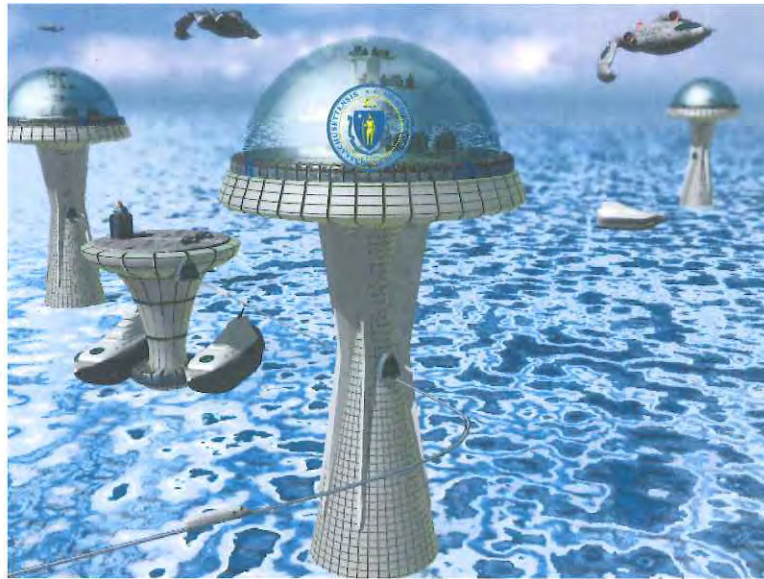




The Public Health Department of the Future



2012 Regional Health Dialogues

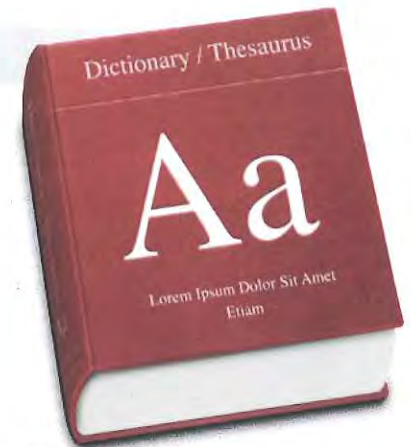
*Commissioner John Auerbach
Massachusetts Department of Public Health*

Our Goals



- Clarify public health's role in the changing health care environment
- Define and assure that we are meeting priority needs
- Advocate proactively for core programs and services
- Make best possible use of tax payer dollars

Need to Redefine the Role of Public Health



- Health Care Reform has increased access to care
- Payment reform will bring changes to what's covered
- Budget cuts at state/ federal levels have reduced public health capacity
- New funding offers new opportunities, e.g., the ACA's Prevention/Public Health Fund

Health Care Reform has improved access to care in Massachusetts

- 98% of population insured
- 91% of residents report they have a personal health care provider
- 80% reported a routine check-up in 2010
- 81% reported a dentist visit

