

Lawyers, Guns, and (no) Money: Public Health Management Decisions in the Wild West

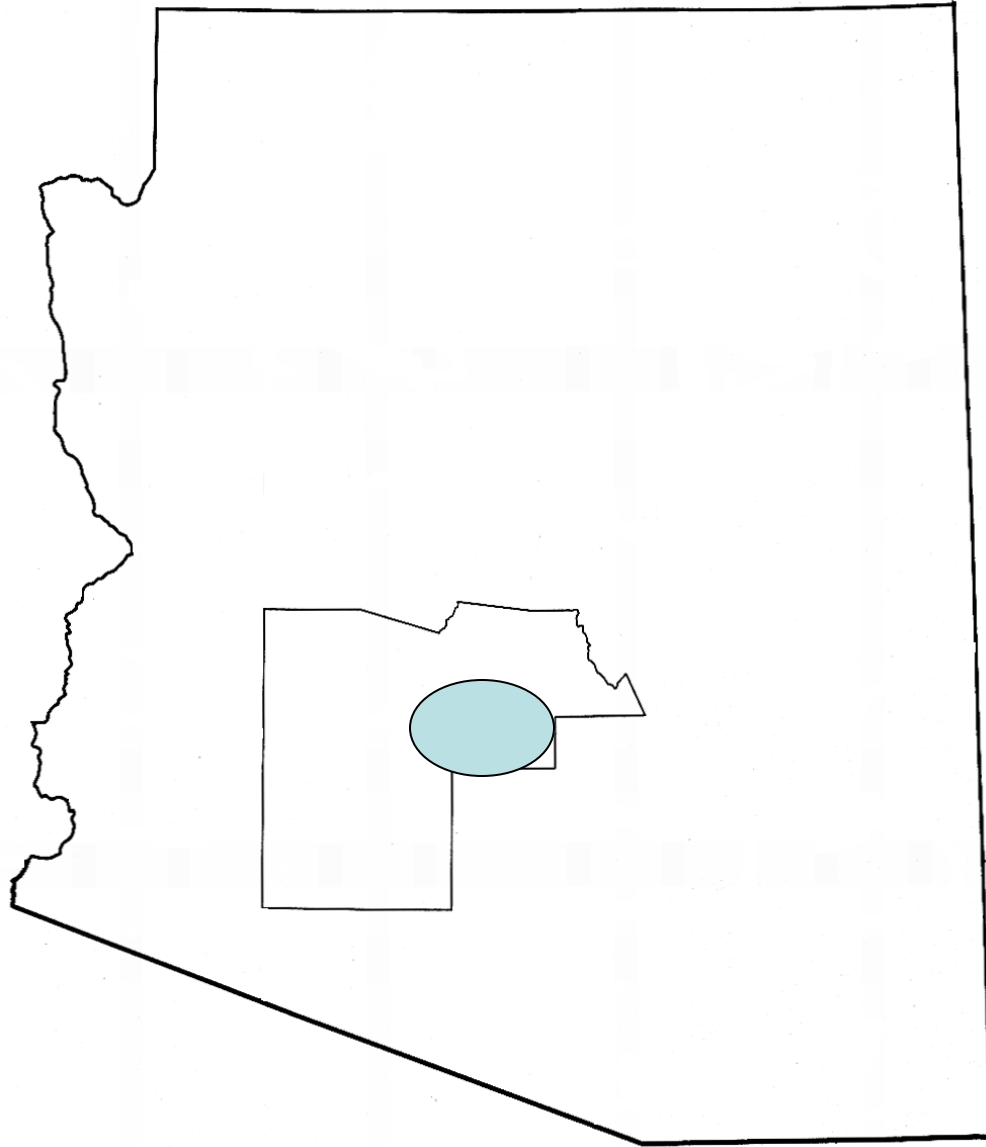


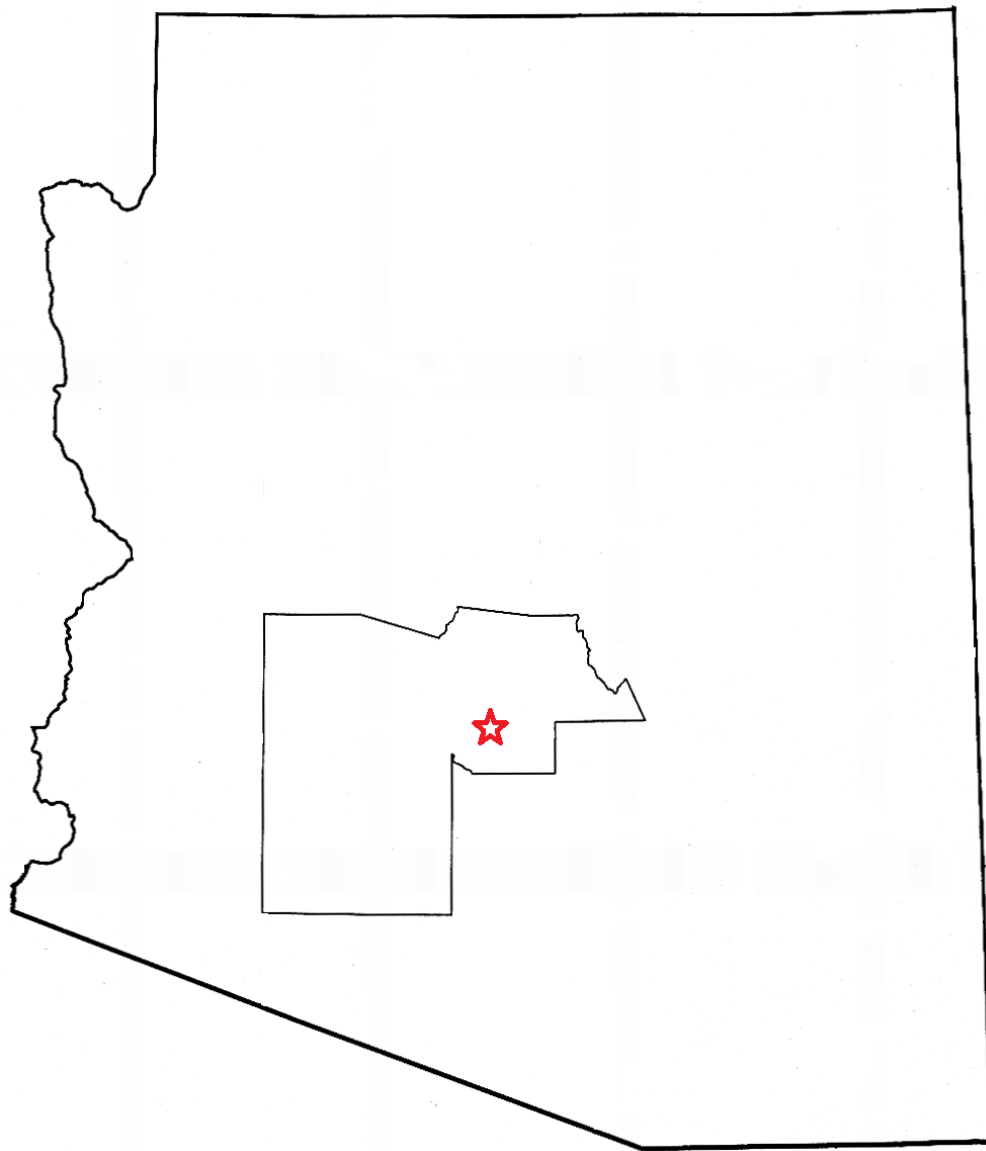
Agenda:

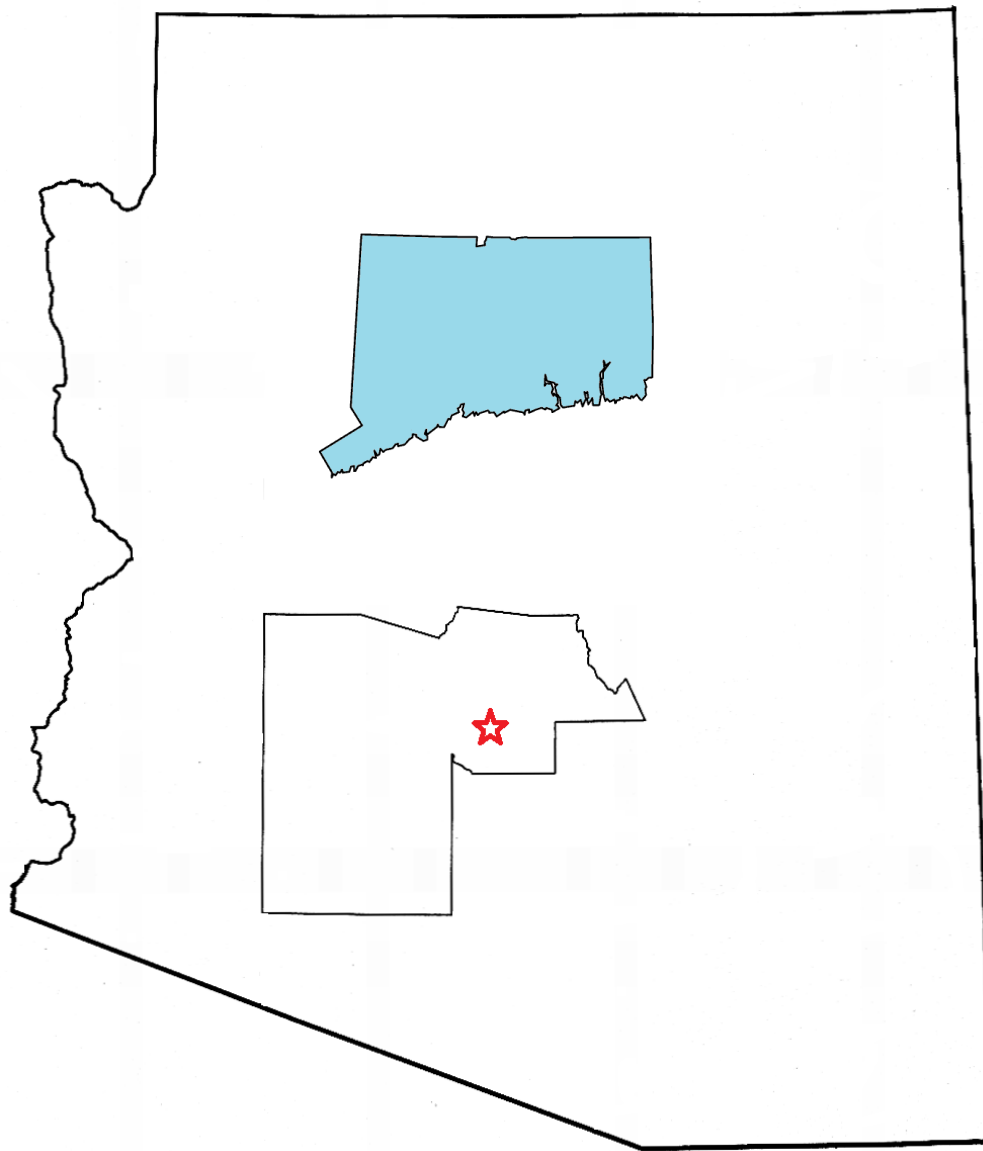
- What we've done – TB
- What we're doing - Policy
- What we plan – Herd Immunity to Flu

~4 million
people

>60% of
state pop.







Politics in Maricopa County

County Crazyness

Andrew Thomas Submits Grand Jury Transcripts From Stapley and Wilcox Cases in Bar Discipline Case; Documents Seal

By Ray Stern Thu., Jun. 16 2011 at 10:04 AM
Categories: County Crazyness

Supervisors approve hiring mediator for county claims

by Michael Kiefer - Jun. 24, 2010 12:00 AM

4 comments

NATIONAL NEWS FROM USA 1 AND GANNETT

Voters approve Arizona medical marijuana measure

Posted 11/13/2010 9:56 PM | Comments 8 | Recommend 5

E-mail | Save | Print | **RSS**

PHOENIX (AP) — Arizona voters have approved a measure that will legalize medical
marijuana use in the state for people with chronic or debilitating diseases.

