Challenges and Opportunities in Public Health: The Elite Eight

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Office for State, Tribal, Local and Territorial Support (OSTLTS)

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Moving Missouri’s Public Health Forward: Exploring What Works
Columbia, Missouri
Emerging and Evolving Public Health Issues

- Around the world
- Across the nation
- Within the federal government, HHS, CDC, OSTLTS
- Here in Missouri
Challenges and Opportunities for Public Health: The Elite Eight

“The best of anything considered collectively . . .”

“. . . the choice part . . .”
1. Changes in public health bring changes in public health standards. And vice versa.
Changes

- Public Health Accreditation Board (PHAB) Standards
  - Version 1.5
  - Already identifying content/topics for future versions

- New/changing content reflecting changes in public health
  - Informatics
  - Health equity
  - Quality improvement/performance management
  - Public health/healthcare integration

- Closer look at different settings: small/rural, tribes, territories, etc.
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2. Winnable battles are so named because they are winnable.
Leading Causes of Death—US, 2011

Amenable to prevention interventions addressed by Winnable Battles

Years of Potential Life Lost for Selected Causes of Deaths—US

Source: Health, United States, 2011, CDC, NCHS; Crude data for 2008, all persons, before age 75
Key Winnable Public Health Battles

- Preventing these five things can save lives and money
- Tobacco use
- Heart disease
- Healthcare-associated infections
- Prescription drug overdose
- Teen pregnancy
Prevention Status Reports (PSRs)

- Goal: to help advance evidence-based public health policy and practice
- Focus is on solutions—evidence-based and expert-recommended public health policies and practices
- Indicators highlight the status of state-level policies and practices
- Individual reports for all 50 states and the District of Columbia on 10 health topics released January 2014

Projects underway:
- PSR Evaluation
- Development of the 2015 PSRs

www.cdc.gov/psr
The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce 10 important health problems or concerns. Below is a summary of Missouri’s PSR ratings for 2013.

<table>
<thead>
<tr>
<th>PSR Policies and Practices by Topic</th>
<th>2013 PSR Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excessive Alcohol Use</strong></td>
<td></td>
</tr>
<tr>
<td>State beer tax</td>
<td>Red</td>
</tr>
<tr>
<td>State distilled spirits tax</td>
<td>Red</td>
</tr>
<tr>
<td>State wine tax</td>
<td>Red</td>
</tr>
<tr>
<td>Commercial host (dram shop) liability law</td>
<td>Yellow</td>
</tr>
<tr>
<td>Local authority to regulate alcohol outlet density</td>
<td>Yellow</td>
</tr>
<tr>
<td><strong>Food Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Speed of pulsed-field gel electrophoresis (PFGE) testing of reported E. coli O157 cases</td>
<td>Green</td>
</tr>
<tr>
<td>Completeness of PFGE testing of reported Salmonella cases</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Healthcare-Associated Infections (HAIs)</strong></td>
<td></td>
</tr>
<tr>
<td>State health department participation in statewide HA1 prevention efforts</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Heart Disease and Stroke</strong></td>
<td></td>
</tr>
<tr>
<td>Implementation of electronic health records</td>
<td>Yellow</td>
</tr>
<tr>
<td>Pharmacist collaborative drug therapy management policy</td>
<td>Green</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td></td>
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<tr>
<td>State Medicaid reimbursement for routine HIV screening</td>
<td>Green</td>
</tr>
<tr>
<td>State HIV testing laws</td>
<td>Green</td>
</tr>
<tr>
<td>Reporting of CD4 and viral load data to state HIV surveillance program</td>
<td>Green</td>
</tr>
<tr>
<td><strong>Motor Vehicle Injuries</strong></td>
<td></td>
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<tr>
<td>Seat belt law</td>
<td>Red</td>
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<tr>
<td>Child passenger restraint law</td>
<td>Yellow</td>
</tr>
<tr>
<td>Graduated driver licensing system</td>
<td>Red</td>
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<tr>
<td>Ignition interlock law</td>
<td>Yellow</td>
</tr>
<tr>
<td><strong>Nutrition, Physical Activity, and Obesity</strong></td>
<td></td>
</tr>
<tr>
<td>Secondary schools not selling less nutritious foods and beverages</td>
<td>Red</td>
</tr>
<tr>
<td>State nutrition standards policy for foods and beverages sold or provided by state government agencies</td>
<td>Red</td>
</tr>
<tr>
<td>Inclusion of nutrition and physical activity standards in state regulations of licensed childcare facilities</td>
<td>Red</td>
</tr>
<tr>
<td>State physical education time requirement for high school students</td>
<td>Red</td>
</tr>
<tr>
<td>Average birth facility score for breastfeeding support</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Prescription Drug Overdose</strong></td>
<td></td>
</tr>
<tr>
<td>State pain clinic law</td>
<td>Red</td>
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<tr>
<td>Prescription drug monitoring programs following selected best practices</td>
<td>Red</td>
</tr>
<tr>
<td><strong>Teen Pregnancy</strong></td>
<td></td>
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<tr>
<td>Expansion of state Medicaid family planning eligibility</td>
<td>Yellow</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td></td>
</tr>
<tr>
<td>State cigarette excise tax</td>
<td>Red</td>
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<tr>
<td>Comprehensive state smoke-free policy</td>
<td>Red</td>
</tr>
<tr>
<td>Funding for tobacco control</td>
<td>Red</td>
</tr>
</tbody>
</table>
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3. Cross-jurisdictional collaboration can be an opportunity for everyone. But it might not be for everyone.
Cross-Jurisdictional Sharing of Public Health Services