HEALTH REFORM IN MASSACHUSETTS: ASSESSING THE RESULTS

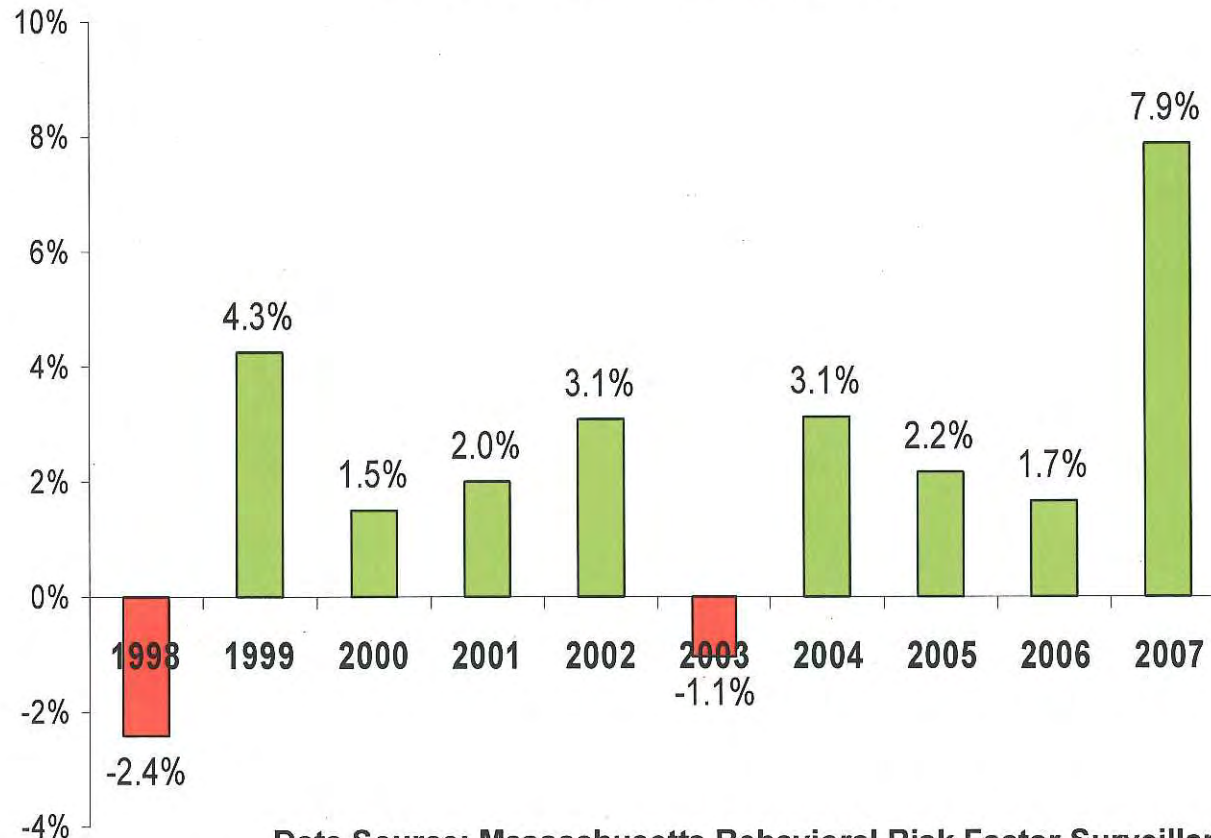
Comprehensive chart pack displaying the findings of recent surveys and other efforts to monitor the impact of the 2006 Massachusetts health reform law. Designed to support use of the charts in slide presentations.

PERCENT UNINSURED, 2004 - 2010, ALL AGES



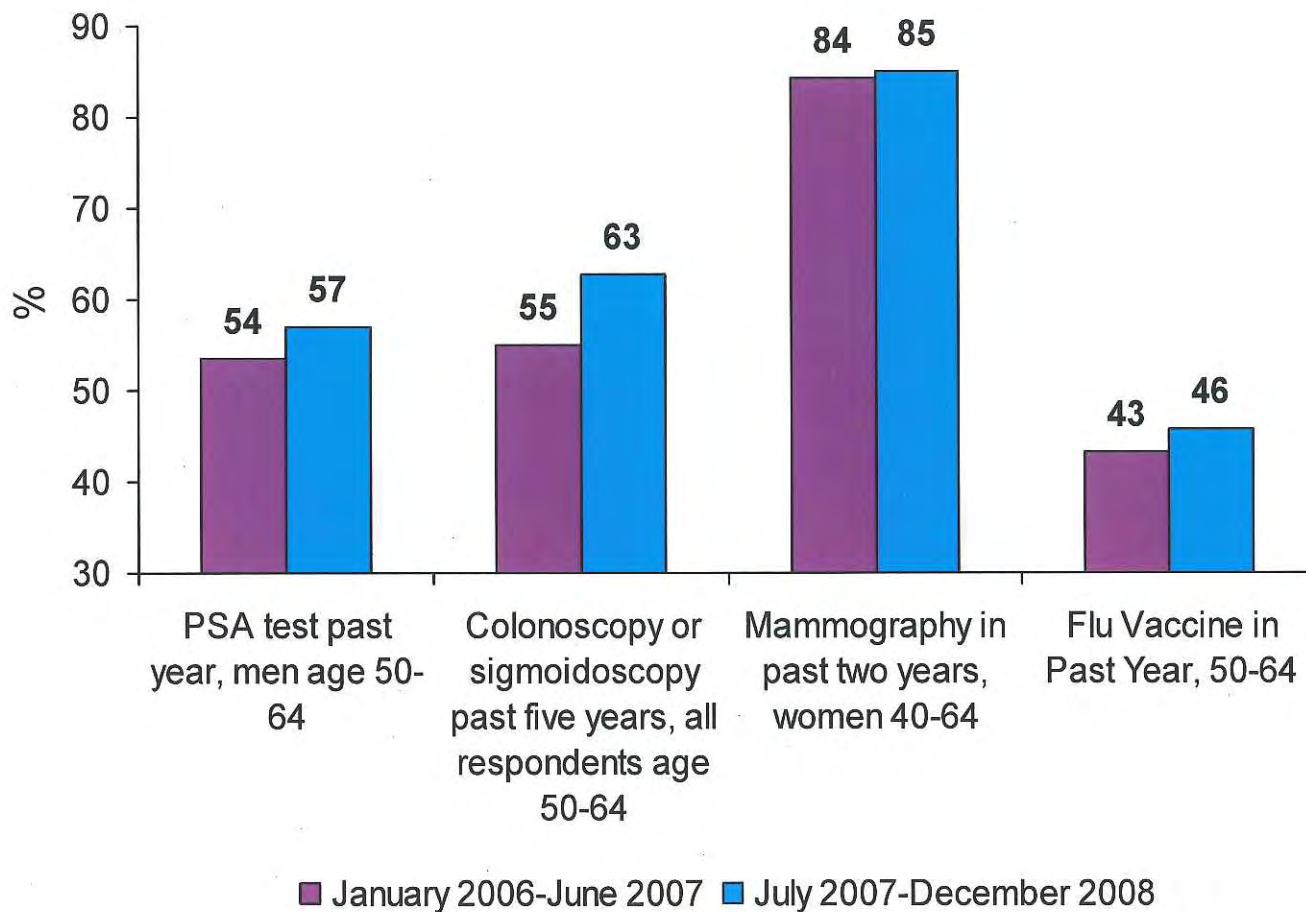
Increased access to preventive services = improved health outcomes

