

Variations in Levels of Clinical Service Delivery at State Health Agencies

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State Health Agencies and Clinical Service Delivery

- Why examine state health agencies?
 - Role of agencies in promoting and protecting the health of their citizens
 - Range of factors that can impact levels of service delivery, including changes in budgets, political priorities, and emerging issues
- Why examine levels of clinical service delivery?
 - Anticipated changes in clinical service delivery as result of the Affordable Care Act and expanded insurance coverage

Research Objective

- Assess variations in levels of service delivery for select clinical services at state health agencies by governance classification, region, and size of population served using data from the 2015 ASTHO Forces of Change survey

Data Set and Source

■ ASTHO Forces of Change Survey

- Fielded in February-March 2015 to all 50 states, District of Columbia, US territories and freely-associated states
- Monitors changes in budget, workforce, billing capacity, and other issues at member agencies

■ Overall response rate: 81%

■ Response rate among US states and DC: 88%

■ Survey item: if agency had provided a given service in the past year, and whether the agency had reduced, expanded, or experienced little or no change in delivery of the service

Analyses

- Analyzed data from 45 state respondents
- Select clinical services assessed:
 - Immunizations
 - Public health hospitals and clinics
 - Family planning
 - Oral health
- Analyzed by:
 - Governance classification (ASTHO governance classifications)
 - Region (combined HHS regions)
 - Size of population served (2012 Census population estimates)

Results: Performance of Services, 2014

Service	Number of Respondents Performing Service	Percentage of Respondents Performing Service
Immunization	40	89%
Family Planning	38	84%
Oral Health	37	82%
Public Health Hospitals and Clinics	25	56%

Results: Overall Changes in Levels of Service Delivery, 2014

	Reduction in service	Little or no change	Expansion of service
Immunization	12.5%	70%	17.5%
Family Planning	10.5%	81.6%	7.9%
Oral Health	2.7%	67.6%	29.7%
Public Health Hospitals and Clinics	20%	76%	4%

Results

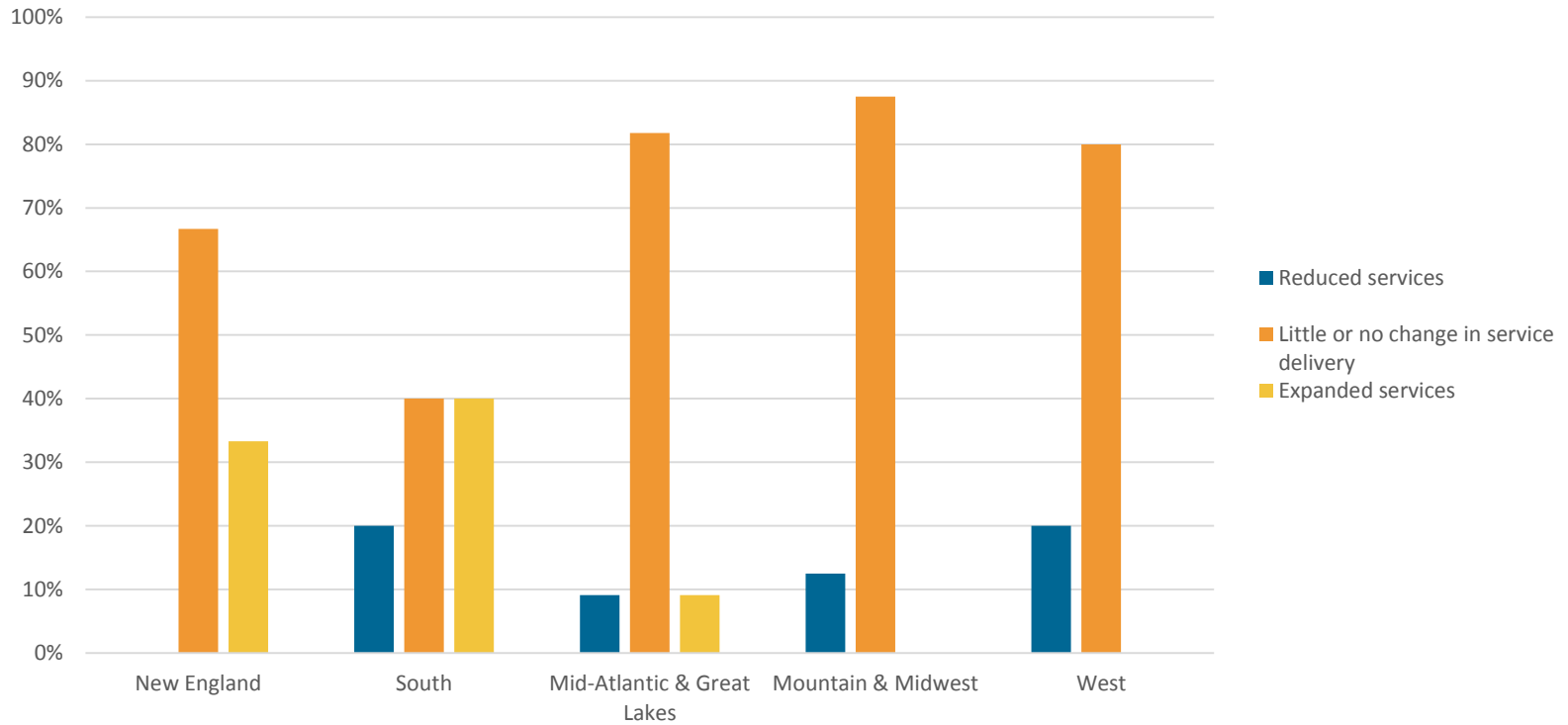
- Majority of respondents saw little or no change in level of service delivery for all four select clinical services in 2014
- Slight variations among types of services
 - The service for which the greatest proportion of states indicated that services had been expanded in the past year was oral health services (nearly 30% of respondents)
 - The service for which the greatest proportion of states indicated that services had been reduced was for public health hospitals and clinics (20% of respondents)
- Variations by region, size of population served, and governance classification