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NEWS

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Arizona governor signs immigration law; foes pro

by Craig Harris, Alia Beard Rau and Glen Creno - Apr. 24, 2010 12:00 AM
The Arizona Republic

U.S. government sues Ariz. sheriff in civil rights probe

Updated 9/3/2010 3:50 PM | Comments 1,156 | Recommend 5

E-mail



By Yvonne Wingett and JJ Hensley, The
Arizona Republic

PHOENIX — An Arizona sheriff has been
sued by the U.S. Justice Department for
refusing to cooperate with a civil-rights probe
into police practices and jail operations.

Maricopa County Sheriff Joe Arpaio said the
lawsuit, filed in U.S. District Court in Phoenix,
is disappointing given that he and his office
were cooperating on the federal probe.

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Per capita funding, all sources:

2008 mean for LHDs serving > 350k persons = **\$105**
(non clinical revenues)

FY 2009-10 budget for MCDPH = **\$15**

2008 mean for large pop LHDs from local revenue = **\$31**

FY 2009-10 actual budget for MCDPH = **\$2**

Cuts peaked in 2009

16% cut to total \$12.8 M County budget
(nearly \$2 M cut)

Plus grant funding cuts (e.g., TB funds cut by
26%, or \$159 K)

Options

Spread cuts out among smaller programs,
eliminating some basic programs (e.g., Health
Promotion & Education)

vs.

Make one huge cut in a bigger program...

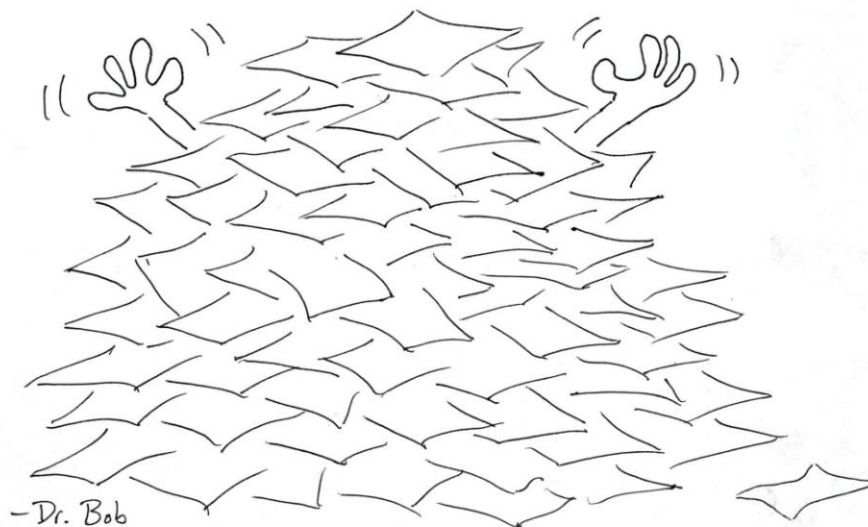
Single best-funded program: TB Control

- \$2.6 M total budget (\$1.9 M from County funds)
- 37 FTEs, including 9 RN Case Mgrs (active disease)
- 153 active cases in 2010

TB Program

Problems:

- Missing data
- Charting a mess
- Inadequate follow-up
- Poor morale



TB Program

Meanwhile

3 frozen Epi positions



TB - Decision

Decrease TB by \$863 K in County funds (**45%**)
plus \$159 K in State funds (plus \$10 K fees)
total ~\$1 M (**39%**)

TB - Staffing

	Before	After
RN Case Managers	9	1
RN Supervisors	3	1
Epidemiologists	0	3
Other RNs & LPNs	8.5	7
CDIs (i.e., DOT)	8	8
All other	8.5	7.5
Total	37	27.5



TB - Results

- Data being collected
- Cases identified 109 (in 2008) → 153 (in 2010)
- Contacts identified (CI 6.3 → 15.5, excluding 11 congregate settings = 10.4)
- DOT = 92%
- Completion of tx within 12 mo 70% → 88%
- Treatment initiation within 1 wk = 91%

TB Program - Take Home Points

- 1.) “We’ve always done it this way” isn’t always the best way -- some of our oldest programs may be most inefficient
- 2.) Don’t let cuts cut you down – sometimes budget cuts can generate creativity
- 3.) Look for ways to substitute for clinical people doing non-clinical work

WHAT WE'RE DOING:

Assessment, Assurance & **Policy Development**

- Department of “whatever grant we could get”
- Very little around policy - \$ for direct services only
- Policy is everyone’s “other” job

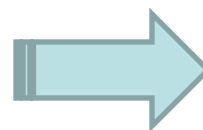
Policy Development

Then...More Budget Cuts

How could we work on policy now?

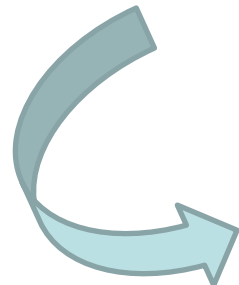
Policy Development - Funding

Maternal and Child Health
(MCH) block grant
(cut from ~\$600K to \$300K)



But...that grant is
more flexible

Used that as leverage to ask for
same flexibility with Public Health
Block Grant (\$125K)



Used that \$425K in block grants to
leverage another \$300K from County
management (unspent funds)

