PHNCI FPHS 21st Century Learning Community Case Study: Ohio

Final Report | June 15, 2018

Key Takeaways

- Ohio's efforts to pursue implementation of the foundational public health services (FPHS) model have taken place alongside the state's mandatory requirement for **all local health departments (LHDs) to be accredited** by 2020. Both FPHS and accreditation are programs to improve public health practice and outcomes, but they are different in their methods and specific aims. Communicating the importance of both while maintaining their separateness to legislators and the public is an ongoing effort.
- Ohio worked on a **costing tool** to determine the level of FPHS currently provided, what gaps exist, and costs of closing those gaps. The costing tool is also being used to revise the Annual Financial Report to align annual financial data with FPHS categories.
- Ohio surveyed LHDs on FPHS and shared services delivery options. The survey found that there was highest interest in **informal arrangements** and **service contracts** as types of cross-jurisdictional sharing and that these methods are used commonly among LHDs.
- Ohio worked toward aligning hospital population health planning requirements with public health department planning requirements, and aligning local and regional efforts with existing state efforts.
- The 2017-2019 proposed state budget included **$1 million** to LHDs to support transitions from a five-year to a three-year planning cycle to align with hospital Community Health Needs Assessments; a **$12,500** incentive for LHDs to address two of three population outcome areas among mental health/addiction, maternal/child health, and chronic disease; and **$3.5 million** to support LHD merger infrastructure costs and accreditation efforts.

Public health players in Ohio:

- State health authority: **Ohio Department of Health** (ODH)
- Ohio has **114** local health departments (LHDs), including general health districts (county), city health districts and combined health districts (county and city)
- State Association for City and County Health Officials: **The Association of Ohio Health Commissioners** (AOHC)
- The **Ohio Public Health Advisory Board** assists the Ohio Department of Health with rule making
- The **Ohio Public Health Partnership** (OPHP) is a network of public health associations, including AOHC and other groups, that applied for the RWJF grant

Context of FPHS Public Health System Transformation Work

The public health landscape rapidly changed following the 2008 recession. Federal, state, and local funding sources declined, and simultaneously the need for public health services grew. The passing of the Affordable Care Act (ACA) in 2010 necessitated deep analysis of the role of governmental public health amid community health partners and the broader healthcare system. It was clear that Ohio needed new tools, data, relationships, and service delivery mechanisms to protect the health of Ohioans and advance the role of governmental public health as the chief health strategist for the state.

How Public Health System Transformation Started

The Association of Ohio Health Commissioners (AOHC) contracted with the Health Policy Institute of Ohio to develop the *2012 Public Health Futures Report*. This report drew attention to the need for increased funding and capacity to provide a system capable of serving Ohioans sustainably. They looked to the Institute of Medicine's (IOM) *Investing in a Healthier Future* report to define core public health services and foundational capabilities. In September 2012, the state legislature established the Legislative Committee on Public Health Futures, which reviewed the AOHC recommendations and developed its own recommendations on advancing the work, resulting in 2013 legislation that required all LHDs to **apply for accreditation through the Public Health Accreditation Board (PHAB) by June 30, 2018**, and **successfully become accredited by 2020.** AOHC supported accreditation but stressed the urgent necessity of resources to support the changes required to accomplish accreditation.

Early conversations regarding transformation explored different pathway options, such as mergers, Council of Government (COGs), and shared services to help shore up the public health system. The bulk of LHDs considered themselves to already be engaged in shared services, yet there was high interest in future sharing, especially through informal arrangements or contractual service methods and the desire for technical assistance. A desire to prepare LHDs for accreditation and shore up services consistent with the FPHS, while considering flexible options for service sharing, was the foundation for the work Ohio has undertaken to transform their system.

RWJF Project Objectives

Ohio's FPHS work was already underway, but the Robert Wood Johnson Foundation (RWJF) provided grant funding and support through the 21st Century Learning Community to move initiatives forward. The Learning Community provided an opportunity for Ohio to share ideas and learn from other states also pursuing public health system transformation efforts.

Ohio's objectives through the RWJF project were to advance its FPHS costing work, explore opportunities to provide FPHS services, identify ways for the FPHS model to support smaller health departments, and move the population health planning process toward local, state, and public health system alignment.

As described in Ohio's grant proposal, Ohio's project objectives and deliverables are listed below.

