

*Department of Health
FY2014 Oversight Questions
Agency Management Program*

Q1 : Please provide a current Organizational chart for AMP. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY14 or to date in FY15.

Response:

The Organizational Chart for AMP is attached. There were no organizational changes made during FY14 or FY15.

Q2: Did AMP and the Department of Health overall meet the objectives set forth in the performance plan for FY14? Please provide a narrative description of what actions AMP undertook to meet the key performance indicators and any reasons why such indicators were not met.

Response:

Below is an excerpt taken from the Department’s FY 2014 Performance Accountability Report (PAR). All information has been submitted to complete the FY 2014 PAR and it is pending final approval from the Office of the City Administrator. The excerpt below comprises the AMP section of the plan. Each Administration includes excerpts of its respective section of the PAR as requested in its own general questions.

Agency Management
OBJECTIVE 1: Train DOH employees on quality improvement (QI) tools and principles.
INITIATIVE 1.1: Train 90% of senior leaders and managers, and 50% of non-managerial staff, on quality improvement (QI) basic tools and principles. Not achieved. Although over 90% of senior leaders participated in QI training, the planned training for managerial staff was rescheduled for FY 2015. Approximately 100 employees participated in a QI workshop; however, additional training will be required in FY 2015 to reach a greater number of staff.
OBJECTIVE 2: Achieve national public health accreditation
INITIATIVE 2.1: Assess the Department’s ability to satisfy national public health standards. Fully achieved. In FY 2014, DOH submitted 501 documents to satisfy all of the requested examples. Documentation was submitted in May of 2014 and a site visit was scheduled for November of 2014. The final decision will be made by the Public Health Accreditation Board in March of 2015.

Performance measures appear on the following page.

*Department of Health
FY14
Oversight Questions
Agency Management Program*

	Measure Name	FY2013 YE Actual	FY2014 YE Target	FY2014 YE Actual	FY2014 YE Rating
1.1	Percent of Managers Trained on QI	20.00%	90.00%	31.96%	35.51%
1.2	Percent of non-managers trained on QI	15.00%	50.00%	12.78%	25.56%
2.1	Percent of PHAB examples collected	60.00%	100%	86.85%	86.85% ¹
3.1	Number of federal grants managed by the Department	92	54	44	77.19%
3.2	Number of subgrant awards issued by the Department	224	230	197	85.65%

¹ The final decision on DOH becoming accredited by the Public Health Accreditation Board (PHAB) is not due until March, 2015. However, the initial scoring data received by the Department on January 6 was very favorable and suggests DOH will meet the criteria for accreditation.

Q3: What are the objectives set forth for AMP and the Department of Health as a whole in the performance plan for FY15? Please provide a narrative description of the progress AMP has made to meet the objectives of the FY15 performance plan. Please describe any legislative goals or initiatives for FY15.

Response:

Below is an excerpt of the published Department's FY 2014 Performance Plan. The excerpt represents the AMP section of the Department's plan. Each Administration includes excerpts of its respective section of the Performance Plan as requested in its own general questions.

Office of the Director (OD)

SUMMARY OF SERVICES

The DOH adheres to the ten essential public health services generally accepted by the United States public health community. The ten essential public health services are: 1. Monitor health status to identify and solve community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships and action to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. 8. Assure competent public and personal health care workforce. 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.

OBJECTIVE 1: Ensure the development and retention of a competent workforce.

INITIATIVE 1.1: Improve DOH's on-time completion of annual performance plans and evaluations for all employees.

Employee performance management consists of employee performance plans and employee evaluations. Performance plans allow the supervisor to convey their performance expectations for the employee and serve as a baseline for assessing job performance and growth. Employees have input into developing the performance objectives for the rating year. Timely performance plans and on-time evaluations increase employee satisfaction and morale. By the final published due date set by DCHR, the Department will demonstrate an increase in the percentage of completed performance plans and evaluations for eligible employees.

INITIATIVE 1.2: Implement the Department's Workforce Development Plan to ensure adoption of nationally accepted public health competencies.

