
Welcome to the Performance Improvement Managers Network Call

Sharing, Helping, Growing: Part III

August 23, 2012

1-888-566-8978 or 1-517-623-4997, code: 3478212



Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support

Agenda

Today's Presenters:

Josh Czarda
Virginia Department of Health

Geoff Wilkinson
Massachusetts Department of Public Health

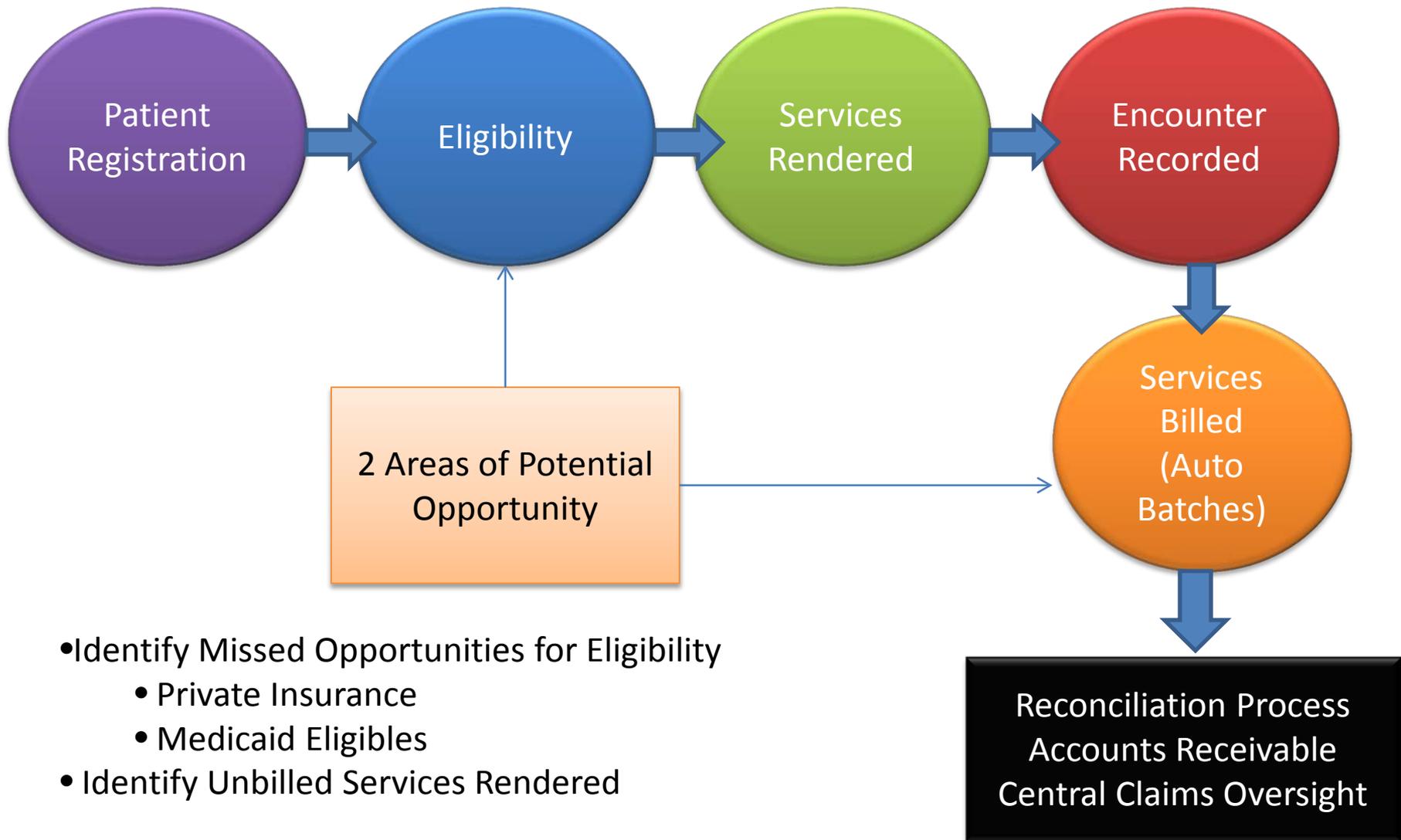
Moderators:
Teresa Daub & Melody Parker, CDC/OSTLTS

