

## **INTRODUCTION**

The Center for Sharing Public Health Services visited the Shared Services Learning Community site of Project Smile North Carolina on March 5–6, 2014. This *Site Visit Report* documents the activities from the site visit as well as some of the Center’s observations. The report reflects the Center for Sharing Public Health Services team observations at the time of the site visit.

The report includes a lengthy *Background* section for those not familiar with the partnership. For those familiar with the partnership, go directly to the *Observations* section, which starts on page 4.

## **BACKGROUND**

### **About the Center**

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.

***Building Evidence:*** One way the Center builds evidence is by working closely with a Shared Services Learning Community (SSLC), made up of demonstration projects in several states that encompass a diverse spectrum of CJS initiatives, from small-scale initiatives to full consolidation of health departments. The Center provides technical assistance and a forum that allows these communities to share lessons learned with each other and the Center. In return, the SSLC acts as a learning laboratory by providing real world experiences that the Center collects and analyzes and shares with the nation.

***Producing and disseminating tools, methods and models:*** The experiences of the SSLC, along with other research and expert opinions, provide the knowledge and insight the Center needs to provide tools and assistance to any community or group of communities considering CJS arrangements.

The Center for Sharing Public Health Services is a national initiative managed by the Kansas Health Institute with support from the Robert Wood Johnson Foundation.

### **About the Area**

Two non-contiguous counties make up this demonstration site:

- Cabarrus is the smaller of the two counties, with a population of around 185,000. Approximately 12.1 percent of the population lives below the federal poverty level. The county seat is Concord. The Cabarrus Health Alliance is leading the project. The Cabarrus Health Alliance provides public health services to Cabarrus County.

- Guilford County has a population of around 501,000, with approximately 16.9 percent living below the federal poverty level. Its county seat is Greensboro. Its county-based public health services are provided by the Guilford County Health Department.

The two health organizations have different governing structures. Cabarrus Health Department reorganized in 1997 as a public health authority, one of only two in North Carolina. Guilford County Health Department is a more traditional health department. While they both work with a board of health, Cabarrus Health Alliance Board of Health is the policy and decision making body, while Guilford County Health Department reports to its county commissioners.

### **About the Project Smile North Carolina Project**

Janie Woodie, Dental Director for Cabarrus County, leads this project in which Cabarrus Health Alliance has partnered with Guilford County Health Department to explore sharing opportunities within their dental programs.

Cabarrus Health Alliance has two dental clinics, one in Concord and one in Kannapolis. It has a mobile dental unit that it has used in the past to serve children at their schools and to loan to other county dental programs. Altogether, Cabarrus Health Alliance serves approximately 17,000 low-income residents each year, mostly children. Medicaid and the Children's Health Insurance Program (CHIP) pay for about 88 percent of visits, private insurance pays for about four percent of visits, and the remaining seven percent is self-pay.

Guilford County Health Department also has two dental clinics, one in Greensboro and one in High Point. The two clinics served about 3,600 patients in the most recent year. Medicaid and CHIP pay for about 84 percent of the visits. The rest are self-pay.

The original goal of Project Smile, the name given to this CJS effort, was to develop a plan to restructure the two dental programs into a shared services model. Project work was to include assessing the two counties' dental needs and potentially sharing staff and other resources. It also was to include preparing an action plan for implementation of the recommended model for sharing.

As part of the Project Smile sharing arrangements, Guilford County's epidemiologist provided dental health needs assessments for each county. At the time of the site visit, the dental health needs assessments were complete.

Dr. Sean Boynes, a contractor for the project, assessed each dental program's financial viability, operational strength, productivity and clinical quality. Dr. Boynes' assessment resulted in three *Practice Enhancement Recommendations for Oral Health Program* reports for Cabarrus Health Alliance, Guilford County Health Department, and Project Smile.

Their planned next steps are to break down the *Practice Enhancement Recommendations* into specific action steps. Project Smile will focus on continuing to gain accountability and buy-in among staff, developing an educational program within the expectant mother oral health initiative, identifying and

defining protocols and parameters for sharing dental providers, training, billing and front desk staff on dental software, and evaluating bulk ordering processes for dental supplies. Cabarrus Health Alliance is interested in talking with the Northwest Michigan CJS project to learn more about the dental services model that is used there, particularly their billing program that captures both professional and administrative services.