“The deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services”

<table>
<thead>
<tr>
<th>Spectrum of Cross-Jurisdictional Sharing Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Informal and Customary Arrangements</strong></td>
</tr>
<tr>
<td>• “Handshake”</td>
</tr>
<tr>
<td>• MOU</td>
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<tr>
<td>• Information sharing</td>
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<tr>
<td>• Equipment sharing</td>
</tr>
<tr>
<td>• Coordination</td>
</tr>
<tr>
<td><strong>Service-Related Arrangements</strong></td>
</tr>
<tr>
<td>• Service provision agreements</td>
</tr>
<tr>
<td>• Mutual Aid Agreements</td>
</tr>
<tr>
<td>• Purchase of staff time</td>
</tr>
<tr>
<td><strong>Shared Functions with Joint Oversight</strong></td>
</tr>
<tr>
<td>• Joint projects addressing all jurisdictions involved — ongoing or episodic</td>
</tr>
<tr>
<td>• Shared capacity, e.g., epidemiology covering all jurisdictions</td>
</tr>
<tr>
<td>• Inter-local agreements</td>
</tr>
<tr>
<td><strong>Regionalization</strong></td>
</tr>
<tr>
<td>• Creation of a new local public health entity by merging two or more existing local public health agencies</td>
</tr>
<tr>
<td>• Consolidation of one or more local public health agencies into an existing local public health agency</td>
</tr>
</tbody>
</table>

Source: Center for Sharing Public Health Services. [www.phsharing.org](http://www.phsharing.org)
Cross-Jurisdictional Sharing (CJS)

- CDC activities
  - State, Tribal, Local, and Territorial Workgroup recommendations
  - CDC activities and methods to foster sharing of services
  - Collaboration and support of others (i.e., Center for Sharing Public Health Services and Practice-based Research Networks)
  - [www.cdc.gov/stltpublichealth/cjs](http://www.cdc.gov/stltpublichealth/cjs)

- Center for Sharing Public Health Services
  - Robert Wood Johnson Foundation-supported initiative through Kansas Health Institute
  - 16 demonstration sites across 14 states
  - [www.phsharing.org](http://www.phsharing.org)

- Key questions, tools, and stories
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4. Money makes the (public health) world go around. And the world is changing.
Financing Health and Public Health

- Finance questions and exploration of core and foundational services
  - Foundational capabilities and foundational areas framework and costing (RESOLVE)

