

Budget Brief – Health Systems Improvement

DEPARTMENT OF HEALTH

DOH-09-03

SUMMARY

The Division of Health Systems Improvement (HSI) facilitates, coordinates, assures and improves the quality of the Utah health care system. Its mission is fulfilled through the examination, analysis, and actions to improve service availability, accessibility, acceptability, continuity, quality, and cost. The Division seeks to create partnerships between the Health Department and community providers to improve health care delivery outcomes. For more detailed information please see the Compendium of Budget Information for the 2008 General Session (Utah Department of Health), Chapter 3, pages 19 to 34.

ISSUES AND RECOMMENDATIONS

The Analyst recommends a base budget for Health Systems Improvement of \$17,717,300. The recommendation reflects the elimination of \$2,006,500 one-time FY 2008 General Fund funding. Two million of these one-time monies were used for purchasing antiviral medications and helping two health care facilities improve their emergency and low-income client services. The Division line item includes a director’s office, three bureaus and one office. They are:

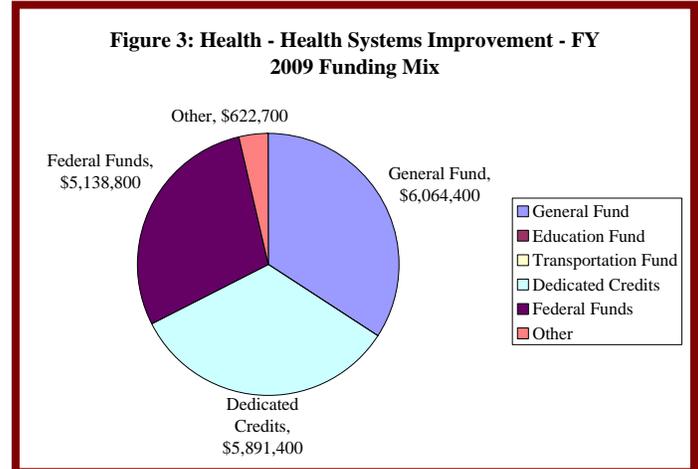
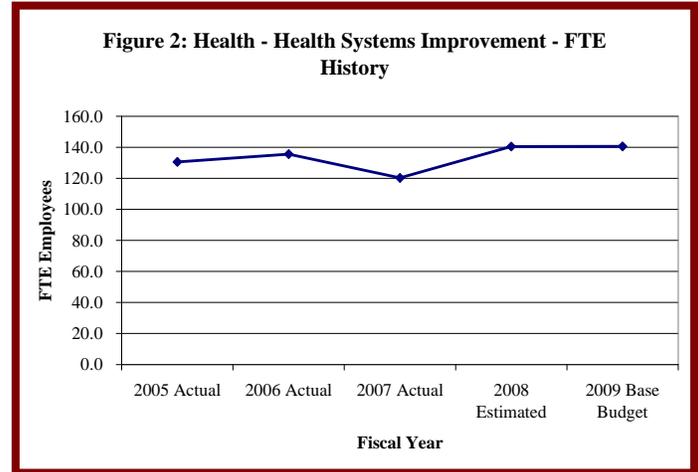
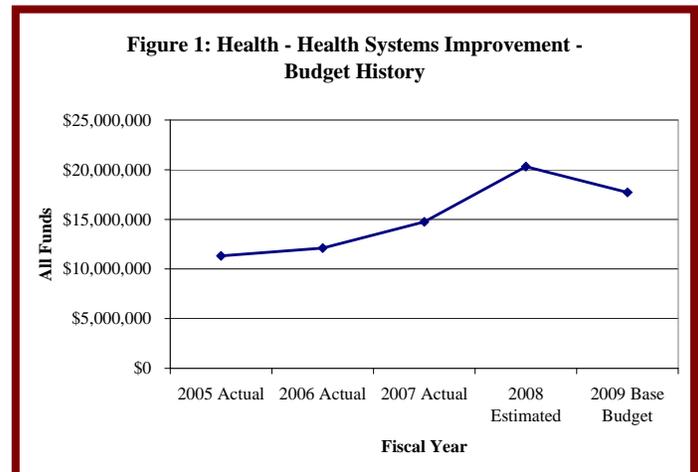
Director’s Office	\$ 384,000
Emergency Medical Services	\$ 5,901,500
Child Care Licensing	\$ 2,695,500
Health Facility Licensure, Certification, and Resident Assessment	\$ 5,752,500
Primary Care and Rural Health	\$ 2,983,800

The HSI line item includes funding for 141 FTE positions.