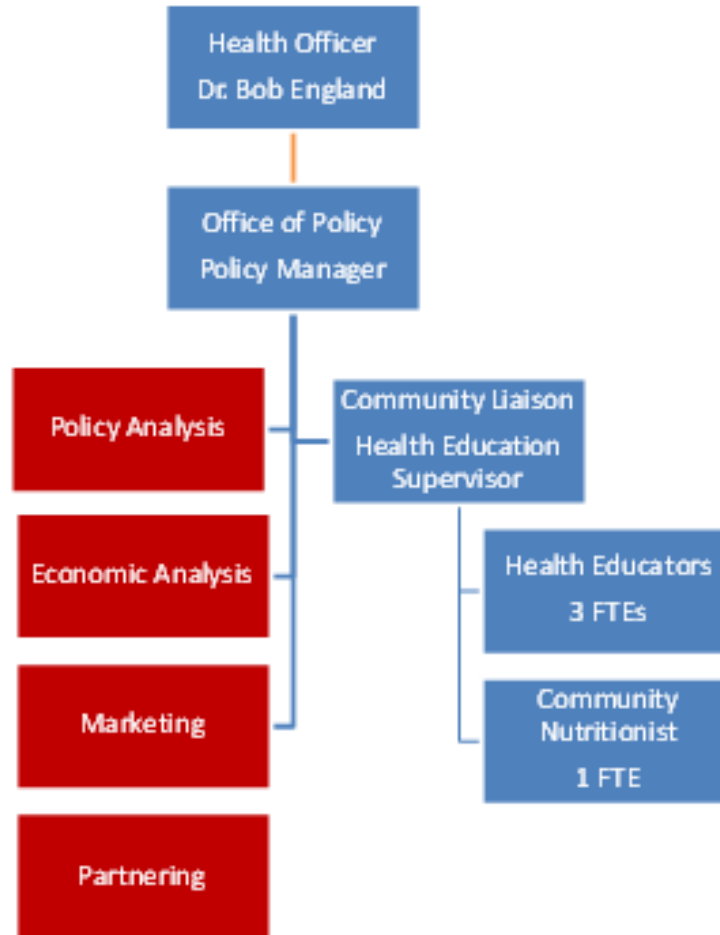
Policy Development

VOILA!

Policy Office was created

- \$425K for Health Educators and Managers
- \$300K for Contractors

Policy Office



Total Budget: \$725k
(19c / person)

Policy Development – Plan

- Contractors: Policy Analysis (e.g., cost-benefit)
- Partners: Consensus on priority issues
- Staff: Targeted Education
- Philosophical Shift – system is affected

Policy Development - Expansion

- ✓ Bottom-Up/Top-down approach
- ✓ Applying for Tribal Gaming funds to train parents as
Public Health Ambassadors
- ✓ Turn them loose

Policy Development - Take Home Points

- Push everything you can toward the big picture
- De-emphasize direct services if staff is too small for your population
- Not easy...it's a philosophical shift for whole dept

WHAT WE PLAN – Herd Immunity to Flu

(a Specific Policy)

Influenza Estimates for the US

- Cases: 25 – 50+ million cases
- Infection rate 7% to 20% of general pop
- (among kids 5-14 y.o.) 16% to 38%
- Days of illness: 100 – 200 million days
- Work loss: ~75 million days
- Hospitalizations: >200,000 (57% < 65 y.o.)
- Deaths (avg in 1990s): ~1k-50k (~24k avg)
- Costs: ~\$3-5 billion

FLU - Vaccine Efficacy

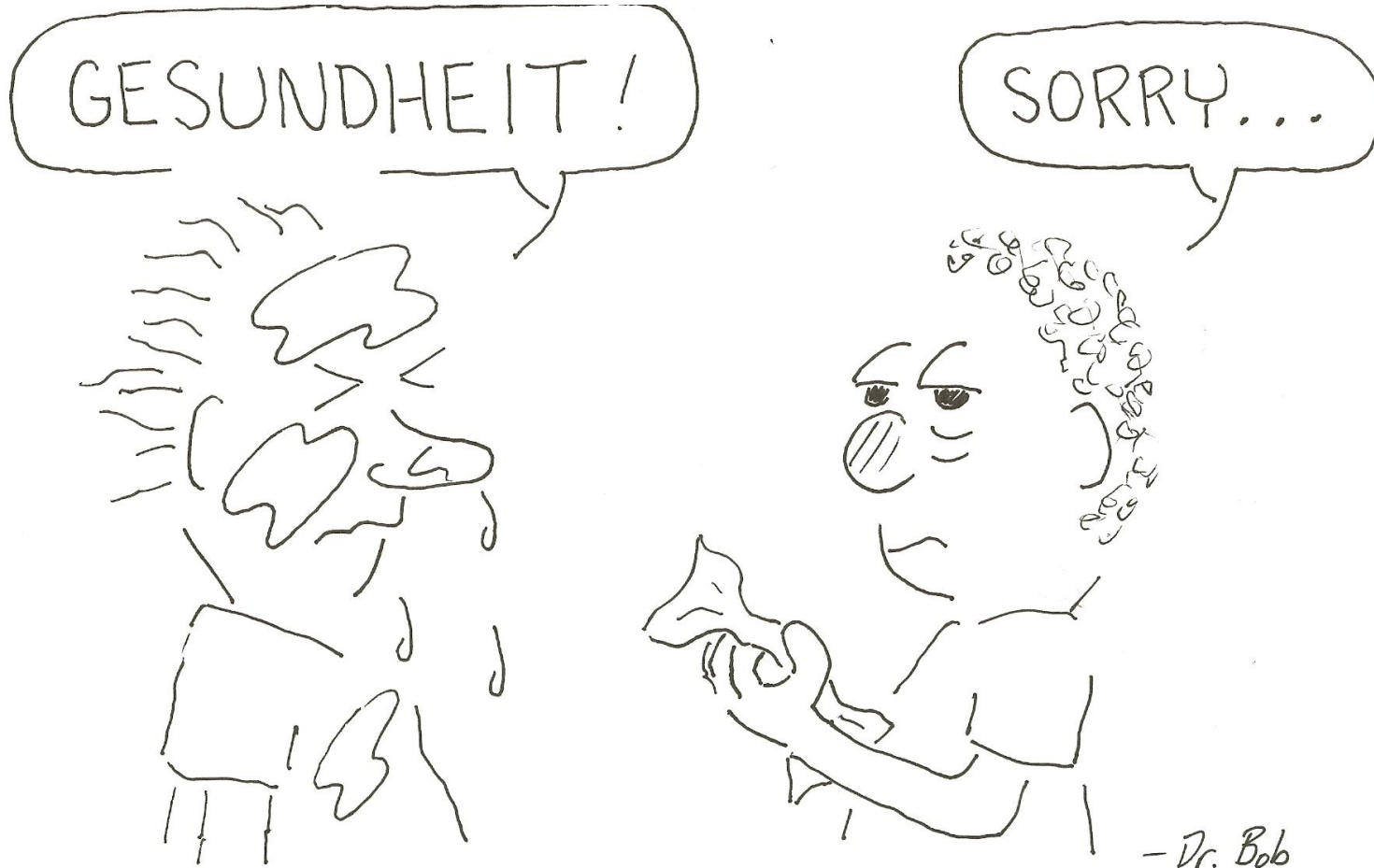
- 70% to 90% effective among persons <65 years of age
- 30%-40% effective among frail elderly persons
- 50%-60% effective in preventing hospitalization
- 80% effective in preventing death

