

**Public Health Futures
Legislative Committee
March 10, 2016**



Introduction

**Corey Hamilton, Health Commissioner,
Zanesville-Muskingum County Health
Department**



Noble County

County Seat: *Caldwell* Population: *14,645*

Hospitals: *0*

Labs: *0*

Nursing Homes: *1*

Physicians: *2 (general practitioners)* Physician

Assistant: *1*

Noble County Health Dept.

- Staff of 25 full-time, 7 part-time & 4 intermittent part-time employees
- Administrative agent for Noble County Family & Children First Council
- Administer fiscally 24 different funds: --- *General Fund, Clinical Services, Home Health, 7 ODH Grants, 4 Environmental Health funds, 2 funds for FCFC, & 6 programs by contract awards*
- Last 5 year period – 47 audits, surveys and/or site visits
- Currently have 8 multi-county programs that are delivering some services in 15 different counties
- In 2014 we were 1 of 14 founding members of the Local Public Health Service Collaborative. A LLC formed under AOHC for the purpose collaborative credentialing/contracting with the insurance industry and common billing & collection system. Currently implementing new Electronic Medical Record System using eClinical Works. Goals for more collaborative services in the future.



NCHD Revenue Sources:

- Community supports a 1 mil ten year levy (16% of total receipts)
- Environmental Health License & Permit Fees (3% of total receipts)
- Vital Statistics Fee (0.9% of total receipts)
- Clinical & Home Health charges for service (29% of total receipts)
- Grants & contracts for services both government & non-profits (46%)
- Miscellaneous other sources & donations (5%)
- State Subsidy (0.21%)



Community Health Assessment

- ▶ Have completed every 5 years since 1998
- ▶ Done to meet requirements of Community Family Health Services & Reproductive Health & Wellness grants.
- ▶ Challenge to CHA in such a small community is the number of partners is smaller, problems more apparent, yet numbers are smaller. Statistical significance in the data usually requires multi-year analysis. Many in our small community believe cancer rate is very high, because we know everyone so well who has cancer. Analysis actually shows comparatively good rates compared with neighbors.
- ▶ We believe we can still hit the deadline to have a CHA, CHIP, & QI plan by 2018



SE Ohio & PHAB

- ▶ Great concern with diverting dollars from services to administration with little return on the investment. Main return is to eliminate several of us due to lack of resources needed to accomplish the task.
- ▶ All consequences are “Punitive” lack of “Rewards”
- ▶ Given this task almost all have indicated they will attempt to become accredited solely because it is their job to serve the community and will not allow a neighbor to be forced to take them over.
- ▶ Huge need for resources, tech support, and a commitment from our state partner to support us, not just tell us to consolidate resources.



Other Confounding Factors:

- ▶ The move of the ODH grant programs from a cash advance payment system to a cash reimbursement system is effectively tying up 50% of NCHD's annual tax levy proceeds to have cash reserves needed now to deliver existing grant programs.
- ▶ ODH is pulling IT support services diverting \$10,000 to \$14,000 more in annual cost to our departments.



Questions?



HENRY COUNTY'S ACCREDITATION STORY

TESTIMONY TO OHIO PUBLIC HEALTH FUTURES LEGISLATIVE COMMITTEE

Anne Goon, MS, RD, LD
Health Commissioner, Henry County General Health District

1843 Oakwood Avenue
Napoleon, OH 43545
(419) 599-5545
agoon@henrycohd.org



Who We Are

- Combined health district serving population of ~28,000
- Wide variety of public health services, including Help Me Grow, Home Health, and Hospice
- Primary local source of children's immunizations
- 53 staff; 42 FTEs (>50% work in Home Health/ Hospice or Help Me Grow)



2015 funding:

- **\$23.36 per capita local investment** (1.2 mill levy)
- \$0.19 per capita direct state investment
- \$15.34 per capita state, federal grant funds through ODH



Our General Accreditation Timeline

(under PHAB version 1.0)

