any objections, you may disconnect at this time. Now I would like to turn the meeting over to Ms. Melody Parker. Ms. Parker, you may begin.

Melody Parker: Greetings. Thank you, Sibyl. Greetings and salutations, everyone. You are at the March 2014 Performance Improvement Managers Network webinar. If that's where you're supposed to be, you are in the right place. I am Melody Parker with the Office of State, Tribal, Local and Territorial Support (OSTLTS). I am joined here today by many colleagues from OSTLTS. You remember that the Performance Improvement Managers (PIM) Network is a community of practice that supports all NPHII performance improvement managers in learning from each other and as well as from partners and other experts. These calls will continue to give members of the Network a venue to learn about each other and share information about resources and training opportunities that are related to our work in quality improvement and performance management. On today's webinar we will travel the path that two of your fellow grantees braved to find their way to a performance management system suitable for their needs. But, before we begin, let's review technology for today's call.

On the LiveMeeting site today, you can see other sites that are participating in today's call by looking at the attendees under the link at the top left of your screen. Also, if there are any supporting documents today, which I do believe there is at least one, you can download those documents by clicking on the



icon that looks like three tiny pieces of paper at the top right of the LiveMeeting screen. We will have two ways to facilitate discussion today. First, we strongly encourage you to type in your questions and comments as we go at any time using the Q&A box, which you can find by clicking Q&A in the toolbar box at the top of your screen. Second, we will open the lines as usual for discussion after both of our speakers have finished today. Please mute your phone now either by using your phone's mute button or by pressing star-six on the phone's keypad. Please note that we will announce your identity when you submit a question via LiveMeeting. If you prefer to remain anonymous to the group in posing your question, please tell us. Type "Anon" either before or after your question. Today's call will last approximately one hour. The call is being recorded, and it will be archived on the OSTLTS PIM Network web page. Also remember we want to hear your feedback about today's event, so look for a poll at the end of the hour to share your thoughts with us.

On today's call, we have two presenters. First, we will hear from Stephen Johnson. He is the accreditation coordinator at the Maricopa County Department of Public Health. And then we'll be hearing from Kate Watson. She is the director, and also performance improvement manager, at the Center for Performance Management from the Kansas Department of Health and Environment. Stephen, would you please take over the screen?

Stephen Johnson: I will. My name is Stephen Johnson, and as Melody introduced, I am the accreditation coordinator for our department, and the other hat that I wear is the lead for our performance management system. Just to give you a little context of our health department, the Maricopa County Department of Public Health is the health department that serves the greater Phoenix area in Arizona. We're a department of about 600 staff, and this is a simple diagram or chart of our health department. There are five divisions, each division with a handful of offices and then programs underneath those offices. Our journey in performance management started several years ago. One of these divisions started working with a consulting partner to do some operational and strategic planning for their division. The operational plans were developed and housed in Excel spreadsheets, and they were updated and tracked quarterly at that time, at the beginning. The other divisions saw what that first division was doing and liked it, and so the work with this consultant spread and became a department-wide operational planning and performance management tracking method on those Excel spreadsheets. That worked okay for each program and office to track the work that they were doing and measure their performance as an office or program, and it worked okay to share operational plans and progress within a division. But it really was difficult to be able to look across the department to capture and connect common activities or partners or types of work that we were doing. Also, we discovered later that different programs were collecting similar information but in different ways, and so it was just difficult overall to talk about overall department accomplishments without a lot of work of collecting those spreadsheets and compiling, and some of you I am sure are nodding your heads knowing exactly what I'm talking about.

With the desire to improve communication and collaboration within our health department, along with some other initiatives we were doing to do that, to break down walls and improve the reach and the



work that we were doing together, we recognized the need for something more, something other than Excel. So our performance improvement manager, Eileen, took an inventory of what other jurisdictions were using, including costs and pros and cons, and presented this information to the leadership team at our department. But in the end it was decided that we would continue working with this consultant that we started with, and they had software called FileMaker Pro that they could use to build a performance management system, which we now call our dashboard. The office of performance improvement staff, there are four of us, were involved in most of the decision-making at that early stage with support from the senior leadership team. Getting buy-in from the team to switch methods from the Excel spreadsheet method to this software method of tracking our performance took time and guarantees that staff time with the new system would replace what we were doing with the old system. It wouldn't be in addition to what we were previously doing and what we could get out of this new system would be more meaningful. With that, this evolution of our performance management system happened little by little over time from those beginning of the operational planning to what I will show you now as our performance management system.