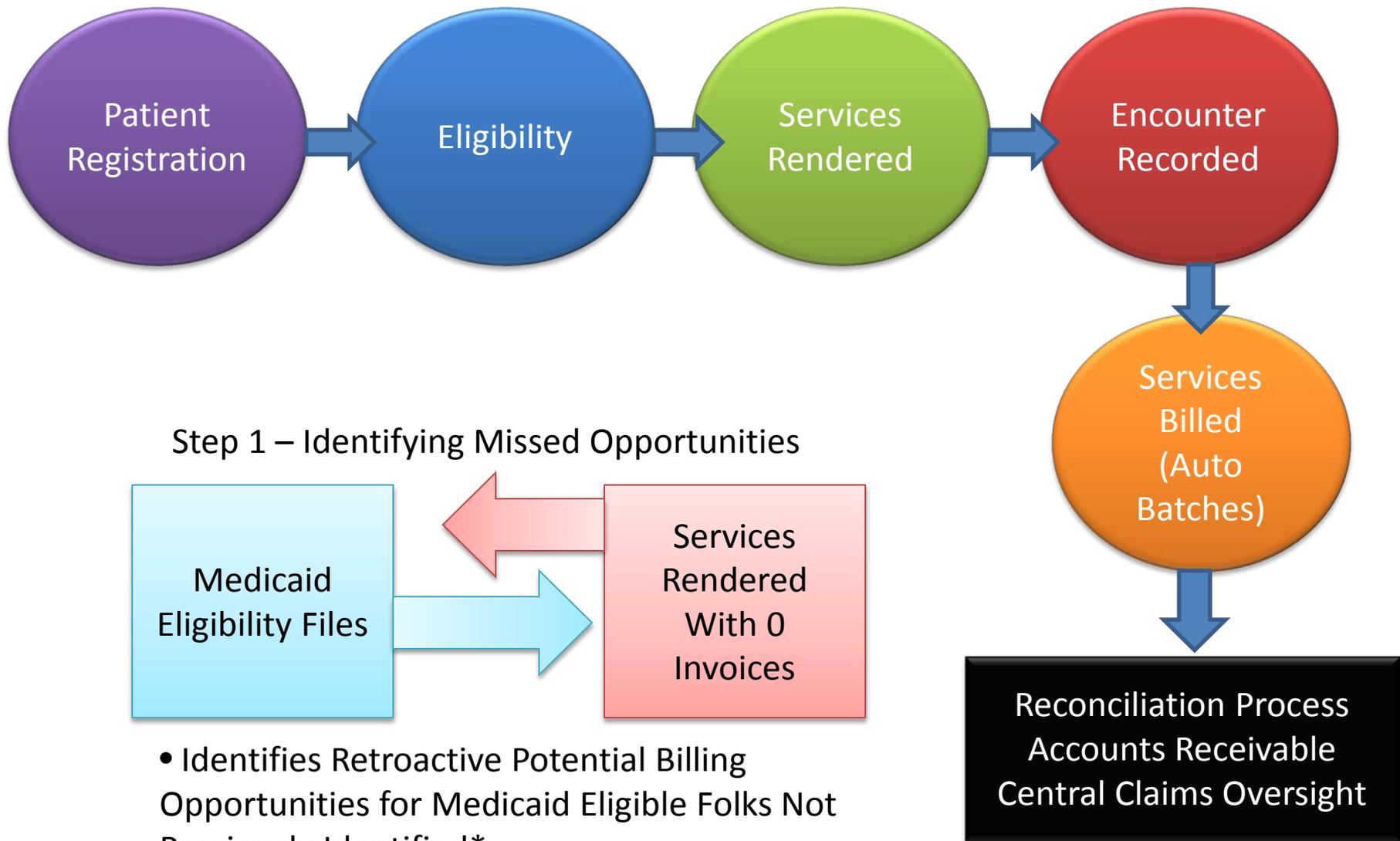
Simple Revenue/Billing Performance Improvement Project

