Agreement between Local Health Department & DPH Consultants for Practice Management Consultative Support

Overview
The goal of DPH practice management (PM) consultative support provided to local health departments is to support improvement in clinical efficiency, optimize staffing resources, and reduce the cost to deliver clinical services in order to sustain clinical services for local communities. This agreement outlines the actions steps, accountabilities, and timeframe for local agencies and DPH consultants in the improvement process.

Once local agencies have completed an initial fiscal, productivity and staffing assessment based on public health benchmarks and models, a lead consultant will be assigned to the agency. The consultant will work with the practice management team to identify best practice strategies and coordinate consultative support from other programs where needed to clarify programmatic requirements. Local agencies are responsible for designating leadership and resources to support implementation and ongoing monitoring of the practice improvement strategies.

Detailed Accountabilities
Accountabilities are based on the Practice Management Implementation Plan* jointly completed by the lead consultant and the agency. Timeframe for the consultative support shall be limited to 3 months from the initial date of consultation. The timeframe may be jointly renegotiated based on changes in the local agency or failure to meet specified timelines and the lead consultant’s workload and availability.

Timeframe for consultative support for this agreement: (date initial assessment**) through (3 months).

The agency (add name) health director will:
1. Designate a PM Leadership team who will work together to meet specific improvement objectives in the specified timeframe and provide ongoing monitoring and decision making to sustain improvements;
2. Clearly define the measurable objectives for PM including productivity and cost benchmarks and timeframes (SMART objective format recommended);
3. Assure the resources are available to support the PM Team and improvement strategies; resource needs will be based on the detailed PM Implementation Plan.

The agency (add name) PM team will:
1. Develop Data Dashboard specific to the agency for fiscal & productivity measures;
2. Define how data will be collected & communicated;
3. Designate a QI Lead who will facilitate change processes including defined PDSAs, measurements, collection of information for stakeholders, & documentation of changes made by PM Team;
4. Add details specific to the agency based on the PM Implementation Plan.

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The consultant (add name) will:
1. Provide links to best practice models and evidence to support the models and agencies successful in implementing the best practice models.
2. Coordinate consultative support from other DPH consultants related to programmatic requirements, public health practice or administrative function.
3. Add specifics for this agency based on the PM Implementation Plan.

Signature of the parties below signify understanding of the specific accountabilities in the agreements and a commitment to work jointly to move the practice management improvement strategies forward within the defined time frame.

____________________________________________________  _____________________________
Health Director                                  DPH Lead Consultant

____________________________________________________  _____________________________
Administrative PM Team Lead                    Finance PM Team Lead

____________________________________________________  _____________________________
Clinical PM Team Lead                           QI Officer or PM QI Designee

* The Implementation Plan should be in a format that works best for the Consultant and LHD. The document should be titled “Practice Management Implementation Plan”.
** “Date of Initial Assessment” should reflect the date of the face-to-face between the Consultant and LHD staff to review the agency data and Implementation Plan.

cc: Agency Practice Management file