PROPOSED PROJECT OBJECTIVES	PROPOSED PROJECT DELIVERABLES
▪ Develop a costing of Foundational Public Health Services (FPHS). ▪ Increase capacities and utilization of shared services by Ohio LHDs. ▪ Explore a pathway to FPHS for small LHDs. ▪ Pilot or beta test the implementation of a model of state and local Population Health Planning to improve Health Status Outcomes in Ohio. ▪ Assist PHNCI in achieving its goals.	▪ A standardized way of collecting cost information in Ohio related to the foundational public health services. ▪ A validated methodology for determining the cost to a LHD for foundational public health services in Ohio. ▪ Identify a per capita cost to provide FPHS in Ohio. ▪ Opportunities for cross-jurisdictional sharing in Ohio, especially for smaller LHDs have been identified, barriers and solutions for implementation identified, and technical assistance provided. Products and/or services are utilized by at least one multi-jurisdictional group of LHDs. ▪ Pilot test underway for two LHDs to implement strategies and recommendations of the Population Health (SIM) Planning group. Test for alignment of state health department, LHD, and hospital community assessment and planning timeline and priorities. ▪ Recommendations completed and technical assistance underway for cross-jurisdictional sharing or other opportunities for smaller LHDs to meet FPHS in Ohio.

What Happened

Ohio received $244,880 in RWJF funding over two years for its public health system transformation work. During the first year (March 2016 through February 2017), Ohio produced a survey tool and preliminary survey results on current shared services and LHD's abilities to provide FPHS; conducted an exercise to assess where Ohio programs and services would be placed in the FPHS model; and produced a statewide guidance document, *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts*. During the second year (March 2017 through February 2018), Ohio continued its efforts on developing the costing tool and launched initiatives to align planning and collaboration across public health and clinical care to improve population health outcomes.

Costing the Foundational Public Health Services

Ohio's state and local public health leaders leveraged a grant from the Public Health Practice Based Research Network (PBRN) and participated in the University of Kentucky's beta test of the FPHS costing tool, before ultimately developing a self-administered FPHS costing tool of their own. After much consideration, it was determined that actual cost data, rather than cost estimates, would be used.

Starting with the University of Kentucky tool, public health leaders reviewed the FPHS framework, drew inspiration from Washington State's definitions list, and then brainstormed Ohio's programs and services. Both the foundational and additional important services were costed, and considerable time was spent crafting a tool to account for cross-jurisdictional sharing.

LHDs had been submitting Annual Financial Reports (AFRs) to the State, but the categories could be interpreted or represented differently by each LHD. The costing tool explicitly laid out all the components, including occupational categories, non-labor costs, and shared services, to address variability in how LHDs categorize costs. Planned future revisions to the AFR will align categories with FPHS definitions and seamlessly provide data from all LHDs by FPHS category in a complete, standardized dataset.

The pilot test of Ohio's cost tool is complete, and a comprehensive assessment is due to begin in summer 2018.

FPHS and Accreditation in Ohio

- In 2013, the Ohio legislature passed legislation requiring all LHDs to apply for accreditation by 2018 and become accredited by 2020.
- During the grant period, due to the mandate, many were having conversations about the relationship and possible alignment between FPHS and accreditation, resulting in the identification of the need for clear communication about the alignment and differences between the two, their history, and their goals.
- The PHNCI resource, *Aligning Accreditation and the Foundational Public Health Capabilities,* explains the difference in intent between FPHS and accreditation, as well as commonalities between the two.
- The mandate added a sense of urgency to FPHS work, and around shared services, which was viewed as an option to help smaller LHDs increase capacity.
- **$3.5 million** was allocated in the 2017-2019 proposed state budget to address accreditation fees and coordination as well as infrastructure costs for mergers. The State's Regents Program allocated **$5 million** to both help LHDs become "accreditation-ready" and for specific research projects.

Shared Services

Local Public Health Services Collaborative

In 2013, the Local Public Health Services Collaborative (LPHSC) was incorporated as an LLC non-profit of the AOHC. Services such as billing and bulk purchasing are shared among member LHDs with LPHSC serving as the backbone organization. The Collaborative holds the contract with the payer, and then contracts with member LHDs to provide services.

The LPHSC billed the first 11 charter members in the fall of 2014 and grew to a total of 19 LHD members by January 2018. Members are primarily small to mid-sized LHDs and are geographically distributed around the state. Prompted by the early success of the LPHSC, Ohio intends to further explore formalized sharing of services.

Council of Governments Model

In 2015, six LHDs in northwest Ohio (commonly called the "6-Pact") completed a state-funded cross-jurisdictional sharing feasibility study. This resulted in a business case and design for a Council of Governments (COG).

