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Fall November 18, 2014

Cost Estimates of Foundational Public Health Services: R esults from Piloting an Expert Consensus Methodology

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Results from Piloting an Expert Consensus Methodology

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APHA Annual Meeting

New Orleans, LA

18 November 2014



Acknowledgements

- Robert Wood Johnson Foundation
- Washington PBRN Delivery and Cost Study (DACS)
 Research Team (Univ. of Washington)
 - Betty Bekemeier, Ph.D.
 - Justin Marlowe, Ph.D.
- Kentucky Health Departments Association (KHDA)
 - Georgia Heise, DrPH (2014 NACCHO President)
 - KHDA Finance Workgroup
- Graduate Research Assistance of:
 - Keith Branham, UK DrPH student
 - Carrie Holsinger, UK DrPH student
 - Scott Secamiglio, MPH

Workgroup on Public Health Cost Estimation

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	Thomas Getzen, PhD	Foundation
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Cost estimation methods

- Prospective "expected cost" methods
 - Vignettes
 - Surveys with staff and/or administrators
 - Delphi group processes
- Concurrent "actual cost" methods (micro-costing)
 - Time studies with staff
 - Activity logs with staff
 - Direct observation
- Retrospective "cost accounting" methods
 - Modeling and decomposition using administrative records
 - Surveys with staff and/or administrators

Key issues: What's the cost of capability?

- Delineating state vs. local roles and division of effort
- Identifying scale and scope effects
 - By population served
 - By range of programs supported (portfolio effect)
- Identifying input factors that affect costs
 - Resource prices
 - Case mix
- Identifying key output differences across settings
 - Intensity
 - Quality
 - Reach

Estimating the Costs of Foundational Public Health Capabilities: A Recommended Methodology

Available at http://works.bepress.com/glen_mays/128/

Background and Overview: Piloting the Methodology in Kentucky

- Discussions with Kentucky Health Department Association (KHDA) to introduce & explain Foundational Public Health Services (FPHS) framework using RESOLVE FPHS articulation/definitions document
- Buy-in: KHDA formed a finance workgroup to evaluate how to incorporate FPHS framework into current financial & performance reporting system.
 - Crosswalk of chart of accounts with FPHS framework
- Participation in Cost-Estimation Pilot Project (6 members of workgroup serving as a representative sample – from small rural to large urban to multi-county health districts)
- Development of a cost data collection instrument

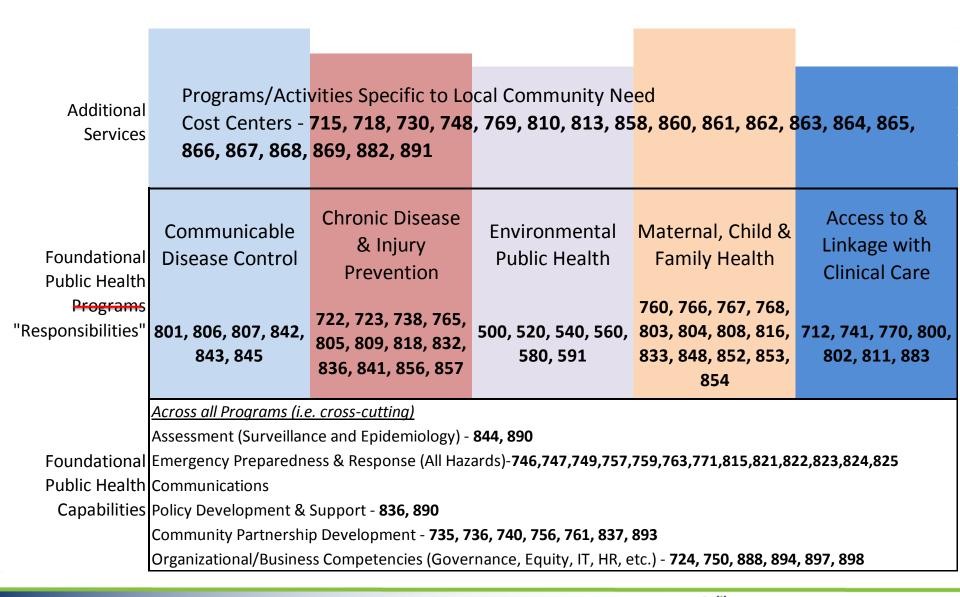


Costing Methodology (1/2)

