



RI Office of Management and Budget

Performance Report

RI Department of Health

May 30, 2014

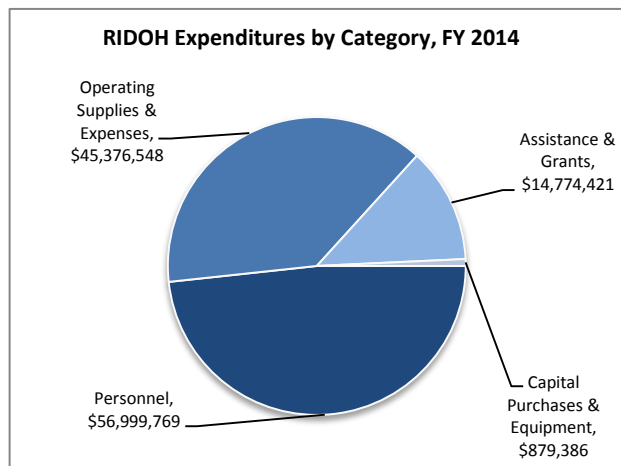
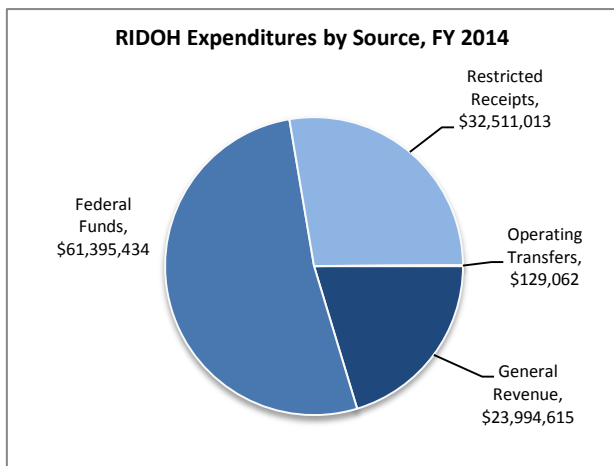
The mission of the Rhode Island Department of Health (RIDOH) is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. In FY 2014, it has 491.1 authorized full-time equivalent (FTE) employees distributed among seven units: Central Management; Office of the State Medical Examiner; Environmental and Health Services Regulation; Health Laboratories; Public Health Information; Community, Family Health and Equity; and Infectious Disease and Epidemiology.

Health Budget – Fiscal Year 2014

The majority of RIDOH’s expenditures in FY 2014 come from federal funds (52.0 percent), followed by restricted receipts (27.5 percent) and general revenue (20.3 percent). RIDOH’s largest category of expenditure is personnel (44.3 percent) followed by operating expenses (41.5 percent) and assistance and grants (13.5 percent). The tables and charts below illustrate budgeted expenditures in FY 2014.¹

Source	Amount	Percentage
General Revenue	\$23,994,615	20.3%
Federal Funds	61,395,434	52.0%
Restricted Receipts	32,511,013	27.5%
Operating Transfers	129,062	0.1%
Total	\$118,030,124	100.0%

Category	Amount	Percentage
Personnel	\$56,999,769	48.3%
Operating Supplies & Expenses	45,376,548	38.4%
Assistance & Grants	14,774,421	12.5%
Capital Purchases & Equipment	879,386	0.8%
Total	\$118,030,124	100.0%

