Mission: Protect, promote, and improve the health and prosperity of people in Tennessee.

John J. Dreyzehner
MD, MPH, FACOEM
Commissioner
Departmental Positions by Program Area

Fiscal Year 2013-2014

- Local Health: 1,643
- Labs: 167
- Vital Records: 127
- MCH and WIC: 57
- CEDEP: 246
- Other: 298
- Health Lic. & Reg.: 354

2,843 Total Positions
Executive Leadership Team

Not Pictured: Dr. Jan Beville, Dr. Karen Cline, and Tammy Stanton.
One in Five Tennesseans Directly Served

In fiscal 2012, the department provided direct services to 1,397,379 Tennesseans.

- **1,968,451** total visits in local health departments with **780,027** unduplicated clients:
  - **736,021** WIC clinic visits with over **$119,883,700** of food benefits
  - **507,636** immunizations
  - **214,762** primary care visits with **90,041** unduplicated clients
  - **6,059** special needs children were provided special services
- **127,027** children screened and of those **46,084** children received sealants through the school-based dental sealant program
- **251,361** health care professionals licensed as of June 30, 2012
- **238,964** vital records registered:
  - **84,412** Birth Certificates
  - **57,461** Marriage Certificates
  - **5,793** Adoption Certificates
  - **63,818** Death Certificates
  - **27,480** Divorce Certificates
- **5,793** Adoption Certificates

Additional Direct Services:
- **1,500,000** laboratory tests and screenings completed in fiscal year 2012
- **457,474** patient visits provided through grants to federally qualified health centers and community and faith-based clinics
General Services Provided to All Tennesseans

• **26,700** permits to **food service** establishments, hotels, and motels, requiring more than **112,000** inspections annually

• **5,279** inspections in **1,811 licensed health care facilities** in 2011 and **1,435** permitted ambulances

• **1,125,000** vital records are issued annually and **1,000 reports** provided annually in response to data requests

• **2,410 complaints** evaluated by HLR; **1,070** health care professionals disciplined (.4%) in 2011

• **708 grants** totaling **$143,902,300** were **awarded** in fiscal year 2012

• **84 federal grants** totaling **$252,597,100** brought in by the department in fiscal year 2013
Mission, Vision, and Values

Our Mission

Protect, promote, and improve the health and prosperity of people in Tennessee.

Our Vision

A recognized and trusted leader, in the nation’s top ten, partnering and engaging to improve health.

Our Values

**Integrity** – Honesty in all that we do.

**Excellence** – Delivering quality services to the public.

**Compassion** – Demonstrate caring in daily operations and throughout public health crises.

**Teamwork** – Passionate people innovating together.

**Servant Leadership** – Humbly stewarding the public’s trust and resources.

**Mutual Respect** – Appreciation of one another and promotion of diversity.
### Fiscal Year 2012-2013 Strategy

**Primary Prevention**
- Outreach and services in communities
- Collaboration with communities
- Being the voice of community health

**Protection Through Policy and Regulation**
- Prudent public policy
- High quality and timely regulatory inspections

**Customer Service**
- Listening to customers and acting on it
- Marketing health and public health services
- Improving processes and teamwork
- Patient and customer satisfaction
- Engaging external stakeholders

**Workforce Excellence and Development**
- Recruiting and retaining excellent staff
- Ensure competent workforce

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**Cross cutting principles that support all departmental goals:**

- Continuous Improvement
- Collaboration
- Wise Use of Technology
Collaborative Highlights

- **Governor’s Health and Wellness Task Force**
  - Blends public and private interests in wellness.
  - Moving toward community-based initiatives to reduce obesity.

- **Safety Sub-Cabinet**
  - 42 action steps that involve multiple departments.
  - Includes follow-up from Prescription Safety Act of 2012.

- **Children’s Cabinet**
  - Early Childhood Advisory Council assessment to promote school readiness.

- **Primary Prevention Initiative**
  - Pilot effort to engage local health department staff in primary prevention activities.
  - Collaboration with the Department of Mental Health on modules pertaining to substance abuse.

- **Infant Mortality**
  - Cooperation with TennCare in the development of a comprehensive strategic plan to reduce infant mortality rates.

- **Neonatal Abstinence Syndrome (NAS) Sub-Cabinet Working Group**
  - Creating policy strategies related to preventing the occurrence of NAS.
  - Focus on primary prevention and exploring secondary and tertiary prevention options.