- Adapt Washington DACS instrument as a starting template and modify & enhance accordingly
- Goal is for cost data collection instrument to be efficiently self-administered and capture estimates that account for uncertainty (i.e. dynamic nature of public health - FPHS demand and supply)
- Empirical approach: Estimate FPHS Costs by modeling uncertainty associated with cost data collected
 - Given sample size, quantify uncertainty through model simulation
- Generate probability distribution the range of all possible values and the likelihood of their occurence
 - Independent variables / Inputs → Input Distribution
 - Dependent variable / Output → Distribution of output values calculated from all possible combinations ('scenarios') of input values
 - Best of all, these probability distributions can be graphed!



Crosswalk of FPHS with Kentucky's Chart of Accounts





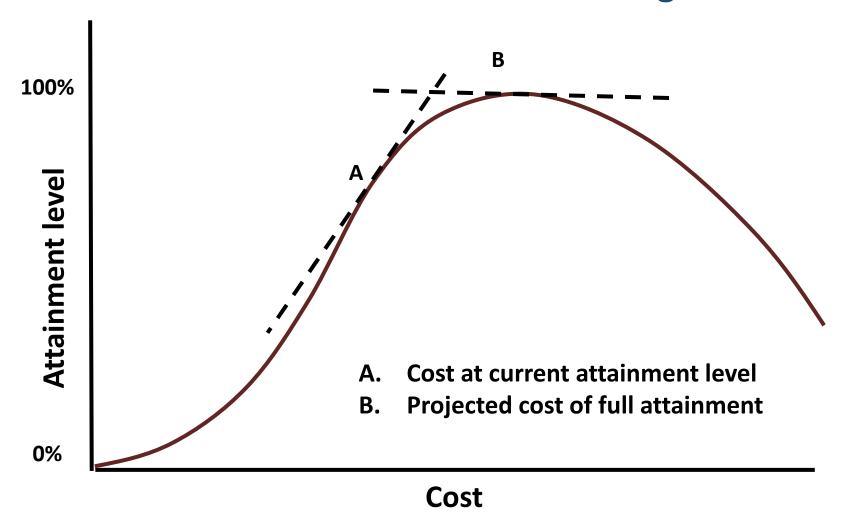
Survey Instrument (4/4): Current Attainment Scale Used to derive FPHS Projected Costs

"Based on your understanding of how each public health foundational capability and foundational area is defined, please provide your **global or overall** assessment on the following question: For each foundational category, what is the estimated percentage currently being met by your health department?"

	Point	Range (Min, Most
FOUNDATIONAL CAPABILITIES	Estimate	Likely, Max)
Assessment (surveillance and epidemiology)		
Emergency Preparedness (All Hazards)		
Communication		
Policy Development and Support		
Community Partnership Development		
Organizational Competencies		

	Point	
FOUNDATIONAL AREAS	Estimate	Range
Communicable Disease Control		
Chronic Disease and Injury Prevention		
Environmental Public Health		
Maternal/Child/ Family Health		
Access/Linkage with Clinical Health Care		

Estimation of "projected" costs from current attainment ratings



Costing Methodology Outputs

- Methodology produces a cost distribution for each Foundational Capability (FC) and Foundational Area (FA) specified in the National FPHS Definition document
- Separate estimates of "current" and "projected" costs
 Current: cost of resources currently used to produce FCs and FAs

Projected: cost of resources estimated to be required to fully meet FC and FA definitions, based on current levels of attainment

