Cross Jurisdictional Sharing in Public Health

Patrick Libbey, Co-Director
Center for Sharing Public Health Services
phsharing.org
Overview of This Session

1. Introduction and background
2. A Roadmap
3. Identified factors associated with successful CJS initiatives
4. Observations and results from public health CJS initiatives
Overview of This Session

Introduction and background

A Roadmap

Identified factors associated with successful CJS initiatives

Observations and results from public health CJS initiatives
Uncomfortable Questions

- We have about 2,700 LHDs in the U.S.
  - Do we need 2,700?
  - Can we afford 2,700?
  - Can we imagine a day when all of them would meet accreditation standards?
  - Is it politically feasible to change the current LHD structure?

Courtesy: Gene W. Matthews, JD, Network for Public Health Law
Public Health, back then….

- Health problems mostly acute, infectious
- Confined to one locality, slow spread
…..and now

◆ Infectious disease spreads easily across jurisdictions and borders
◆ Chronic, lifestyle disease not very area-specific
◆ Interventions often complex, shared across issues, not amenable to simple local approach
The Seesaw of Home Rule

How do you provide full gamut of services AND

Retain control of governance through home ruling?

More Services? (↑costs)

More Local Control? (↓revenues, ↓efficiency)
Cross-jurisdictional sharing is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.

Collaboration means working across boundaries and in multi-organizational arrangements to solve problems that cannot be solved – or easily solved – by single organizations or jurisdictions.*

*Source: Rosemary O’Leary, School of Public Affairs and Administration, University of Kansas
## Cross-Jurisdictional Sharing Spectrum

<table>
<thead>
<tr>
<th>Informal and Customary Arrangements</th>
<th>Service Related Arrangement</th>
<th>Shared Functions with Joint Oversight</th>
<th>Regionalization</th>
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<td>• “Handshake”</td>
<td>• Service provision agreements (e.g., contract to provide immunization services)</td>
<td>• Joint projects addressing all jurisdictions involved (e.g., shared HIV program)</td>
<td>• New entity formed by merging existing LHDs</td>
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<td>• Information sharing</td>
<td>• Purchase of staff time (e.g., environmental health specialist)</td>
<td>• Shared capacity (e.g., joint epidemiology services)</td>
<td>• Consolidation of 1 or more LHD into existing LHD</td>
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<td>• Equipment sharing</td>
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<td>• Coordination</td>
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<td>• Assistance for surge capacity</td>
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**Looser integration**

**Tighter integration**
Two Critical Questions

Who makes the decision to enter a CJS arrangement?

What are the drivers behind deciding to engage in CJS?
The Key Players

**Public Health Officials:**
- Health department administrators
- Program managers

**Policymakers:**
- Boards of Health
- Elected officials
- City-county managers
Drivers

- National Public Health Standards
- Emergency Preparedness
- Increasing burden of chronic disease
- Health care reform
- Lean fiscal environments

CJS Agreements
Survey Findings
Insights from Implementers of Shared Services

- Most common goal - cost savings
- Most participants - achieved goals
- Most common measurement of progress - cost savings
- Most positive result - improved service
- Most negative result - “people issues”
- CJS most often initiated - by agency leaders

- Most common driver - cost or service variables
- Most significant lesson learned from implementing CJS - “Change Management Is Key”
- Biggest mistake - insufficient change management
- Thing most organizations did well - project management
- Greatest challenges - “people issues”; overcome with - improved communication

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Greater efficiency

Enhanced capacity
Center for Sharing Public Health Services

DOB: May 2012

National initiative
- Managed by the Kansas Health Institute
- Funded by the Robert Wood Johnson Foundation

Goal:
- Explore, inform, track and disseminate learning about shared approaches to delivering public health services
Center’s Goal

- Increase the ability of public health agencies to improve the health of communities by helping explore, inform, track and share learning about regional and shared approaches to delivering public health services.
Center’s Role

- Support exploration approaches to share public health functions and services
  - Technical Assistance (TA)
  - Decision-making tools
- Share knowledge
  - Document examples
  - Translate evidence
- Support a learning community
Target Audiences

◆ Policymakers
◆ Public health practitioners
◆ Professional organizations representing these groups
The Learning Community

- Policymakers
  - ICMA
  - NACo
  - USCM
  - NGA
  - NCSL
- Public Health Officials
  - ASTHO
  - NACCHO
  - NALBOH
  - CDC
- Learning community
  - 16 local projects
- Both groups will
  - Learn
  - Share
  - Explore
Shared Services Learning Community

16 sites
- 75 health departments
- 125 political jurisdictions

14 states

2-year grants
Teams at Learning Sites

Teams funded are:

- Working with two or more PH agencies
- Made up of PH officials and policymakers
- Exploring, implementing or improving CJS
- Committed to
  - achieving greater efficiency
  - enhancing public health capacity
  - collaborating
Overview of This Session

- Introduction and background
- A Roadmap
- Identified factors associated with successful CJS initiatives
- Observations and results from public health CJS initiatives
Is There a Good Path?

