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NACCHO
National Association of County & City Health Officials

ACA and uncertainty in big city health departments

Presentation at Keeneland, 2014

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The Big Cities Health Coalition is funded by the de Beaumont Foundation and the Robert Wood Johnson Foundation

The de Beaumont Foundation

- The de Beaumont Foundation believes that a strong public health system is essential.
- Founded by Pierre S. de Beaumont, the Foundation works to transform the practice of public health through strategic and engaged grantmaking.
- Programs funded by the Foundation build the capacity and stature of the public health workforce, improve public health infrastructure, and advance the distribution and relevancy of information and data in the field.

Overview for today's talk

- Define the Big Cities Health Coalition and its importance to Public Health
- Characterize the perceived impact of ACA on large, urban health departments
- Discuss implications of the ACA for Public Health practice

Big Cities Health Coalition

- Centered on large, urban health departments
- Eighteen member health departments

Atlanta	Denver	Philadelphia
Baltimore	Detroit	Phoenix
Boston	Houston	San Francisco
Chicago	Los Angeles	San Jose
Cleveland	Miami	Seattle
Dallas	New York	Washington, DC

Background – BCHC Members

- Serve 42 million residents
- Employ 27,000+ FTEs in total
  - 18 LHDs are comparable in size in aggregate to the 1,545 LHDs serving less than 50,000 residents (2013 NACCHO)

Background - ACA

- ACA comparable to Medicaid/Medicare insurance reforms almost five decades ago
  - Fewer uninsured, but will it bend the cost curve?
- What is the role of governmental public health departments?

Background - ACA

- Incentives to provide clinical care in Public Health setting may change
  - More private providers ->less clinical care provided by PH?
  - Revenue/reimbursement - > more clinical care provided by PH?
  - Persisting unmet need -> more clinical care provided by PH?

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Background - ACA

- Tension especially acute in large, urban LHDs
- What do public health practitioners anticipate regarding ACA impact?

Methods

- Mixed methods project
  - 45 interviews 16/18 BCHC health departments
  - Brief web-based survey on ACA completed by LHOs
- Purposive selection of respondents by position type
  - Local health official
  - Policy deputy
  - Chief Science Officer/Chief Medical Officer
- Qualitative data were transcribed and verified
  - Data were thematically coded by two researchers
- Survey data were analyzed for descriptive statistics
- Integration of data occurred during analysis

Anticipated impact of ACA

- Many LHOs feel majority of services will be unaffected
- Respondents generally expect big city LHDs to provide more population-oriented services
- Some disagreement persists on provision of clinical services

