



CASE STUDY: PUBLIC HEALTH SHARED SERVICES

Haskell County Health Department and Satanta District Hospital

Overview

This case study features a local health department and a hospital located in Haskell County, Kansas, that are engaged in a sharing arrangement to deliver essential public health services. Sharing responsibility for public health services can increase effectiveness and efficiency by allowing public health officials, policymakers and other stakeholders to pool resources in order to make a larger impact. This case study is based on interviews of local health department and hospital personnel in July 2015.

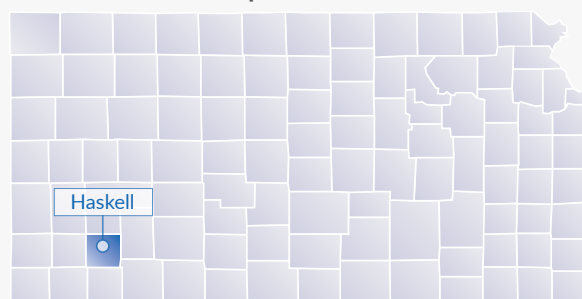
About the Area

Haskell County is located in Southwest Kansas and covers about 578 square miles. It has a population of approximately 4,100 people, most of whom live in two main cities: Satanta and Sublette. The county is primarily rural and agricultural.

History of Sharing

In 1993, Haskell County experienced a tuberculosis (TB) outbreak. Because the county did not have a health department, residents who showed signs of TB infection went to health departments in neighboring counties for testing and treatment. This increased patient load and cost to surrounding

Figure 1. Haskell County Health Department and Satanta District Hospital



Haskell County, located in Southwest Kansas, is a rural county with a relatively high poverty rate. When county commissioners decided to form a local health department in the early 1990's, they were looking for an effective and efficient way to manage it. They decided to contract with a local hospital—the Satanta District Hospital—to operate the health department. The partnership is still in force today.

health departments. County commissioners from those neighboring counties requested reimbursement from Haskell County for future health services provided to Haskell County residents. Haskell County commissioners determined it would be financially advantageous to create their own county health department, but they were reluctant to take on the responsibility of managing it.

The Satanta District Hospital's administrative board also thought that starting a health department would meet a need in the county and they thought they could produce a new funding stream for the hospital by offering public health services to county residents.

KEY POINTS

- The Satanta District Hospital manages the Haskell County Health Department, through a contract with the county.
- The community benefits because more services are offered through the collaboration than most small health departments can offer on their own. Also, there is better coordination between medical providers and the health department.
- Every five years, the county reimburses the hospital for losses related to health department operations. However, if the health department operates on a surplus, the extra money stays with the hospital.
- One operational challenge is the single billing system used by the entire organization—the hospital, the health department and a clinic in Sublette.

The hospital board and the Haskell County Board of Commissioners developed a contract with input from the Kansas Department of Health and Environment (KDHE). Following its acceptance, the Haskell County Health Department was established as part of the Satanta District Hospital in 1993. It was the last health department to be established in the state.

Vada Winger was a nurse at the hospital in 1993. She had an interest in community health, so she applied to serve as the health department director and was selected to do so. In 2002, she left to become a KDHE regional public health nurse. She returned to the Haskell County Health Department in 2008, resuming her position as director. Winger believes working at the state level helped her because it provided a different perspective. “Working with the state structure and grant reviews, as well as all the connections I made, really helped when I came back to run the health department,” Winger said. “I have a better understanding of what happens at the state level and what goes into the programs.”

Current Public Health Structure

The Haskell County Health Department is located in the city of Sublette and shares a building with the Sublette Clinic, which also is operated by the hospital and provides medical services. Staff at the health department and clinic are employed by the Satanta District Hospital and can work at any of the three locations.

The building in Sublette was formerly the Sublette District Hospital. When that hospital closed, the building became county property. Now, the county and the Satanta District Hospital share responsibility for upkeep of the building. The county is responsible for exterior maintenance and the hospital is responsible for internal remodeling and repairs.

The contract between Satanta District Hospital and Haskell County is reviewed every five years and has undergone several minor revisions since the first version. The revisions have focused primarily on expanding public health service offerings. When the organization was first developed, the health department only offered TB testing and treatment, immunizations and child health services. Today, it offers a wider range of services including the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), sports physicals, well-child

visits, car seat checks, emergency preparedness, a Farmworker Program and family planning.

The contract is structured so that the county pays Satanta District Hospital a fixed amount. Every five years, the county reimburses the hospital for any losses related to health department operations. However, if the health department operates on a surplus, the extra money stays with the hospital.

The board of health for Haskell County consists of its three county commissioners, just like most other single-county health departments in Kansas. It can be challenging for commissioners to think of themselves as the board of health, in part because community members usually don't approach them to solve public health problems as they might do with other problems, like a road or bridge in need of repair.

The health department director maintains visibility with the board of health by giving monthly reports at commission meetings and by annually presenting information about new and existing grant applications that need board approval. The commissioners are supportive of the health department and the contract with the hospital, and they like the day-to-day support and guidance the hospital provides. The health department director agrees that the connection with the hospital is invaluable. “There is a benefit to working with others who know health and health care,” Winger said.

In addition to her role as health department director, Winger also serves as the county's local health officer. The health department also has a medical consultant, who is a doctor employed by the hospital and whose duties include writing standing orders for the provision of certain medications at the health department.

Challenges

One of the main challenges in this sharing arrangement is billing. One billing system is used for the entire organization. Charges from the hospital, clinic and health department are often combined on the same bill, which can create confusion for patients.

