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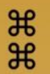
Improving Efficiency and Effectiveness for Public Health Services



Government Effectiveness and Efficiency Series

Summit County Communities
Summit County, Ohio

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This case study describes the "Summit County Health District". The story is told with the help of the researchers at the Center for Public Administration and Public Policy at Kent State University. We hope that by sharing experiences and lessons learned from this collaborative effort, we will help others start successful collaborations. Donna Skoda (Summit County Public Health), Tom Quade (Summit County Public Health and formerly Akron Health Department), Gene Nixon (Summit County Public Health), and Ken Slenkovich (Center for Community Solutions and Kent State University College of Public Health) contributed insights and information that made this case study possible. The case study is written from in the first person plural ("we") tense -- as though the writers were present and involved in the collaboration -- to enhance readability and ease comprehension for its readers.

Just the Facts:

Historically, disease information sharing between city and county level governments has been a challenge here in Summit County, Ohio. And for a long time, technology simply wasn't available outside of faxes and phone calls. For some of our government organizations, this slow, stilted form of communication was acceptable. With all of the documentation and recording necessary, sharing information on disease outbreaks and follow-up was already a slow process, and some of our services did not require instant transmission of information, or, for that matter, instant access for other governments.

While the Summit County Public Health (SCPH) and the Akron Health District (AHD) have had long-standing and positive efforts to share important information, the efforts were still far from perfect. . Health information has to strike a delicate balance across governments; on one hand, for our patients and citizens, it has to be secure. On the other hand, employees need access to health information to keep track of emerging outbreaks, to identify growing needs within the community, and to plan responses to public health emergencies. Diseases can vary drastically when it comes to the speed of transmission, and public health leaders must be able to keep up to protect the public. Here in Summit County, we have the same needs. Meeting them, however, was very difficult by two very important factors. First, we had three separate health departments serving our citizens, including the City of Akron Health District (AHD), the City of Barberton Health District (BHD), and the Summit County Health District (SCHD). Second, each health district used different information tracking platforms. Communicating disease information in real-time between these organizations was almost impossible, which slowed our ability to respond to diseases across three jurisdictions.

We knew that we needed to continue improving the communication of health information between the Health districts. We also knew that any real solution required coordination among the health districts. At first, Akron and Summit developed the Combined Communicable Disease Reporting system, but this proved hard to update and maintain. We discussed alternative approaches, including consolidation, but – at least at times – our work seemed to move slowly. Concerns about limited resources, loss of independence, and worry over a loss of individual control within each district slowed discussion of collaboration, and made negotiations difficult at times. There were concerns in Barberton, for example, that stemmed from the relatively small size of the city and the understandable fear that the needs of their citizens might be overrun by the needs of citizens in Akron and rest of Summit County.

> **"Summit and Akron already had an excellent relationship. They had worked together in the past on so many data sharing and disease response projects that consolidation was the next logical step in the process."**
>
> **-Ken Slenkovich**
> **Center for Community Solutions**

It seemed, for a time, that our talks might be doomed to be just that: talks. However, when, we heard of the Efficient Gov Now (EGN) grant program, we knew that it would present an opportunity to help our group focus our thinking. Run by the Fund for Our Economic Future, the EGN program offered a prize of $100,000 each for 3 projects that proposed collaborative ideas that won the majority of citizen votes in the contest. We fit the contest criteria: Summit was one of the 16 counties covered by the program, we were already thinking of collaboration, and funding was just what we needed to draw our partners to the table. As a result, Summit County Public Health started to develop a proposal for the contest. AHD came to the table, too, and we developed a plan to buy the software needed to coordinate our information technology (IT) and effectively share public health information. We submitted the proposal, and continued talks while we waited for the results.

In the end, we weren't one of the winners. It was hard to take at first, of course. Nobody really wanted to go back to the long cycle of meetings and talks. We had felt, for a long time, that we were making little progress, just revisiting the same old problems. But now, a few important things had changed.

