



SOUTH DAKOTA
DEPARTMENT OF HEALTH

FY2015 BUDGET RECOMMENDATION AND OVERVIEW MATERIALS
Presented to Joint Appropriations Committee
February 12, 2014

SOUTH DAKOTA DEPARTMENT OF HEALTH

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**DIVISION OF
ADMINISTRATION**
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**DATA, STATISTICS,
AND VITAL RECORDS**

**PUBLIC HEALTH
LABORATORY**

**FINANCIAL
MANAGEMENT**
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**CORRECTIONAL
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**DIVISION OF
HEALTH AND MEDICAL
SERVICES**
Colleen Winter

DISEASE PREVENTION

**FAMILY AND
COMMUNITY HEALTH**

**CHRONIC DISEASE
PREVENTION &
HEALTH PROMOTION**

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HEALTH SYSTEMS DEV.
AND REGULATION**
Tom Martinec

HEALTH PROTECTION

**LICENSURE AND
CERTIFICATION**

**PUBLIC HEALTH
PREPAREDNESS AND
RESPONSE**

RURAL HEALTH

**PROFESSIONAL AND
OCCUPATIONAL
BOARDS**

CHIROPRACTIC EXAMINERS

DENTISTRY

HEARING AID DISPENSERS

FUNERAL SERVICES

MASSAGE THERAPY

MEDICAL & OSTEOPATHIC

NURSING

NURSING FACILITY ADMIN.

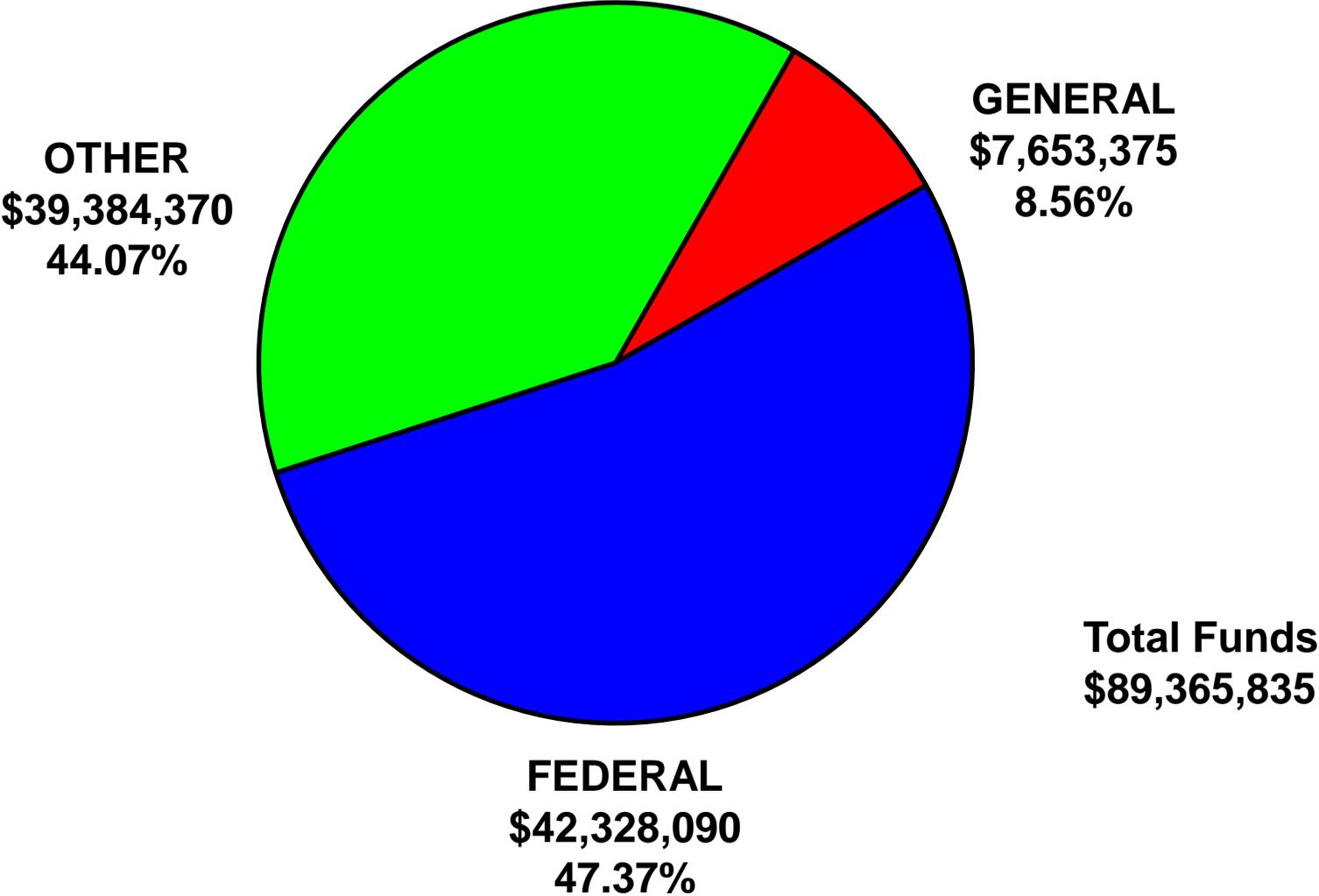
OPTOMETRY

PHARMACY

PODIATRY EXAMINERS

SPEECH/LANG. PATHOLOGY

DEPARTMENT OF HEALTH FY15 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 8.6 per 1,000 births in 2012 to 6.0 by 2020
- Increase proportion of pregnant women who receive prenatal care in the first trimester from 70.5% in 2012 to 80% by 2020
- Increase percent of two-year olds who are age-appropriately immunized from 77% in 2012 to 90% by 2020
- Increase percent of adolescents ages 13-17 who have received at least 1 dose of Tdap from 67% in 2012 to 80% by 2020
- Reverse trend and reduce the percent of school-age children & adolescents who are obese from 16% in the 2012-13 school year to 14% by 2020
- Reduce percentage of youth in grades 9-12 who currently smoke from 16.5% in 2013 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 Scrubs health career camp attendees from 975 in the 2012-13 school year 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 50% in 2013 to 90% by 2020
- Increase the percentage of healthcare providers/facilities participating in South Dakota Health Link Direct and Point of Care Exchange services from 25% in 2013 to 70% by 2020

