

# Shared Services Among Local Health Departments (LHDs) in Ohio



A short briefing on a project supported by the Ohio State University Center for Public Health Practice (OSU-CPHP), the Ohio Department of Health (ODH), & the Ohio Department of Higher Education (ODHE).

Meredith Cameron, OSU-CPHP

John Hoornbeek, KSU-CPPH

Surjit Dawar, KSU-CPPH

Joshua Filla, KSU-CPPH

Eric Balster, Preble County Health Dept.

Matt Nichols, Lake County Health Dept.

Beth Bickford, Assoc. of OH Health Commissioners

# Technical aspects

- ❖ Mute your phone (use \*6 if no mute button on your phone)
- ❖ Raise hand to ask Qs or type Qs into Chat Box
- ❖ Qs will be addressed, in the order received, at end of presentation (feel free to type them in as you think of them!)
- ❖ Recording for future viewing

# Purposes

## ▶ Purposes

- ▶ Describe work done on the OSU-KSU shared services project, & identify work products emerging from it.
- ▶ Summarize key aspects of LHD shared services use in Ohio.
- ▶ Present and discuss examples of shared services arrangements in Ohio.
- ▶ Discuss shared services examples presented, your ideas about potential shared services efforts that could be undertaken in your jurisdictions, and answer your questions about what we have presented and learned through this project.

# Learning Objectives

- ▶ By the end of this webinar, we hope/expect you should be able to:
  - ▶ Identify work products from this project and know how to access them.
  - ▶ Describe (broadly) the use of shared services by Ohio LHDs.
  - ▶ Identify and discuss examples of current shared services arrangements in Ohio.
  - ▶ Begin generating ideas about how your LHD might make (greater?) use of shared services in providing public health services in your jurisdictions.

# Agenda

- ▶ Summarize the ODH/OBR sponsored project on shared services & identify work products emerging from it.
- ▶ Describe the Case Study Toolkit document that has informed development of this webinar.
- ▶ Overview shared services use among Ohio LHDs.
  - ▶ Forms of Shared Services
  - ▶ Prevalence and legal foundations for Shared Services for LHDs in Ohio.
  - ▶ Key benefits and challenges associated shared services.
- ▶ Present examples of currently operating shared services arrangements in Ohio.
- ▶ Q & A: Discuss shared services, examples presented, and participants may have.
- ▶ Closing Comments

# Project Overview

- ▶ The project included three major phases (and work products):
  - ▶ Identify existing literature on shared services relevant to LHDs in Ohio, and compile a *Bibliography* of information sources relevant to shared services in Ohio.
    - ▶ We located about 85 sources of information, and have included them in a Bibliography which was released on April 30, 2018 - available on KSU-CPPH and OSU-CPPH websites.
  - ▶ Based on information identified, developed an “*Environmental Scan*” which describes what is currently known about shared services among LHDs in Ohio.
    - ▶ That “Environmental Scan” summarizes what we learned, and was released on May 5, 2018 - and is also available on the KSU-CPPH and OSU-CPPH websites.
    - ▶ Through this “Environmental Scan” and discussions surrounding it, we identified a need for more specific information on successful shared services arrangements.
  - ▶ To address this need, we developed a *Shared Services Case Study Toolkit* that includes case studies of shared services arrangements in Ohio.

# Shared Services Case Study Toolkit

- ▶ The Case Study Toolkit seeks to assist Ohio LHDs in generating ideas about whether and how to make greater use of shared services within their jurisdictions.
- ▶ The toolkit includes four case studies of Ohio shared services efforts.
  - ▶ three of the case studies are currently operating and successful
  - ▶ one case study deals with a collaboration that was used to assist participating LHDs in further developing their quality improvement processes, and gave rise to tools that were subsequently available to members of the collaboration.
- ▶ Overall, the case studies describe shared services arrangements, their development, and the benefits and challenges associated with them.

# Shared Services Case Study Toolkit

- ▶ Case studies in the toolkit include:
  - ▶ Darke-Preble County - Plumbing Inspection Contract
  - ▶ Lake-Trumbull County - Grant Writing Contract
  - ▶ Local Public Health Services Collaborative LLC -- supports medical services
  - ▶ Northern Appalachian Public Health Alliance - supported quality assurance services.
- ▶ Later in this webinar, we'll hear more about the first three of these cases from public health staff who have been involved in implementing them.
  - ▶ However, we'll now turn to a brief overview of shared services practices, based on the scan of shared services we conducted in Ohio.