The 6-Pact found start-up costs to be prohibitive, so it collaborated with the Mid East Ohio Regional Council (MEORC), a longstanding COG made up of 18 Boards of Developmental Disabilities, to conduct a cost feasibility study. The study concluded that it was more cost-effective to purchase back-office support from another COG than to build up this infrastructure for a new public health COG.

Following this study, in 2017, a hybrid COG was developed. The Boards of Health in seven northwest Ohio counties (Defiance, Fulton, Henry, Paulding, Putnam, Williams, and Wood) established Ohio's first ever public health COG, known as the **Public Health Services Council of Ohio**, on August 1, 2017. The Ohio Department of Health provided one-time funding of $200,000 to support start-up expenses.

This COG, located in the northwest part of the state, is a more formal commitment to shared services than seen elsewhere in the state. Health assessment, epidemiology capacity, and back office administration are among the services shared.

Local Public Health Services Collaborative

The LPHSC is open to AOHC members and for an annual fee (no more than $10,000) provides a host of services:

- Insurance Contract Negotiation/Revalidation, and Credentialing
- Fully Integrated Electronic Health Record and Practice Management System – ClinicalWorks
- Standardized Fee Schedule, Financial Policies and Procedures, Business Processes
- Group Purchasing
- HealthCare Connect – Internet Discount Program

Shared Services Survey

In late 2016 and early 2017, Ohio conducted a survey to assess LHDs' familiarity with the shared services spectrum, current utilization of cross-jurisdictional sharing, and future interest in shared services options to provide FPHS. All LHDs participated in the survey.

- 80-90% of survey respondents expressed a high or moderate interest in future sharing of all six of the foundational capabilities and three of five foundational areas.
- The highest interest (45-55% of respondents) was shown in **informal arrangements** (verbal or handshake agreements, MOUs, and MOAs) and **service contracts** (contracts for specific goods or services between entities). These types of cross-jurisdictional sharing were familiar to Ohio LHDs and had been commonly used.
- Approximately 25% of respondents expressed high interest in interlocal agreements (COGs and group purchasing).

Most sought after shared services:

- Epidemiology
- Information technology
- Human resources
- Fiscal management
- Research
- Continuous Quality Improvement
- Strategic planning
- Community Health Assessment
- Planning

Small and large LHDs differed in what they wanted to share, but both were interested in sharing. Many LHDs utilized sharing for time-limited projects and were interested in longer term services for efficiency improvements. The data is being used to develop recommendations for training and technical assistance to help LHDs follow through on their interest in pursuing future cross-jurisdictional sharing arrangements.

Pathways to FPHS for Small Local Health Departments

About 60% of Ohio's LHDs have populations under 50,000, and supporting these small LHDs was particularly important to Ohio. While this objective was initially conceived as an effort to explore FPHS as an alternative to accreditation for small LHDs in Ohio, the result was an effort to focus on how to best support small LHDs pursuing shared services to increase capacity and ensure foundational capabilities across the state.

Alignment of Population Health Planning for Public Health and Healthcare

Ohio's goal was to implement the state's plan to align local and regional hospital and public health planning with the state health assessment and state health improvement plan. Funding for this population health effort began with the Federal State Innovation Models (SIM) grant.

In July 2016, state legislation established that all LHDs and tax-exempt hospitals were required by statute to submit community health assessments (CHAs) and community health improvement plans (CHIPs) on the same timeline, beginning in 2020. In particular, LHDs were required to shift from their existing **five-year planning cycle** (based on Public Health Accreditation Board standards) to align with **the three-year planning cycle** (required of hospitals by the IRS). Many rural areas were already under-resourced and resistant to move to a three-year planning cycle, on top of mandated accreditation. The funding to assist with the process made a noticeable difference.

In January 2017, the Population Planning Health Workgroup published a guidance document, *Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts,* to help hospitals and LHDs to align local priorities, strategies, and metrics with the state health assessment and state health improvement plan.

Ohio launched two statewide initiatives – one in the northeast (urban and suburban) and another in the southwest (rural) – with the goal of aligning planning and collaboration across public health and clinical care to improve population health outcomes:

- The **Northeast Ohio initiative** is led by the Cuyahoga and Medina County Health Commissioners, and it includes LHDs, hospital systems, and other key partners.
- The **Southwest Ohio initiative** includes collaboration between the two regional hospital associations and all LHDs in AOHC's Southwest district.

The next step is to provide technical assistance and facilitated discussions among LHDs and hospital leaders to develop common metrics and a model for collaboration on the CHA/CHIP and hospital Community Health Needs Assessments and implementation strategies, leading to a shared needs assessment process by 2020. Ohio has a rollout of planning alignment among state and local public health and hospitals that will conclude in 2023.