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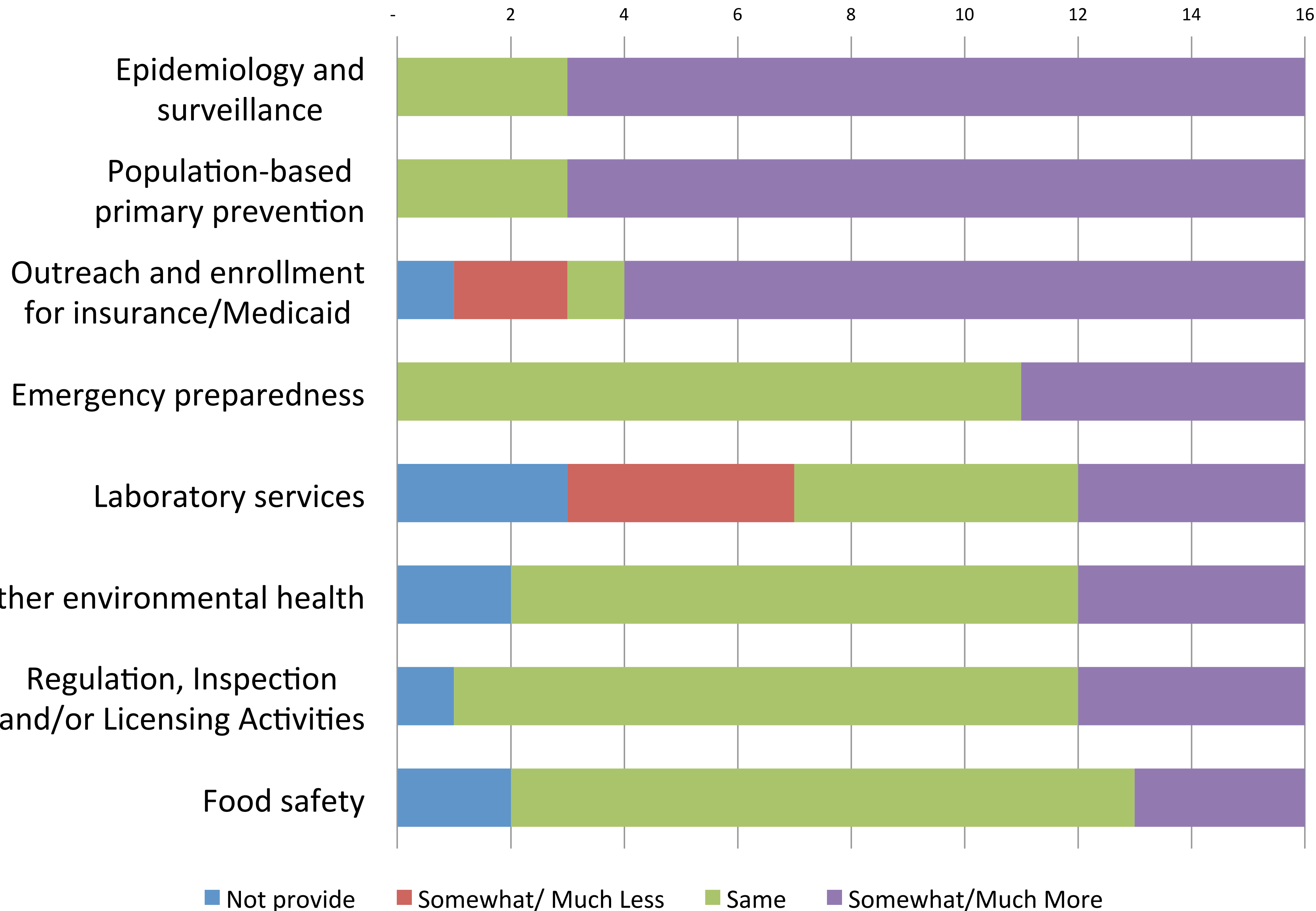
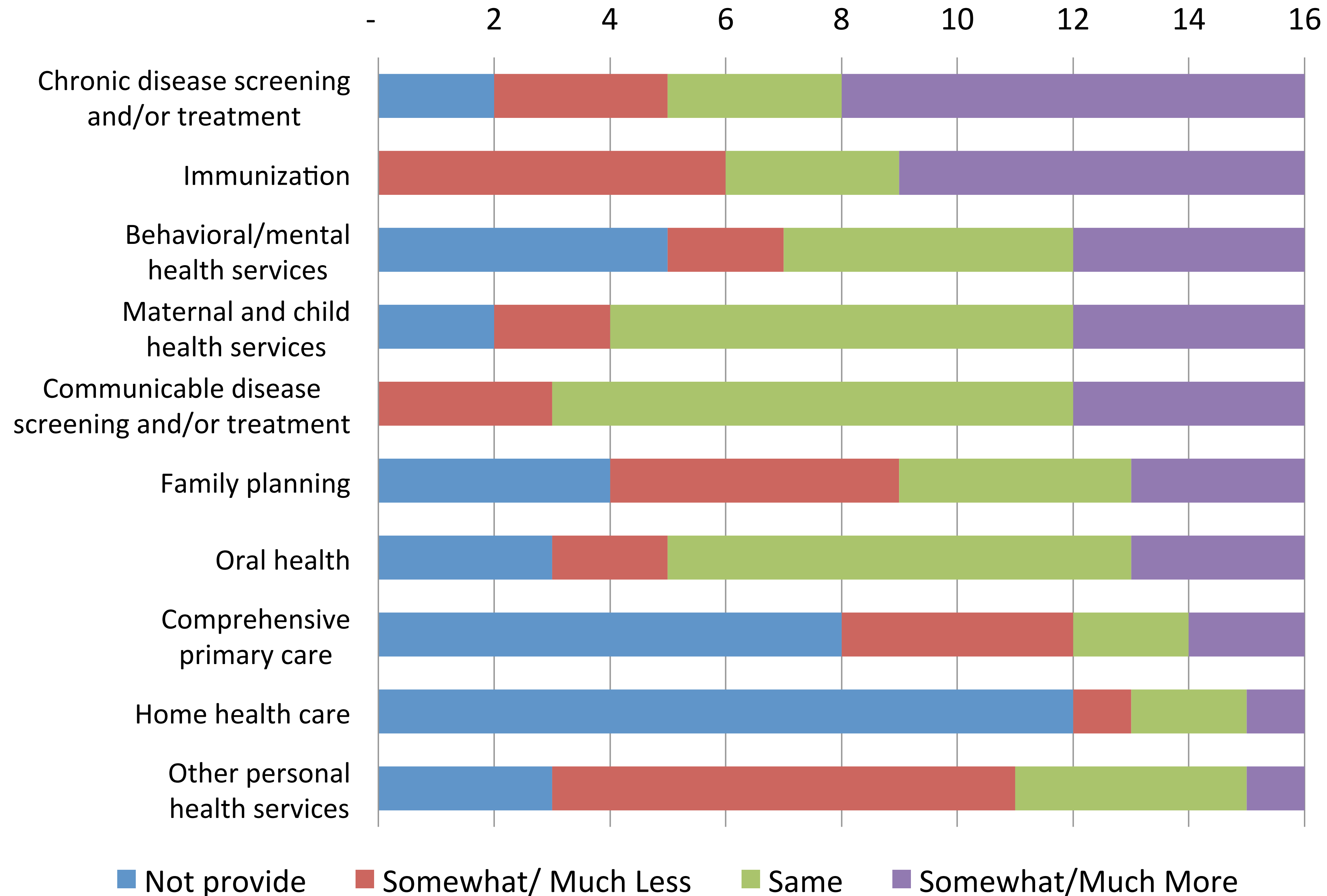
Provision of programs/services post ACA (n=16)





