

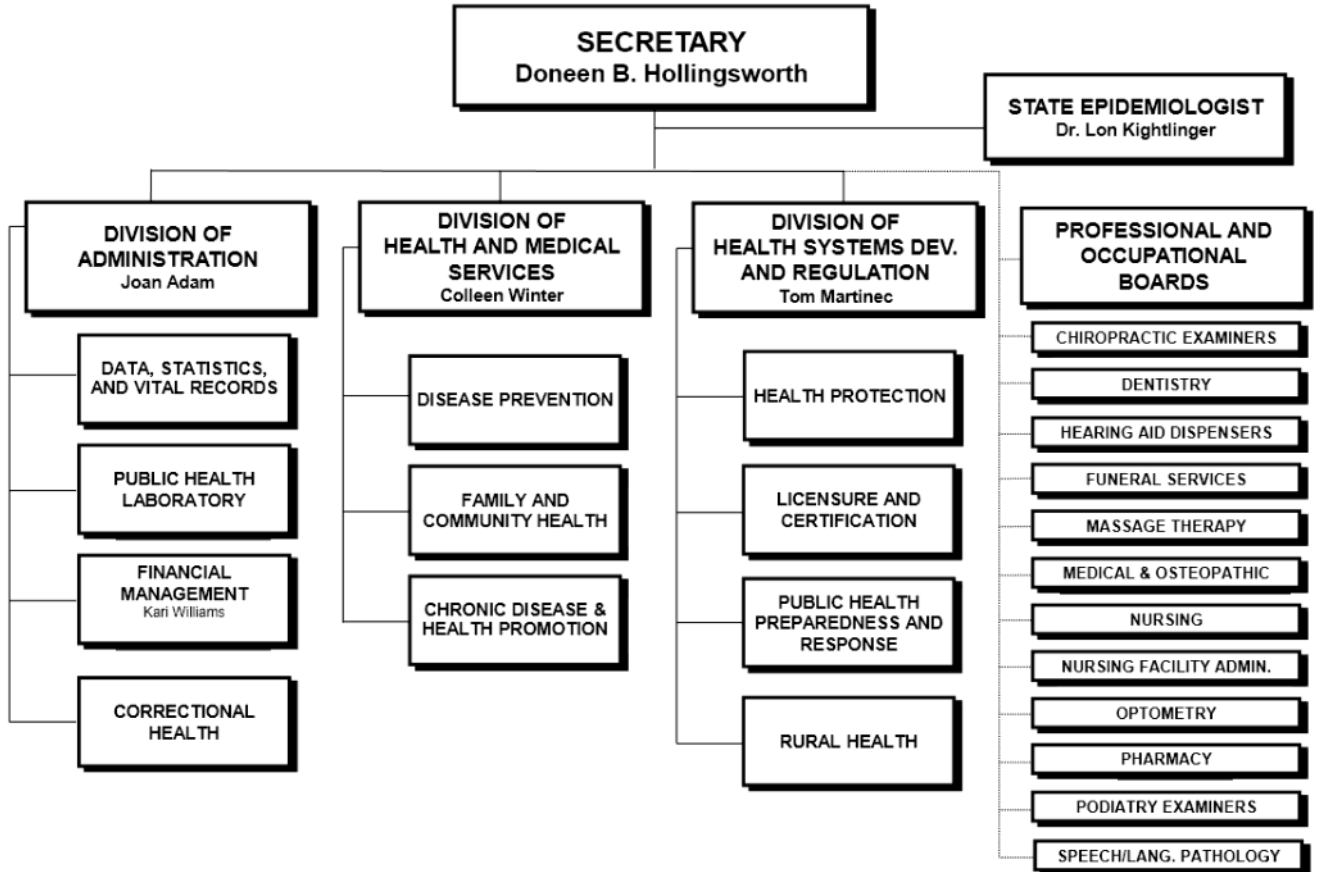
# Agency Presentation - FY14 - DOH

Wednesday, January 09, 2013  
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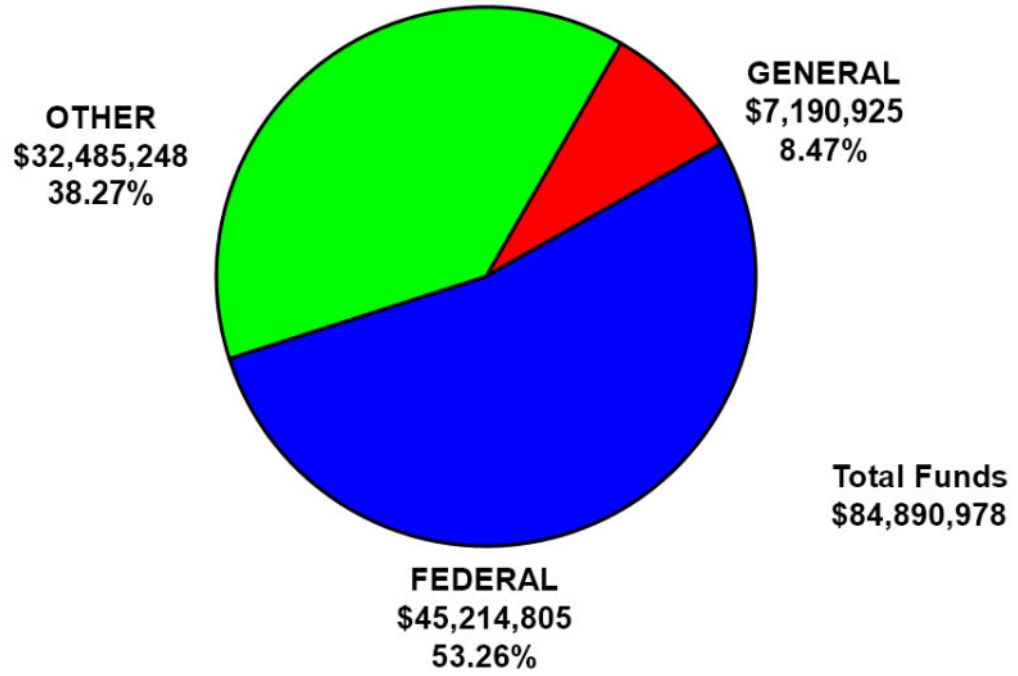


**FY2014 BUDGET RECOMMENDATION AND OVERVIEW MATERIALS**  
Presented to Joint Appropriations Committee  
January 11, 2013

# SOUTH DAKOTA DEPARTMENT OF HEALTH



# DEPARTMENT OF HEALTH FY14 FUNDING SOURCES





# South Dakota Department of Health 2020

Promote, protect, and improve the health and well-being of all South Dakotans

## Improve Birth Outcomes and Health of Infants, Children and Adolescents in South Dakota

- ❖ Increase awareness of the importance of healthy lifestyle choices among women of childbearing age
- ❖ Promote awareness and implementation of infant safe sleep practices
- ❖ Improve South Dakota's age-appropriate immunization rate
- ❖ Reduce risky behaviors among children and adolescents

### Key Performance Measures

- Reduce infant mortality rate from 8.3 per 1,000 births in 2008 to 6.0 by 2020
- Increase proportion of pregnant women who receive prenatal care in the first trimester from 69.9% in 2008 to 80% by 2020
- Increase percent of two-year olds who are age-appropriately immunized from 81% in 2010 to 90% by 2020
- Increase percent of adolescents ages 13-17 years who have received at least 1 dose of Tdap from 54.4% in 2011 to 80% by 2020
- Reverse trend and reduce the percent of school-age children & adolescents who are obese from 15.6% in the 2011-12 school year to 14% by 2020
- Reduce percentage of youth in grades 9-12 who currently smoke from 28% in 2011 to 18% by 2020