In FY 15, DOH will adopt the Council on Linkages Core Competencies for Public Health Professionals as the framework for all training and professional development. The Core Competencies for Public Health Professionals are a set of skills desirable for the broad

practice of public health. They reflect the characteristics that staff of public health organizations (collectively) should possess as they work to protect and promote the health of a community. The Public Health Competencies are designed to serve as a starting point for academic and practice organizations to understand, assess, and meet education, training, and workforce needs. With adoption of the competencies, DOH will provide appropriate public health skill development trainings and educate managers on how to apply the Core Competencies into performance and individual development plans.

INITIATIVE 1.3: Train 90% of senior leaders and managers, and 50% of non-managerial staff, on quality improvement (QI) basic tools and principles.

In FY 14, DOH committed to training its workforce on QI tools and principles in order to develop a versatile workforce focused on continuous improvement of programs and services. Although progress was made in the development of a core set of QI classes based upon the PDCA method, training time was more focused on national public health accreditation. In FY 15, training will be offered on accreditation, PDCA and Lean Six Sigma.

OBJECTIVE 2: Use information systems that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.

INITIATIVE 2.1: Improve accessibility of documents to staff in order to better serve the public.

DOH has implemented an Electronic File Management System in which paper documents can be scanned and stored in an electronic format. DOH plans to increase the number of documents stored in the system to 81,600 in FY 15. Electronic storage of documents will increase both internal and external responsiveness, as well as, reduce on-site physical footprint.

INITIATIVE 2.2: Develop and implement an agency-wide Enterprise Grants Management System (EGMS).

EGMS will increase the capacity of organizations to submit competitive applications for DOH grant funding via a paperless, centralized and account-based system. By the end of FY 15, 100% of all applications for new and continuation funding will be accepted by DOH through this secure web-based EGMS portal. This will decrease the applicants' burden of creating and managing multiple submissions and business documents for various DOH program units. In addition, this will create a vehicle for tracking and routing an application from submission to review and notification processes in a more time efficient manner.

INITIATIVE 2.3: Develop and Implement of a consolidated enterprise wide asset protection management system.

In FY 14, DOH started to develop and implement a comprehensive inventory management system that will convert the V street warehouse into a state of the art asset protection management system. This system will provide the Department with real time shipping and receiving of all inventory items anywhere in the DOH footprint. And will

also track all inventory by location and end user throughout all administrations with various locations providing an audit ready tracking log for each inventory transaction. The process will take approximately 9-12 months from development to fully functioning state of the art inventory and asset management solution.

Key Performance Indicators appear on the following page

KEY PERFORMANCE INDICATORS - Office of the Director

Measure	Last Year Actual	Current Year Goal	Current Year Actual
Percent of eligible employee reviews completed on time	N/A	90%	68% ¹
Percent of Managers Trained on QI	31.96%	90%	0% ²
Percent of Non-managers trained on QI	12.78%	50%	0% ³
Number of documents converted to the electronic file management system	N/A	81600.00	37842.00

¹ This is an annually reported measure in the FY 2015 Performance Plan, so this number does not officially appear in the plan. This number reflects the most up-to-date data available to DOH.

² This is an annually reported measure in the FY 2015 Performance Plan, so this number does not officially appear in the plan, but reflects that trainings have not yet occurred as of the end of the first quarter.

³ This is an annually reported measure in the FY 2015 Performance Plan, so this number does not officially appear in the plan, but reflects that trainings have not yet occurred as of the end of the first quarter.

Q4: Please provide the following budget information for DOH, including the amount budgeted and actually spent, for FY14 and to date in FY15. In addition, please describe any variance between the amount budgeted and actually spent for FY14 and to date FY15:

- **At the agency level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object.**
- **At the program level, please provide the information broken out by source of funds and by Comptroller Source Group and Comptroller Object.**
- **At the activity level, please provide the information broken out by source of funds and by Comptroller Source Group.**

Response:

Please see attachments for detailed budget information.

Q5: Please provide a complete accounting of all intra-district transfers received by or transferred from DOH during FY14 and to date in FY15. For each, please provide a narrative description as to the purpose of the transfer and which programs, activities, and services within DOH the transfer affected.

Response:

Please see Attachment for detailed information.

Q6: Please provide a complete accounting of all reprogrammings received by or transferred from the DOH during FY14 and to date in FY15. For each, please provide a narrative description as to the purpose and reason of the transfer and which programs, activities, and services within the DOH the reprogramming affected.

Response:

Please see Attachments for detailed Information.

