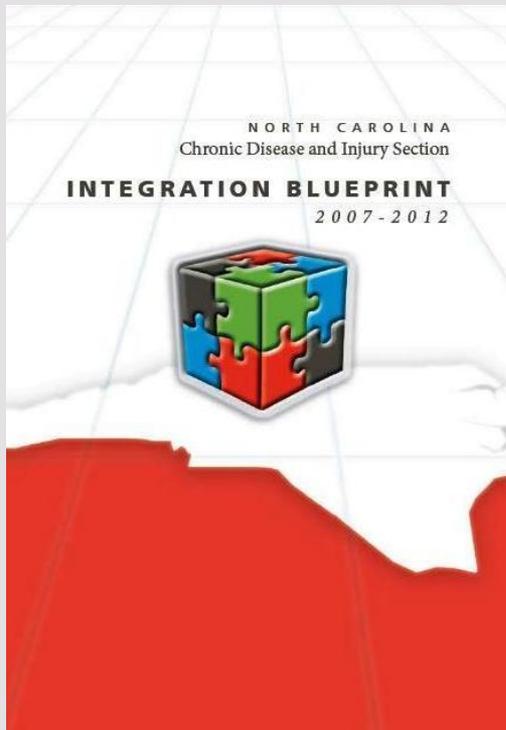




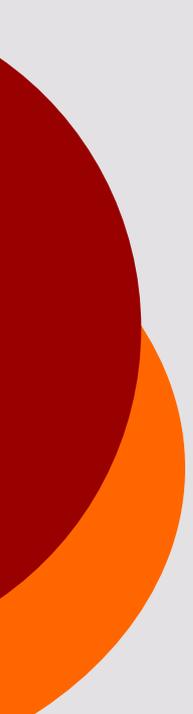
North Carolina Integration Demonstration Project

- Overview of NC project
- Integration Progress
- Lessons Learned

NC Chronic Disease and Injury Section Integration Blueprint

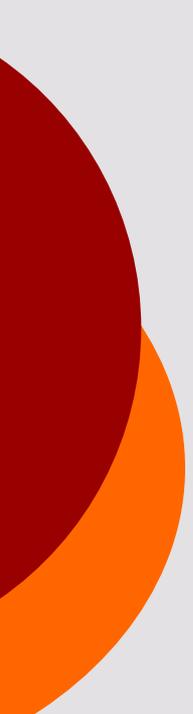


An integrated approach to addressing chronic disease

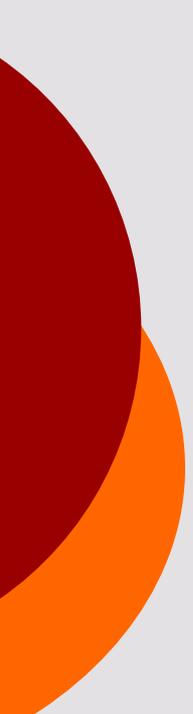


Integration Outcomes

- Create organizational economies of scale that reduce costs and allow sustainable resources to be invested back directly into specific programs.
- Improve the availability and efficiency of technical support and resources for local communities and prioritized settings.
- Enhance strategic work across the Social-ecologic model to advance measurable changes in public policy and systems change.
- Increase satisfaction among state and local staff

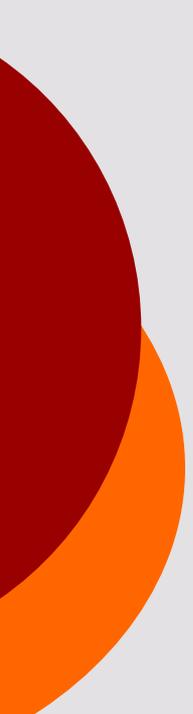


Create organizational economies of scale that reduce costs and allow sustainable resources to be invested back directly into specific programs.



