REIMAGINE HHS

115th Meeting of the Advisory Committee to the Director
December 15th, 2017

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Principal Deputy Director, NIH

Government-Wide Effort

- *ReImagine HHS* was launched in response to the [White House Office of Management & Budget's directive](#) to improve efficiency and effectiveness across the government.

- Through *ReImagine HHS*, the Department has drawn on insights from across HHS to identify opportunities to improve our ability to service the American people.
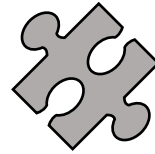
National Institutes of Health

Brief Background of Overall HHS Plan

Phase 1

Secretary's Guiding Principles:

- Engagement
- Empowerment
- Service
- Performance
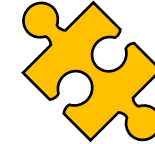- Stewardship
- Sustainability

GAO/OIG Recommendations:

- Analyzed and incorporated GAO/OIG recommendations

HHS Leaders' Ideation Summit:

- 2-week summit with 150+ HHS Staff and supporting Technical Writing Teams

Suggestions from all HHS Staff:

- Analyzed over 500 staff submissions to the HHS Suggestion Box & *ReImagine HHS* Email

Phase 2

1,966 initial ideas

28 initial solutions

Resulted in **Six Strategic Shifts,** used as organizing principles...

1. **Putting People at the Center of HHS Programs**
2. **Leveraging the Power of Data**
3. **Generating Efficiencies through Streamlined Processes**
4. **Restoring Market Forces**
5. **HHS as a More Innovative and Responsive Organization**
6. **Moving to a 21st Century Workforce**

...which informed initial **transformation proposals** aligned to these Shifts, grounded in analysis of HHS data, and incorporated into the Agency Reform Plan

We are here

Begin Building Implementation Plans

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Brief Background of Overall HHS Plan

Draft Agency Reform Plan

June 30, 2017
Submitted transformation proposals as part of Draft Agency Reform Plan

Agency Reform Plan to OMB

Sept 11, 2017
Submit Agency Reform Plan to OMB, including preliminary estimates of costs/savings of transformation proposals

| May | June | July | Aug | Sept | Oct | Nov | Dec | Beyond |

Inclusive HHS Ideation Process

May 15-26, 2017
Hosted work sessions with 150+ HHS Staff representing all OpDivs and StaffDivs to generate initial reform ideas

Finalization of Initial Transformation Proposals

June 2017
Refined initial reform ideas from ideation, employees, GAO/OIG, into initial transformation proposals

Initiative Validation and High-Level Cost, Savings, and Implementation Development
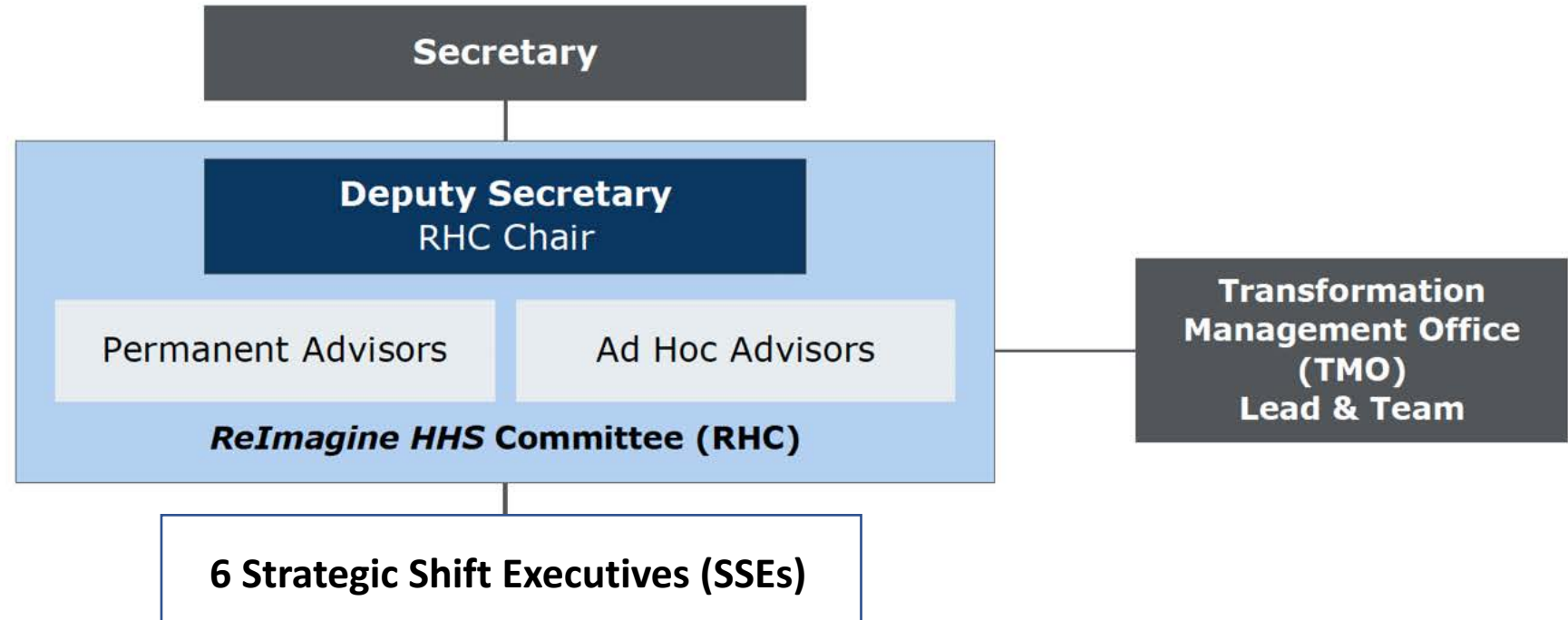
July – Sept 2017
Developed future vision for each reform initiative