Then, Summit County Executive Russ Pry and Akron Mayor Plusquellic created a formal committee to discuss consolidation of SCHD and AHD. There was a $50,000 grant to support this effort from the GAR foundation and local hospitals. The funds were used from the donation to finance a study of the consolidation. After some careful research, a study was released by our consultants, the Center for Community Solutions, and it found that consolidation was feasible and potentially beneficial. The community committee then recommended consolidation of AHD and SCHD, and Akron and Summit County set off on the path to consolidation. As one of the Center for Community Solutions researchers, Ken Slenkovich observed: "Summit and Akron already had an excellent relationship. They had worked together in the past on so many data sharing and disease response projects that consolidation was the next logical step in the process."

We were surprised, but pleased. Even though we did not have the money to buy the new IT, we found another, bigger opportunity. Instead of reworking how we shared our public health information, we set out to merge our health districts into one system. Our political leaders, County Executive Russ Pry, and Akron Mayor Don Plusquellic, offered vocal public support of the consolidation. Our local health department leaders, Summit County Health District Director Gene Nixon and Akron Health District Interim Director Tom Quade, worked out a plan to consolidate the health districts into the SCHD. Finally, our community health partner, Bill Considine of Akron Children's Hospital, offered important coordination between the community and public health leaders.

After considerable debate, the Mayor of Barberton also came forward in support of joining the consolidation. While Barberton health district filed a lawsuit against the action, it was dropped, and they ultimately joined the county level health department.

There were a number of important results from this consolidation. Perhaps most critically, our disease tracking and response is now better coordinated, and we believe this is improving service and prevention. Another important result is that we are now able to innovate and use new approaches to save taxpayers money while providing the services they expect. One excellent example of this change is our plan to move vaccination campaigns into the hands of pharmacies, and offer nursing supervision rather than the service itself. Finally, the consolidation is saving our citizens money, with personnel changes associated with the consolidation alone yielding savings estimated to run into the hundreds of thousands of dollars. As positions are eliminated through retirement, for example, we are left with fewer personnel costs. To add to these savings, we also have reduced facilities expenses.

We learned a great deal from the process as well. First, leadership can change the chances of success, simply by merit of the relationship between leaders and the leaders' connections within the community. Second, changes in leadership, such as vacancies, can offer new opportunities for consolidation by avoiding power struggles which would occur if the leaders from each agency worry about retaining power. And third, labor unions can be dealt with effectively by remaining up front with them throughout the collaborative process.

The Summit County Health District Collaboration

The Problem

As far back as 2004, our health districts here in Summit County knew they were facing some pretty serious challenges. Technology was changing rapidly, and the information demands of both the private and public health care systems changed with it. Under the traditional system, patient locations were assumed to be relatively stable. Under the new system, electronic records become important as we recognized that patients move frequently across jurisdictional boundaries. As technology improved, our ability to follow patients from diagnosis, to treatment, and to prevention also improved. In the words of Summit County Health District Assistant Director Tom Quade: "Public health should not be defined by the border of a city, it should be defined by the need of a population."

New guidelines released by the CDC required disease tracking improvements which could be met with appropriate electronic health information systems. But these health information systems must be used properly to really have an impact on reducing the spread of disease. First, individual users must be careful to enter information properly. Second, all users must be consistent about how they report disease information through the system. Third, these systems must be used consistently across all of the public health organizations that oversee a community. Fourth, if communities sit right next to each other and have populations that cross over frequently, the public health programs in each community must share information to prevent the spread of disease.

"Public health should not be defined by the border of a city, it should be defined by the need of a population."

-Tom Quade
Summit County Health District

Sharing electronic records in a way that provides important public health information while protecting patient identity is challenging, particularly across public health systems. Our health districts faced particularly large challenges, as our county contained three separate health districts: Barberton, Akron, and Summit County Health Districts. Keeping technology, reporting, and planning coordinated posed difficulties. While we historically shared a liaison across all three districts, the position was phased out in 2001. To further complicate matters, tensions arose between Barberton and SCHD, as Barberton attempted to create a larger health district with other communities in the southern part of the county traditionally covered by Summit. While these tensions presented real issues, we worked hard to address them as they came.