Source: CDC Pink Book. Epidemiology and Prevention of Vaccine Preventable Diseases

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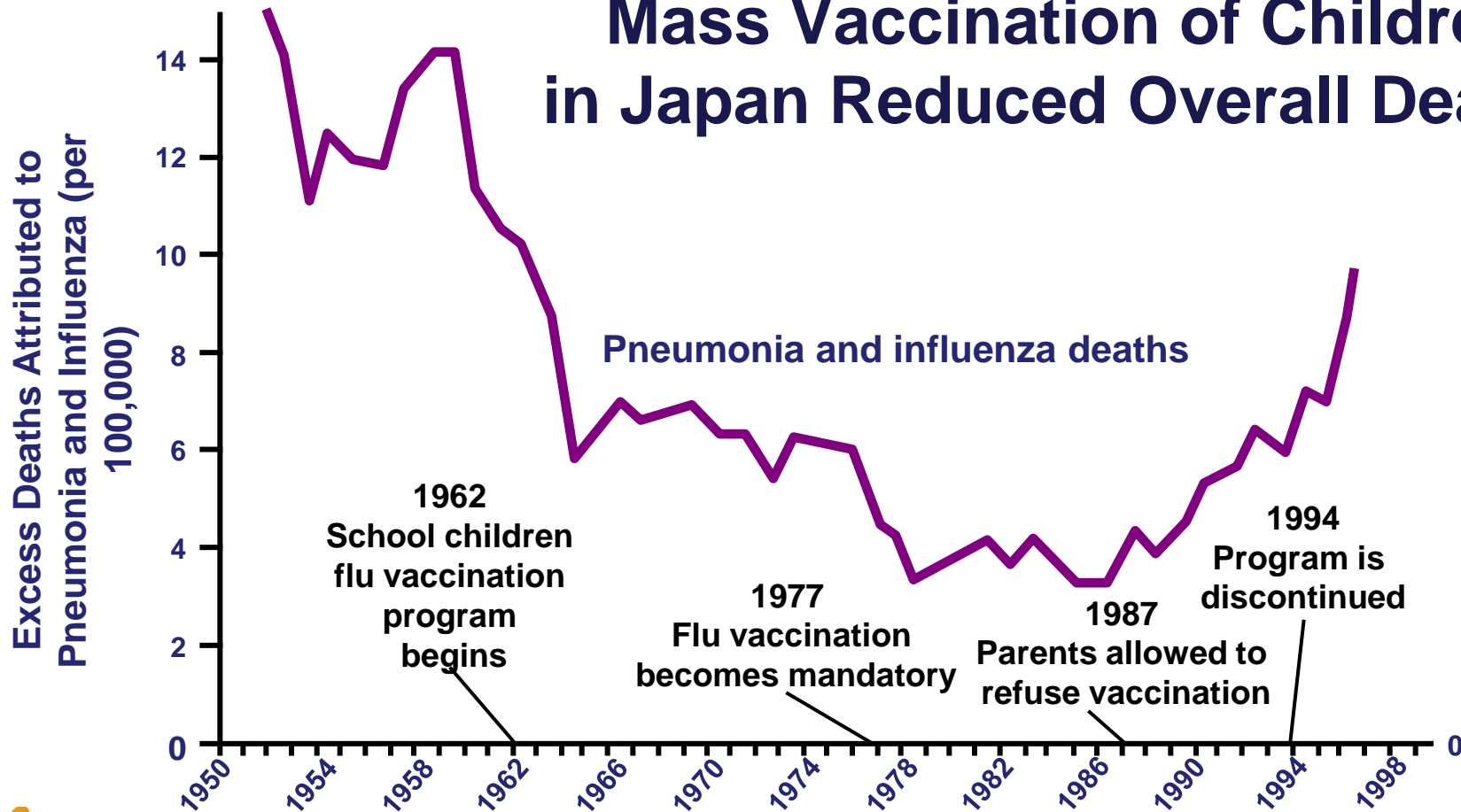
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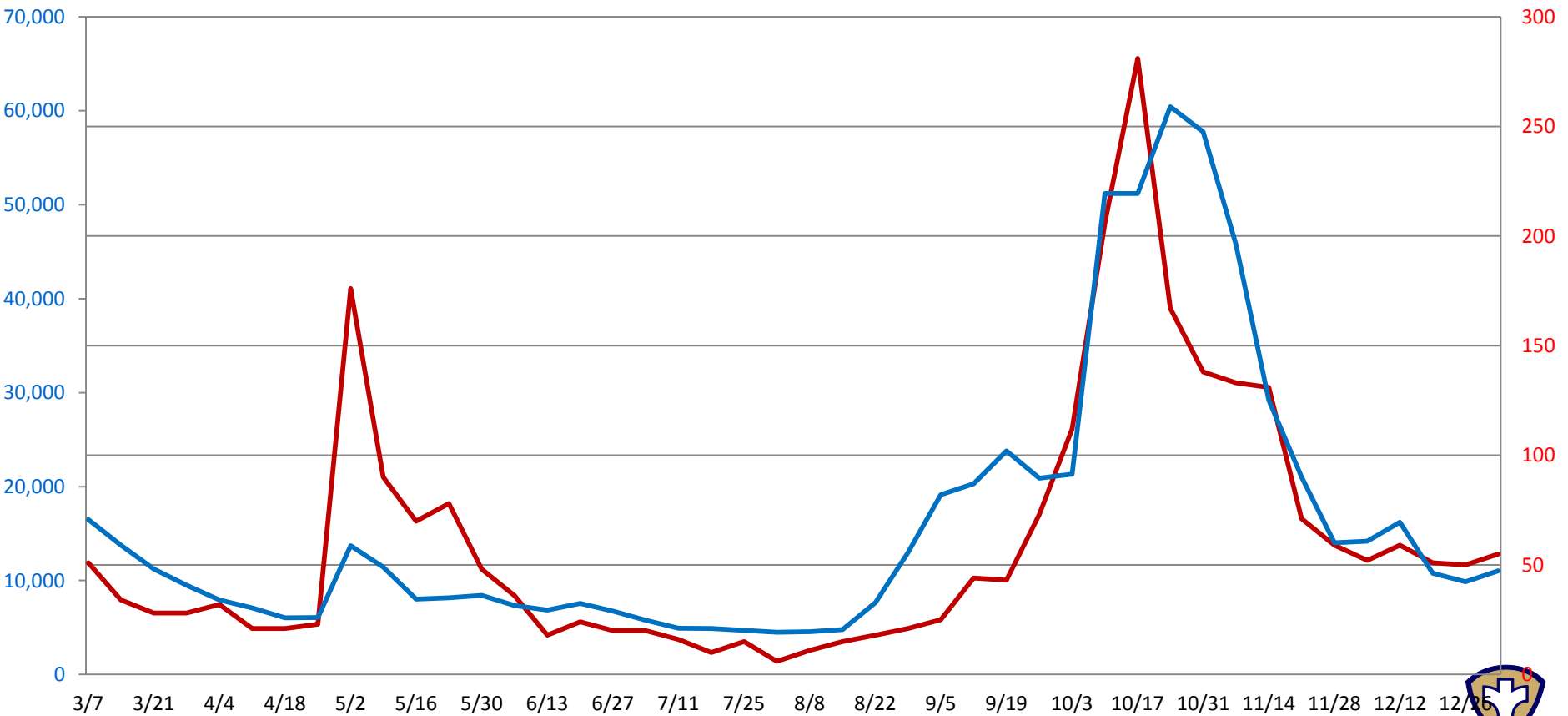