Joshua Czarda, JD
Performance Improvement Manager
Virginia Department of Health

Centralized System – But Decentralized Billing





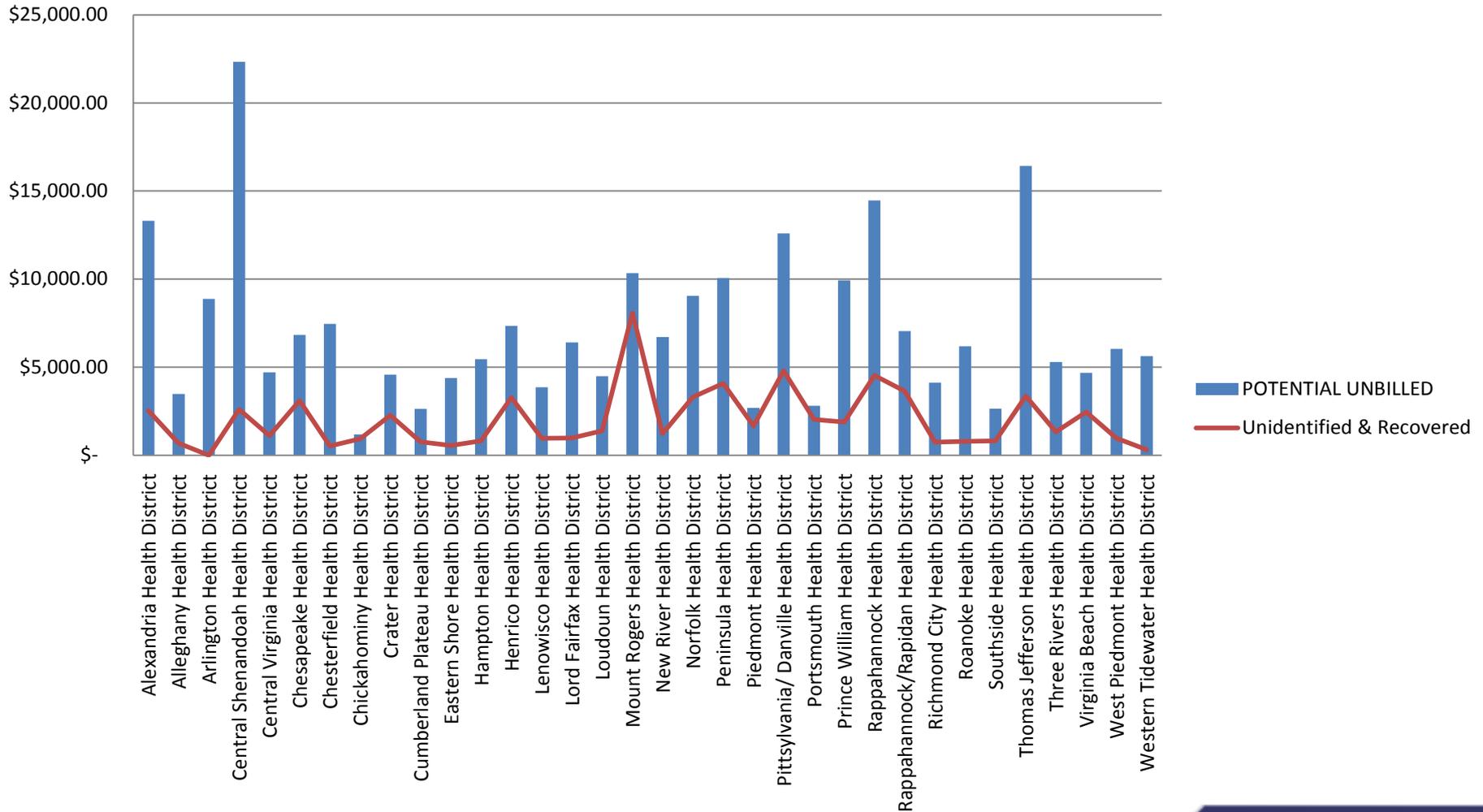


- Identifies Retroactive Potential Billing Opportunities for Medicaid Eligible Folks Not Previously Identified*
- Identifies Other Missed Billing Opportunities

*Medicaid coverage may start retroactively for up to 3 months prior to the month of application, if the individual would have been eligible during the retroactive period had he or she applied then.

Step 2 – Distribute to Districts and Record Results

Potential Unbilled Q1, 2012 = \$243,921
Amount Unidentified Recovered = \$68,381





NPHII Support to Strengthen the Massachusetts Local Public Health Infrastructure

PIM Network Call, August 23, 2012

**Geoff Wilkinson, Senior Policy Advisor, Office of the Commissioner
Massachusetts Department of Public Health**

Massachusetts DPH Strategic Priorities

- 1) Promote wellness and reduce chronic disease
- 2) Reduce disparities and promote health equity
- 3) Strengthen local and state public health systems
- 4) Support the success of health care reform—quality and cost
- 5) Reduce youth violence



The Case for Shared PH Services ("Cross-jurisdictional collaboration")



- Population: 6.3 million
- 351 towns and cities
- 13th in nation for population
- 44th in nation for land area
- 1st in nation for # of local health depts. (351)
- No county system
- No direct state funding for LPH operations



Local Public Health System Realities

□ **Triaging Mandated Duties**

- Food safety
- Communicable disease
- Community sanitation

□ **Inadequate resources**

- Competition for municipal funds
- Regional funding disparities
- Disparate budgets and capacities
- Increased responsibilities without funding

□ **Workforce**

- No statutory qualifications (except TB nurses)
- Chronic understaffing exacerbated by recession
- Aging workforce
- Excess management capacity in system