# What are shared services?

- ▶ Broadly speaking, shared services -- or Cross Jurisdictional Sharing (CJS) -- can be defined as a practice of reaching across boundaries in order to share resources, tasks, and results (Hilliker, 2014).
- ▶ Service sharing can come in multiple forms.

Spectrum of Cross-Jurisdictional Sharing Arrangements			
As-Needed Assistance	Service-Related Arrangements	Shared Programs or Functions	Regionalization/Consolidation
<ul style="list-style-type: none"> <li>● Information sharing</li> <li>● Equipment sharing</li> <li>● Expertise sharing</li> <li>● Assistance for surge capacity</li> </ul>	<ul style="list-style-type: none"> <li>● Service provision agreements (e.g., contract to provide immunization services)</li> <li>● Purchase of staff time (e.g., environmental health specialist)</li> </ul>	<ul style="list-style-type: none"> <li>● Joint programs and services (e.g., shared HIV program)</li> <li>● Joint shared capacity (e.g., epidemiology, communications)</li> </ul>	<ul style="list-style-type: none"> <li>● New entity formed by merging existing local public health agencies</li> <li>● Consolidation of one or more local public health agencies into an existing local public health agency</li> </ul>
Looser Integration		Tighter Integration	

Source: Center for Sharing Public Health Services. (2017).

# Prevalence of Shared Services in Ohio

- ▶ Recent survey work suggests that almost two-thirds - about 65% -- of Ohio LHDs share services with one another and/or “other agencies” (OSU accreditation Survey, 2016; Dawar et al, 2018).
- ▶ These figures approximate shared services prevalence figures reported for Ohio in the past. For example, the Health Policy Institute of Ohio (HPIO) Public Health Futures study (2012) reported:
  - ▶ 66% (59/90) of LHDs were involved in shared services or pooling resources
  - ▶ 60% (54/90) were involved in shared services with agencies other than LHDs.
  - ▶ 54% (49/90) provided cross-jurisdictional services on behalf of another LHD or LHDs.
- ▶ A recently published national study (Shah et al, 2016) suggests that this rate is similar to national practices in this area - it reported sharing rates of just over 54%.
- ▶ Based on these surveys and studies, it appears that shared services is a common - but not uniformly used - approach to public health service delivery in both Ohio and throughout the country.

# Prevalence of Shared Services - continued

- ▶ In Ohio, we do see some variation in shared services use across different types of LHDs.
  - ▶ City LHDs are more likely to use of shared services approaches (Dawar, et al, 2018; OSU, 2016).

Shared Services	Number of County Health Departments	Number of City Health Departments	Total Number of Health Departments
Departments Involved	46 (54%)	25 (100%)	71 (64.5%)
Departments Not Involved	39 (46%)	0	39 (35.5%)
Total	85 (100%)	25 (100%)	110 (100%)

# Some Common Areas in Which Shared Services Approaches are Used in Ohio

- Women, Infants, and Children (WIC) Program
- Epidemiological Capacity Sharing
- Travel Immunizations
- Tobacco Smoking Enforcement
- Child Fatality Review
- Emergency Preparedness and Response

**Sources:** OSU Accreditation Survey (2016), Goon and Lupi (2017) & Orcena (2015)

# Broad Legal Authorities to Share Services

- ▶ Ohio LHDs are authorized to share services in multiple ways, according to the Ohio Revised Code - see ORC 9.482, ORC, 9.48, and Chapter 167.
- ▶ There are also multiple authorities available to LHDs seeking to consolidate operations with one another - see ORC 3709.
- ▶ You can look at these ORC sections or consult with your counsel for more information.

# Benefits of shared Services

- ▶ According to Hyde (2013), potential benefits of shared services include:
  - ▶ Improving & expanding services;
  - ▶ Managing costs and increasing efficiencies;
  - ▶ Enhancing equity across jurisdictions;
  - ▶ Responding to mandates.
- ▶ LHD consolidation may also yield service, expenditure, and efficiency improvements (Mays et al, 2006; Santerre, 2009; Hoornbeek et al, 2015)
- ▶ However, consolidation may also be disruptive (Hoornbeek, et al, 2012; Harvard, 2013; Morris et al, forthcoming).