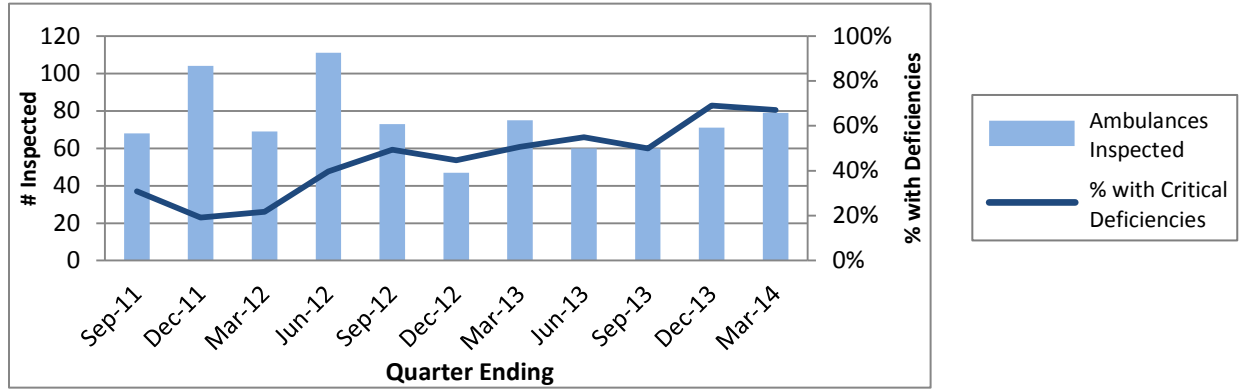


¹ Budget data are based on Governor Chafee’s FY 2014 revised budget request, submitted January 15, 2014. Additional budget information for RIDOH is available at http://www.budget.ri.gov/Documents/CurrentFY/BudgetVolumell/18_Department%20of%20Health.pdf.

AMBULANCE INSPECTIONS

The Division of Emergency Medical Services routinely inspects ambulances for compliance with the minimum equipment list and general state of repair. Certain items are considered essential equipment and, if missing, the ambulance is determined to have a critical ("immediate") deficiency.

Figure A: Number of Ambulances Inspected and Percent with Critical Deficiencies



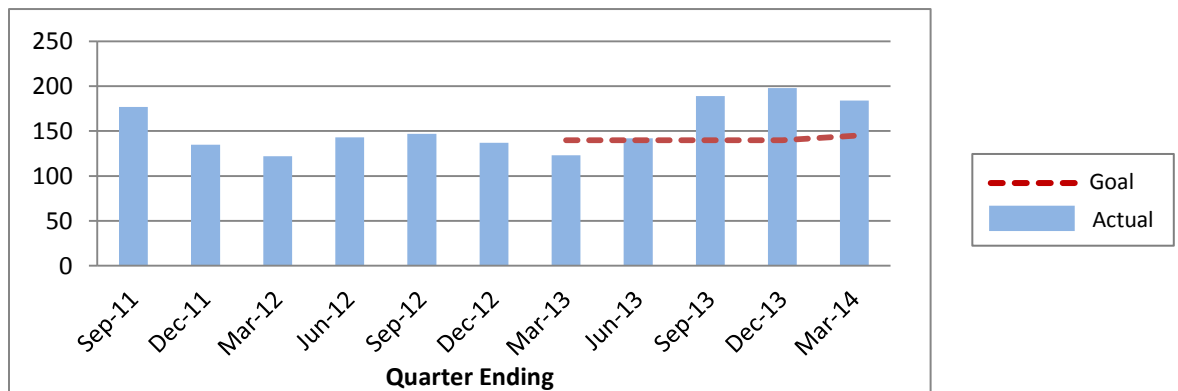
Key Points:

- RIDOH's 2014 goal is for fewer than 5.0 percent of ambulances to have immediate deficiencies. In 2012, 38.7 percent were found to have at least one immediate deficiency; that rate increased to 56.0 percent in 2013.
- The Division aims to reduce the number of immediate deficiencies per inspection, as well as other deficiencies, through strong enforcement. RIDOH is currently developing a plan to improve the inspection process and reduce the number of deficiencies.

DNA TESTING

The State Health Laboratories support law enforcement agencies and the judicial system in Rhode Island by providing DNA testing services to help solve and adjudicate the most serious crimes, such as murders, sexual assaults, etc.