Local Public Health System Challenges

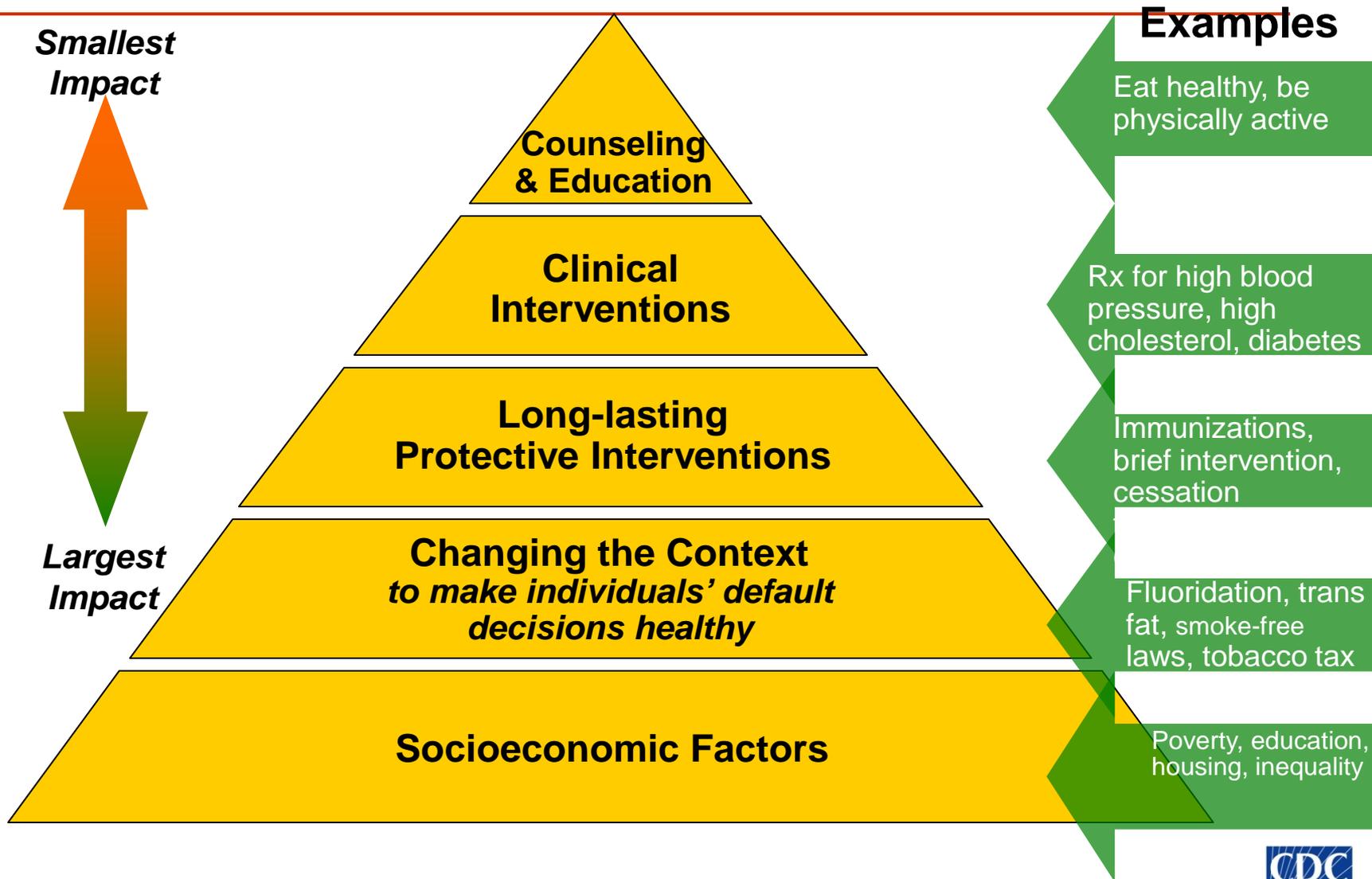


□ Capacity Gaps

- Chronic disease
- Health disparities
- Substance abuse
- Tobacco control
- Mental health, hoarding
- Teen pregnancy
- Injuries, Violence
- Assessment
- Policy development

CDC “Health Impact Pyramid”

Factors that Affect Health



Massachusetts Public Health Regionalization Working Group Project (began 2005)

- ❑ Coalition for Local Public Health
 - MA Health Officers Assoc.
 - MA Environmental Health Assoc.
 - MA Assoc. of Health Boards
 - MA Assoc. of Public Health Nurses
 - MA Public Health Assoc.
- ❑ State Agencies (MDPH, MDEP)
- ❑ Academics/Researchers
 - Boston University School of Public Health
 - Institute for Community Health
- ❑ Legislators (Public Health and Health Care Financing)
- ❑ National support—NACCHO, RWJF (PBRN)



Project Principles

- 1) All residents of the Commonwealth deserve equal access to public health services regardless of where they live.
- 2) Respect existing legal authority of local Boards of Health.
- 3) Voluntary initiative: communities need incentives to participate.
- 4) One size doesn't fit all: different models provide flexibility for communities to meet their needs.
- 5) New system requires adequate and sustained funding.
- 6) New system will improve quality and augment existing LPH workforce.