Step 1: Statement of Intent

Nov 2012



Step 2A: Accreditation Application

Oct 2013



Step 2B: Accreditation Coordinator Training

Feb 2014



Step 3: Document Submission

Feb 2015



Step 4: Accreditation Site Visit

Oct 2015



Step 5: Accreditation Decision

Mar 2016



Our LONG Journey toward Accreditation



- | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|---|--|--|---|---|--|---|
| <ul style="list-style-type: none"> Started 2010 Community Health Assessment (CHA) planning process | <ul style="list-style-type: none"> Introduced annual Employee Engagement Survey Introduced on-going Client Experience Survey Introduced Pillars of Excellence Performance Management System Completed 2010 Community Health Status Assessment Started Community Health Improvement Planning (CHIP) process | <ul style="list-style-type: none"> \$10,000 Ohio Voluntary Accreditation Team grant for accreditation readiness assessment and joint QI project with Williams County Health Department Completed Community Themes & Strengths Assessment Continued CHIP planning process Began Agency Strategic Planning process Conducted Fall Levy Renewal Campaign-Levy failed! | <ul style="list-style-type: none"> Conducted more intensive Spring Levy Replacement Campaign-Levy passed! Initiated joint quarterly Leadership Development Institutes with Williams Co Health Department Adopted 2012-2015 CHIP Adopted 2012-2015 Agency Strategic Plan Began 2013 CHA planning process Appointed Accreditation Coordinator and Team Final building payment made (freeing up ~\$120,000 annually) | <ul style="list-style-type: none"> \$25,500 Accreditation Support Initiative grant to increase accreditation coordinator time from 8 to 48 hrs/wk x 6 months (focused on document ID/collection) \$10,400 Ohio Public Health Partnership grant for creation of Workforce Development Plan Completed Community Health Status and Local Public Health System Assessments Created Community Health Services section and hired Director | <ul style="list-style-type: none"> \$10,580 Ohio Public Health Partnership grant to implement electronic policy management and update EH policies Rec'd \$100,000 LGIF grant for 6-county feasibility study for expanding shared public health services \$40,000 grant to implement part of CHIP Hired 2 PT health educators Adopted QI and Communications Plans Completed Community Themes & Strengths and Forces of Change Assessments | <ul style="list-style-type: none"> Created Top 5 Performance Measures for each program (for merit increases) Completed LGIF feasibility study, resulting in full business case for public health shared services Council of Governments \$38,180 grant to continue CHIP implementation Created 2015-2018 CHIP Started 2016-2018 Agency Strategic Planning process | <ul style="list-style-type: none"> Submitted HRSA grant to support CHIP implementation (access to care) 2016 Community Health Status Assessment underway Awarded merit increases based on Performance Measure achievement 2016-2018 Strategic Plan and Top 5 Performance Measures in development Workforce Development and QI Plans under revision Fall Levy Campaign anticipated |



External Resources Received

\$10,000 Accreditation Readiness /Quality Improvement grant (Ohio Voluntary Accreditation Team)- 2011

\$25,500 Accreditation Support Initiative grant (National Association of County and City Health Officials)- 2013

\$10,400 Accreditation Readiness grant (Ohio Public Health Partnership)- 2013

\$10,580 Accreditation Readiness grant (Ohio Public Health Partnership)- 2014

= \$56,480

Internal Resources Invested

\$86,783	Personnel costs in 2014-2015 (~1,740 staff hours)
\$16,309	Consultants for various parts of the journey
\$12,934	PHAB Accreditation Fee + Coordinator Training
\$10,619	Personnel costs prior to 2014 (tracked only by project; significantly underestimates expenditures)
\$ 5,639	Software/Maintenance/IT Support
\$ 2,654	Travel/Training
\$ 1,654	Supplies
= \$136,592+	over 5 years (does not reflect ongoing costs, such as personnel added to meet accreditation standards)

Concluding Statements

Henry County Health Department is not typical of many health departments in small counties:

- Blessed with many financial resources many others do not have (including numerous state and national accreditation support grants)
- Blessed with leadership with prior CHA/CHIP experience, very supportive Board
- We have been an “early adopter” – but it’s still taken 6+ years of hard work to reach this point in our accreditation journey!

To meet PHAB version 1.5 requirements, health departments must demonstrate they have met the requirements for longer periods of time. **Meeting PHAB version 1.5 requirements will be very difficult in <5 years of effort.**

Cost of a Response and the Effect on Accreditation

Michael Derr, MBA, Health Commissioner
Holmes County General Health District



Holmes County
General Health District

Brief Summary of Events

- **March 24, 2014:** Index case develops sx of measles
- **April 21:** An Amish women calls Knox Co HD she and neighbors have measles
- **April 24:** ODH, CDC and two LHD begin phone conf calls
- **April 25:** CDC officially confirms measles cases
- **April 28:** Wayne County reports first measles case
- **April 29:** Holmes County reports first measles case
- **May 1:** Richland County reports first measles case
- **May 12:** Ohio Measles outbreak has reached 68 cases and is declared the worst state outbreak since 1996 by CDC.
- **May 27:** More than 13,000 doses of MMR vaccine have been distributed to local health departments by Ohio Department of Health to combat the measles outbreak
- **May 29: CDC holds a national press conference to announce that the U.S. is experiencing its largest measles outbreak since 1994.**