## Strengthen the Health Care Delivery System in South Dakota

- ❖ Provide effective oversight and assistance to assure quality health facilities, professionals, and services
- ❖ Sustain essential healthcare services in rural and underserved areas
- ❖ Provide effective coordination of health information technology (HIT) and health information exchange (HIE) efforts among public and private stakeholders

### Key Performance Measures

- Increase number of South health career camp attendees from 677 in 2009 to 1,500 by 2020
- Increase percent of South Dakota nursing facilities that participate in resident-directed or person-centered care from 69% in 2009 to 80% by 2020
- Maintain a closure rate of zero for rural hospitals determined to be "access critical"
- Increase percentage of healthcare providers/facilities that are meaningful users of certified electronic health record technology from 32% in 2008 to 90% by 2020
- Increase the percentage of healthcare providers/facilities participating in South Dakota Health Link Direct and Point of Care Exchange services to 70% by 2020

## Improve the Health Behaviors of South Dakotans to Reduce Chronic Disease (i.e., heart disease, cancer, stroke, diabetes)

- ❖ Work with partners to implement statewide plans to reduce the burden of chronic disease
- ❖ Help South Dakotans across the lifespan to be physically active, eat healthy, and be tobacco free
- ❖ Increase the number of people screened for chronic disease (i.e., mammograms, Pap smears, colorectal cancer, diabetes, cholesterol, hypertension, etc.)

### Key Performance Measures

- Reverse the trend and reduce the percent of adults who are obese from 28.1% in 2011 to 23% by 2020
- Increase the percent of adults who meet the current guidelines of 150 minutes of physical activity per week from 46.1% in 2011 to 55% by 2020
- Reverse the trend and increase the percent of adults who eat 3 or more vegetables a day from 9.4% in 2011 to 18% in 2020
- Reduce the percent of adults who smoke cigarettes from 23% in 2011 to 19% in 2020
- Increase the number of adults over age 50 who have had colorectal screening from 61% in 2011 to 80% by 2020

**Guiding Principles**  
 Reduce Health Disparities  
 Maximize Use of Technology  
 Emphasize Customer Service  
 Work in Partnership

## Strengthen South Dakota's Response to Current and Emerging Public Health Threats

- ❖ Maintain and improve the identification, assessment, and response to current and emerging public health threats
- ❖ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats
- ❖ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues

### Key Performance Measures

- Increase the rate of disease reporting electronically from 50% of reports in 2006 to 90% by 2015
- Double the number of healthcare volunteers registered in SERV-SD from 840 in 2009 to 1,280 by 2020
- Increase the expertise of DDH environmental health staff by achieving 100% of staff meeting the qualifications of being a Registered Environmental Health Specialist according to the National Environmental Health Association by 2020