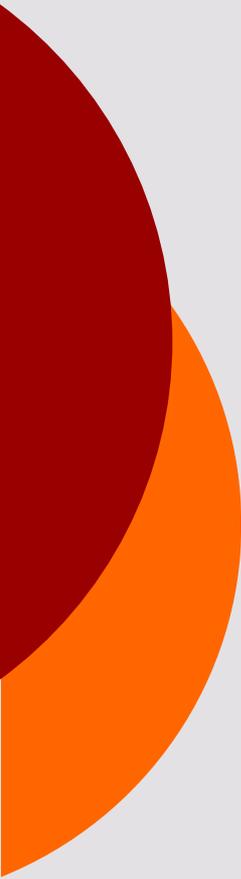
NC Integration Work Plan

- 1) Create vision of CDI as a fully integrated organization
- 2) Develop infrastructure and build best mgmt practices to support integration
- 3) Prioritize and implement integrated programs and processes
- 4) Continuously evaluate integration outputs and health outcomes



Development of Infrastructure

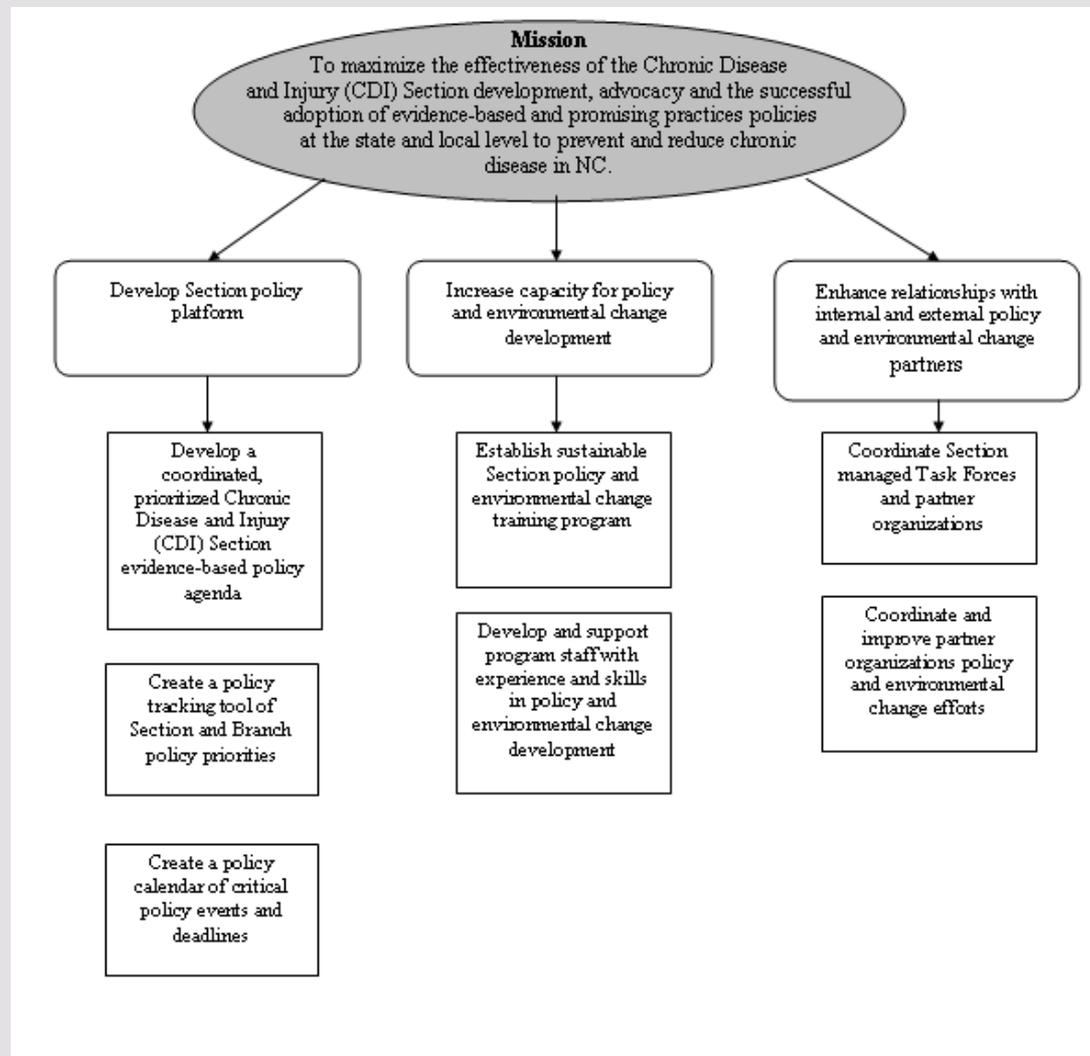
- Communication
 - Website; intranet; staff satisfaction survey
- Operations
 - RFA template; regular ops mtgs; Ops Training Manual
- Human Resources and Staff Development
 - Succession plans; shared postings and interview questions
- Information Technology
 - Calendar; funding tracking tools