- Reimbursement and payment reform

- Finance models for community health and prevention
**Foundational Public Health Services – Conceptual Framework (RESOLVE workgroup, updated 12/2014)**

<table>
<thead>
<tr>
<th>Foundational Public Health Services</th>
<th>Communicable Disease Control</th>
<th>Chronic Disease &amp; Injury Prevention</th>
<th>Environmental Public Health</th>
<th>Maternal, Child, &amp; Family Health</th>
<th>Access to and Linkage w/Clinical Care</th>
</tr>
</thead>
</table>

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

**Foundational Areas**

- 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*)
Financing Health and Public Health

- Opportunities and explorations
  - Billing for services
  - Health and wellness funds
  - Social impact bonds
  - Community health needs assessments (CHNAs)
  - Cross-jurisdictional sharing
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5. We’ve all discussed “health in all policies.” But what about “health in all partnerships?”
The Appalachia Prosperity Project (APP)

“A new model for economic development that values innovation, skilled labor, and a healthy workforce over physical infrastructure and commodity production . . . ”

http://approject.org/about.html
6. Health system transformation brings new partners to the table. It is also creating new tables.
Achieving Health Value through the Triple AIM

- **Triple Aim**
  - Achieve better care for patients
  - Improve health for our communities
  - Reduce costs through improvement in our healthcare system

- **Emphasis on population health and payment reform**

- **Center for Medicare and Medicaid Innovation**
  - State Innovation Model Initiative (SIMs)
  - Accountable Care Organizations
  - Patient Centered Medical Homes
Evolution of Health System

Health Delivery System Transformation Critical Path

Episodic Non-Integrated Care
- Lack integrated care networks
- Lack quality and cost performance transparency

Outcome Accountable Care
- Patient or person centered
- Transparent cost and quality performance
- Focus on care management and preventive care

Community Integrated Healthcare
- Healthy population centered
- Integrated networks linked to community resources capable of addressing psycho social/economic needs
- Population-based reimbursement

Source: Neal Halfon, UCLA Center for Healthier Children, Families & Communities
7. In a time of needing to do more with less, it is more important than ever not to “recreate the wheel” and to leverage connections.
Leveraging Connections

- Strategic and concrete links between standards, quality improvement, and programmatic work of public health
  - Crosswalks with PHAB standards—*The Community Guide*, food safety, public health emergency preparedness capabilities, Project Public Health Ready, healthcare-associated infections, immunizations, etc.

- Communications

- Priority community issues and looking for co-benefits

- Leveraging connections between requirements for organizations (e.g., CHNA)
Community Health Needs Assessment

- **Drivers**
  - Tax-exempt hospitals and community benefit requirements for IRS (n>3,000)
  - Federally qualified health centers (n>1,200)
  - Federal grant requirements (e.g., Community Transformation Grant, the National Public Health Improvement Initiative (NPHII))
  - Voluntary public health accreditation through PHAB (n~2,400)
  - State laws or requirements for health departments

- Similar (but not the same) elements and language
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8. We need to always think about the “so what?” questions. Where’s the evidence? What’s the impact? What’s the return on investment?
So What?

- **Strengthening evidence-based practice**
  - Use of evidence-based interventions (e.g., *The Community Guide*).
  - Use of evaluation, performance management and quality improvement to drive improvements and maximize impact.

- **Strengthening practice-based evidence**
  - Peer learning and stories from the field (NPHII, PHQIX, COPPHI).
  - Documentation—publication of practice activities.

- **Invest in strategic decision-making**—cost benefit analysis and return on investment can help!
In Summary . . .

1. Changes in public health and public health standards
2. Winnable battles
3. Cross-jurisdictional collaboration
4. Health and public health financing
5. Partnerships
6. Health system transformation
7. Leveraging connections
8. Value, impact, and return on investment
Reactions? Questions?

Additional points?
Continuing the Conversation

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For more information, please contact CDC’s Office for State, Tribal, Local and Territorial Support

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