- **Safe Sleep Campaign**
  - Awareness campaign to share information about prevention of sleep-related deaths.
Infant Mortality Rate, Tennessee, 1920-2011

Deaths per 1,000 Live Births

Year


1920: 86.9
1930: 74.9
1940: 53.2
1950: 36.2
1960: 29.3
1970: 21.3
1980: 13.4
1990: 10.3
2000: 9.0
2010: 7.9

Deaths per 1,000 Live Births


2000: 9.0
2001: 8.7
2002: 9.4
2003: 9.2
2004: 8.6
2005: 8.8
2006: 8.7
2007: 8.3
2008: 8.0
2009: 8.0
2010: 7.9
2011: 7.4
## Fiscal Year 2013-2014 Base Appropriations Request

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>FY 2013-2014</th>
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<tbody>
<tr>
<td>State Appropriation</td>
<td>$175,271,000</td>
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<tr>
<td>Federal Revenue</td>
<td>$251,139,400</td>
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<tr>
<td>Other Revenue</td>
<td>$141,184,800</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$567,595,200</strong></td>
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**Graph:**

- **Other (24.9%)**
- **Federal (44.2%)**
- **Non-Disc. State (6.9%)**
- **Discretionary State (24.0%)**

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**Tennessee Department of Health**
Ten Year Funding Trend

All totals, except for FY 2013, reflect the estimated year budget submitted in the Governor’s Budget Document.
Potential Base Budget Reductions
(All State Appropriations)

Proposed Reductions (in priority order)

- Quality Enabling Program ($1,607,800)
- Departmental Revenue Recognition ($93,200)
- Operational Expenditures ($448,600)
- Staff Reductions (10 FT – 5 Filled, 5 Vacant) ($524,000)
- Tuberculosis Control ($500,000)
- Grant and Contract Reductions ($254,800)
- Hemophilia Program ($582,600)
- Chronic Renal Disease ($413,000)
- Primary Care (8FT) ($2,350,000)

Total Reductions ($6,774,000)
Proposed Cost Increases

Cost Increases

- Next Generation PTBMIS $8,995,200
- Medical Examiner’s Program $512,600
- Vaccine Billable Project $500,000

Total Cost Increases $10,007,800
Next Generation Patient Tracking Billing Management Information System (PTBMIS)

- **Department of Health maintains the Patient Tracking Billing Management Information System (PTBMIS).**
  - System assists the department in tracking and managing core public health services.
- **The system has been in service for over 20 years and has experienced severe limitations.**
  - Department has invested funds to prevent PTBMIS from collapsing. As the system continues to age, the costs of these repairs will only continue to grow and become less cost effective.
- **PTBMIS does not have the capacity to create or maintain electronic health records.**
  - PTBMIS does not incorporate critical patient safety features of an electronic health record and the system lacks the interoperability requirements.
- **This cost increase will support 27 full-time staff**
  - and operational expenditures related to creating the Next Generation Patient Tracking Billing Management Information System.
- **VistA CPRS is a nonproprietary, open source system developed and used by the VA.**
  - Serves over eight million patients in 163 hospitals and 3,000 clinics nationwide.
Medical Examiner’s Program

- Funds to support a state-wide electronic forensic case management system.
  - Includes related personnel for the Office of the Chief Medical Examiner.

- Office of Chief Medical Examiner reviews paper records shipped from the regional forensic centers to the central office.
  - This process is cumbersome due to physical storage requirements of records and the lack of uniformity and consistency in case records.

- The state-wide case management system, as proposed, will alleviate the need for physical storage of records by converting all records to electronic means.
  - Additionally, the system will establish an electronic uniform submission process accessed by regional forensic centers. This change will eliminate inconsistencies in records and increase efficiency in reviewing and managing case files.
Vaccine Billable Project

- In fiscal year 2012-2013, the General Assembly appropriated $500,000 (non-recurring) to the Department of Health for the provision of MMR, Varicella, Tdap, and Hepatitis B vaccines to all local health departments as a part of a vaccine billable project. The intent of this appropriation was to provide access to these vaccines to people with insurance or means to pay-in-full.

- Fees, based on the cost of these vaccines, are being collected and used to purchase additional vaccine supplies. This process is intended to establish a methodology to create a perpetual supply of these vaccines and will allow the department the ability to provide billable services to a greater number of people.

- Program geared to ensure insured Tennesseans seeking vaccines will not be turned away at local health departments.
Current PTBMIS*

*Patient Tracking Billing Management Information System
Thank you for your attention and continued support.