Costing Methodology Outputs

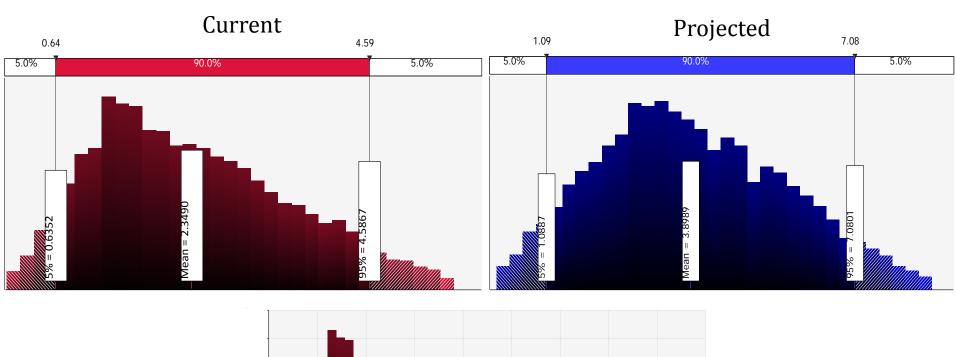
Foundational Capabilities (FCs) Costs

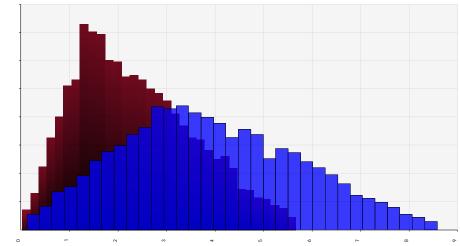
- Health Assessment
- Emergency Preparedness
- Communications
- Policy Development and Support
- Community Partnership Development
- Organizational Competencies

Foundational Areas (FA) Costs

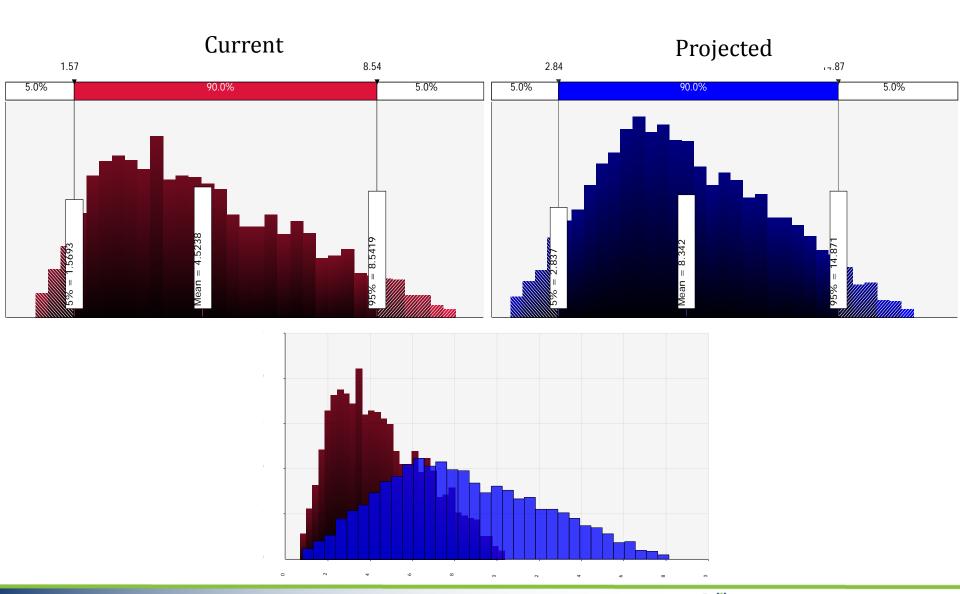
- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Health
- Maternal and Child Health
- Access and Linkage to Clinical Care
- Total costs = $\sum FC + \sum FA$

Foundational Capability (FC) - Assessment (per capita \$)



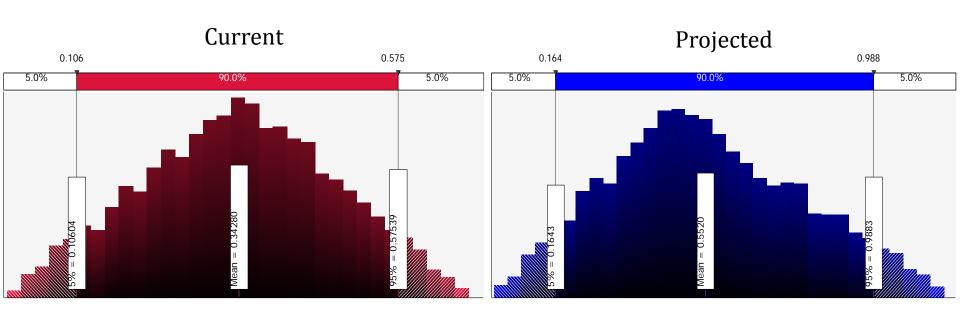


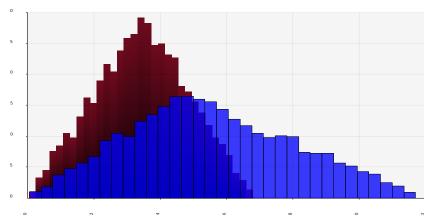
FC_Emergency Preparedness-All Hazards Response (per capita \$)



