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Maine: Delivering Efficient Government

McKinsey & Company

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Maine: Delivering Efficient Government



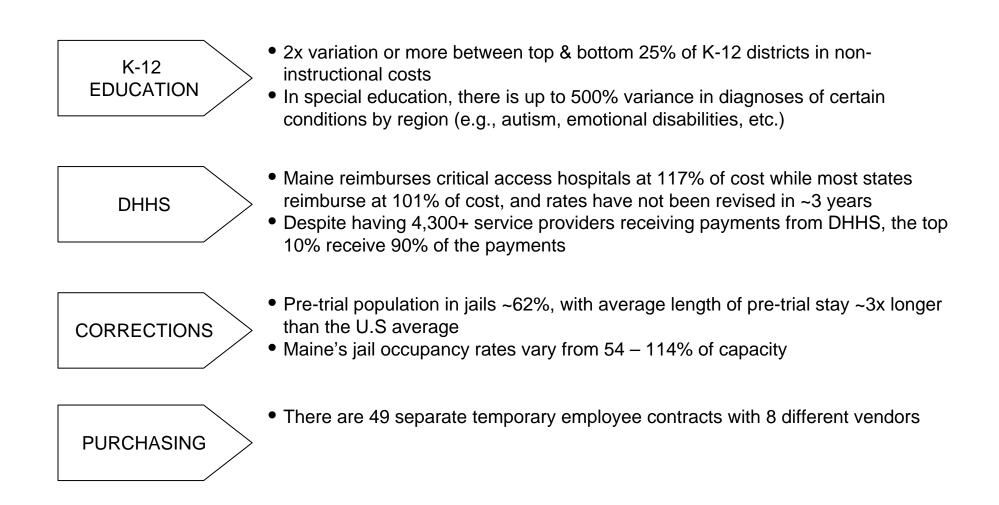
January 5, 2008

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CONTEXT

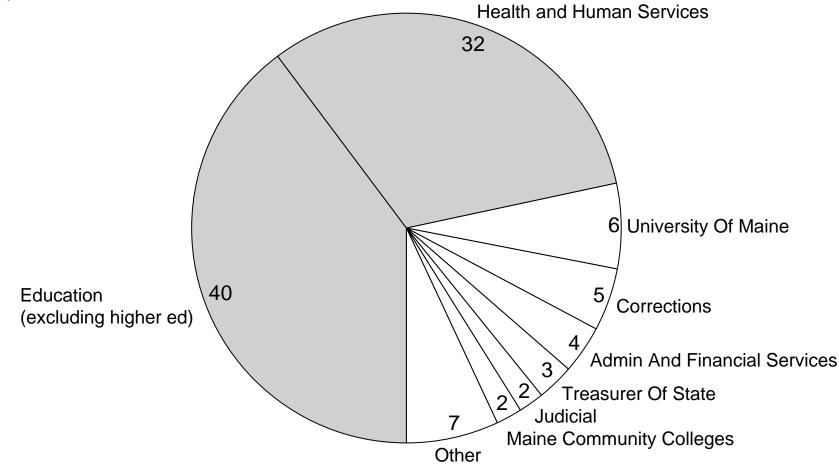
- Maine has made significant strides to increase government efficiency over the past five years, reducing state spending by ~\$140M in the last supplemental budget
- Current economic environment, however, calls for tough, fact-based choices to reduce ~\$830M structural gap for 2010-2011 biennial budget
- In this context, the Maine Council on Competitiveness asked McKinsey & Co., a leading global management consultancy, to apply a business-based approach to identify the next level of efficiency opportunities
- During the course of their work together, the Council on Competitiveness and McKinsey identified ~\$100-180M in annual savings, to be realized over 3 years
 - Majority of savings derived from standardizing service delivery and consolidating administrative functions
- While we believe these savings are realistic, real work is still required to implement the changes necessary to capture them
 - This report should serve as the foundation of a program that implements the actions required to deliver the next step-change governmental efficiency

THINGS WE WERE INTERESTED TO LEARN...



EDUCATION AND HEALTH & HUMAN SERVICES REPRESENT OVER 70% OF 2009 STATE GENERAL FUND BUDGET

Expenditures, \$ Millions



Findings

• Maine K-12 education and community college expenditures are the fastest growing categories in Maine

- State K-12 education funding has increased dramatically primarily as a result of citizen-initiated legislation

MAINE'S EXPENDITURES ARE GROWING FASTER THAN ITS REVENUES, DRIVEN BY INCREASING MANDATED SPENDING

Maine's expenditures are growing slower than peer states (but still 2x the rate of revenue)...

