

The Role of Public Health in Health Reform

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Overview

- Where we stand on health reform: there is more common ground than the media would lead you to believe
- 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

- ❑ 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
 - Coops vs. public plan
- Penalties for not having insurance

What's already in place

- American Recovery and Reinvestment Act
 - Health Information Technology
 - Crucial opportunity for public health
 - Cost 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
 - Where would infectious diseases fit in?

Key prevention and public health components of health reform

- 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 HELP
1 st \$ coverage of preventive services	Yes	Yes
National Prevention Strategy	Yes	Yes
Trust Fund	Yes	Yes

House and Senate Bills (2)

	House	Senate HELP
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

- Senate Prevention and Public Health Investment Fund: \$10 billion
 - Supports new and existing prevention and public health programs, including Community Transformation Grants
- House Prevention and Wellness Trust
 - 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
 - Tied to funding of Community Health Centers (rises to \$4 billion in 2014)
- Both bills also support investment in US Preventive Services Task Force and Community Guide

True community-based prevention

- Senate HELP Community Transformation Grants
 - Requires detailed plan for policy, environmental, programmatic and infrastructure changes to promote health 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)

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

Finance Committee Bill

- Incentives for Healthy Lifestyles
 - Medicare and Medicaid Demonstrations
- First dollar coverage of clinical preventive services
- Annual wellness visit and personalized prevention plan, which may include referral to community-based resources

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

Challenge: Making HIT work for STDs

- HIT should not be another layer built on existing surveillance system
- How does infectious disease surveillance need to change in a world of electronic health records?
 - Engage in development process
 - Opportunity to be more analytic

Challenge: Who delivers STI services?

- As we move to universal coverage, what is the delivery role of health departments?
 - Reimbursement now for USPSTF A and B recommendations
 - Do health departments move from delivery to quality assurance? What does that mean?

Challenge: What would you do with funding for core functions

- Do we do more of the same – just bigger and better, or do we take on new functions and new roles given a change health care delivery system?
 - Quality assurance support
 - Workforce capacity to use HIT more creatively
 - Other innovations?

Challenge: Redefining community prevention to include STIs

- Identify-test-treat syndrome
 - A biomedical model assures repeat business
 - This model brought us the HIV epidemic
 - Growing temptation to “treat” our way out of the HIV epidemic
- Community prevention means address social, structural, and norms impediments to healthy behaviors
 - Prevent HIV and STIs among MSMs by building LGBT community centers?

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