Public Health Transformation

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What Are the Major Trends?

Increased Access

– More than 16 M have gained insurance
– Uninsured 18-64 year olds down from 21% to 13%
– Access up in every state but unevenly
– Obstacles still remain

Meaning for PH: Impact on our work with those 16 M newly insured who were our clients
Non-Elderly Adults with a Preventive Care Visit in Past 12 Mo. by Insurance Status

Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS

Massachusetts Division of Health Care Finance and Policy
Major Trends
Payment Reform Is Widespread

– Movement from fee-for-service to value-based - 50% Medicare by ‘16
– Value-focus may increase focus on prevention and wellness
– Unevenness and pace of change create challenges for providers/plans

Meaning for PH: Possibility of paying for services not previously allowed and wellness
State Innovation Model is a Game Changer

- More than $1 billion to get to 80% value-based – 34 states funded
- Public and private payers working to align measures and incentives
- Population health must be included
- Linked PH-PC system innovation in several states - **PH is needed at the “table”**
Major Trends  
New Clinical Models

– Patient-centered medical homes preferred  
  - 80% in SIM states  

– FQHCs expand locations (1,200) & patient volume (est. 40 M)  

– ACOs – larger entities with vertical integrated care (est. - 300 covering 30 M)  

– New interest in behavioral health  

– **Meaning for PH:** Potential for preventive care; linkage to neighborhood conditions
Examples of Emerging Models

- STD DIS stationed at FQHCs
- School-based health centers with focus on behavioral health and high risk behaviors
- HIT systems that connect clinical providers to community agencies
- Home-based care with reliance on supports – clinical and non-clinical
Major Trends
Public Health Evolution

Recession cuts unrestored – 46K fewer jobs
- 48% locals reduced PH services in 2012
- 29 states decreased PH budgets in 2012

Time of uncertainty & change

Other cuts may come

Attention to linkage with other sectors
What Does This Mean for Public Health?

What are our priorities & core; how should our funding and work evolve?
Focus on the Public Health Pyramid

Factors that Affect Health

- Smallest Impact
  - Counseling & Education
  - Clinical Interventions
  - Long-lasting Protective Interventions
- Largest Impact
  - Changing the Context to make individuals’ default decisions healthy
  - Socioeconomic Factors

Examples
- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol, diabetes
- Immunizations, brief intervention, cessation treatment, colonoscopy
- Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality
Attention to the Foundational Capabilities

Programs/Activities Specific to an HD and/or Community Needs
Most of an HD’s Work is “Above the Line”

Foundational Areas
- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, & Family Health
- Access to and Linkage w/Clinical Care

Foundational Public Health Services
- Assessment (Surveillance, Epidemiology, and Laboratory Capacity)
- All Hazards Preparedness/Response
- Policy Development/Support
- Communications
- Community Partnership Development
- Organizational Competencies (Leadership/Governance; Health Equity, Accountability/Performance Management, QI; IT; HR; Financial Management; Legal)
And what does this mean to the community resident...

- Ms. Fran Edwards at doctor for first physical in 5 years
- 55 years old, smokes, overweight, little exercise
- Asthmatic
- Periodically stops medications due to lack of money
Medical Care Helps
But These Also Affect Her Health

- **Income** - Low income/family of 5
- **Barriers to eating healthy and exercising** - Lives in neighborhood with rising crime rate, few parks; no supermarket
- **Under stress** - 1 child in junior college; high school-age child with substance problem
- **Housing sub-par** – mold and ventilation problems
3 buckets

#1 - Traditional Clinical Approaches

Focused on Preventive care
To Address Her Asthma

- Diagnosis
- Medications
- Periodic visits
- Counseling on behavior change
- Flu shots

**Public Health role:** reducing barriers to care; educational materials
3 buckets

#2 - Innovative Patient-Centered Care

Focused on Preventive care
To Address Her Asthma:
Community Health Workers

- Home visit by CHWs to:
  - Provide additional education and encouragement
  - Assess risk factors in the home
  - Assist in removing risk factors
3 buckets

#3. Community-Wide Health

Focused on Preventive care
To Reduce Prevalence/Symptoms
Focus on Community Factors

• Consider housing code and violations systemically
• Examine other ways to reduce indoor & outdoor pollution
• Assist in widespread integrated pest management
• Adopt policies that reduce smoking
• Support accessible site for physical activity
Approaches That Work On the Community Conditions

• Oregon AHCs
• CDC’s Partnerships to Improve Community Health (PICH)
• BUILD’s grant to community efforts
• RWJ’s Culture of Health approach

Example of Activities funded by a CDC grant:
Boston Public Health Commission
Implement citywide and population-specific strategies to improve the built environment to provide more opportunities for walking and biking safely.
Smoking prevalence among the uninsured changed very little after July 2006, but the MassHealth population saw a sharp and significant decrease from 38% pre-benefit to 28% just 2.5 years later. This decrease began the month the MassHealth benefit was implemented.
Avoid the Dangers to Public Health

With false assumptions
Cutting Public Health May Lead To Reduced Access

Faulty assumptions may be made about what is covered by insurance

- Tobacco prevention and control
- Reproductive care
- Immunizations
- Screenings
Still Need the PH Safety Net

Continuing focus on access gaps
(e.g. MA - 3% uninsured=180,000)

• 30 M still uninsured
• Low-income
• Non-working or working only part-time
• Disproportionally people of color
• Non-citizens
But...Changes Needed in Traditional Roles

- Consider reducing specialized free direct services where appropriate
  - Immunizations
  - STD services
  - Screenings
- Shift social media
- Embrace new data options
Focus on the Non-Health Sectors

• Analyze and address the role of social determinants in affecting health
• Establish partnerships with non-traditional/non-health partners
• Use the National Prevention Strategy as a model
Focus on Key Populations/Health Concerns

- Attentive to health disparities of all types
- Knowledgeable about emerging trends
- Meaningful involvement of those populations inside and out
- Communication attuned to population
Embrace the Changes
Seize the Opportunities

Community Health and Wellness

1. Access to Recreation and Open Space
2. Access to Healthy Foods
3. Access to Medical Services
4. Access to Public Transit and Active Transportation
5. Access to Quality Affordable Housing
6. Access to Economic Opportunity
7. Completeness of Neighborhoods
8. Safe Neighborhoods and Public Spaces
9. Environmental Quality
10. Green and Sustainable Development and Practices