Figure B: Number of DNA Evidence Submissions Received for Testing



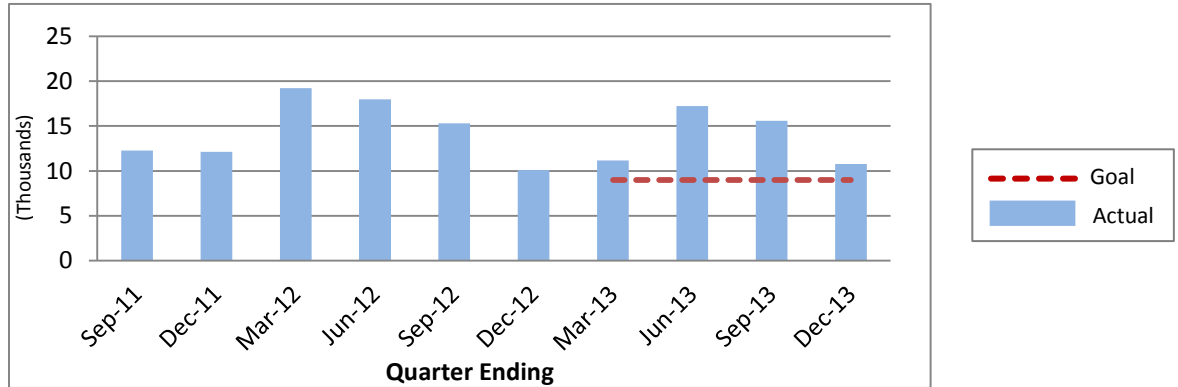
Key Points:

- DNA testing is increasingly requested to help solve property crimes, resulting in a higher demand for these services. Each submission (or "case") usually includes multiple items to be tested.
- In 2012, 549 submissions were received for testing; the number of submissions increased 18.8 percent to 652 in 2013.

HEALTH INFORMATION LINE

The HEALTH Information Line is the central telephone number for the public to call with questions about RIDOH programs and services such as vital records or professional licensing.

Figure C: Total Number of Calls to the HEALTH Information Line



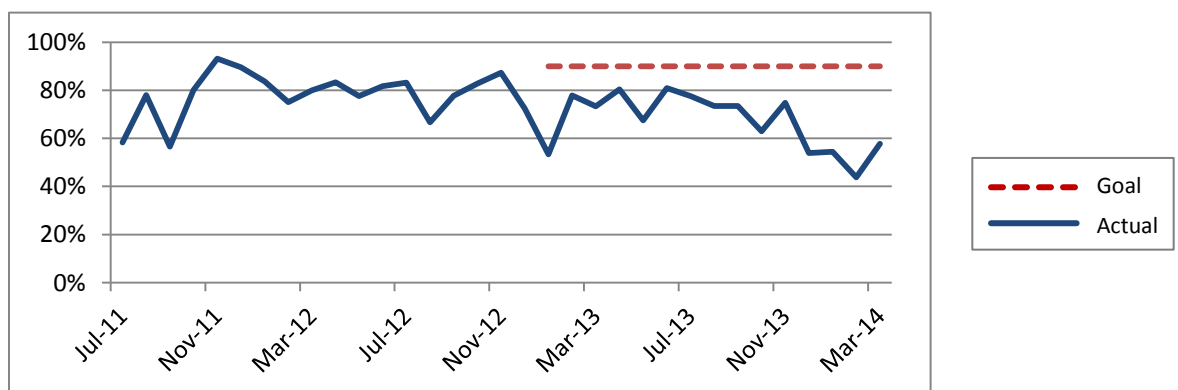
Key Points:

- RIDOH's goal is to reduce current call volume as part of a broader effort to improve other forms of communication (i.e., online information). The HEALTH Information Line aims to receive fewer than 30,000 calls in 2014.
- In 2012, the HEALTH information line received 62,612 calls; the number of calls decreased 12.5 percent to 54,780 in 2013.

BIRTH FILINGS

When birth certificates are filed within 30 days of a child's birth, parents may obtain benefits and services for the child in a timely manner. These benefits include health insurance, Social Security number and passport.