Health department billing can be complicated. When providing safety net care, for example, the health department utilizes sliding-scale fees based on a customer's ability to pay. From the hospital's perspective, there is no good mechanism in the billing

system to indicate that adjustments must be made for the health department's sliding scale.

The health department has experienced challenges related to using electronic medical records because the hospital's system does not meet the requirements of the state immunization registry, WebIZ. However, the hospital is exploring the possibility of moving to a new electronic medical records system, and health department staff are hopeful that the new system will meet their needs and communicate with the state registry.

Another challenge is that clients may perceive it as an inconvenience when they are in the hospital or clinic for a visit, but must be sent to the health department for immunizations or other services.

Benefits

In spite of these challenges, staff at the hospital and the health department identify many benefits to the current shared service arrangement.

The community benefits because there is better coordination between medical providers and the health department. For example, when other small counties offer family planning services they typically contract with a local medical provider, who has limited availability for appointments. However, the Haskell County Health Department has full-time access to a provider in the Sublette Clinic and can schedule family planning appointments any time during the week. This offers clients greater flexibility in scheduling.

The community also benefits because more services are offered through the collaboration than most small health departments can offer on their own. For example, Haskell County Health Department is able to offer mental health services to clients once a week. The mental health services are offered under contract with the hospital and are utilized frequently.

Services are often more effective and efficient because of the sharing arrangement. Epidemiological investigations, for example, can happen more quickly because the hospital and health department have open lines of communication and can share client data. Emergency preparedness coordination also is improved because the hospital and health department are able to support each other. During Ebola and H1N1 outbreaks, for example, the health department had close access to the protective gear needed for Ebola and the anti-viral



Pictured outside the Haskell County Health Department (left to right): Vada Winger, administrator, Haskell County Health Department; Michelle Miller, clerical/public health emergency preparedness coordinator, Haskell County Health Department; Tina Guenther, Farmworker Program regional case manager, Haskell County Health Department; Peggy Parker, nurse practitioner, Sublette Clinic; Jeremy Clingenpeel, administrator, Satanta District Hospital.

supply needed for H1N1, while the hospital housed the equipment and ensured the medication did not go to waste when it was near its expiration date.

The hospital benefits financially from the sharing arrangement. Haskell County has a high level of poverty and the health department helps low-income patients find affordable care. Because the health department connects eligible patients to sources of insurance and care in the safety net, staff believe that uncompensated emergency room visits are reduced and fewer patients must be billed as charity care by the hospital.

The county benefits financially from the sharing arrangement because the hospital provides a number of services to the health department, including billing, purchasing, information technology and human resources. This cuts costs for the health department and, as a result, the county is able to contribute fewer per-capita tax dollars than counties of similar size, while still providing a full range of high-quality services.

The health department and hospital both benefit by sharing staff. For example, Winger serves as health department director and also as director of clinical operations at the Sublette Clinic. Without the sharing arrangement, she could not serve in both roles and there would be a need for two separate positions. In addition, unbilled hours are minimized because employees can work at both the clinic and the health department. Sharing staff in this manner is financially

advantageous to the hospital and the health department alike.

The health department benefits from increased access to marketing through its collaboration with the hospital. For example, the health department is able to have a Facebook page, unlike other governmental departments of Haskell County. Facebook is one very important way that the hospital and health department interact with the community. There is a perception among staff that the community is more aware of public health because of its relationship with the hospital.

Hospital staff have learned more about public health as a result of the sharing arrangement. As Hospital Administrator Jeremy Clingenpeel explained, "Without the health department-hospital arrangement, the hospital staff would have significantly less understanding of what public health does."

Farmworker Program

The Farmworker Program is a joint state and federal program that provides vouchers for basic health services such as screening and diagnostic tests. To qualify for the program, individuals must earn less than 200 percent of the federal poverty level (FPL) and must work full-time or as a contractor for an agriculture or dairy farmer, but not in the meat production industry.

The Farmworker Program was originally located at the United Methodist Mexican American Ministries, a nonprofit organization that provides medical and social service programs to people of all races, colors and faiths in Southwest Kansas. The program approached the hospital to take over the contract due to the volume of vouchers distributed by health department staff.

The Farmworker Program is part of this shared service arrangement because it is contracted through the hospital but is housed in the health department. Tina Guenther, regional case manager for the Farmworker Program, is located on-site at the health department to assist with qualifying individuals for the program and other safety net services. The health department benefits from the Farmworker Program because Guenther is very knowledgeable about the services available to uninsured persons and shares this knowledge with other staff for the benefit of all clients, not just those who are eligible for the program.

Keys to Success

The county commission and hospital board support this sharing arrangement. They also understand public health and the structure of its programs and have realistic expectations when it comes to the partnership. Their support and understanding is essential to the success of the sharing arrangement.

All parties benefit from this sharing arrangement. The county benefits when the health department saves money through joint billing, purchasing, information technology and shared staff. The hospital benefits because its costs related to uncompensated care are reduced. Both the health department and the hospital benefit from increased flow of information, enhanced partnership and improved coordination that is uncommon outside of this type of relationship. Ultimately, however, this partnership benefits the community because Haskell County residents have better access to services. As Michelle Miller, emergency preparedness coordinator, pointed out, "We're here for our clients because that's what public health is."

ABOUT THE ISSUE BRIEF

This brief is based on work done by Sarah M. Hartsig, M.S., Shawna Chapman, Ph.D., M.P.H., M.A., and Jason Orr, M.P.H. It is available online at www.khi.org/policy/article/ks_cjs_h.

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