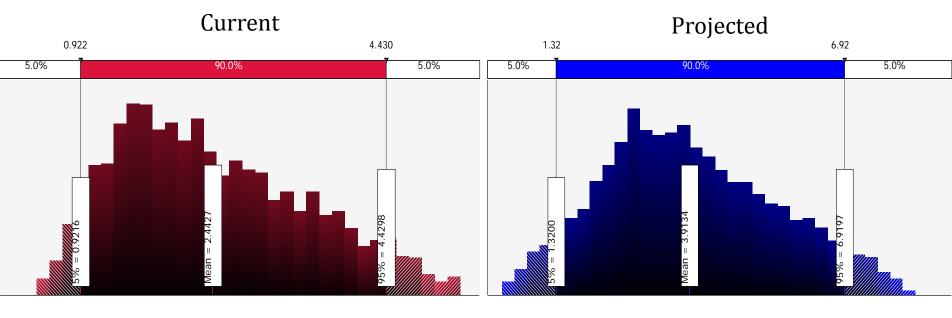


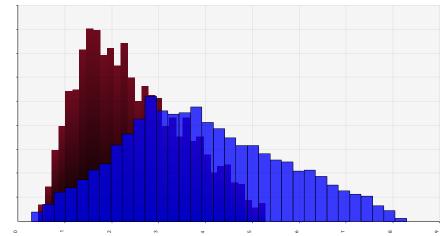
FC_Communications (per capita \$)





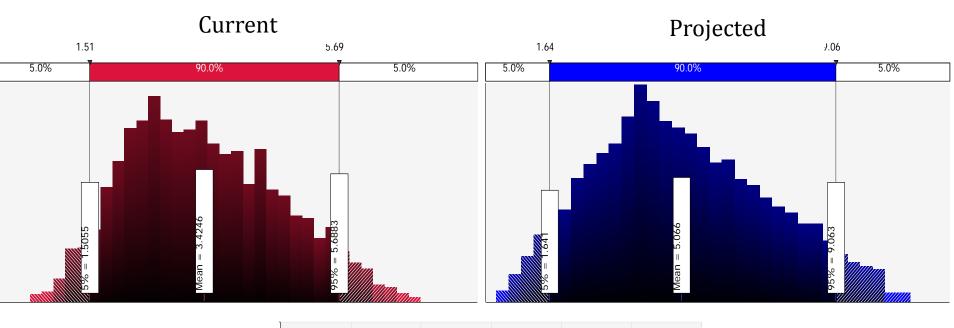
FC_Policy Development & Support (per capita \$)