NPHII Support for Strengthening Mass. Local Public Health Infrastructure

- 5 year award under “Component II”
- MDPH Component II Design:
 - Public Health District Incentive Grant program (PHDIG)
 - Public Health Data systems (3)
- Funding:
 - 50% cut in NPHII Year 2 → reduced scale
 - Supplemental resources (hospital DoN)
 - Additional state funding leveraged



Public Health District Incentive Grant Program (PHDIG)

□ **Goals**

- Improve scope and quality of LPH services
- Promote policy change to improve population health
- Achieve optimal results with available resources

➤ **Historic Opportunity**

- Cover largest possible % of state population, land area, number of communities
- Encourage max. possible sharing of staff & services



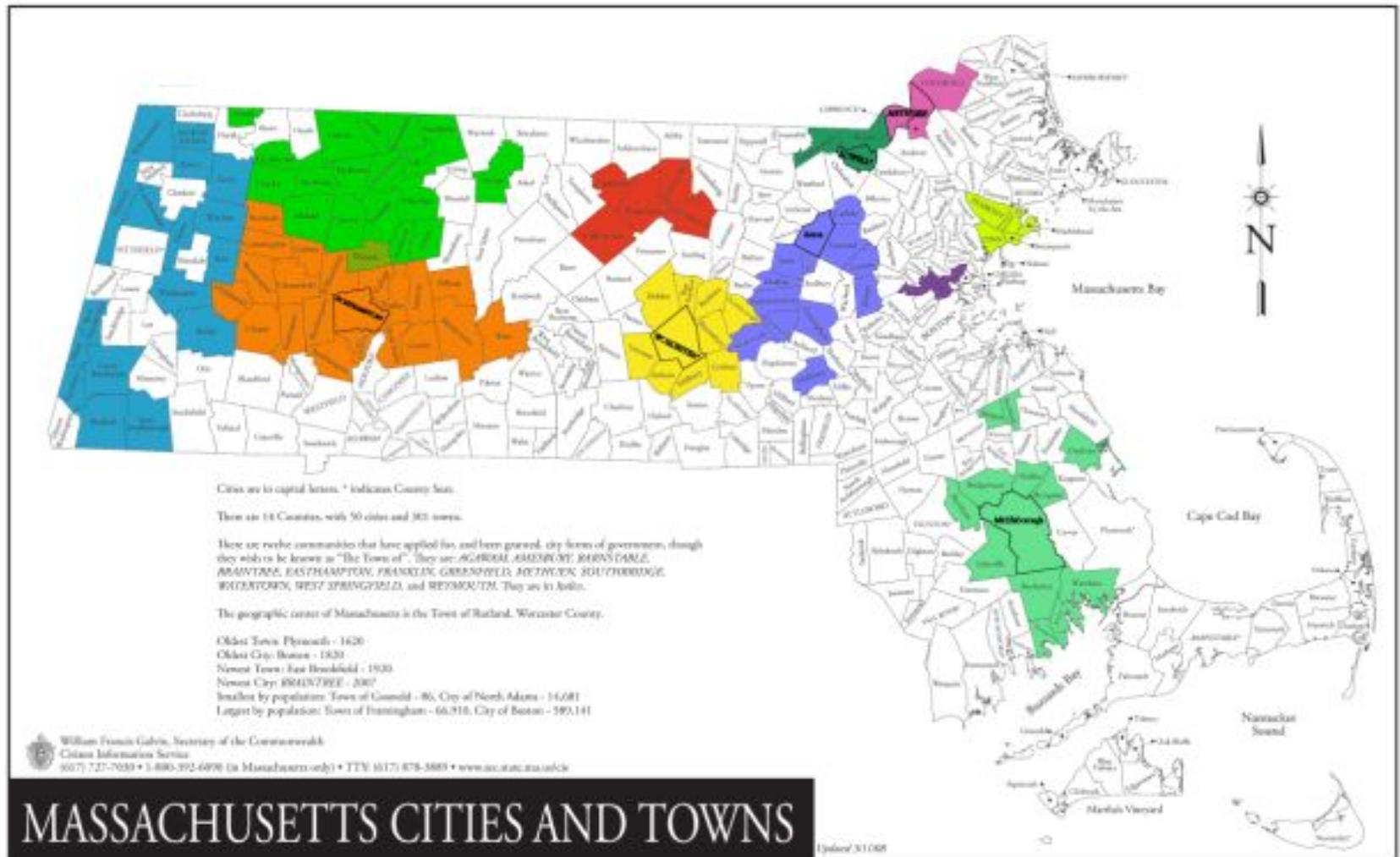
PHDIG Program Design

- PHASE 1 (Year 1): **Planning grants**
 - Competitive RFR; 18 groups of cities & towns applied
 - 11 planning grants awarded in March, 2011
 - 113 cities and towns, >1.8 million residents
 - Grant range: \$15K to \$30K