2014 Measles
Response



\$74,162
Accounted and
much more
unaccounted \$
in Holmes

**The response period of March 24
2014 to September 3 2014**

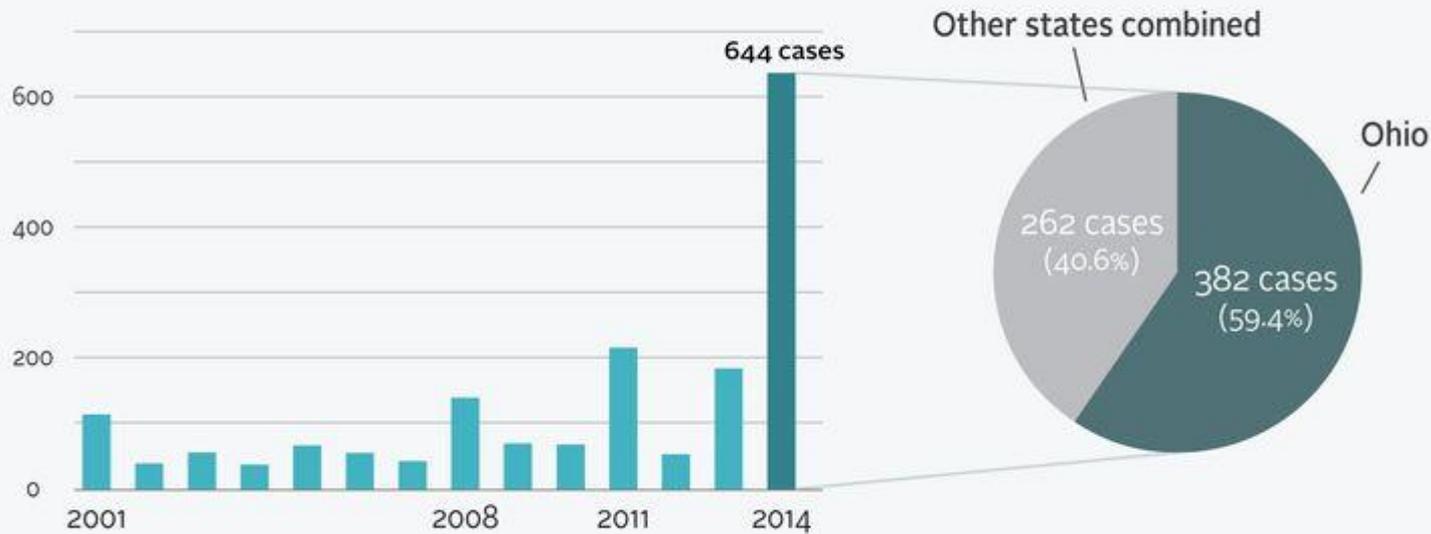


Holmes County
General Health District

Did you know???

Ohio had the most cases of measles in 2014

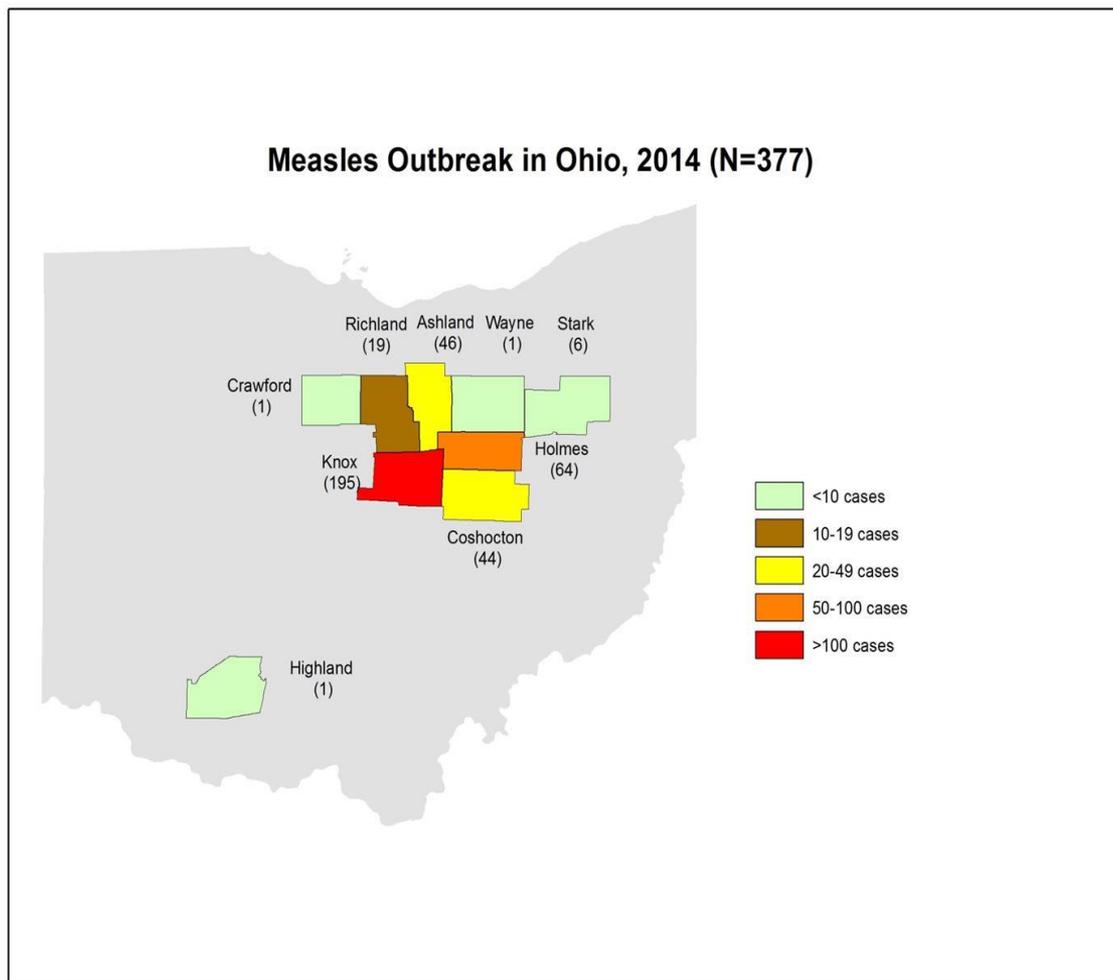
US measles cases by year



SOURCE: CDC



Measles Outbreak in Ohio, 2014 (N=377)