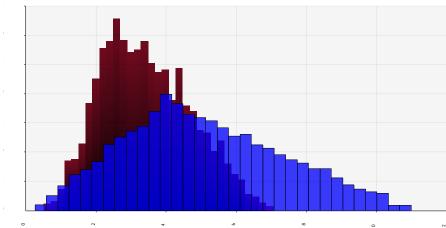






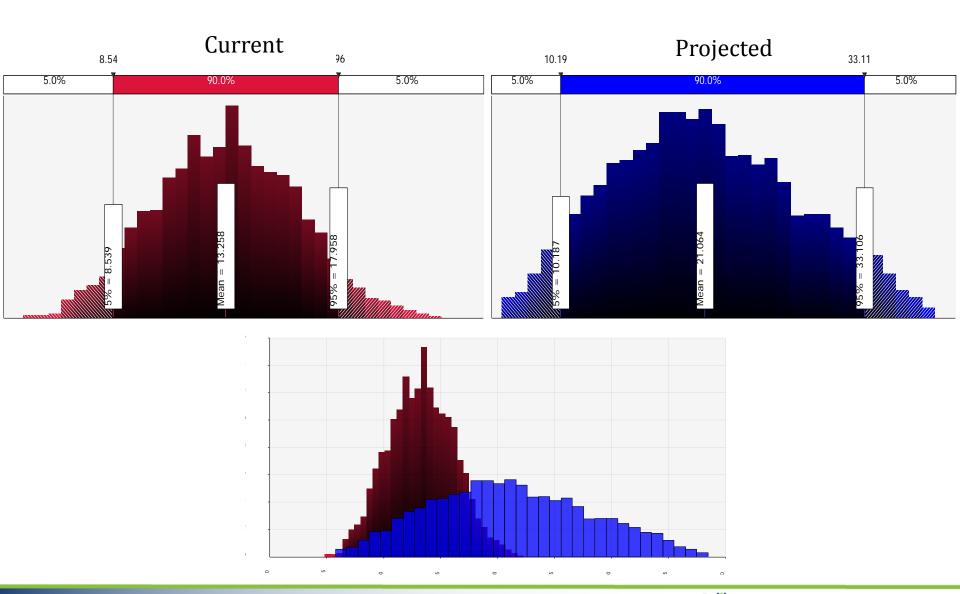
FC_Community Partnership Development (per capita \$)





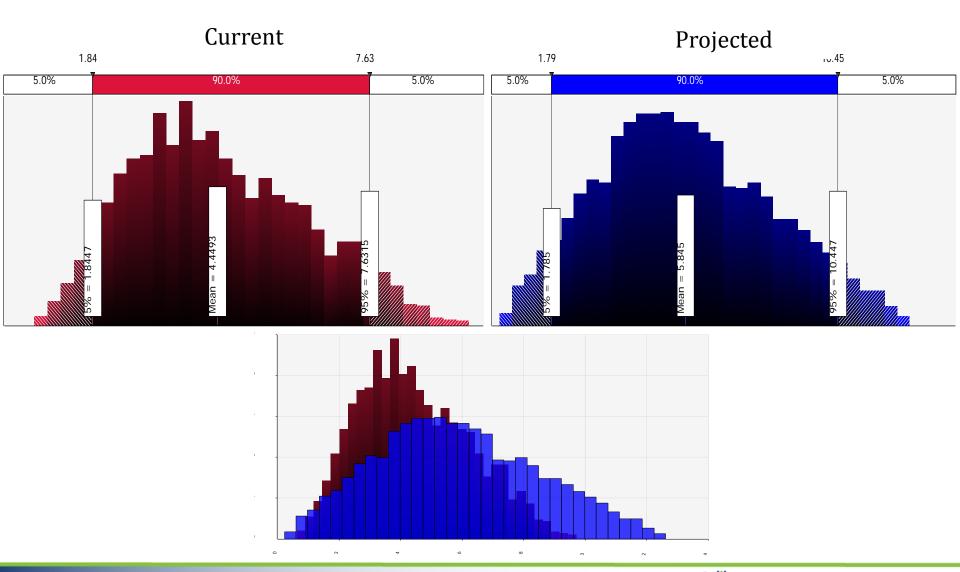


FC_Organizational Competencies (per capita \$)



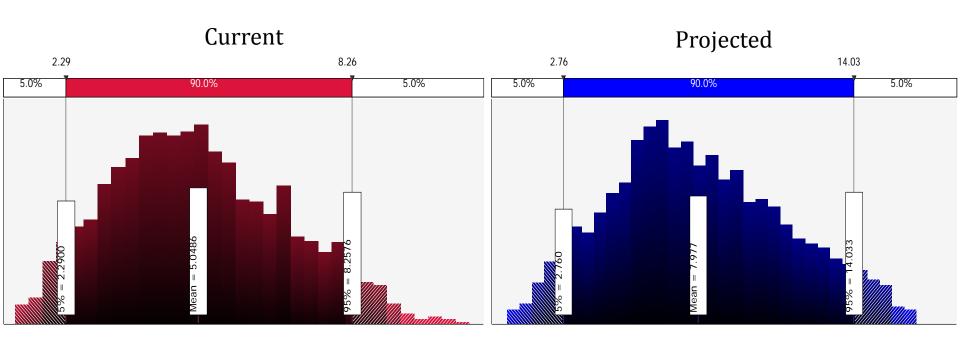


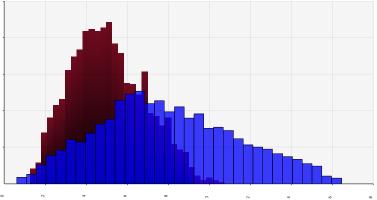
Foundational Area (FA)_Communicable Disease Control (per capita \$)