Percent Drop in Smoking Prevalence
Massachusetts, 1998 - 2007



Data Source: Massachusetts Behavioral Risk Factor Surveillance System

Improved screening and vaccine rates reflect new priorities in health system





Governor's FY13 budget reflects commitment to public health

- Economic recovery underway, but challenges remain
- Cuts to DPH are \$3.2M or 1% lower than FY13 maintenance: best budget in years
- Governor preserved full maintenance level funding in half our accounts; some increases
- Need to manage reductions to minimize impact on direct services and preserve critical priorities and infrastructure

Federal cuts eroding public health

- CDC's budget was cut 11% (\$740 million) from fiscal 2010 to 2011: lowest level since 2003
- Congress approved \$6 billion cut over 10 years in Prevention & Public Health Fund to help pay for payroll tax cut extension and Medicare "doc fix"



Recent federal budget cuts to states (in addition to end of ARRA)

- HIV/AIDS
- Adult Flu & Other Vaccines
- Prevention Block Grant
- Substance Abuse Services
- Emergency Preparedness
- Childhood Lead Poisoning
- TB Control



Prevention & Public Health Fund: *Good News*

- Created under ACA: \$15 billion investment in new prevention programs over 10 years
- Community Transformation Grants
- Childhood Obesity Demonstration Grants
- National Public Health Improvement Initiative
 - State infrastructure & community prevention priorities
 - Performance improvement and QI
 - Accreditation readiness



Massachusetts is national laboratory for health care reform

- 2006 state health care reform expanded access
- Focus now on quality and cost containment
- Increasing attention to value of prevention for saving health care costs



Governor Patrick's Proposal

- Contain growth of health care costs
- Improve health care services & quality
- Form Integrated Care Organizations (ICOs)
 - Also known as Accountable Care Orgs. (ACOs)
- Reform payment methods
- Ensure transparency
- Promote equity



Payment Reform: 3 areas where prevention occurs

1. Clinical preventive measures



2. Community health



3. Combined clinical and community prevention (“gray zone”)



The “Gray Zone” – clinical & community mix

- Community health workers
- Public health nurses
- Community-based clinical group services, e.g., chronic disease self-mgt; smoking cessation groups



Community Health (via Payment Reform)

- Opportunities in Standard Quality Measure Set
- Requirements for ACOs
- Creation of special prevention fund