Our first attempt to build a health information system that would meet our tracking needs was a shared effort between Summit County Health District and Akron Health District. We developed the Combined Communicable Disease Reporting system to try to manage health information with an Access Database. Unfortunately, the system was not user friendly, and was ultimately abandoned in 2009.

We had to find a way to share our disease information across health districts in our county, and come up with strategies to share this information with state and federal organizations in an efficient way. But evaluating the hardware and operating systems needed, as well as buying them, would cost around $252,000. Training staff and combining information would add $680,000 in expenses. Finally, trying to accomplish all of these important changes independently would lead to likely disconnects between the two systems. We had a plan to develop a better health information sharing system, but the cost and technical problems of completing it independently were significant barriers to its implementation.

The Opportunity

Akron and Summit County had a history of working together on the CCDR system, vaccination campaigns, and health surveys. Many of our leaders knew one another, both professionally and socially. Because of these relationships, collaboration seemed like an obvious solution to the problems we had encountered. But while working together to develop a new data sharing program would cut costs by about $150,000 and $206,000 annually thereafter, it would not save enough money, up front, to make up for the expense of implementing it, estimated at around $952,000. To complete this project, we needed additional funds. That is why we were excited when we came across the Efficient Gov Now grant program.

The EGN grant program is a contest which a Northeast Ohio philanthropic organization, the Fund for Our Economic Future (Fund), ran in 2009 and 2010. Created to encourage local government efficiency and effectiveness through collaboration, EGN invited local governments to write and submit proposals for projects which involve two or more local governments working together to improve government programs and services.

The Fund invited citizens from across Northeast Ohio to vote on their favorite project to select the three winners. We found the contest appealing for many reasons: it encouraged collaboration, rewarded good ideas and involved citizens in government choices.

The Proposal

In spite of the limitations of the CCDR system, our leaders continued to push the idea of health information collaboration, with the goal of obtaining the software, hardware, and training necessary to effectively share public health information across health districts and health care providers. One of the first challenges we encountered came early and was tied to the basic structure of the health system in Summit County. Summit County served all of the communities within its borders, except for Barberton and Akron. This meant that large numbers of patients moved across each health district's jurisdiction every day. This situation created complications in disease tracking, as individuals could very easily live in one district and work in another. Some of these issues were already dealt with, as – for example -- Akron handled Sexually Transmitted Disease (STD) tracking for itself and Summit. While we shared some information in this manner, we each used very different software and technology, and had different tracking habits. Beyond these issues, Barberton still oversaw a number of citizens without coordinating disease tracking with Akron or Summit. The populations each health district served are broken down in Figure 1, below.

Figure 1: Population Served by Each Partner

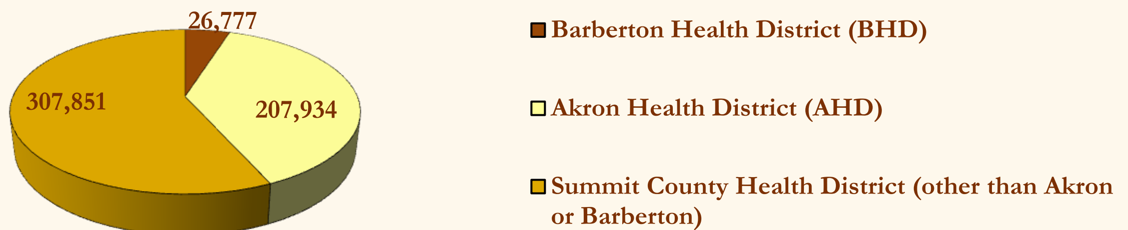


Figure 1: Summit County population: 524,562 (Source 2000 Census)

The next challenge was determining how much the information sharing project would cost, and how much each partner would pay. Expenses included consultants hired for legal and technical assistance, computer supplies, equipment, personnel, disease investigation supplies, office supplies, software and licensing. After considerable discussion, SCHD came forward and offered $517,000 to handle the majority of the projected costs, with AHD offering the second largest portion of funds. The proposal developed for EGN requested an additional $100,000 in support funds, bringing the total cost of the project to $952,000. The complete breakdown of support is offered below in Figure 2.