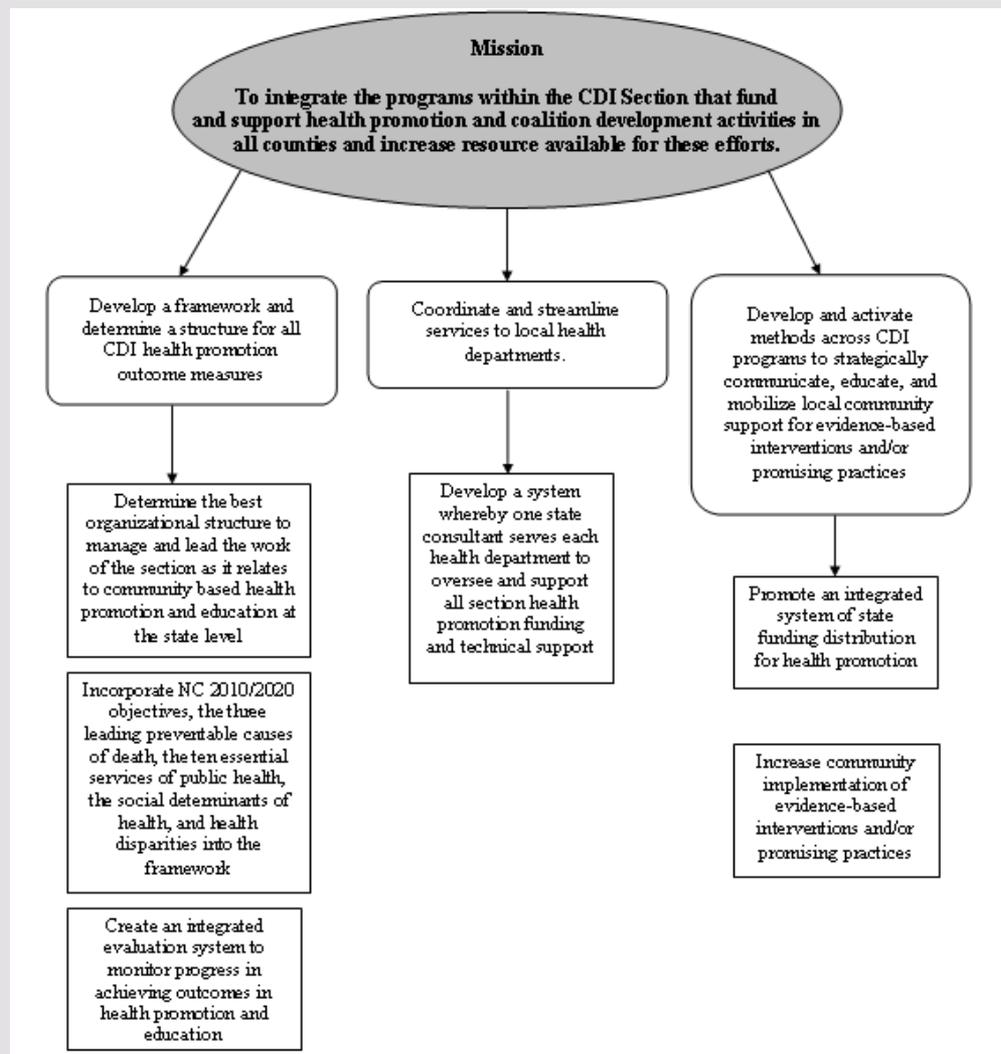
Communities of Practice

Groups within the organization that are related either by function or practice

Policy CoP Goal and Objectives

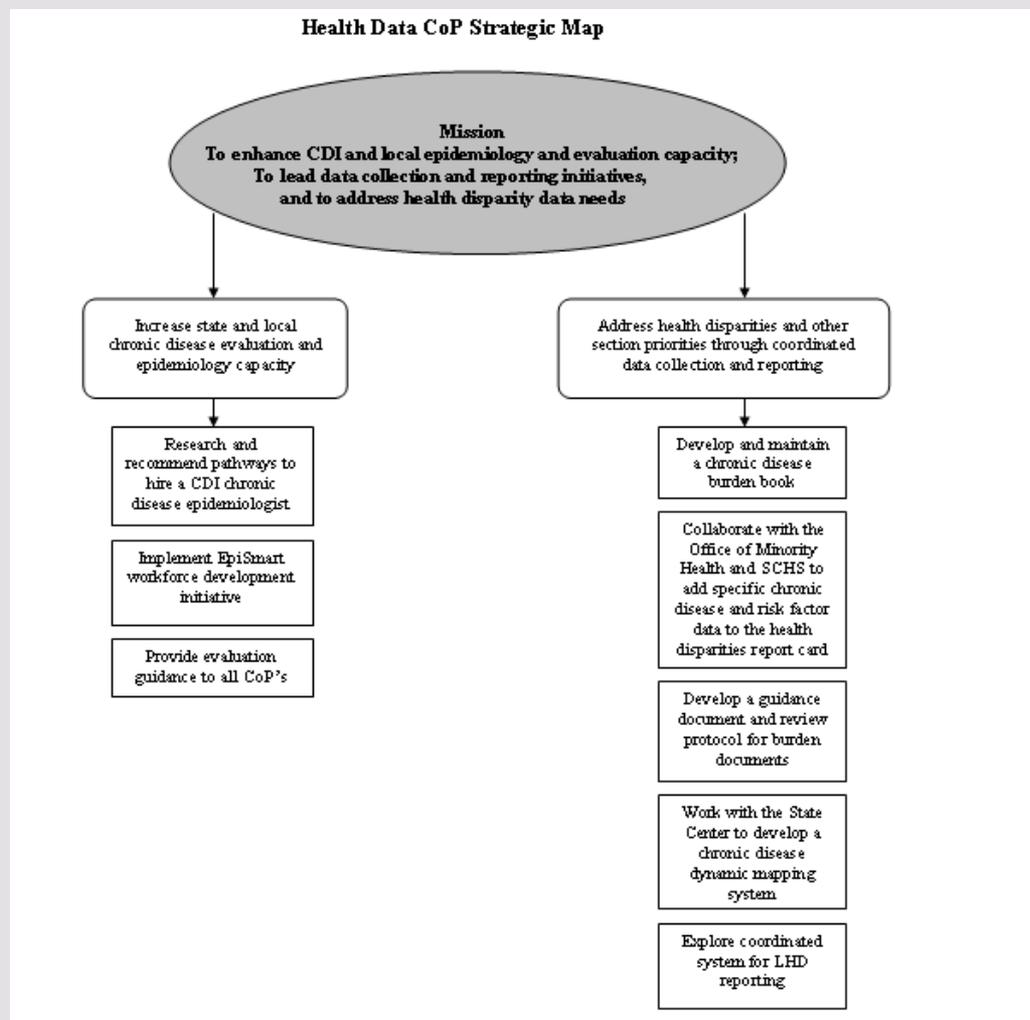


Community Based Health Promotion Goal and Objectives



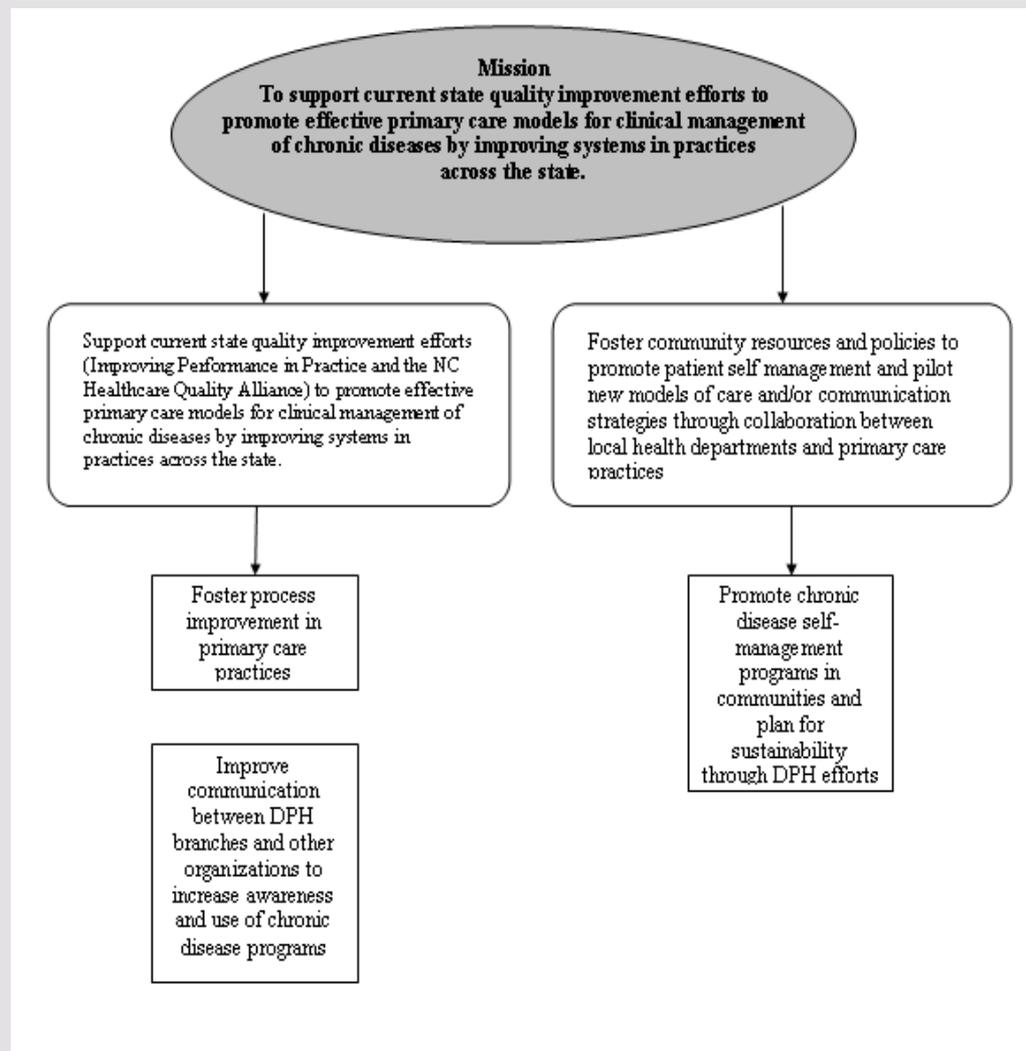
Data Collaborative CoP

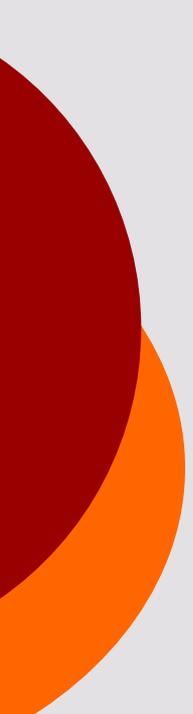
Goal and Objectives



Healthcare Systems CoP

Goal and Objectives

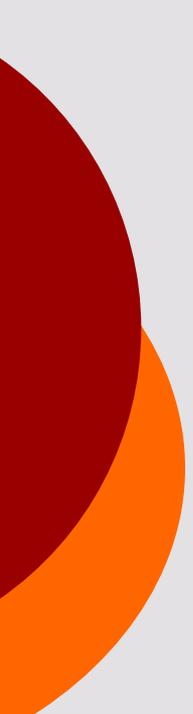




Integration Success Stories

Healthcare Systems COP

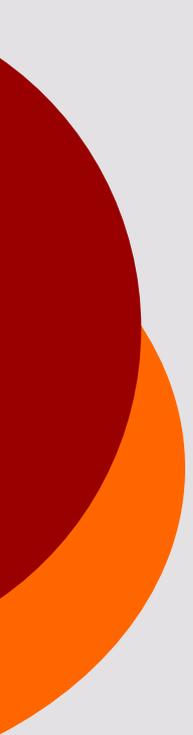