Figure D: Percent of Births Filed Electronically within 30 Days of Birth



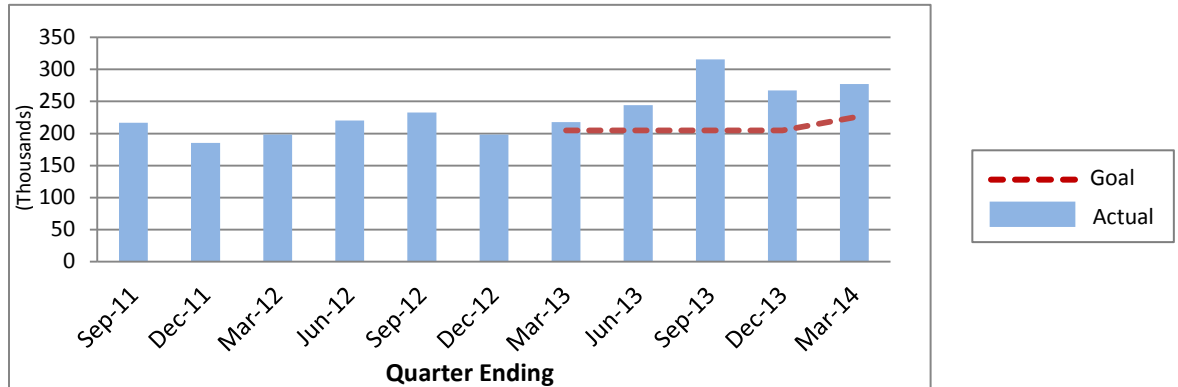
Key Points:

- The use of quality improvement methods, along with an upgrade to a web-based electronic birth system, is expected to move the program to the proposed goal of 90.0 percent of births filed within 30 days by the end of 2014.

KIDSNET

KIDSNET is a web-based system that collects and shares information about children's preventive health care – such as immunization and lead screening – with authorized users, including authorized health care providers.

Figure E: Number of Times KIDSNET Accessed by Primary Care Providers



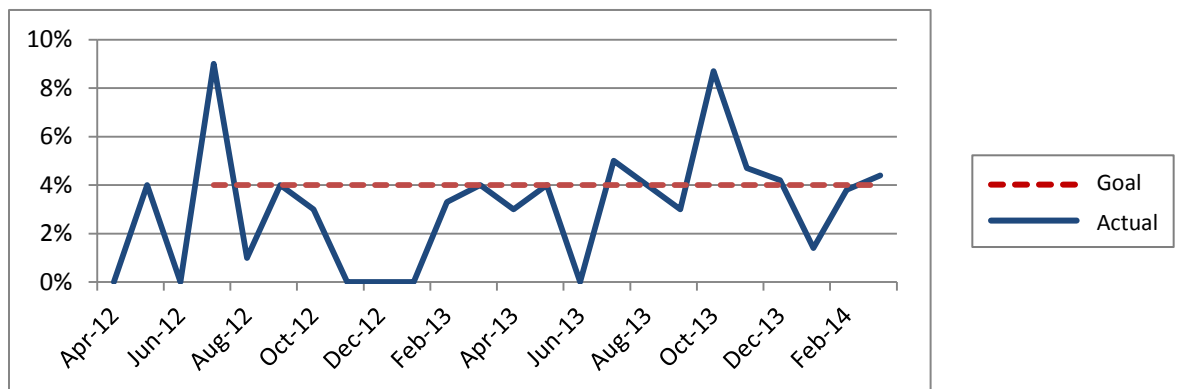
Key Points:

- Accessing information from KIDSNET helps doctors coordinate patient care and ensure that their patients receive important public health services.
- Use of KIDSNET has increased steadily since its inception and is an indication of the important partnership between public health and primary health care.
- In 2012, the KIDSNET received 849,001 primary care provider hits; the number of primary care provider hits increased 23.0 percent to 1,044,662 in 2013.

BREAST SCREENINGS

The RI Women's Cancer Screening Program (WCSP) provides free breast and cervical cancer screening services, including mammograms, for Rhode Island women who are 40 and older, uninsured or underinsured, and with incomes at or less than 250 percent of the poverty level.

