Building on Context:
Collaborations for Health Assurance

A Case Study In Assurance
Through Leadership and Collaboration

Prepared By
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1996-1997
Abstract of the Case

A. Title: *Building on Context: Collaborations for Health Assurance*

B. Functional Areas: Assurance: This case study exemplifies addressing community health needs through public health advocacy and collaborative processes/initiatives to assure availability of health care services.

C. Major Subjects Involved: Assuring access to health care services, leadership, process and initiative development, and collaboration within a community

D. Setting the Case
1. Type of Health Department / Agency / Facility: County Health Department; State Public Health Agency; Private, not-for-profit hospital; Health Maintenance Organization
2. Relevant Geographic and Demographic Information: Middle-size Midwestern city bordering a similarly-sized city in an adjacent state; significant uninsured cohort among an aging working-class population.
3. Divisions and Personnel (Positions) involved: County Health Department Director and staff; County Board of Health; State Public Health Agency Staff; Hospital Administrator and other hospital staff; Directors of the Acme Health Maintenance Organization; president of the Wahoo County Dental Society.
4. Fiscal Resources: Public funds (County Health Department budget, including funds received through the State Public Health Agency and Medicaid payments); Private funds (private grant funding; operating budgets of the hospital and the HMO).

E. Authorship Information: Case Study Developed by Team *Les Cerveaux Bleu de Larde*, Illinois Public Health Leadership Institute, 1996-1997:

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Introduction

The Players And Their Roles

This case study is designed to illustrate possible community-level collaborations between key institutions and key individuals for the purposes of assuring the availability of health care services and establishing partnerships to jointly address the health needs of a community. In this scenario, key roles are played by County Health Department Director and staff; a not-for-profit agency offering home health services; State Public Health Agency local needs assessment unit; Hospital Administrator and other hospital staff; Directors of a Health Maintenance Organization.

The Moment In Time

The time frame in which this scenario unfolds is the early to mid-1990s, a period of dramatic change in the health care delivery system, with the transformation of the medical marketplace into a realm of sizeable health care delivery networks vying for large volumes of health care business. The period offered opportunities for finding common ground in joint initiatives based on common mission and common social responsibilities.

The Issues at Hand

The impetus to collaborate in the delivery of health care services was actually a manifestation of many factors. Broad, sweeping issues such as the role of public health practice and the importance of prevention in promoting health, as well as a multiplicity of micro-level issues, such as the legalities of public/private partnerships, and the dynamics of communities engaging in group processes to foster understanding and cooperation, all drove the developments of this community-level collaboration scenario.

Setting the Case

Wahoo County is located on the western edge of a large Midwestern state, bounded on the west by the Aquafumo River. The Aquafumo also serves as the state line, and separates Wahoo County from the city of Greenwater and its surrounding metropolitan area in the adjoining state. Wahoo County has a population of nearly 132,587 residents. About 87,500 of those residents live in and near the densely populated city of East Greenwater, located in the northwest section of Wahoo County, with the remainder of the County's population inhabiting the County's rural central and eastern regions.

East Greenwater and its sister city of Greenwater, across the river and the state line, share common characteristics in population demographics, history, workforce, employment opportunities, cost of living, poverty rate, and health concerns. In recent years, several large industrial employers have moved their operations away from the East Greenwater
area to distant locations, displacing significant numbers of workers, many with dependents. Alternative employment opportunities for the area's workforce, primarily jobs in the service sectors, require different labor skills and are not equal in wages and benefits to previously available industrial employment.

The agricultural base of the economy of rural Wahoo County outside of the East Greenwater metropolitan area has remained stable in recent years. The relative strength of the rural portions of Wahoo County is far outweighed, however, by the unsteady economic situation in East Greenwater. The changes in employment opportunities for Wahoo County residents living in the East Greenwater area has resulted in a general erosion in the County's standard of living. Impacts of the increasingly bleak Wahoo County socio-economic outlook have included an apparent exacerbation of health problems faced by the County's residents, a diminishing of access to needed health care, and a rise in premature mortality due to preventable illnesses and injuries suffered by the County's residents. The County's population includes growing numbers of persons living in and near poverty, persons without health insurance coverage, and elderly persons with chronic health conditions.

