

## Global Focus: UFMS Workforce Transition

### In this issue...

#### Global Focus

Learn about emotions associated with the change process and the transition model adopted by the UFMS project.

#### Feature: NIH

The NIH Business System will create the infrastructure to support the scientific community by automating and connecting administrative processes.

#### FDA

Business Analysis Team Workgroups have been established to analyze FDA business processes and recommend changes to OFM leadership.

#### PSC

Discover what's happening at the PSC: UFMS PSC Kickoff; Introducing the PSC Pages; documenting the business; and the IHS FMO conference.

#### CDC

Center Roadshows delivered through this fall will provide necessary details for individuals using UFMS.

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William Bridges, well known business consultant and change management authority, provides a framework and philosophy for change in his book, **Managing Transitions, Making the Most of Change**. His model (see diagram on page 3), which identifies three phases of transition, is being used as a best practice approach for managing the UFMS transition.

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Bridges refers to the first phase of transition as **Endings**. He says, "Change, even good change, begins with the process of letting go." During this phase we must assure the availability of resources and activities to facilitate the letting go of old ways. This might include UFMS demos, workgroup orientations, skills training combined with

learning labs, transition counseling, implementation milestones and go-live celebrations, etc.

The second phase of transition Bridges terms the **Neutral Zone**. This period is described as a kind of emotional wilderness when old ways are gone, but new ways are not yet comfortable

Change, even good change, begins with the process of letting go.

William Bridges  
*Managing Transitions, Making the Most of Change*

or working as smoothly as desired. During this phase we can increase our comfort levels through use of resources and interventions. These might include easy access to knowledgeable UFMS super users and master users, web-based performance support, work enhancement meetings, *Continued on page 3*

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## Leadership Kicks Off PSC Implementation

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"This program will be the single largest civilian financial system, and it will be done in a world class fashion."

**Kerry Weems**  
Principal Deputy  
Assistant Secretary for BTF

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The Program Support Center (PSC) formally launched the UFMS implementation by hosting a kickoff meeting on April 26. The PSC's senior management team and the executive sponsors of UFMS addressed both the vision and leadership necessary to drive the project through to a successful implementation.

See full story on page 4



## The NIH Business System

### Supporting Scientific Research through Business Solutions

NIH is replacing its 30 year-old already integrated Administrative Database (ADB) with the fully integrated NIH Business System (NBS).

**The NBS is...** an “off-the-shelf” business software package that automates and “connects” an organization’s administrative processes, resources, and financial information. The NBS incorporates Oracle Federal Financials, Gelco Travel, Prism Acquisition, and Sunflower Property modules.

The NIH NBS is a component of the DHHS Unified Financial Management System (UFMS), and is being developed in close coordination. The NBS and UFMS accounting systems will be integrated, in keeping with Department initiatives to effectively consolidate many administrative and business functions. Planning is underway to merge the NIH NBS into the UFMS.

#### **Why does the NIH need an ERP?**

The NIH recognizes that a key element for advancing biomedical research in the 21<sup>st</sup> century is an administrative infrastructure that meets the needs of its scientific community and enables world-class performance. The advent of new technology will enable NIH to:

- Modernize the conduct of NIH’s administrative and research support processes, while standardizing business processes and reducing complexity;
- Adopt “best practices” from private industry, and integrate administrative functions, including Travel, Acquisitions, and Property, to enhance information flow, managerial control, and financial reporting.

#### **What is different with the NBS?**

The best practices imbedded in the NBS enable a single business transaction to instantly update all related information contained within the system. For example, a purchase transaction automatically feeds the relevant information into NBS’s Acquisitions, Financial, and Property management modules.

#### **Benefits include:**

No re-entering of duplicate data.  
Less error potential.  
On-line document routing and approvals.  
Less paper.  
More accurate reporting.  
No need to maintain separate administrative systems.

#### **Is NIH using the NBS yet?**

NIH successfully rolled out its first two modules.

September 1, 2003 – The NBS Travel System (Track 2) was released to process fiscal year 2004 travel. NIH Travelers, Planners, Reviewers, and Approvers are using state-of-the-art technology to electronically prepare, route, and sign travel documents. To date, approximately 2,500 authorizations for sponsored travel have been processed and approximately 110 Patient travel authorizations are processed daily. Travel financial transactions flow directly into the Oracle General Ledger.

October 1, 2003 – The NBS General Ledger and supplementary Federal Administrator software (Track 1) were implemented.