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

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 2012 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 22% in 2012 to 19% in 2020
- Increase the number of adults over age 50 who have had colorectal screening from 64% in 2012 to 80% by 2020

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 64% of reports in 2013 to 90% by 2015
- Double the number of healthcare volunteers registered in SERV-SD from 911 in 2013 to 1,280 by 2020
- Increase the expertise of DOH 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 (50% in 2013)

Strategies for Achieving 2020 Objectives

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

- ❖ Increase awareness of the importance of healthy lifestyle choices to women of child bearing age (*Peggy Seurer*)
 - Promote the importance of prenatal care for South Dakota mothers
 - Maintain collaboration between public programs serving pregnant women and primary care providers to improve birth outcomes
 - Enhance activities and increase public awareness regarding the dangers of tobacco use by pregnant women and exposure to secondhand smoke
- ❖ Promote awareness and implementation of infant safe sleep practices (*Peggy Seurer*)
 - Develop crib distribution program for families in need of safe sleep environment for their infant
 - Develop comprehensive safe sleep education program to reduce the risk of injury and death of infants due to unsafe sleep practices
 - Work in partnership to distribute safe sleep information throughout communities
- ❖ Improve South Dakota's age-appropriate immunization rate (*Bonnie Jameson*)
 - Educate providers and the public about the importance of immunizations
 - Create interface between electronic health records and the immunization registry
 - Utilize non-traditional avenues for providing childhood immunizations
- ❖ Reduce risky behaviors among children and adolescents (*Darlene Bergeleen*)
 - Enhance activities to reduce the incidence of childhood obesity and the use of tobacco among children and adolescents
 - Enhance activities designed to reduce rates of pregnancy and sexually transmitted diseases among adolescents
 - Enhance partnerships/collaboration with other state agencies to address risky behaviors

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 (*Linda Ahrendt*)
 - Develop and implement policies and environmental changes to support healthy behaviors and manage chronic disease
 - Engage additional partners (i.e., health providers, communities, service organizations, etc.) to expand the reach and impact of state chronic disease plans
- ❖ Help South Dakotans across the lifespan to be physically active, eat healthy, and be tobacco-free (*Derrick Haskins*)
 - Utilize current communication methods and technology to market and promote programs to help South Dakotans live healthier lives
 - 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
- ❖ Increase the number of people screened for chronic diseases (i.e., mammograms, Pap smears, colorectal screening, diabetes, cholesterol, hypertension, etc.) (*Karen Cudmore*)
 - Increase public awareness of the importance of chronic disease screenings
 - Work with partners to assure accessibility to chronic disease screening for all South Dakotans

Strengthen the Healthcare Delivery System in South Dakota

- ❖ Provide effective oversight and assistance to assure quality health facilities, professionals and services (*Chris Qualm*)
 - Assure healthcare facilities meet minimum standards for quality
 - Enhance technical assistance, training, and resources for healthcare facilities and providers to meet identified needs
 - Assure information regarding healthcare facilities, providers, and services is available to the public in a coordinated, understandable, and easily accessible manner
 - Increase coordination with health professional licensing boards to address quality of care and access to care issues
- ❖ Sustain essential healthcare services in rural and underserved areas (*Halley Lee*)
 - Build and sustain South Dakota's healthcare workforce
 - Develop and promote systems of care to assure high quality, readily accessible, and well-coordinated healthcare services statewide
 - Develop and promote innovative primary care delivery models in rural areas
 - Develop and implement quality improvement programming and services
 - Assist healthcare organizations identify resources for operation, maintenance, and replacement of healthcare facilities
- ❖ Provide effective coordination of HIT/HIE efforts among public and private stakeholders (*Kevin DeWald*)
 - Encourage adoption and meaningful use of electronic health records through use of federal incentive programs
 - Promote participation in/use of SD Health Link Direct and Point of Care Exchange
 - Link hospitals and providers with educational and technical assistance resources for implementation of certified HER technology available through HealthPOINT and other resources

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 (*Lon Kightlinger*)
 - Improve timeliness and effectiveness of prevention and controls of public health threats
 - Develop and maintain State Public Health Laboratory proficiency in all applicable Laboratory Response Network procedures
 - Increase electronic disease reporting and maintain continuing functional electronic laboratory reporting competency within the Department of Health
- ❖ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats (*Bill Chalcraft*)
 - Improve the Department of Health's ability to electronically monitor and track response efforts and interventions
 - Enhance the Department of Health's ability to communicate with partners about emerging public health threats
 - Identify, coordinate, and train the state, local, private, and volunteer public health workforce
- ❖ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues (*Mike Smith*)
 - Develop key capacity to respond to current and emerging environmental health issues (i.e., lead, mold, indoor air, nuisance investigations, etc.)
 - Identify, train, and maintain staff proficient in dealing with environmental health issues

