Good Morning, Chairman Senator Judy Lee and members of the Health Services Committee, My name is Mona Klose and I served as the external evaluator for the South East Central Regional Public Health Network. I have previously provided external evaluator services for public health projects as well. I have 10 years of public health nursing and 12 years of quality, risk management and utilization administration experience. I am currently an Assistant Professor of Nursing at Jamestown College, hold a Master of Science degree in Rural Health Nursing and am a Certified Professional in Healthcare Quality. The following testimony will discuss 1)the process used for evaluation throughout the 1 year grant cycle 2) findings from the baseline, formative and final evaluations 3) benefits and challenges reported as well as implications for future collaborations.

Evaluation Process

Baseline evaluation of the grant was completed in August of 2010, followed by formative evaluation activities in February 2011. For both of these processes, key informant interviews of the four agencies participating were conducted. The administrators, fiscal representatives and front desk position personnel for a total of 10 individuals participated. After permission was obtained, Borden and Perkin's Assessing your Collaboration: A Self Evaluation Tool was utilized for baseline evaluation. The interviewer read the definition of each of the 12 factors out loud to the collaboration participants. The participants rated each factor with one strongly agree to five strongly disagree. For both baseline and formative mid grant evaluation, the interviewer next asked a survey of questions that included topics identified as relevant by the holder of the grant and evaluator. Final evaluation process of requesting specific data via reports and survey monkey from administrators, fiscal representatives and front desk position personnel yielded outcome data on efficiencies, cost savings, return on investment, benefits and challenges.

Baseline, Formative and Final Evaluation Findings

Baseline data from Borden and Perkin's evaluation tool identifies the following factors that influence the functioning of a collaboration: communication, sustainability, research and evaluation, political climate, resources, catalysts, policies/laws/regulations, history, connectedness, leadership, community development and understanding community. The findings indicated a strong tendency of many components that make up a successful collaboration. The specific areas that indicated lower ratings would be expected as baseline information. These include sustainability, connectedness each receiving 2 ratings of somewhat disagree, and political climate, policy, rules and regulations, history and understanding community each receiving 1 rating of somewhat disagree. In general, participants were all very supportive of this process. Further survey findings indicated the overwhelming reason reported for joining the collaboration was to more easily recapture finances and automation of records to enable ease of reporting. Consistency in resources and a hope to increase standards were also reported. These reasons basically mirror the accomplishments the participants hope result from this collaboration. The goals include successfully obtaining and implementing software for billing and patient flow to streamline processes and avoid duplication in record keeping. Other goals less frequently reported include increasing efficiency for personnel, future sharing of regional services to provide comprehensive public health including environmental health, to have a connectedness with regional agencies, and to increase awareness in the local area as to the standard of public health care available. Inefficiencies reported at baseline include record keeping—from payroll to client movement which all affect payment and time. Lack of resources for specialties, implementation of best practices and equipment were also reported. Regarding services, chronic disease management was reported as the program that if shared would have the greatest effect on improving health in their community. Immunizations were ranked second

closely followed by family planning. Sexual assault response team was reported 4th. A full report of baseline evaluation is available from the holder of the grant.

The formative mid-grant evaluation completed found the participants reported a positive experience with the pilot regionalization project and identified the following:

BENEFITS:

- Continuity across health units—collaboration, unison of philosophy
- Improvement of administrative functions and enhance services
- Advances in technology, software, processes
- Efficiency, including switching to Zirmed for processing immunization claims
- Improved support from Board of Health
- Increased confidentiality for clients
- Power with numbers---all 4 agencies working together

CHALLENGES:

- Limited time frame for implementation due to getting funds for 1 year instead of 2
- As above and question whether moving to fast to 'get it all done'
- Needs of all communities not formally assessed
- Amount of time for learning software along with regular work routines
- Technology knowledge limits---learning curve
- 'partner relationships' every agency is unique
- Getting staff motivated to fully participate (such as nursing to code visits accurately etc)
- Need succession planning for where to go once allocation of pilot is complete

Chronic disease management continued to be the program reported as desired to share services to have the largest impact on public health in all areas, with family planning reported second. SART was reported as the program that may not have much of an effect if shared however it is to be noted that some agencies have already existing arrangements within their geographical areas to cover sexual assaults. A full report of formative mid-grant evaluation is available from the holder of the grant.

