

PUBLIC HEALTH
PARTNERING WITH THE
HEALTHCARE SYSTEM

November 7, 2011

AGENDA

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- Welcome
- **Topic 1:** How does public health improve access to quality, affordable and integrated healthcare available in rural and urban communities?
 - The Problems We Recognize (Capacity, Confusion, Payment)
- Population Based Prevention Strategies – Examples of Public Health Impact
- Break
- How prevention is prioritized within the healthcare delivery system, incorporated into practice and what benefits are being seen? *The Group Health example*

AGENDA

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- **Topic 2:** How public health supports the healthcare system to improve access to care and prevention services?
 - Why public health and the healthcare delivery systems could partner to improve community health ?
 - Should public health continue to provide clinical services?
 - Can the community assess the healthcare services provided?
 - Can public health help build a strong healthcare system in your community?
 - How can we think of the healthcare system as a whole and how can we show the benefits of working together to improve access to care?
 - Are there unintended consequences of changes to the delivery system that result in bad public health practices and outcomes?
- Wrap-up Next meeting
- Noon Adjourn

ACCESS TO CARE CHALLENGES

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No Care

LACK OF CAPACITY

- Shortages (supply)
- Workforce and recruitment issues
- Available resources mismatched to needs
- Too many people at once (the future issue with new 400K)?

Confusion

NAVIGATING SYSTEM FOR RIGHT CARE/RIGHT TIME

- Fragmented services
- People don't know what is available, or how to use
- Languages and literacy
- Vulnerable population challenges

No Money

PAYMENT/FINANCING AS BARRIERS

- People can't pay (even co-pays for some)
- Reimbursement rates are too low, restricts access or providers drop out
- Public budget inadequate to meet demand

WHAT PUBLIC HEALTH COULD OFFER

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No Care



- Data trends, demographics, health planning and analysis of workforce and population needs
- Health data re utilization, population and comparison
- Cost and savings analysis

Confusion



- General public education for:
 - Better health behavior
 - Better use of resources
 - More health knowledge
- Specific patient and community education
 - Education - chronic disease self mgmt with community strategies
- Policy advocacy
- Outreach and 'wrap around' services for vulnerable population

No Money



- Track trends
- Health data from surveys

CHOICE REGIONAL HEALTH NETWORK

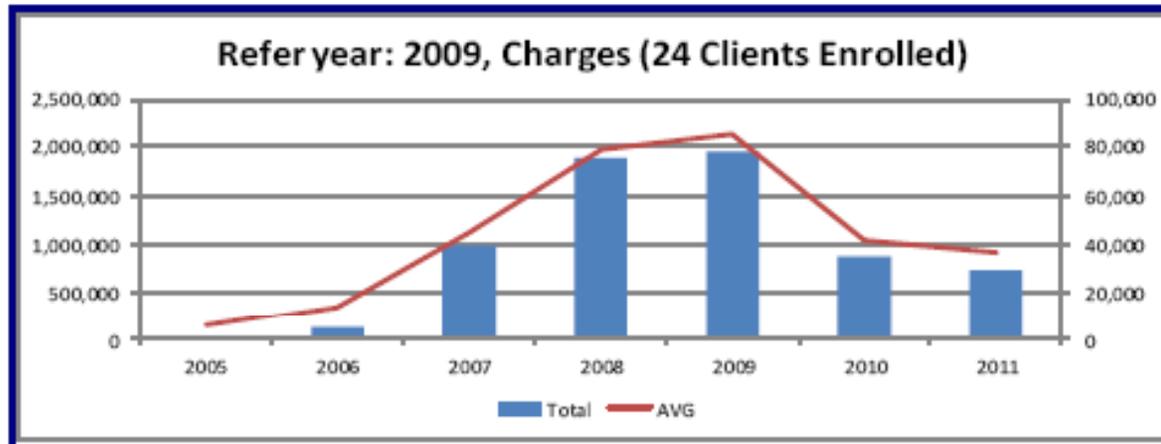
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EDCCP GOALS

- ◆ Reduce over utilization of the Emergency Department
- ◆ Improve enrolled clients' health status
- ◆ Increase capacity and integration of safety net services

Grays Harbor Community Hospital

Emergency Department
Consistent Care
Program (EDCCP)



24 Clients Enrolled	2009 Enrollment YR	2010	2011 Thru 6/30/2011
Total GHCH Charges	\$1,956,751	\$870,264	\$737,661
Total GHCH Visits	769	297	180