Legislative Investment

The Legislative Committee on Public Health Futures reconvened to address the 2012 recommendations and focused on the following:

- Performance standards and accreditation
- Outcomes and data
- Multiple agency program administration
- Shared services resources
- Contract/consolidation/merger of contiguous and non-contiguous cities or counties
- Reimbursable services

Ohio's 2017-2019 biennium budget proposal addresses several of the challenges faced during the grant period, most notably the mandatory PHAB accreditation and financial support for system changes. The proposed budget allocated **$1 million** in total one-time funding to LHDs to support the transition from a five-year to a three-year planning cycle to align with hospitals. The proposed budget also offered, as an incentive, **$12,500** to LHDs who address two population health outcomes among mental health and addiction, maternal and child health, and chronic disease.

Incentives for LHDs to merge increased, including those pertaining to accreditation, authorizing newly merged health districts to propose a joint levy funded by both jurisdictions.

Outcomes and Impacts of RWJF Grant Funded Work

Using FPHS framework to categorize services delivered and expenditures. Costing of public health services has been a priority since the AOHC completed the 2012 *Public Health Futures Report*. Ohio is on target to identify the level of FPHS being provided, what gaps exist, and what it will cost to close those gaps. Public health leaders considered how the costing tool could be used to revise the statewide AFR. A revised AFR is now underway and will provide the state will annual, web-based collection of FPHS financial data.

Shared Services. The 21C Project Survey found that informal arrangements and service contracts garnered the most interest as types of cross jurisdictional sharing, and these methods are used commonly among Ohio LHDs. Two universities (The Ohio State University and Kent State University) are currently partnering with the 21C Project to implement the recommendations based on survey findings. For Ohio, emphasis will be placed on those capabilities and areas where interest and availability intersect, as well as specific pathways for small LHDs (population of less than 50,000).

Challenges, Lessons Learned, and Next Steps

Challenges Encountered

- **Designing and implementing a costing tool requires a substantial investment of time.** This is not a process that can be rushed or shortcut and still return useful data. A costing tool must be well-tailored to produce robust data.
- **Messaging around FPHS** presented a challenge, specifically prior to completing the accreditation process. Having two simultaneous initiatives, FPHS and accreditation, has been difficult to balance and communicate, and FPHS implementation was somewhat overshadowed by the accreditation mandate. Ohio used a consultant provided by RWJF and PHNCI to assist with communication planning, and these efforts are ongoing.
- **Mandatory accreditation occupied the time and focus** for most LHDs during the grant period.

Lessons Learned

- **Vision and leadership were critical to successful statutory changes**, and the Governor's Office of Health Transformation was part of leading the effort to pass legislation.
- **Webinars provide opportunities for states to hear directly from peers and ask questions in a collaborative setting.** Ohio benefited from a webinar where New York presented on experiences coordinating public health and hospital health assessments. The webinar included a facilitated discussion with health commissioners and hospital systems, which included the first evaluation of how an aligned system might look, resulting in tangible next steps and progress from partners.
- **Statewide adoption of FPHS is a mechanism for ensuring that Ohioans are served well.** Adoption of FPHS can help to ensure that all Ohioans receive fundamental public health services, and while it is not a direct pathway to accreditation, may help departments in pursuing that goal.

Next Steps

- **Share the costing tool** with all LHDs, complete the assessment, and use both the information and recent funding commitments to implement the updated AFR in 2019.
- **Provide shared service training and technical assistance with educational partners**, facilitating capabilities and areas where interest and availability intersect.
- **Develop common metrics on CHA/CHIP and hospital Community Health Needs Assessments**, culminating in a shared needs assessment process with hospitals and public health by 2020. Public health leaders hope that a State Health Assessment and State Health Improvement Plan can assist with a more integrated system in 2020. It is a complex system with partners collecting varying data, and alignment will extend the resources to better meet the size of the effort.
- **The Ohio State University will review a model for regional CHAs and CHIPs.** Community engagement efforts are underway in each of the counties in a 20-county pilot.
- **Clarify the messaging around FPHS and accreditation.** While both programs aim to improve public health practice and outcomes, they are different in their methods and specific aims. Communicating the importance of both while maintaining their separateness to legislators and the public will be an ongoing effort.

National Implications of Work Completed

Further articulation of the alignment between PHAB accreditation and FPHS would be helpful for states interested in both, and it could be a strong catalyst for those interested in pursuing accreditation and using the FPHS to transform public health systems. Ohio's approach to developing a costing tool differed from Washington and Oregon, and it provides another option for states with similar budgetary constraints to conduct a cost assessment in the future.

Sources

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