ACCOUNTABILITY DETAIL

Last year this line item received \$500,000 in new ongoing General Fund for additional Primary Care Grants. The money provided 14 grants to public and/or non-profit agencies to increase access to appropriate primary health care to up to 4,200 targeted Utah low-income individuals.

One-time funding of \$750,000 was allocated to establish an Antiviral Medication Stockpile to be used in the event of a disaster or catastrophe. The funds will be used to purchase discounted medication from the federal government and with federal funding participation. The Department has purchased approximately 54,047 courses of Tamiflu and 13,511 courses of Relenza to be used for treatment of patients in the event of a pandemic influenza outbreak.



Two health care facilities received one-time funding. The Moab Hospital received \$1,000,000 to assist with the construction of a new emergency room and the Maliheh Free Clinic contracted for \$250,000 to strengthen health care services to low-income and underinsured individuals.

The Division has numerous performance measures related to the variety of programs within the Division. The following items are the primary performance measure summary for the bureau or program. Specific activities also have performance measures.

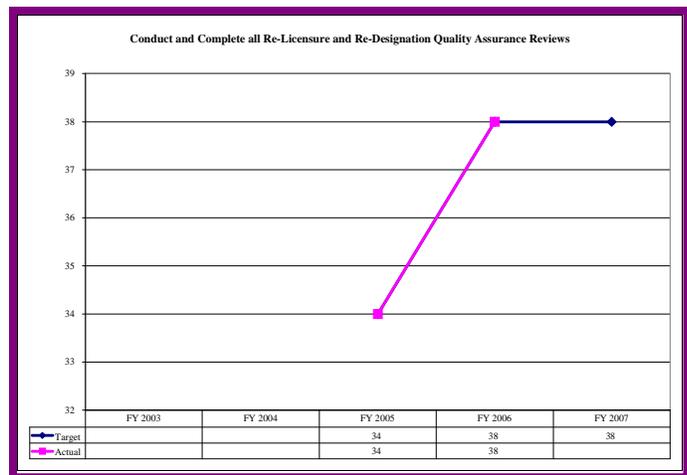
Division Director’s Office

The Division Director’s Office provides ongoing leadership, support, technical assistance and direction to the rest of the division as well as to the regulatory arm of the Department. The Division also has responsibility for the Utah Patient Safety Initiative. Direct administrative support is provided to the Office of Primary Care and Rural Health. The Division has organized to provide the administrative support to the various programs in light of the budget reductions and funding adjustments of the last few years. Generally, the Division provides ongoing regulatory oversight of the healthcare industry and this office works to assure adequate administrative support for efficient operations of the program areas.

Emergency Medical Services (EMS)

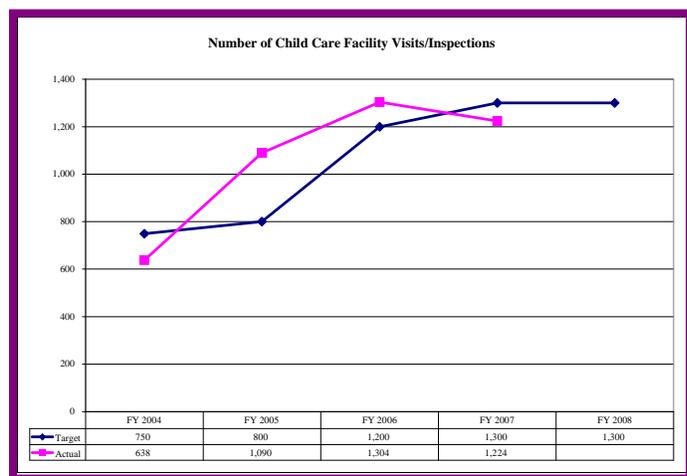
EMS works to encourage and improve the quality of EMS provider agencies and assure they are trained, equipped and capable to respond and deliver prompt and appropriate medical interventions. The COBI details the history of the certifications and recertifications of providers. The key performance measure is outlined in the table to the right. The program has been meeting its goal since establishing these benchmarks.

Emergency preparedness is an added responsibility which impacts training and certification. It is not separately identified in the performance measures.



