

# The Role of Public Health in Health Reform

Jeffrey Levi, PhD

Advancing Public Health in Georgia Webinar

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# Overview

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- Where we stand on health reform: consensus on key public health related provisions
- If reform is about health, not just insurance, then prevention and public health are central
- If public health is to live up to the expectations created of it in the health reform debate, then it needs to transform itself

# Despite the noise, there is lots in common

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- Universality through an individual mandate
- Medicaid expansion and premium subsidies
- Regulate underwriting practices
- Small market changes (exchanges)
- Medical home/disease management
- Quality
- Prevention and wellness

# What's in dispute is negotiable

- Size of subsidies
- Financing mechanism
  - Inside or outside the health system?
  - How to limit gold-plated plans?
- Cost containment mechanism
- How to foster competition
  - Public option vs. strong regulation, private OPM-run non-profit
- Penalties for not having insurance

# Scenarios

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- House passes the Senate bill
- House passes the Senate bill and changes are made through the budget reconciliation process
- A new bill is passed through budget reconciliation
- A new “pared-down” bill is passed through the normal legislative process
  - In any of these scenarios, the key public health provisions should survive

# What's already in place

- American Recovery and Reinvestment Act
  - Health Information Technology
    - Crucial opportunity for public health
  - Comparative effectiveness research
    - Define in terms of conventional treatment comparisons or broad spectrum of interventions
  - Community prevention and wellness grants
    - \$650 million targeting smoking, physical activity, nutrition and obesity – emphasis on structure and policy change

# Consensus in public health community on key elements

- Universal coverage, including first \$ coverage of clinical preventive services
- National Prevention Strategy
- Reliable funding stream through creation of a Trust Fund (mandatory appropriation) to support:
  - Core public health functions
  - Community prevention
  - Public health workforce
  - Public health and prevention research

# House and Senate Bills (1)

	House	Senate
1 <sup>st</sup> \$ coverage of preventive services	Yes	Yes
National Prevention Strategy	Yes	Yes
Trust Fund	Yes	Yes

# House and Senate Bills (2)

	House	Senate
Core public health functions	Yes	Not explicit
Community prevention	Yes	Yes
Public health workforce	Yes	Yes
Public health and prevention research	Yes	Yes

# Real money through mandatory appropriations

- Senate Prevention and Public Health Investment Fund: \$15 billion over 10 years (permanent authorization at \$2 billion a year)
  - Supports new and existing prevention and public health programs, including Community Transformation Grants
  - Separate fund for Community Health Centers (5 years)
- House Prevention and Wellness Trust: \$15.4 billion over 5 years
  - Community Prevention rises to \$1.6 billion in 2014
  - Core public health rises to \$1.265 billion in 2014
  - Research rises to \$300 million in 2014
- Both bills also support investment in US Preventive Services Task Force and Community Guide

# True community-based prevention

- Senate Community Transformation Grants
  - Requires detailed plan for policy, environmental, programmatic and infrastructure changes to promote healthy living and reduce disparities
    - Create healthier school environments, including healthy food options, physical activity opportunities, promotion of healthy lifestyles
    - Develop and promote programs targeting increased access to nutrition, physical activity, smoking cessation and safety
    - Highlight healthy options at restaurants and food venues

# Community prevention (2)

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- Community-Based Prevention and Wellness Services
  - Evidence-based community prevention and wellness services in priority areas identified by the Secretary in the national prevention strategy
  - Health Empowerment Zones – targeting interventions where multiple issues are at stake

# Health Disparities

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- Data collection and analysis
- Cultural competency requirements
- Workforce training
  - Mostly in the context of the health care delivery system
- Focus of national strategy
- Purpose of health empowerment zones

# How did prevention become so important?

- Framed in the context of chronic diseases
  - Chronic care costs are the drivers of increases in premiums (and costs to the public programs)
  - Most are driven by smoking and obesity – and these require non-clinical interventions
- Where do infectious diseases fit in?
  - Will they be a priority in the National Prevention Strategy?

# With money comes expectations...

- Health reform has been about assuring a minimum level of health insurance coverage
- Investment in public health implies a set of expectations about how the population's health will be protected and improved
  - Core \$ not meant to fill gaps – but to assure that a minimum capacity for public health is available to all Americans regardless of where they live
  - Accountability will be tied to outcomes, not just structure or process

# Public health is more than governmental public health

- Community prevention grants make government public health the convener – building coalitions, advocating for new policies and structures
  - Implementation may depend on a broad range of players
- Increased emphasis on Community Guide and US Preventive Services Task Force
  - Key role for non-governmental experts and constituencies in determining the agenda of the Task Forces through advisory panels (House bill)

# Public Health and the Health Care System

- Health Information Technology
  - Opportunity to rethink how surveillance is done
  - Opportunity to expedite analysis of large sets of outcome data
  - Opportunity for public health to use its surveillance and epidemiology expertise to hold the reformed system accountable
- Coverage of key preventive services
  - Mandated coverage of all USPSTF A and B recommendations
  - Mandated coverage of all ACIP immunizations
    - What does this mean for direct delivery of care by public health agencies?
    - Where is the best place to deliver this care?

# Does the public health workforce need different or enhanced skills?

- Major investment in public health workforce
  - House bill has programs/investment in public health workforce *separate from* the health care workforce
  - How do we make government public health attractive to young people?
  - How do we provide skills to the existing workforce that reflects the new responsibilities under health reform?
    - Building coalitions for community prevention
    - Advocating for policy and structural change
    - Convening across government agencies
    - Using new data available through HIT to better define and improve the health of communities

# If health reform is about health...

- Focus on building healthier communities
  - To prevent disease
  - Create a social and structural environment that makes clinical prevention and disease management more successful
- Greater funding creates higher expectations of success and new levels of accountability

# Plan C

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- The health reform debate has resulted in a deeper understanding of the value of community prevention and core public health capacity in improving the nation's health
  - We need to reassess current prevention programs to assure they meet the standards set in the proposed legislation
  - We need to think about how existing infrastructures can be more targeted – especially as the system reforms itself even in the absence of national legislation
    - State level reform; HIT

# For further information

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- [www.healthyamericans.org/health-reform](http://www.healthyamericans.org/health-reform)
- [jlevi@tfah.org](mailto:jlevi@tfah.org)