Defining the Issues

During the late 1980's and early 1990's, it became increasingly apparent to individuals in a variety of roles and capacities in Wahoo County that the County's economy, health problems, and future were intimately bound. Changing employment patterns and loss of health insurance coverage, for example, significantly restricted access to care for many Wahoo County residents and impacted several County institutions. Wahoo County residents without health insurance were avoiding care until their situation required emergency attention, then relied on "providers of last resort" such as the East Greenwater Community Hospital emergency room, the Wahoo County Public Health Department's (WCPHD) Free Clinic, and various public and private social "safety net" agencies. The Hospital faced serious budgetary impacts due to the uncompensated care delivered to uninsured County residents, precipitating a debate among hospital board members on the eventuality of closing emergency room services. At the same time WCPHD was devoting more of its resources to clinical care services, slowly weakening the Department's ability to adequately provide population-based preventive services.

Recognizing the inter-relatedness of social, health, and economic problems in Wahoo County, coupled with growing concerns over the possible closure of the Hospital's emergency room, the Health Department Administrator convened a meeting of concerned community leaders at Wahoo Community College. These leaders included the CEO's or their representatives from East Greenwater Community Hospital, Acme Health
Maintenance Organization, various providers and social support agencies, Chambers of Commerce, etc. By early 1993, this group expanded to include representatives from Greenwater and East Greenwater in an effort to gain a broader perspective of the health needs of their area. This group began to understand their system with its redundancies, influences, and barriers to health care access. This heightened awareness and concern was stimulated by new initiatives to assess the health needs of Wahoo County, and assessment-related efforts to create plans to address those health needs.

In 1993, the Wahoo County Public Health Department undertook a comprehensive assessment of need and intervention planning project. In that project, the "Project for the Local Assessment of Needs (PLAN)," the State Public Health Department (SPHD) assembled a reference data set with information on more than 150 indicators of socioeconomic and health status specific to all of the State's counties. That data set, referred to as the "Total Health Information Set (THIS)," became the source of health indicator data utilized in the PLAN initiative's community process phase. In the PLAN community process, the WCPHD assembled a panel of community leaders, providers, consumers, local officials, and other concerned parties who convened to select health priorities for the county and propose an intervention strategy for each of those priority health concerns. The entire initiative, fondly called PLAN THIS in reference to both the project and its groundbreaking data set for driving local health planning decisions, was instrumental in surmounting many barriers to collaborative action in Wahoo County. The panel of community leaders convened to carry out the County's PLAN process became a permanent body empowered to advise the County's Board of Health on matters related to the health needs of the County.

Another significant initiative that assessed the health needs of Wahoo County in the early 1990s was the response of the East Greenwater General Hospital to new accreditation requirements that hospitals examine the health needs of the communities that they serve and participate in community-wide efforts to promote health. The Administrator and staff of East Greenwater General Hospital worked with the SPHD PLAN THIS staff to utilize county-level, population-based health data to complete the required accreditation assessment. The collaboration between the Hospital and the Local Health Department in assembling assessment data became the foundation of an on-going relationship that later allowed joint health promotion, disease and injury prevention, and workforce education programs.

**Collaborative Assurance: How It Happened in Wahoo County**

**Addressing Health Needs: the Reasons for Collaboration**

The Wahoo County PLAN THIS process focused on bringing people together,
combining efforts to address health needs, and thereby maximizing the potential for improved health outcomes for the residents of Wahoo County. The PLAN THIS health needs initiative for assessment, prioritization, and planning served as a catalyst for collaboration among these visionary individuals on three specific issue areas, and led to the development of innovative strategies intended to result in:

- **Broader availability and utilization of home health care services**: The residents of Wahoo County included a growing percentage of frail elderly whose health care needs caused sharp increases in nursing home utilization and dependency on Medicaid. No single Wahoo County entity was prepared to undertake the delivery of comprehensive home health care.

- **Expanded availability of dental care services**: Wahoo County residents repeatedly expressed concern regarding the limited access to dental care in the area, especially for the poor. The state eliminated funding for dental care for adult recipients of public aid and, due to rising premiums, dental care was eliminated as a covered benefit included in most of the insurance plans available to Wahoo County residents through their employers. Consequently, the number of visits to dentists decreased in Wahoo County, and a change in the type of dental care shifted from preventive dental care to episodic care for the relief of pain. In fact, the local hospital reported a 40% increase in the number of emergency room visits for dental concerns, usually exacerbated by a delay in treatment, and in most cases requiring costly and invasive procedures and tooth loss that could have been avoided.

- **Universal access to preventive care, especially age-appropriate immunizations**: While practically everyone in Wahoo County acknowledged the importance of immunizations, it took the costs related to an outbreak of measles among non-immunized children enrolled in the Acme Health Maintenance Organization to convince that HMO that immunizations can be cost-effective, and it took that same outbreak to convince Wahoo County residents of the dangers of complacency regarding infectious disease.