Let me just give you a little introduction here. This is the main menu of our performance management system. Let me highlight a few pieces here before I show you some of the benefits that we are excited about with this performance management system. As I talked about before, each group had an operational plan that was housed on an Excel spreadsheet, and all of those operational plans are now housed in this performance management system. I have logged in as one of my colleagues who is in our Office of Public Health Policy. I'll just walk you through how this is set up. The hierarchy of this system, each group has identified services and initiatives kind of over-arching things that they do. Those are broken down into goals for each of those services and initiatives, and then each goal has a number of objectives all the way down to what we call the activity level, the activities that need to be done to feed into the completion of that objective. In each activity there's a start date, an end date, a percent complete. This is meant to help us track the measurement or the metric for this given activity, and so each office has an operational plan like this in the system and this has done two things for us.

I'm going to go now to each individual user has their personalized dashboard for their office. This has allowed us to get all the staff involved in the operational planning and the performance measurement process. This is the dashboard for this individual who I signed in as, and you can see all the members of their team that are activity leaders in the system. It tells you when they were in the system last, if they have activities that are lagging—that's calculated automatically based on that start date, end date, and percent complete—or overdue, and that they've passed that end date and haven't been completed yet. Then each activity is also given manually. Each individual activity leader can give each activity a color indicator, green meaning that it's on track, everything's going as it should be; yellow meaning that it's falling behind or needs a little extra attention from the team or from the supervisor or from a partner; or red in that it's something that is probably likely not to be completed for some reason or another, either a partner that was previously involved has backed out of that activity, or funding has shifted and we're not doing that any more. In this case, some of these activities were legislative policy-related and those initiatives were dropped by the legislature so there are things that won't be completed now. In



this top left corner you see 78 activities selected. These are the activities for this whole group, this whole office. The number that are green, the number that are yellow, the number that are red. We can see the same for objectives or goals. Then this section isn't being used at this time by this user, but this can be used by a manager or a supervisor or any staff who wants to keep a closer eye on any of their objectives, they can flag those objectives and put them here so that they can have easier access to them instead of going down to the services, goals, and objectives. This allows staff to be a little more involved in the performance management of their group. Each person who's an activity lead can go into their activity simply by clicking on the number here, and they can go in and update, changing the percent complete, adding any notes, adding activity leaders or team members to those activities, or even community partners that have been put into the system.

With that brief introduction, like I said, with the Excel spreadsheets it was difficult to get all staff in a given group to be involved in the operational planning process. The spreadsheets were buried in shared folders and usually it was just the manager or supervisor that accessed those to update them, and that was done kind of on a quarterly basis. Here in this system, users are in the system, activity leaders are in the system at least monthly to update their activities and to keep that performance management system process continual so that at any given point in time we can have a snapshot across that office or division, or even the whole department, of the work that's being done and where it's at. With the Excel spreadsheets, like I said, there wasn't a way to link operational plan elements between work groups so that one could see connections in the work that we were doing in the department. In this system, each objective is categorized by some tags that we have preloaded into the system. I'm going to go into the reports section of the dashboard to show you that now.

Here you'll see, this is how we run this report, here you can see these are the categories and subcategories that we've preselected and put into the system, categories that we want to use to connect the work that we're doing across the department. Let me back out a little bit and I'll show you what this looks like. If I want to see what is being done across the department with one of those given categories, I can select the department level, go back to those reports, into this category report, and then let's say I want to see everything that's being done in the education sector in our jurisdiction that's related to one of our community health assessment health priorities. We'll pick obesity here. I can select those categories, print this report, and it will generate a report. This is just at the department level, but if I tell it to show subgroups, this will generate a report for all the activities that are being done across the department related to the education sector and obesity. You can imagine the uses of this. We used to frequently get requests from division directors or even our department director asking what are we all doing related to obesity or related to lung cancer, and then it would be a mass of emails back and forth, and compiling those emails. Now anyone can simply go into the dashboard and print this report and see in a very quick snapshot what is being done across the department related to those things. You can also imagine going to a community coalition and wanting to be able to represent what the department can contribute to a given initiative.