Inflation-adjusted compound

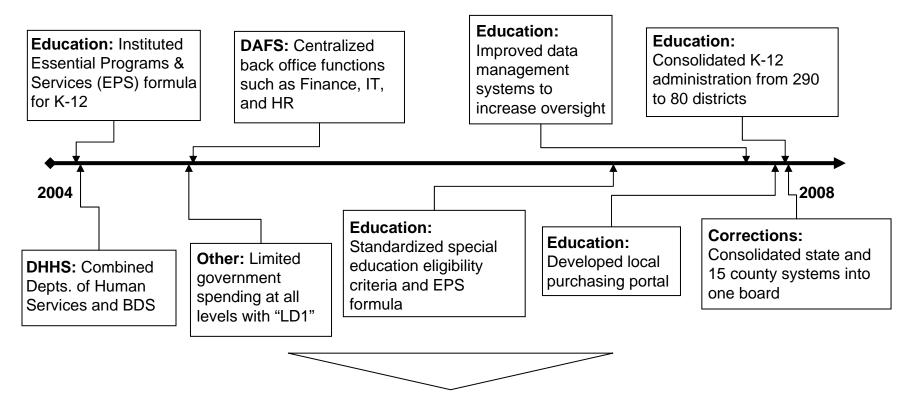
...and mandated spending for healthcare and education is "crowding out" other spending

	annual growt 2004-2008, P	th rate (CAGR) ercent	
Peer state*	Revenues	Expenditures	K-12 Education & HHS vs. all other categories
Mississippi	5.2	5.0	Maine inflation-adjusted CAGR in
West Virginia	4.3	4.7	Percent, 2004-2008
Washington	3.3	2.6	K-12 educ./
North Dakota	3.0	4.3	HHS 2.6
South Dakota	2.7	3.3	
Vermont	2.1	3.3	All other categories -2.6
Iowa	2.0	3.2	
Massachusetts	1.9	2.3	
Arkansas	0.8	2.0	Education / HHS GF spending increased \$465M vs. \$22M for all other categories
Maine	0.5	1.0	
New Hampshire	0.4	0.9	
Oregon	-0.4	3.8	

* Peer states chosen based on rural state groupings outlined in Brookings Inst. methodology plus inclusion of additional New England states and "quality of place" states

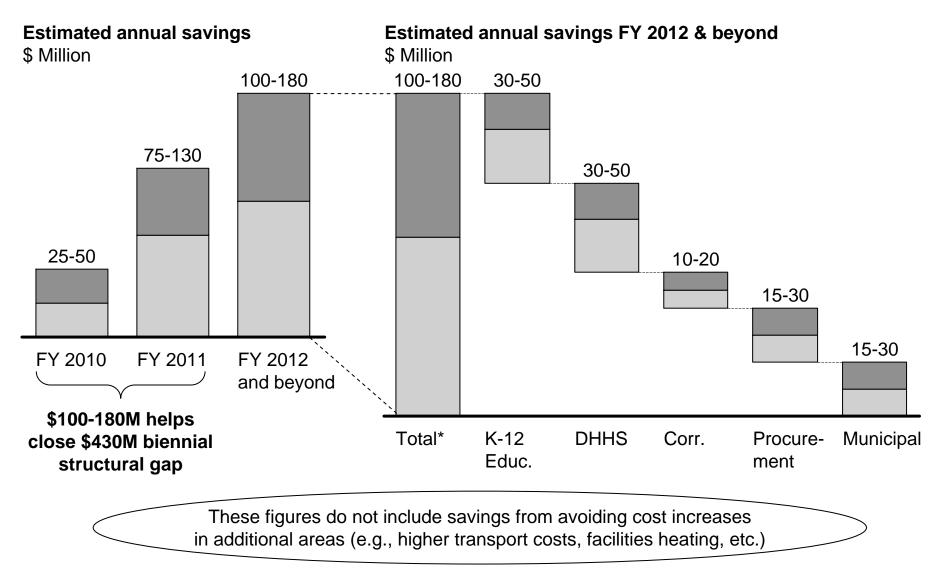
Source: National Association of State Budget Officers; Maine general fund spending

IN THIS ENVIRONMENT, MAINE HAS INCREASED EFFICIENCY IN A NUMBER OF AREAS SORTED BY ENACTMENT DATE



- Efficiency improvements and service changes in the last supplemental budget achieved ~\$130M of spend reduction
- Many efforts have focused on consolidating administrative and back office functions, but there have also been some program reductions
- ...but more opportunities to increase efficiency exist...