Child Care Licensing

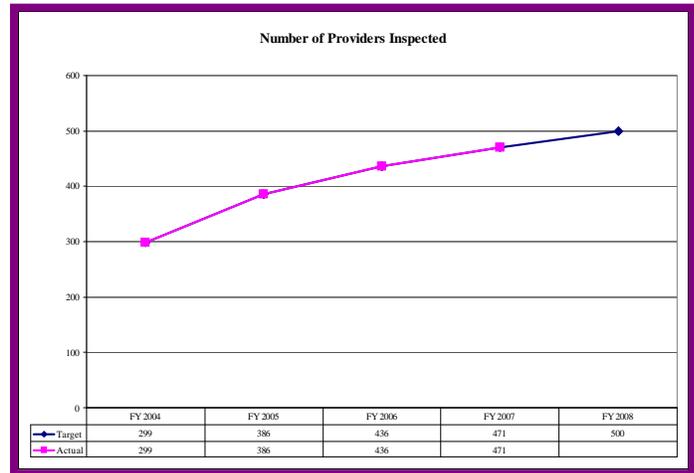
In 1997, the legislature transferred the responsibility of licensing child care providers to the Department of Health. The Division protects the health and improves the quality of life of children through inspection, licensing and monitoring child care facilities. There are four types of licenses, depending on the type of care and the setting where the care is provided. While the overall trend in the number of licenses is increasing, a complicating factor in the workload is the turnover of providers. The bureau also processes Management Information System (MIS) and Bureau of Criminal Identification (BCI) checks on child care providers to reduce the chance of licensing a provider who has a criminal record. The reported performance factors are detailed in the chart to the right.



Bureau of Health Facility Licensing, Certification and Resident Assessment

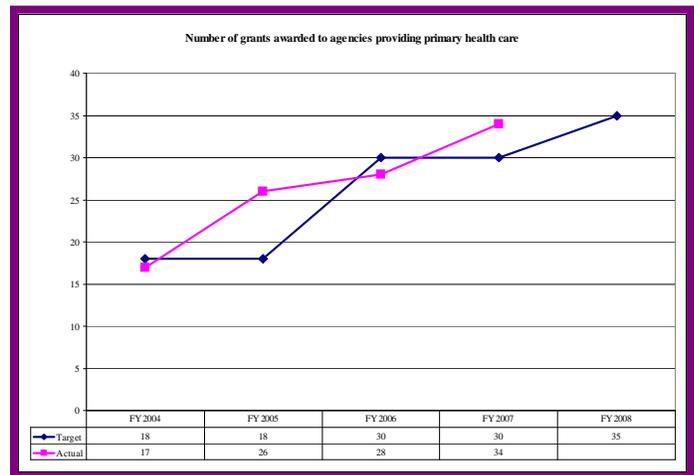
This Bureau licenses and inspects all licensed and Medicare/Medicaid certified Health Care providers,

investigates complaints made about providers and does pre-admission screenings for all Utah Medicaid recipients seeking nursing home or institutional care. The number of facilities to be licensed and inspected has been growing each year since before these measures were being tracked. The performance measure detailed in the table to the right is that every Medicare/Medicaid certified nursing home must be inspected once no less than every 15 months, while maintaining at least a 12 month average statewide for inspections. They have been meeting these requirements during the reporting period.



Primary Care and Rural Health

The Office of Primary Care and Rural Health makes grants to public and nonprofit entities to help provide primary health care services to medically underserved populations throughout the State. The program targets low-income populations who have no health insurance, or whose health insurance does not cover primary health care services and do not qualify for Medicare, Medicaid, CHIP or other government sponsored insurance. Funding for this program has fluctuated with both one-time and ongoing FY 2008 funding increases. The table on the right shows the number of grants given out each year since FY 2004.



BUDGET RECOMMENDATION

For the Health Systems Improvement line item, the Analyst recommends ongoing base budget funding in the amount of \$17,717,300 as appropriated in the base budget bill. Of this amount \$ 6,064,400 is from the General Fund, \$5,138,800 is from Federal Funds, \$5,891,400 from Dedicated Credits, \$215,000 is from Transfers- Public Safety, \$78,300 from Transfers - Within Agency, \$277,500 from Rural Health Care Facilities Fund, \$1,730,500 from Beginning Nonlapsing balances, and (\$1,678,600) from Closing Nonlapsing balances. The recommendation covers the budgets for the Director’s Office; Emergency Medical Services; Child Care Licensing; Health Facility Licensure, Certification and Resident Assessment; and Primary Care and Rural Health.