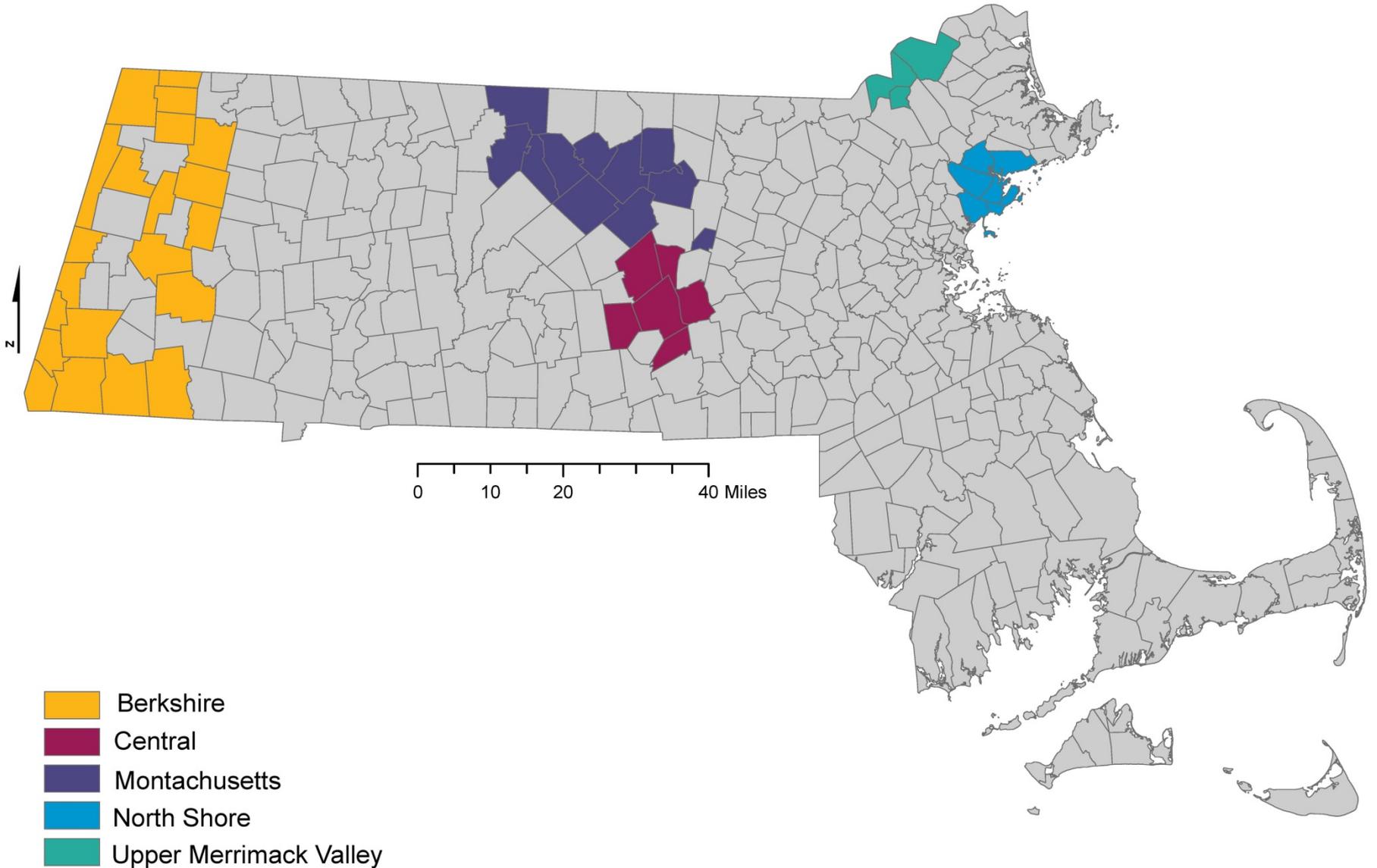
- PHASE 2 (Years 2-5): **Implementation grants**
 - Separate RFR process for planning grantees only
 - 5 districts funded; contracts executed Feb., 2012
 - 48 cities and towns, > 940,000 residents
 - Grants: 2 years @ \$100,000, then 2 year step-down @ 75% and 50%
 - Contracted technical assistance for each district
 - Professional evaluation for project & each district



Planning Grantees



District Incentive Grant Implementation



District Performance Requirements

- Boundaries, Coverage
 - 50,000 combined population and/or
 - 150 sq. miles, and/or
 - ≥ 5 municipalities
- Governance structure
- Workforce qualifications
 - Director, PH nurse, Environmental Health
 - Grandfathering
- Board of Health training