Source Ohio Department of Health

Counties Demographics'

- Ashland:

- Population: 53,000
- Health Dept. size: 15

- Coshocton:

- Population: 36,700
- Health Dept. size: 22

- Holmes:

- Population: 44,000
- Health Dept. size: 25

- Knox:

- Population: 61,000
- Health Dept. size: 30

- Richland:

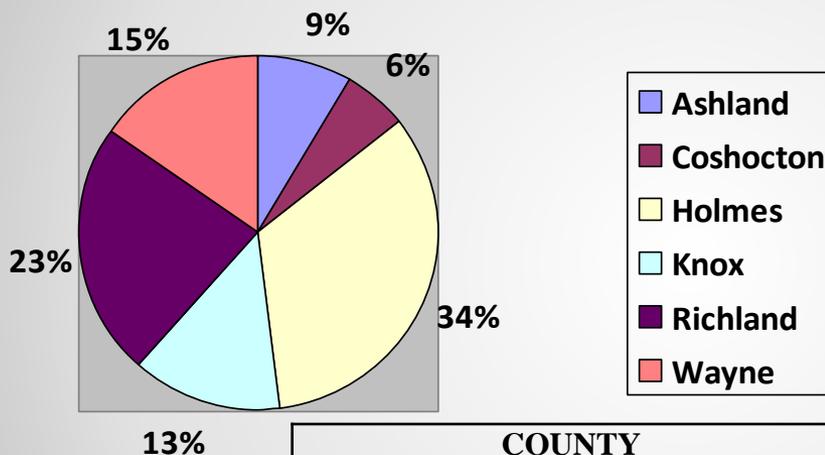
- Population: 124,000
- Health Dept. size: 100

- Wayne:

- Population: 114,000
- Health Dept. size: 40

FUNDING \$\$\$

COSTS PER COUNTY AS OF AUGUST 30, 2014

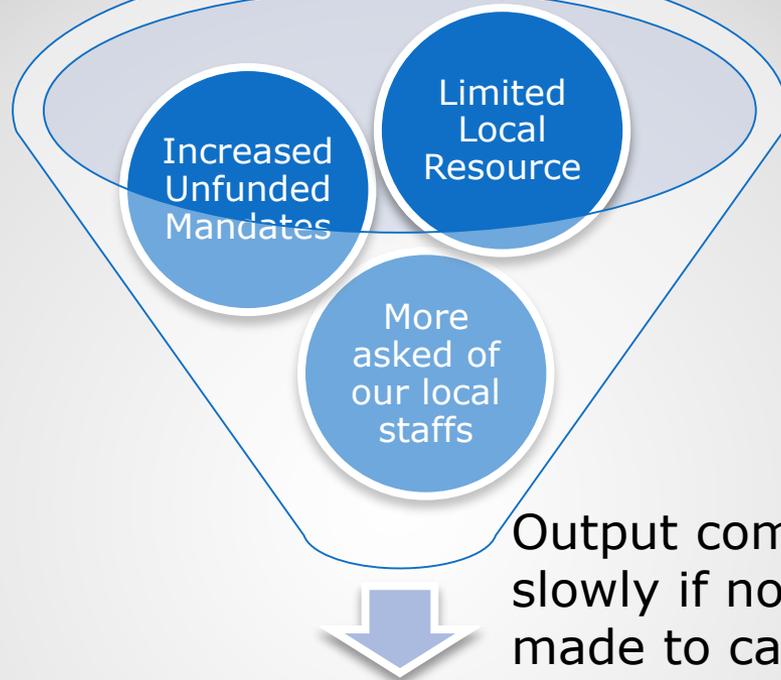


Keep good documentation!!

COUNTY	TOTAL EXPENDITURE*
Ashland County	\$19,090
Coshocton County	\$12,390
Holmes	\$73,431
Knox	\$29,254
Richland	\$50,100
Wayne	\$33,410
TOTAL	\$217,675

*Expenses do not reflect lost revenue by the individual local health districts or the Ohio Department of Health

Increased Inputs



When looking to be effective and efficient with resources, the mantra should be about delivering services better with fewer dollars so resources can be diverted for issues like response.