Let me go back to this category report, and we'll look at some of the other categories. We've identified everything from service-type, kind of a general overview things, sectors or clouds—that's what we call those four work groups, community health care, work sites, education, target audience. You can even have a grant maybe that crosses into several offices so that that grant manager has an easier time pulling the work that's being done related to that grant to report on it. This has been a very helpful tool and will continue to be a very helpful tool for our department to use as we move forward. Just to highlight too, with the community health assessment and the community health improvement plan we could generate a report, every objective in the health department operational plan has been tagged with it when it applies to one of these priority areas that were identified in our community health assessment. To report on what we're doing to contribute to those, we can simply select each of those, run that report, and we're good to go. Let me show you one more thing and then I'll hand it over to the other presenter so that she can talk about what they're doing.

We're also using this system as a partner tracking tool, so we can add all of the partners that we're working with in our community and they can be connected, as I've showed you, at the activity level to activities that they're involved in. Then I can go into this partner report and choose any partner in the system and run a report to see who else across the department is working with that partner. If there's a partner that I'm not working with that I'd like to, I can run that report, see who else is working with that partner and then use that as a way to expand my reach. We have the school districts and schools in this system, coalitions, community partners, and ideally all these will be linked to these activities, and we'll be able to use that as a way to again facilitate our communication and collaboration across our department. A colleague in California referred to these kinds of activities as silo-busting, bridge-building efforts in departments, and that's what this has been for us. This has been something that has broken down those silos a little bit more and helped us communicate and share and expand the work that we're doing across the department. With that, I'm going to pass it on to Kate, to our next presenter.

Kate Watson: All righty, then. Good afternoon, everybody, and again, I'm Kate Watson with the Kansas Department of Health and Environment (KDHE). I really appreciate the opportunity to share with you today, but before I get into the demonstration, what you're seeing on your screen if you are looking at a screen to view the handout that was attached to the LiveMeeting so you didn't have the opportunity, but you do see a screen you can at least look at that. It essentially is showing some of the components I'm going to show you today but certainly not all of the components.

I just want to give you a little bit of background about our agency. We're a very large agency. We have a little over 1,000 employees and we're a little bit different in that we have an environmental division as well as our division of health. We also have a third division which is our state Medicaid program. Across all three of those divisions there are about a total of 15 different bureaus with numerous programs within each of those bureaus, and in an agency this large we really needed to be able to demonstrate to our internal and external partners—and also including our legislative partners—that we are continuously making efforts to be more efficient and effective in how we provide our services, as all of you are. Our performance management system, which from here on out I'm going to refer to as



Catalyst, provides us with the ability to track and enter progress, similar to what Stephen was showing you, down to the programmatic level. All of the agencies' activities are linked together in Catalyst so that we can see, for example, where there are redundancies across our agency, which is a great tool to be able to cut out some of the waste in our agency so that we can be more efficient. That's definitely something that our legislative partners really want to see. Catalyst really puts us into a good position to be able to answer those questions that we're constantly getting like if and how are we making a difference. Where this came about was in our Bureau of Health Promotion, which is the bureau that I came from. About seven months ago I moved into this position. I came here knowing the full capacity of what Catalyst could do for particular program areas like we had in our Bureau of Health Promotion. We had the ability to also look across the agency now and see how Catalyst could really be expanded to be more of a performance management system for the agency, in addition to continuing the services that were being provided at the programmatic level like in our Bureau of Health Promotion. We vetted the Catalyst system with the head of our agency and his team, and they were overwhelmingly supportive of continuing the use and expanding the use of Catalyst.

Before I go into the demonstration, I need to and would like to acknowledge Dr. Ryan Loo, who is CEO of the Spectrum Health Policy Research, who are the developers of Catalyst. They are really full partners in this process with us. Dr. Loo was a former CDC behavioral scientist and he leads now a group of scientific and technical experts that specialize in the application of some really sophisticated technology such as Catalyst to facilitate a collaborative public health program. I also would like to acknowledge Tamra Goldsberry and Andy Dollar, who are two of Dr. Loo's colleagues, and they are on the phone with us today, so they're able to chime in on any heavy technology questions that I'm not able to answer. In the beginning, Dr. Loo was going to co-facilitate this with me, but he had his tonsils out so he's on the phone but he can't talk. I hear from his colleagues that's not always a bad thing. But anyway, I'll let them battle that out.