# Challenges Related to Shared Services

1. Building relationships/trust (Hyde, 2013; Hoornbeek et al, 2016)
2. Managing change processes (Hyde, 2013)
  1. Addressing turf wars, differences in political culture, & potential resistance from elected officials.
  2. Committing to necessary costs of coordination costs - potential costs in terms of time/money.
3. Establishing Governance & decision-making processes (Hyde & Humphries, 2017)
4. Complex arrangements efforts (such as LHD consolidations) can be disruptive to regular operations - particularly in the near term (Hoornbeek et al, 2012; Morris et al., forthcoming).

# Thank You!

John Hoornbeek, Surjit Dawar, and Joshua Filla

Center for Public Policy and Health

College of Public Health

Kent State University

330-672-7148

[www.kent.edu/cpph](http://www.kent.edu/cpph)



# Shared Service Example #1: Darke County- Preble County Plumbing Inspection Contract

Participants - Preble County Public Health & Darke County General Health District



**Preble County  
Public Health**  
Prevent. Promote. Protect.



# Overview



- ▶ The Darke County General Health District (DCGHD) and Preble County Public Health implement a shared service arrangement centered around plumbing inspection services.
- ▶ Under this arrangement, DCGHD provides residential and commercial plumbing inspection services for Preble County.
- ▶ This arrangement allows both counties to benefit from less costly plumbing inspection services than either county could achieve on their own

# Historical Development of the Collaboration

- ▶ The motivation behind this collaboration was the fact that neither health department had the service need to hire plumbing inspection personnel.
- ▶ Darke did not have need for a full-time employee in this area, and Preble County did not have the need and/or resources to hire a part time person after the retirement of the staff person who handled this service area in the past for Preble County.
- ▶ After initial conversations, which took place over the course of about a month, a contract was drafted between the two county departments and approved by both Boards of Health.
- ▶ The original contract was signed in 2015



# Benefits of the collaboration

- ▶ Both LHDs received benefits from this collaboration.
- ▶ Preble County is able to acquire the modest inspection services it needs without having to invest funds to hire a part-time employee themselves.
- ▶ Having someone from another department that has a different perspective, who can bring a potentially unbiased has been beneficial for Preble County.
- ▶ The collaborative arrangement allows Darke County to build the plumbing capacity they need by hiring a full-time inspector which is partially paid for with external funds. As a result, their net costs for plumbing inspections are lower than they would otherwise be.



# Challenges

- ▶ No major obstacles.
- ▶ Some issues that needed to be resolved:
  - ▶ Deciding how mileage would be reimbursed.
  - ▶ What vehicle would be used for travel (a county vehicle or personnel vehicle), which department's insurance covered the inspector during time spent Preble County.
  - ▶ What hours counted as "work hours" to be paid for under the contract.
  - ▶ Who is the inspector's boss while they are working in Preble County.
- ▶ These issues were worked through as they came up, often through consultation with each department's legal counsel, and were addressed either through the mutual understanding resulting from their discussions

# Lessons Learned

- ▶ First, while one department may be seeking to address a need, the solution to that need can be beneficial for both parties in the arrangement. It is important to seek out those “win-win” situations. The contracts for these arrangements can be tailored to the needs of both parties, either from the outset or through changes over time.
- ▶ Also, these types of arrangements provide the opportunity to provide services without the full cost of providing the service internally, especially when there is a low level of effort needed to address the service need locally.

# Shared Services Example #2: Trumbull County-Lake County Grant Writing Contract

## Participants:

Lake County General Health Department  
Trumbull County Health Department

## Contact Person:

Frank Migliozi, MPH, REHS/RS



**Lake County  
General Health District**

---

**Public Health**  
Prevent. Promote. Protect.





# Overview



- ▶ A shared services contract for grant writing support has been developed by the respective leaderships of Lake County General Health District (LCGHD) and Trumbull County Health Department (TCHD).
- ▶ LCGHD provides grant writing and management services for TCHD under the contract.
- ▶ The contract enables TCHD access to grant writing services without hiring a full time worker, which would be more costly.
- ▶ The agreement helped LCGHD secure a full-time employee to support a variety of agency roles.
  - ▶ This employee, as of this writing, has submitted four grant applications in excess of \$984,000 for funding of LCGHD community health efforts.