It is of particular significance that each of these issues are related to national health objectives for the year 2000, as proposed in *Healthy People 2000 - National Health Promotion and Disease Prevention Objectives*, the 1990 report of the U.S. Department of Health and Human Services.

**Movers and Shakers in Wahoo County: The Visionary Leaders of Collaboration**

Among the visionaries behind Wahoo County's collaborative success were Gloria Carington, R.N., Administrator of the Wahoo County Public Health Department (WCPHD), Joseph Hollingham, M.B.A., Chief Executive Officer of the East Greenwater Community Hospital (EGCH), Sue Swell, M.P.H., Director of Community Relations at EGCH, and Naomi Brightsmile, D.D.S., a practicing dentist in East Greenwater and president of the Wahoo County Dental Society.
Gloria Carington was instrumental in developing a collaborative relationship between East Greenwater Community Hospital (EGCH), and the Wahoo County Public Health Department. During the nine years Gloria worked as administrator of the WCPHD, she saw the strong need for partnerships within Wahoo County and the need for collaboration with counties adjacent to Wahoo County. These areas included working with the northern adjacent county, Mustang County, which had been struggling to maintain current public health and home health programs.

Gloria envisioned how both Wahoo County and Mustang County could benefit from a partnership. She saw northern Wahoo County lacking in and/or at a disadvantage to receive community health services from WCPHD because of travel distance and staffing limitations. Mustang County Public Health Department (MCPHD), in partnership with WCPHD could assist MCPHD with obtaining preferred provider managed care home health contract connections with EGCH and expanded public health services.

Gloria realized that in order to survive in a time when “managed care” systems were becoming the dominant form of health care delivery, she must be willing to take risks. In 1992, Gloria took a hard look at the core function of assurance and began to focus on efforts to make certain that PLAN THIS objectives were being addressed in Wahoo County. In a “maintenance budget” atmosphere, with grant funding dollars decreasing while the cost of delivery of services progressively increased, Gloria came to view a partnership with the community hospital, EGPH, as a possibility to ensure that needed services were being provided somewhere within the community, but not necessarily being totally funded by dwindling public health revenues.

In August of 1992, Gloria planned a WCPHD management staff and Board of Health member’s retreat at Wahoo County Park Facility located along the Aquafumo River. Beginning on a hot Friday afternoon and extending late into the next day, the retreat proceeded with Gloria acting as facilitator, discussing her vision of collaboration, and revisiting the mission of WCPHD. She led the group in attendance through an exploration of the threats in the environment of health services delivery and possibilities for the future. She encouraged her staff and Board of Health members to begin to think “out of the box”, and explained that a bright future for WCPHD meant that it would have to become something different and be willing to take risks.

At the retreat, serious attention was given to the Wahoo County PLAN THIS objectives and related plans. Utilizing THIS data, the PLAN process had resulted in a proposal for expanded home health care services to better address the access problems of the growing percentage of frail elderly with chronic disorders among the Wahoo County population; a proposal for greater availability and emphasis on dental health services; and a third proposal for heightened efforts to assure access to preventive health services, especially
age-appropriate immunizations.

During 1993, Gloria concentrated on the education of Board of Health members. The board minutes revealed discussion of core public health functions, explanations of managed care concepts, updates on different local public health department environments in the counties of the state, and different relationships existing between hospitals and home health agencies throughout the country. These topics were dispersed among the other reports she presented during monthly Board of Health Meetings.

During that year, Gloria had a luncheon meeting with the Chief Executive Officer of EGCH, Joseph Hollingham, and the hospital’s Director of Community Relations, Sue Swell, along with Naomi Brightsmile, D.D.S., president of the Wahoo County Dental Society. They talked about where EGCH was going in relation to home health services, the dental care crisis in Wahoo County, and the need to enter into discussions with representatives of the Acme HMO. At that time, EGCH had no home health program. After the luncheon meeting, Joseph began to educate his hospital board about the need to provide a more complete package of health care services or face the possibility that the third-party payers may reject EGCH because of managed care’s desire to assemble complete delivery networks and to receive one billing statement for all services that their clients received from the hospital. Naomi commented on the importance of good dental care in any total package of services. Gloria, Joseph, and Naomi were all aware of the importance of knowing their community audience, or customers, and their partners. They paid close attention as Sue described her previous efforts to promote collaborative efforts in East Greenwater.