I am going to get rid of this and start the demonstration in Catalyst here. You see the front page of Catalyst, and this just basically kind of tells you how to maneuver through the system, and this is a web-based system. Let me go to the little house icon here, and that takes us to all of the modules that are in Catalyst. Now, I want to point out that only these highlighted little bread crumbs are the ones that I have access to. Catalyst is a much more robust system in that you can see that there's a database module where we have, for example, our breast and cervical cancer program and all of their external systems are attached to Catalyst. There are lots of other types of things that Catalyst can do for us for connecting to any of these programs within our performance management system. But what I really want to show you today are the three components that you saw in that handout, and that is the accreditation, quality improvement projects, strategic planning, and then really how that is all connected in the Catalyst.

The first thing I want to do here is go into what's called file sharing, and that is where we have all of our accreditation documentation. This is essentially a holding cell for the documents that we're considering to submit for our accreditation application. I'm just going to give you a quick example of what we have



in here, and I am just going to grab this and move this over so you can see a little bit better. Most of you are very familiar with the standards and measures in the Public Health Accreditation Board (PHAB) Standards book, and this is set up exactly the way those are. But I will point out two things that are different. One, we have an area where our accreditation team can go in and look at team meeting minutes and other documents that we might upload there, and here down at the bottom we have what's called our quality improvement resource library where folks can go in and access quality improvement (QI) tools and all sorts of different types of documentation.

Today I want to focus on our accreditation component here. I'm going to show you some documents that we have loaded in here that we're considering to be the best evidence for meeting this particular measure over here. Let's say that we have decided that childcare licensing website pages are going to be the best evidence to meet that measure. Once we've made that determination, we then want to move this document out of the holding cell over to the accreditation action plan. The action plan is where we are going to track all that documentation once we've made that final, and we'll need to track that once we get accredited so we can see that we are continuing with keeping those documents up to date and make sure that we're on track with our annual reports that we're going to have to submit. Just briefly, you'll see that there are different colors here. I just want to point out that the white cube here means that it hasn't started yet. The yellow means that we're in progress. The green means that it is completed. And the red means that this has been suspended. What I'm going to show you here—and this is actually our QI project—but I wanted to show you the colors here because we haven't got this over in our accreditation work plan but I wanted to point out here that we do have that capability.

I'm going to go now over back to our accreditation work plan, and we'll come back briefly to the quality improvement project component. We were working in Domain 3 looking at that documentation and the letters that you see here really signify the domain numbers. This is eventually going to change in the system. I will mention that this is taking this to the agency level where this performance management system was just launched in January. We're still in the process of getting folks trained on using the system and uploading documents into the system. You will see that there are some blanks throughout the parts that I'm going to show you. In any event, moving into the documents that I had you looking at, we're going to go over here under that same measure, and this will put us into the work plan for that measure. You'll see then that I can hover over the measure out here and see what the name of that measure is. Same with the standard and the domain is already here as you can see. Looking over in the work plan part of it, we have the description of that measure right here. Similar to Stephen's system, we have start and end dates and that will track percentages and where we're at with getting those complete.

Here is where I want to talk about how robust the system really is. Everything that's in our system from the program level all the way up to the top of the agency, everything is connected to our strategic plan. How we do that is I click on this, and this shows all of the objectives in the agency's strategic plan, so I look at what this measure is and what objective it most closely aligns with within our strategic plan, and I simply just link that there. I want to show you a little bit later what that really means. Again, I've got



the documents we were considering. They're in the system here, but we haven't decided which one is going to be our final document we want to submit to PHAB. Using the child care licensing website pages as an example—and these are just examples; these are not the documents that we are considering just yet. Let's just assume that this is going to be what we're going to submit. I want to upload it into my work plan over here. I click on that, simply save it, and when the save turns green I know that it's already set up in the system. While it's doing that, I can click on that and it would pull it up for me just to review. All of the folks who are working on this particular domain are listed here, and I just added one person who's one of the domain leads for Domain 3. We have several more who are not listed here who we have just not gotten put in yet but will at some point. We can also track notes on what we need to do with this particular documentation or any other kind of notes that we might want to share with other staff that are looking at our accreditation work plan. Here are customized fields, so I can add fields as we go. If I see that we need a field for some other component, for example, one of the barriers that we're experiencing, I can add that in here as well. You'll see we've done that in some of the components in the system. This box will be for after we've had our site visit from PHAB and they've given us our recommendations, we can put those in here and start tracking on those as well. I imagine we'll modify this to be more in line with what we're going to want to do once we get those recommendations.