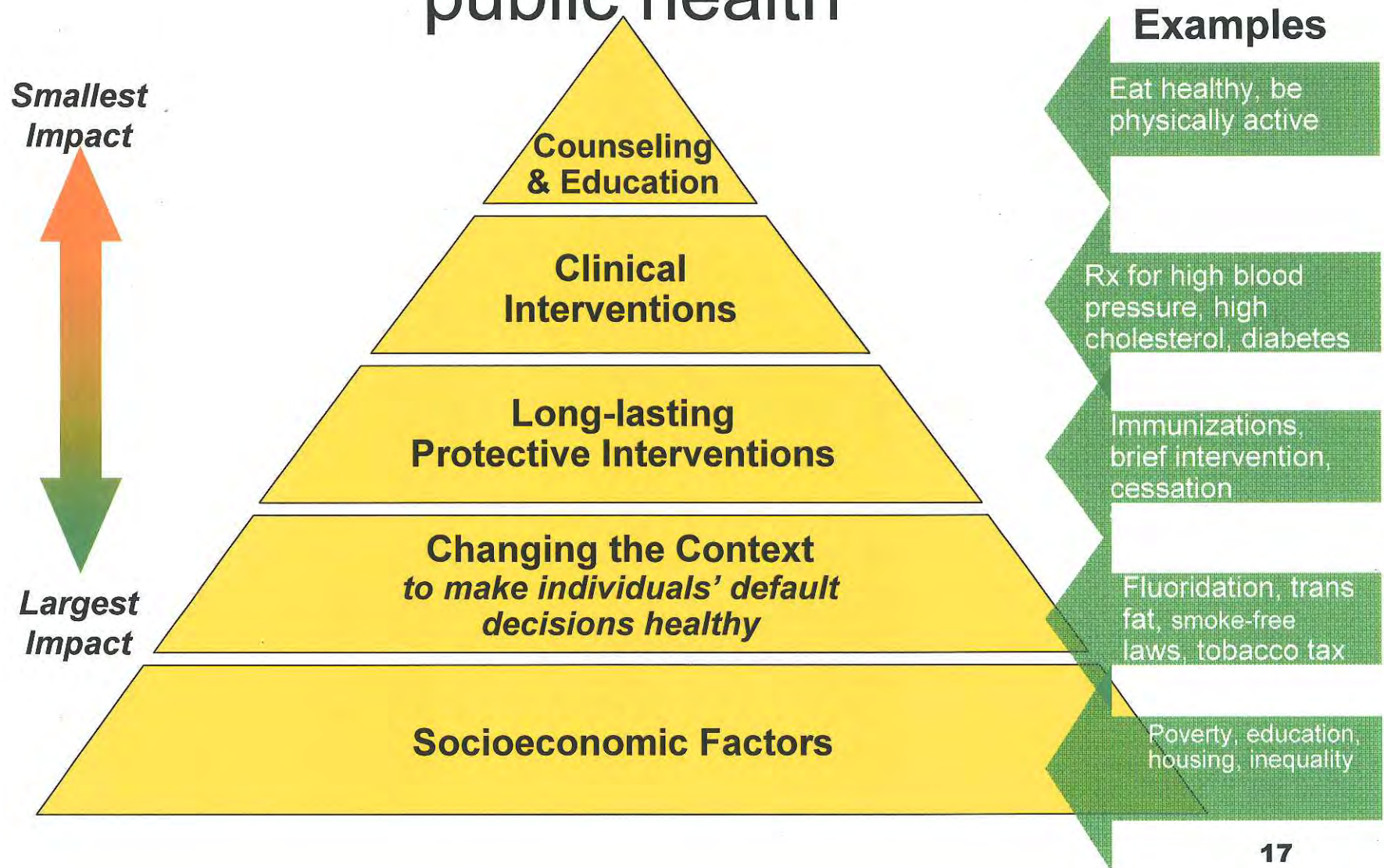




The Public Health Department of the Future



Work at base of pyramid distinguishes public health



The Future – Incorporate health into all policies

- Analyze and address the role of social determinants in affecting health
- Establish partnerships with non-traditional/non-health partners
- Use the National Prevention Strategy as a model



The Future – Build stronger links to clinical care

- Prevention is integrated into insurance coverage and delivery systems, especially in the “gray area” where clinical and community prevention overlap
- Quality measures include population health and prevention indicators