Sue’s public health training was a good foundation for coordinating the hospital’s own consortium of community leaders interested in improving the health status of persons living in the region. Sue suggested to Gloria, Joseph, and Naomi, that a role for the Acme HMO might be to provide care for at least some of Wahoo County’s uninsured population, possibly in exchange for the Wahoo County Public Health Department’s efforts to deliver age-appropriate immunizations to all of the County’s resident, including Acme HMO enrollees. Sue reminded the luncheon group of recent unsuccessful efforts to legislate a provision that HMOs provide free care to 2% of their total enrollees or face significant “profit taxes,” which would have been used to fund population-based health services. Although the politically powerful State HMO Association had lobbied successfully to defeat the legislation, the popularity of the bill with the general public had heightened the interest of HMOs in providing community service to enhance their corporate image. They came to realize the importance of community service, and became more aware of who their partners were.

Later that year, Joseph communicated to Gloria that EGCH was interested in some type
of partnership with WCPHD but requested that Gloria be the one to initiate the proposal. She was pleased that she had facilitated the 1992 retreat and the subsequent year’s worth of education to the WCPHD Board of Health and her staff. In fact, there had already been a motion at a 1993 County Board of Health meeting that stated that "...because of the drastic changes occurring in health care, the WCPHD would begin to look at some type of partnerships with area health care providers and institutions by late 1993."

Again, for nearly one year no significant progress occurred. However, Gloria continued to educate the County Board of Health members about changes occurring in health care delivery, and met frequently in informal settings with Joseph, Sue, and Naomi, and Vince Corleone, President and Chief Executive Officer of the Acme HMO.

By late 1994 to early 1995, the two executive committees of the hospital and WCPHD decided to hire a professional consultant or facilitator to officially explore some type of a collaborative arrangement. A task force was formed, consisting of Gloria, the board of Health President, the Board of Health Vice President, the Director of Nursing at Wahoo County Public Health Department, the Vice President of Patient Affairs at EGCH, and two board members to investigate the proposals from four different consulting firms and make recommendations to the Executive Committees. The Hall Consulting Group of Minneapolis was chosen to facilitate the process of bringing the entities together and formulating plans for mutually beneficial collaboration that would advance the cause of health improvement for the residents of Wahoo County.

The early meetings of the task force, facilitated by the Hall Group, employed a "Strengths, Weaknesses, Opportunities, and Threats (SWOT)" analysis, which featured open but guided discussions to identify real and perceived strengths, weaknesses, opportunities, and threats related to both collaboration in general and to a variety of specific proposals for specific joint initiatives. After a slow and hesitant start, the task force began to identify "common ground" in areas of similar mission and purpose; similar needs for funding, data, and community support; and shared social responsibilities. The task force proceeded to build upon this "common ground" by designing joint home health, dental, and immunization efforts.

Results

In Wahoo County, collaboration was instrumental in improving the health status of the County’s population. By 1997, when the County Health Department revisited its PLAN process to meet the State Health Department’s re-certification requirements for local health departments, the health status indicators in the updated THIS data set indicated impressive improvements in the health of Wahoo County residents. The percentage of
age-appropriately immunized children in the County had not only improved, but indicated an immunization rate better than the rate for the State as a whole. Access to appropriate home health care played a major role in a diminishing of Medicaid expenditures for long-term care in Wahoo County, despite a growing percentage of elderly among the County’s population. Hospital discharge information indicated a decline, following the establishment of the Health department’s Dental Clinic, in the number of both inpatient and outpatient episodes of care made necessary by preventable dental problems. Special on-going Wahoo County Dental Society studies determined that the numbers of dental care visits increased in Wahoo County while the cost of care provided per visit was decreasing, indicating more prevention and less complicated and costly intervention.

The collaboration of major players to assure the delivery of public health and health care services to the residents of Wahoo County was a result of the vision and leadership of those players. That leadership was inspired, and the collaboration driven, by the impetus of sweeping changes in the health care delivery system and significant advances in the philosophy and practice of public health. Local initiative, together with state-level assessment and policy development leadership in the PLAN THIS process, brought about greater common understanding, improved health status, and a solid foundation for future progress.