Q7: Provide a complete accounting of all DOH's Special Purpose Revenue Funds for FY14 and FY15. Please include the following:

- **Revenue source name and code;**
- **Source of the revenue for each special purpose revenue fund (i.e. license fee, civil fine);**
- **Total amount of funds generated by each source or program in FY14 and to date in FY15;**
- **DOH activity that the revenue in each special purpose revenue fund supports;**
- **FY14 and to date FY15 expenditure of funds, including purpose of expenditure; and**
- **An accounting of those funds that were removed as part of the FY15 budget.**

Response:

Please see attachments for detailed information.

Q8: Please provide the DOH capital budgets for FY14 and FY15, including amount budgeted and actual dollars spent. In addition, please provide an update on all capital projects undertaken in FY14 and FY15. Did any of the capital projects undertaken in FY14 or FY15 have an impact on the operating budget of DOH? If so, please provide an accounting of such impact.

Response:

Please see Attachment Q8 DOH Capital Budget for detailed information. In addition, the following narrative provides a description of the current status of capital projects undertaken in FY14 and FY15.

- **Project DOHDCV - DOH DC- Village Pharmaceutical Warehouse Expansion**
 - Project Summary: This work involves the construction of the infrastructure needed for the DOH Pharmaceutical Warehouse Expansion and Renovation located at No.4 DC Village Lane, SW, Washington, DC 20032.
 - Projected Design Completion: 100% Documents was completed September 30, 2013.
 - Projected Permit Acquired: The DCRA Permit was issued 03/28/2014.
 - Construction Solicitation RFP issued 5/22/2014.
 - Pre-Proposal Conference and Site Visit on 5/29/2014.
 - Construction Bids due 6/12/2014.
 - RFP Response Technical Evaluation Panel Report due 7/14/2014.
 - Notice of Award Issued: 8/22/2014.
 - Kick-off Meeting: 8/26/2014.
 - Construction Start: 9/8/2014.
 - Projected Construction Completion: February 28, 2015.

- **Project HC103C - DC General – Buildings 8 and 15**
 - Project Summary: Various improvements at the STD and TB Clinics.
 - Projected Design Start: March 1, 2015
 - Projected Design Completion: April 15th, 2015
 - Projected Permit Acquired: N/A
 - Projected Construction Start: June 1, 2015
 - Projected Construction Completion: June 30, 2015

Status: Per remaining funding, DGS will proceed with upgrades to Building 8 based on IAQ survey from March 2014.

- **Project HC103C - DC General – Building 8 and 15 Roof Replacements**
 - Project Summary: Replacement of Roof at DC General Building 8 and 15 (STD and TB Clinic).
 - Project Design Start: November 15, 2014
 - Project Design Completion: January 31, 2015
 - Project Permit Acquired: n/a
 - Projected Construction Start: March 1, 2015
 - Projected Construction Completion: May 31, 2015

Status: Design in progress. Will use findings from survey and design to bid work for roof replacement or upgrades.

- **Project HC102C – Animal Shelter – 1201 New York Avenue, NE**
 - Replace 9 existing doors and frames with new hollow metal doors and frames as indicated on reference drawings
 - Replace all exterior lighting fixtures as indicated on reference drawings with new lighting fixtures with sensors.
 - Repair existing damaged CMU retaining wall as indicated on reference drawings
 - Replace existing generator with new equivalent electrical capacity generator located as shown on reference drawings
 - Resurface existing asphalt and concrete paving around dog kennel area as indicated on reference drawings. Replace all existing concrete curb around dog kennel area with new 4” concrete curb as shown on reference drawings
 - Replace existing dog kennel concrete slab as shown on reference drawings.
 - Remove and discard existing trees and tree stumps as indicated on reference drawings
 - Remove and discard existing vinyl composition floor tile in “New Arrivals” area and replace with new epoxy floor as shown on reference drawings.
 - Provide and install new intercom with electric door strike and doorbell at main entrance door.
 - Remove and discard existing windows and window guards and replace with new vinyl windows and window guards with tinted glazing as indicated on reference drawings.
 - Paint the exterior building as indicated on reference drawings.
 - Repair the exterior “Animal Care” sign, location shown on reference drawings
 - Repair the existing CMU interior partition in newly arrived owned area (NOA) location shown on reference drawings
 - Remove and discard existing drain piping in kennel area, replace with new 3” piping as shown on reference drawings.

