The Financial Commitment and Legal Completeness of Cross-Jurisdictional Shared Service Arrangements in Wisconsin Local Public Health

Theresa Watts, MPH, RN, PhD Student
Tracy Mrochek, MPA, RN
Susan Zahner, DrPH, RN
University of Wisconsin-Madison

AcademyHealth Annual Research Meeting:
Student Poster Session

Hynes Convention Center
Boston, MA
June 26, 2016

Poster presentation is available at: http://www.wphrn.org/research-in-progress.html
Background
Local and tribal public health departments (LTHD) are faced with the challenge of providing a range of services under resource limiting constraints.

Cross-jurisdictional sharing (CJS) is increasingly used as one strategy to provide public health services by exercising public authority to deliver these services across jurisdictional boundaries.1,2

Understanding cross-jurisdictional shared service arrangements (CJSSA) is a national research priority.1 Information about the financial commitments of CJSSA is limited.

Objective
To describe characteristics and mechanisms used to manage financial commitments among written CJSSA between Wisconsin local public health departments.

Methods

Sample: Eligible CJSSA was "a written document that describes, defines, or governs sharing of resources across jurisdictions on an ongoing or as needed basis," and included a written statement about the financial commitment (n=63).3

Data Collection: Data extraction tool was developed by the research team and reviewed by the study advisory team. Two researchers independently extracted data; discrepancies were resolved.

Measures: Mechanism of financial exchange, direction of payment, payment type, funding source, a provision to change fees, consequence for non-payment or termination, program area, nature of sharing, population size, and creation process. Legal completeness is an additive score of six legal items that would make the CJSSA more legally complete.

Data Analysis: Descriptive analysis and single predictor linear regression analysis for legal completeness using Stata v.14.

Findings
Characteristics of the CJSSA

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Environmental health (EH)</th>
<th>Emergency preparedness (PEP)</th>
<th>Maternal and child health (MCH)</th>
<th>Chronic disease prevention (PBP)</th>
<th>Communicable disease (CD)</th>
<th>Administrative/Other (Admin)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>24 (38%)</td>
<td>15 (24%)</td>
<td>11 (17%)</td>
<td>11 (17%)</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

Primary Nature of Sharing

- Service: 44 (70%)
- Staffing: 8 (13%)
- Technical assistance: 2 (3%)
- Administration: 9 (14%)

Population Served by the CJSSA

- <50,000: 7 (11%)
- 50,000-99,999: 22 (35%)
- 100,000-249,999: 25 (40%)
- 250,000-499,999: 8 (13%)
- 500,000+: 1 (2%)

Legal items in the CJSSA

- Legal completeness mean was 3.57 (SD: 1.44; Range 1-6).
- 35 (56%) had their or the partner’s legal counsel assist in the creation or review of the CJSSA (13% unknown).
- LTHD which involved legal counsel in the creation or review of the CJSSA were more likely to have legally complete CJSSA by 2.74 (0.00; CI: 2.19, 3.29). But, only 2 of the CJSSA had all of the legal items.
- Consequences of non-payment were described in 6 (10%).
- Financial fees upon termination was described in 11 (17%).
- Provision for changing payments was described in 14 (22%).
- Provisions for financial audits were described in 5 (8%).

Financial Commitments Varied by CJSSA Characteristic

- All of the MCH, CD, PBP, and Admin program areas specified a dollar amount compared to 67% of EH and 40% of PHEP. Of the CJSSA that specified a dollar amount the nature of sharing was service in 86%, staffing or technical assistance in 50%, and other in 22%.
- 100% of CD, 91% of PBP, 67% of PHEP, 33% of EH, and 27% of MCH program areas identified a grant for the funding source.
- Mechanism of financial exchange varied across all CJSSA characteristics.

Financial Commitments

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>n=460</th>
<th>Dollar amount</th>
<th>Percentage</th>
<th>Other payment type (n=29)</th>
<th>Mileage</th>
<th>Administration/Legal fees</th>
<th>Material charges</th>
<th>Extra service fees</th>
<th>Worker’s compensation</th>
<th>Funding Source For Payment Mentioned (n=36)</th>
<th>Grantee</th>
<th>Health Department</th>
<th>User Fees</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>45 (75%)</td>
<td>8 (13%)</td>
<td></td>
<td></td>
<td></td>
<td>9 (33%)</td>
<td>8 (28%)</td>
<td>8 (28%)</td>
<td>4 (14%)</td>
<td>Lang unit: 17 (59%), $0 (0%)</td>
<td>32 (89%)</td>
<td>4 (13%)</td>
<td>5 (14%)</td>
<td>4 (11%)</td>
</tr>
</tbody>
</table>

Mechanism of Financial Exchange (n=53)

- Reimbursement: 26 (49%)
- Billing/Invoicing: 24 (42%)
- Payment if CJSSA is activated/cost incurred: 3 (12%)
- Payment direct from state to provider county: 11 (38%)
- Initial payment then multiple payments: 7 (13%)
- PHEP Funds: 4 (21%)
- Lump sum payment: 3 (6%)
- Budget: 2 (4%)
- Other: 4 (11%)

Characteristics of the Financial Commitments

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>n=18</th>
<th>Reimbursement</th>
<th>Billing/Invoicing</th>
<th>Payment if CJSSA is activated/cost incurred</th>
<th>Payment direct from state to provider county</th>
<th>Initial payment then multiple payments</th>
<th>PHEP Funds</th>
<th>Lump sum payment</th>
<th>Budget</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>67</td>
<td>38%</td>
<td>22%</td>
<td>15%</td>
<td>11%</td>
<td>7%</td>
<td>4%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Direction of Payment

- Direction of payment went from a lower population county to a higher population county in 42 (67%) of the CJSSA.
- In five (8%), the direction of payment was multi-racial meaning the direction could differ depending on the circumstances under which the agreement was activated. Four of the agreement were related to PHEP and the fifth was an EH agreement.

Implications and Conclusions
Summary of Key Findings:
- The financial commitments of the sample vary based on the characteristics of the agreement.
- Larger LTHD often provided services for smaller LTHD.
- The CJSSA documents are lacking legal items.
- Involving LTHD legal counsel in the creation of the CJSSA increases legal completeness of the agreement.

Limitations:
- Potential incomplete representation of CJSSA across Wisconsin due to recruitment method.
- Cross-sectional design in one state limits generalizability.

Implications for Public Health Practitioners and Policy Makers:
- Engage LTHD legal counsel when creating CJSSA for a more legally complete CJSSA.
- Explore creating CJSSA templates for LTHD; consider creating different templates by program area.

Implications for Researchers:
- Explore whether the CJ is balancing effectiveness, efficiency, outcomes and community needs.
- Explore perspectives of CJ effectiveness, efficiency, and public health outcomes from staff who are carrying out the work.

References

Acknowledgements
Support for the research project is provided by a PHSSR grant from the Robert Wood Johnson Foundation. WPHRN is also supported by grant 1UL1RR025011 from the Clinical & Translational Science Award (CTSA) program of the National Center for Research Resources National Institutes of Health.

Study Advisory Team: Linda Conlon, Bob Leischow, Angela Nigmapp, Gianfranco Pezino, Darren Rausch, Kim Whitmore, and Nancy Young

The Financial Commitment and Legal Completeness of Cross-Jurisdictional Shared Service Agreements in Wisconsin Local Public Health
Theresa Watts, RN, MPH, PhD Student; Tracy Mrochek, MPA, RN; & Susan Zahner DrPH, RN