Discussion

Sharing Endeavors to Improve the Community’s Health

The "common ground" discovered by the like-minded residents of Wahoo County became the bedrock upon which several successful working relationships and joint initiatives would be founded. These relationships allowed meaningful dialogue and innovative partnerships that held potential for improving access to health care services, including preventive services, and improving the health outcomes and the overall health status of the residents of Wahoo County. In summary, examples of the collaborative spirit which eventually flourished in Wahoo County included the following:

- The Wahoo County Public Health Department and the East Greenwater Community Hospital worked together to share health assessment data regarding to Wahoo County population which they jointly served; developed health promotion and injury/disease prevention campaigns throughout Wahoo County; and developed and implemented combined "in-service" training and education programs to enhance the professional competencies of both the Hospital and the public health workforces. The County and the Hospital also engaged in on-going development of arrangements for sharing clinical and administrative staff, including, for example, public health immunization clinics offered at the hospital and promoted through hospital-paid advertising.
- The Acme Health Maintenance Organization, with home offices in Greenwater in the adjoining state, worked together with the Wahoo County Public Health Department to share population-based health data; to barter free HMO-care for uninsureds in exchange for Public Health Department immunizations for HMO enrollees; and to commonly develop health education and health screening programs for HMO enrollees. The East Greenwater Community Hospital became a provider in the Acme HMO care network, and Acme entered into contracts that provided reimbursement to the Wahoo County Public Health Department for services provided to Acme HMO enrollees.

- The Wahoo County Public Health Department also worked with the Acme Health Maintenance Organization, as contractor with the State Medicaid Agency under the state’s "Medicaid Manicaid" program for enrolling Medicaid populations in managed care arrangements, to deliver enabling services and case management to Medicaid populations, thereby enhancing the effectiveness of the Acme HMO in addressing the special concerns of the Medicaid population.

- The Wahoo County Public Health Department and the Wahoo County Dental Society, with support from the East Greenwater Community Hospital and the Acme HMO, conducted a comprehensive study on the effects of the decreased dental health care availability in Wahoo County. The final report of the study, dubbed "Tooth or Consequences", supported the complaints of the County's citizens regarding access to adequate dental care. For example, the report's findings indicated a decrease in dental visits for preventive care, but an increase in the average amount spent for dental care. The number of absences from school and work due to dental pain also had increased significantly. Furthermore, far-reaching correlations between dental problems and increased drug use, violent crime and domestic abuse were also revealed by the study.

- As a result of the "Tooth or Consequences" findings, as well as concerns articulated by citizens of the County, the Wahoo County Public Health Department expanded its dental services by developing a dental clinic. Those residents who met certain financial guidelines were eligible to receive basic dental care. In addition, due to a widespread realization of the cost-effectiveness of preventive dental care, Acme HMO premiered the addition of a dental care component to its benefits plan. This component offered all phases of dental care but placed an emphasis on preventive services, including sealants. An outside consulting firm specializing in quality assurance in managed care plans was hired by Acme HMO so that measures to ensure quality in the delivery of the new dental benefits package.
Appendix A: Health Objectives

Selected health objectives from Healthy People 2000 - National Health Promotion and Disease Prevention Objectives related to issues discussed in the case study Building on Context: Collaborations for Health Assurance:

- **(13.1)** Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 35 percent among children through 6 through 8 and no more than 60 percent among adolescents aged 15. (See also health objectives 13.2 through 13.6.)

- **(20.1)** Reduce indigenous cases of vaccine-preventable diseases. (See also health objectives 20.2 through 20.19)

- **(21.1)** Increase years of healthy life to at least 65 years. (See also health objectives 21.2 through 21.8)

- **(22.1)** Develop a set of health status indicators appropriate for Federal, State, and local health agencies and establish use of the set in at least 40 states.
Appendix B: Media Attention

The East Greenwater Times-Herald
FINAL - City Edition September 10, 1995

County Health Agency Merging with VNA
Partners: All major players in area but one want alliance

By Susan Hearst, Times-Herald Staff Writer

EAST GREENWATER - The Wahoo County Public Health Department's (WCPHD) Nursing Division will join forces with the Visiting Nurses Association (VNA) of the City of Greenwater as of December 1, according to a joint announcement released by WCPHD and VNA officials today. The combined nursing unit, known as the Greater Greenwater VNA, will focus mainly on the delivery of home health services to the elderly throughout the Greenwater, East Greenwater, and remaining Wahoo County area.

"For Wahoo County to be able to continue to provide community services, we really needed to partner," said Gloria Carington, R.N., WCPHD Administrator. Her announcement came on the heels of the recent WCPHD partnership with the East Greenwater Community Hospital (EGCH) to jointly address the delivery of home health care services, immunizations, and health education to residents of Wahoo County.