# Historical Development of the Contract

- ▶ Trumbull County did not have separate staff support dedicated to grant writing services prior to the contract.
- ▶ Grant writing was conducted primarily by TCHD's Nursing Division, thus pulling resources and staff time from the division's primary mission.
- ▶ The department considered either hiring a full-time grant writer, or exploring a shared service arrangement.
- ▶ After performing a cost estimate comparison for the two options, TCHD leadership decided to explore a shared arrangement with LCGHD.

# Historical Development of the Contract

- ▶ The two jurisdictions began to work through a shared service agreement.
- ▶ They contacted their respective legal counsels, obtained board approval, and informed the Ohio Department of Health of the arrangement.
- ▶ It took nearly six months for both parties to process and establish the agreement.

# Description of the Collaboration

- ▶ LCGHD's *Policy, Research, and Planning Coordinator* provides grant writing and management services to Trumbull County under the contract.
- ▶ The contract specifies that LCGHD receives a 10% administrative fee from each successfully funded grant, and this administrative fee is divided into monthly installments, as to avoid TCHD paying one single lump sum.
- ▶ In the event that the grant is not awarded, LCGHD will collect an hourly rate subject to the contract, the total of which is capped.
- ▶ LCGHD acts as a liaison between the grantor and TCHD programmatic staff, and assists TCHD in programmatic, compliance, and financial efforts.



# Benefits of the Shared Grant Writing Shared Service

- ▶ The shared service arrangement took additional workload off the shoulders of TCHD's Nursing Department.
- ▶ TCHD was able to solicit five grant opportunities, totaling \$396,037.80, during the first six months of 2018.
  - ▶ As of this writing, four of these grants have already been awarded.
- ▶ TCHD reports approximately \$40,000 in annual cost savings from the grant writing collaborative, when compared to the hiring of a grant writer.
- ▶ Lake County has also benefited from this arrangement, as they were able to offset costs associated with their full-time *Policy, Research, and Planning Coordinator*, who has also helped to bring LCGHD's Community Health Assessment process in-house, to a cost-savings of roughly \$60,000 to \$80,000 every three years.

# Challenges Associated with the Shared Service

- ▶ Initial work to negotiate contract provisions, as well as efforts to seek and obtain legal counsel and approval from County Prosecutors' Offices and Boards of Health, respectively.
- ▶ TCHD had to restructure existing work expectations with its staff, and there was some internal resistance associated with this process, as well as a need to sell the idea to the collective bargaining unit.
- ▶ LCGHD had to budget for the new position, recruit and hire an employee to fill it, and orient the new staff member to his responsibilities.

# Lessons learned and advice to others

- ▶ The TCHD Health Commissioner mentioned the importance of conducting an “Internal Assessment” before considering shared services arrangements.
- ▶ He also indicated that his department is now benefiting from the openness and communication that is developing between the two departments, as LCHD involvement in his department’s grant work is yielding additional and useful insights on TCHD grant management and financial arrangements.



# Shared Services Fact Sheet #3: The Local Public Health Services Collaborative LLC

**Current Participants** - Lorain County, Union County, Athens County, Morrow County, Perry County, Williams County, Ottawa County, Champaign County, Clark County, Hamilton County, Clermont County, Highland County, Clinton County, Adams County, Pike County, Richland County, Noble County, Brown County, Fairfield County and Lake County.

**Beth Bickford**

**614-846-1911**

**[lphsc.oh@gmail.com](mailto:lphsc.oh@gmail.com)**



# Overview



- ▶ The Local Public Health Services Collaborative (the Collaborative) is a shared service arrangement established as a subsidiary of (AOHC).
- ▶ Its purpose is to provide the billing and Electronic Medical Record (EMR) infrastructure for clinical services provided by Ohio LHDs.
- ▶ It also provides additional services to support local Public Health in Ohio.
- ▶ AOHC member LHDs are eligible to participate in the Collaborative as members of the Collaborative, and/or by purchasing a la carte service offerings without formally joining into the collaborative.

# The Historical Development of the Collaborative

- ▶ 12 Health Commissioners from around Ohio are original founders.
- ▶ The partners obtained a 2012 LGIF grant to support a feasibility assessment of “the potential for sharing ancillary services necessary for the efficient operation of modern clinic services given changes in both state and federal regulations”.
- ▶ Changes made to state policy after the passage of the ACA prohibited the use of “Vaccines for Children” vaccines for children covered by private insurance.
- ▶ This created an opportunity for collaboration on insurance contracting and credentialing as well as the infrastructure associated with clinical billing and electronic medical records.