District Performance Requirements

- ❑ Services and Activities
 - BOH responsibilities—food safety, infectious disease, community sanitation
 - Community health assessment
 - Join MAVEN
 - Tobacco and/or obesity campaign using policy change
- ❑ Local support
 - Cooperation involving municipal officials & BOH
- ❑ Collaborations
 - Provider systems
 - Health planning coalitions
 - Schools, universities



Technical Assistance

- Training and technical assistance available to all planning grantees
 - Legal
 - Financial
 - Evaluation
 - Community health assessment
 - Workforce development
 - Learning Collaborative
 - Tool Kit



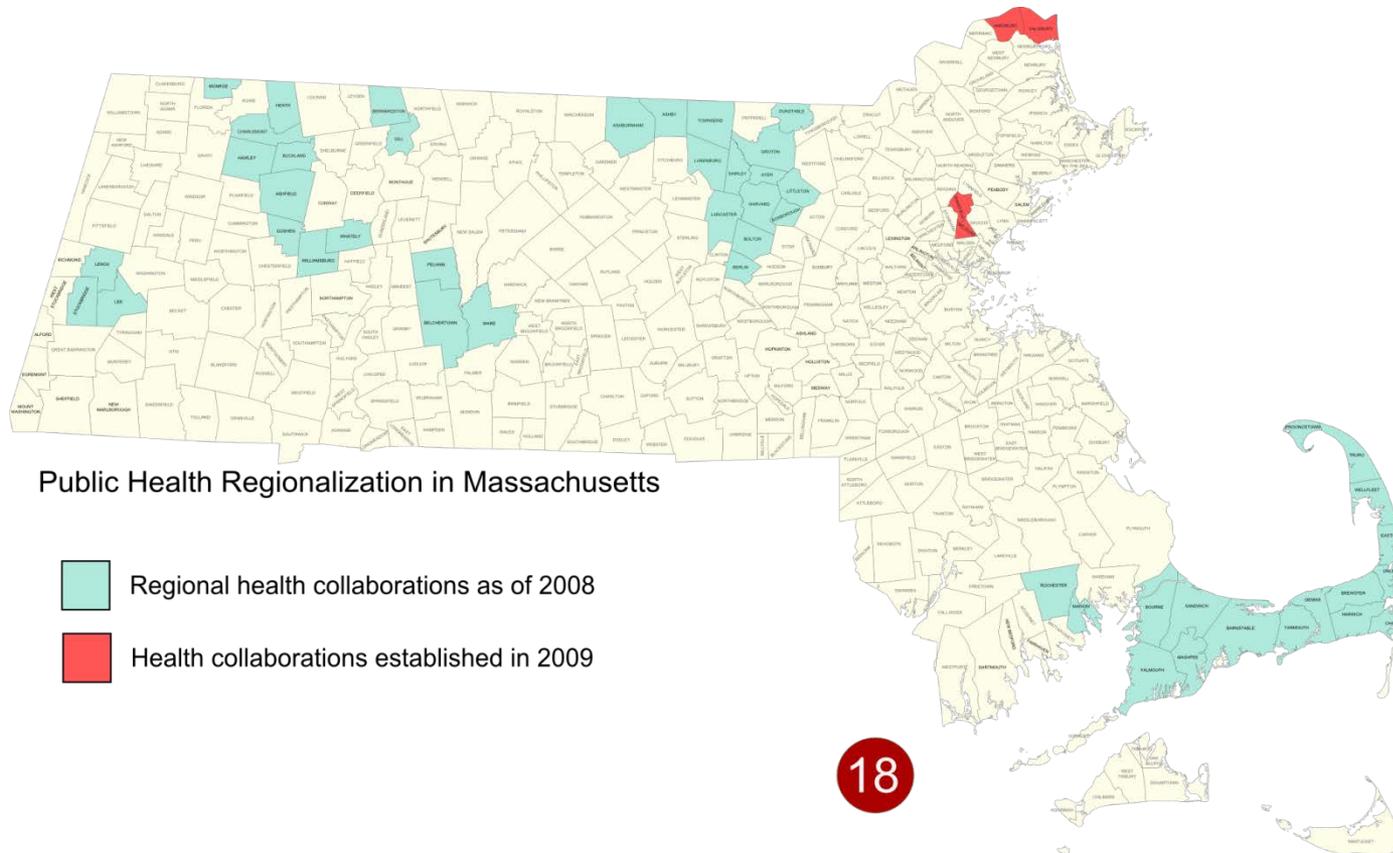
Toolkit

- Web-based
- Contents:
 - District planning “road map” (step-by-step)
 - Comparison spreadsheets with user guide
 - Current services and staffing
 - Finances and fees
 - Municipal characteristics & demographics
 - Manual of BOH laws and regulations
 - District case studies
 - Governance templates—by-laws, IMAs
 - Logic Model & other information