CHOICE REGIONAL HEALTH NETWORK

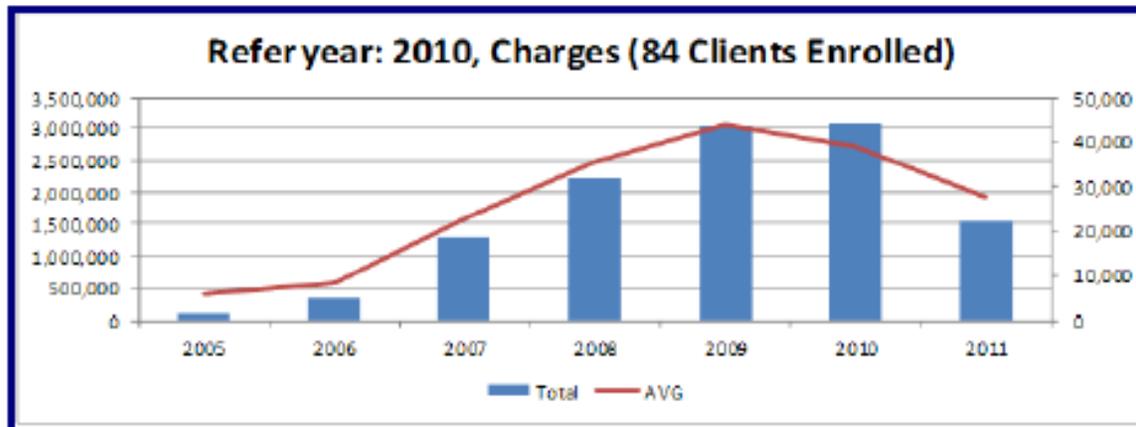
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EDCCP GOALS

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**Grays Harbor
Community Hospital**

Emergency Department
Consistent Care
Program (EDCCP)



84 Clients Enrolled	2010 Enrollment YR	2011 Thru 6/30/2011
Total GHCH Charges	\$3,609,384	\$1,544,395
Total GHCH Visits	936	358

PUBLIC HEALTH AND CHILDHOOD VACCINES

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PARTNERSHIP

Funds for state-supplied vaccines for privately insured children ended May 2010

- Public health impact:
 - 2009 legislation creating the Washington Vaccine Association (WVA)
 - WVA collects funds (\$7.8 million) from the health plans, insurance and others, and remits to the state for purchase of childhood vaccine
 - Health data from surveys
- Results:
 - Physicians, clinics, and hospitals receive state-supplied vaccines at no charge
 - All children have easy access to critical vaccines
 - All payers to participate in one of the most efficient, cost-effective systems in the country for purchasing and distributing childhood vaccines

PUBLIC HEALTH AND SEATBELT USE

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POLICY

**Motor vehicles crashes are the leading cause of trauma for ages 1-44.
Using a seatbelt can prevent death and reduce injuries**

- **Public health impact:**
 - Primary seatbelt law (2002)
 - Law enforcement
 - 'Click It or Ticket' campaign (2002)
 - Public health partner in promoting seatbelt use
- **Results:**
 - Seatbelts use up 5% since 2002. It is 97.6% today.
Washington has the 2nd highest seatbelt use rate in the nation.

PUBLIC HEALTH AND DROWNING

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COMMUNITY ENGAGEMENT

Drowning is the 2nd leading cause of unintentional injury death among children (ages 1-17)

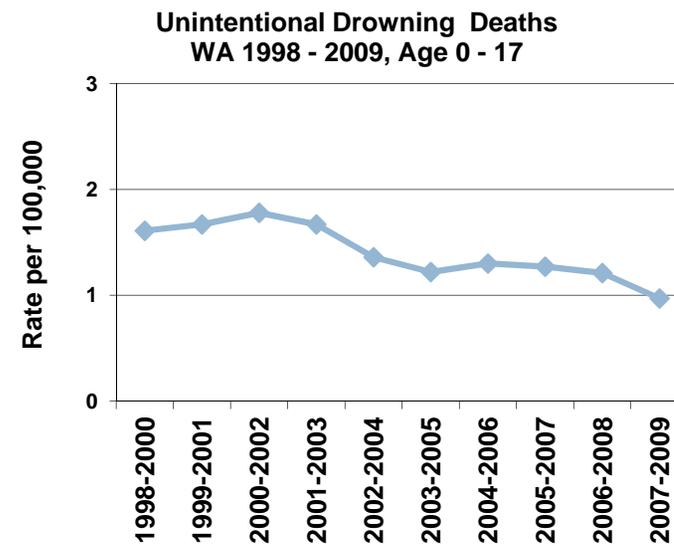
- **Public health impact:**
 - Safer water recreation sites
 - Life jackets
 - Boating under the influence and open water enforcement
 - Surveillance
 - Swimming skills and water safety education
 - Physical open water barriers
 - Partnerships