*Department of Health
FY14 Oversight Questions
Agency Management Program*

- Repair existing leak in roof above utility room as indicated on reference drawings.
- Remove and discard existing insulation in interior soffit area in main dog run as indicated on reference drawings.
- Relocate existing computer equipment in LAN room to new location in annex building utility room as indicated on reference drawings.
- Repave and stripe existing parking lot as shown on reference drawings
- Install new emergency lighting fixtures in lobby and hallway areas as indicated on reference drawings
- Replace three (3) existing Roof Top Units (RTUs) to upgrade HVAC
- Replace all existing lighting fixtures in the main dog runs with new energy efficient lighting fixtures.
- Provide and install two (2) new automated steel gates with card readers for the existing parking lot.
- Install 3 new Roof top HVAC Units
- Installation of new outdoor walk-in freezer
- Removal of existing drop ceiling.
- Installation of new yard storm drain

Status: Work completed March, 2014.

Q9: Please provide DOH's fixed costs budget and actual dollars spent for FY 13, FY14 and to date in FY15. Include the source of funding and the percentage of these costs assigned to each DOH administration. Please provide the percentage change between DOH's fixed costs budget for these years and a narrative explanation for any changes.

Response:

Please see Attachment Q9 Fixed Costs for detailed information.

Q10: Please identify potential areas where spending pressures may exist in FY15? Please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize the impact on the FY15 budget.

Response:

The Department of Health does not anticipate any potential spending pressures for FY15.

Q11: Please provide a current list of all properties supported by the DOH budget. Please indicate whether the property is owned by the District or leased and which DOH program utilizes the space. If the property is leased, please provide the terms of the lease. For all properties please provide an accounting of annual costs (i.e. rent, security, janitorial services).

Response:

Please see attachment for detailed information.

Q12: Please provide a list of all FY15 full-time equivalent positions for DOH, broken down by program and activity. In addition, for each position please note whether the position is filled (and if filled, the name of the employee) or whether it is vacant.

Response:

Attached is a report that responds to the query above.

Q13: How many vacancies were posted for AMP during FY2014? To date in FY2015? Which positions? Why was the position vacated? In addition, please note how long the position was vacant, what steps have been taken to fill the position and whether or not the position has been filled.

Response:

Attached is a report that responds to the query above.

Q14: How many employee performance evaluations were completed in FY14 and how was performance measured against position descriptions? To date in FY15? What steps are taken to correct poor performance and how long does an employee have to correct his/her performance?

Response:

There were 326 employee performance evaluations completed for the FY 2014 cycle. This represents 68% of the total employees who should have received evaluations. In all, 482 employees were expected to have a plan and an annual evaluation completed. Student interns and newly hired employees are excluded. The completion rate is an improvement over the 63.6% completion rate for FY2013.

As of this writing, 10 days in advance of the January 31 deadline, 32% of FY2015 Performance Plans have already been completed. Reminders have been sent to managers to reinforce the importance of this activity.

In an effort to increase the percentage of employees with completed evaluations, the Department is requiring that one of the SMART goals added to all managers' performance plans for FY 2015 is the completion of a performance plan and evaluation for each employee under their supervision. Additionally, the Department will monitor completed plans within the system and follow changes in supervision that may interrupt the evaluation process.

Employee evaluations are conducted in accordance with the District's Performance Management Program. The evaluation format includes sections on competencies, SMART goals and individual development. The competencies are pre-defined but managers and staff co-develop the SMART goals together. The employee position description is taken under consideration when developing individual performance goals as well as other items such as the performance goals of the agency, and the work requirements of grantors.

Employees who perform poorly, or are in need of improvement, are placed on a Performance Improvement Plan (PIP) in accordance with DPM Chapter 16. A PIP may be issued for a 30, 60 or 90 day period. Employees who do not successfully fulfill the PIP requirements may be reassigned, reduced in grade, or removed from employment.

Q15: Please provide the Committee with the following:

- a) A list of all employees who receive cellphones, personal digital assistants or similar communication devices at agency expense;

Response: this listing is attached as a separate document.