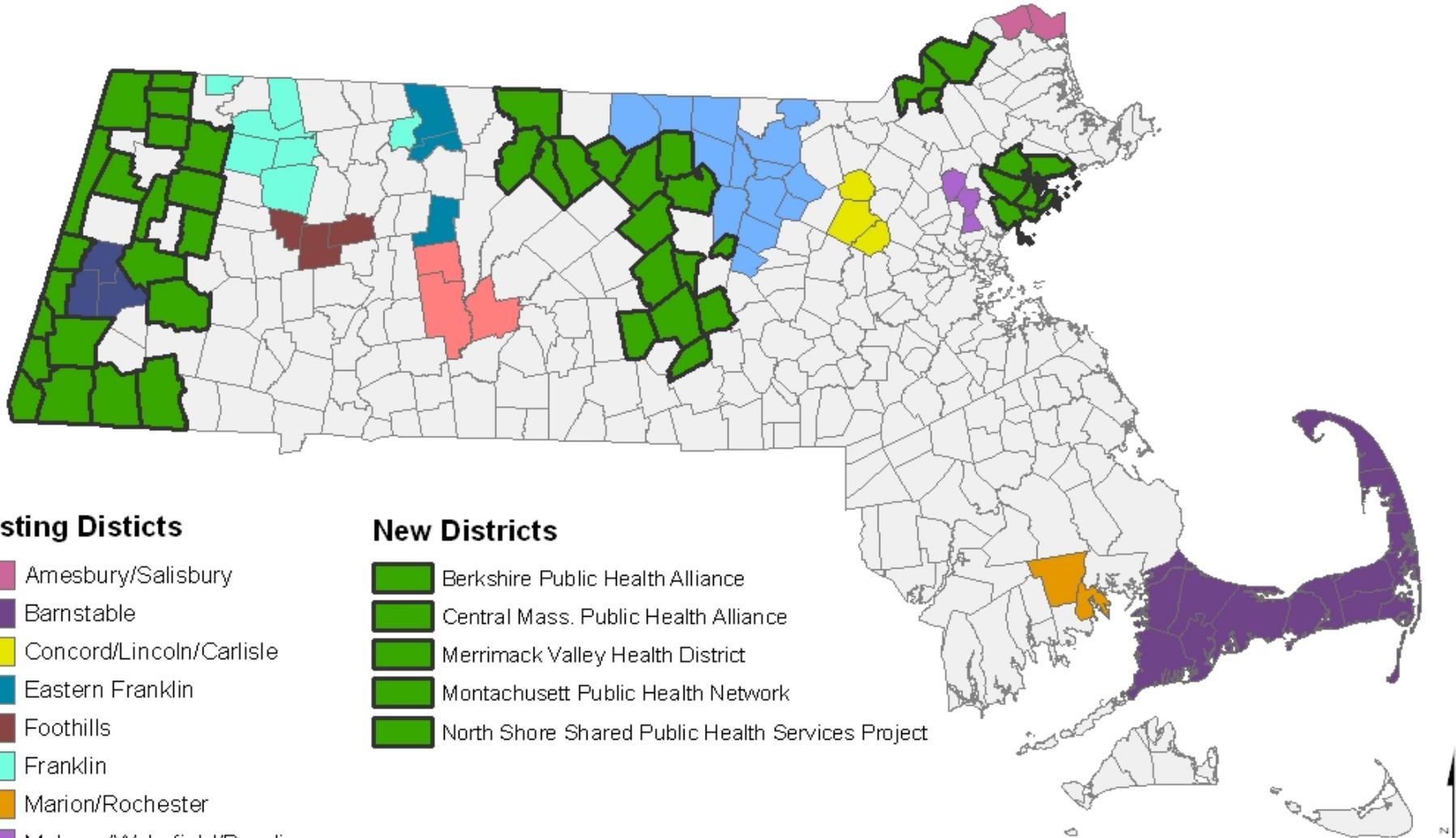


Shared Service Districts, 2010

□ <10% of population



New and Existing Districts



Existing Disticts

- Amesbury/Salisbury
- Barnstable
- Concord/Lincoln/Carlisle
- Eastern Franklin
- Foothills
- Franklin
- Marion/Rochester
- Melrose/Wakefield/Reading
- Nashoba
- Quabbin
- Tri-town

New Districts

- Berkshire Public Health Alliance
- Central Mass. Public Health Alliance
- Merrimack Valley Health District
- Montachusett Public Health Network
- North Shore Shared Public Health Services Project

Contact Information:

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Questions & Discussion

All lines are open and live!

*Please remember to use your mute button or *6*

Thank you!

Please send your questions and
comments to:

pimnetwork@cdc.gov



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