# The Historical Development of the Collaborative

- ▶ Through a feasibility assessment process, the founders decided to start a third party organization that would be governed by the members of the collaborative.
- ▶ The new entity was established as a wholly owned subsidiary and Limited Liability Corporation (LLC) of AOHC in early 2013.
- ▶ It is governed separately, by a board made up of participating LHD commissioners and staff.
- ▶ This group has voting authority to appoint a president and make decisions impacting the entity's hiring and service provision.

# Description of the Collaborative's Shared Services Framework

- ▶ The aim of the Collaborative is to provide solutions to clinical service challenges faced by Ohio LHDs, including complying with new Electronic Medical Record (EMR) requirements and billing public and private insurers for services.
- ▶ For a fee, LHDs can buy into the Collaborative and receive the clinical billing and EMR related services. These services are:
  1. Insurance Contract Negotiation and Credentialing
  2. Billing support
  3. Group Purchasing
  4. A La Carte” Service Initiatives

Note: A La Carte” Service Initiatives can be purchased by non-members

# Description of the Collaborative's Shared Services Framework

- ▶ For members of the Collaborative, there is a one-time “onboarding” fee of \$1,500, and an annual fee of \$8,037 paid by LHDs to be members of the Collaborative (Local Public Health Services Collaborative, 2017).
- ▶ Member LHDs also need to pay 7% of revenue from clinical billing claims received through the Collaborative (Local Public Health Services Collaborative, 2017).

# Benefits of the Collaborative

- ▶ The benefits of participating in the Collaborative vary by LHD.
- ▶ In some cases, where clinical services are well developed there may not be major benefits for LHDs to participate in the Collaborative's central business office.
- ▶ In other cases where billing processes for clinical services are less well developed, LHDs may experience significant benefits.
- ▶ The benefits which may accrue to LHDs as per current data are:
  1. Obtain Contracts with Health Insurers (which is a complicated process and smaller operations can be at a disadvantage)
  2. Gain Staff Support for Billing and quality EMR infrastructure and standardized procedures
  3. Increase &/or Improve Services
  4. Increase Revenues and/or Save Money

# Challenges

## Challenges faced while setting up the Collaborative:

- ▶ Establishing the Collaborative was a long and complex process, and it required seed money from the state and substantial efforts by the founding Health Commissioners and AOHC to be realized.
- ▶ There are growing pains associated with ensuring that the Collaborative has the staffing it needs, in part due to uncertainties about needs and in part due to the need to arrive at consensus among multiple LHDs regarding the need for staffing.
- ▶ Like other collaborations involving multiple entities, the Collaborative's Board has had to go through a learning process. An early contract with a practice manager vendor did not work out as hoped, although the experience from this process enabled the Board to learn what was truly needed and this enabled the Collaborative to hire an experienced, integrated EMR vendor that better met its needs.

## Challenges faced by Member LHDs:

- ▶ LHDs participating in the Collaborative may face challenges because they have to give up some autonomy in their delivery of services. The standardized processes noted above are not optional and LHDs are required to adopt standardized fee schedules and other procedures and policies established by the Collaborative's Board.

# Lessons for Others Engaged in Shared Services

- ▶ It is important to start small with a manageable group of participants and areas of focus which can enable the development of trust among participants. As members of the Collaborative built trust, the issues with starting a new endeavor have been addressed.
- ▶ For more complex collaborations, more upfront work may be needed. This impacts both the timeline needed to establish a solid foundation for the collaboration as well as the resources necessary to complete the upfront work.
- ▶ The benefits of collaboration also entail costs. While members of the Collaborative have experienced workload, financial, and service benefits, they have also learned to live with decisions through the Collaborative's governance arrangements.
- ▶ There is always the risk of failure with complex collaborations and those involved in the start-up of any collaboration need to accept that possibility going into it. Some level of risk taking is inherent in any collaborative endeavor and is necessary to achieve a successful shared arrangement.



# Discussion and Q & A

# Closing Comments

- ▶ Thank you!
  - ▶ KSU Center for Public Policy and Health: [www.kent.edu/cpph](http://www.kent.edu/cpph)
  - ▶ OSU Center for Public Health Practice: <https://u.osu.edu/cphp/>