- Core partner in a statewide primary care quality improvement initiative
- Demonstrated improvements in clinical outcomes
- Shift to “systems change” paradigm
- Transition to self-management emphasis



Integration Success Stories

Community Based Health Promotion COP

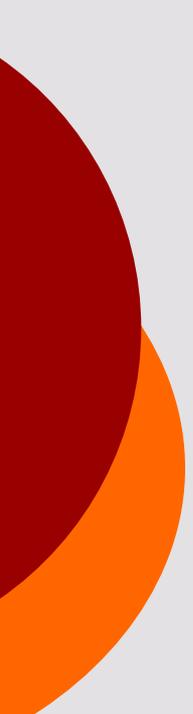
- Scope of integration has exceeded expectations
- Reorganization of technical assistance program
- Unified statewide funding mechanism
- Stakeholder satisfaction



Integration Success Stories

Business and Operations

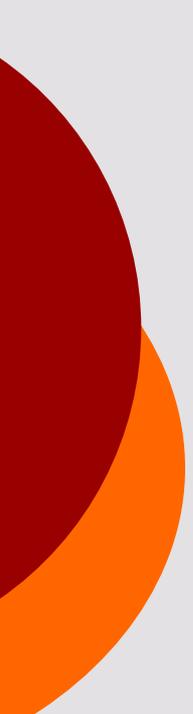