Provision of programs/ser vices post ACA (n=16)
-
2
4
6
8
10
12
14
16
Chronic disease screening and/or treatment
Immunization
Behavioral/mental health services
Maternal and child health services
Communicable disease screening and/or treatment
Family planning
Oral health
Comprehensive primary care
Home health care
Other personal health services
Not provide
Somewhat/ Much Less
Same
Somewhat/Much More

Potential Service Changes

- Surveillance/Epi
  - Pressure to do more population-level and less clinical care
    - PH needed for data analysis
- STD Clinics
  - What if patients don't want to go to PCP or private providers for some services?
- Vaccinations
  - Harder to assure

Potential Downsides

- Additional barriers to those seeking care
- Confusion about roles
- Less funding for clinical services (e.g. screening, immunization)
- Perceived that public health no longer needed
- Timing - Possibility of traditional funding being cut too fast
- Will lose funding

“Policymakers may think—and I can already see their minds rolling on this—‘Well, we need less of public health because we have ACA…So we really don't need to fund public health.’ ”

Opportunities in ACA

- Collaborative work with ACOs
- Frees LHDs to focus more on core public health
- Helps with getting greater insurance coverage
- Increased integration of healthcare and social services
- Increased public awareness of LHD

“I'm going to say ACA is actually helping me—hopefully, potentially—spin off programs that I don't necessarily think I should be in the business of doing.”

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“We're working hard on making our direct service areas be increasingly self-sufficient from revenue…So, for example in our sexual health clinic we’ll go from—I don't remember the exact figures—but something like 15% being covered by Medicaid to … ideally 65% or 70% of persons coming to that clinic being covered by either Medicaid or the exchange.”

Discussion

- Leaders of BCHC LHDs generally agree that ACA will drive them to do more population-oriented services
- Disagreement about ACA's impact on clinical care
  - Will LHDs end up competing with local private providers?
  - How will LHDs address persisting unmet need for clinical services?
- ACA provides opportunity to PH to define its role as a convener, analyst, and regulator

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Questions? Thoughts?

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