## Strategies for Achieving 2020 Objectives

<p><b>Improve Birth Outcomes and Health of Infants, Children and Adolescents in South Dakota</b></p> <ul style="list-style-type: none"> <li>◆ Increase awareness of the importance of healthy lifestyle choices to women of child bearing age (<i>Peggy Seurer</i>)             <ul style="list-style-type: none"> <li>-Promote the importance of prenatal care for South Dakota mothers</li> <li>-Maintain collaboration between public programs serving pregnant women and primary care providers to improve birth outcomes</li> <li>-Enhance activities and increase public awareness regarding the dangers of tobacco use by pregnant women and exposure to secondhand smoke</li> </ul> </li> <li>◆ Promote awareness and implementation of infant safe sleep practices (<i>Peggy Seurer</i>)             <ul style="list-style-type: none"> <li>-Develop crib distribution program for families in need of safe sleep environment for their infant</li> <li>-Develop comprehensive safe sleep education program to reduce the risk of injury and death of infants due to unsafe sleep practices</li> <li>-Work in partnership to distribute safe sleep information throughout communities</li> </ul> </li> <li>◆ Improve South Dakota's age-appropriate immunization rate (<i>Gonnie Jameson</i>)             <ul style="list-style-type: none"> <li>-Educate providers and the public about the importance of immunizations</li> <li>-Create interface between electronic health records and the immunization registry</li> <li>-Utilize non-traditional avenues for providing childhood immunizations</li> </ul> </li> <li>◆ Reduce risky behaviors among children and adolescents (<i>Darlene Bergeleen</i>)             <ul style="list-style-type: none"> <li>-Enhance activities to reduce the incidence of childhood obesity and the use of tobacco among children and adolescents</li> <li>-Enhance activities designed to reduce rates of pregnancy and sexually transmitted diseases among adolescents</li> <li>-Enhance partnerships/collaboration with other state agencies to address risky behaviors</li> </ul> </li> </ul>	<p><b>Improve the Health Behaviors of South Dakotans to Reduce Chronic Disease (I.e., heart disease, cancer, stroke, diabetes)</b></p> <ul style="list-style-type: none"> <li>◆ Work with partners to implement statewide plans to reduce the burden of chronic disease (<i>Linda Ahrendt</i>)             <ul style="list-style-type: none"> <li>-Develop and implement policies and environmental changes to support healthy behaviors and manage chronic disease</li> <li>-Engage additional partners (i.e., health providers, communities, service organizations, etc.) to expand the reach and impact of state chronic disease plans</li> </ul> </li> <li>◆ Help South Dakotans across the lifespan to be physically active, eat healthy, and be tobacco-free (<i>Derrick Hessins</i>)             <ul style="list-style-type: none"> <li>-Utilize current communication methods and technology to market and promote programs to help South Dakotans live healthier lives</li> <li>-Enhance efforts to provide technical assistance and resources for individuals, families, communities, schools, employers, and health care providers to promote healthy behaviors and prevent chronic disease</li> </ul> </li> <li>◆ Increase the number of people screened for chronic diseases (i.e., mammograms, Pap smears, colorectal screening, diabetes, cholesterol, hypertension, etc.) (<i>Jim McCord</i>)             <ul style="list-style-type: none"> <li>-Increase public awareness of the importance of chronic disease screenings</li> <li>-Work with partners to assure accessibility to chronic disease screening for all South Dakotans</li> </ul> </li> </ul>
<p><b>Strengthen the Healthcare Delivery System in South Dakota</b></p> <ul style="list-style-type: none"> <li>◆ Provide effective oversight and assistance to assure quality health facilities, professionals and services (<i>Tom Martinec</i>)             <ul style="list-style-type: none"> <li>-Assure healthcare facilities meet minimum standards for quality</li> <li>-Enhance technical assistance, training, and resources for healthcare facilities and providers to meet identified needs</li> <li>-Assure information regarding healthcare facilities, providers, and services is available to the public in a coordinated, understandable, and easily accessible manner</li> <li>-Increase coordination with health professional licensing boards to address quality of care and access to care issues</li> </ul> </li> <li>◆ Sustain essential healthcare services in rural and underserved areas (<i>Sandi Durick/Halley Lee</i>)             <ul style="list-style-type: none"> <li>-Build and sustain South Dakota's healthcare workforce</li> <li>-Develop and promote systems of care to assure high quality, readily accessible, and well-coordinated healthcare services statewide</li> <li>-Develop and promote innovative primary care delivery models in rural areas</li> <li>-Develop and implement quality improvement programming and services</li> <li>-Assist healthcare organizations identify resources for operation, maintenance, and replacement of healthcare facilities</li> </ul> </li> <li>◆ Provide effective coordination of HIT/HIE efforts among public and private stakeholders (<i>Kevin DeWald</i>)             <ul style="list-style-type: none"> <li>-Encourage adoption and meaningful use of electronic health records through use of federal incentive programs</li> <li>-Promote participation in/use of SD Health Link Direct and Point of Care Exchange</li> <li>-Link hospitals and providers with educational and technical assistance resources for implementation of certified HER technology available through HealthPOHIT and other resources</li> </ul> </li> </ul>	<p><b>Strengthen South Dakota's Response to Current and Emerging Public Health Threats</b></p> <ul style="list-style-type: none"> <li>◆ Maintain and improve the identification, assessment, and response to current and emerging public health threats (<i>Lon Kightlinger</i>)             <ul style="list-style-type: none"> <li>-Improve timeliness and effectiveness of prevention and controls of public health threats</li> <li>-Develop and maintain State Public Health Laboratory proficiency in all applicable Laboratory Response Network procedures</li> <li>-Increase electronic disease reporting and maintain continuing functional electronic laboratory reporting competency within the Department of Health</li> </ul> </li> <li>◆ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats (<i>Bill Chalcraft</i>)             <ul style="list-style-type: none"> <li>-Improve the Department of Health's ability to electronically monitor and track response efforts and interventions</li> <li>-Enhance the Department of Health's ability to communicate with partners about emerging public health threats</li> <li>-Identify, coordinate, and train the state, local, private, and volunteer public health workforce</li> </ul> </li> <li>◆ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues (<i>Mike Smith</i>)             <ul style="list-style-type: none"> <li>-Develop key capacity to respond to current and emerging environmental health issues (i.e., lead, mold, indoor air, nuisance investigations, etc.)</li> <li>-Identify, train, and maintain staff proficient in dealing with environmental health issues</li> </ul> </li> </ul>