\$100-\$180M OF ANNUAL GENERAL FUND SAVINGS ARE ACHIEVABLE THROUGH EFFICIENCY CAPTURE AND SERVICE CHANGES



* Estimate assumes no change to existing federal policy and regulatory environment Source: Team analysis, 2008 General Fund budget

K-12 education POTENTIAL SAVINGS OPPORTUNITY FOR STATE WITHIN K-12 EDUCATION IS ~\$30 – 50 MILLION

Opportunity	Next steps	State savings potential* \$ Millions
1 Adjust EPS targets for non-instructional expenses	 Share potential cost-reducing actions with districts Hold committee hearings and adjust EPS 	25-30
2 Encourage sharing of special ed service provider pools	 Identify schools that use specialist contractors Encourage pooling with similar districts to hire specialists 	•
3 Regionalize special ed designation	 Set statewide special ed diagnosis standards Move from localized Pupil Evaluation Teams (PETs) to regionalized teams that follow new guidelines 	Equal treatment of students
4 Standardize and consolidate teacher health contracts	 Require transparency on teacher health benefits and spending Consolidate volume and renegotiate contracts 	5-20
	Does not include local savings of	30-50

~\$30-50M

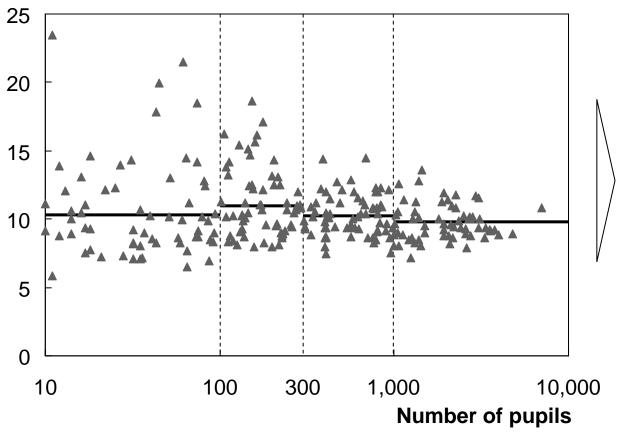
* Net of potential savings from new school district reorganization/consolidation plan Source: State of Maine data

K-12 education THERE IS SIGNIFICANT VARIABILITY IN TOTAL SPENDING PER PUPIL, REGARDLESS OF DISTRICT SIZE

Total spend per pupil for Maine school districts* by district size

Group average

\$ Thousands per pupil



• Variability between top and bottom 25% of districts with over 1,000 students is about \$4,800 per student, or 54%

* Based on sample of 258 school districts; excludes 25 districts with <10 pupils Source: State of Maine data; team analysis

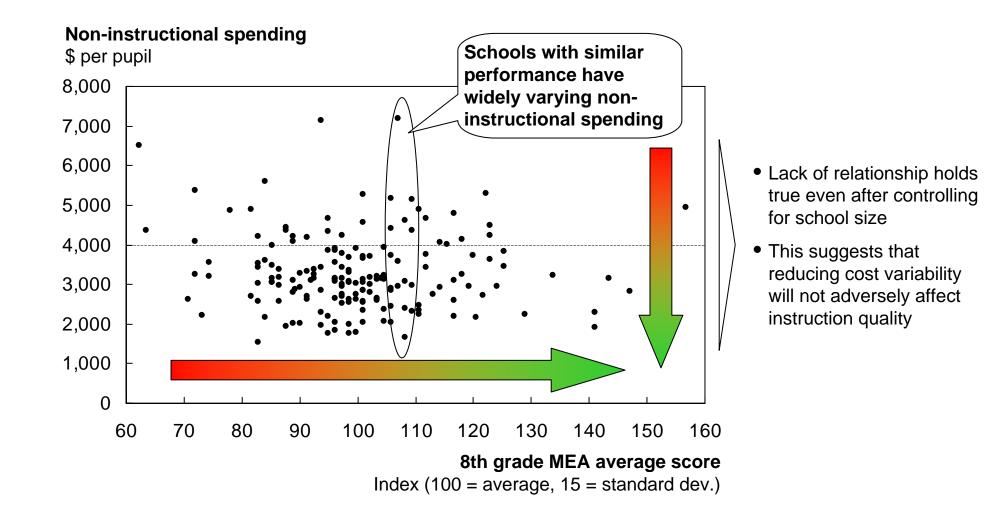
K-12 education VARIABILITY IS SIGNIFICANT EVEN AMONG COMPARABLE SCHOOL DISTRICTS

Peer group definition

- School districts with a population between 400 and 410 pupils
- "Rural-distant" location type*
- State share of funding >60%

School distric	ct State share	Total cost per pupil (\$/pupil)
Dixmont	75%	7,453
Washburn	83%	8,723
Dayton	63%	9,335
Chelsea	78%	10,462
_		
	40% difference in cost between Dixmont and (comparable districts)	• • •

K-12 education STUDENT PERFORMANCE IN A SCHOOL DISTRICT IS UNRELATED TO PER-PUPIL NON-INSTRUCTIONAL SPENDING



K-12 education SAD 22 IN HAMPDEN HAS REDUCED NON-INSTRUCTIONAL **COSTS AND IMPROVED SPECIAL ED SERVICES**

MAINE CASE STUDY

SAD 22 has taken several actions...