Holmes County
General Health District

The Funnel Effect

Accreditation VS Response

Estimated Cost for
5 years of
Accreditation
Efforts \$100,000 to
\$150,000 for
Holmes

Response to
Measles \$75,000 in
approximately 6
months

Annually Holmes County Receives \$211,000 in Millage
Annually Holmes County Receives \$7,500 in state Subsidy
Who or How should Public Health Pay for accreditation?



Holmes County
General Health District

**Measles Unified Command Response team receives
award from
The Ohio State University College of Public Health**

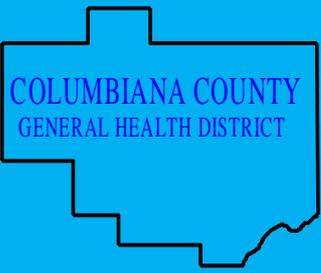


- **Wrap Up**

- As a public health official, I support accreditation whole heartedly.
- Unfunded mandates passed to local jurisdictions could be detrimental to future response and underserved care in communities, if not properly rolled out with concise plans and funding mechanisms.
- Measles has derailed efforts in Holmes County for accreditation and drained the funds earmarked for the endeavor.
- The proposal that my colleagues and I are presenting is both equitable and fair. It gives timelines and funding mechanisms.
- We are all one bad outbreak away from failure to achieve accreditation within the allowed time frame.



Holmes County
General Health District



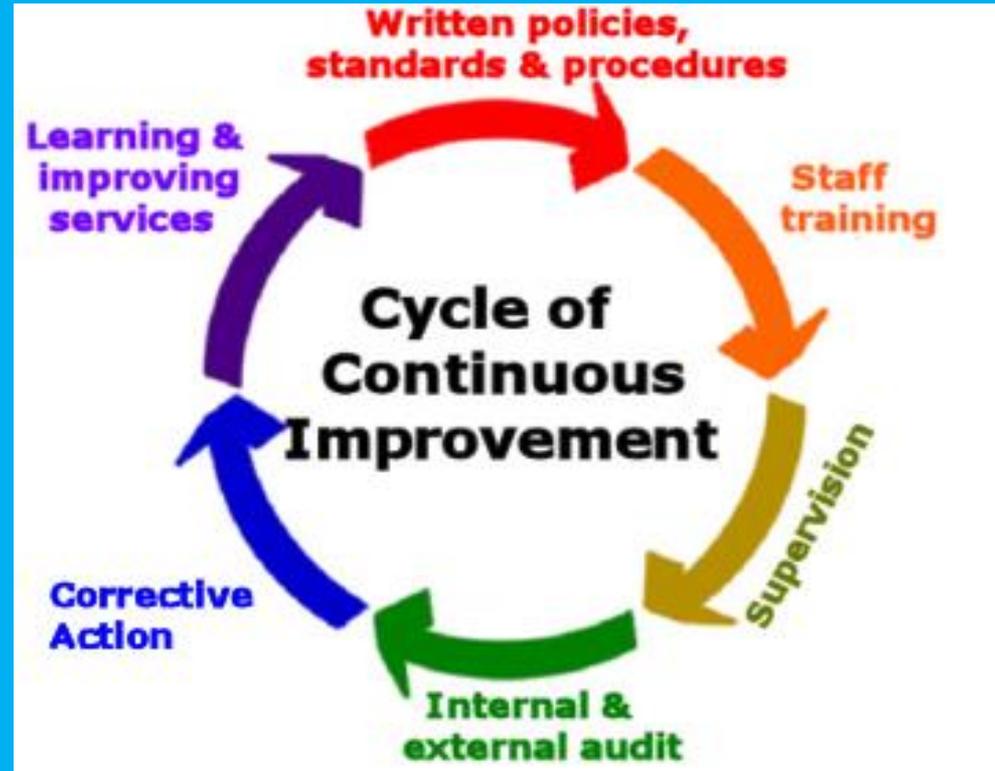
Legislative Committee Public Health Futures

Thank you for reconvening the committee in the spirit of quality improvement

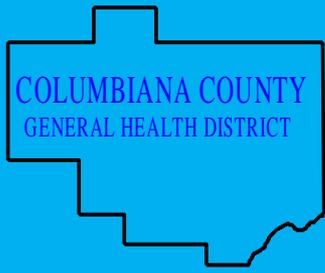
2012 PHF recommendations
Funding work group ceased after only a few meetings without a final report?

Funding: A critical component of our future.

Re-Evaluate & Improve



Wesley J. Vins, MS
Health Commissioner
Columbiana County General Health
District



Quality Improvement = Accreditation ? Accreditation = Health Outcomes ?