Figure 2: Expenditure Breakdown

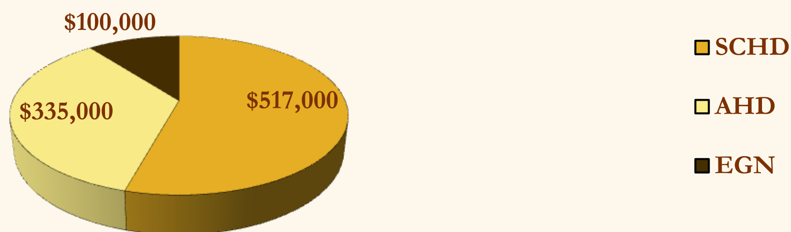
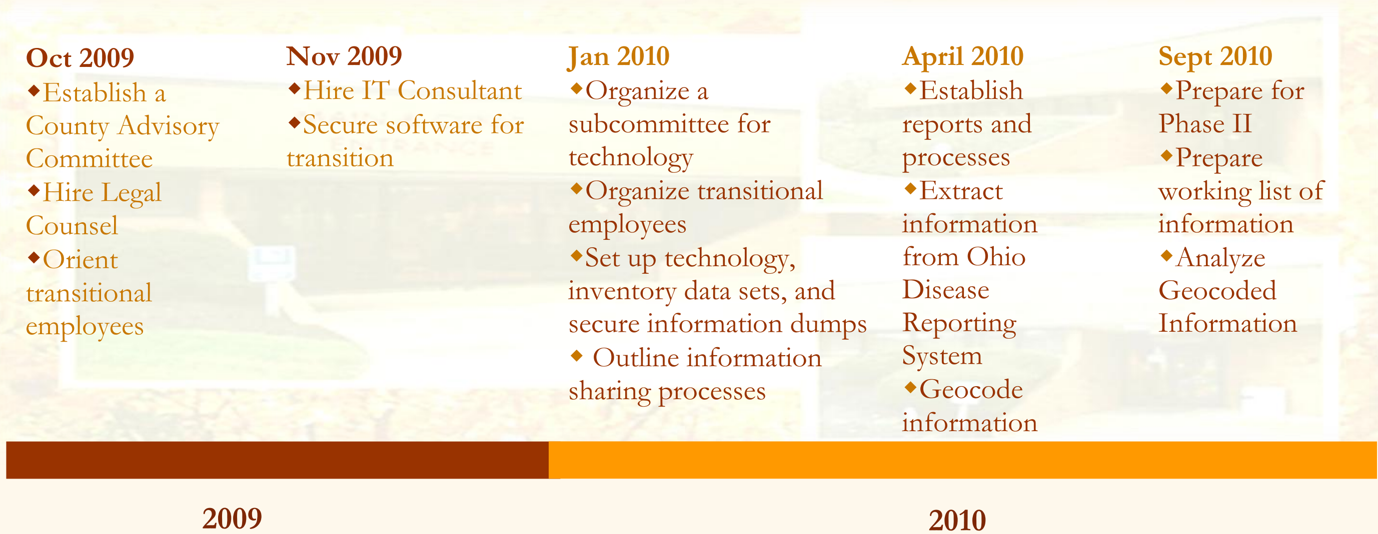


Figure 2: Total cost $952,000.

Developing the appropriate timeline for transitioning from the current, divided IT system to a new, coordinated IT system presented the next challenge. There were a number of steps which had to be accomplished in careful sequence, and the EGN program required that all of the proposed project must be completed within two years. This left us with little time to resolve the errors that are common to IT systems. In the end, however, we developed the timeline outlined in Figure 3. This was the last piece we needed to complete our application. With high hopes, we sent it in to the Fund for Our Economic Future.

Figure 3: Original Timeline for Implementation



The Reality

We campaigned, and tried to raise citizen awareness in our community and in those around ours in an effort to build public support. While 4,704 citizens voted for our project, we did not receive enough support to win the EGN grant competition. It was a setback, but it did not make the situation completely hopeless.