◆ A roadmap to develop cross-jurisdictional sharing (CJS) initiatives
  ◆ Developed by the CSPHS
  ◆ Based on what we have learned from demonstration sites (and other published material)
  ◆ See handout
  ◆ Also available at: http://www.phshsharing.org/roadmap/
Phase 1: Explore
Is CJS a feasible approach to address the issue you are facing? Who should be involved in this effort?

Phase 2: Prepare and Plan
How exactly would it work?

Phase 3: Implement and Improve
Let’s do it!
## Areas

### Goals and expectations: WHY would you consider CJS?

1. What is the issue that needs to be addressed?
2. Is CJS likely to help solve the issue being addressed?
3. What are the goals of the CJS initiative being considered?

### Scope of the agreement: WHAT services and capacities would be shared?

1. What are the PH services currently offered by each jurisdiction?
2. What are the CJS agreements currently in place?
3. What are the service gaps to fill?
4. What could be considered for sharing?
   - a) Functions (e.g., billing, HR, IT)
   - b) Programs (e.g., WIC, environmental health)
   - c) Capacity (e.g., epidemiology, lab)
5. What issues should NOT be considered because of lack of support? What are the boundaries of this initiative that should not be trespassed?

### Partners and stakeholders: WHO are the partners that should be involved? What is the history of their relationships?

1. What is the history of the relationship?
2. What are the motivations of each key partner?
3. What are the guiding principles that the CJS effort would have? Do all the partners share these principles?
4. What individuals and groups does the issue affect, and how?
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<th>Areas</th>
<th>Examples of Issues to Consider</th>
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| Context and history               | 1) Strengths-weaknesses-threats-opportunities  
2) What can be learned from past CJS initiatives?                                                                                                                                                                               |
| Governance                        | 1) What are the governance options being considered for the new CJS agreement? Is there at least one governance option that could be acceptable to everybody?  
2) What is an organizational structure adequate to assure proper management?                                                                                                                                                      |
| Fiscal and service implications   | 1) Does the plan achieve a balance between increasing efficiency and effectiveness?  
2) Will public health essential services be provided in a manner that meets or exceeds current levels of performance?                                                                                                               |
| Legal sharing agreement           | 1) What kind of agreement will be at the base for the CJS initiative?  
2) Who will have the authority to make decisions?  
3) Who will have the authority to allocate resources?                                                                                                                                                                          |
| Legal issues                      | 1) Are there issues related to personnel and vendor contracts (e.g., benefits, collective bargaining agreements, procurement processes, etc.)?  
2) Are there any liability and insurance issues to be addressed?                                                                                                                                                                 |
Phase 2: Prepare and Plan
How exactly would it work?

(2 of 2)

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| Logistical issues         | 1) What are the implications of the new agreement for buildings, office space, transportation, other properties, etc.?  
2) Are there adequate facilities to house all personnel, equipment, and programs within reasonable geographical proximity to the customers for the shared services? |
| Communications            | 1) How will the parties communicate?  
2) Are there external audiences with whom the partners also should communicate? If so, is there a communications strategic plan in place? |
| Change management         | 1) How are the changes produced by the CJS initiative going to be managed?  
  ▪ Who will be affected by the changes?  
  ▪ Who is going to want this initiative?  
  ▪ Who is going to oppose it?  
  ▪ Who has the most to gain?  
  ▪ Who has the most to lose?  
  