• Used the purchasing portal...



- Joined an educational partnership...
- Hired and shared special ed resources with 4 other districts, instead of contracting specialists...
- Identified a "business / operational manager"



...which reduced specialist costs by ~30%, while ensuring students get high-guality service



...which provided a **gualified individual who can** focus the district on operational efficiencies





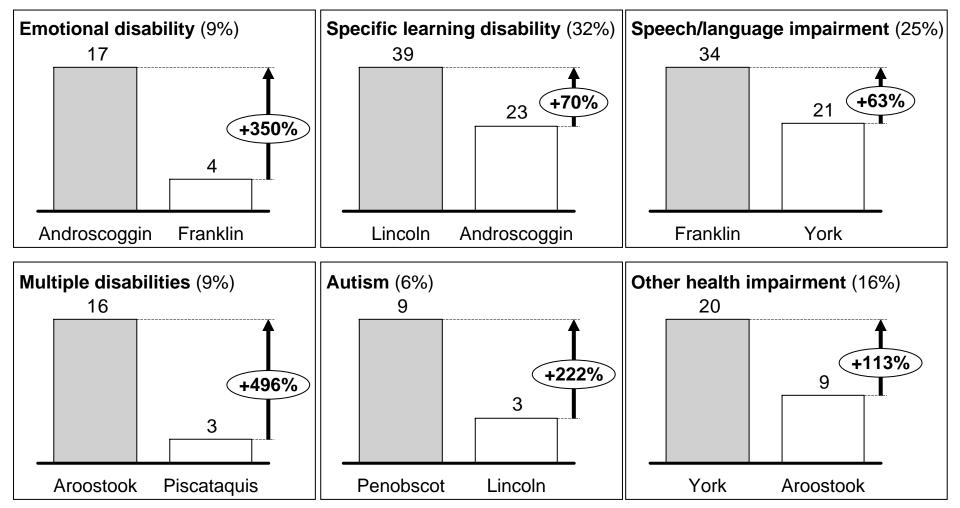
...which saved \$14K, or 50%, on certain supply costs

...that have improved service and reduced costs

...which resulted in 80 – 90% savings on several staff trainings and cost reductions in other shared services

K-12 education SIGNIFICANT SPECIAL ED DESIGNATION VARIABILITY BY COUNTY OFFERS AREA FOR IMPROVED, MORE CONSISTENT SERVICE

Students with specific disabilities (State average, percent) Highest and lowest percent of county special ed population, 2007-08



K-12 education

DECENTRALIZED NEGOTIATION OF AND LITTLE TRANSPARENCY INTO TEACHER BENEFIT CONTRACTS OFFERS OPPORTUNITY FOR SAVINGS

Current situation

- K-12 schools paid ~\$237 million in teacher benefits in 2004-05
 - This does <u>not</u> include an additional \$182 million paid to State Retirement Fund
- Health benefit contracts currently negotiated by individual teachers' unions with very little transparency

Potential actions

- Increased transparency: State and school districts need to be aware of teacher health costs and benefit packages
- **Consolidated negotiation:** School districts should work together to increase negotiating leverage
 - In addition, state must investigate savings from negotiating state employee, municipal employee, and university employee health benefits together with teacher benefits
- **Tiered service providers:** Encourage employees to use preferred service providers by using incentives
- Incentives for preventative care: Assess cost savings from creating incentives for employees to take preventative care

Taking these steps should reduce costs by 2-10%, based private and public ____sector experience ____

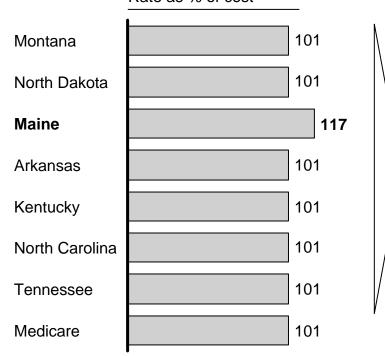
DHHS POTENTIAL SAVINGS OPPORTUNITY FOR STATE WITHIN DHHS IS \$30-50 MILLION

Next Steps	Potential state savings \$ Millions
 Decide on payment changes Hold public hearing Amend State Plan Re-write MaineCare Benefits Manual to reflect payment changes 	15 – 25
 Select diseases and beneficiaries to target Decide who should run the program Obtain Federal approval Evaluate the program 	15 – 25
 Decide which provider services should receive cost-sharing adjustments Set copayment in line with peer states and according to rules in Deficit Reduction Act 	TBD
 Decide what beneficiaries to cover under managed care Select a health plan/private payor Design data collection process Set up process to evaluate managed care 	TBD
	 Decide on payment changes Hold public hearing Amend State Plan Re-write MaineCare Benefits Manual to reflect payment changes Select diseases and beneficiaries to target Decide who should run the program Obtain Federal approval Evaluate the program Decide which provider services should receive cost-sharing adjustments Set copayment in line with peer states and according to rules in Deficit Reduction Act Decide what beneficiaries to cover under managed care Select a health plan/private payor Design data collection process