- **Results:**
 - Local 'Safe Kids' coalitions assessed open water safety at recreation sites, identified gaps, educated and informed local decision makers
 - Life jacket loaner stations increased from 74 (09) to 124 (11) in WA

PUBLIC HEALTH AND DROWNING

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COMMUNITY ENGAGEMENT



The unintentional drowning death rate for children 0-17 years old declined by 40% between 1998 and 2009.

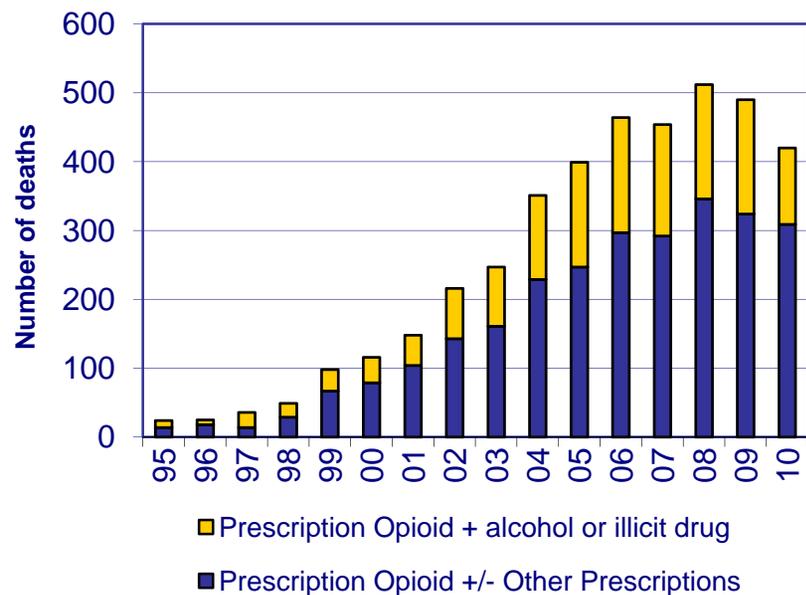
PUBLIC HEALTH AND OPIOID POISONING

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SURVEILLANCE AND RESPONSE

Prescription drug abuse has been classified by CDC as an epidemic due to the dramatic increase in overdose deaths

- Public health impact:
 - Increase surveillance
 - Interagency workgroup
 - ED initiatives
 - Pain management rules
 - Medicaid programs
- Results:
 - From 2008 to 2010, there was a 19% decline in prescription opioid involved overdose deaths



PUBLIC HEALTH AND TOBACCO

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EDUCATION AND POLICY

1 million people were current smokers in 1999. No major changes in adult smoking for nearly a decade. Youth smoking had increased to an all time high.

- **Public health impact:**
 - ▣ In 2000, the Department of Health implemented a comprehensive Tobacco Prevention and Control program – addressing prevention, cessation, and exposure to secondhand smoke
- **Results:**
 - ▣ After 10 years of robust implementation
 - ▣ More than 300,000 fewer smokers
 - ▣ Comprehensive clean indoor air law protects non-smokers
 - ▣ About \$1.5 billion saved in hospitalization costs alone

PUBLIC HEALTH AND H₁N₁

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EMERGENCY RESPONSE

H₁N₁ was the largest public health threat in history with at least 1,667 hospitalizations (95 deaths) in Washington State

- **Public health response:**
 - Preparation (began in 2003)
 - Contracted with 2,517 providers and pharmacies
 - 1,885,600 doses vaccine
 - Public information – consistent, accurate messages
 - Increased surveillance
 - Stockpiled antiviral medication

THIS IS WHAT PUBLIC HEALTH DOES

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- Partnership
- Policy
- Community Engagement
- Surveillance and Response
- Education and Policy
- Emergency Response