- Combined contracts have saved staff time
- Shared staff increase capacity of small categorical programs
- IT enhancements
- Improved orientation and instruction materials



Integration Next Steps

Policy COP

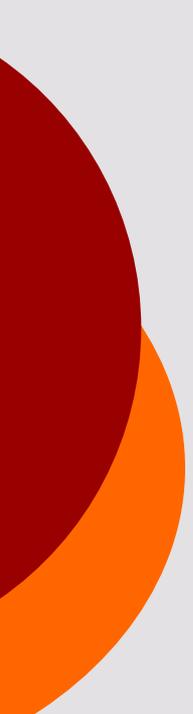
- Skill development
- Coordination of legislative Task Forces
- Prioritization process
- Interface with partners and advocates



Lessons Learned

Organizational change creates anxiety

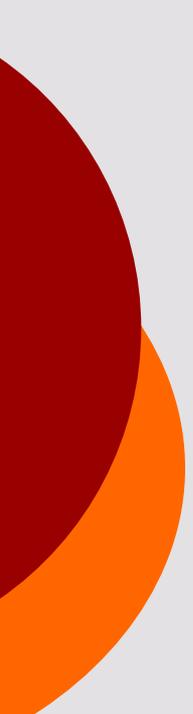
- Develop clear, consistent messages
- Negotiate leadership support
- Assess and address concerns regularly
- Assure CDC support
- Ensure infrastructure to support integration



Lessons Learned

Integration requires proactive management

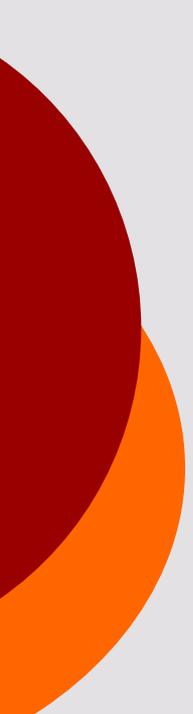
- Centralized management capacity is necessary
- Designate an Integration Team
- Engage middle managers
- Focus on efficiency
- Strategic planning



Lessons Learned

Integrated programs increase external credibility

- Funders
- Medical care system
- State Employees Health Plan



Lessons Learned

Categorical programs look to CDC for direction

- Dominant funder
- Well-defined agenda
- FOA/RFA process
- Competitive culture