The Future – Promote High Quality Care

- Develop capacity to measure quality of clinical care and highlight quality in a transparent manner
- Measure impacts of services on health outcomes/develop evidence that prevention works
- Regulate and monitor performance and outcomes of new health care delivery systems (i.e., ACOs, ICOs)

The Future – Hone new skills



- Use sophisticated analytic skills – not just data collection but explanation of what data mean and what causes health trends
- Make the business case for prevention
- Train and certify community health workers
- Utilize Health Information Exchanges (HIE) and Health Information Technology (HIT) effectively

The Future – Determine who should provide & pay for services



- Assess if current PH services should be provided by others
- Eliminate outdated models
- Bills for public health services that insurance will cover

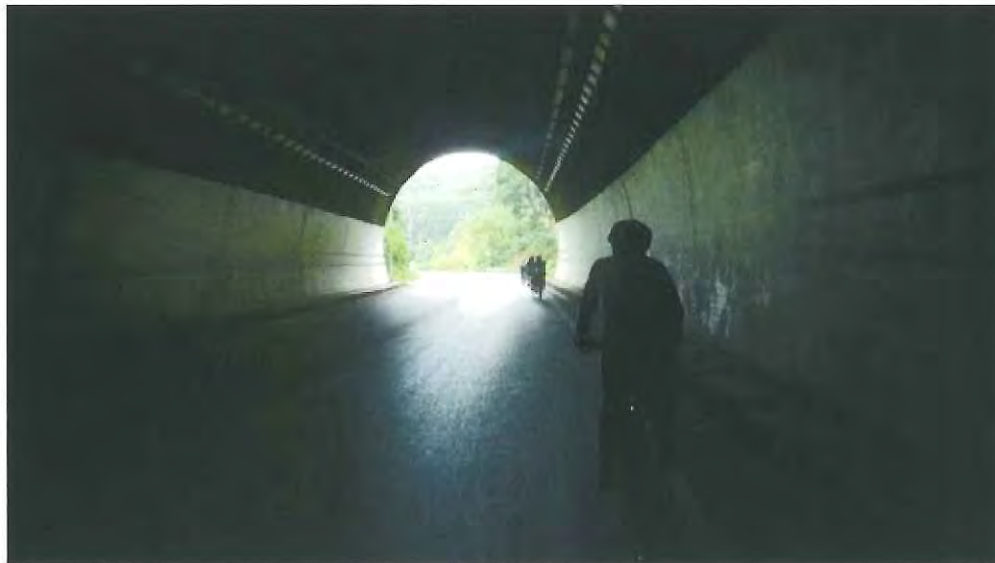
The Future – Continue key traditional roles

- Delivers core population health services outside the domain of medical care
 - Disease Monitoring
 - Emergency Preparedness
 - Public Education & Risk Communication
 - Community Sanitation
 - Food Protection