- b) A list of employees receiving bonuses, special pay, additional compensation, or hiring incentives in FY2014 and to date in FY2015, and the amount;

Response: The Department of Health has not paid any bonuses, pays, additional compensation or hiring incentives in either FY2014 or FY2015.

- c) A list of travel expenses for FY2014 and to date in FY2015, arranged by employee;

Response: this listing is attached as a separate document.

- d) A list of all employees with a salary over \$100,000. The list should provide the name of the employee, salary, salary schedule, grad and step for each position. Also provide a position description for each employee.

Response: this listing is attached as a separate document. The respective position descriptions are attached in alphabetical order by position description.

Q16: Please provide the following information for all grants awarded to DOH during FY14 and to date in FY15, broken down by DOH program and activity:

- **Grant Number/Title;**
- **Approved Budget Authority;**
- **Expenditures (including encumbrances and pre-encumbrances);**
- **Purpose of the grant;**
- **Grant deliverables;**
- **Grant outcomes, including grantee performance;**
- **Any corrective actions taken or technical assistance provided;**
- **DOH program and activity supported by the grant;**
- **DOH employee responsible for grant deliverables; and**
- **Source of funds.**

Response:

Please see attachments for the response to this question.

Q17: Please provide a complete accounting of all grant lapses in FY14, including a detailed statement on why the lapse occurred and corrective action taken by DOH. Please also indicate if the funds can still be used and/or whether they carried over into FY15.

Response:

DOH projects a 3% lapse rate for federal awards ending in FY 14. The final projections consider the total award amount and all total obligations (prior years and FY 14), as well as forecasted obligations to calculate the projected lapse. The report also identifies grants for which there is a request or pending request for allowable carryover funds. \$1,066,975 will be requested. Note: The table does not include grants for which there are unclaimed, redeemable vouchers (e.g. Farmers Market food vouchers/checks). No lapse is expected for these programs.

The primary causes of lapsed funds are vacancy savings with reduced indirect costs, and sub-recipient underspending due to a decrease in client targets available or demand for grant-funded services. Lapses can also be due to a reduction in activities for the life of the award due to late start-up.

See attached Tables:

FY 14 Grants Lapse Projections (Summary Table)

FY 14 Grants Lapse Report (Table with Accounting Details)

Q18: Please provide the following information for all grants/sub-grants awarded by DOH during FY14 and to date in FY15, broken down by DOH program and activity:

- **Grant Number/Title;**
- **Approved Budget Authority;**
- **Expenditures (including encumbrances and pre-encumbrances);**
- **Purpose of the grant;**
- **Grant deliverables;**
- **Grant outcomes, including grantee/subgrantee performance;**
- **Any corrective actions taken or technical assistance provided;**
- **DOH employee/s responsible for overseeing the grant; and**
- **Source of funds.**

Response:

Please see attachments for the response to this question.

Q19: Please provide the following information for all contracts awarded by the DOH during FY14 and to date in FY15, broken down by DOH program and activity:

- **Contract number;**
- **Approved Budget Authority;**
- **Funding Source;**
- **Whether it was competitively bid or sole sourced;**
- **Expenditures (including encumbrances and pre-encumbrances);**
- **Purpose of the contract;**
- **Name of the vendor;**
- **Contract deliverables;**
- **Contract outcomes;**
- **Any corrective actions taken or technical assistance provided; and**
- **DOH employee/s responsible for overseeing the contract.**

Response:

Please see attached for a listing of all contracts awarded by DOH during FY14 and to date in FY15 broken down accordingly.

Q20: Please provide the following information for all contract modifications made by DOH during FY14 and to date in FY15, broken down by DOH program and activity:

- **Name of the vendor;**
- **Purpose and reason of the contract modification;**
- **DOH employee/s responsible for overseeing the contract;**
- **Modification cost, including budgeted amount and actual spent; and**
- **Funding source.**

Response:

Please see attached for a listing of all modifications awarded by DOH during FY14 and to date in FY15 broken down accordingly.

Q21: Please provide the following information for all human care agreements and task orders issues during FY14 and to date in FY15, broken down by DOH program and activity:

- **Vendor name;**
- **Services provided;**
- **Funding source;**
- **HCA amount;**
- **Task order amount;**
- **Actual expenditures;**
- **Status of performance; and**
- **DOH employee responsible for monitoring the HCA and task order.**

Response:

Please see attachment for the response for all human care agreements and task orders issued during FY14 and to date in FY15 broken down accordingly.

