

## *PHSSR Research-In-Progress Series:*

# **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



NORC

*at the* UNIVERSITY *of* CHICAGO

# About NORC at the University of Chicago



- 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



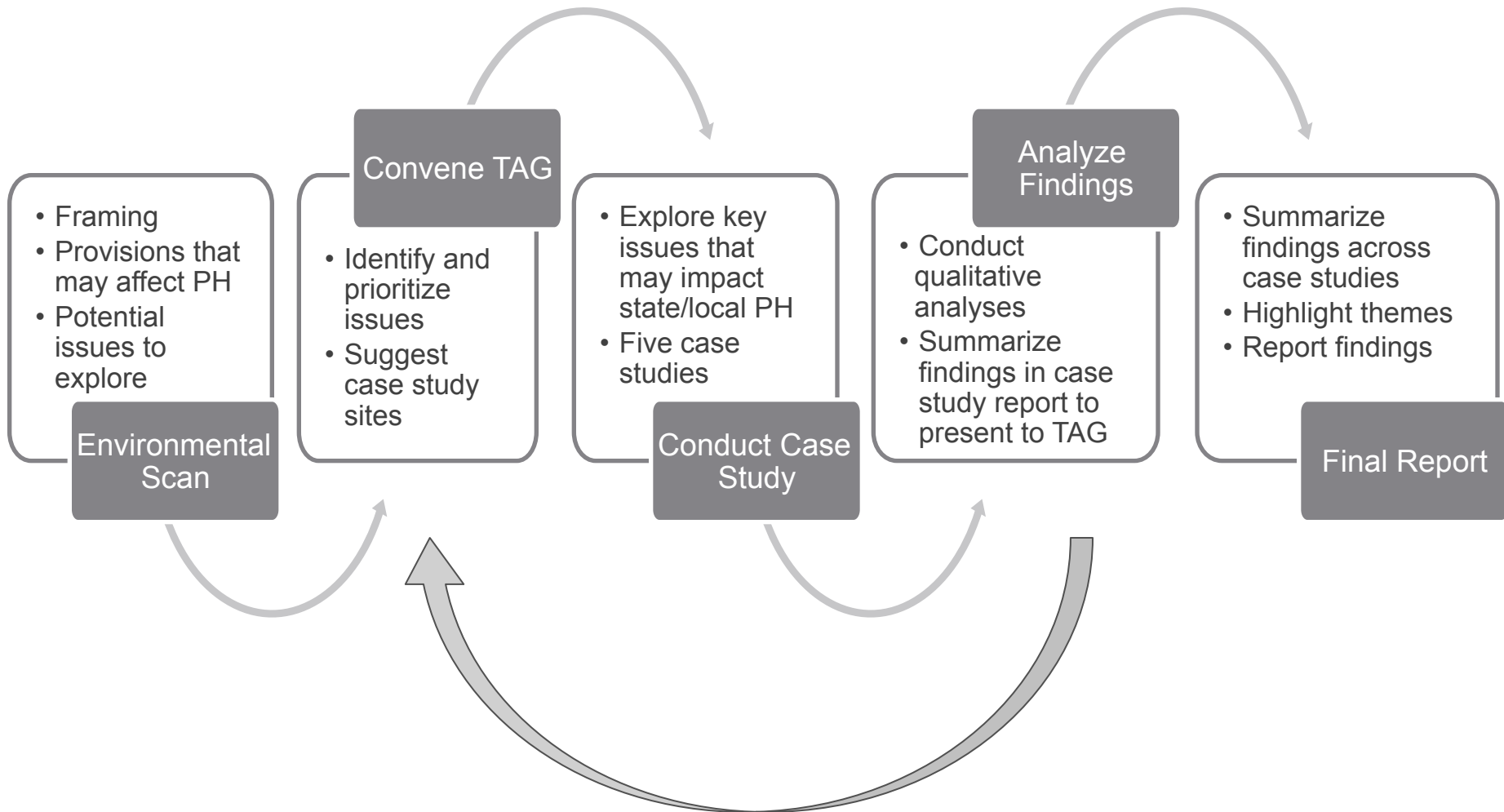


# Disclaimer

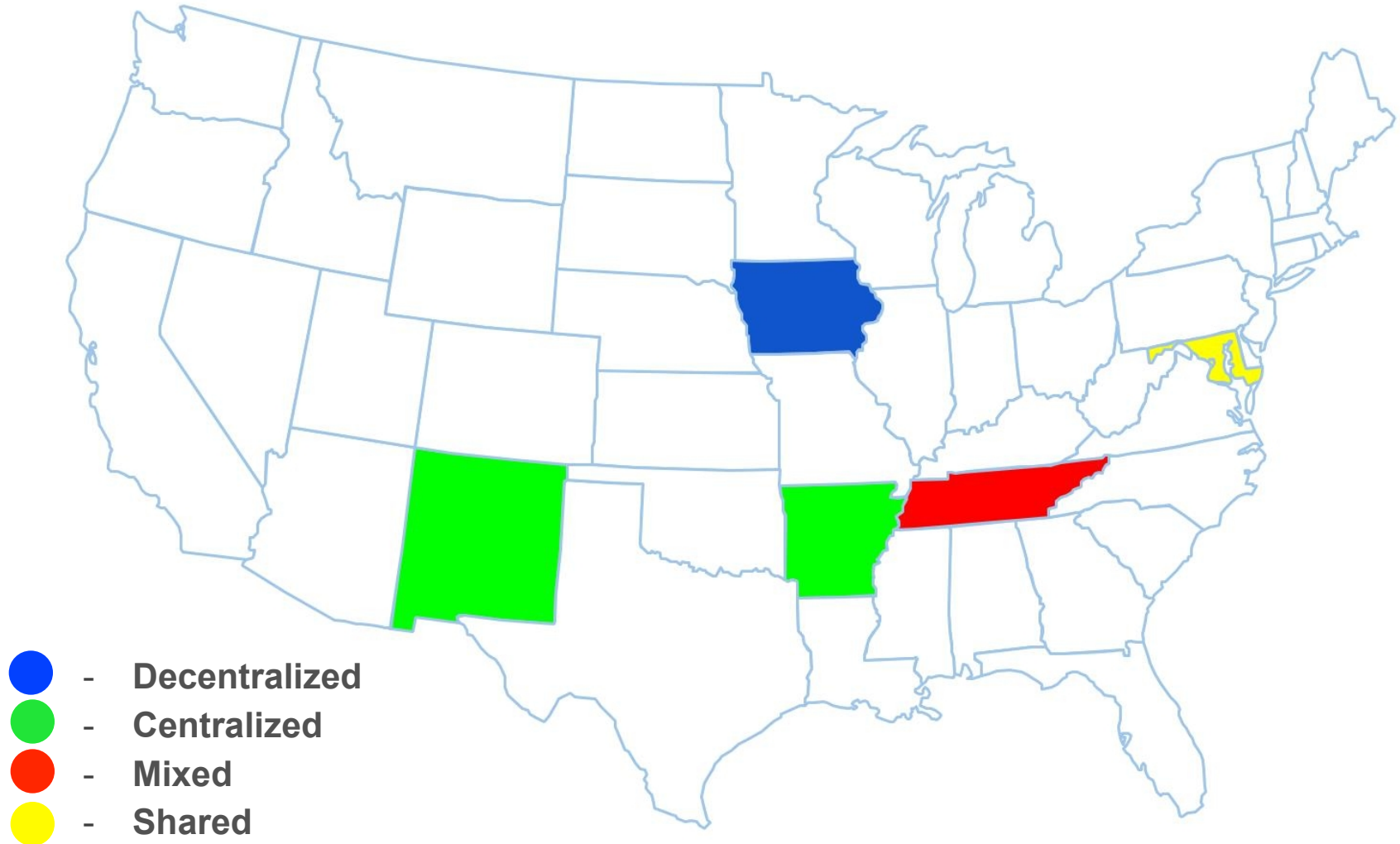
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- Assess scope of impact of Affordable Care Act on state and local public health programs.
- Examine how expanded insurance coverage and enhanced benefits may change how individuals seek care and where services are provided.
- Examine potential changes to public health programs as a result of health insurance expansion.