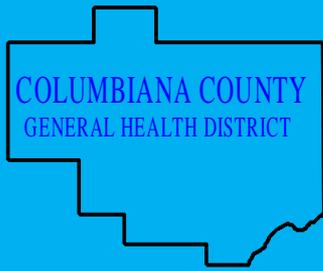
“accreditation has made us better”

- **Health outcomes** - Does accreditation move the needle?
- **Evidence based practice** to improve health outcomes?
- **Voluntary** - PHAB is not designed for enforcement

The investment

\$3.5 million - PHAB fees (new) to Virginia

\$21 million - PHAB preparation 121LHDs @ \$175,000



Economy of scale Inequity of Accreditation

Cost to ODH

- \$ 670,000,000 Operating budget
- \$ 175,000 Accreditation prep (\$2 million federal grant)
- \$ 79,500 PHAB Fees (\$2 million federal grant)

Cost to Columbiana County GHD

- \$ 1,500,000 Operating budget (fees, grants, taxes)
- \$ 353,000 Property tax base (inside millage)
- \$ 175,000 Accreditation preparation **50%**
- \$ 34,000 PHAB Fees **10%**

Cost to City of East Liverpool

- \$ 148,000 Operating budget (fees, grants, taxes)
- \$ 85,000 Property tax base (inside millage)
- \$ 175,000 Accreditation preparation **205%**
- \$ 12,000 PHAB Fees **14%**

East Liverpool City Hospital Accreditation Comparison

\$66,000,000 operating budget

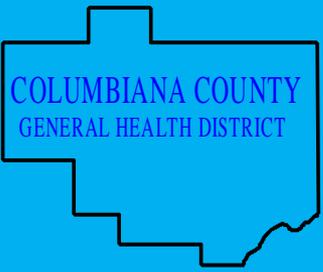
\$ 37,340 total accreditation fees for three years [\$20,000 + (3 x \$5,780)]

Multiple accreditation options exist for hospitals

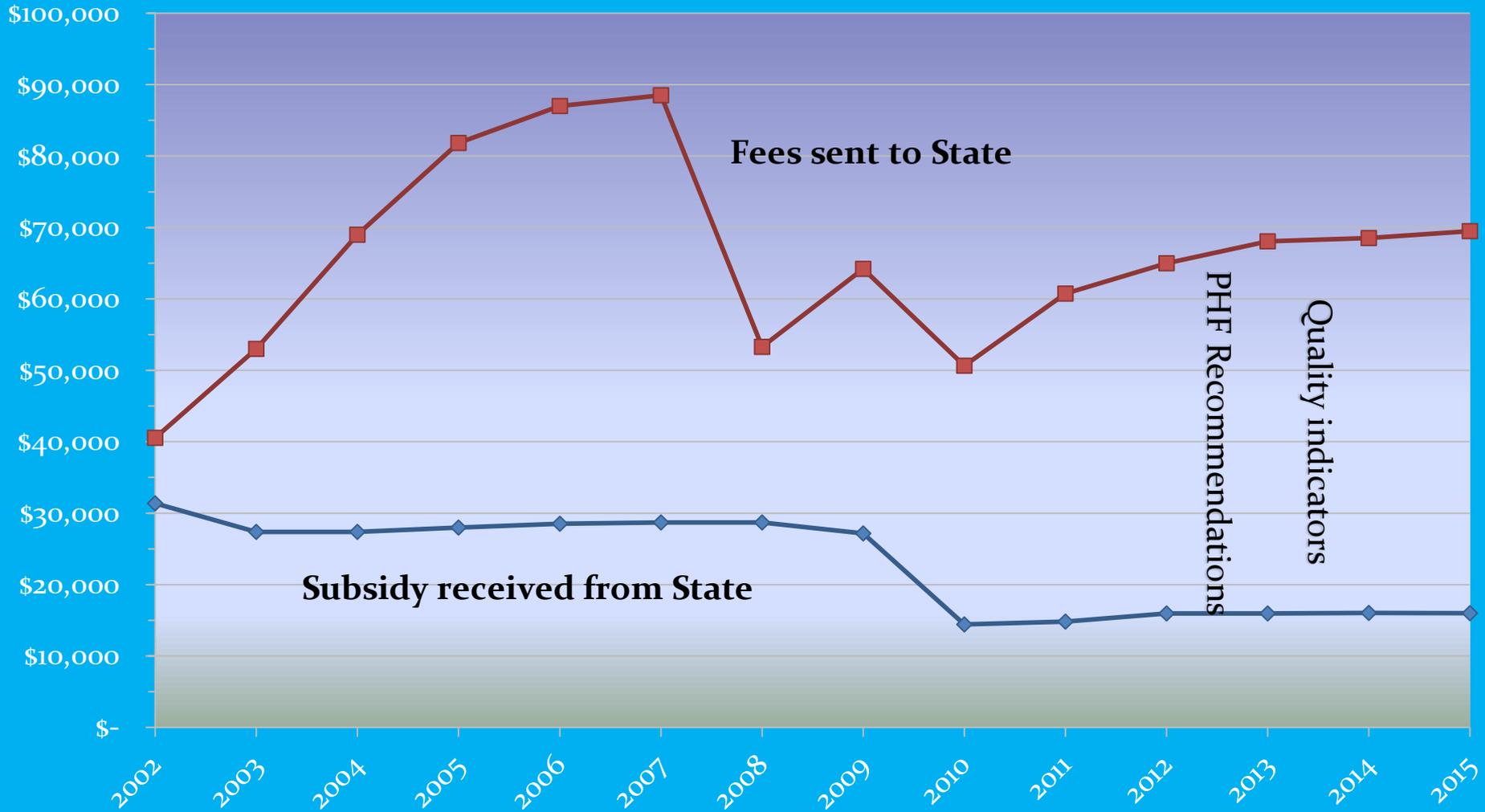
Local Financial Constraints

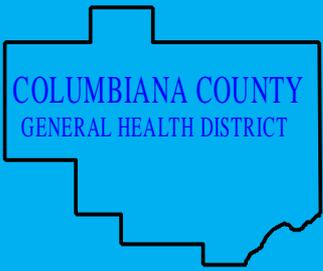
\$488 million of the \$1 billion spent on Ohio public health is local
nearly 50%