## **SITE VISIT**

### **Site Visit Participants**

#### ***Host team:***

- Janie Woodie, Dental Director, Cabarrus County (team lead and communications coordinator)
- William Pilkington, Health Director, Cabarrus County
- Julia Patterson, Program Director, Cabarrus County
- Merle Green, Health Director, Guilford County
- Ken Carter, Assistant Health Director, Guilford County
- Cindy Toler, Program Manager, Guilford County
- Dr. Sean Boynes, Principal, Dental Medicine Consulting

#### ***Governing entity representatives:***

- Tom Kincaid, Board of Health Vice-Chair, Cabarrus County
- Steven Morris, Board of Health Commissioner, Cabarrus County
- Dr. Michael Norins, Board of Health Member, Guilford County
- Lisa Duck, Executive Director, Guilford Adult Health, Inc.
- Erin Shoe, Human Resources Director, Cabarrus County
- Sue Yates, Finance Director, Cabarrus County
- Cappie Stanley, CEO, Cabarrus Rowan Community Health Centers
- Ryan McGhee, Chief Technology Officer, Cabarrus County
- Phyllis Wingate, President, Carolinas Medical Center-NorthEast Division; Commissioner, Cabarrus County

#### ***Staff representatives:***

- Dr. Cheneta MacDonald, Dental Director, Guilford County
- Dr. Thomas Patrick Burns, Dentist, Cabarrus County
- Marilyn Stark, Dental Manager, Cabarrus County
- Amanda LlanioHuskey, Team Lead, Cabarrus County
- Caroline Criscoe, Team Lead, Cabarrus County
- Monique Patterson, Team Lead, Cabarrus County

#### ***Representatives from the Center for Sharing Public Health Services:***

- Pat Libbey, Co-Director, Center for Sharing Public Health Services

- Barb Starrett, Project Coordinator, Center for Sharing Public Health Services

### **Site Visit Activities**

The site visit team arrived in Kannapolis, NC, on Tuesday. The following morning, they met at Cabarrus Health Alliance main offices in Kannapolis with the host team to gather background information. Later that morning, they were joined by representatives of governing entities to hear their perspectives. After lunch, representatives from the Center for Sharing Public Health Services met alone with several staff members from both counties. That meeting was followed by a discussion of future plans with the host team. The following morning, the site visitors and host team held a debriefing about the site visit and the lessons learned.

### **OBSERVATIONS**

Site visits provide a valuable learning opportunity, both for the Center staff and for the participants. While the Center communicates regularly including quarterly progress calls with the site team leadership, meeting with people in their actual environment helps complete the picture and contributes to a increased overall understanding of the project.

Some observations gleaned by the Center as a result of participating in the site visit are listed below.

#### ***The sharing goals have changed.***

The original goals of the project include increasing patient volume, improving efficiency, and providing innovative new services to be achieved through the development of a plan to restructure the management and delivery of the two counties' dental programs into a shared services model. This model also included sharing the Guilford County epidemiologist whose work included assessing the two counties' dental needs.

As the counties worked through their assessment process and worked with their consultant, the sharing goals have naturally changed. For example, at the beginning of the project Guilford County was short one dentist. The partnership considered sharing a dentist or dental services. However, after reviewing their dental needs assessment Guilford County made the decision to hire a dentist and no longer needs to share one. This has resulted in less focus on sharing staff and more emphasis on developing shared protocols and procedures.

Based on the assessment results, the partners are now considering sharing other things:

- Developing an educational program within the expectant mother oral health initiative,
- Identifying and defining protocols and parameters for sharing dental providers,
- Training front desk staff on dental billing software,
- Evaluating bulk ordering processes for dental supplies.

In addition, Cabarrus Health Alliance has a mobile dental unit that may be available for long-term loan to other counties in need of maintaining their county dental services programs. As part of the consultant's recommendations, CHA incorporated the use of multiple portable dental systems that can be placed at outreach sites, like schools.

***The evolution of project plans have not been fully communicated to staff.***

During the site visit, there seemed to be confusion among direct service staff about the scope of the service sharing project. It was apparent that they still thought there would be shared dental staff between both counties and staff were concerned that the sharing was not going to be occurring between contiguous counties.

While there has been ongoing communication among the leadership of the two organizations and with the policy boards about the evolution of the project focus from physically shared services to shared protocols and procedures, it appears the dental staff were not being directly communicated with regarding the intent and direction of the CJS effort.

***This project is unique among the CJS demonstration sites.***

The nature of the sharing is fundamentally different in this project from the other demonstration sites. They are currently not considering sharing services between the two counties. Instead they are sharing policies, protocols, procedures, knowledge and training. The Cabarrus Health Alliance is providing mentoring for the Guilford County dental program to help make it a service unit that financially breaks even and possibly generates revenue that can be directed to other health department programs..

***Governing structures play a role in dental program success.***

Cabarrus Health Alliance's dental program is financially sound. Guilford County's dental program and other county dental programs in the state are not as financially sound and, therefore, there is concern about being more efficient economically in order to sustain existing county programs.

This challenges the assumption that larger jurisdictions are usually better resourced and equipped. In this case it is the smaller jurisdiction, Cabarrus Health Alliance that has found the "sweet spot" in operating a sound dental program. It could be due to the fact that Cabarrus Health Alliance is structured and governed differently from most health departments in North Carolina. It is not a traditional county health department, but is a public health authority without some of the strictures usually placed on units of general government.

