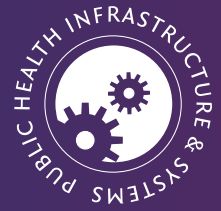


Performance Improvement Success Stories: Columbus and Salt Lake City Find Strength in Teamwork and Effective Fiscal Management



Columbus Public Health Finds Strength in Teamwork to Reduce Number of Uninsured Clients

In 2016, Columbus Public Health's Access to Care program partnered with its Neighborhood Social Work team and the Office of Planning and Quality Improvement to form a QI project team and develop an outreach strategy and goals aimed at reducing the number of uninsured clients by 10%. This strategy was successful, as education opportunities, increased promotion of enrollment services and use of social media helped to reduce the uninsured population by more than 11.2% between 2016 and 2017. To maintain continuous QI, both programs identified additional gaps in service, and streamlined and increased referrals. QI also extends to referrals and education taking place during appointments, to maintain a low uninsured rate through education and additional opportunities for enrollment.



"This strategy was a success, as education opportunities, increased promotion of enrollment services, and use of social media helped reduce the uninsured population by more than 11.2% between 2016 and 2017." – Emily Fisher

QI Teams with Programs to Meet Client Needs

Columbus Public Health features a wide range of programs, with an annual budget of nearly \$50 million and more than 450 employees. Franklin County, where Columbus is located, is home to more than 1.2 million

residents and growing. Columbus Public Health serves residents who live within Columbus city-limits, as well as the city of Worthington. The department has a dedicated Office of Planning and Quality Improvement (OPQI) team, charged with improving processes throughout the department, as well as ensuring that staff is able to meet the needs of the populations being served. This team is also responsible for overseeing the PHAB reaccreditation process. The Access to Care and Neighborhood Social Work programs have worked closely with the OPQI team to develop goals and reporting systems, and work on quality improvement initiatives within their programs.

The goals of this project included streamlining the referral process and increasing referrals for health insurance by 15% and social needs by 10%. "We wanted to ensure the process is inclusive of all clients, and develop a way to track the work being done," said Emily Fisher, Special Projects Manager at Columbus Public Health. Members of the Office of Planning & Quality were invited to the team in order to form an official QI project. The scope of the project was clarified to focus on the one aspect of the larger process of meeting the needs of our clients. This resulted in the need to streamline the collection and track referrals. In order to do this, the group completed a cross-departmental process mapping meeting.



The team engaged partners from each functional area; Access to Care, CPH Clinics, Social Work, Information Technology, Quality Improvement and CPH leadership. "There were several opportunities for collaboration during the project," Emily said. "At each phase of the Plan, Do, Study, Act (PDSA) cycle, the team worked directly with front line staff to gather feedback and solutions as we monitored for potential issues or unintended outcomes. We did this through staff meetings to understand and map the process to reflect the current state, team meetings, and daily check-ins to trouble-shoot any issues with the pilot."

Celebrating Successes, Reflecting on Lessons Learned

"We celebrated several successes along the way, as well as some lessons learned. Our initial challenges were that there were multiple processes, as each staff was making referrals differently. We had to work through how each staff member made referrals originally, in order to better understand what was missing and how we can fill the gaps," Emily said. Through discussions, they began to understand that staff had limited understanding of the result of a referral, and that silos among programs caused difficulties in coordination. "Our lack of experience in implementing QI projects was something that we were cognizant of; however it required meetings to be more frequent. Unpredicted volume of referral needs (both a barrier and a success) as well as technology challenges set referral follow-ups back, causing a lag in timing of outreach," she said.



In the end, a standardized and equitable process for tracking referrals was created, causing referrals for services increased by nearly 300% during the pilot phase.

Because so many programs were working together throughout this process, it caused communication challenges as well. Some of the department's successes

included developing a systematic approach that allowed equitable evaluation of referral needs, ensuring that every client was assessed and referred. Front line staff began to feel more empowered and bought in to the process. With a cross-departmental team involved in



looking at the issue, they were able to address issues as they arose. "In the end, a standardized and equitable process for tracking referrals was created, causing referrals for services increased by nearly 300% during the pilot phase," Emily said.

There were several lessons learned through this process. "Some advice that we would give to other local health departments is to ensure that internal stakeholders, at all organizational levels, are engaged from the beginning. With any quality improvement project, it's important to confirm that there is a defined communication plan and that staff participating understand communication is an open door and can happen at any time; not only during designating meeting times," Emily said. Additionally, clearly defining team roles keeps cross-divisional projects moving and sets expectations for progress.



Measuring What Matters: The Road to Effective Financial Management

The Salt Lake County Health Department (SLCoHD) provides services to a community of over 1.2 million people. The department has five different divisions, with approximately 400 employees organized by programmatic delivery. Salt Lake County is home to the capital city of Salt Lake City, the largest metropolitan area within a 400-mile radius. Because of this, the County attracts a more diverse population than is seen in neighboring Utah counties. “The department provides a diverse array of public health services to ensure that our communities are healthy,” said Dorothy Adams, MPA, LEHS, Division Director/Administration. “In order to stretch our limited tax funding, it is important to our department that we understand the cost of providing various programs. Having an accurate and complete picture of the costs associated with all of our programs provides us with vital information that is needed to determine where additional resources are needed and further prioritize where limited resources should be directed.”