DEPARTMENT OF HEALTH

FY2015 GOVERNOR RECOMMENDED BUDGET

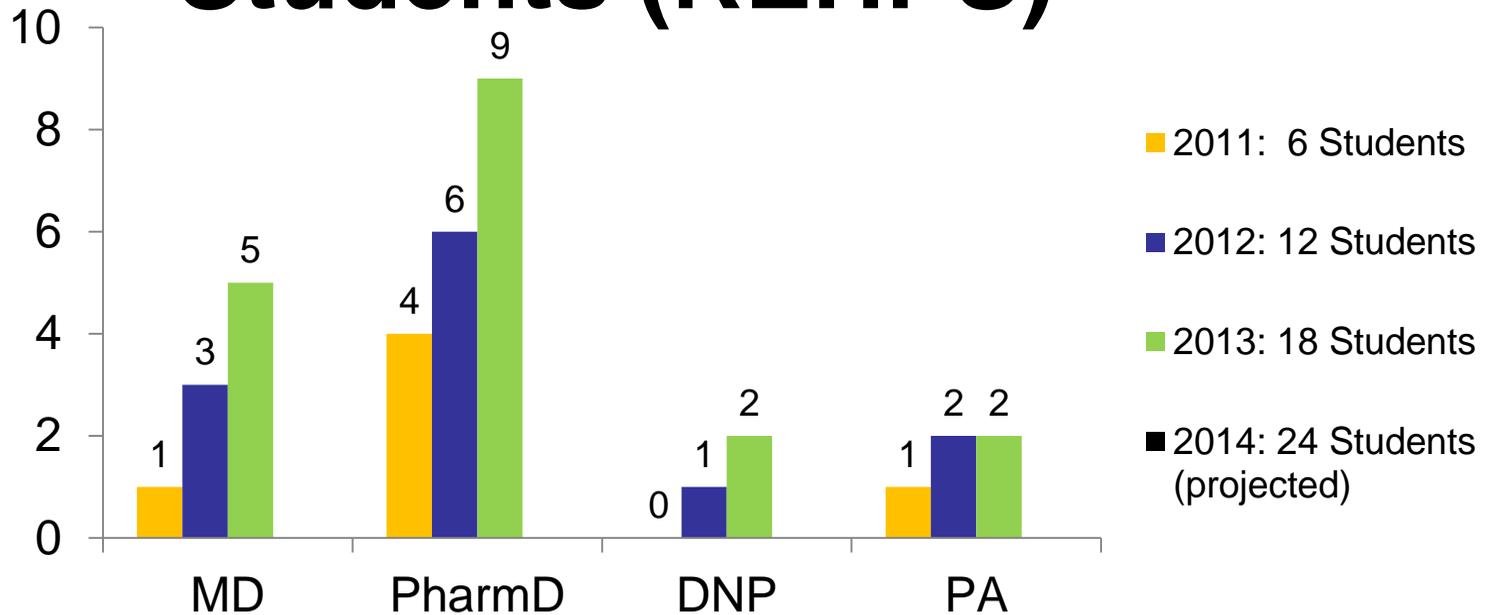
	<u>FTE</u>	<u>General</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
FY2014 Budget Base	419.2	\$7,451,416	\$44,550,252	\$34,644,816	\$86,646,484
Expansion/Reduction					
<i>Increase/Decrease</i>					
Health Administration		765	1,536	586	2,887
Health Systems Regulation and Development		200,327	2,827	1,700,016	1,903,170
Health and Medical Services		867	(1,769,178)	890	(1,767,421)
Laboratory Services			2,276	5,257	7,533
Correctional Health				2,479,880	2,479,880
Tobacco Prevention and Control			(459,639)	500,206	40,567
Informational Budgets for DOH Boards			16	52,719	52,735
Inflation/Expansion-Reduction Total		201,959	(2,222,162)	4,739,554	2,719,351
Total FY2015 Recommended Budget	419.2	\$7,653,375	\$42,328,090	\$39,384,370	\$89,365,835

Rural Experience for Healthcare Students (REHPS)

- \$148,540 general funds
 - Includes grant to AHEC to administer program and provide student stipends*
 - *24 students in 12 communities
- \$251,280 projected In-Kind
 - Includes housing and preceptor time
- One of the recommendations of the Governor's Primary Care Task Force is to create opportunities for students to experience rural practice
- The Rural Experiences for Health Professions Students (REHPS) program was a 3-year federally-funded program through the Yankton Rural Area Health Education Center
- REHPS program places medical, physician assistant, pharmacy and advanced practice nursing students in a four week experience with preceptors established in rural or frontier areas of South Dakota

Rural Experience for Healthcare Students (REHPS)

Number of Students Participating by Year



Placement

Discipline	Accepted Employment upon Graduation in Rural, IHS, or VA facility
PA	100%
DNP	100%
Pharm	33%
MD	0% have graduated

2011 REHPS Communities: Redfield, Wessington Springs and Parkston; 6 students

2012 REHPS Communities: Redfield, Wessington Springs, Parkston, Philip, Wagner, and Winner; 12 students

2013 REHPS Communities: Redfield, Wessington Springs, Parkston, Wagner, Winner, Custer, Miller, Platte, and Sisseton; 18 students

2014 REHPS Communities: Bowdle, Custer, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Wagner, Webster, Wessington Springs, and Winner

2012 REHPS Student

“The REHPS Program reinforced to me the importance of small town medicine. Rural medical clinics are the foundation for routine wellness and medical care, and I am honored to be able to contribute to the well being of rural South Dakotans.”

Tia Haines

Physician Assistant for Avera Geddes and Avera Platte Medical Clinics



2012 REHPS Student

“I had an incredible time during my REHPS Internship with Dr. Owens. I loved Redfield, and I was definitely motivated as a result of that internship to have more contact with the community. ... While I was in Redfield working with the staff and the providers, I realized that I wanted the chance to make a career in the facility, and more importantly, that they would benefit from employing a full time pharmacist in their hospital and clinic.”

Alyssa Osborn

has accepted employment after graduation as Redfield Staff Pharmacist/2014



“Because students are more likely to return to a community where they had a positive experience, it is important to provide opportunities for healthcare students to experience living and practicing in a rural community during training.”

- Governor Dugaard’s Primary Care Task Force Oversight Committee’s Annual Report /November 2013

2011 REHPS Student

“... I am working in Wessington Springs this afternoon and was able to mentor a REHPS DNP student today. Great to give back to the REHPS program that helped me in so many ways!”