Figure F: Percent of Abnormal Screenings with Final Diagnosis Taking Greater than 60 Days



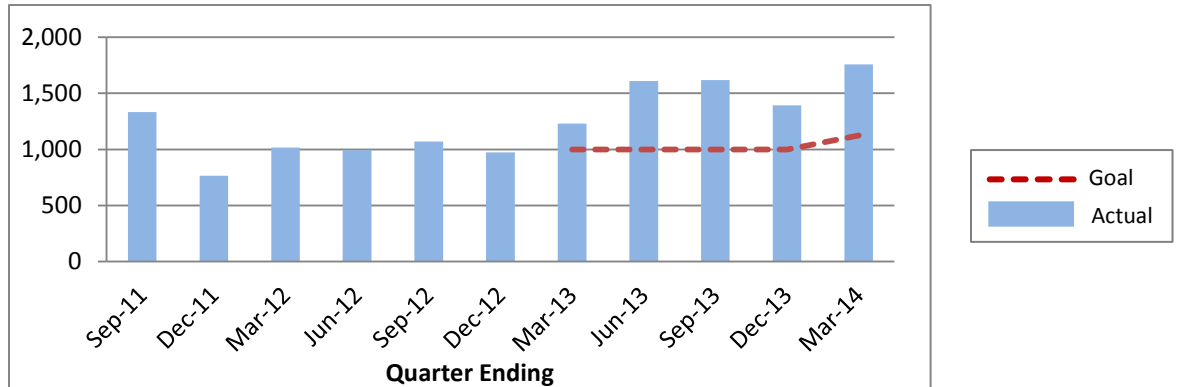
Key Points:

- When the time from screening to diagnoses exceeds 60 days, RIDOH investigates to determine the cause for the delay. WCSP works closely with its contracted medical providers to improve the quality of case tracking and follow-up efforts.
- In FY 2013, 3.0 percent of abnormal screenings with final diagnosis took greater than 60 days. In the first nine months of FY 2014 (as of March 31, 2014), the rate increased to 4.4 percent.

DRINKING WATER TESTING

State Health Laboratories provide a variety of tests for public drinking water suppliers throughout the state to help ascertain that public water is safe to drink.

Figure G: Number of Drinking Water Tests Performed



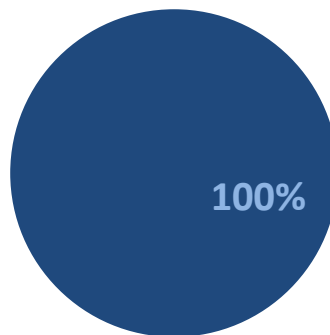
Key Points:

- The number of tests performed varies according to regulatory surveillance requirements for any given year, with every third year requiring more tests than the other two years in the compliance cycle.
- In 2012, RIDOH performed 4,051 drinking water tests; the number of tests performed increased 44.4 percent to 5,848 in 2013. Part of this increase is attributable to the Office of Drinking Water Quality performing a special surveillance of certain unregulated chemicals (perchlorate, hexavalent chromium, 1,4-dioxane).

PUBLIC WATER SYSTEMS

Public water systems are monitored by RIDOH's Public Drinking Water Program. This measure includes Rhode Islanders that receive drinking water in their homes, except those served by private wells. Only health-based violations are included.

Figure H: Percent of Public Water Systems in Compliance with Requirements as of March 2014



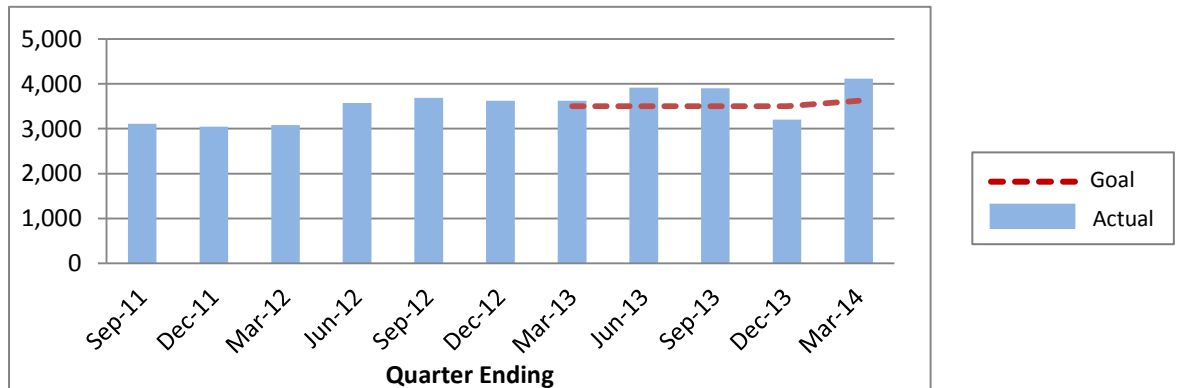
Key Points:

- Performance targets are set by the U.S. Environmental Protection Agency (EPA) and tend to increase annually, except when regulatory modifications reset the baseline.

HIV SCREENINGS

This measure helps RIDOH track the number of HIV screenings among at-risk populations, such as patients of Community Health Centers and inmates at the Rhode Island Adult Correctional Institute.

Figure I: Number of HIV Tests Performed at the State Health Laboratories



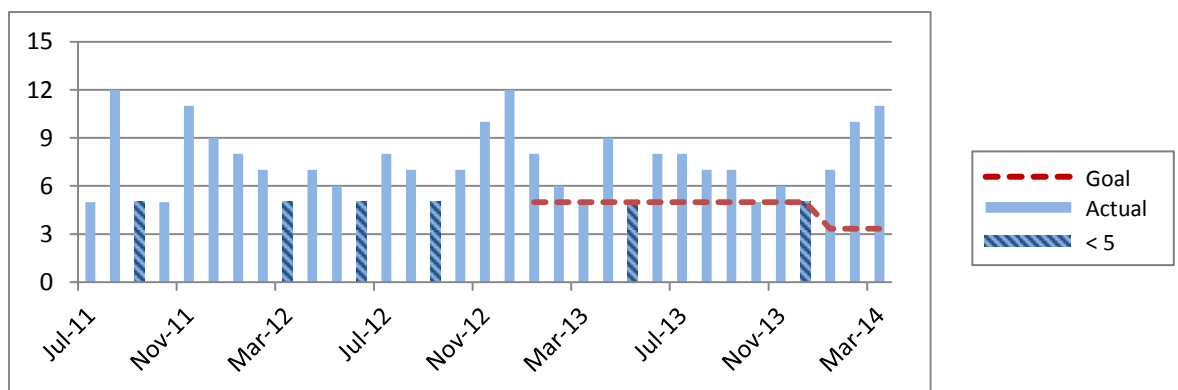
Key Points:

- Frequent testing for Human Immunodeficiency Virus (HIV) is an important component of RIDOH's efforts to reduce the number of new HIV infections in the state (see measure below and Performance Review on page 8).
- In 2012, the State Health Laboratories performed 13,966 HIV tests; the number of HIV tests performed increased 4.8 percent to 14,643 in 2013.

NEW HIV CASES

The HIV/AIDS program works to identify new HIV cases and follow up on existing cases currently in care. The HIV prevention program promotes healthy behaviors, testing and promoting care for positive HIV patients to reduce transmission thereby reducing new HIV cases.