Cabarrus Health Alliance's would like to share its knowledge and resources with other counties in order to promote good public health, share their good fortune, and help their neighbors.

In return, sharing its knowledge and experience with neighboring counties has the potential to bring additional resources and benefits to Cabarrus Health Alliance. The administration recognizes they have a good business model for dental services. They are now beginning to consider how they can take their dental services business model reach out and provide that service for other counties. It is a win-win

situation, in that Cabarrus Health Alliance can grow their successful program and the partnering counties can maintain and even improve the efficiency and effectiveness of needed services at no additional cost to their county.

***Voluntary sharing arrangements are often the most successful.***

Sharing relationships, when voluntary and self-selected, are often more successful than relationships that are forced upon jurisdictions by others. In this partnership, the jurisdictions highly respect each other and volunteered to work together to improve dental services in their area. All partners seemed to value the arrangement.

***Policymakers trust the public health officials to manage the project.***

Policymakers have a successful history of working with the Cabarrus Health Alliance CEO and Guilford County Health Department Director—there is a high degree of existing trust. Policymakers from both jurisdictions tended to view this sharing arrangement as an administrative or management issue, not as a policy issue. Currently there are no plans for resources, like money or staff hours, to change hands and there does not appear to be a risk for either county. Therefore, while policymakers are aware of the project, they do not seem to feel the need to get heavily involved.

***Cabarrus Health Alliance is considering sharing projects with other partners.***

A byproduct of this sharing project is Cabarrus Health Alliance sees the potential for sharing its dental services model on a larger scale.

For example, Robeson County's dental clinic closed in July 2013 due to financial instability. Similar to Guilford County, Robeson County is not contiguous to Cabarrus County, and Cabarrus Health Alliance is exploring CJS as a way to administer dental services in Robeson County. The Robeson county commissioners are more involved in planning this sharing arrangement, probably because resources will change hands. Another example is an arrangement with neighboring Rowan County to use the Cabarrus Health Alliance dental mobile van for approximately a year while they upgrade their dental services. The Rowan County Health Department Director is discussing with their county attorney what type of sharing agreement would need to be created.

In addition, Cabarrus Health Alliance may be able to offer other counties their administrative capacity for dental services in terms of billing and practice oversight, administrative support and consulting. In this way, the Cabarrus Health Alliance might be able to help neighboring counties save struggling dental programs.

## **LESSONS LEARNED**

As a result of participating in this site visit, the Center staff came away with several insights that could be useful in this project and when working with other jurisdictions considering sharing arrangements.

***There is a need for continuous communication about the project developments with the staff.***

Change can be daunting, and people tend to think the worse. Therefore, there is a need to continually update and engage the staff on the evolution of the sharing project. This need becomes even more urgent when the project changes direction or focus.

In addition, it is important to explain why change is needed in order to gain staff buy-in. For example, once the staff learned about the possible dental software training, some voiced a general concern that too much time in training would take away from their daily tasks and reduce efficiency. While another comment suggested that bringing teams together from other practice sites could be a good way to strengthen the sharing arrangements.

***There may be a need to document sharing arrangements.***

As sharing arrangements take form, there may be a need to document them. There are only two public health authority models in North Carolina. The rest of the public health departments may have more stringent standards for agreements due to liability or other issues. Not all relationships can be maintained on a handshake. An example of this is Rowan County wanting to solidify in an agreement their use of the Cabarrus Health Alliance mobile dental van prior to borrowing it.

Documentation can help spell out the obligations of each partner, and can help memorialize things being done in terms of policy development. Documentation can also record when a choice was made not to share a particular way and the rationale behind that choice.

Documentation is also a very important part of the accreditation process. Future partners may be able to use CJS agreements to provide documentation that certain accreditation requirements are met through shared functions, programs or capacity.

**SELECTED COMMENTS AND QUOTES FROM THE SITE VISIT AND FOLLOW-UP EVALUATIONS**

*This site visit provided me with many new insights on CJS arrangements and opportunities. Sometimes there are more hurdles to jump through but other times there may be small, low-hanging fruit that can allow you to see early success and to keep your momentum moving in the right direction. For Project Smile specifically, the work done thus far has given CHA the insight and sense of confidence to venture out with new partnerships with other counties, both contiguous and non-contiguous.*

*I learned that services do not need to be restrained by geographical boundaries and that communities have similar needs.*

*I have realized that tackling big projects is much easier if you have several partners working together that are willing to create a win-win situation rather looking for a win-lose event.*

*We found it valuable to have the local officials from each jurisdiction speaking candidly with our team members. We knew they were in support of us, but it was very comforting to hear them say in this open forum that the project has been valuable and well-orchestrated by both counties.*