Examples of Progress in Massachusetts Despite Recessionary Challenges

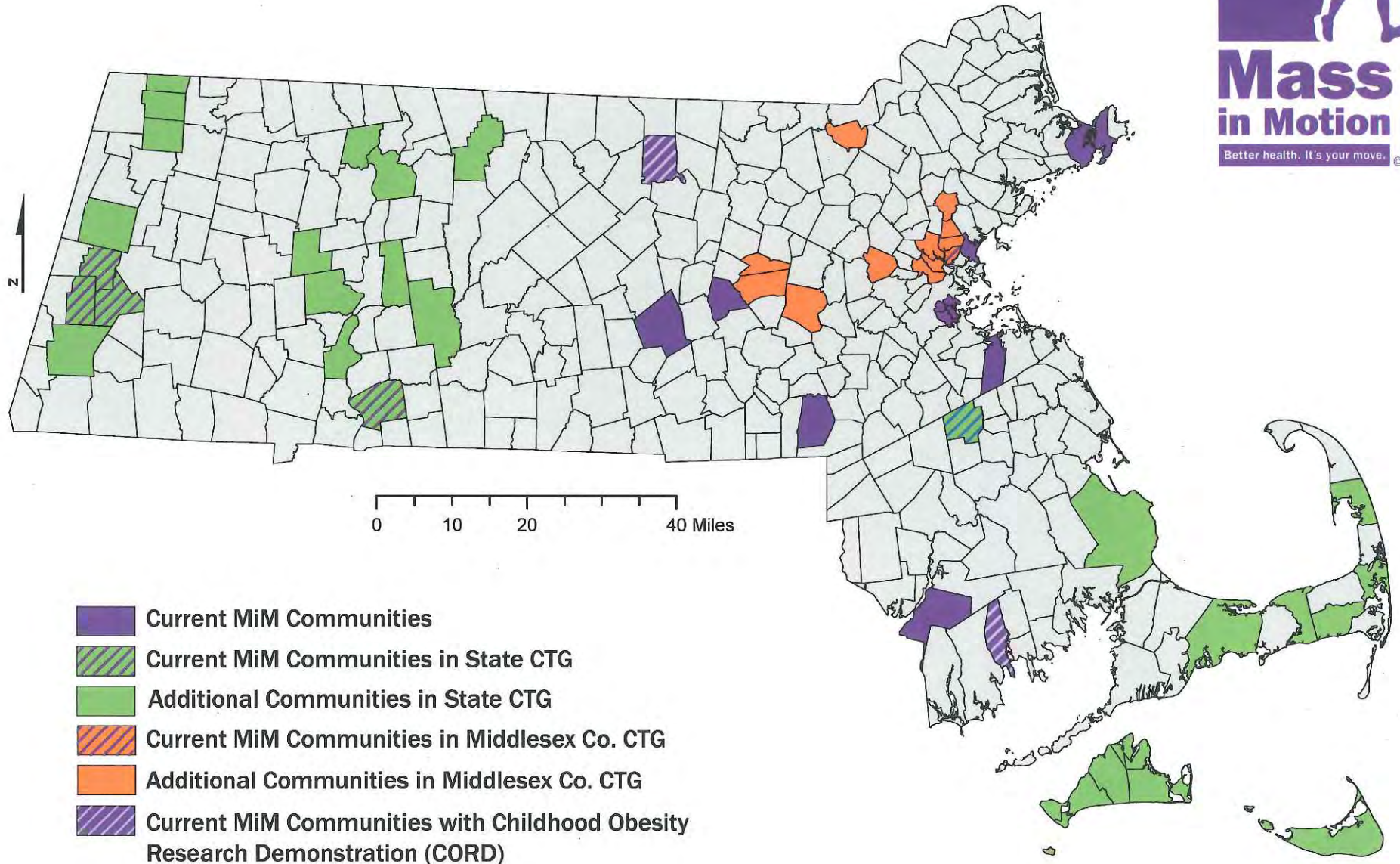
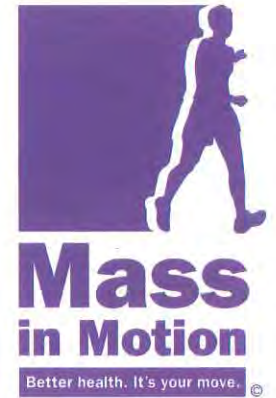


Expanding Mass in Motion



- **Mass in Motion Municipal and Wellness grants are beginning their third years**
 - New Community Transformation Grants allow us to expand from 16 municipalities to 49 municipalities (\$3 million a year)
- **Childhood Obesity Demonstration Grant (\$1.5 million)**
 - Fitchburg and New Bedford

Mass in Motion Communities



Regulations to protect and promote health



- **School Nutrition Standards**
 - Healthy food in “competitive” food programs
 - Eliminate junk food and soda in schools