# DEPARTMENT OF HEALTH

## FY2014 GOVERNOR RECOMMENDED BUDGET

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	<u>FTE</u>	<u>General</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
<b>FY2013 Budget Base</b>	411.2	\$7,181,565	\$45,180,135	\$32,116,930	\$84,478,630
<b>Expansion/Reduction</b>					
<i>Increase/Decrease</i>					
Health Administration		2,519	1,917	3,473	7,909
Health Systems Regulation and Development		4,178	8,247		12,425
Health and Medical Services		2,663	18,757	2,804	24,224
Laboratory Services			5,012	12,690	17,702
Correctional Health	6.0			24,774	24,774
Tobacco Prevention and Control			728	2	730
Informational Budgets for DOH Boards	2.0		9	324,575	324,584
<b>Inflation/Expansion-Reduction Total</b>	<b>8.0</b>	<b>9,360</b>	<b>34,670</b>	<b>368,318</b>	<b>412,348</b>
<b>Total FY2014 Recommended Budget</b>	<b>419.2</b>	<b>7,190,925</b>	<b>45,214,805</b>	<b>32,485,248</b>	<b>84,890,978</b>

# Correctional Health

## FY2014 Governor Recommended

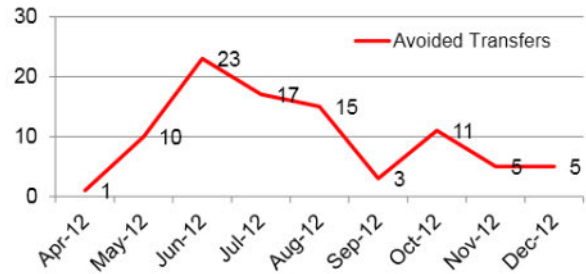
<b>FY13 Base Budget</b>	<b>\$15,380,602</b>
<b>Personal Services – 6.0 FTE</b>	<b>\$ -0-</b>
<b>Medical Inflation</b>	
• <i>Contractual Services:</i> A 3.0% inflation rate for contracted medical provider services.	<b>\$ 20,733</b>
<b>Bureau Billing</b>	<b><u>\$ 4,041</u></b>
<b>FY14 Budget Request</b>	<b>\$15,405,376</b>
<b>FY14 Requested Other Funds Increase/6.0 FTE increase</b>	<b>\$ 24,774</b>