We had other options, chief among them: consolidation of all three health departments. But it wasn't simply a matter of a handshake and a nod between the departments. There were real political barriers, such as fear of loss of control on the part of leaders, fear of loss of jobs on the part of employees, and fear of loss of service on the part of citizens. These concerns were reinforced by the powerful attachment in our state to the idea of home rule and local ownership of government, as well as the anxieties of the four unions which represented the workers employed by the health districts. Nevertheless, with prompting from our leaders, discussions on consolidation began shortly after the EGN voting concluded, and the discussions recognized a window of opportunity that occurred because of vacancies in the full time director positions in Akron and Barberton.

However, discussions on consolidation could not completely resolve data sharing issues: equipment would need to be replaced, a system would need to be created for entering information, and the problem of data sharing between Barberton and both Summit and Akron would need to be resolved. The first issue was solved for us. Around the same time that EGN voting occurred, the Ohio Department of Health released the final version of the Ohio Disease Reporting System, a centralized information system for disease reporting across Ohio. While this gave us a central place to enter and store data, it did not solve the equipment issue or the need for coordinated planning across all three districts.

The Progress

The discussion of consolidation was a conversation we had had many times before, and some of the history of this conversation is summarized in Figure 4. However, there were a few important things that made this round of talks different.

First, around $50,000 in community support was offered through the GAR philanthropic foundation and local hospitals. This money – along with support provided by AHD and SCHD -- enabled the discussion of consolidation to grow, exploring the possibility of consolidation in more realistic terms. With these funds, the group Imagine Akron 2020 formed a committee of community members to explore and discuss the strengths and weaknesses of consolidation. This group, headed by Bill Considine of Akron Children's Hospital, proved instrumental in guiding the project.

Second, the funds we received enabled us to hire a consultant firm, the Center for Community Solutions (CCS), to perform an assessment of the options. Led by Mr. Ken Slenkovich, who is now with the Kent State University College of Public Health, CCS worked closely with the community committee throughout the entire process. With his colleagues, he examined and evaluated the barriers and solutions to improving our health services.

Third, we connected with political leaders, including the Mayor of Akron, Donald Plusquellic, and the County Executive, Russell Pry. Their leadership, combined with the support of Bill Considine, the AHD staff, and the SCHD staff, proved instrumental in building public support for the consolidation.

Fourth, retirements of a number of organizational leaders in Akron provided the possibility of a smooth transition without battles for power. This, combined with the other three factors outlined above, offered a perfect opportunity for consolidation.

In the Winter of 2010, CCS released a report which determined that consolidation between the Akron and Summit Health Departments was feasible. After this conclusion was reached, the committee unanimously recommended consolidation of AHD and SCHD.

Although Mayor Plusquellic came forward and publically agreed with the consolidation recommendation on the condition that no jobs were lost, there were some initial concerns about job loss from the four unions across our districts, particularly the nurses union. When SCHD leadership agreed to this condition, the pressure from the unions began to diminish. As the consolidation moved forward, the number of unions representing our staff fell from four to one.

The surprises were not over, however. By mid-year 2010, we were well on our way to planning the consolidation. The Mayor of Barberton, Bob Genet, came forward in favor of merging the Barberton Health District with AHD and SCHD. However, citing an ordinance which required the city to have a health district, the Barberton Health District sued Barberton Mayor Bob Genet and the City of Barberton to prevent the consolidation. After insufficient evidence that the ordinance required the city to run the district itself, however, the lawsuit was dropped, and plans to consolidate all three districts moved forward.

Although Barberton was the last partner to agree to the consolidation, it was the first to merge into the new Summit County Combined Health District in the Fall of 2010. In January of 2011, Akron joined as well, and we began the difficult work of building coordination across the new district.

We began by sharing facilities and staff. While no positions were eliminated immediately, positions will gradually be removed when employees who fill them retire. At present, however, we have about 240 employees -- 15 from Barberton, 101 from Akron, and 120 from Summit. The security of the positions from Akron and Barberton is enforced through the contract each community signed with Summit at the creation of the new district.