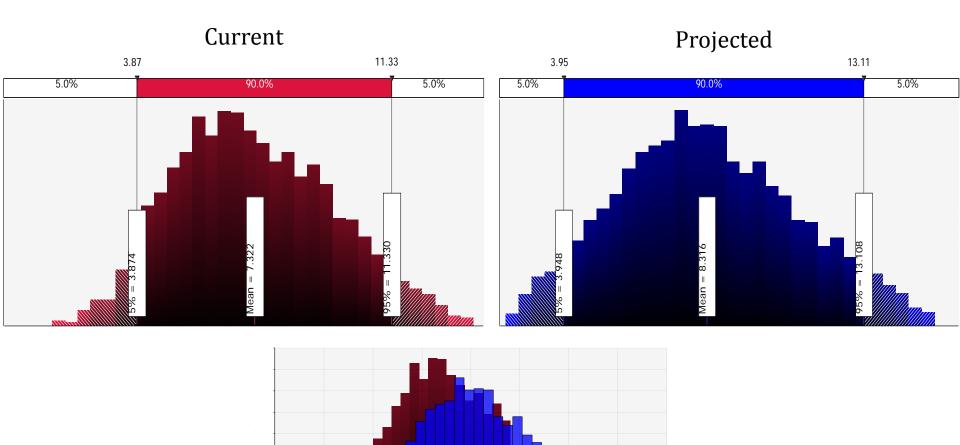
FA_Chronic Disease & Injury Prevention (per capita \$)





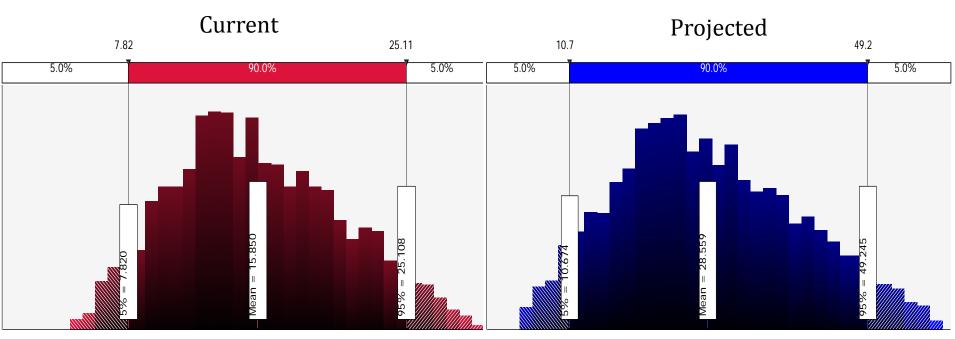


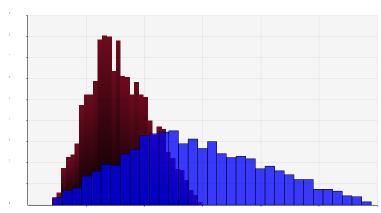
FA_Environmental Public Health (per capita \$)





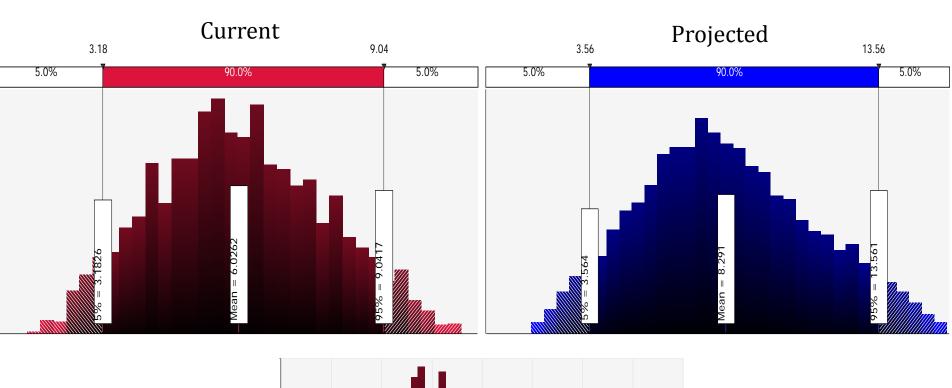
FA_Maternal Child and Family Health (per capita \$)