Multi-Year Implementation

FY18 to FY19 - Stage 1:
Begin with proof of concept, including activities such as the Opioids Symposium and Code-a-thon, and build upon over time

Brief Background of Overall HHS Plan

Overall leadership is under the direction of Deputy Secretary Eric Hargan (currently Acting Secretary) and the Deputy Secretary's office.

ReImagine HHS Strategic Shifts

1. Putting People at the Center of HHS Programs (Kara Townsend, SSE)

   • Integrate and expand existing services to promote greater self-sufficiency

   • Support people during critical life transitions

2. Leveraging the Power of Data (Bruce Greenstein, SSE)

   • Create a data platform for analytics and business operations

      • Develop high-value data sets for addressing societal challenges, for both open and closed use, with broader outreach to engage the ecosystem - hackathons and crowdsourcing starting with the Opioid epidemic (Opioid Symposium and Code-a-thon held Dec 6 - 7, 2017)

   • Create a data governance structure to address the major barrier of creating policies and agreements to use data across HHS and strong privacy and security measures to encrypt and protect data

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ReImagine HHS Strategic Shifts

3. Generating Efficiencies through Streamlined Processes (Will Brady, SSE)

- Re-invent how we evaluate, approve, and manage grants to enable better program outcomes and increase the impact of the good work we do
- Remove some burdensome grant management processes to focus time on the actual impact and outcomes of grant programs rather than administrative tasks.
- Consolidate acquisitions and establish integrated purchasing to make it easier for you to get the products and services you need to do your work, for a more Amazon-like experience that is a standard practice in the commercial world

4. Restoring Market Forces (Lowell Schiller, SSE)

- Focus on "bench to bedside," streamline coordination of scientific and clinical innovation to accelerate market access
- Create an innovation function to eliminate gaps that cause the market to neglect critical areas, such as novel dialysis technology
- Address overlapping and burdensome food regulations

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ReImagine HHS Strategic Shifts

6. Moving to a 21st Century Workforce (Jon Cordova, SSE)

- Optimize HHS workforce
  - Modernize talent acquisition: attract top talent through informed data-driven sourcing and a modern, well-managed hiring process.
  - Maximize employee performance: drive employee engagement and productivity through a modern performance management system.
- Reduce core HR costs
  - Rationalize HR IT Systems: generate accurate personnel data, analytical insights, and efficiencies using innovative, stream-lined tools.
  - Shared delivery of core HR functions: provide core HR services in a stream-lined and customer-friendly manner at reduced cost.

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ReImagine HHS Strategic Shifts

5. HHS as a More Innovative and Responsive Organization (Keagan Lenihan, SSE)

- Align the Department's organizational functions with our overall mission and rectify any disconnects, as well as bring in the best from private sector's service delivery and operating model design experiences.

  - Create Centers of Excellence and shared services for those functions that can be most effectively performed from the centralized location at the HHS Office of the Secretary.
  - *ReImagine HHS* at OpDiv level while ensuring increased collaboration and resource sharing within their own agency. NIH will be the pilot for this effort.

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Optimize NIH

- As part of the "strategic shift" to make HHS a more innovative and responsive organization, NIH leadership across the agency has been considering how we can optimize our operations in support of the NIH research and training mission, while maintaining support of our highly valued workforce

- We are calling this initiative **Optimize NIH**

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Optimize NIH Plan

Current State

29 Individual Institutes, Centers, including the Office of the Director

Implications

Sometimes a time consuming process due to suboptimal interconnectivity

Sometimes leads to inefficiencies in cost

May allow for potential duplications or inefficiencies in staff and processes

Key focus of the Administration: improve the efficiency, effectiveness, and accountability

