



A New Model for Human Care Management Defining the Business of Health and Human Services

Editor's Note: *This report is the latest in a series of analyses and proposals that the American Public Human Services Association has recently issued on both the strengths and the ongoing needs of public health and human service programs.*

The call to adopt a national technology-neutral (and vendor-neutral) human service business architecture directly supports key APHSA recommendations to break down program silos and promote a person-centric approach to service delivery by restructuring the federal practice of categorical funding for state automated systems. (<http://www.aphsa.org/Home/Doc/FocalPointDoc.pdf>)

The recommendations contained in this report were developed by a committee from the IT Solutions Management for Human Services, spearheaded by Rick Howard, the chief information officer of the Oregon Department of Human Services, and the Human Services IT Advisory Group, in collaboration with Rick Friedman, director of state systems from the Centers for Medicare & Medicaid Services, the U.S. Department of Health and Human Services.

Opportunity

Human service programs are comprised of business processes that are not standardized, yet essentially serve the same purpose. Inefficiencies result, overall costs increase and value is reduced when human services agencies purchase and maintain multiple information systems that contain much of the same functionality.

Consequently, the people who are the intended beneficiaries of social programs are often frustrated and confused by repeated requests for the same information, inconvenient access to services, poor service coordination, and competing or conflicting priorities among various programs. Serious breakdowns in service delivery and public safety can occur if information is not shared in a timely manner. Finally, it is exceedingly difficult to demonstrate program effectiveness, evaluate outcomes, or collaborate across program boundaries when the categorical funding of information systems creates barriers to data exchange and knowledge sharing.

A nationally adopted, uniform business architecture¹ is needed to provide all public human services stakeholders – government leaders, program administrators, policy makers, information technologists, private sector partners, federal agencies and citizens – with a modular, functional view of human services business operations that is *person-centric* and *service-oriented*, in contrast to the prevailing program-centric approach that determines the organizational structure of most health and human service agencies.

Such a “business blueprint” will ensure the consistent, coordinated, and effective delivery of services. A human service business architecture will reduce organizational complexity and increase interoperability by identifying common business processes and data that can be shared among different social programs. It will promote the adoption of modern information and

¹ *Business Architecture* defines the structure of the enterprise in terms of its [capabilities], governance structure, business processes, and business information. <http://bawg.omg.org/>



communication technologies by aligning IT investments and funding sources with a model that reflects the core mission of the health and human services enterprise.

Objective

To increase the effectiveness of social programs by supporting the coordinated delivery of human services to citizens through the use of modern information and communication technologies by:

- Developing a nationally accepted technology-neutral/vendor-neutral health and human services business architecture that facilitates information sharing and service coordination among government agency programs and serve the priorities of society by improving outcomes for its citizens while reducing administrative costs.
- Accelerating the creation of person-centric, flexible and accountable human service systems by adopting federal cost allocation methodologies and regulatory practices that incentivize state investments in interoperable information systems and shared business processes instead of stand-alone, program-specific “stovepipe” data systems.

Background

The United States faces its worst economic challenge in decades. APHSA's members, the nation's public health and human service administrators, share the widespread alarm over the difficult circumstances under which so many now suffer.

Human services by nature is counter-cyclical. The demand for services increases at a time when the revenues necessary to support this increase declines. In order to alleviate need, promote the highest possible degree of health and independence, and uphold this significant public trust, it is essential that the health and human service system discontinues the narrow, categorical approach to social program administration of the past, adopts flexible and nimble solutions that are effective and accountable, and pays for what works. This requires a critical review of current business practices to develop the necessary, cost effective infrastructure required to maximize operations in this new environment.

State health and human service agencies, in particular, are increasingly challenged to deliver quality services to citizens and produce improved outcomes by the most efficient and effective means possible. The health and human services enterprise involves a continuum of services that are delivered to citizens by multiple social programs. Each program is designed to meet the unique needs of specific populations. However, these distinct programs consist of many similar, if not identical, business processes and functions. This wasteful redundancy is supported by expensive “stovepipe” information systems that were purchased with categorical, program-specific funding yet contain much of the same functionality.