Len Wonnenberg

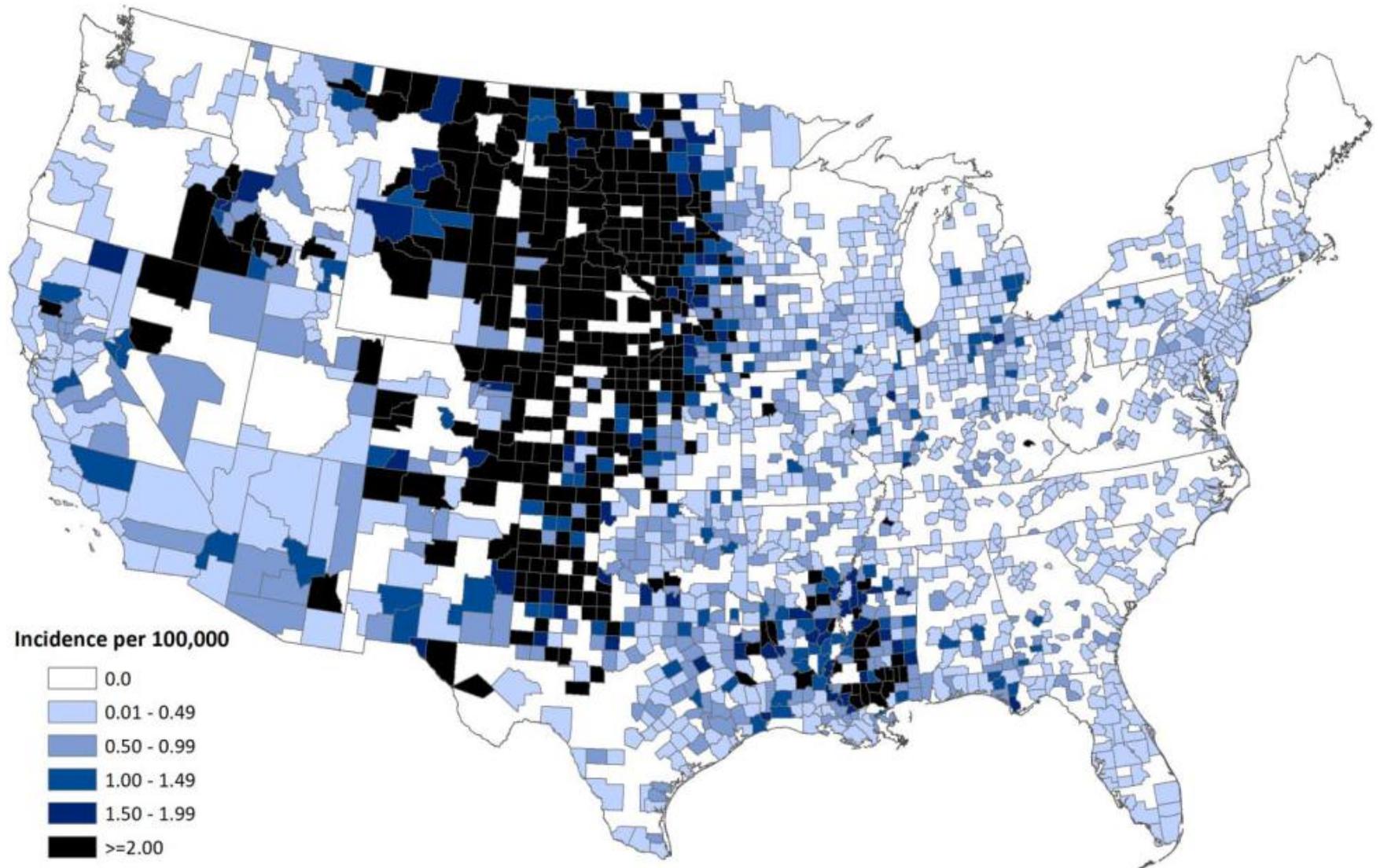
Physician Assistant for James Valley Community Health Center in Huron for Horizon Health Care where he serves 3 outlying rural communities