- Recent recession resulted in lasting impact to LHD – staff, financial reserves
- Increased operating costs – health care, IT, COLA
- Cuts to townships through local government funding- affects inside millage and LHD tax base
- ODH implemented quality indicator deliverables
- ODH Reimbursement grants require cash on-hand
- ODH Limits on admin costs for grants and EH cost analysis
- ODH cuts to LHD internet connections and email
- ODH Reduction in an already limited state subsidy



Local fees sent - State subsidy received





PHAB ACCREDITATION

Not evidence based

Costly - out of state fees

Not affordable for all LHDs

Social inequity for poorer communities which will further health disparities

Options for Consideration

- Voluntary Accreditation
- Incentivized Milestones
- Funding Source(s)
- Time to build partnerships and plan



Why the hurry?

Effective Quality Improvement takes time to properly evaluate, fund and implement



Accreditation Learning Community (ALC) & Mini-Grants

Susan A. Tilgner, MS RD LD RS
Franklin County Health Commissioner
OPHP Chairperson
March 10, 2016

Funding for ALC and Mini-Grants

- Federal
 - CDC funding through ODH (4 years + 1)
 - *Strengthening Public Health Infrastructure for Improved Health*
 - Funds provided support to ODH
 - Funds provided support to LHDs: ALC and Mini-grants

Accreditation Learning Community

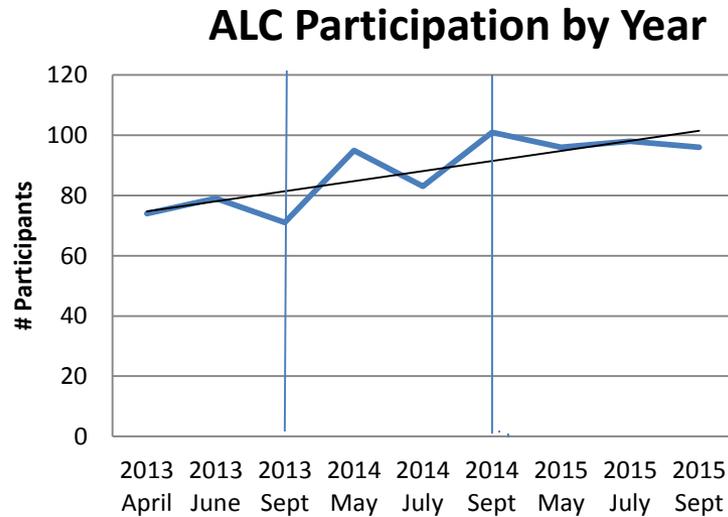
- Networking, Sharing, Training, Technical Assistance
- Hosted three sessions each year in 2013, 2014 and 2015
- Promising Practice - ASTHO 2013
“Collaborative Partnerships for Accreditation Preparation”

Accreditation Learning Community

- Local Health District (LHD) attendance
 - 2013 – **40** different LHD's
- 
- 2015 - **107** different LHD's

Accreditation Learning Community

- Individual Attendance by Session



Mini-Grants

- Before 2013, OPHP used RWJF funding for mini-grants: quality improvement (QI)
- In 2013, funding categories matched NACCHO's Accreditation Support Initiative:
 - *Completing PHAB documents & plans*
 - *Accreditation Fees*
 - *Quality Improvement and other PHAB activities*

Mini-Grants: \$125,000 Annually

- 2015
 - **34** applications requesting \$383,790
 - 20 awarded
- 2014
 - **26** applications requesting \$307,086
 - 14 awarded
- 2013
 - **34** applications
 - 16 mini-grants awarded; 12 awarded \$1,500 each

Mini-Grants: What?

- 2015
 - CHA (*Community Health Assessment*)
 - CHIP (*Community Health Improvement Plan*)
 - Strategic Plan
 - Workforce Development Plan
 - Quality Improvement (Plan and/or Training)

Mini-Grants: Who?