Figure J: Number of New HIV/AIDS Cases



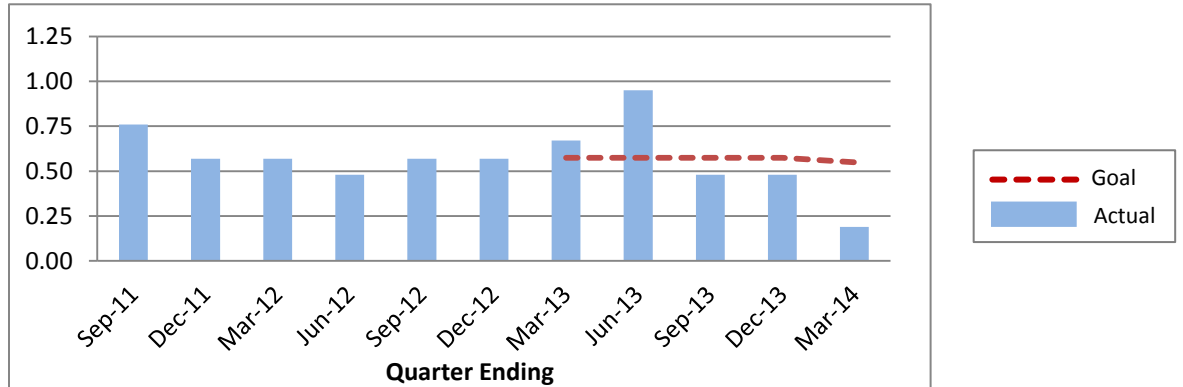
Key Points:

- Rhode Island reported 106 new cases of HIV in 2011, 78 in 2012, and 74 in 2013 – an estimated 30.2 percent reduction in the number of new cases in three years. (Figures from 2013 are subject to verification) RIDOH set target of 40 new cases in 2014.
- Note: Following protocol established by the Centers for Disease Control and Prevention (CDC), when the monthly number of new cases is fewer than five, it is reported as five to protect patient confidentiality. (In such cases, bars for monthly data are shaded.)

NEW TUBERCULOSIS CASES

Though the case rate for tuberculosis (TB) has remained fairly steady over the last several years, RIDOH tracks new TB cases because they have a significant impact on public health resources.

Figure K: Number of Newly Diagnosed Cases of TB per 100,000 Individuals



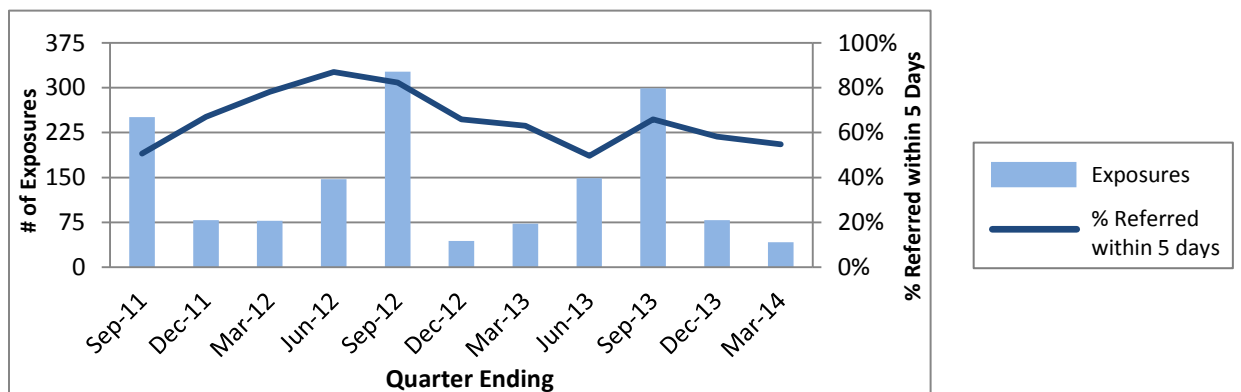
Key Points:

- When an individual contracts TB, he/she receives daily home visits for observation. On average, this care is needed for nine months to ensure adherence to therapy and cure. Each case of TB requires active community monitoring and follow-up testing and treatment for those that may become infected.
- In 2012, a total of 23 cases of TB were diagnosed; the number of TB diagnoses rose to 27 in 2013. (State population data is based on the 2010 Census.)

RABIES EXPOSURE

Rabies is a fatal disease. RIDOH has a comprehensive case management program to prevent human rabies. If someone is exposed to a potentially rabid animal, RIDOH conducts a risk assessment and, when appropriate, offers post-exposure prophylaxis vaccine, which will protect an individual from developing rabies.