Now I'm going to move back for just a moment to our QI project. While I'm here, I want to show you that this has everything in our agency listed. We have all of their programs are currently in the system. They each have their action plans in the system with all of their objectives and activities, and all of those are linked to the agency's strategic map, which we'll get to, as I said before. The next bureau that's going into the system is Community Health Systems. I'm not going to get into all that, because that would take another 20, 30 minutes or so. I'm going to go back to the quality improvement project. We decided that we needed to track quality improvement in our agency, so we have set this up by bureau, as you can see.

Here I'm at the top, and then our next bureau is the Bureau of Community Health Systems, so I'm just going to demonstrate how this looks. In this bureau there are sections, and then there's going to be a project I'm going to show you in the population health section. I just click the drop-down, and I'm going to go to this program. If I hover over it, it tells me what program, so I click the next down arrow, and I'm going to go to the actual QI project that's going on with that program in that section. Over here similar to what we saw before there's a description of the project, start and end dates, who modified it and the date for that, who this is assigned to, the lead on this project, and then under here again this is where we're linking this again to our strategic map. The secretary of our agency, who is our agency head, has decided that as a baseline for all staff at KDHE to at least be able to do flow charting and Plan Do Study Act (PDSA) cycles. That's how we set this up, by the four phases of the PDSA cycle. I imagine we're going to modify this a bit more to capture the steps within each of these phases, but just for today I wanted to show you how we are tracking a particular project. This is actually a project that we're doing. If there are other programs in this bureau or in this agency that have some component of this QI project, we can go in here and link to whatever program that might have some kind of work related to this particular QI



project, and that will have some relevance here shortly. As I mentioned, we added a custom field to catch the barriers for this project, also major accomplishments and then our progress.

Now I want to move over to our strategic planning component. This is a very new component in this system. We have five work plans that are working on our strategic plans. It's very much structured like some of our work plans in our program areas, but what I wanted to show you here is that if we needed to have a document that we wanted to share at a legislative meeting, for example, I could print out this work plan and take that with me and show them, what are our progress on what areas of our strategic map. Now, this is going to be a very short document because they haven't entered any progress in there as yet. As staff, we are just getting geared up on our training plan for the agency.

Next I want to go to our logic model, which will show you our strategic map and how all this stuff is linked together. I'm going to go down here to logic model, and that's going to bring me over to our agency's strategic map. I want to be able to include everything in the agency, so now you see again all of the components of our agency. For the time being, I want to just look at what contributions are being made by the accreditation program, the QI projects and strategic planning processes. How are those contributing to, for example, one of our objectives in our strategic map? Across the top here are the priorities for our agency, and then all of these are the objectives for the agency. As an example, if I want to see how are we contributing to the objective to identify state health and environmental priorities, this gives me a box here, and it shows me individually how much contribution each of these programs are making, but in total it looks like we have 21 contributions. If I want to know really what that means and what program is contributing, I can see the program here in accreditation, what standards and measures those are, and it lists those out so that I can have a better look across how we are contributing there. If I wanted to, I could also print this out into a work plan if I needed to show someone external or in a meeting or whatever the case might be.

If I wanted to look at what is going on across the entire agency and how are they contributing to, let's say, this objective, to improve internal and external communications. You would expect that to be pretty lengthy, and it is lengthy. We have 87 of the programs and activities across our agency that are contributing to meet that objective in our strategic plan, and again, I can go here and see the details. Finally, what I'd like to show you is our data dashboard, so I'm going to go over here and click on our program. This will give you a dashboard of how everything is linked across the agency in a quick schematic. Just by way of example, I'm going to show you the arthritis program. We've got several columns up here. The first column shows what programs or bureaus we're looking at, how they are contributing, whether those contributions or activities are complete, whether they're in process, whether they're not started, or suspended. Looking at the arthritis program, I can see that there are 163 contributions being made across the agency helping the arthritis program to meet their responsibilities and their objectives and their action plans. I look here and I can hover over here and see particular areas that are making the contributions, and so you can see that accreditation has 99 contributions to what arthritis is doing, and that makes sense. Our health risk studies program has 31 contributions, heart disease and stroke 18, and then our coordinated chronic disease grant is making 7 contributions to meet



these objections over here in our arthritis program. If I want to see a little bit more detail of that, I can just click this drop-down and it will show me the programs and the number of contributions to each of those to the arthritis program. We could go through every bureau and program in the agency and be able to look at kind of the same thing.