The QI Mindset

SLCoHD has a long history of incorporating the Quality Improvement (QI) mindset in the development and delivery of department programs. “We’ve provided many trainings about QI, illustrating the use of tools, creating



storyboards, and more importantly, emphasizing the value that this critical thinking brings to programmatic delivery,” Dorothy said. The department has also provided many trainings on how to develop measurable program goals to understand whether these strategies are having the intended impacts, and if not, they devise different strategies. Performance management — from the staff to program services — is a critical component to the department’s strategic and workforce development focus.

My Budget’s Bigger Than Yours: Understanding and Comparing Program Costs

Determining program costs is important in the delivery of public health programs; it allows for a critical review of all the pieces that go into providing a program. The conversation becomes one about efficiency, further funding support, and sustainability. How can a program understand the impact a perceived efficiency will have on program costs and delivery, if the true cost is never understood? How can additional costs that may improve efficiency be justified, if current program costs have not been identified? “



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Having this baseline understanding of program costs was initiated, because many of our program fees had not been updated in over a decade. The goals of the project were not only to update the fee schedule, but to develop a systematic way to understand our costs and compare them to health departments inside and outside of Utah,” Dorothy said. The next step was sharing data with industries and the public, and moving forward, using this information to understand if the health department needed to find efficiencies. “As important, we needed to find out if our funding sources are sustainable, and if not, what actions are needed. The program review began with programs that charged fees, and then considered all department programs,” Dorothy said.

The Work Begins: Establishing a Fee Review Process

The established fee review process relied heavily on staff discussion and feedback, and began with a discussion about the components involved in program delivery, and time associated with performing tasks. We then assigned a weighted hourly rate, depending on the division that housed the program. This hourly rate, per division, was established by pulling together both direct and indirect costs at the department and division levels. Because wages by profession vary, and the department needed an accurate picture of costs, the department decided against adopting one hourly rate. The weighted hourly rate was then assigned to each division program, based on the amount of time staff determined it took to provide the service. The fee was then compared to the same or similar fees assessed by both local health departments and businesses within Utah, as well as peer counties outside of Utah.



“Salt Lake County health department has always had an environment of continuous quality improvement. Staff see it as a part of their job and the way that they do business.

I think this may be among health departments, since most Performance Improvement folks struggle with getting agencies on board for initiatives and getting people to embrace quality improvement.” – Dorothy Adams

If the proposed fees were in sync with what was being charged elsewhere, the department moved forward in sharing these fees with partner industries and clients.

The department understood the value of providing these services, even though the developed fee did not cover the program’s costs. The department realized that where a program’s impacts are far-reaching and not specific to a group of users, the benefit to public health is attained

by making these services affordable. For example, pool inspection programs have an identifiable group of users — those that use public swimming pools — as opposed to immunization programs, where one person’s immunization history can impact others’ health. The public health impacts are always considered when reviewing proposed fees, as the cost of fees should never be a deterrent to protecting the community’s health.

The Cost of Building Understanding into the Process: Priceless

The department found that industry and clients were very appreciative of the efforts to keep them apprised of the fee review process. The specific feedback from industry was that they were happy to understand that the department doesn’t randomly determine fees, but that there was an established methodology to the process. In the fees that have been updated over the past four years, the proposed increases and decreases have met with support. The department implemented suggestions from industry to gradually increase fees where a substantial increase was proposed, because the fee had not been updated in over a decade. Communication and transparency were key components to successful implementation of the process.



From the department's perspective, the part of the review process that provided valuable performance management information was the comparison of proposed fees to health departments and industries within and outside of Utah. "If our department's cost to perform a pool inspection was considerably more than a local health department in our peer Multnomah County, why is that? Has that county incorporated efficiencies that would have similar results in our county? Does our department include unnecessary steps in our pool inspection that have no effect on maintaining public health?" Dorothy said. In performing fee comparison, department staff found that many local health departments either hadn't reviewed their fees in a very long time, or the fees were set by state statute. As a result, the department has shared its fee review methodology with other Utah local health departments, even though the fees from these departments would often not be viewed as comparable, due to their size and scope of services. The department is hopeful that there will be opportunities for more in-depth conversations around program costs comparisons among peer counties.

Impacts of Success and Future Steps

The revised fee review process that the department implemented over four years ago has had many successes. The discussion at the program level about time involved in providing services has built a better understanding of needs; further, it has given staff an opportunity to determine what is necessary and what can be done in the

future to increase efficiency. Staff have also been able to see the impact that technology has had on the timeliness of their services, further demonstrating the need to embrace changes in methodologies, even though it can be painful at first.

The partnerships and trust with industry that resulted from eliciting feedback and sharing the fee review methodology was an unforeseen benefit. Currently, the department is expanding the review process to include all of its programs, not only those that charge fees. The department believes it is important to understand the cost of providing a service, no matter if fee, grant, or tax supported. The public impact of these services will be included in the review to give the department an understanding of what is being accomplished with the dedicated financial resources. Further, for grant-funded programs, this information will provide program managers with an opportunity to grantors for additional funding, if a grant program has grown beyond the grant dollars and has become tax-reliant.

"As our department works to address emerging and changing public health issues, understanding how our financial resources are currently being used provides necessary information in planning for the future. Those involved in the delivery of public health services are all faced with limited financial resources, so securing future funding and shifting resources to meet current and future needs is contingent upon understanding current programmatic costs."