Carington said that WCPHD had initially contacted both EGCH and the Greenwater VNA regarding a merger of operations well over a year ago. As the two entities weighed their options and assessed community needs, they also kept other area providers and interested parties fully informed to maintain a productive and open dialogue, avoid any misunderstandings, and promote more extensive partnering. Only Bokus County, south of Wahoo, refused to participate in the merger discussions, bowing to local political pressures.

The Boards of WCPHD and the Greenwater VNA have entered into an exclusive five-year agreement to consolidate their home health services and to contract with EGCH and the Acme Health Maintenance Organization to participate in their managed care provider networks.

The merger is expected to allow an expansion of the types of services available to Greenwater, East Greenwater, and rural Wahoo County residents. "No lay-offs will result from the new and exciting WCPHD and Greenwater VNA alliance," stated Carington, responding to labor union concerns that the merger was an effort to reduce payroll at both entities. "Realistically, it is very likely that we will be expanding staff as we begin to offer more specialty services such as physical therapy, occupational therapy, and psychiatric nursing."
THE WAHOO EVENING WARRIOR
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Section 1-B, page 34: Health Care News

Study: Elimination of Dental Benefit Drives Up Emergency Room Visits

EAST GREENWATER
MAY 12, 1996

Findings of a study conducted by researchers at Wahoo State University indicate that elimination of Medicaid reimbursements to dentists for treatment of adult dental emergencies resulted in a significant increase in hospital emergency department visits for dental treatment by Medicaid recipients. During the same period that the increase occurred, the total number of emergency room visits by Medicaid beneficiaries actually decreased.

The study, reported in the May, 1996 issue of the Journal of the Wahoo County Dental Society, proposed to determine the impact of a ruling that eliminated Medicaid reimbursements for adult dental emergencies treated by dentists in their offices. The research team headed by investigators from the Department of Oral Health Care Delivery at the Wahoo State University College of Dental Surgery, found a 21.88 percent increase in the rate of emergency department dental visits by adult Medicaid beneficiaries following the policy change.

To test their hypothesis that the elimination of benefits would influence emergency department visits by Medicaid recipients for dental emergencies, the researchers analyzed hospital records from a the East Greenwater Community Hospital. Data from 3,421 adult emergency room visits between July 1, 1991 and June 20, 1994 was reviewed. No significant differences were found in regard to patient sex, age, or race between the period before February 1993 and the period after.

The research showed that from the first study period to the second there was an overall increase in emergency department dental visits of 13.9 percent. It was found that among patients not insured by Medicaid there was a 10.5 percent increase in emergency department dental visits, while in the Medicaid cohort the emergency department dental visits increased by 21.8 percent.

While the scope of the investigation did not allow accurate assessment of the financial impact of the increase in emergency department visits for dental treatment by Medicaid recipients, the researchers suggest that the additional costs could be considerable. This prediction is based on a consideration of the Medicaid fee schedule. As an example, the estimated Medicaid hospital reimbursement for an emergency department dental visit is $200.00, while the compensation by Medicaid for the extraction of a tooth in a dental office is approximately $17.

The Wahoo State researchers conclude that the Medicaid policy change may have unintentionally increased the use of the East Greenwater Community Hospital Emergency Room for dental treatment by Medicaid recipients. They suggest that treatment for dental emergencies is best provided, for both medical and financial reasons, by dentists in their offices rather than by hospital emergency rooms.
Appendix C: Case Study Discussion Questions

1. Could the Wahoo County Public Health Department have been able to address the three "specific issue areas" without collaborative help? Why or why not?

2. What factors might have contributed to the seemingly slow process of going from considering collaboration to actually effecting collaboration?

3. What are the advantages and disadvantages of collaboration between a hospital and a Public Health Department? Between the private and the public sectors? Between a Public Health Department and a Health Maintenance Organization?

4. Could legal problems arise as a result of the collaboration between a Public Health Department and a Health Maintenance Organization?

5. Should this type of collaboration be advised for all Public Health Departments?

6. Gloria was the major leader identified in the case study. What leadership practices did she employ? How? What leadership practices did other "key players" utilize? Were there any "leadership gaps?"

7. How can people be motivated to "think out of the box?"

8. This case study addressed the core function of assurance. Were the core functions of assessment and policy development also included? If so, where and how?

9. How and by whom is the policy development function carried out in this type of collaborative arrangement?

10. Are there other entities with which the Wahoo County Public Health Department might have collaborated? For example, the County Medical Society? Why or why not?