30 – 50

DHHS MAINE'S CRITICAL ACCESS HOSPITAL REIMBURSEMENT RATES ARE SIGNIFICANTLY HIGHER THAN MOST PUBLIC PAYORS' RATES

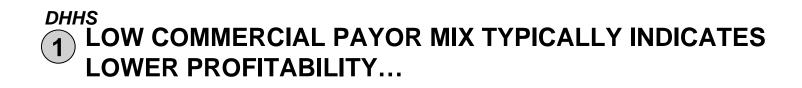
Reimbursement rate to critical access hospitals 2007



Reimbursement Rate as % of cost Maine savings from adjusting critical access hospital reimbursement rate

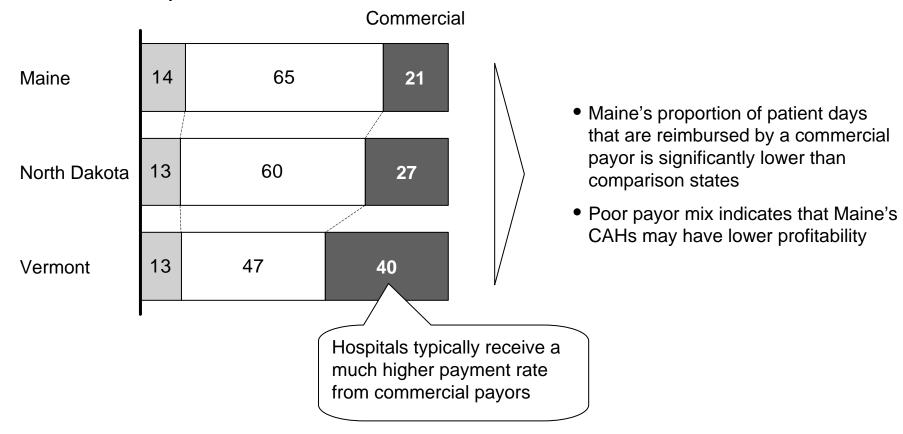
Adjusted payment Percent	Average hospital profitability Percent	Maine's potential savings \$ Millions
112%	4.83%	2.5
107%	4.19%	5.0
101%	3.43%	8.0





Hospital Days By Payor Type

Percent of total days, 2006



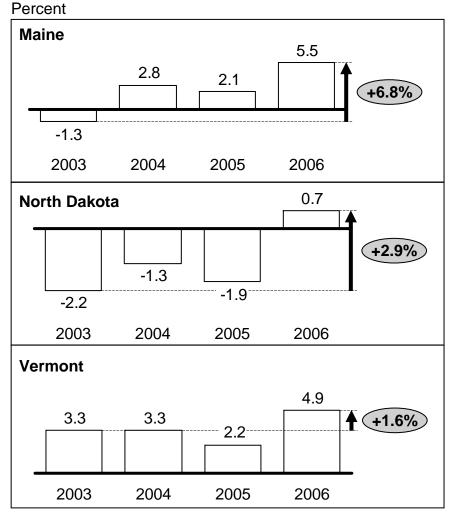
Commercial

Medicare

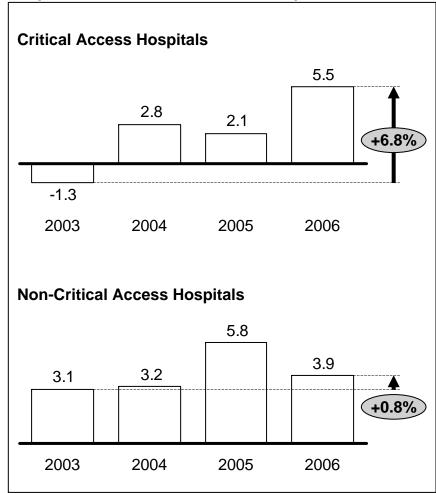
Medicaid

... HOWEVER, MAINE'S CAH PROFITABILITY HAS INCREASED FASTER THAN THAT OF COMPARISON STATES

Average profit margin for critical access hospitals,



Maine's average profit margin for critical access hospitals and non-critical access hospitals, Percent

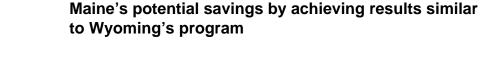


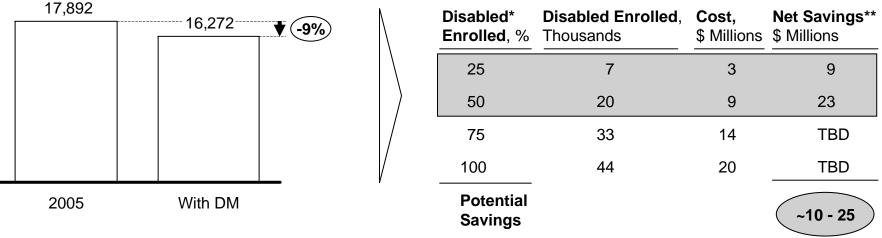
2 EXPANDING DISEASE MANAGEMENT FOR DISABLED MEDICAID POPULATION COULD YIELD SIGNIFICANT RETURN

WYOMING CASE STUDY

Initial target pop.

