

*Southern Piedmont Partnership for
Public Health*

Finance Work Group

Evaluation Report Executive Summary

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Overview

The North Carolina Institute for Public Health has been contracted to conduct one program evaluation per Incubator Collaborative per fiscal year. For fiscal year 2007-2008, the Southern Piedmont Partnership for Public Health (SPPPH) chose to evaluate the Finance Work Group (FWG) project. The primary evaluation purpose was to demonstrate the extent to which FWG activities have made a difference in health department practice. The three main evaluation questions included: 1) Are SPPPH health departments adopting and implementing finance policies that have been developed and shared in the Finance Work Group?; 2) Is the implementation of these finance policies leading to increased collections?; and 3) How is “front line” finance staff using finance skills learned at the SPPPH Financial Services Training Session held in May 2007?

Methods

Two different on-line surveys were administered via Qualtrics: one to Finance Work Group members and the other to Financial Services Training participants. Because many of the training participants did not provide email addresses, an email was also sent to Finance Supervisors at each agency, asking them to forward the survey link to staff members who attended the training. Evaluation participants were identified by Ms. Hartsell, Chair of the Finance Work Group.

Data from surveys were organized by evaluation question to summarize key findings. Qualitative responses from both instruments (i.e., open-ended responses from survey items) were coded according to evaluation questions and other themes that emerged during analysis. Results were stratified by agency to compare responses within agency as well as across agency.

Results

Response Rate

FWG Survey: Twenty of 31 individuals responded to the survey for a response rate of 65%. Eight of the 11 Partnership agencies had at least one respondent to the survey, and as many as six individuals completed the survey for one agency. There were no respondents from Alexander, Lincoln, or Stanly counties.

Financial Services Training Survey: Because email addresses were not available for all of the training participants and the link had to be sent to supervisors who then forwarded the survey to their staff, it is not possible to calculate a precise response rate. However, 27 of 135 (20%) individuals who attended the training responded to the survey. Representatives from six agencies completed the survey, and there were no respondents from Gaston, Lincoln, Mecklenburg, or Rowan counties. No one from Alexander County or [Gaston](#) attended the training. Email lists for

Catawba and Cabarrus health departments were obtained, and nine of 12 responded from Catawba and seven of 12 responded from Cabarrus.

Summary of Survey Responses

Many of the collection policies, methods, and resources developed and put forth by the Southern Piedmont Partnership for Public Health Finance Work Group are being adopted and implemented by Finance Work Group members. In some cases, evaluation participants reported that the implementation of these policies, methods, and resources has resulted in increased collections.

A large majority (70%) of Finance Work Group members who responded reported attending FWG meetings 25% or less of the time. Despite this, 85% agreed or strongly agreed that the FWG has improved their ability to network with peers in their region. Seventy percent thought that finance supervisors have helped them gain access to best practices, 75% thought that the FWG helped identify innovative solutions to challenges the agency has faced, and 60% gained additional resources when needed.

When FWG members were asked about policy adoption, almost half of respondents did not know whether or not such policies had been implemented. When they were asked about collection methods used, responses were similar within agency. When asked about resources used, many respondents did not know whether or not resources were used. For those that knew, results for the implementation of the policies, collection methods, and resources were examined by health department (Table 1).

Table 1. Agencies Reporting Use of Policies, Collection Methods, and Resources (n=8 agencies)

FWG Materials Used					
Policies	n	Collection Methods	n	Resources	n
Eligibility	7	Debt Set Off	7	Payment Plan	7
Fee	6	Credit/Debit Card	6	Eligibility Script	5
Debt Management	4	Attorney Letter	2	Flyer	4
		Collection Agency	1	Imaging Vendor List	4
				Payment Plan Database	1

When asked what facilitated the adoption/implementation of the policies, respondents provided the following responses: using the FWG to help revise the policies and/or having a template to

adapt for their own agency; the ability to compare various methods and be flexible; and mandatory requirements of the agency or of accreditation also led to such policy implementation. There was overwhelming agreement (94%) that health department support exists for adopting and implementing policies. Health department support was described as having committed staff, having multiple representatives from an agency attend FWG meetings, and having an agency with vision and flexibility. Challenges to policy implementation were mentioned by four individuals and they related to the wording of policies and working within state requirements, time, and “acceptance and training of other staff members.”