In 2015

Central	=	4 applicants
Northeast	=	10 applicants
Northwest	=	8 applicants
Southeast	=	6 applicants
Southwest	=	6 applicants

Local Investment

- In 2015
 - \$125,015 in Mini-Grants awarded
 - LHD's contributed an additional \$200,864
 - *for every \$1 invested, LHDs invested an additional \$1.61* through contributions of personnel time, travel pay, and by combining their funds with grant funds to pay for supplies and consultants

Results

- OPHP maximized the LHD share of federal funds (*Strengthening Public Health Infrastructure for Improved Health CD 10-1011*)
 - **9** ALC sessions
 - **50** mini-grants awarded
 - Technical Assistance and QI training by Wright State University
 - **23** participants for a 2 ½ day Strategic Plan Course by Ohio State University
 - National speakers including PHAB Director, PHAB Board member, NACCHO and accredited LHDs

Key Points - Progress

- The ALC and the mini-grants represent incentives to pursue accreditation readiness
- LHD's have been working diligently on performance improvement and accreditation readiness under the “may” language
- Progress is being made

Key Points – Time & Funding

- The current time frame is unrealistic for the majority of LHDs and the rush to meet these dates will ultimately undermine the intended purpose of accreditation (re: *continuous quality improvement*).
- Local and federal funds have supported this effort so far, but it is not enough to meet the deadlines

Key Points

- LHDs support the goal of voluntary national accreditation - *to improve and protect the health of the public by advancing quality and performance*
- LHDs have made progress – we need time and funding to meet the goal

Preble County

Written testimony from
• Erik Balster, Health
Commissioner •



Medina accreditation timeline

July 2013 - (3) pre-requisites uploaded to PHAB

November 2013 - coordinator sent for PHAB training

November 2014 - all documents submitted to PHAB

July 2015 - PHAB site visit by 3 member team

November 2015 - accreditation



...the rest of the story

July 2013 - (3) pre-requisites uploaded to PHAB

November 2013 – QI plan adopted

November 2013 - coordinator sent for PHAB training

December 2013 – Workforce development plan created

January 2014 – Agency review begins of all publications

Feb - June 2014 – Total revision of employee policies

July 2014 – Revision of emergency operations plan

November 2014 - all documents submitted to PHAB

2014 - 2,869 hours (\$111,982) spent by staff on PHAB

July 2015 - PHAB site visit by 3 member team

November 2015 - accreditation



County comparisons

2012 Morrow health levy collected (.50 mills)
\$ 239,219

2012 Medina health levy collected (.97 mills)
\$2,938,519



Local Health Departments have been compared to zoos and libraries

<https://www.aza.org/uploadedFiles/Accreditation/Guide%20to%20Accreditation.pdf>

Fees. A filing fee and a Visiting Committee deposit are both due at the beginning of the process, and *must be included with the application*. *Filing Fee:* **The accreditation Filing Fee is \$1,750.00,** and is non-refundable*. The Filing Fee helps defray a portion of the costs involved in accreditation processing. *Visiting Committee Deposit:* Applicants are responsible for all costs associated with the inspection. **A deposit of \$1,500.00 towards inspection expenses must be submitted.** The deposit for *international* applicants located in countries other than Canada and Mexico is \$2,500.00. Payment must be in U.S. dollars. **If Visiting Committee expenses exceed the deposit, the institution will be invoiced for the balance; if less, a refund will be issued.** **Filing fees are non-refundable once the official review process has started, and costs have been incurred. Specifically, the official review begins with initial reviews conducted by accreditation staff and the Primary Reviewer. If an institution withdraws its application before the official review has started, the fee may be refunded.*



Local Health Departments have been compared to zoos and libraries

http://olc.org/wp-content/uploads/documents/post-id_44/2015/09/History-of-Funding-2016-3.pdf

251 public library systems in Ohio receive \$341,208,131 in state funding in addition to broadband internet and networking provided through OPLIN



State investment comparisons 2015

Medina County Health Department
\$ 46,125 state subsidy

Medina County Public Library
\$4,337,306 state subsidy



Conclusion

Krista Wasowski, Medina County

Accreditation is important, and there is broad support among Health Commissioners for it.

To accelerate the timeline there must be an investment to support PHAB efforts and true technical support by the state for those departments seeking other options.



AOHC Proposal



- **Support to continue **ALC** – immediately!**
- **Establish the following **milestones**:**
 - 2018 – three prerequisites**
 - 2020 – all nine prerequisites**
- **Establish mechanism, mutually agreed to between ODH and AOHC, to document **effort and status** – submit yearly.**
- **Reconvene **PH Futures Legislative Committee** in 2018 and 2020, consider date certain for mandate.**
- **Accept PHAB “product” to be offered for LHDs < 50,000 and/or 10 FTE or less.**

Establish funding –

- **LHDs may apply for up to \$25,000 each year, beginning July 2016 to:**
 - Complete CHA/CHIP, Strategic plan in partnership with hospital systems
 - Complete additional six prerequisites:
 - Workforce Development Plan
 - Quality Improvement Plan
 - Performance Management plan
 - Succession Plan
 - Emergency Operations Plan, and
 - Organization Branding Strategy

Continued funding is determined based on progress made toward completion of prerequisites.

Need to consider?

- Multi-county levy authority – as drafted by LSC
- Designation of LHDs as essential service providers – to facilitate insurance contracting and credentialing.