The final evaluation report has previously been provided to this committee for review. The administrators of the participating agencies have discussed with you specific benefits and efficiencies that they realized. The written report provides detailed information regarding efficiencies. Summary of other findings includes:

Benefits:

- Enabled agencies to improve business processes—billing and Ahlers Protocols
- Uniform client charting and documentation
- Nursing policy and procedure framework, website for sharing and support
- Improved tracking of expenses
- Higher security for client information improving HIPAA compliance
- Decrease time and increase efficiency for annual reports with more accurate data
- Credible relationship building to aid in future collaborative projects
- Improved standards of care—specifically Chronic Disease Management
- Increased the professional level of staff as well as processes utilized
- Availability of expertise and training, trust between and among participating agencies
- Established roadmap for the future (CHA/CHIP) to enhance sustainability

Challenges:

- Need to continue to learn and fully utilize Ahlers to the fullest potential
- Time to manage and maintain website
- Lack of adequate realized savings to move forward in increasing and/or sharing services
- Consideration of "Regional Accreditation" for participating agencies
- More specific tracking for Environmental Health needed over and above what TIMS offers

Succession Planning:

It is clear that although initial thoughts of hesitation existed with some employees, throughout the entire evaluation process participants fully supported the activities of the grant and worked hard to accomplish goals within the short one year time period. 100% of participants possess a desire to continue to work cooperatively and look into opportunities to do so as evidenced by the following statements reported in the survey:

- Be creative and continue to work with agencies who desire to partner or develop new areas if more conducive
- Partnering is the only way to ensure needed services at lower costs
- Build on established relationships where common trust of members is present
- Possibly utilize geographic regions or Emergency Preparedness regions as a model
- Reported areas of interest for future expansion of sharing services: Chronic Disease Management, Family Planning, Immunizations, and possibly tobacco. (note: due to short implementation time period, these areas were not able to be fully developed by the SECRN)
- Exploration of a 'shared' nutritionist for the region is necessary. Population need due to increasing obesity is the key driver. Potential funding may also be available to assist in supporting this FTE through various grant opportunities

- Funding needs to be considered in all cooperative activities, fiscal support is an incentive, details are needed to evaluate options that will benefit all. Any opportunity to save healthcare dollars and administrative costs is a way to provide improved and expanded services to the public.

Implications for future regionalization of public health services

The 'greatest good for the greatest number' is a well known phrase in the community and public health arena. This overarching concept must be kept in mind at all times when planning for the future of services. Public Health can learn valuable lessons from experiences and documented models. Emergency preparedness experiences with regionalization are well documented. The National Association of County and City Health Officials identifies four approaches to for regionalization: 1) coordinating, 2) centralizing, 3) standardizing and 4) networking. The Minnesota Department of Health http://www.health.state.mn.us/divs/cfh/ela/index.html has provided a well documented model to follow. The areas of essential public health responsibility identified include: 1)Assure an adequate local public health infrastructure, 2)Promote healthy communities and healthy behavior, 3)Prevent the spread of infectious disease, 4) Protect against environmental health hazards, 5) Prepare for and respond to disasters and assist communities in recovery, 6) Assure the quality and accessibility of health services.

Keeping these important areas of responsibility in mind, it is also imperative that planning must be done in a methodological fair manner. The Quality Improvement Department of Public Health in the county of Los Angles http://publichealth.lacounty.gov/qi/index.htm has documented useful method for priority-setting. The priority setting provides accountability at three levels: 1) Focus resources on health issues that are of greatest importance to the community, 2) Must apply those resources to support interventions and strategies effective and acceptable to the community, 3) Must dedicate resources to evaluate work performed in order to demonstrate performance done well or improve if needed. Other states with documented experiences include Oklahoma, Kansas, and Massachusetts. It is evident that North Dakota does

not need to re-invent the wheel so to speak, but learn from experiences of others and modify necessary components to successfully regionalize Public Health Services.

The above models all begin with the need of a community assessment. One major issue the participating agencies dealt with throughout this pilot collaborative process was lack of community assessment information for each community. It is imperative that this activity be carried out through Community Health Improvement Planning (CHIP) in each area. A second area of major issue is the many varying geographical areas the state has identified for different purposes. Emergency preparedness, human services, public health departments/districts and others have outlined different geographic boundaries for their purposes. This adds confounding issues for collaborative efforts.

Conclusion

The South East Central Regional Public Health Network accomplished a huge task in a short one year time period and has demonstrated the ability to share what works in public health. The short time-frame also inhibited participants in experiencing the full potential particularly with respect to the provision of services. Participants were engaged and worked together in a positive manner and desire to continue with this model. Continued fiscal support from local, state and federal entities with a focus on community health assessment and community health improvement planning is essential to most effectively and efficiently conduct public health programs and provide public health services.

Thank you for your time this morning. At this time I would be happy to answer any questions you may have.