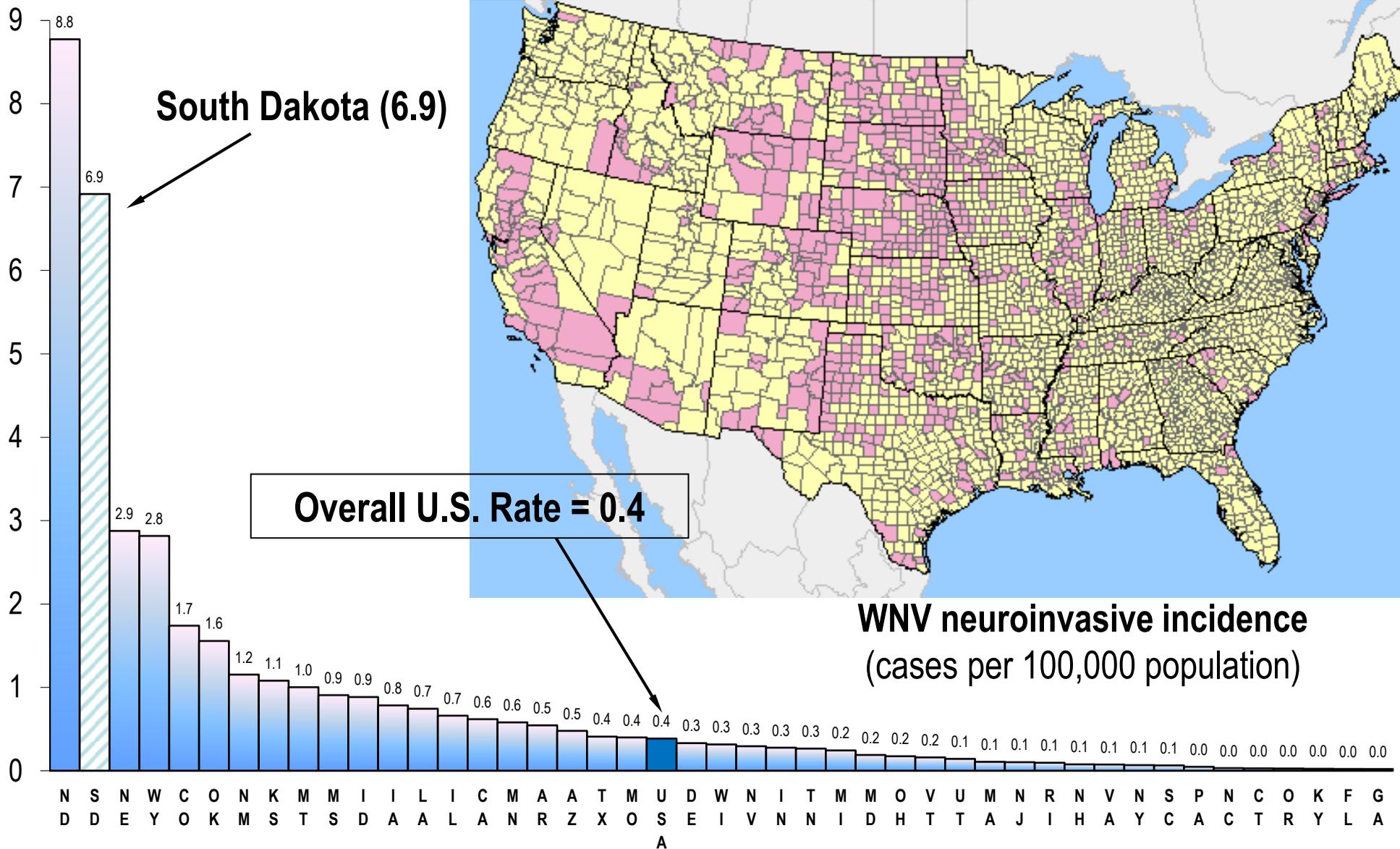
West Nile Virus in South Dakota

- West Nile virus is endemic in South Dakota and will continue to be for foreseeable future
- Since 2002 in SD:
 - 2,111 cases
 - 452 neuroinvasive cases
 - 32 deaths
- Historically, South Dakota has one of the highest incidence rate of severe West Nile virus disease in US.

Average annual incidence of West Nile virus neuroinvasive disease by County 1999 - 2012