The most frequently used collection methods were Debt Set Off (7 agencies) and Credit/Debit Card (6 agencies). Just two agencies were using the Attorney Letter, and one was using a Collection Agency. The range of collection methods that agencies were using was one to three. Nearly all of the individuals who reported using these methods indicated that it helped increase collections. It’s not entirely clear from evaluation results how using the Debt Setoff method is helpful in increasing collections; however one individual indicated it makes patients more aware of the debts and obligations and another noted that people in the county are used to Debt Setoff from county service debt collection efforts. Respondents indicating that using the Credit/Debit Card method helped increase collections in the following ways: allows people to pay at the time of treatment even if they do not have the money; reduces the number of bad checks; allows staff to take payment by phone; and provides clients with more payment options. Two challenges to implementing these methods were described: insufficient staff to follow through on Debt Set Off and challenges in pursuing patients who do not have Social Security numbers.

Of the five resources developed by the FWG, all but one was used by four or more of the agencies: seven were using Payment Plans; five were using the Eligibility Script; and four each were using the Flyer and Imaging Vendor List. The range of resources that agencies were using was one to five. Of all the resources, Payment Plans and Eligibility Scripts were found to increase collections the most. Payment Plans allow clients to pay for the bill on a more manageable timeframe and Eligibility Scripts create a standard for the staff with one consistent message that the patients hear.

FWG survey responses were asked what partnership staff can do to facilitate the adoption/implementation of these collection policies, collection methods, and resources. Five individuals provided suggestions including: continue providing the services the FWG does; improve communication; keep staff aware of changes in accreditation standards; and keep staff aware of tools created by the FWG.

Training survey participants were asked to indicate which of six collection methods they have used *as a result* of the training they attended. They were then asked to indicate whether or not the collection methods they used resulted in increased collections (Table 2). Nearly all of the methods were used by 70% or more of respondents. For most of the methods used, about half of

the respondents thought it led to an increase in collections. Eight individuals provided examples of how they are using these methods in their job, as evidenced by one individual, “I have used these methods to better communicate with patients, to help us to get the information that we need to get better responses from insurance companies, etc.”

Table 2. Use and Effectiveness of Collection Methods Presented in Financial Services Training

Method	Have you used this Method?			Has the Method increased collections?				
	Yes	No	n	Yes	No	Don't Know	N/A	n
Improve communication style with client	16	3	19	8	2	8	4	22
Verify insurance	14	4	18	7	1	5	7	20
Communicate payment expectations	17	2	19	8	2	9	3	22
Negotiate payment	12	5	17	7	2	8	4	21
Obtain updated client information	17	2	19	9	1	9	3	22
Enhance look of bill statements	5	10	15	5	1	2	12	20

Forty-three percent of respondents to the survey (43%) indicated that diversity training helped improve their skill level with the eligibility process primarily because it helped them better understand people from different backgrounds, “Because of the diversity training, I feel more compassion and can relate more to our patients.” For those who did not find that the diversity training helped improve their skill level, they indicated that the training was not relevant for them, they did not learn anything new, and too much time had elapsed from the training. However, 18 of 24 individuals (75%) indicated they had a better understanding of Latino cultural values after diversity training. All individuals who responded to the question about whether or not there was Health Department support for implementing such collection methods indicated there was such support.

Just 21% (5 of 21) of respondents expressed a need for additional finance training, with only one providing a specific suggestion for the training and that was the use of role playing.

Discussion

Evaluation results indicate that the Southern Piedmont Partnership Finance Work Group has been successful in fostering the adoption and implementation of a number of finance related policies, collection methods, and resources. In addition, evaluation participants have reported that many of the collection methods and resources implemented have led to an increase in collections, one of the primary goals of the Finance Work Group.