A vision of the seamless, coordinated and citizen-centric delivery of social services has been widely discussed among policy-makers and administrators for over a decade. This vision has been known by many names. “One-stop,” “no wrong door,” “single window access,” “self-service portals,” “services integration” are but a few of the conceptual terms used to describe models with which public value is enhanced when the information needed to access government services is readily available, accurate and secure. Efficiency and effectiveness are increased as citizens and businesses easily navigate with minimal assistance among the variety of services offered in a fragmented network of government agencies.

Despite rapid advances in information and communication technologies, investments in the technical infrastructure that enable the sharing of information and support the back office processing of human services organizations have not been widely or uniformly supported by either public administrators or through current federal funding practices.

Among the key challenges facing the HHS enterprise is the need to increase intergovernmental collaboration and “facilitate investments by local, state, and federal governments together in information systems to achieve a citizen-centered service delivery model.”² Yet the timely adoption of current technologies and realizing the benefits derived from them can be delayed by federal financing methodologies “which requires costs to be properly allocated to the various programs that benefit from a project.”³

With a nationally accepted HHS business architecture that describes business service areas and common or shared processes, federal agencies can optimize and “braid” funding streams according to their proportional share of the administrative costs for information system functions that support citizens who are enrolled in multiple programs.

In this way, the IT infrastructure of the HHS enterprise can be financed as a portfolio of interrelated services rather than a collection of discrete programs supported by independent data systems with duplicated capabilities and redundant data.

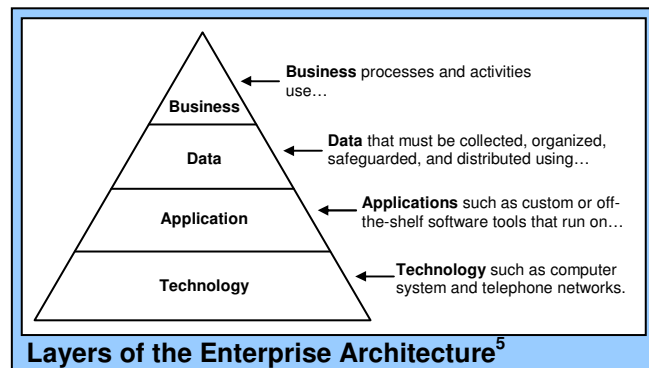
Business-led architecture is more successful in meeting strategic goals, responding to changing mission needs, and serving citizens’ expectations than technology or budget-driven architecture.

FEA Practice Guidance, 2007⁴

Recommendation

The absence of an enterprise architecture for human services is a business problem, not a technology problem. A well-designed architecture will help human service agencies meet the challenges described above.

A business architecture is the foundational component of an overall enterprise architecture framework within which an organization derives its unique data, technical, service and performance reference models (diagram).



² General Accounting Office. *Human Services Integration: Results of a GAO Cosponsored Conference on Modernizing Information Systems*. January 2002. GAO-02-121. Page 3.

³ Ibid.

⁴ http://www.whitehouse.gov/omb/egov/documents/FEA_Practice_Guidance_Nov_2007.pdf

⁵ Niles E Hewlett. *The USDA Enterprise Architecture Program*. PMP CEA, Enterprise Architecture Team, USDA-OCIO. January 25, 2006.



An initiative to create and adopt a nationally adopted, uniform HHS business architecture should be sponsored by the American Public Human Services Association in coordination with its affiliates. The federal government⁶, state HHS agencies, the Information Technology Association of America's Public Sector Human Services IT Advisory Group and the National Association of State Chief Information Officers should also be involved in this initiative. **Time is of the essence and this work should be completed within six months of a formal decision to proceed.**

The Medicaid Information Technology Architecture framework, developed by the Centers for Medicare and Medicaid Services, is one example of business architecture model that could be extended to the HHS enterprise (appendix A). Leveraging the sizeable investment CMS has already made in MITA may offer a low-risk, high return path to the creation of a national HHS business architecture.