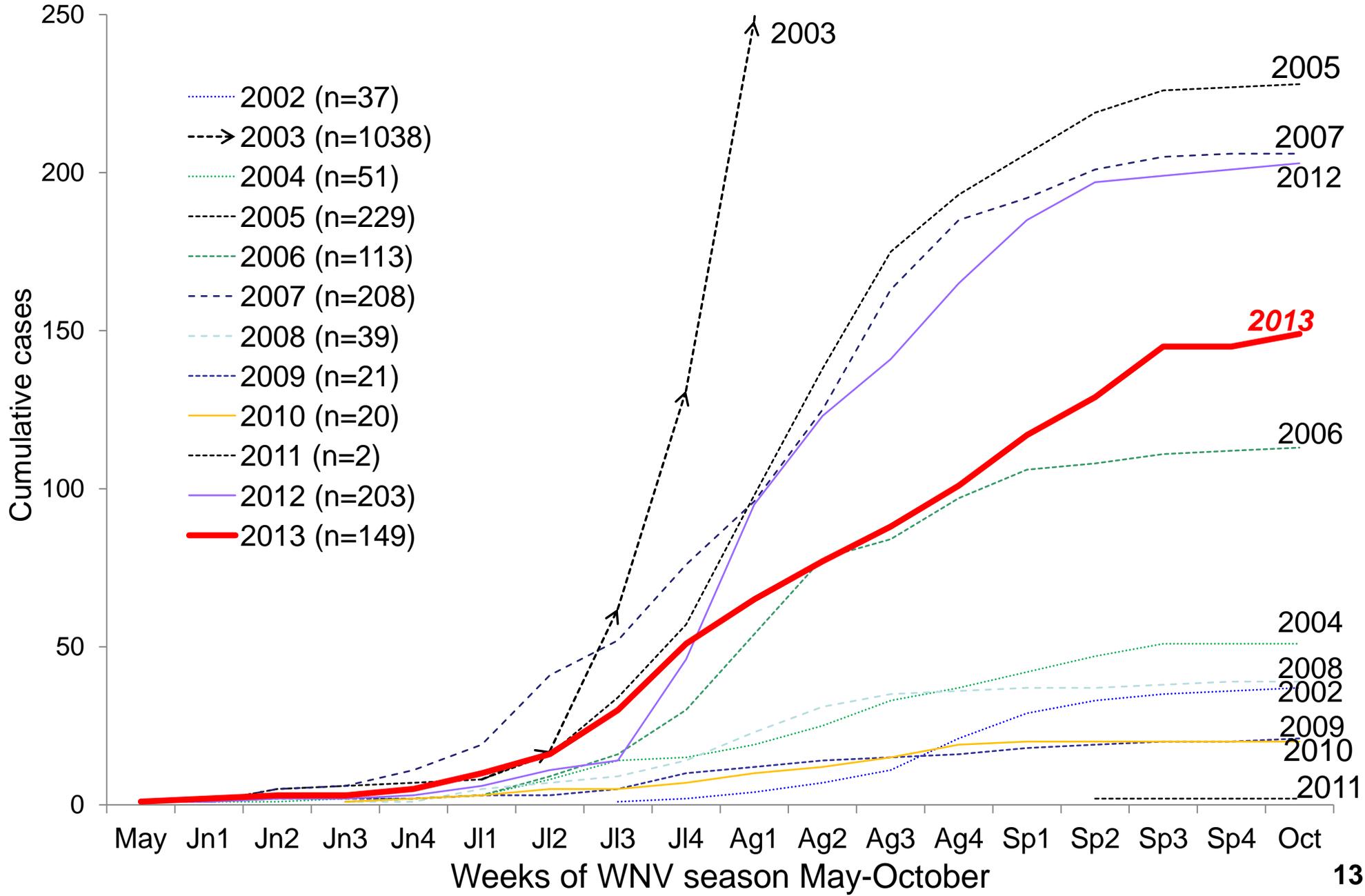


West Nile virus activity, United States, 2013

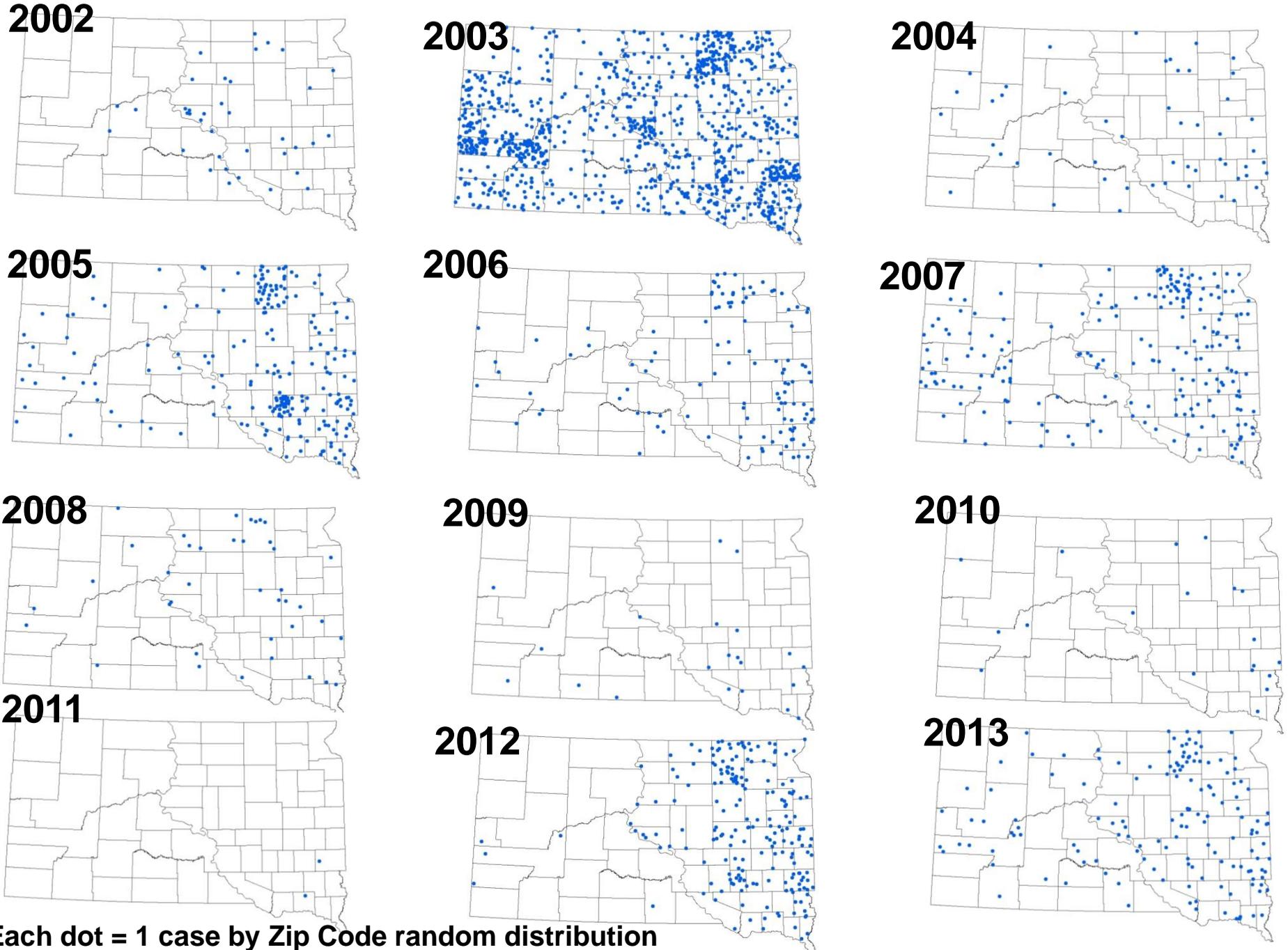


South Dakota WNV human cases

2002-2013 (cumulative)



South Dakota West Nile virus cases, 2002-2013



Each dot = 1 case by Zip Code random distribution

West Nile Virus Prevention Request

- Enhance local West Nile virus (WNV) prevention and mosquito control programs
 - \$500,000 grants to local mosquito control programs (other fund authority)
 - \$50,000 surveillance (general funds) (10 communities)

Helmsley Grant for Automated Chest Compression System

- \$1,200,000 other fund authority
- Helmsley Trust funds will be used to equip all hospitals and ambulance services with LUCAS chest compression devices.
- DOH & DPS will lead this effort
- Funds will be used to purchase devices for hospitals. Coordination, training, and evaluation activities involved as well.