# Correctional Health eCare

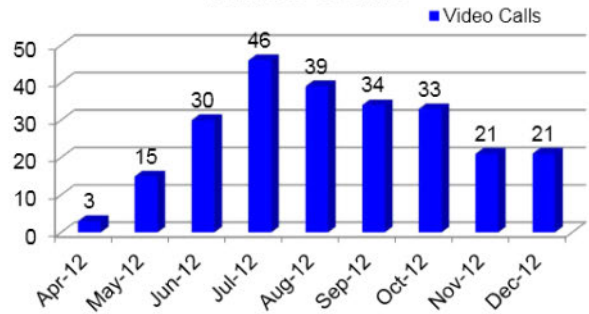
April 2012 - December 2012:

- Four sites live
  - Pierre Women's Prison
  - Springfield - Mike Durfee
  - Sioux Falls – Hill and Jameson
- 242 video encounters
- 90 avoided transfers to the ER

### Avoided Transfers



### Video Calls



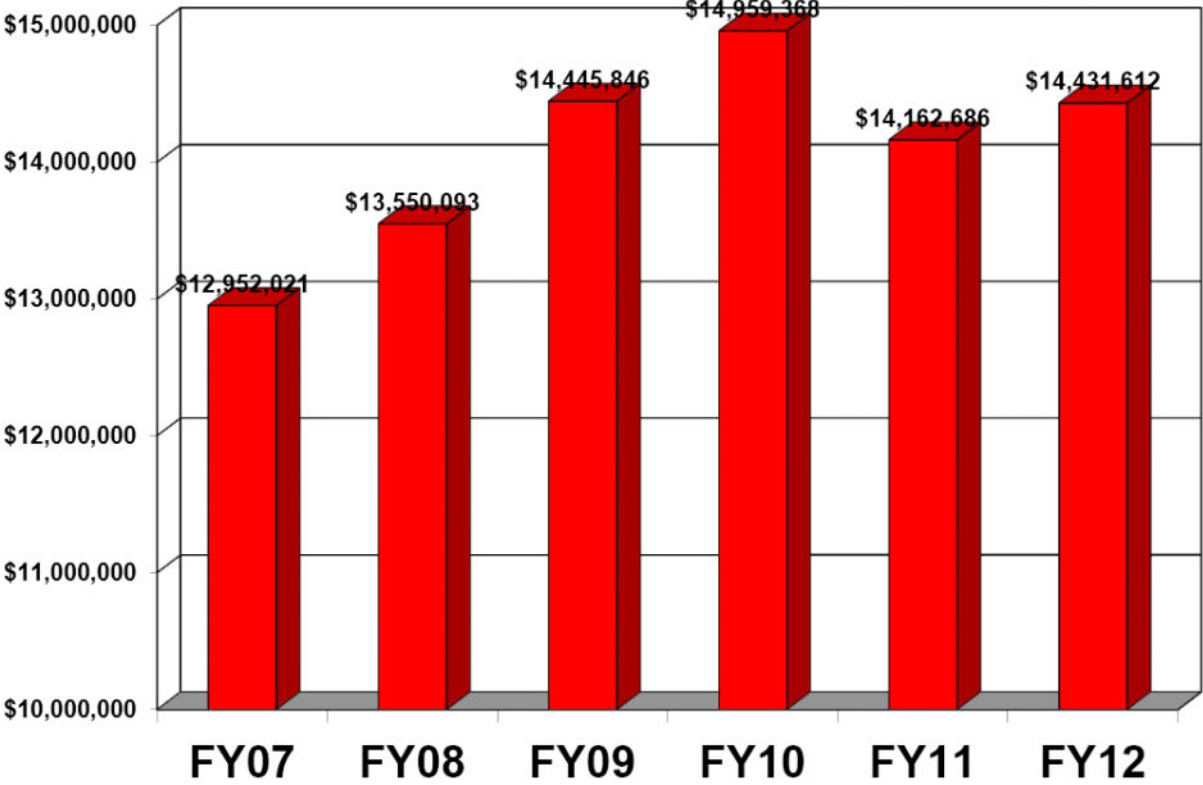


# Top 25 Inmates Expenses using Out-Sourced Services July 1, 2011 – June 30, 2012

		<u>Diagnosis</u>
1	\$ 134,421.93	Recurrent lung cancer
2	\$ 107,812.53	Diabetic with kidney failure, on dialysis
3	\$ 90,350.59	Kidney failure; and chronic lung issues
4	\$ 82,631.44	Cancer
5	\$ 80,161.40	Heart attack & gallbladder removal
6	\$ 78,932.72	Open heart surgery
7	\$ 70,972.99	Stomach surgery
8	\$ 62,160.09	Chest pain, uncontrolled high B/P
9	\$ 58,155.68	Cancer
10	\$ 56,530.41	Below the knee amputation.
11	\$ 55,521.45	Lung Cancer
12	\$ 53,523.01	Multiple Sclerosis, Asthma, Intestinal disease
13	\$ 51,215.29	Chronic chest pain
14	\$ 50,774.81	Back surgery/fusion
15	\$ 48,584.16	Advanced liver disease, hepatitis C, high b/p
16	\$ 45,508.41	Skin breakdown with ulcer, insulin dependent diabetic, bladder and lung problems
17	\$ 43,644.15	Lung cancer
18	\$ 43,581.70	Fractured leg
19	\$ 43,185.64	Heart surgery
20	\$ 41,619.86	HIV
21	\$ 40,724.73	Multiple heart issues with surgery
22	\$ 40,044.42	Heart attack
23	\$ 40,014.07	Multiple sclerosis
24	\$ 39,818.99	Intestinal disease
25	\$ 37,157.25	Tongue cancer

**Grand Total**    \$ 1,497,047.72

# CHC Total Expenditures



# Childhood Immunizations

- Significant changes in how states may use federal vaccine funding and new federal requirements for health insurance plans regarding vaccine coverage
- Workgroup formed of public/private providers, insurance companies, and state agencies to make recommendations for implementing federal changes while maintaining/improving childhood vaccination coverage levels
