

## Health Care Reform and Local Health Departments: Benefit or Burden?

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## Overview

- Brief summary of public/population health provisions in PPACA
- Assessment of those provisions
- What's in it for local health departments (LHDs)?
- Challenges and opportunities

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## PPACA: Key Concepts

- Greater federal involvement/role
- Focus on prevention/wellness
- Focus on building the evidence base
- Limited funding for infrastructure, but considerable workforce provisions

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## Summary of the Content

- Universal coverage first dollar coverage for clinical preventive services
- National Prevention Strategy
- Trust Fund – mandatory
  - Community prevention
  - PH workforce
  - PH & prevention research
  - Core PH functions & infrastructure – fuzzy, not explicit

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## Clinical Preventive Services

- Coverage mandated, no cost share
- Medicare coverage (i.e., annual wellness visit, no cost share)
- Evidence based
- Tobacco cessation
- Incentive grants to states (i.e., chronic disease prevention)

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## Prevention/Wellness

- Prevention and Public Health Fund - \$15b over 10 years (not earmarked for LHDs)
- National Preventive Health Promotion and Public Health Council (national strategy)
- Education/outreach (CDC media campaigns)
- Healthy aging
- Employee wellness (grants to employers)

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## Community Transformation Grants

- Competitive CDC grants (state, local, tribal, community-based organizations)
- Evidence based
  - Reduce chronic disease
  - Address disparities, strengthen evidence base
  - School environments
  - Physical/infrastructure (active living, access to safe, nutritious food)
  - Evaluations

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## Public Health Systems

- Workforce recruitment/retention programs
  - Loan repayment
  - Mid-career retraining
- Strengthening PH Surveillance Systems (CDC)
  - Capacity grant program
  - Epi, lab, reporting
- Health disparities data collection
- Home visitation program
  - Early childhood
  - Childhood injury prevention
  - School readiness

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## Role for LHDs After Health Reform: Related Laws

- AARA and HITECH
  - Meaningful use—population health focus
  - Coordinate/integrate clinical and population data
- Requirements for nonprofit hospitals to conduct community health assessments
- CMS Innovation Center

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## Role for LHDs After Health Reform: Winnable Battles

- CDC Director's winnable battles
  - Tobacco
  - Healthy food
  - Motor vehicle injury
  - Teen unplanned pregnancy
  - Health care associated infections
  - HIV

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## Role for LHDs After Health Reform: Need for New Approaches

- Relationship between structure of public health and population health
- What's the core role for governmental public health after PPACA?
  - Shift of some public health services to primary care providers
  - Potential loss of core funding

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## Role for LHDs After Health Reform: Need for New Approaches

- Rethink how HDs are organized
  - Move away from county-based LHDs
  - Reassess current organizational structure
  - Examine range of collaborative shared services and capacities across jurisdictions

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## Role for LHDs After Health Reform: Need for New Approaches

- Measure the value of public health services
  - Focus on evidence base
  - Must demonstrate return on investment
  - Performance measurement
- Public Health entrepreneurship

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## Role for LHDs After Health Reform: Funding Availability

- Prevention and Public Health Fund--\$25b/10 years
  - CDC HIV/AIDS prevention/testing--\$21.6m
  - CDC tobacco prevention/control--\$3.8m
  - Obesity biometrics--\$3.9m

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## Role for LHDs After Health Reform: Funding Availability (cont'd)

- Infrastructure grants (CDC)
  - Epi, lab, HIT systems capacity--\$26m
  - Strengthen public health infrastructure and performance—\$6.8m
- Miscellaneous grants
  - SAMHSA primary care for behavioral health disorders --\$26.2m
  - HRSA obesity--\$45m

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## Themes for Public Health in PPACA: I

- PPACA is about insurance coverage and costs – not population health
  - Title IV – “Prevention of Chronic Disease” comes first – ahead of “Improving Public Health”
  - Cost control re: chronic disease is the driver
  - Prevention and Public Health Fund – “improve health and *contain costs*”
- Increasing federal role in public health

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## Themes for Public Health in PPACA: II

- To change emphasis to population health, must demonstrate savings in time
- Can't sell traditional values PH has focused on
- Measuring economic implications
  - ROI for population or community level interventions (see TFAH Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, 7/08)
  - Program cuts to underperforming programs key to budget argument
  - CBO scoring

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## Themes for Public Health in PPACA: III

- Emphasis on evidence based practice
  - Use of Guide to Clinical Preventive Services
  - Use of Guide to Community Preventive Services
  - Attention to accelerating content development and updating
- Investment in pilots and demonstrations
- Connect to National Prevention Strategy

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## Themes for Public Health in PPACA: IV

- Basically need to ask and answer “does what we do work?”
  - Do we in PH build our programs/interventions accordingly?
  - Implications for measuring/surveillance to know if and/or how something works
  - How rigorous are we?
  - Outcome or process evaluations?

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## Themes for Public Health in PPACA: V

- Can't assume it's “our” money
- Prevention and public health in PPACA does not necessarily translate to support for governmental (state and local) public health
- Distinction between structure of public health and population health
- Prevention and PH Fund not earmarked for governmental PH, but opportunity is there

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## Themes for Public Health in PPACA: VI

- Can't look to federal fund to restore or backfill losses of past few years
  - Not enough and not intended
  - No broad federal funding for core PH infrastructure
  - New work, new approaches
- Competitive environment for Community Transformation Grants

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## Themes for Public Health in PPACA: VI (continued)

- Section 4301 CDC – Research on optimizing the delivery of PH services
  - Strategies for financing, organizing delivery PH services
  - Comparing state and local structures, systems in terms of effectiveness and cost

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## Opportunities and Challenges: I

- Insurance coverage of clinical preventive services and targeted interventions, e.g., smoking cessation
  - To what extent are PH agencies currently providing these – some or all?
  - Is it realistic to assume health care system will be able to pick up and perform?
  - Is this a loss of capacity and services or a new opportunity?
  - Fear of offloading?
  - Are discussions underway with health care system?

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## Opportunities and Challenges: II

- Does PH really have a sense or a vision of what a health department should be when there is a universal (or near universal) access to care?
  - Prevent/rapid response to community health threats
  - Reduce premature death/disability from common and preventable causes
  - Integration of public and personal health into one health system?

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### Opportunities and Challenges: III

- Develop health interventions that serve mainly to protect a population rather than particular individual need
- Population based interventions less likely to be performed by medical or private systems –
  - Lacks insurance incentive in the short term
  - Change after PPACA?

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### Opportunities and Challenges: IV

- Is current PH system aligned with compelling vision?
  - Capacity, structure, financing, etc.
- Resources and expectations in PPACA
  - Incremental vs. disruptive change?
- Need for leading public health organizations to convene conference to develop strategies for post-PPACA world
  - Begin process with structure, direction, expectations, deliverables

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### Opportunities and Challenges: IV (continued)

- Who should/does public health serve?
- Is public health truly about the whole population or primarily focused on disenfranchised, least advantaged?
- How do we see (and hence present) ourselves?
- Controlling the message

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## Conclusion

- Many positive public health/population health provisions in PPACA
- Considerable expansion of funding for prevention
- Lack of funding for infrastructure a serious limitation
- Concern about further marginalization of public health
- Need for public health leadership to address core issues

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