# Project Flow



# Selected States



# Comparison of States

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

\*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/>

# Initial Case Study Highlights



## 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

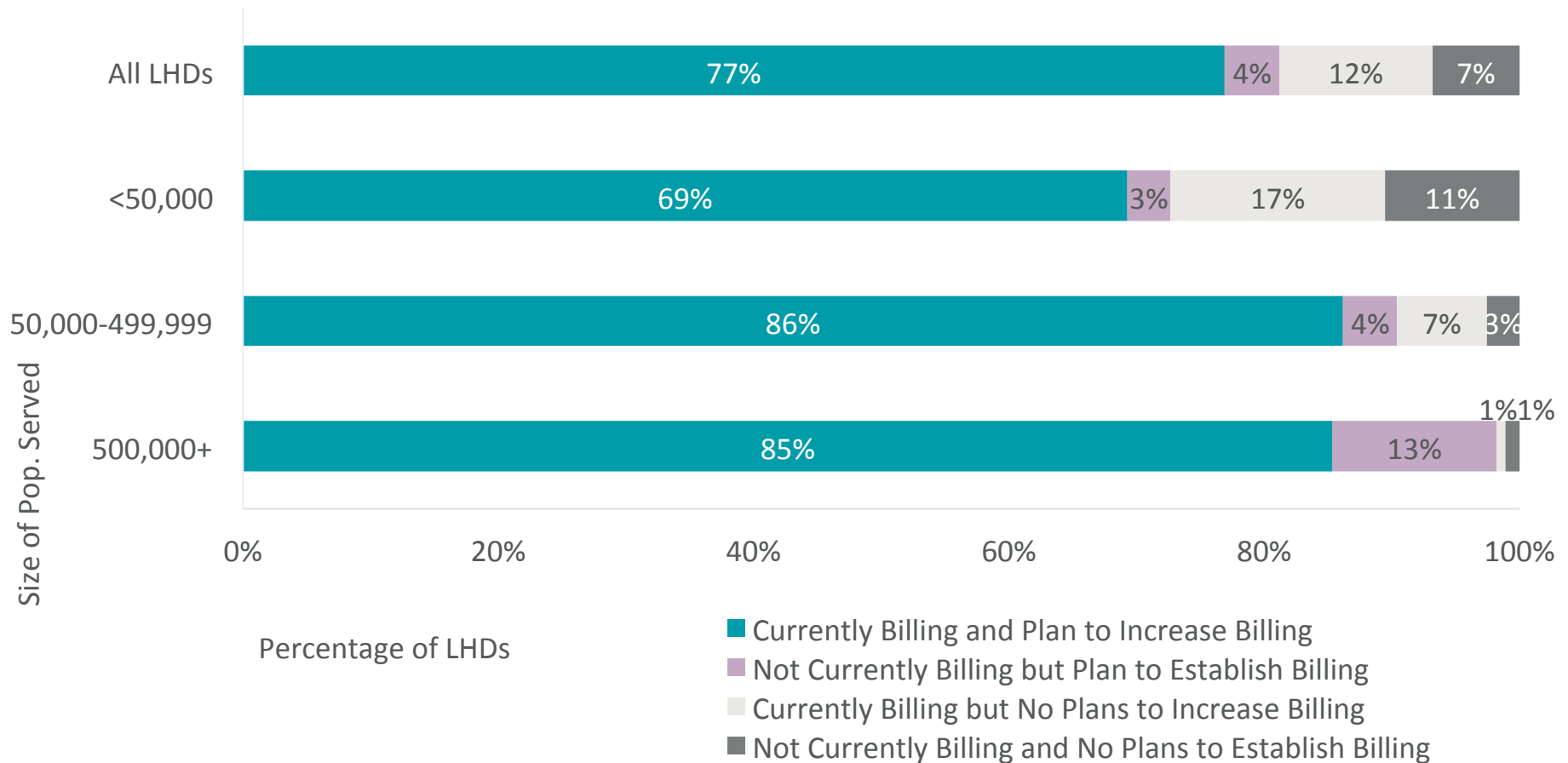
- All are expanding capacity to bill for services, but recognize that some services are not amenable to billing (eg, contact tracing, surveillance).
- In three states, staff discussed that reimbursement levels are not sufficient to cover HD costs to deliver services.
  - Even when reimbursement is feasible, 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.



