Bridging Health and Health Care
Wednesday, January 7, 2015  12-1pm ET

State and Local Public Health Agency Responses to ACA Implementation

Conference Phone: 877-394-0659
Conference Code: 775 483 8037#
Please remember to mute your computer speakers during the presentation

PHSSR National Coordinating Center at the University of Kentucky College of Public Health
Agenda

Welcome: Angie Carman DrPH, National Coordinating Center

Presenter:

“State and Local Public Health Agency Responses to ACA Implementation”

Michael Meit, MA, MPH, Program Area Director, Public Health Research Department, NORC at the University of Chicago

Commentary:

Paul Jarris, MD, MBA, Executive Director, Association of State and Territorial Health Officials

Uma Ahluwalia, MSW, Director, Montgomery County (Maryland) Department of Health and Human Services

Questions and Discussion

Future Webinars
Presenter

Michael Meit, MA, MPH
Program Area Director, Public Health Research Department
NORC at the University of Chicago

Co-Director
NORC Walsh Center for Rural Health Analysis
State and Local Public Health Agency Responses to Affordable Care Act Implementation

Michael Meit, MA, MPH
• Founded in 1941, NORC is a non-profit public policy and social science research organization affiliated with the University of Chicago.

• Our mission is to conduct high-quality research in the public interest. Our work informs decision-makers about the issues facing society through data collection, analysis, and interpretation.
Past PHSSR Projects

- RWJF Common Ground Evaluation
- NACCHO Operational Definition Evaluation
- Vetting the PHAB Standards and Measures
- PHAB Beta Test Evaluation
- Design of the PHAB Evaluation Plan
- NACCHO Accreditation Preparation Evaluation
- Rural Public Health Financing
- Classification of State PH Systems
- Challenges & Opportunities for Rural PH Agencies Seeking Accreditation
- National Profile of Tribal Public Health Agencies – Analysis and Refinement
- National Public Health Improvement Initiative Case Studies
- An Examination of Public Health Financing in the US
- Access to Rural Public Health Services
- Assessing State and LHD Information Technology Infrastructure
- Assessment of LHD STD Clinic Users
Current PHSSR Projects

• Analysis of Data Methods and Taxonomies Used to Assess the Public Health Workforce
• Practice-Based Preparedness Needs and Research Questions
• Public Health Workforce Interest and Needs Survey Sampling Design
• Initial Evaluation of the Public Health Accreditation Program
• Implications of the ACA on HHS Public Health Programs
• Evaluation of the ASTHO Performance Dashboard Pilot Project
• Monitoring the Impact of the ACA on Public Health Service Programs
• Public Health and Health Reform Policy Research, Synthesis and Translation
Implications of the Affordable Care Act for HHS Public Health Programs
This slide deck and the corresponding report were prepared by NORC, under contract to the Assistant Secretary for Planning and Evaluation (ASPE). The findings and conclusions presented are those of the author(s) and do not necessarily represent the views of ASPE or HHS.
• Assess scope of impact of Affordable Care Act on state and local public health programs.

• Examine how expanded insurance coverage and enhanced benefits may change how individuals seek care and where services are provided.

• Examine potential changes to public health programs as a result of health insurance expansion.
Project Flow

- Framing
  - Provisions that may affect PH
  - Potential issues to explore

Environmental Scan

Convene TAG
- Identify and prioritize issues
- Suggest case study sites

Conduct Case Study
- Explore key issues that may impact state/local PH
  - Five case studies

Analyze Findings
- Conduct qualitative analyses
  - Summarize findings in case study report to present to TAG

Final Report
- Summarize findings across case studies
  - Highlight themes
  - Report findings
Selected States

- Decentralized
- Centralized
- Mixed
- Shared
## Comparison of States

<table>
<thead>
<tr>
<th>State</th>
<th>Governance</th>
<th>Expansion Status (Date)*</th>
<th>Region</th>
<th>Pop. Tertile</th>
<th>Unique Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Centralized</td>
<td>Expanding through waiver (July 2013)</td>
<td>South</td>
<td>Medium</td>
<td>High provision of clinical services</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Mixed</td>
<td>Not expanding (July 2013)</td>
<td>South</td>
<td>Large</td>
<td>High provision of clinical services</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Centralized</td>
<td>Expanding (April 2014)</td>
<td>Southwest</td>
<td>Small</td>
<td>Frontier/rurality, tribal health, border issues</td>
</tr>
<tr>
<td>Maryland</td>
<td>Shared</td>
<td>Expanding (June 2014)</td>
<td>Mid-Atlantic</td>
<td>Medium</td>
<td>Explored LHDs in Western rural counties</td>
</tr>
<tr>
<td>Iowa</td>
<td>Decentralized</td>
<td>Expanding through waiver (June 2014)</td>
<td>Midwest</td>
<td>Medium</td>
<td>99 counties, 101 LHDs, decentralized</td>
</tr>
</tbody>
</table>

*Expansion status at date of site visit. Data from Kaiser Family Foundation, http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/
HHS & State Support for Public Health Programs

- All expressed concerns about ongoing HHS and state support for public health programs, and that policy makers may not view traditional public health services as essential.
- States with higher reliance on state funding may be in better position to sustain programs if federal cuts occur.
- HDs reported that they are already seeing reductions in the numbers of people served in some programs, such as breast and cervical cancer screening and immunization.
Billing for Services

- All are expanding capacity to bill for services, but recognize that some services are not amenable to billing (e.g., contact tracing, surveillance).

- In three states, staff discussed that reimbursement levels are not sufficient to cover HD costs to deliver services.
  - Even when reimbursement is feasible, it is unlikely to be sufficient.