Intent Language

The Legislature approved four intent statements for this line item for FY 2008. Because these intent statements have been restated for several years, and again requested for FY 2009, the Legislature may want to consider adding these items to State statute. The Analyst recommends the continuation of these items with statutory consideration. The recommended intent statements are: It is the intent of the Legislature that the fees collected for the purpose of plan reviews by the Bureau of Health Facility Licensure, Certification, and Resident Assessment be nonlapsing.

It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.

It is the intent of the Legislature that funds for the Primary Care Grants Program be nonlapsing.

It is the intent of the Legislature that funds appropriated for assistance for people with bleeding disorders be nonlapsing.

BUDGET DETAIL TABLE

Health - Health Systems Improvement						
Sources of Finance	FY 2007 Actual	FY 2008 Appropriated	Changes	FY 2008 Revised	Changes	FY 2009* Base Budget
General Fund	5,336,200	6,064,400	0	6,064,400	0	6,064,400
General Fund, One-time	357,800	2,006,500	0	2,006,500	(2,006,500)	0
Federal Funds	3,868,900	4,907,000	326,800	5,233,800	(95,000)	5,138,800
Dedicated Credits Revenue	5,326,400	5,021,200	555,300	5,576,500	314,900	5,891,400
Transfers - Public Safety	163,700	138,700	67,600	206,300	8,700	215,000
Transfers - Within Agency	(4,400)	0	78,300	78,300	0	78,300
Rural Health Care Facilities Fund	0	277,500	0	277,500	0	277,500
Beginning Nonlapsing	2,341,000	1,894,300	708,900	2,603,200	(872,700)	1,730,500
Closing Nonlapsing	(2,603,300)	(1,359,100)	(371,400)	(1,730,500)	51,900	(1,678,600)
Lapsing Balance	(46,000)	0	0	0	0	0
Total	\$14,740,300	\$18,950,500	\$1,365,500	\$20,316,000	(\$2,598,700)	\$17,717,300
Programs						
Director's Office	309,200	380,700	3,300	384,000	0	384,000
Emergency Medical Services	4,737,300	6,106,300	407,000	6,513,300	(611,800)	5,901,500
Child Care Licensing	3,215,900	2,741,100	113,700	2,854,800	(159,300)	2,695,500
Health Facility Licensure, Certification, & Residen	4,421,100	5,413,100	342,500	5,755,600	(3,100)	5,752,500
Primary Care and Rural Health	2,056,800	4,309,300	499,000	4,808,300	(1,824,500)	2,983,800
Total	\$14,740,300	\$18,950,500	\$1,365,500	\$20,316,000	(\$2,598,700)	\$17,717,300
Categories of Expenditure						
Personal Services	7,648,700	8,709,400	529,900	9,239,300	12,800	9,252,100
In-State Travel	220,200	243,600	(16,400)	227,200	(8,800)	218,400
Out of State Travel	104,400	108,700	300	109,000	(7,600)	101,400
Current Expense	3,668,600	3,541,800	3,089,900	6,631,700	(2,710,500)	3,921,200
DP Current Expense	498,600	641,500	19,300	660,800	(1,400)	659,400
DP Capital Outlay	0	0	158,500	158,500	(158,500)	0
Other Charges/Pass Thru	2,599,800	5,705,500	(2,416,000)	3,289,500	275,300	3,564,800
Total	\$14,740,300	\$18,950,500	\$1,365,500	\$20,316,000	(\$2,598,700)	\$17,717,300
Other Data						
Budgeted FTE	120.3	133.8	6.7	140.5	0.1	140.6
Vehicles	22.0	23.0	(1.0)	22.0	1.0	23.0

*Does not include amounts in excess of subcommittee's state fund allocation that may be recommended by the Fiscal Analyst.

LEGISLATIVE ACTION

The Executive Appropriations Committee requests that the Subcommittee adopt base budgets for each agency under the Subcommittee's purview, fund Subcommittee priorities, to the extent possible reallocating revenue among programs, and provide a prioritized list of desired items for funding. Adoption of this base budget as listed in this document enables the programs to continue for the next fiscal year at relatively the same level as the current fiscal year.

1. The Analyst recommends that the Health and Human Services Appropriations Subcommittee approve a base budget for FY 2009 for Health Systems Improvement in the amount of \$17,717,300.
2. The Analyst recommends the adoption of the three items of intent language as listed above and on the previous page.