- Goal is to assure that any child will receive any childhood vaccination at any provider location
- Reverse FY13 transfer of \$1M tobacco funds to general funds (HB1060)
  - Funds to be used to purchase flu vaccine for 6-18 yr olds and other childhood vaccines

# Childhood Immunizations Transition Plan/ Safety Net

## FY13

- VFC
- General Funds
- Purchased Ahead Vaccine
- Insurance

## FY14

- VFC
- General Funds
- Purchased Ahead Vaccine
- Insurance

## FY15

- VFC
- **General Funds**
- **Insurance**



A simplified system, no missed opportunities and improved immunization rates for South Dakota children.

# Governor's Primary Care Task Force

- Appointed in 2012 to consider and make recommendations to ensure accessibility to primary care for all South Dakotans – particularly in rural areas of the state
- Developed recommendations around five specific areas: (1) capacity of healthcare educational programs; (2) quality rural health experiences; (3) recruitment and retention; (4) innovative primary care models; and (5) accountability and oversight
- Task force also developed metrics within each area to measure progress and success in maintaining and strengthening the state's primary care system
- Key recommendations included:
  - Support Governor's FY14 recommended budget to provide payments to South Dakota providers serving as preceptors for PA students and explore need for payments for NP student preceptors in FY15
  - Explore potential further expansion of USD School of Medicine
  - Develop a data collection system to serve as a central clearinghouse of healthcare education and workforce information
  - Establish an ongoing oversight committee to monitor implementation of Task Force recommendations and provide reports to the Governor, Board of Regents, and Legislature
- Governor's Primary Care Task Force website: [doh.sd.gov/PrimaryCare/](http://doh.sd.gov/PrimaryCare/)



## Protecting Public Health