#### **Where do NBS users go for help?**

The NBS Management Center (NMC) was established September 1, 2003 to help the NIH community navigate through challenges they may experience when using the NBS. Since its inception, the NMC has logged 11,246 help calls; 98% of these are resolved.

Another avenue of assistance involves the NIH community. Travel Help Points of Contact (HPOC) are appointed in each Institute and Center. HPOCs serve as liaisons between their IC’s user community and the NMC, providing users with assistance, basic training, and system updates.

#### **What’s next?**

The NBS Team is preparing to launch the Property, Acquisitions, and additional Finance modules (Tracks 3 and 4) next year. This implementation is expected to be a large and complex initiative.

To learn more about the NBS project at NIH, visit our website <http://nbs.nih.gov>.



Mrs. Kathryn Lightbody, National Heart Lung Blood Institute (left) receives one of the first HPOC Awards from Ms. Diane Charuhas, Director of the NMC (right). These awards are presented to individuals who recognize and act on the need to prepare for and execute change to assure successful implementation of the new system.

## FDA Business Analysis Team Workgroups

Since April, the FDA UFMS Business Analysis Team (BAT) has been hard at work in various workgroups to address UFMS business process issues. The purpose of the BAT workgroups is to provide options for changing FDA business practices to maximize Oracle functionality. There are eleven workgroups consisting of employees from OFM, the Centers and the field Offices. They address the following areas: General Ledger, Budget Execution, Inter-agency Agreements, Miscellaneous Obligation Documents (MODs), Accounts Payable, Accounts Receivable, Travel, Procurement and Obligations, Receiving, Tagging, and Property.

Topics discussed by these workgroups include, Inter-agency Agreement Payment and Collection (IPAC) numbering, the approach for iProcurement, a new requisitioning system, inter-agency agreements and use of a centrally billed travel card.

The BAT workgroups are in the process of developing white papers that will outline these options to OFM leadership. They are expected to present these white pa-

pers to FDA OFM leadership in June. Glenda Conroy, Project Co-Lead, commented, "The workgroups have been effective in presenting critical

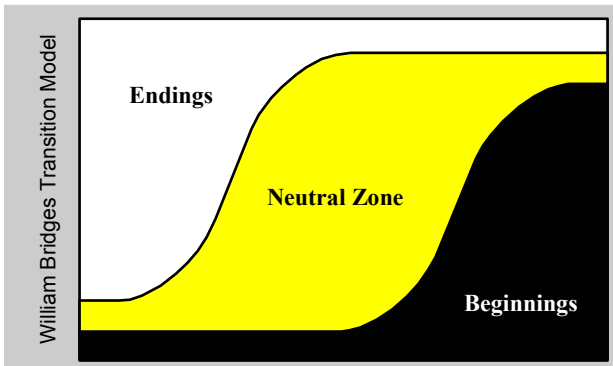
The workgroups have been effective in presenting critical business decisions to FDA leadership. Group effectiveness results from **each individual's commitment** to the success of UFMS.

**Glenda Conroy**  
FDA Project Co-Lead

business decisions to FDA leadership. Group effectiveness results from each individual's commitment to the success of UFMS."

Decisions resulting from BAT workgroups' white papers will have operational and possibly organizational impacts for FDA. These decisions will contribute to various UFMS project efforts, including future project communications, workforce transition and training efforts.

## UFMS Workforce Transition (Continued from page 1)



and transition follow-up counseling.

The third phase of transition is known as **Beginnings**. This is a period of tentative acceptance, when things begin to feel right, but the good feelings are easily sidetracked by unexpected problems or oversights. Starts are aligned with dates

and milestones, but beginnings are aligned with thoughts and feelings. Again, during this phase resources and incentives should be in place to nourish acceptance of UFMS. This might include learning circles for continuing growth and competence, success forums to mark and celebrate accomplishments, and rewards for individual and group achievements.

In essence, we will be working to incorporate creative measures that facilitate our letting go of old ways of doing business; provide structure and support when we are likely to feel lost or confused; and ultimately raise our comfort level and acceptance of UFMS as the new way of doing business.

# Launching the PSC Into the Future (Cont'd from page 1)

The panel introduced each of the three component teams of the UFMS PSC project: the Business Analysis Team (BAT) which is responsible for configuring the system to meet business requirements; the Technology Analysis Team (TAT) which develops interfaces, data conversions, reports, and extensions to the software; and the Business Transformation Team (BTT) which supports the transition to the new system through action planning, communications and training.