Annual cost per disabled beneficiary for Wyoming Dollars





Wyoming State Disease Management Program

- Wyoming made their DM program open to all disabled beneficiaries 7,800
- Saved \$1,620/beneficiary in the first year of their program (after \$450/person cost) for a total of \$8.8M Net Savings
- Savings attributed to reduction in clinical utilization (Decreased average length of inpatient stay by 29%, and ER utilization by 13%)
- Improved prevention measures such as diabetes testing, eye exams, glucose monitoring, stating usage, and cholesterol monitoring

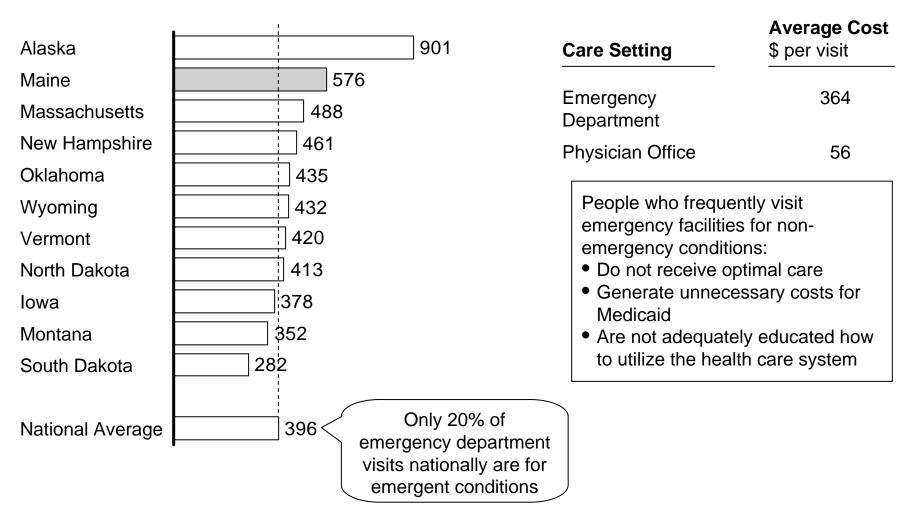
* Disability evaluation under Social Security (Blue Book- June 2006)