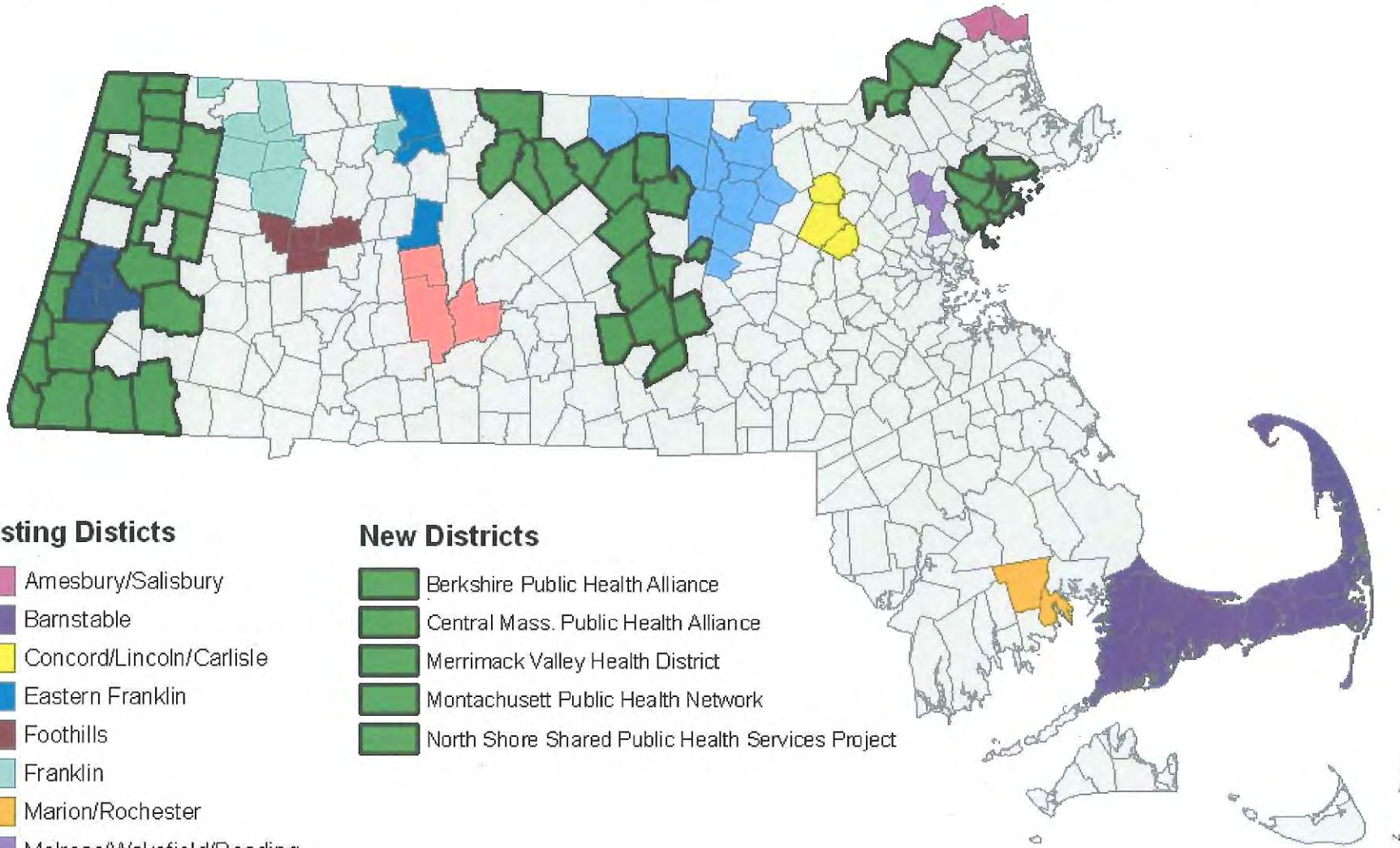
- **Head Injury Prevention**
 - Prevent concussions in student athletes



Local Public Health System Support

- Public Health District Incentive Grant Program
- 5 new public health districts formed
 - 48 cities and towns, almost 1 million residents
- Communities share services to improve scope and quality of local public health
 - Join MAVEN
 - Food and community sanitation inspections
 - Tobacco and obesity prevention
 - Community health assessments
 - Workforce and Board of Health training requirements