Results: By Region

- States in New England were more likely to expand delivery across the four clinical services
- States in the South were more likely to reduce delivery across the four clinical services
- All regions with the exception of New England experienced a reduction in delivery of immunization services
- The only reduction in delivery of oral health services was in the Midwest/Mid-Atlantic region

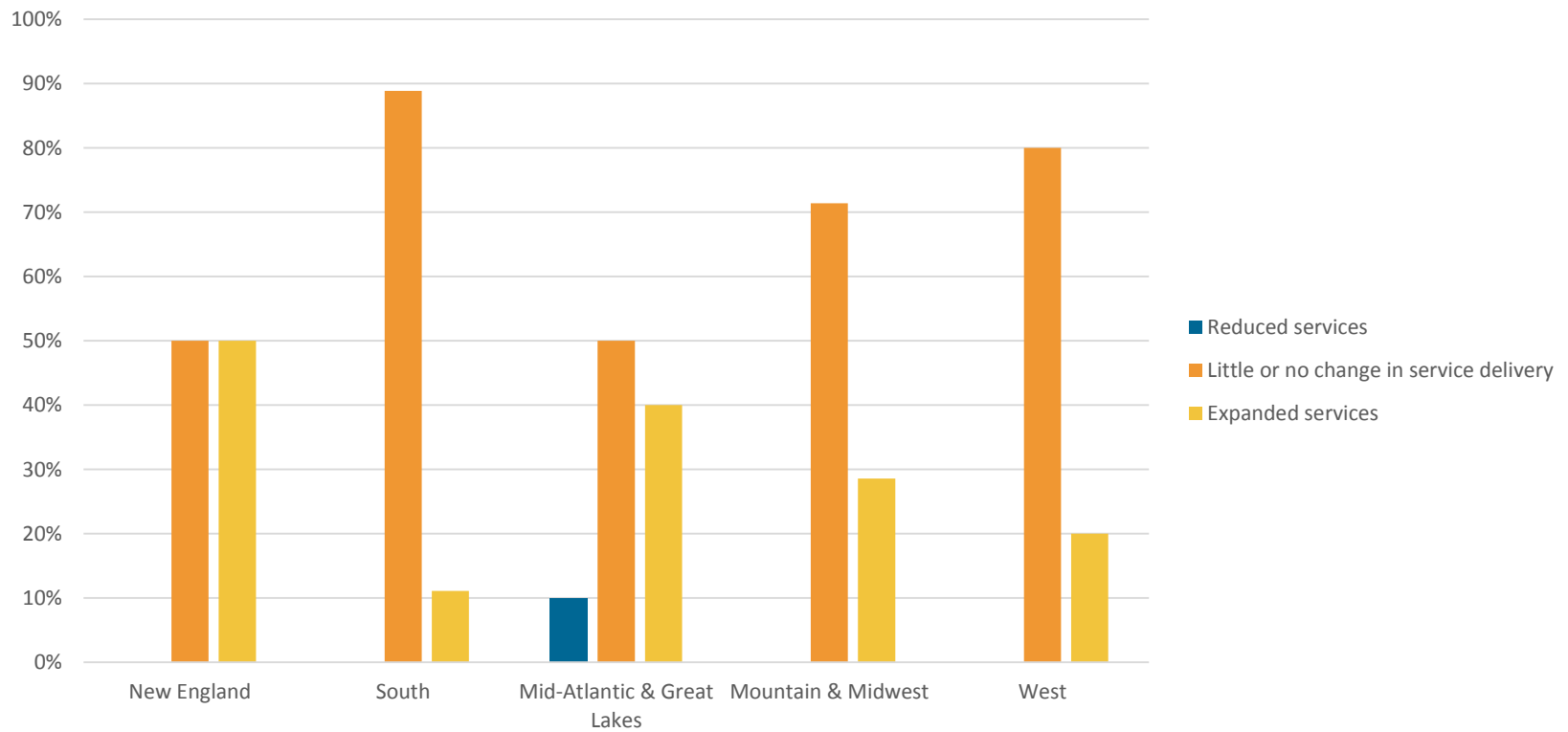
Results: By Region