We also started the long process of replacing outdated equipment and software, and training staff members in the use of new technology. As of the Summer of 2011, all new technology has been connected across the new district through a network, and we are in the process of establishing a shared internet connection for all offices.

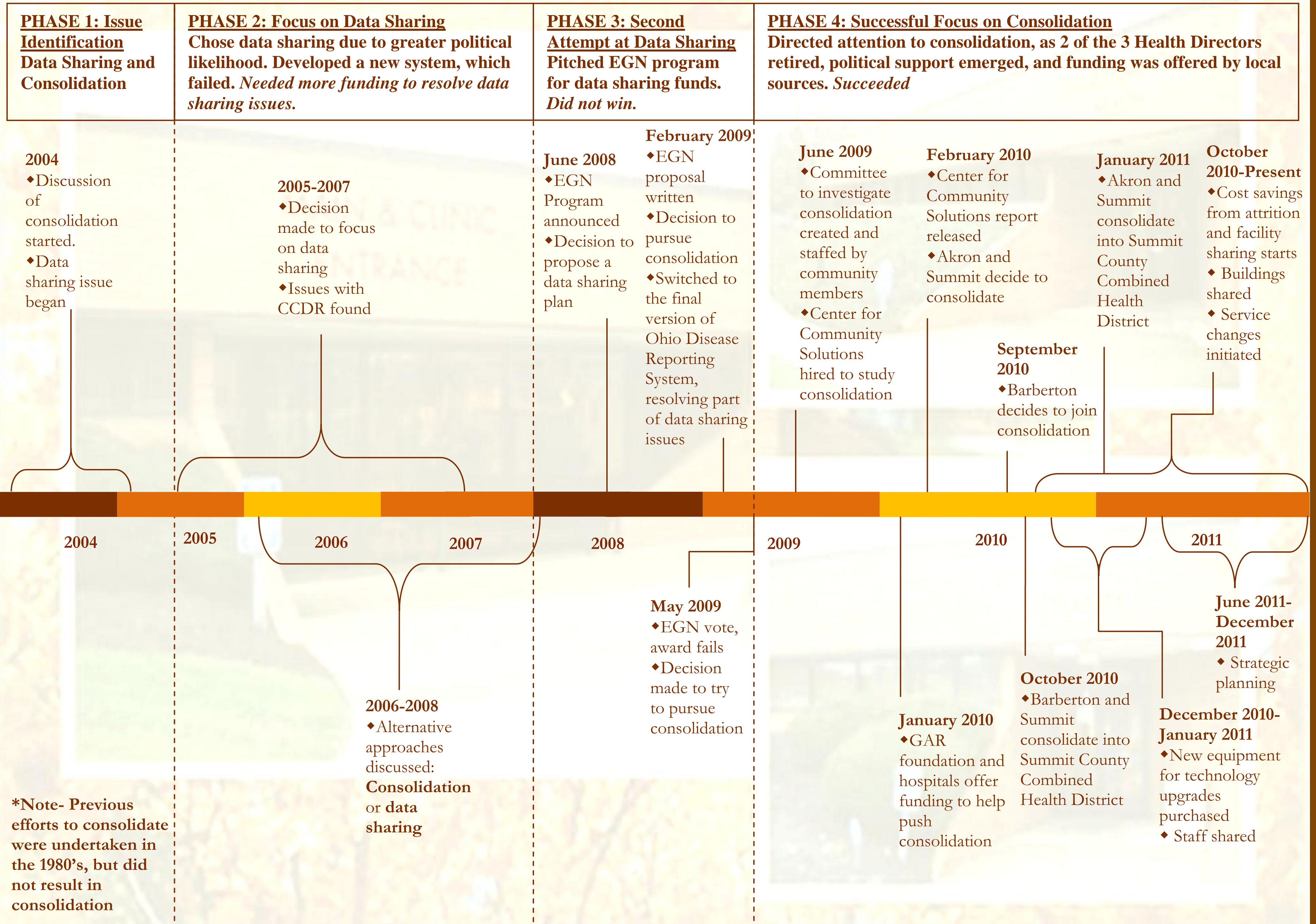


Figure 4: *Complete Timeline of Attempts to Confront the Data Sharing Problem

The Results

While we are still calculating the anticipated cost savings flowing from this consolidation, we believe that they will be considerable. The savings will stem from a number of sources, some of which have already begun to yield reduced costs. First, immediate savings stem from the elimination of two health director positions (one in Akron and one in Barberton) which are no longer required after the consolidation. Savings from eliminating these positions and other personnel changes are already estimated to lie in the hundreds of thousands of dollars. Second, considerable cost savings stemming from staff positions that will be eliminated over time through attrition are expected to accrue gradually over the coming years. Third, cost savings stem from sharing facilities and maintenance are now beginning to accrue and may grow over time.

While the cost savings are significant, the most substantial results flowing from the consolidation are likely to stem from improved services. As Health Commissioner Gene Nixon pointed out, "We are changing the way we do business. We are investigating and implementing innovative ways to provide services, and this is allowing us to combat gaps in public health services in new ways. Consolidation is a paradigm shift, and it is a key step in progressively improving public health services in Summit County during the coming years."

"We are changing the way we do business. We are investigating and implementing innovative ways to provide services, and this is allowing us to combat gaps in public health services in new ways. Consolidation is a paradigm shift for the better in Summit County."

-Gene Nixon
Health Commissioner
Summit County Health District

While the service improvements will develop over time, the steps to achieve them are already underway. We are now focusing on health disparities, emergency preparedness, and preventive care, and we expect to accelerate these efforts in the coming months. We are exploring alternative ways to provide services, including moving vaccination into local pharmacies, offering a county pharmacy for impoverished patients, and combining wellness outreach with emergency preparedness planning. We are also writing a strategic plan, and through this process, we hope to clearly identify our priorities as we move forward. This will be particularly important as we seek accreditation as a unified health district.

The Lessons