New and Existing Districts



Existing Disticts

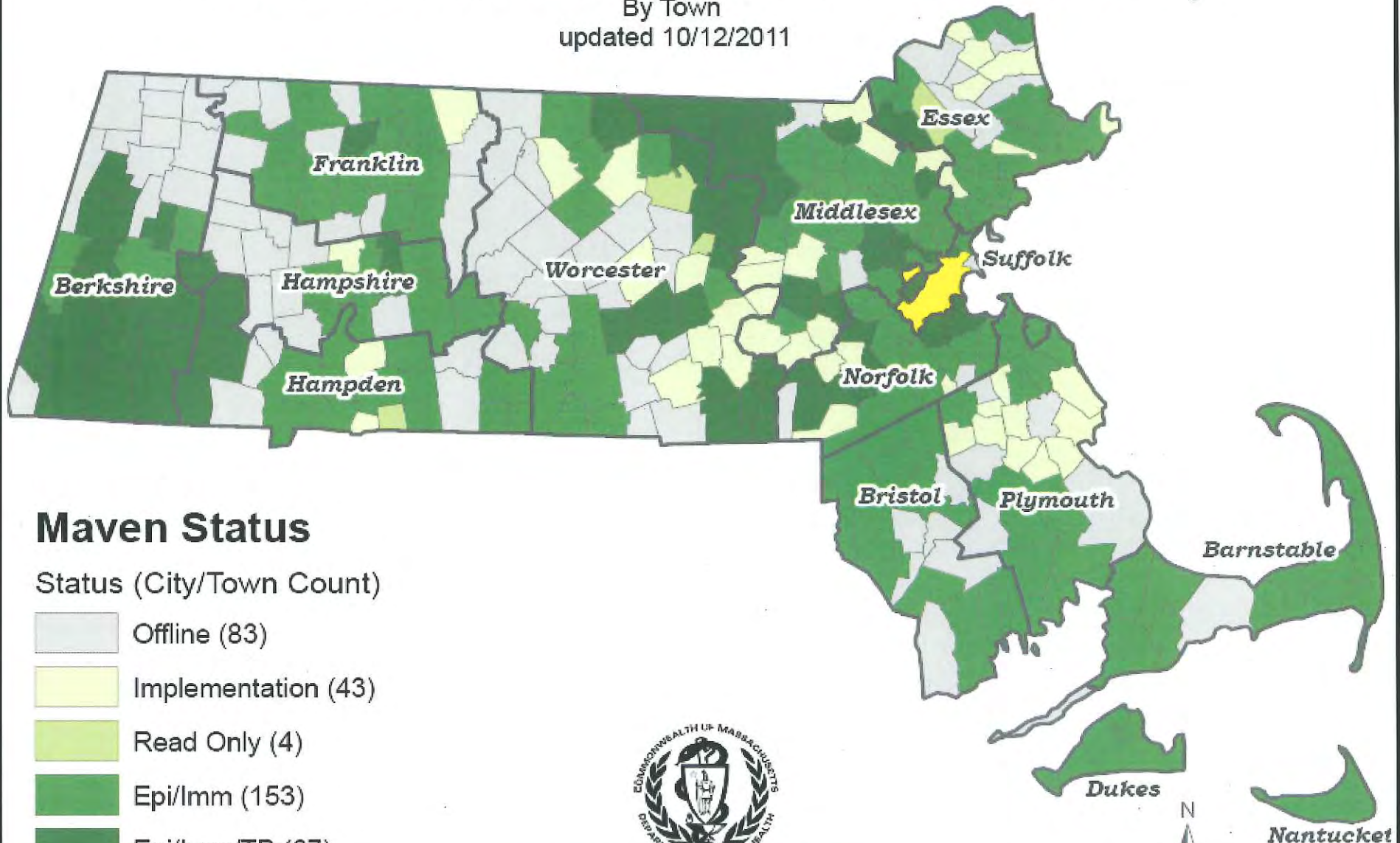
- Amesbury/Salisbury
- Barnstable
- Concord/Lincoln/Carlisle
- Eastern Franklin
- Foothills
- Franklin
- Marion/Rochester
- Melrose/Wakefield/Reading
- Nashoba
- Quabbin
- Tri-town

New Districts

- Berkshire Public Health Alliance
- Central Mass. Public Health Alliance
- Merrimack Valley Health District
- Montachusett Public Health Network
- North Shore Shared Public Health Services Project

Massachusetts MAVEN Status Map

By Town
updated 10/12/2011



Maven Status

Status (City/Town Count)

- Offline (83)
- Implementation (43)
- Read Only (4)
- Epi/Imm (153)
- Epi/Imm/TB (67)
- BOSS (1)



maven
MASSACHUSETTS VIRTUAL EPIDEMIOLOGIC NETWORK

1 inch = 19 miles

Bureau of Infectious Disease, Prevention, Response and Services
Office of Integrated Surveillance & Informatic Services
Scott Troppy, MAVEN Project Manager

Emergency Response

- Tornadoes
- Hurricanes
- Floods
- Extreme Winter Storms
- Post-tsunami radiation monitoring





Discussion