LUCAS™ 2 Device
Usage: EMS



LUCAS™ 2 Device
Usage: ED



LUCAS™ 2 Device
Usage: Cath Lab



LUCAS™ 2 Device

Correctional Health

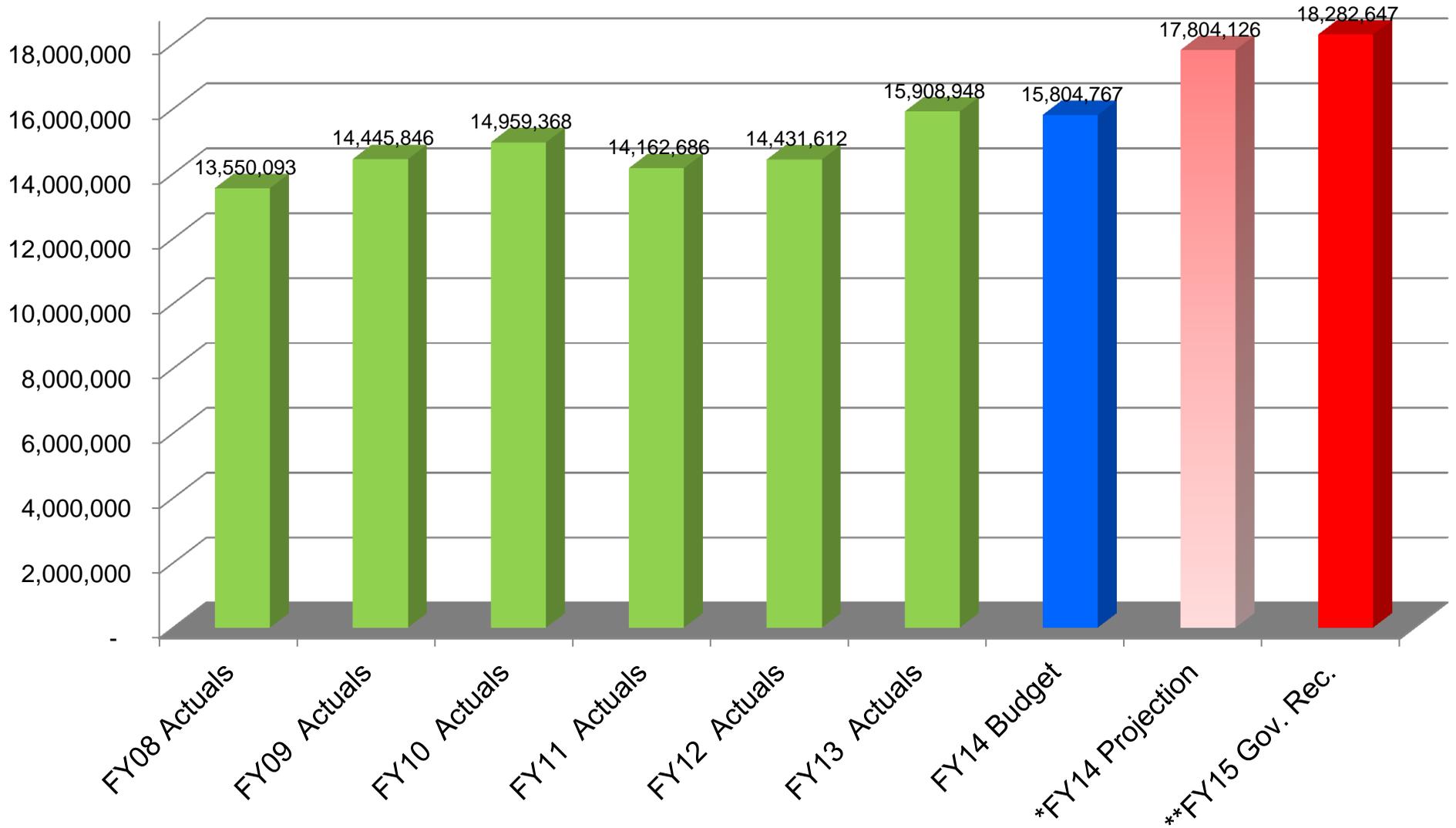
FY2015 Governor Recommended

FY14 Base Budget	\$15,804,767
Medical Inflation	
• <i>Contractual Services:</i> A 3.0% inflation rate for contracted medical provider services.	\$ 30,713
Increase in utilization and significant events	\$ 2,446,226
Bureau billings	<u>\$ 2,941</u>
FY15 Budget Request	\$18,284,647
FY15 Requested Other Funds Increase	\$ 2,479,880

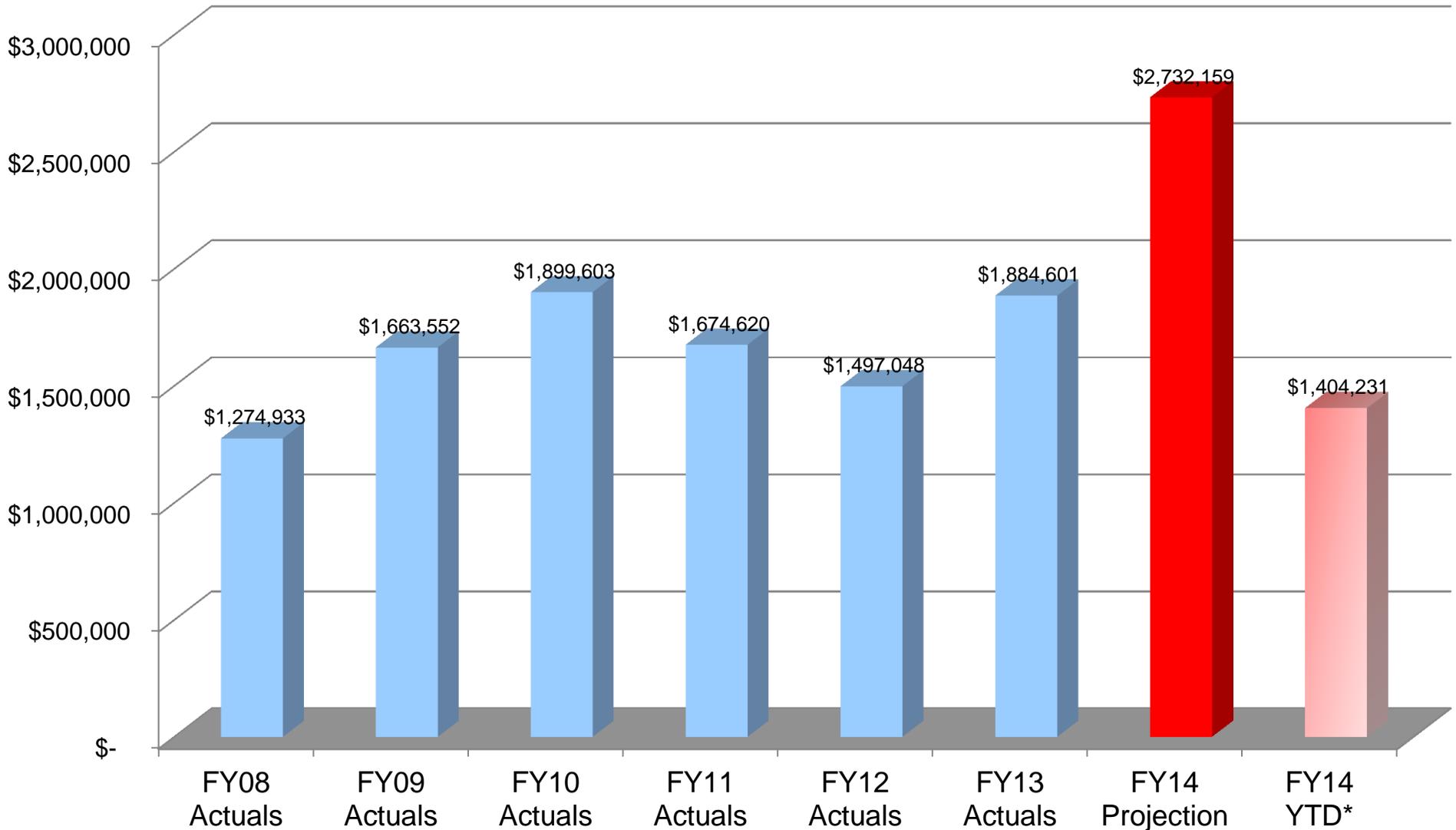
FY14 Correctional Healthcare Shortfall and Reserve