The UFMS PSC implementation follows on the heels of NIH, CDC, CMS and FDA which have already begun to transition to the new system.

The PSC is scheduled to go live in two phases. The first phase includes the majority of the PSC and its customers and is scheduled to begin January 2006. The second phase, consisting of the Indian Health Service, is scheduled to go live in April 2007.

Nearly 100 participants attended the meeting and viewed presentations by the HHS and BearingPoint leadership team. Presenters at the kickoff included Kerry Weems, George Strader, Kathy Heuer,



Charles Havekost, Evelyn White, Larry Bedker, Ann Speyer, Kelvin Womack, Tom Doherty, Rick Swanson, Henry Leach, and Jim Mohl.

The presentations touched on several core themes. First, the partnership between business and technology was noted as a critical element of the implementation. Charles Havekost, CIO, HHS, noted "UFMS is a cusp between business and technology and can help HHS get where it needs to go." The second theme, "ownership" of the system by PSC customers, was ad-

dressed by Principle Deputy Assistant Secretary for BTF, Kerry Weems. Weems also addressed the importance of active participation by the Operating Divisions and Staff Divisions in the implementation process so that the system meets business' needs.

The next major step for the PSC is the hosting of its first Conference Room Pilot in August to validate the system design and configurations which support PSC and PSC customer agency processes.

## Building the Foundation: Understanding Our Business to Shape the Future

The first step in building a system that supports financial management at the PSC and its customer agencies involves defining process flows. That work began in April and will continue through June. The BAT is partnering with PSC and customer agency subject matter

experts to define and document process flows that reflect PSC-specific accounting activities.

Interested in finding out how this will be accomplished and what the benefits are? Find the answers in **The PSC Pages**.

## UFMS at the IHS: Getting to Know Each Other

The Project Management Office (PMO) responsible for overseeing the implementation of UFMS at the IHS welcomed the opportunity to reach out to the IHS financial management community at the annual FMO conference held this month in San Diego.

The presentation was tailored to meet the needs and interests of conference attendees, and included discussion of the partnership between business and technology to fulfill the UFMS mission.

For more information on the topics covered see the article coming soon in The PSC Pages at [www.hhs.gov/ufms/thelatest.html](http://www.hhs.gov/ufms/thelatest.html).

## Introducing the PSC Pages

The PSC is launching a newsletter addendum to the UFMS connection focused on information pertinent to the PSC and PSC customer agencies. In addition to full length feature articles each issue will incorporate a PSC wordsearch and a UFMS contest for a chance to win a UFMS PSC prize. The **PSC Pages** will be posted soon at [www.hhs.gov/ufms/thelatest.html](http://www.hhs.gov/ufms/thelatest.html) so make sure to check it out.



## CDC Conducts Center Roadshows

### *Preparing for UFMS “Go-Live” this Fall*

As part of its commitment to provide the **'right information, at the right time,'** the UFMS project team began conducting Center Roadshows in April.

The roadshows, designed for Center budget and financial staff, allow the UFMS team to share information about the upcoming changes and answer questions from staff. Meetings include detailed information about project status, training, and communication plans, as well as changes to Center business processes that will be impacted by the new financial system, such as FY 2004 early closeout, data conversion from previous years, cut-over from TOPS to UFMS, and reports training for Center staff. “At this point in our overall system implementation plan, we’re ready to share important information with our programs about known changes,” says Barbara Harris, CDC’s Chief Financial Officer.

The Business Transformation Team, led by Lynn Austin, used the roadshow concept in the earliest stages of the UFMS implementation project. Austin sees high value in returning to the programs now with more specific information. “When we visited the CIOs in the spring of 2003 for the initial roadshows, our focus was on presenting a high-level overview of the system that was planned. At this time, we are returning - a year

later - with much more actionable information that will help CIOs prepare for UFMS,” says Austin.

In June through September, Center Workshops will give more detailed training on specific business process changes, such as indirect costs (overhead), replacement processes for TAVs, and reimbursable agreements, in two 4-hour sessions. According to Austin, “CIO personnel will walk away from the Workshops with a clear understanding of the discrete details regarding how a given business process is changing, and how the equivalent function will be performed once UFMS goes live this fall.” Invitations for Center Workshops will be sent as sessions are scheduled.



Lynn Austin of the CDC UFMS project team explains to NCCDPHP staff the business process changes that UFMS will bring. When this all-new, CDC-wide system for managing financial information goes live in October, it will touch every part of the organization. The UFMS team is working hard to help stakeholder groups across the agency prepare for the new system.