Figure L: Number of Individuals Potentially Exposed to Rabies and Percent Referred for Vaccine



Key Points:

- Historically, rabies exposures increase in summer months, as bats and other rabies-prone animals are active and more people spend more time outdoors.
- In 2012, 81.7 percent of individuals exposed were referred to vaccine within five days, dropping to 60.7 percent in 2013.

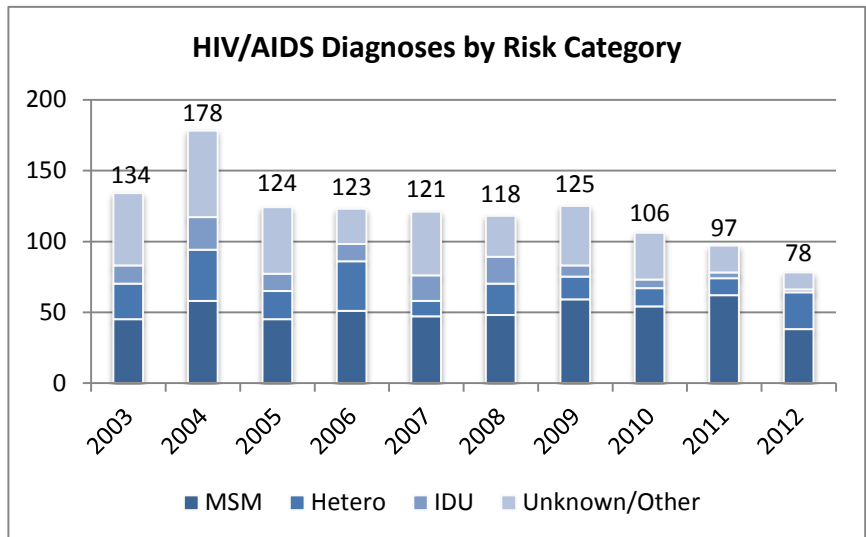
FOCUS ON PERFORMANCE

HIV/AIDS Prevention

Division of Infectious Disease and Epidemiology

RIDOH’s Division of Infectious Disease and Epidemiology’s mission is to “serve and protect the Rhode Island public by controlling the spread of infectious diseases.” Within the division, the Office of HIV/AIDS and Viral Hepatitis works to reduce the number of new HIV/AIDS and hepatitis cases in Rhode Island by providing preventive services and access to outpatient services for persons living with HIV/AIDS.

HIV infection diagnoses in Rhode Island have declined from 134 in 2003 to 78 in 2012, a 41.8 percent reduction. RIDOH attributes the decrease to expanded availability of anti-retroviral therapy, improved identification of at-risk infants, and programs providing intravenous drug users (IDUs) access to clean needles. Since 2003, the IDU risk category has demonstrated the largest drop in HIV infection diagnoses, an 84.6 percent



reduction. Although declines in the number of infection diagnoses have taken place across all risk categories, the reductions have not been proportional. Infection diagnoses of men who have sex with men (MSM) have dropped only 15.4 percent.²

RIDOH has taken a multi-pronged approach to reducing new cases of HIV. In March 2012, the Centers for Disease Control and Prevention (CDC) awarded RIDOH a three-year grant of \$2.3 million for the “Category C Return to Care Demonstration Project.” This funding has allowed RIDOH to identify HIV-positive individuals who have dropped out of care (or are at risk of falling out of care) and to connect them with appropriate services. This demonstration project also involves targeting high-risk populations for HIV testing and education, promoting testing and prevention services through social media, identifying and linking HIV-positive individuals to care, and retaining these individuals in care to achieve an undetectable viral load.

The Return to Care project has shown progress in connecting people to services. As of March 2014, HIV care providers had referred 184 patients to RIDOH; 82 were identified as out-of-care and eligible for follow-up. RIDOH located 60 of the 82 patients (73.2 percent) and linked 42 (51.2 percent) back to care. Of the remaining 40 patients (48.8 percent), 7 have a pending case, and RIDOH is working to locate and identify barriers to care for the 33 remaining patients.

² Diagnoses in the “unknown/other” risk category have dropped 76.5 percent over this 10 year period, due to a larger share of diagnosed individuals receiving the appropriate categorization.