The rewards of FWG participation appear to be high, despite FWG members’ low participation in FWG meetings. In discussion with Ms. Hartsell, it appears that participation can be low at

times due to travel restrictions, high gas prices, and competing interests. Further, some agencies send different representatives to different meetings depending on agenda items and this may result in inconsistency in follow-up at a given agency. Over time, FWG participation has evolved in that the number of participants has grown and the health department workforce has also changed.

FWG members from the same agency did not always agree on their responses regarding implementation, particularly for policies and resources used. In some cases, up to 50% of respondents did not know if a policy or resource was implemented. This variation in reporting may be due to the different roles played within an agency. For example, a finance supervisor may know more about implementation than someone in Accounts Receivable.

Five or more of the eight agencies indicated their use of the Eligibility and Fees policies, the Debt Set Off and Credit/Debit Card collection methods, and Payment Plans and Eligibility Script resources. For all of these, reasons were described as to why these methods/resources were useful in increasing collections. The remaining policies, collection methods, and resources were not implemented as frequently and it is unclear why. No major challenges were described regarding the use of these tools and when the methods were indeed used by an agency, they were described as helpful in increasing collections. In discussion with Ms. Hartsell, it may be that some of the changes recommended may be beyond the scope of the individual or the health department. For example, even though a health department wants to implement Credit/Debit Card collection they may have to get it approved through their County Finance Department.

Agencies varied in the number of tools they adopted – for example, some agencies implemented one of the policies; whereas another implemented all three. Similarly, one agency implemented only one resource; whereas another implemented all five. It is unclear what drives some agencies to implement many of these tools and others not as many. One possibility is that some agencies may already have been using the collection methods or had such policies prior to their participation in the Finance Work Group.

Despite several limitations to the Financial Services Training survey, the large majority of those who did respond indicated that they are using collection methods learned during the training, and about half of those using the methods indicated that it has led to an increase in collections.

Limitations

For the Finance Work Group survey, there were no responses from three of the partnership agencies, Alexander, Lincoln, and Stanly, so evaluation results are limited to the agencies that participated in the evaluation. Ms. Hartsell did note, however, that Alexander and Lincoln counties often do not participate in FWG meetings and activities due to their distance from Kannapolis. It should also be noted that no staff members from Alexander County attended the Financial Services training. In both instruments, the questions related to whether or not a

collection method or resource resulted in increased collections, this represents the staff members' perception that it increased collections – further verification would need to be conducted to determine if collections did indeed increase. For both surveys, the number of responses was less than optimal. More responses certainly would have provided a better understanding and interpretation of how FWG activities are being used among Partnership agencies. Because the training survey had a low response rate, it was not possible to meaningfully compare results from the three different training locations.

Recommendations

Based on evaluation findings, the following recommendations are provided:

- Executive summary should be shared with the Finance Work Group members for full transparency. When the summary is shared, it is important to acknowledge the success of the FWG as well as identify key action items that will result from the evaluation.
- Consider ways to increase participation in FWG meetings (e.g., teleconference, Webinar).
- Consider ways to disseminate FWG meeting minutes, key decisions, and new resources developed to all FWG members, regardless of their participation in meetings. For example, minutes and materials could be emailed to all FWG members within one week of a meeting.
- When policies and resources are developed, ensure that necessary decision makers are engaged and “at the table” so they can facilitate implementation within agencies.
- Hold discussions with individuals from Alexander, Lincoln, and Stanly counties to determine their interest in the FWG and ways for them to participate in future FWG activities.
- Consider developing a roll out plan for implementation of some of the FWG activities. The plan should have the following components:
 - Dissemination plan - how recommendations/activities will be disseminated to agencies and within agencies.
 - Goals, objectives, and target dates – for example, does the FWG want all members to implement all three policies, one of three policies, etc?
 - Process evaluation activities - to ensure the FWG is achieving what it intended. One example of such an evaluation measure includes a tracking system on implementation progress and barriers encountered by agency. Tracking this information will allow Ms. Hartsell and other FWG members to provide support in a standardized way to other FWG members and help ensure continuity of implementation. Another example is a tracking system for staff turnover so materials can be disseminated to new staff.
- For all future trainings, collect names and email addresses of all participants. Consider conducting a follow-up survey six months after training.