Change in Levels of Service Delivery: Immunization



Results: By Region

Change in Levels of Service Delivery: Oral Health

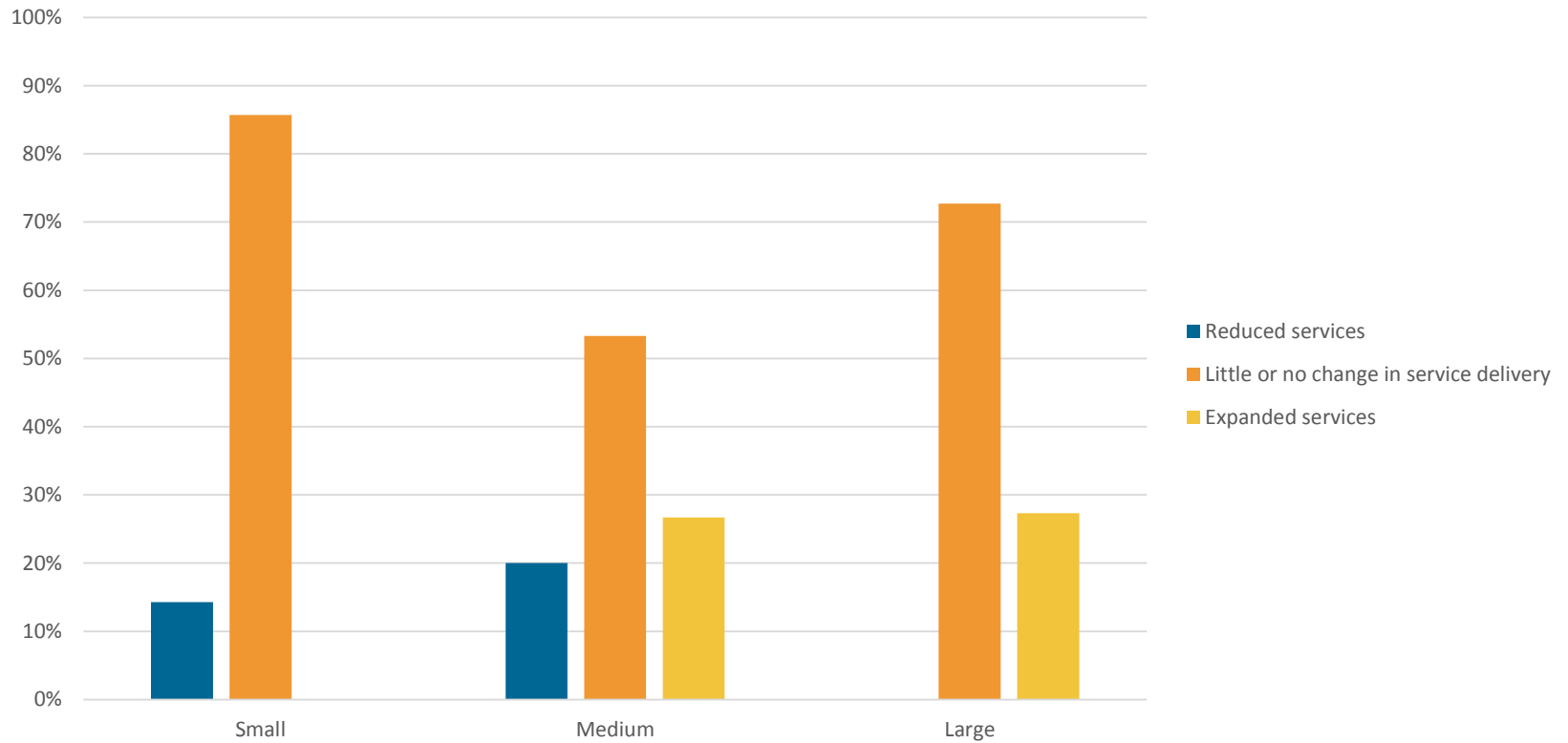


Results: By Size of Population Served

- Majority of states serving a large population generally experienced little or no change in service delivery for select clinical services
- Nearly half of small states reported expanding oral health services (46%)
- Greatest variability by population size was for immunization services