There's an important lesson here: Even if you don't accomplish what you set out to do, you can sometimes accomplish far more than you expected. We came into this collaboration looking for a way to solve an information problem that was caused by fragmented government. In the process of discussing ideas that could solve these information sharing problems, we actually solved the root cause. Flexibility has been key to our success.

"The process was very open, very transparent, and I think that the level of trust we had going in was one of the most positive factors throughout the consolidation. There weren't issues of motive, and expectations were clear from day one."

-Tom Quade
Summit County Health District

The process we used really made a difference. First, we discussed the idea within the health districts. Then, we explored funding options. Next, we began to communicate with community leaders and citizens. Then, we carefully investigated the strengths and weaknesses of the idea. Finally, we developed a clear plan. As noted by Mr. Tom Quade, "The process was very open, very transparent, and I think that the level of trust we had going in was one of the most positive factors throughout the consolidation. There weren't issues of motive, and expectations were clear from day one."

The opportunities for leadership succession also played an important role. While Barberton's health director initially resisted the collaboration, she eventually left her position. This meant that two of the three permanent leaders in the health districts involved had left, leaving little competition among leaders for control of the new health district. Because leaders did not stand to lose directly as a result of this consolidation, there was no resistance, and outside of the brief lawsuit from Barberton, there were no real organized attempts to turn staff against the concept of consolidation.

An additional reason that the staff remained cooperative is that there was steady communication with unions and, more importantly, with staff themselves, throughout the entire discussion. This created a sense of trust and unity among the organizations, and reduced the hesitance of the staff members. Furthermore, Mayor Plusquellic's insistence on preserving all of the jobs in Akron created a sense of security for the staff.

The communication process we used, the changes in leadership we experienced, and the reassurance we gave staff members had a powerful influence on our success. All of these factors created a project that was ripe for success. The time was right, the planning was detailed, and the organizations worked as one based on trust. Three things: trust, timing, and planning, are the real basis of the progress and results we have achieved to date. Over time, we hope to expand upon our success to date and provide more efficient and effective public health services for citizens in Summit County.

For More Information…

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