## Stakeholder Quote

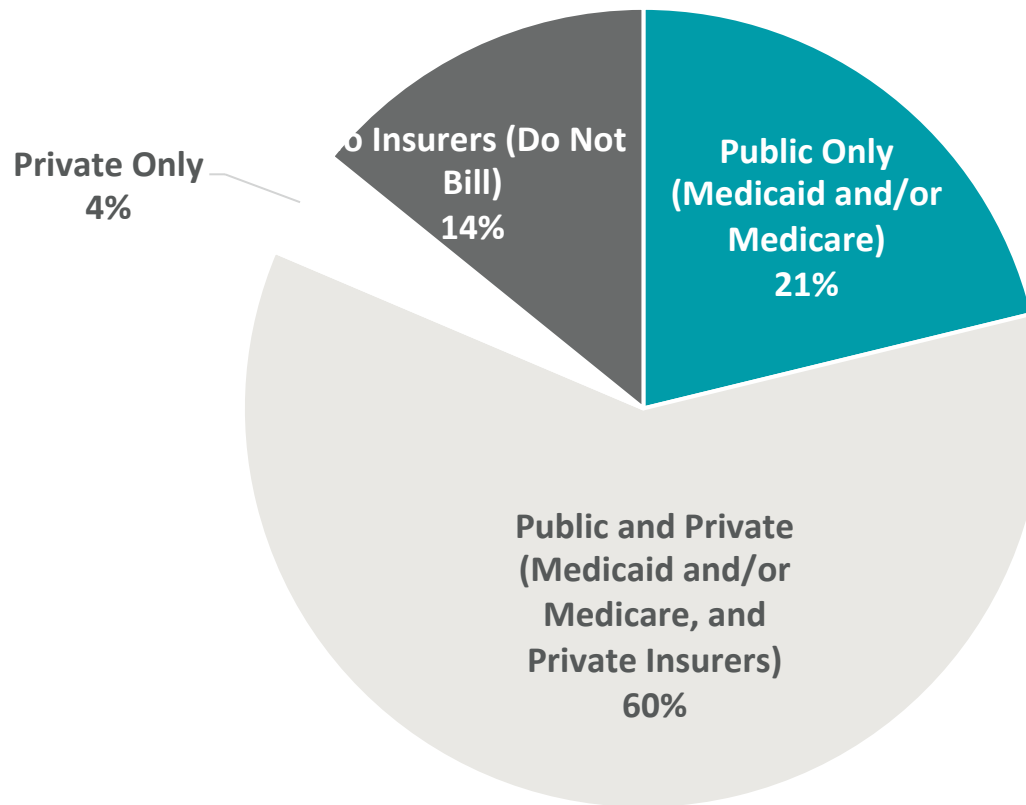
*“The Department of Health historically didn’t need to think about generating revenue, but we’re feeling that pressure now as a result of the Affordable Care Act. [We are] thinking about funding being cut in the future...[and with] more people insured, there’s an opportunity and we should be maximizing our billing. It’s changing our mindset – we’re becoming more business oriented.”*