Q22: How many purchase orders were received, completed, for how much, and to whom in FY14 and to date in FY15;

Response:

- In FY14, DOH issued 761 purchase orders totaling \$180,204,426.
- To date in FY15, DOH has issued 322 purchase orders totaling \$104,706,103.

Please see attachment Q22A for detailed information regarding all purchase orders issued in FY14 and FY15. Please note that the definition of Purchase Orders for purposes of this question include procurement of supplies and services to fund Contracts & Blanket Purchase Agreements as well as Notice of Grant Awards (NOGAs).

How many purchase cards were issued, to whom, and for how much in FY14 and to date in FY15?

DOH issued a total of two (2) new purchase cards in FY14 and none to date in FY15.

The purchase cards were issued to:

- Adran Reid
- Kimberly Green

Purchase card limitations are as follows – the monthly maximum amount that can be spent is \$20,000. The maximum individual transaction amount, as well as the daily purchase limit, is \$5,000. Transactions valued at less than \$5,000 are required to be made by purchase card unless there is a valid reason not to do so (vendor doesn't accept credit card either by choice or capacity, etc.).

What has been purchased using these methods in FY14 or to date in FY15?

- Goods and services were purchased using these methods that include the following:
 - Office Supplies
 - Office Support
 - Travel – Local
 - Travel – Out of City
 - Professional Service Fees
 - Membership Dues
 - Conference Fees
 - Maintenance/Repairs
 - Medical, Surgical & Lab
 - Postage
 - Equipment & Machinery

*Department of Health
FY14 Oversight Questions
Agency Management Program*

- Printing, Duplicating, etc.
- Software maintenance
- IT training & education

Q23: Please complete a Program and Activity Detail Worksheet for each program and activity within AMP.

Response:

The activities within AMP are administrative and not programmatic.

Q24: Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DOH during FY14 and to date in FY15. This includes any reports of the DC Auditor or the Office of the Inspector General. In addition, please provide a narrative explanation of steps taken to address any issues raised by the program/fiscal audits.

Response:

See Attachment A – a table which summarizes FY 14 audit, review and investigation activities.

The DOH Office of Grants Management is the coordinating unit for the Single Annual Audit submissions and responses. It also reviews results and coordinate responses to other agency and program investigations and audits for the expressed purpose of unifying operational objectives and integrating comprehensive and cross-agency corrective actions. The attached table outlines a list of audits and program reviews that were either completed or progressing in FY 14 as well as those for which DOH provided a substantive update via a corrective action report.

The FY 13 Single Annual Audit Corrective Action Update (Attachment Q24.b) outlines a comprehensive management response and progress to-date on implementing corrective actions for FY 13 audit findings for four of the largest DOH federal awards: HIV Care Formula, HIV Emergency Relief, Housing Opportunities for Persons with HIV/AIDS (HOPWA) and WIC. Other attachments are specific to program reviews for which progress reports were submitted to grantors to update or close-out findings and grantor recommendations.

DOH management responses to findings and implementation of corrective actions have been targeting systems changes in federal awards management and sub-recipient monitoring, as well as implementation of quality improvement measures that support compliance with program-specific requirements such as client eligibility documentation, records management and quality inspections.

Q25: Please discuss in detail what steps have been made towards the realization of DOH's goal of increasing Medical Tourism in Washington D.C. Additionally, provide updates regarding projected revenue to the city. Please discuss what is needed to achieve these goals.

Response:

DOH has entered into a contractual agreement with an independent non-profit research organization to conduct a 'Feasibility Study and Implementation Roadmap' for establishing an international health and medical tourism program intended to create novel funding for advancing health equity in the District. Specifically, the study will assess feasibility and establish revenue projections. It will also include a legal analysis and implementation road map that will outline what is needed to achieve these goals. The research organization has met with various stakeholders to gather necessary data. Additionally, the DC Board of Medicine is deliberating on new pathways to expand their training programs for international physicians licensed in their country of origin to practice for limited periods of time in the District. The Board of Medicine has established a subcommittee to examine this matter and will make recommendations. The research organization will provide DOH the feasibility report and recommendations by April 2015.