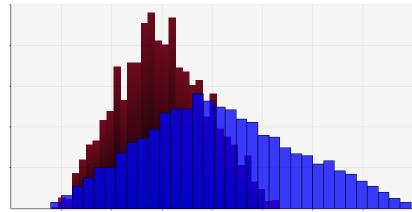






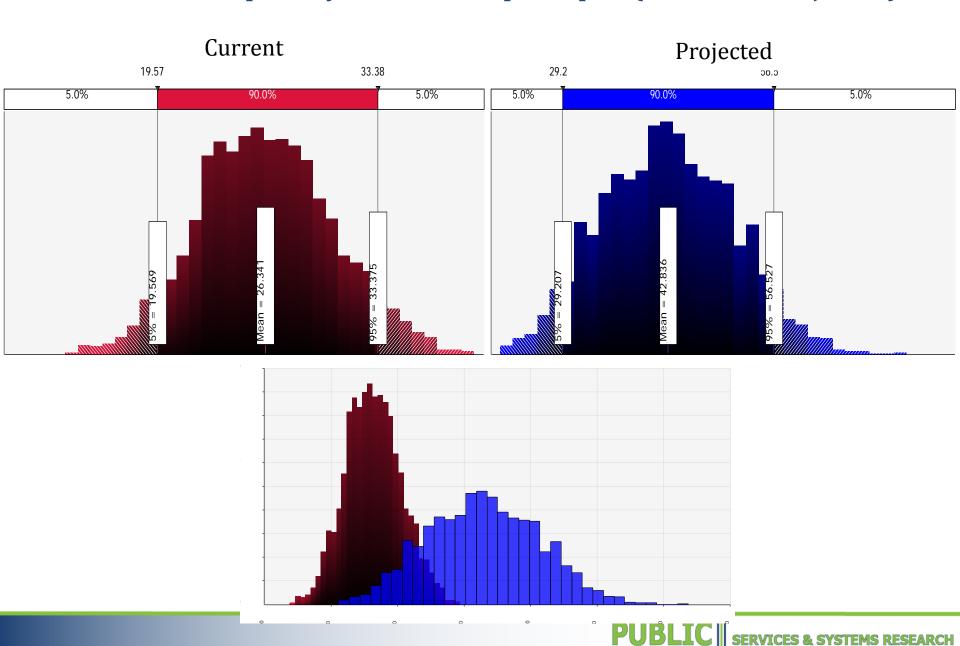
FA_Access to & linkage w/ Clinical Care (per capita \$)



