

Health Care Reform and Public Health

Peter D. Jacobson, JD, MPH

University of Michigan School of Public Health

President, Public Health Law Association

24 February 2011

Overview

- Brief summary of public/population health provisions in the Affordable Care Act (ACA)
- Assessment of those provisions
- What's in it for local health departments (LHDs) to be covered at the April webinar

ACA: Key Concepts

- Greater federal involvement/role
- Focus on prevention/wellness
- Focus on building the evidence base
- Limited funding for infrastructure, but considerable workforce provisions
- Some desirable provisions, but not systematic

Prevention/Wellness: I

- Universal coverage first dollar coverage for clinical preventive services
- National Prevention Strategy
- Creating Healthier Communities
 - Flexible grant program
 - Community prevention initiatives
 - Reduce chronic disease
 - Reduce health disparities

Prevention/Wellness: II

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

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)

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

Community Health Assessments

- Nonprofit hospitals must conduct at least once every three years
- Develop and implement plan to meet identified needs
 - Evaluate and explain why needs not being met
- Integration of population health and medical care

Public Health Systems

- Workforce recruitment/retention programs
 - Loan repayment
 - Mid-career retraining
 - Public health sciences track within U.S. Public Health Service
- Strengthening PH Surveillance Systems (CDC)
 - Capacity grant program
 - Epi, lab, reporting
- Limited attention/resources to public health infrastructure

Public Health Systems

- Nutrition labeling
- Health disparities data collection
- Home visitation program
 - Early childhood
 - Childhood injury prevention
 - School readiness

Related Laws

- AARA and HITECH
 - Meaningful use—population health focus
 - Coordinate/integrate clinical and population data
- CMS Innovation Center

Funding Availability: I

- Prevention and Public Health Fund
 - CDC HIV/AIDS prevention/testing--\$21.6m
 - CDC tobacco prevention/control--\$3.8m
 - Obesity biometrics--\$3.9m
- Concern for diversion of funds

Funding Availability: II

- 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

Need for New Approaches: I

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

Need for New Approaches: II

- 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

Themes for Public Health in ACA: I

- ACA's emphasis is insurance coverage and costs, with population health subordinate
 - 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

Themes for Public Health in ACA: II

- 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

Themes for Public Health in ACA: III

- ACA creates demonstration programs
 - Research funds for evidence-based programs
 - Requires robust evaluation
 - Focus on translation

Limitations of ACA

- Funding is not secure
 - Categorical and time-limited
 - Sources of funding not specified
- Limited infrastructure improvements—does little to change current system
- Public Health Investment Fund deleted
- Not a systematic public health approach/vision
- Shift to federal involvement

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