Mass Vaccination of Children in Japan Reduced Overall Deaths



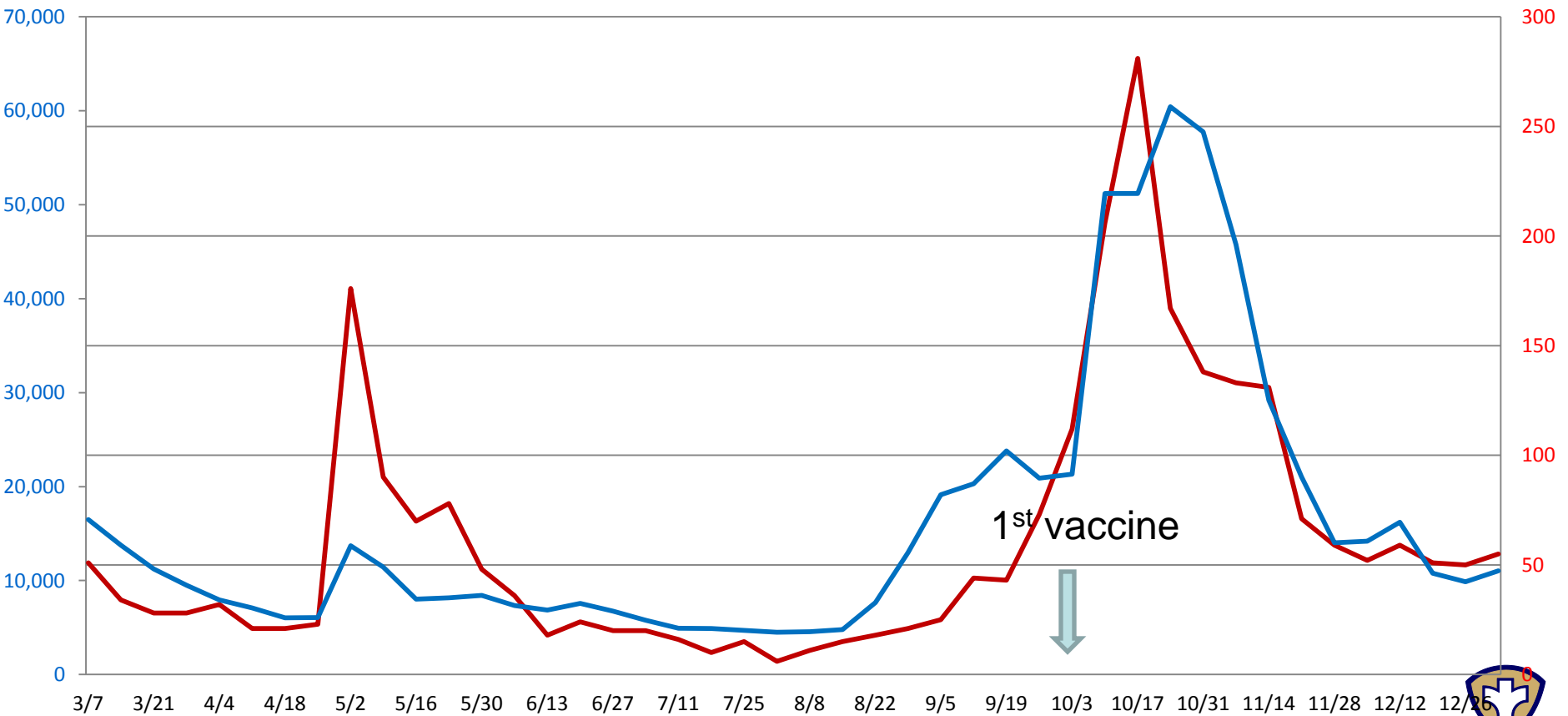
ILI Visits - US Total vs Maricopa County