- Billing for services changes how HDs do business.
  - HDs must have billing systems in place, change accounting practice, train public health staff to ask about insurance status, and hire billing staff.
“The Department of Health historically didn’t need to think about generating revenue, but we’re feeling that pressure now as a result of the Affordable Care Act. [We are] thinking about funding being cut in the future…[and with] more people insured, there’s an opportunity and we should be maximizing our billing. It’s changing our mindset – we’re becoming more business oriented.”
Level of Engagement to Increase or Establish Billing

<table>
<thead>
<tr>
<th>Size of Pop. Served</th>
<th>Currently Billing and Plan to Increase Billing</th>
<th>Not Currently Billing but Plan to Establish Billing</th>
<th>Currently Billing but No Plans to Increase Billing</th>
<th>Not Currently Billing and No Plans to Increase Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>All LHDs</td>
<td>77%</td>
<td>4%</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>&lt;50,000</td>
<td>69%</td>
<td>3%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>50,000-499,999</td>
<td>86%</td>
<td>4%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>500,000+</td>
<td>85%</td>
<td>13%</td>
<td></td>
<td>1%</td>
</tr>
</tbody>
</table>

n=555

Source: National Association of County and City Health Officials (NACCHO) 2014 Forces of Change Survey
Percentage of LHDs that Billed Third-Party Payers for Any Clinical Service

- No Insurers (Do Not Bill): 14%
- Public Only (Medicaid and/or Medicare): 21%
- Public and Private (Medicaid and/or Medicare, and Private Insurers): 60%
- Private Only: 4%

n=610

Source: National Association of County and City Health Officials (NACCHO) 2014 Forces of Change Survey
Initial Findings

Future Role for Public Health in Providing Clinical Services

• Even with insurance expansion, HD may need to continue to serve as a provider for some services. Need may vary by insurance status, geography, and privacy concerns (eg, seeking anonymous or confidential STD testing or pregnancy services), among other reasons.

• Insurance coverage does not equate to access to care, which was emphasized particularly by respondents in rural communities.

• There are insufficient numbers of providers in many areas, particularly for Medicaid recipients.

• For rural HDs, some respondents reported that clinical services delivery helps them maintain capacity to support population health activities.
  • Also noted that continued delivery of these services may further expand a rural/urban public health divide.
Secondary Impacts

• Concerns from a number of respondents around how potential budget cuts might negatively impact HDs’ ability to maintain robust workforce to provide sufficient surge capacity and emergency response in the face of an epidemic, disease outbreak, or public health emergency.

Sustainability of Key Public Health Services

• Maintaining public health activities such as immunization, disease surveillance, and screening services is important, as these activities may not be covered by others in the community.

• For some of these services, many providers prefer that the HD provide them, rather than building their own capacity to do so.
Other Opportunities for Public Health Agencies

• Many respondents discussed opportunities and ACA-related resources available for HDs, including contracting with providers/health plans, participation in ACOs, and billing for services.

• HDs report mixed experiences in pursuing ACA opportunities. For example, one LHD noted a challenge partnering with ACOs, where there is a perception that HDs are not accountable and will not assume risk.
  • “While the ACO gives kudos to public health, they will not initiate a contract and there has been no planning on how this will be sustained” beyond grant funding.

• Several states noted that HDs are not well positioned to take advantage of some opportunities. Specifically, HDs provide services to hard-to-reach and high-need populations, so costs will naturally be higher. As a result, it is harder for HDs to compete with other providers and often lose money on programs when they do contract/bill for services.
### Percentage of Local Health Departments that Reduced or Expanded Services, by Program Area

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Reduced Services</th>
<th>Expanded Services</th>
<th>LHDs with Little or No Change</th>
<th>Percentage of LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-Based Primary Prevention</td>
<td>9%</td>
<td>26%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>Immunization</td>
<td>20%</td>
<td>13%</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>Maternal and Child Health Services</td>
<td>14%</td>
<td>14%</td>
<td>73%</td>
<td>73%</td>
</tr>
<tr>
<td>Chronic Disease Screening or Treatment</td>
<td>11%</td>
<td>13%</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>Other Personal Health Services</td>
<td>14%</td>
<td>10%</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>9%</td>
<td>11%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Other Environmental Health</td>
<td>9%</td>
<td>10%</td>
<td>81%</td>
<td>81%</td>
</tr>
<tr>
<td>Food Safety</td>
<td>6%</td>
<td>11%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Communicable Disease Screening or Epidemiology</td>
<td>6%</td>
<td>8%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>Epidemiology and Surveillance</td>
<td>4%</td>
<td>7%</td>
<td>89%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Source: National Association of County and City Health Officials (NACCHO) 2014 Forces of Change Survey

*n ranged from 354 to 620*
• ASPE has provided a second year of funding to conduct an additional 5 case studies.

• Year 2 case studies will be thematically focused, to explore areas identified in Year 1.

• TAG will be consulted to prioritize thematic areas and help identify case study states.

• Possible themes include:
  • Integration of public health & health care
  • Contracting with third party payers
  • Financing key public health functions/foundational capabilities
Thank You!
Commentary

Paul E. Jarris, MD, MBA
Executive Director, Association of State and Territorial Health Officials

Uma S. Ahluwalia, MSW
Director, Montgomery County Department of Health and Human Services, Maryland

Questions and Discussion
Future Webinars – PHSSR Research in Progress

Wednesday, January 14  
12-1pm ET

• *Local Public Health Clinic Retraction and Reproductive Health Services Utilization & Outcomes*

• Nathan Hale, PhD, Arnold School of Public Health, University of South Carolina

Thursday, January 22 (1-2pm ET)
Wednesday, February 4 and 11 (12-1pm ET)
Thursday, February 19 (1-2pm ET)
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