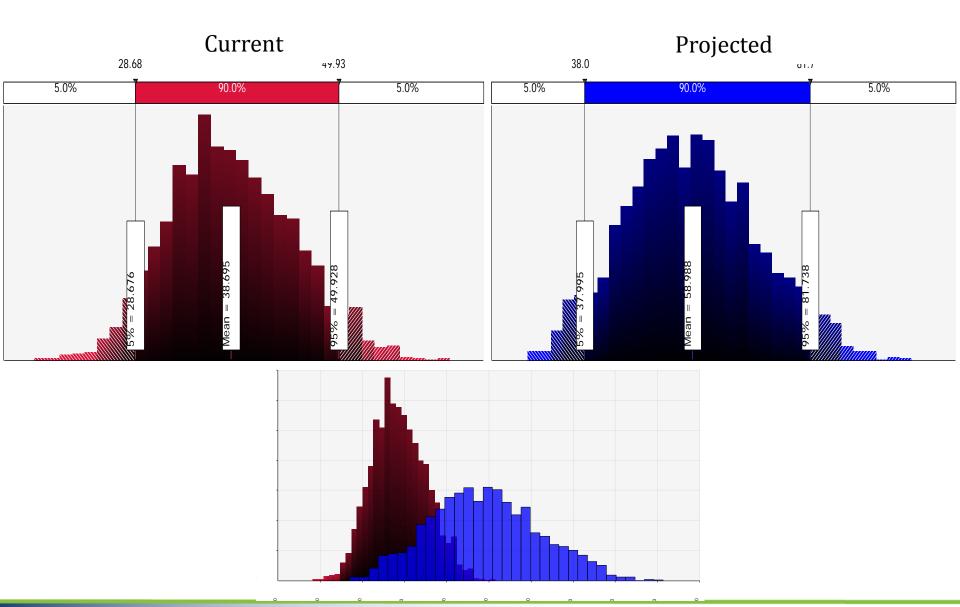




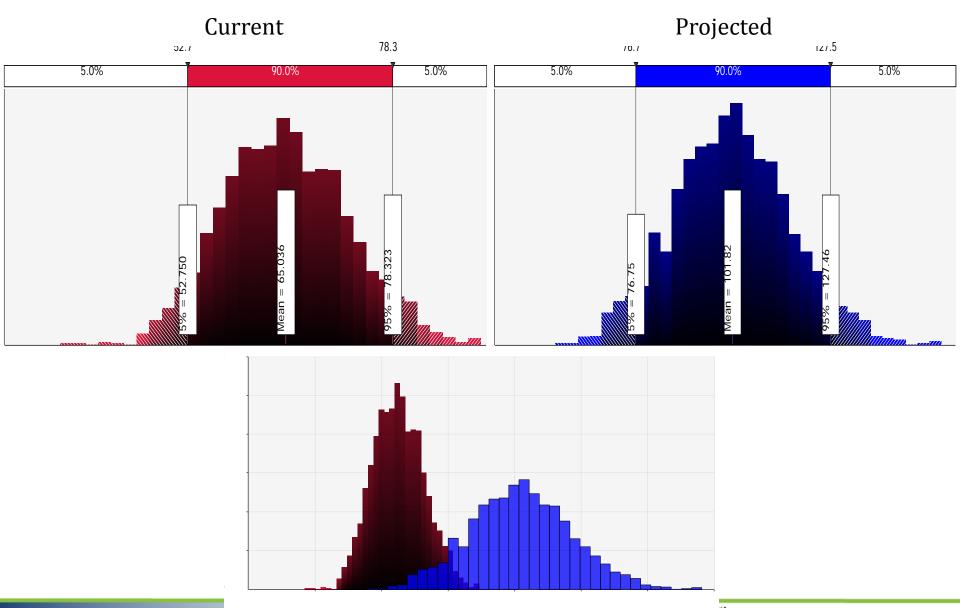
Foundational Capability - Total Costs per capita (Current & Projected)



Foundational Areas_Total Costs per capita (Current & Projected)



Total Local Per Capita Cost Estimates: Current and Projected

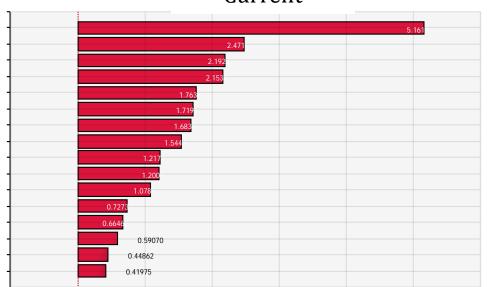




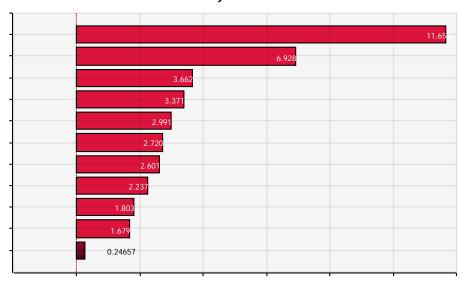
How Sensitive Are Total Costs to FCs and FAs

Sensitivity Analysis
for Total FPHS
Costs per capita
(current &
projected) –
standardized beta
coefficients

Current



Projected



Next Steps: National Estimates

- National stratified, nested sample of state and local jurisdictions
- Selection of 6 states stratified by administrative structure:
 - Centralized: AR, SC
 - Shared: FL, GA (KY)
 - Decentralized: NY, CA (WA)
- Selection of 3 local jurisdictions in each state, stratified by population: <50k | 50-299k | >=300k
- Supplement data already collected from KY, WA
- Web-based survey administration with telephone support

For More Information



Supported by The Robert Wood Johnson Foundation

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