That is our story. Back to you, Melody.

Melody Parker: Thank you, both of you, Kate and Stephen. I'm sitting here and I feel so proud. This is wonderful work, and incredibly useful. I'm sure, as Stephen said earlier, that there's probably been a lot of nodding on the other lines. While we're waiting for the questions to come in and before we actually open the lines, there are a couple of questions that have found their way into our queue, as we have been watching you share your systems with us. The first one came in while Stephen was talking, but this can actually go for both of you. Specifically for Stephen, "What kind of quality assurance has been applied to the database that you're using, or is it too soon for that?"

Stephen Johnson: Good question. I would say it is a little soon for that. We really rolled out this performance management system at the beginning of this year. We're in a pilot test phase right now, so I guess you could call that quality assurance. We will be, over the next few months, working with each of the offices and programs to talk about their experience with the dashboard and what needs to be adjusted and tweaked in terms of the way they have their operational plans laid out, and assignments of activity leads and things like that. I don't know if that answers the question completely, but besides the monitoring that we've been doing and the training that we've been doing, I'd say that's the only quality assurance so far that's been applied.

Kate Watson: Melody, I didn't catch some of that question. Could you repeat it for me, please?

Melody Parker: Yes. "Have you have applied any quality assurance measures to your database, or is it too soon?"

Kate Watson: Yeah. It really is too soon for us, as I mentioned before. We really just rolled this out in full just around the first of this year, so we have that in our plans, but we just haven't got to the appropriate point yet to do that.

Melody Parker: Right. So another semi-related question, "We were curious about the adoption rates among your staff? In other words, generally what was the staff uptake for the systems like? You know, it's definitely in some cases a different climate, and in many or all cases this is a bit of a culture shift. We've heard stories previously about this, about what challenges have come from this kind of work in applying this. Do you have any great stories about attitudes that were shifted by applying this kind of performance management work or anything like that?"

Kate Watson: Well, I can speak for Kansas. It is a bit of a culture shift, but what we have found is that if you have a champion, we had one champion in that bureau, then that had a much greater impact on staff uptake in using the system. It's like quality improvement. If you could take something small and



demonstrate how that is of value to that particular staff person that really does help to shift the culture. That's what we did in the first bureau, that's what we're doing now with the system. We grow it from a group to a larger group and it's like a train-the-trainer type of an uptake across the agency.

Stephen Johnson: I would second what Kate said in that if you can show people how it will improve their daily work or their efforts in their own programs that helps. I would say that we have some here at our health department who are loving this and really excited for what it's going to do for them in the work they're doing. We have others who are in the middle, and they haven't done a whole lot with it. They've maybe dabbled in it a little bit but just have been kind of neutral. Others who, as with any kind of culture change are probably dragging their heels a little bit. But I would just add this all has come about with a larger culture change in our health department, a larger culture shift of working our individual programs and we've overused the word silo, but working in silos to trying to communicate across the department. Some of you, I'm sure, are familiar with some of the work that we've been trying to do here at Maricopa County that we call working in the clouds, or cloud sectors. We have work groups around education, work sites, health care, and community efforts. Those are work groups that have been meeting monthly, and so I like to think of our performance management system as the quantitative side, and those cloud groups are the qualitative. Here are the numbers and the measurement and connection in a digital platform, and then those cloud groups are the sharing and the collaboration and the connecting in a more personal kind of a setting.

Melody Parker: I'll follow that up with a burning question that is on everyone's mind. Let's talk a little bit about cost. Generally, what are the costs for these kinds of systems; does each user need a license to access a system like this? Are there recurring costs including start-up and maintenance? What about licensing, and who are the vendors? We know, Kate, that the vendor for your system is SHPR. So, if you could address those questions?