^{**} Accounts for disabled beneficiaries already enrolled in Schaller Anderson

2 EMERGENCY DEPARTMENT UTILIZATION IN MAINE IS 45% HIGHER THAN NATIONAL AVERAGE

Hospital emergency department visits

Per 1000 population, 2006

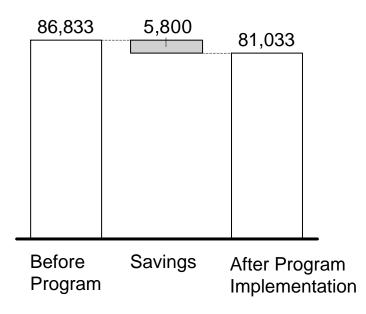


DHHS MAINE COULD SIGNIFICANTLY REDUCE ED UTILIZATION BY IMPLEMENTING A PROGRAM SIMILAR TO OKLAHOMA'S

OKLAHOMA CASE STUDY

Savings attained from implementing an emergency department utilization

Total cost, \$ Thousands, 2007

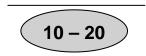


Emergency Department Utilization Project

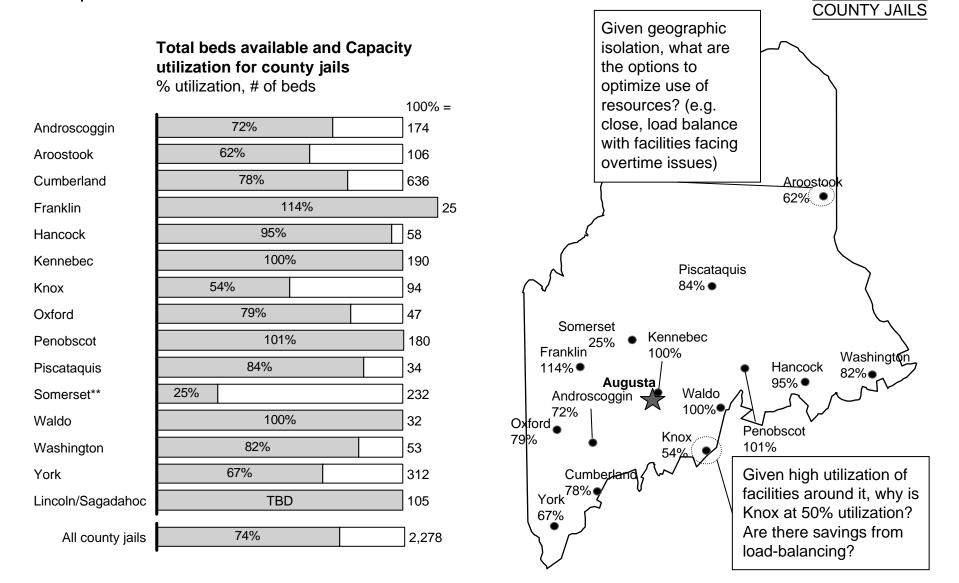
- Identify high utilizers
- Refer them to case management
- Discuss appropriate utilization with PCPs and provide them with patient admitting diagnosis
- Provide extreme utilizers with intensive therapy
- Emergency department utilization per capita was 10% higher in Oklahoma than the National Average
 - Maine is 45% higher than National average
- If Maine reduced their ED utilization by same 7% as Oklahoma they could save \$1 Million

Corrections POTENTIAL SAVINGS OPPORTUNITY WITHIN CORRECTIONS IS \$10-20 MILLION

Opportunity	Next Steps	Potential state savings \$ Millions
1 Right-size jail facilities	 Coordinate staffing and capacity among county jails & potentially close facilities 	5 – 10
2 Fully fund pre-trial services	 Use less-expensive ways to process/ sanction lower risk inmates Improve pre-trial services 	3 – 5
3 Reduce operating expenses	 Standardize operating, admin, and purchasing expenses by centralizing vendor and demand management 	2 – 5



Corrections LOW UTILIZATION OF SOME COUNTY JAILS CREATES OPPORTUNITY FOR \$7-10M* IN SAVINGS



* Assumes total annual cost per bed of ~\$31K and potential capacity utilization increase to 82 - 87% by closing some facilities

** Capacity includes new facility not yet fully online

Source: State of Maine data

Corrections FUNDING PRE-TRIAL SERVICES REDUCED EXPENDITURES BY ~\$10M PER YEAR IN NORTH CAROLINA (WHICH HAD SIMILAR ISSUE TO MAINE)

