A Local Health Department's Transition to Unit Based Costs – Lessons Learned

Poster presented by Hodan Eyow, Ebony Fortune & Messay Zerga
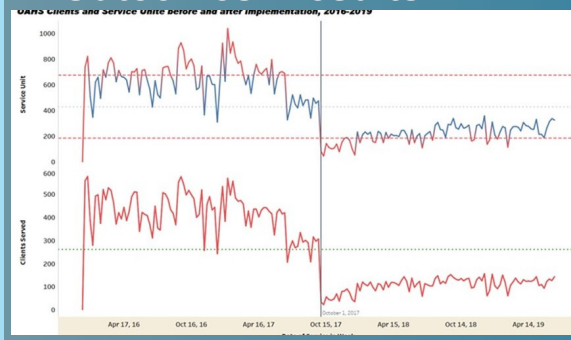
Introduction

In 2017, the WDC EMA went live with a payment model that would shift the distribution of services funded in the EMA. The transition to unit based costs had an immediate impact on clients served and utilization for a majority of the core services. Some patient health outcomes decreased in 2018 while viral suppression remained relatively stable

Implementation Activities

- Research of best practices for FFS
- Information sessions and buy-in from Planning Commission
- Information sessions for current sub-recipients
- Creation of subcommittees
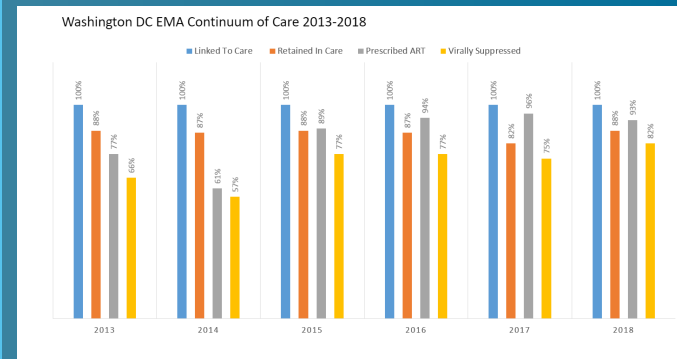- Technical Assistance Offerings to current sub-recipients

Outcome/ Results

Washington DC EMA Continuum of Care 2013-2018

Outcomes/ Results

OAHS Clients and Service Units Before and after Implementation, 2016-2019

A decline both in client served and service utilization have been observed since Oct 2017, date when FFS funding mechanism took effect. These may be due to one of a large service provider didn't participate in the program and Medicaid expansion in VA (member jurisdiction in our EMA)

Lessons Learned

- Conduct a staggered/staged role out
- Put data at the forefront of planning
- Provide T/A to smaller clinics
- Develop a plan for cost savings
- Provide Training to monitoring staff
- Performance indicators will need 1+years to stabilize
- Conduct a reporting burden assessment
- Update CLCs semi-annually

Additional Recommendations

Quantity of clinical data will decrease
- Outpatient Ambulatory Health Service (OAHS) is the direct source of clinical data in the RW network. Prepare for a sharp decline in total clinical data input upon moving OAHS to a fee for service model

Identify secondary data sources
- Identify secondary data sources to match RW clients to last known CD4 count and Viral Load to account for the data loss

Monitor for complete data reporting irrespective of funding mechanism
- Ensure complete data reporting from Fee for Service providers to minimize the data loss. Create a robust data completeness audit process throughout the grant year.