— Maricopa County
— USA Total



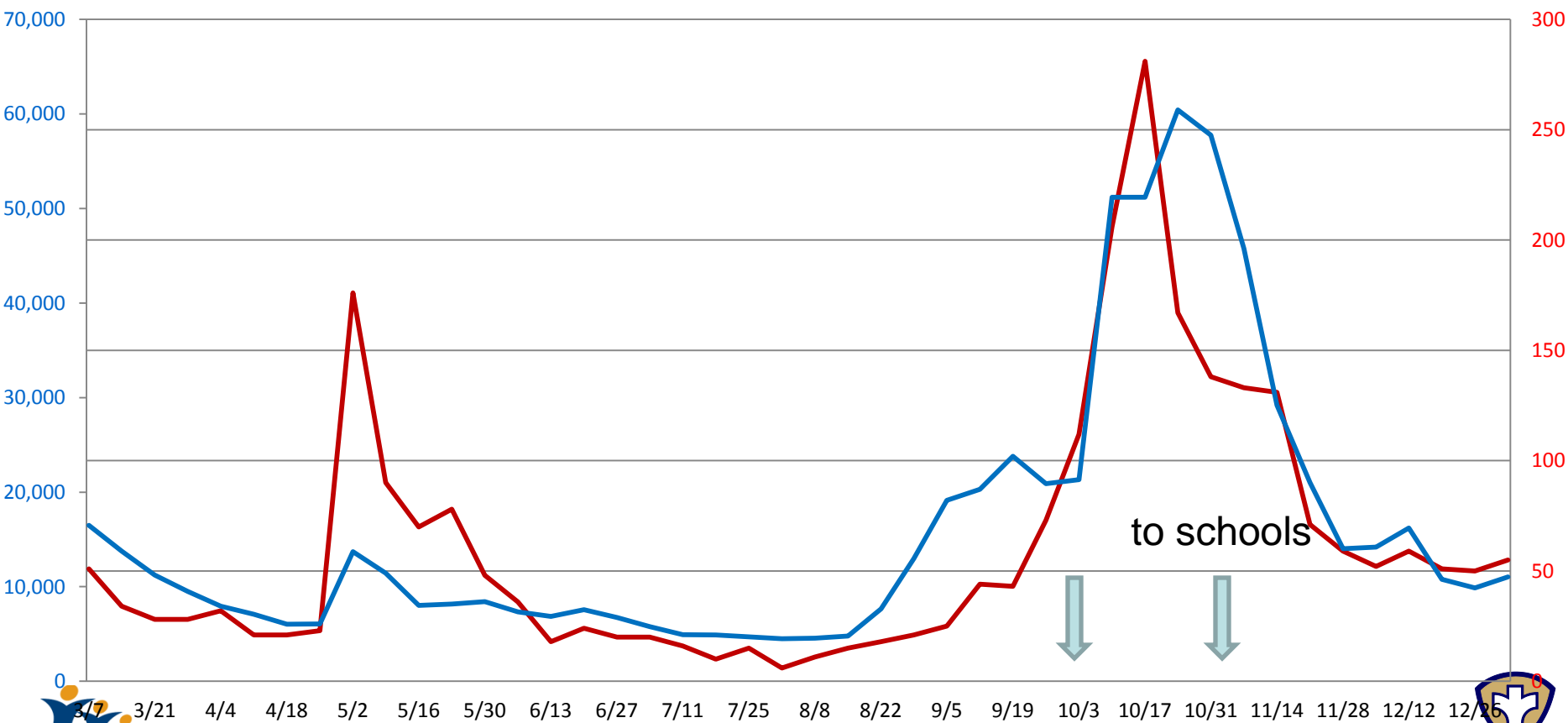
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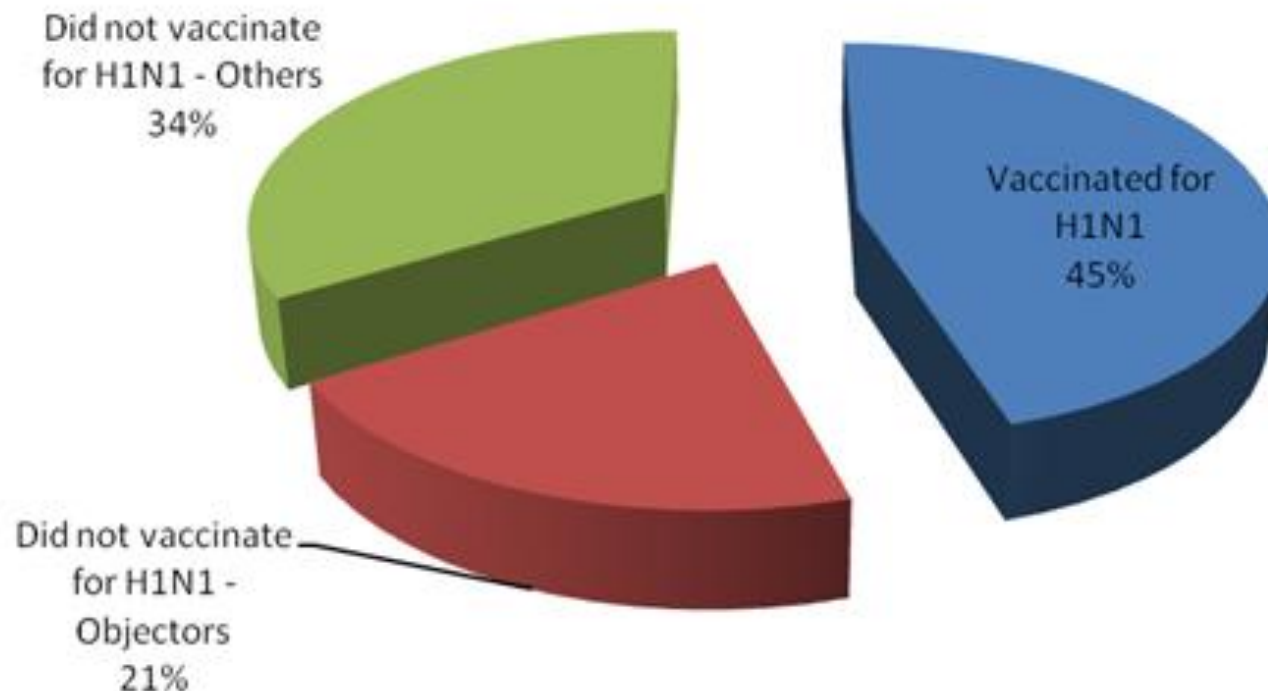