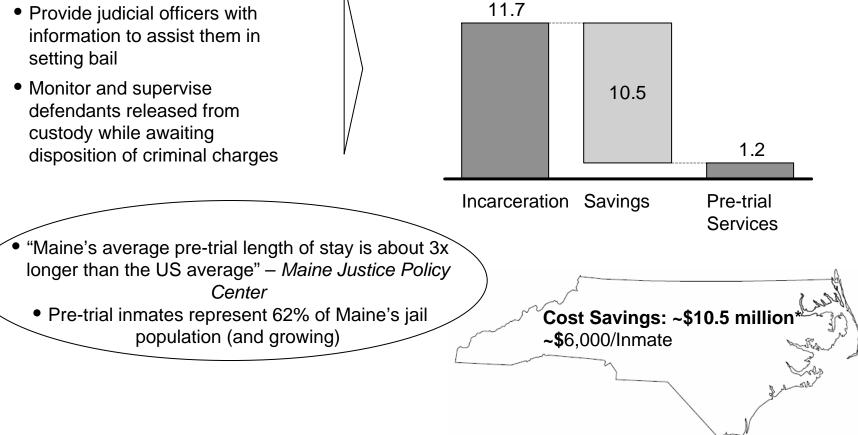
NORTH CAROLINA CASE STUDY

Pre-trial services

 Provide judicial officers with information to assist them in setting bail

Savings accrued from fully funding pre-trial services

Total cost, \$ million*

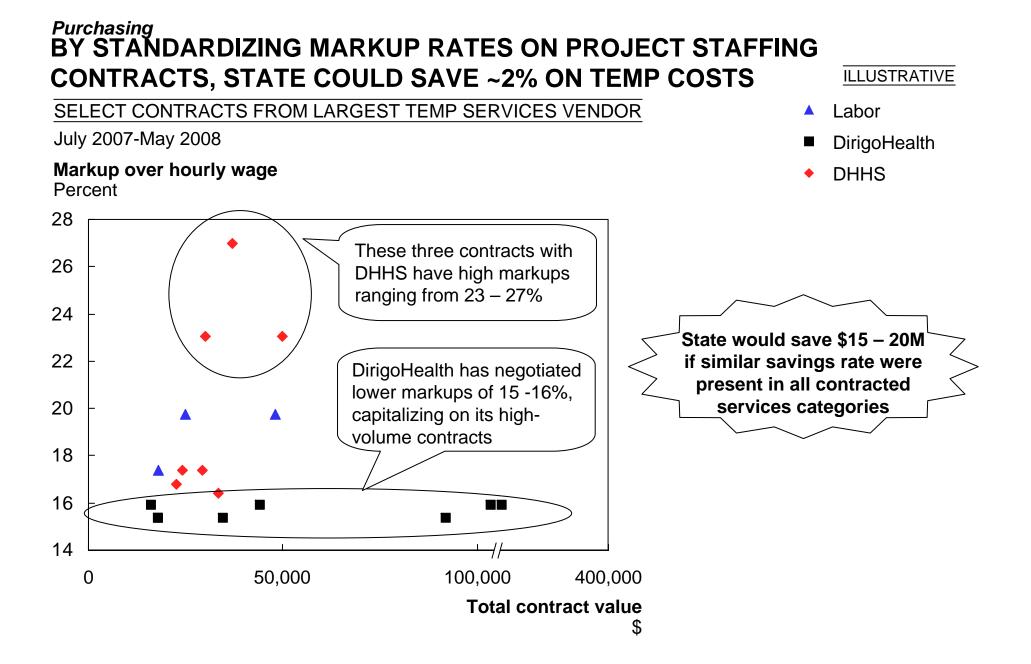


* Savings based on average daily population of 1740 & length of stay of ~120 days; does not include benefits from reducing overcapacity of prisons, including less overtime by guards Source: Maine Department of Corrections, NICIC

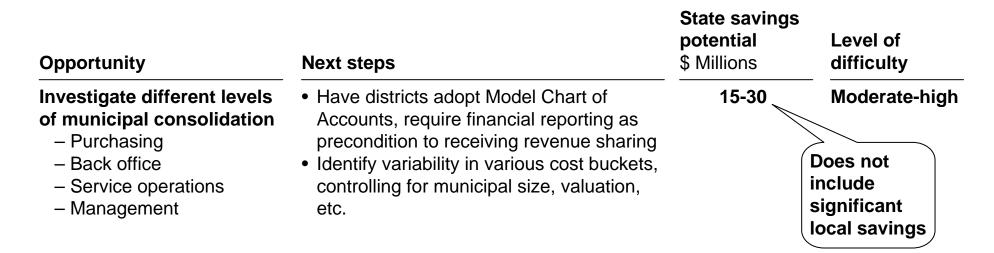
Purchasing POTENTIAL PURCHASING SAVINGS FOR STATE IS ~\$15–30 MILLION ON \$360 MILLION OF ADDRESSABLE SPEND

Opportunity	Next steps
Reduce state-agency purchased cost by	
 Reducing number of vendors 	 Identify services with multiple vendors Put combined volume out to bid, and price according to added volume
 Award standard rates for multi-contract vendors 	 Ensure per-unit rates on contracts with same vendor are consistent (e.g., markup rates on temp services contracts) Secure volume discounts for vendors with whom contract amendments are needed
 Regulating/tracking purchasing card use 	 Improve controls on purchasing with procurement cards when state-awarded contracts already exist
 Consolidating local volume and investigating cross- state purchasing 	 Create system to track volume from local entities using state-negotiated contracts Encourage local governments and school districts to partake in state purchasing Secure discounts based on added volume

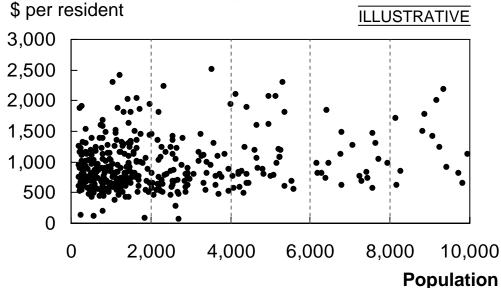
savings



Municipal cooperation/consolidation POTENTIAL SAVINGS OPPORTUNITY FOR STATE FROM MUNICIPAL CONSOLIDATION IS ~\$15 – 30 MILLION



Non-educational spending



 Variability suggests that even without consolidation of services, there are opportunities to reduce municipal costs for districts of all sizes

Municipal cooperation/consolidation SEVERAL MUNICIPALITIES HAVE IMPROVED SERVICE DELIVERY AND SAVED SIGNIFICANTLY BY SHARING SERVICES

Areas of consolidation

- Code enforcement officer
- Assessor
- 9-1-1 dispatch
- "24-7" paramedic coverage
- Financial/accounting systems
- Town council/manager
- Capital equipment purchasing
- Fuel purchasing

Benefits realized

- Quality of services improved
- Several towns saved ~\$400K
- Category savings of up to 50% realized in several areas, e.g.,
 - -Fuel purchasing
 - Equipment
 - Back office functions
 - Emergency response