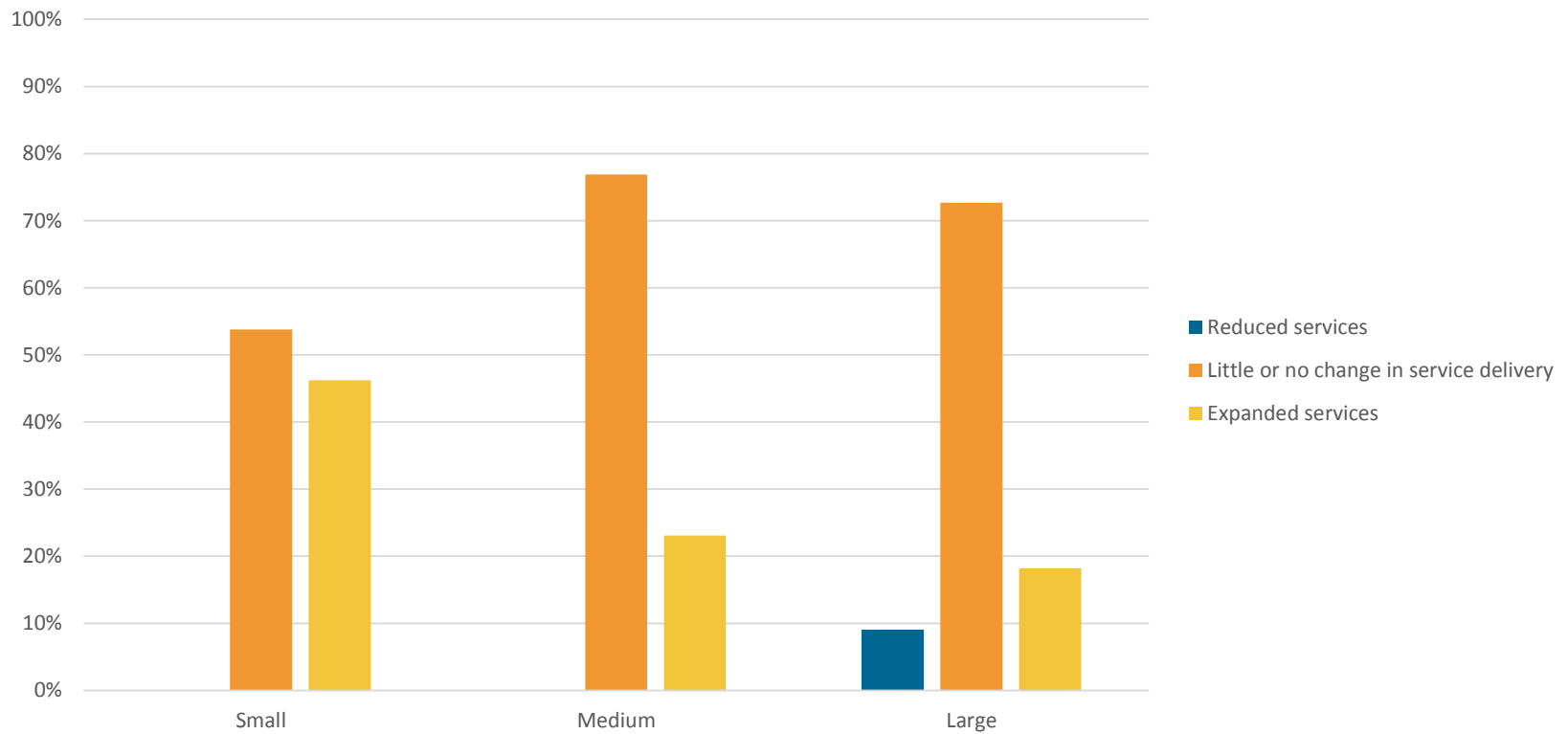
Results: Size of Population Served

Change in Levels of Service Delivery: Immunization



Results: Size of Population Served

Change in Levels of Service Delivery: Oral Health

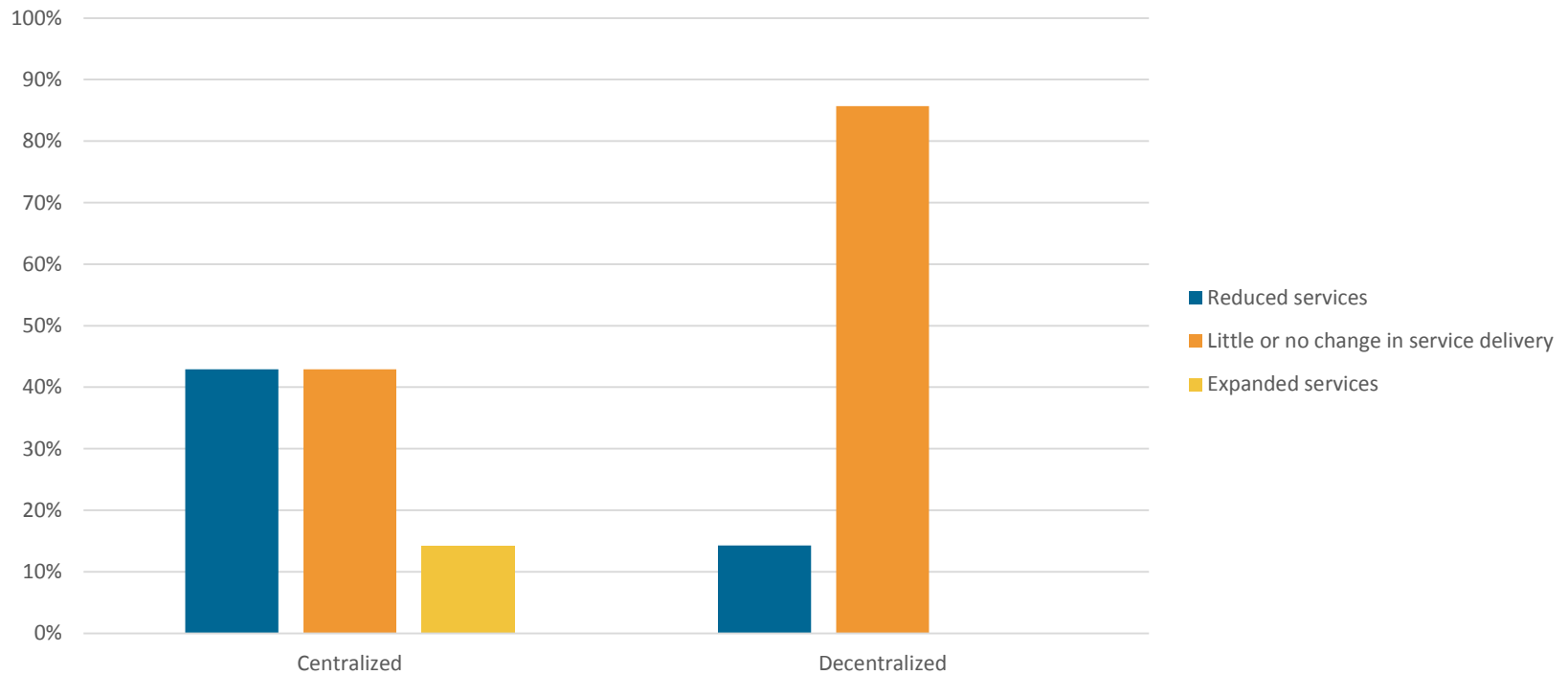


Results: By Governance Classification

- Largest difference by governance classification was for public health hospitals and clinics, with a greater percentage of centralized states reported decreasing services
- Clinical service with the greatest change was oral health services for both governance classifications