Kate Watson: Well, I can start. Before we adopted Catalyst as what we would use at our agency, we did some shopping around. I had been using a system similar to Catalyst only it was doing a different type of work for us, and it was quite expensive. It was just like doing one small program piece of work managing some clinical data, and they were charging us hundreds of thousands of dollars to do this one program. We knew we wanted to move to a different system that would incorporate more of our programs in the Bureau of Health Promotion, so that's when we shopped around. I happened to be on a conference call that was featuring this system, so I immediately reached out and we found that not only compared to the system I had been using, but other systems that I had shopped for, Catalyst really, comparatively speaking, was much less expensive. They have their business level set up like the economy of scale; the more that we use it the cost goes down. But definitely there was a cost. There's a start-up and then there's a licensing cost. But compared to the other systems that I have looked into, this is by far the better bargain than any that we have found to be as robust as this system is.

Stephen Johnson: I would add likewise with the dashboard. It's difficult for us to say how much exactly it cost us because it was an evolutionary process that started with the operational plans and then the development of this dashboard that went back and forth with iterations and changes and tweaks until



we got to the system we're at today. With that in mind, and now it's in a package I guess you could say that's ready to be used and adjusted to any health department. We have been working with a consultant called KCA, Knowledge Capital Alliance. They shared a little pricing model that I'd be happy to share, send out through the Network, that outlines costs for start-up and licensing.

Melody Parker: Thank you for that. A reminder now that the lines are indeed open. I will ask one more question from LiveMeeting as you're collecting your thoughts out there and remembering to please mute your phones or press star-six to do the same. Drew from New York has a question specifically for you, Stephen. He's wondering about the level of effort from individual staff for your system. In other words, are people being asked to track everyday tasks down to the level of activities like, when you meet? Can you talk a little bit about that kind of level of effort from your individual staff?

Stephen Johnson: Yes, I can. It isn't designed to track day-to-day kind of tasks. It is designed to capture what we call activities that are kind of a little higher level than tasks and project-based. They are types of activities that can be updated in the system. We've asked across the department that they get and update at least monthly to provide any notes and updates on the tasks that they have in the dashboard in the system. It isn't designed to get down to that nitty-gritty day-to-day, this meeting, that meeting, check email kind of tasks, but it's a little higher level than that. We expect that it really should only take an activity lead a short time, maybe an hour or couple of hours a month to get in and update their activities to keep their information up to date.

Melody Parker: Right. One more question for you specifically, Kate. Laura from Cherokee was asking, "Is your software network-based?"

Kate Watson: This is web-based.

Melody Parker: Okay.

Kate Watson: I did want to say, related to the cost question; we could put together a cost summary and send that out to folks if you think that would be helpful.

Melody Parker: I can't imagine that the listeners wouldn't mind seeing that.

Kate Watson: I had assumed as much.

Melody Parker: So, any questions from the lines?

Stephen Johnson: I'll just try and make it real quick. This is Stephen again. Ours is also web-based.

Sibyl: At this time, all lines are open.

Melody Parker: Another question for you, Kate, "What was your development process like? In other words, the planning that went into building Catalyst, but specifically, were there unexpected delays? Because we know that can add to the cost."



Kate Watson: The great thing about working with the Spectrum Health Group is that they've really been very flexible in working with us. Yes, there were delays, but the delays were mostly on our part as we were developing this, and we kept seeing things like I was talking about earlier in the QI project component. There are things I'm mulling over that I think I want to change and add, and those kinds of changes are done with no extra cost to us. Now, if it's a major overhaul and there's going to be huge programming done, then yes, that probably would add to the cost. Delays haven't been too much of a problem because we really did a lot of strategic planning around what it was we wanted before we told them what our plans were, if that makes sense.

Melody Parker: Oh, I believe it does. All right. I want to be respectful of everyone's time. We are coming up at the end of the hour. I want to thank our presenters and our participants, everyone, for participating on today's call. Before we leave, the quick feedback poll, as promised, is on the screen. Please rate the webinar that we just were a part of today as excellent, good, fair or poor. Again, if you'd like to give us additional feedback on today's event or if you are inspired and you want to suggest topics for future events, please email us at PIMNetwork@CDC.gov. Our next session is scheduled for May 22nd. Why is there no April session? Because we look forward to seeing you here, in Atlanta, in April for the NPHII Annual Grantee Meeting. In the meantime, remember that you can view and you can download these calls and materials from any of the PIM Network webinar series on the OSTLTS PIM Network website. Again, thank you so much to everyone that participated today, and we will see you in April. Thank you so much.