# Level of Engagement to Increase or Establish Billing



*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



*n=610*

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

## 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.

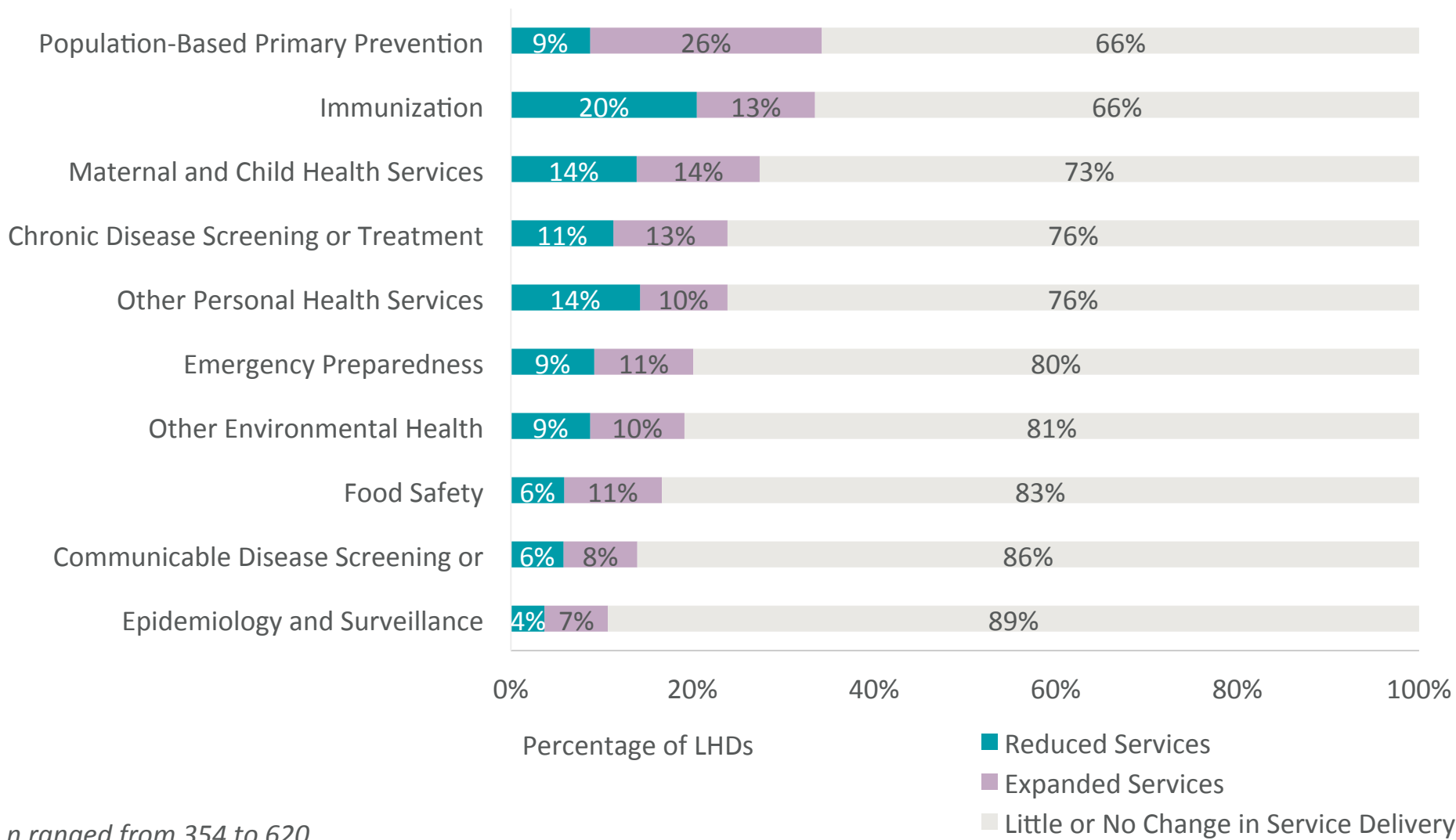
## Sustainability of Key Public Health Services

- 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



*n* ranged from 354 to 620

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

- 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!



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 insight for informed decisions™

# 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)*

# For more information contact:

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