Proposed Reform

Initial focus will be Ethics, FOIA, and Committee Management with the goal of creating Enterprise-wide service centers
Optimized functions through detailed process review driven by stakeholder team.
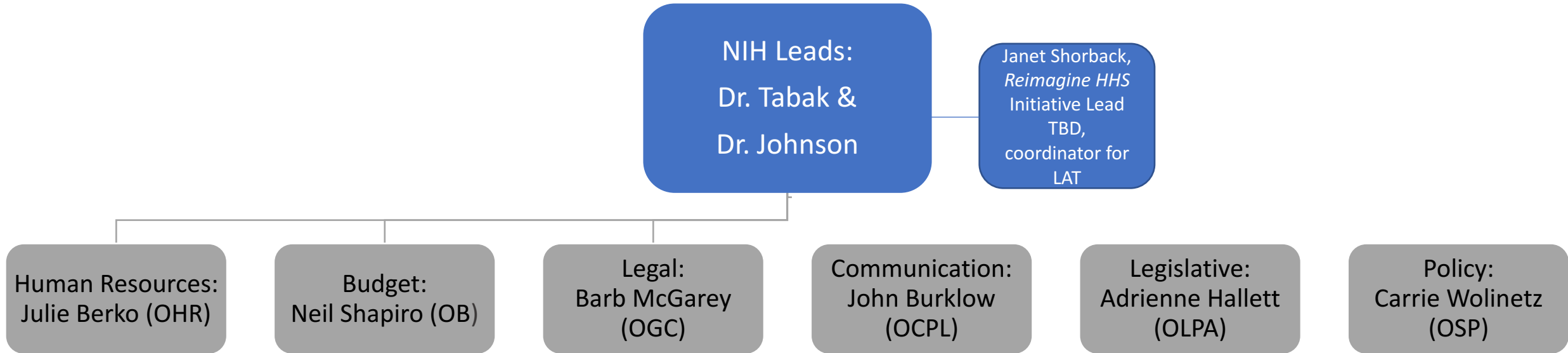
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The Goals

- Increase efficiency and effectiveness of administrative functions within our agency
- Improve NIH operations, business processes, and coordination
- Maximize employee feedback in optimizing NIH operations, business processes, and coordination
- Initially optimize functions across Committee Management, Ethics, and FOIA

The Approach

- NIH will approach this optimization effort as we do all things – in a data-driven, scientific manner

- NIH stakeholders will perform a review to identify, map, and analyze all the key processes within the functions and identify opportunities for improvement.

- After a detailed process review driven by stakeholder teams, OHR to conduct audit to define the staffing required with input from representatives in each functional area

- Develop overall budget using accountability-based principles

- Solicit independent validation of proposed plan

- Implementation plan to optimize these functions in 2018

Optimize NIH Executive Committee

NIH Leads:

Dr. Tabak &

Dr. Johnson

Janet Shorback, *Reimagine HHS* Initiative Lead TBD, coordinator for LAT

Human Resources: Julie Berko (OHR)

Budget: Neil Shapiro (OB)

Legal: Barb McGarey (OGC)

Communication: John Burklow (OCPL)

Legislative: Adrienne Hallett (OLPA)

Policy: Carrie Wolinetz (OSP)

- Daily meeting of Department Transformation Management Officers (DMTO)
- Weekly meeting of Optimize NIH Executive Committee with *ReImagine HHS* Team

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Optimize NIH Functional Leads

Ethics Operational Team

- Holli Beckerman-Jaffe (Deputy Ethics Counselor)

Committee Management Operational Team

- Claire Harris (Acting CM Lead)

FOIA Operational Team

- Gorka Garcia-Malene (FOIA Director)

Optimize NIH Operational Teams

Functional Lead

Staff to lead Process Mapping

(IC Director)

(EO)

(SMEs)

Optimize NIH – Initial Rollout

Throughout the week of December 11th there has been extensive communication with NIH staff

- Dec 12 - IC's Briefed affected Federal staff
- Dec 13 - NIH DEPD briefed affected Federal staff for 3 areas
- Dec 14th - NIH wide communication regarding initial phases followed by video released by HHS (December 15th)
- Dec 15th - HHS video released

We have also engaged with Congressional and State Legislative Staff

Optimize NIH Communication

New Optimize NIH Webpage (www.nih.gov/optimize-nih) to keep NIH community informed

NIH will communicate often and regularly throughout the process

Many channels to provide feedback:

- IC Optimize NIH POCs accessible through the Optimize NIH webpage
- Functional Leads
- Email: OptimizeNIH@od.nih.gov
- Email: ReimagineHHS@hhs.gov

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Hiring Going Forward

- With the acceptance of the Optimize NIH plan by HHS and OMB, the authority of the NIH Director to hire was reinstated on October 18th 2017

- Going forward, we will map all hires to our overall Optimize NIH plan to ensure that we meet expected goals

NIH...

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Turning Discovery Into Health