Conclusion

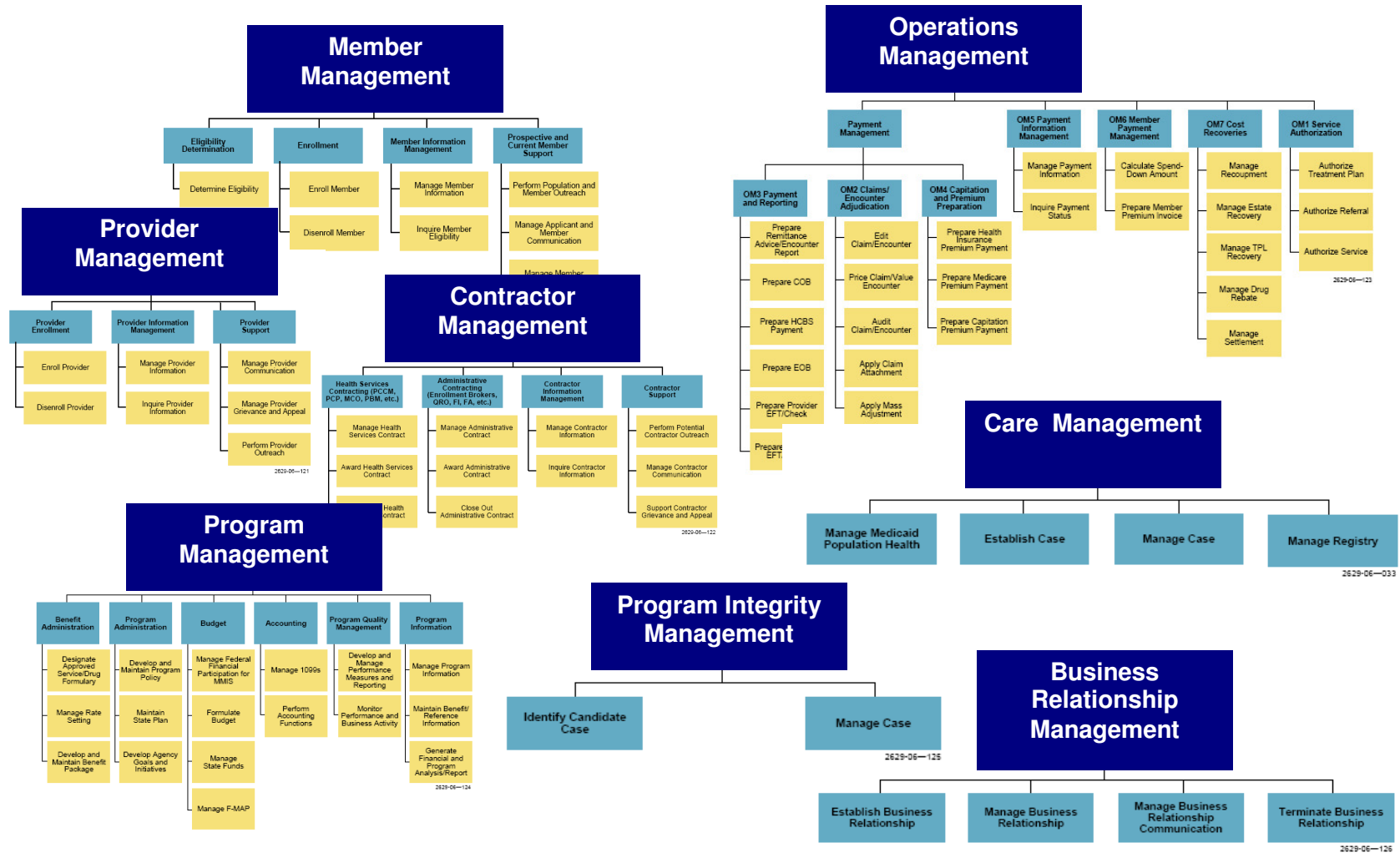
The benefits of creating and maintaining a generic HHS business architecture far outweigh the cost and effort required to do so. Interoperability among government programs and agencies will increase, outcomes will improve, and citizens will be better served when the delivery of human services is defined and funded according to a nationally adopted business architecture.

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⁶ Specifically, the Department of Health and Human Services (DHHS), the United States Department of Agriculture (USDA), and the Centers for Disease Control and Prevention (CDC).

Appendix A: Example - Business Architecture for Medicaid



Source: Centers for Medicare & Medicaid Services. *Medicaid IT Architecture (MITA) Framework 2.0*. March 2006.

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