- FY14 General bill amendment (HB1040):
 - Shortfall: \$2,000,000 in general funds/other fund expenditure authority
 - Shortfall due to costs associated with significant inmate healthcare events
 - Reserve: \$1,500,000 in general funds
 - Equivalent to approximately one-month expenditures

CHC Total Expenditures



CHC Top 25 History



*FY14 YTD – through Dec. 31st

Top 25 Inmates Expenses using Out-Sourced Services July 1, 2012 – June 30, 2013

	<u>FY 2013</u>	<u>Diagnosis</u>
1	\$ 154,148.86	End stage renal failure, on dialysis, diabetes
2	\$ 153,168.38	Diabetic with kidney failure, on dialysis
3	\$ 151,454.24	ER/hospitalization/gastrointestinal surgery
4	\$ 143,263.45	Surgery for small bowel perforation with colostomy placement
5	\$ 120,128.47	Acute renal failure, Hepatitis C
6	\$ 106,538.52	Rectal cancer
7	\$ 84,583.66	Lung cancer
8	\$ 81,838.88	Cirrhosis (liver disease)
9	\$ 79,130.26	Hypothyroidism, hypertension, hospitalization for pneumonia
10	\$ 72,795.66	Cancer
11	\$ 67,877.44	Bowel obstruction surgery
12	\$ 67,194.48	Multiple sclerosis, asthma, Crohn's disease
13	\$ 66,717.93	Heart Disease
14	\$ 65,370.74	Heart valve surgery
15	\$ 64,828.69	Brain cancer
16	\$ 48,060.60	Multiple sclerosis
17	\$ 47,737.65	Kidney failure/lung disease
18	\$ 46,537.23	Spinal abscess with paralysis
19	\$ 45,351.17	HIV
20	\$ 41,901.95	Hepatitis C
21	\$ 38,160.87	Spinal fracture
22	\$ 37,705.95	Coronary artery disease
23	\$ 35,397.08	Legrand-psoriatic arthritis
24	\$ 32,695.54	Ulcerative colitis (bowel disease)
25	\$ 32,013.58	HIV
Grand Total:	\$ 1,884,601.27	

Top 25 Inmates Expenses using Out-Sourced Services

July 1, 2013 through **December 31, 2014**

	<u>FY2014 To Date</u>	<u>Diagnosis</u>
1	248,679	Post trauma; multiple surgeries
2	165,961	Cancer
3	123,099	Diabetic with kidney failure, on dialysis
4	115,817	Brain cancer
5	98,591	Pneumonia, cirrhosis, liver disease
6	68,043	Lymphoma (cancer)
7	63,246	Prostate cancer
8	54,538	Colon cancer
9	42,002	Hepatitis C
10	41,412	Liver disease
11	30,909	Trauma
12	30,349	Trauma
13	30,255	Hospitalized for stint placement
14	29,938	HIV and renal failure
15	29,242	Congestive heart failure/ER, hospitalization
16	28,305	Multiple sclerosis, asthma, Crohn's disease
17	24,359	Trauma
18	23,262	Legrand-psoriatic arthritis
19	23,194	Heart valve surgery
20	22,904	Stroke
21	22,776	Prostate cancer
22	22,775	Kidney failure, lung disease
23	21,945	Surgery
24	21,847	Bowel obstruction surgery
25	<u>20,783</u>	Tuberculosis
Grand Total:	\$1,404,231	

Re-Negotiated Reimbursement Rates

10 month trend

<u>Date</u>	<u>Billed</u>	<u>Paid</u>	<u>% Discount</u>
03/10-12/10	3,831,701	2,006,447	49.08%
03/13-12/13	5,660,345	2,277,867	58.53%

***Without increase in discount, an additional \$933,877 would have been paid during CY2013.**

eEmergency Utilization

April 2012-December 2013

Time Frame	SD Women's		Mike Durfee		Jameson		The Hill	
	eEmergency	<u># Transported to ER</u>	eEmergency	<u># Transported to ER</u>	eEmergency	<u># Transported to ER</u>	eEmergency	<u># Transported to ER</u>
April 2012-Dec. 2012	36	15	121	58	64	34	27	17
Jan. 2013-Dec. 2013	30	19	153	74	55	29	24	14
Total: April 2012-Dec. 2013	66	34	274	132	119	63	51	31

April 2012-Dec. 2012

- 248 Video encounters
- 124 Avoided transfers to ER

Jan. 2013 - Dec. 2013

- 262 Video encounters
- 136 Avoided transfers to ER

Total:

- **510 Video encounters**
- **250 Avoided transfers to ER**

*eEmergency links Correctional Health clinics to Avera's central eCare hub providing emergency-trained physicians and specialists, 24 hours a day, seven days a week

eConsult Utilization

March 2013 – December 2013

- Live at all sites in May 2013
 - Pierre Women's Prison
 - Springfield - Mike Durfee
 - Sioux Falls – Hill and Jameson
- To date, 132 eConsultations
- Continue to add specialists
- Results in reduced transports for DOC

*eConsult links Correctional Health clinics to Avera's specialty providers including infectious disease, cardiology, pulmonology, oncology and others.

CHC Prescription Drug History

<u>FACILITY</u>	<u>FY2009</u>	<u>FY2010</u>	<u>FY2011</u>	<u>FY2012</u>	<u>FY2013</u>
Pierre	411,364	480,514	424,870	485,443	460,664
Springfield	966,117	957,969	815,587	760,624	824,655
Sioux Falls	1,508,774	1,425,022	1,223,946	1,216,186	1,368,191
Total	2,886,255	2,863,505	2,464,403	2,462,253	2,653,510

Tobacco Programming

- \$500,000 other fund authority increase
- Enhance work around priority populations:
 - Pregnant women
 - Youth
 - Medicaid recipients
 - American Indians
 - Spit tobacco users
- Expand outreach/cessation services to:
 - Families with infants in NICU and newborn nursery
 - People with mental health conditions
- Enhance work site wellness efforts with SD health plans and insurers to reduce chronic disease



Protecting Public Health