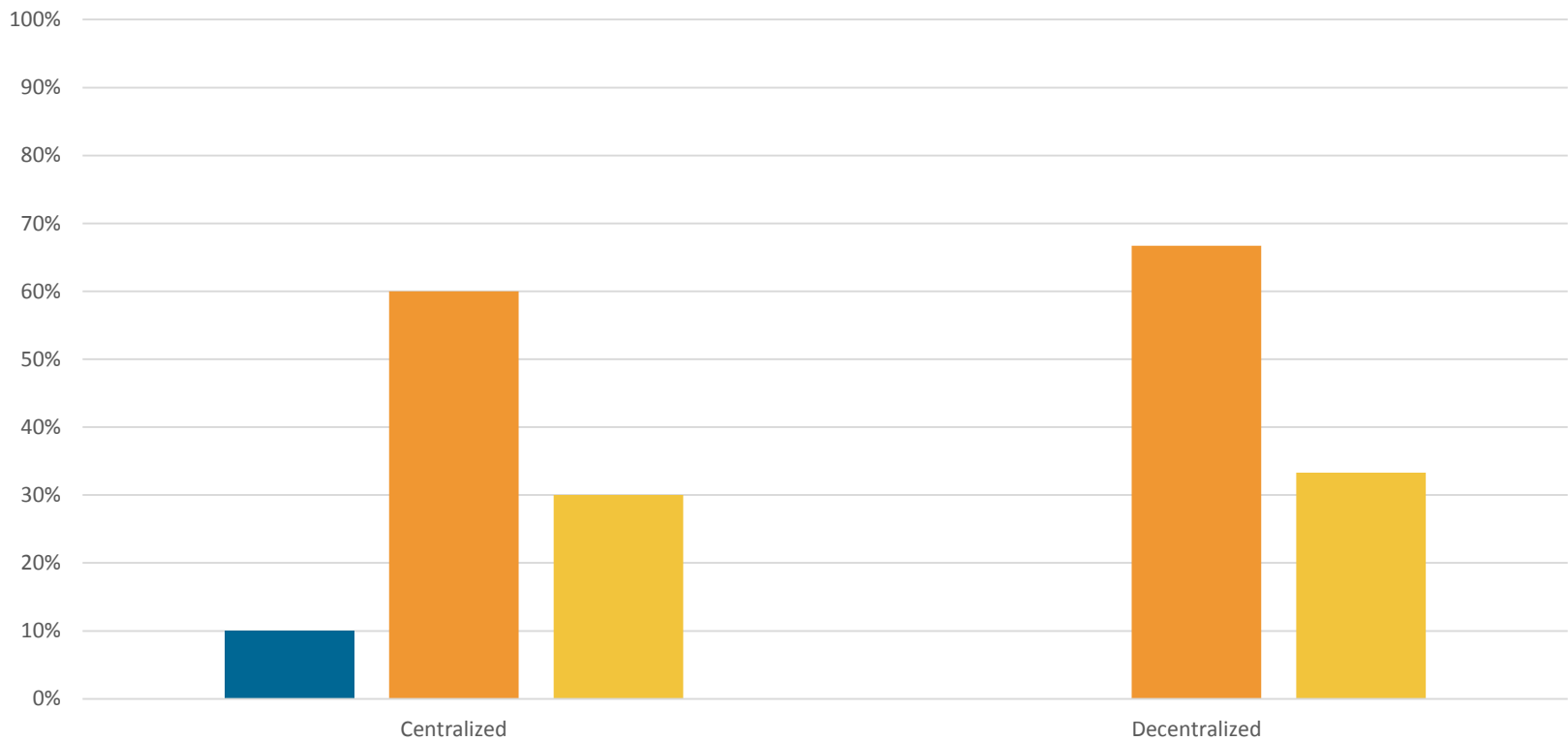
Results: By Governance Classification

Changes in Levels of Service Delivery: Public Health Hospitals and Clinics



Results: By Governance Classification

Changes in Levels of Service Delivery: Oral Health



Limitations

- Does not capture nuances of changes in levels of clinical service delivery
- Does not capture variations of activities within a given service category
- Not a complete picture of all 50 states
- Cross-sectional data

Conclusions

- No major changes in the levels of service delivery for select clinical services reported during 2014
- Most notable changes are the expansion of oral health services and reduction of public health hospital and clinics
- Variations exist by region, size of population served, and governance classification

Implications for Practice and Policy

- Differences by clinical service and by region may point to changing roles of state health agencies in providing clinical services
- Provides important baseline data to assess future changes in levels of clinical service delivery
- Further research on existing variations in levels of service delivery, and the potential for a longitudinal assessment of the variations may be completed

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