2) What is the change management plan for this initiative? |
| Timeline                  | 1) Is there a timeline including specific steps that have to be taken for the success of the sharing initiative? |
| Monitoring                | 1) How would you know if the CJS initiative is successful?  
2) Who will monitor the implementation and results of the CJS initiative?  
3) What will be the measures to monitor to assess the results of the initiative? |
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| Implementation and management    | 1) Are the activities being implemented as planned?  
2) Is there a strong project management team in place?  
3) Is senior-level support being secured?                                      |
| Communications and change        | 1) Are the change management and the communications plans being implemented?  
2) Is communications among all parties affected flowing well?  
3) What are the specific concerns and communications needs of each group affected by the new initiative? |
| management                       |                                                                                               |
| Monitoring and improving         | 1) Are the results of the activities satisfactory?  
   • Is the level of satisfaction of the stakeholders and groups affected by the initiative high?  
   • Are the goals of improved effectiveness and efficiency being achieved?  
   • Is there a need to revise the initiative’s initial goals?  
   • What are the adjustments that need to be made to the plan?  
2) Is the knowledge acquired being shared within and outside the project team? |
### The Roadmap on the Web

This is the **Summary Table**.

This printable table lists all **phases**, **areas** and **issues**. It also contains links to tools (A) and resources (B) for each area.

Select the link (C) to go back to the summary page.

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### Tools and Resources

- **Self-Assessment of Progress Along the CJS Roadmap**
- **Other Resources**

- **Tools:**
  - Assessment of Existing Services
  - Assessment of One CJS Arrangement
  - Assessment of Existing CJS Arrangements: Detailed Survey
  - Assessment of Existing CJS Arrangements: Abbreviated Survey
- **Other Resources**

- **Tools:**
  - Collaborative Trust Scale
- **Other Resources**
The Roadmap on the Web

Visit our website phsharing.org

Select one of the circled links to get an Overview of the Roadmap.
Overview of This Session

- Introduction and background
- General observations
- **Identified factors associated with successful CJS initiatives**
- Observations and results from public health CJS initiatives
Factors for Success

◆ Prerequisites:
  ◆ Take care of these before you even start planning

◆ Facilitating factors:
  ◆ Leverage them if they apply to your team and project

◆ Project characteristics:
  ◆ Build them in your project
## Factors for Success

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<pre><code>                                                             | Effective communication                   |
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Common Issues Across Demonstration Projects

- Addressing change
  - Trust
  - Change management
- Assessing existing and desired capacity
- Financing shared services
- Building on existing regional identity
- Size variations
- It takes time
Questions Arising from General Observations

◆ Importance of relationships – working together, history, and trust to CJS success

✓ Can/should a project start “cold” without positive history – doesn’t necessarily have to be directly related to CJS -?

◆ Power of professional networks (SACCHOs, work groups, other) to consider, approach, develop, support, sustain…CJS arrangements

✓ Are they an important prelude to the more jurisdiction specific actions envisioned in SSLC demonstration sites CFP?
✓ Is a longer/broader developmental horizon needed for CJS efforts?
Questions Arising from General Observations (cont.)

◆ Informal forms of sharing including coverage, advising, consulting, mentoring and other don’t always show on the CJS spectrum and weren’t captured as part of the Center inventory tool

✓ Are we missing key learning as to their developmental contributions in successful CJS arrangements?
✓ Should we be thinking of adding a “precursor” column or rethinking the criteria for the informal column?

◆ Recognize the SSLC planning structure could become a platform for more systematically addressing change/opportunities as they occur in participating jurisdictions rather than simply a vehicle for planning the specific action identified in their applications

✓ Is this a product of a more mature already developed working relationship among the jurisdictions?
✓ How would/should we promote this notion for others considering CJS?
Key Points

CJS, QI, Accreditation

1. QI and PM tools can support successful CJS efforts
2. CJS can provide QI and PM documentation for accreditation
3. CJS may increase accreditation readiness
   - Some jurisdictions can achieve standards jointly, but not independently
Results

SOURCES

◆ Shared Services Learning Community Experience
◆ Recent ICMA Survey and Case Study Development
◆ Other
Increased Efficiency

- Reduced costs – both overall costs and unit costs
- Greater productivity and economy of scale
- Ability to employ more robust and current service management systems
- Increased eligibility in some instances for state and federal grants
Increased Effectiveness

- Greater range of public health services and/or functional capacities available
- Improved quality of services
  - Timeliness
  - Accessibility
  - Professional level
- Potential for a public health presence at a greater range of policy and planning tables
- Ability to meet state or other performance standards
What is next?

- Many questions remain:
  - Is this model applicable to CJS involving:
    - States?
    - Tribes?
    - System-wide changes?
  - What are fiscal implications?
    - Cost of sharing services
    - Apportionment
  - Is there a taxonomy that can be developed?
  - What are the long-term effects of CJS?
  - How do we measure success?
The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.