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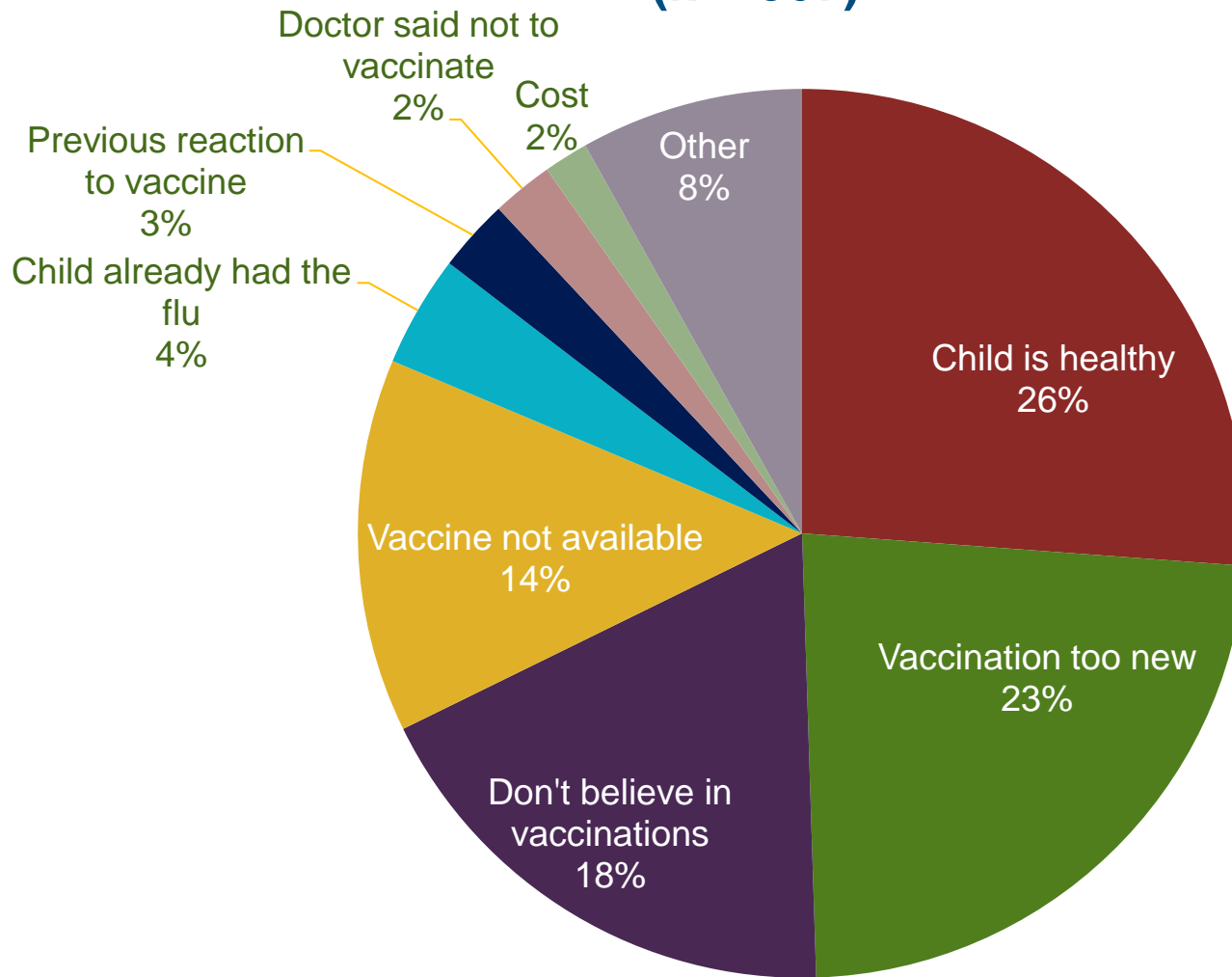


Parents Survey 600 Households



Main Reason School-Age Child Did Not Receive H1N1 Vaccination

(n = 507)



FLU – Last Year

- We geared up, ordered 100K extra doses
- Lots of prep with schools
- Thought it would be a no-brainer after H1N1

FLU – Last Year

BUT...

- Vast majority refused to participate
 - Complexity, billing “unfair,” disruptive
 - Of 9 largest districts, only Scottsdale & Mesa participated (guess why)
 - Only 322 other schools out of >1,000
- Parents who wanted it had difficulty finding

FLU – The Opportunity

- Less than 20% refusal demonstrated if simple and no cost barrier
 - Thus, can exceed threshold for herd immunity
 - That means we can decrease flu by >90%
- Potential >\$100 M savings (\$30 M in health care)
- Need only to make vaccine available, easy consent, and “free”
- Minimize / offset disruption to schools

FLU – New News

- ACA now *requires* insurers to cover ACIP recommended vaccine with no co-pay
- If no individual billing, cost goes way down
- MCDPH can purchase at “Public Health Service Pricing,” or potentially negotiate even deeper discount
 - **Expect possible ~\$10-12 range total cost**
(vs ~\$35 or so with current system)

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FLU – My Vision, My Hope, My Dream

- Create “flu vaccine fund” through a CBO (The Arizona Partnership for Immunization (TAPI))
- MCDPH purchases vaccine
- TAPI contracts with mass immunizers
- 560K vaccines x \$12 = \$6.7 million
- Show insurers potential for most of the \$30 million savings in health care costs
- Ask them to *pre-pay* their share into fund
- Offset cost to schools to get participation

FLU – Take Home Points

- **Herd Immunity is possible!!!**
- The hurdles are all political
- Enlisting private immunizers is essential for large communities

TODAY – Take Home Points

IF WE CAN DO IT, ANYBODY CAN

You can still do what you need to do in the face of
no money and no political support



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