EXECUTIVE GUIDE | PUBLIC SECTOR MODERNIZATION

From Public Funding to Operating Results

A practical execution framework for turning appropriations, grants, and program payments into measurable service outcomes.

Funding authorizes action. It does not automatically create implementation capacity.

Why this matters now

Pennsylvania's Rural Health Transformation Plan illustrates the execution challenge. As of August 4, 2026, the Commonwealth lists a $25 million EHR and health information organization opportunity for qualified providers. The payment supports certified EHR implementation and connection to Pennsylvania's statewide health information exchange. The operating work spans technology, data, workflow, vendors, workforce adoption, compliance, and measurable health-service outcomes.

VALLEN CONSULTING GROUP | AUGUST 2026

The Funding-to-Results Operating Model

Treat modernization as one integrated operating system. The funding instrument defines permissions and constraints; the execution model creates ownership, sequence, evidence, and results.

1. Outcome architecture

Define mission, service, adoption, compliance, and financial outcomes before selecting activities.

2. Portfolio governance

Establish decision rights, accountable owners, escalation paths, stage gates, and an executive operating cadence.

3. Integrated delivery

Manage agencies, providers, vendors, technology, procurement, and dependencies through one delivery plan.

4. Workflow and workforce

Redesign the work around users; prepare leaders and staff with role-based training and adoption support.

5. Data, interoperability, and controls

Build data quality, exchange, privacy, security, accessibility, and evidence requirements into delivery.

6. Benefits and continuous learning

Track readiness, delivery, adoption, service improvement, risk, and realized value on a fixed cadence.

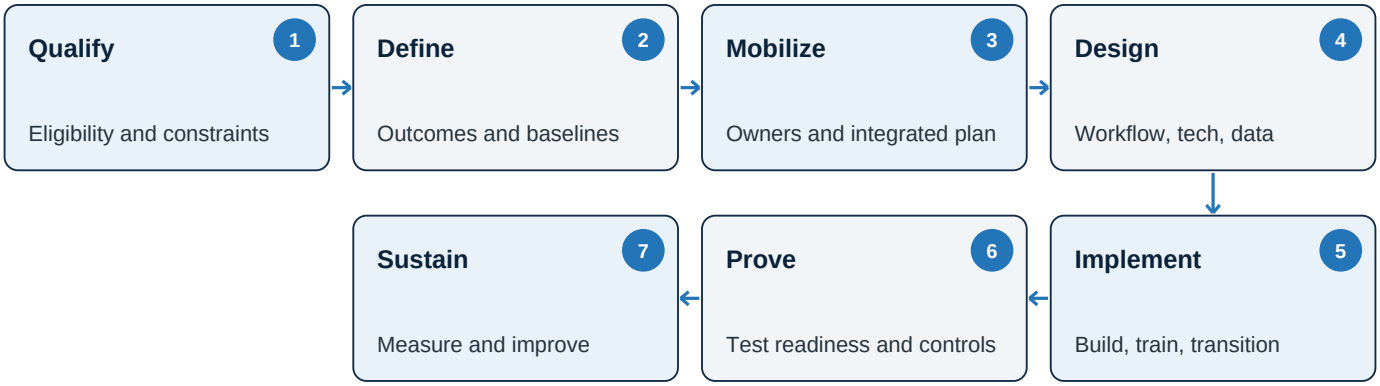
The key management question is not, 'Did we spend the funding?' It is, 'Did the investment change the service outcome - and can we prove it?'

Five design tests

+ Every funded activity traces to a stated outcome and baseline.
+ Every cross-organizational dependency has one coordinating owner.
+ Every go-live decision includes operational, workforce, data, and control readiness.
+ Every benefit has a measure, data owner, target, and review date.
+ Every exception is visible, time-bound, and routed to an accountable decision-maker.

A gated implementation sequence

Move from eligibility and intent to sustained value through seven explicit stages.



Sequence follows the numbered path. Each stage ends with a decision gate, evidence check, and named owner.

Decision gates and required evidence

Gate	Leadership decision	Minimum evidence
G0 - Qualify	Proceed, hold, or decline	Eligibility, funding conditions, allowable use, deadline, authority
G1 - Charter	Approve outcomes and scope	Outcome map, baseline, sponsor, governance, stakeholder map
G2 - Mobilize	Authorize delivery	Integrated plan, dependencies, budget, risks, vendor roles
G3 - Design	Approve target state	Workflow, data, controls, training, support, acceptance criteria
G4 - Readiness	Go live, remediate, or defer	Testing, conversion, control evidence, adoption and support readiness
G5 - Value	Scale, adjust, or stop	Benefits, service indicators, lessons, residual risks, sustainability plan

The failure mode to avoid

Separate technology, operations, communications, training, compliance, and measurement workstreams can all report green while the end-to-end service remains unready. The stage gate must test the integrated outcome, not the health of each workstream in isolation.

A 90-day mobilization plan

Period	Focus	Core outputs
Days 0-15	Qualify and frame	Funding-condition matrix; sponsor and owners; outcome map; baseline; stakeholder inventory
Days 16-30	Mobilize	Governance charter; integrated roadmap; decision calendar; RAID and dependency structure
Days 31-60	Design	Target workflows; data and interoperability plan; vendor plan; change, training, and support model
Days 61-90	Prove readiness	Pilot or release plan; evidence package; go-live criteria; benefits dashboard; sustainability handoff

Executive outcome scorecard

Access

Who can use the service, and where are barriers declining?

Adoption

Are intended users changing behavior and completing the target workflow?

Interoperability

Are data exchanged completely, accurately, securely, and on time?

Service performance

Are cycle time, quality, experience, or capacity improving?

Delivery health

Are milestones, budget, decisions, dependencies, and vendors under control?

Risk and compliance

Are obligations met and exceptions resolved with durable evidence?

Sources and use note

1. Pennsylvania Department of Human Services - Rural Health Transformation Plan Funding Opportunities (accessed August 4, 2026).

2. Pennsylvania Rural Health Transformation Plan, February 2026.

This Vallen framework is an advisory execution model. It does not replace the controlling funding notice, agency instructions, legal advice, procurement requirements, or organization-specific compliance review.