Public Health Transformation
Foundational Public Health Services


Why
- Lack of core funding for public health
- Broken, irrational, and inequitable funding
- Need to modernize how we do our work

What
- Defined the gov’t public health system, criteria and a limited set of core services that are:
  - Primarily or only provided by gov’t
  - Population based
  - In many cases, are mandated
Public Health Transformation
Foundational Public Health Services (FPHS)

The Numbers
- $450 M/bi Funds Needed (2018 FPHS Assessment)
- $12 M/bi Funds Provided - 1x (2017-2019)
- $296 M/bi Funds Requested (2019-2021)
- $22 M/bi Funds Provided – ongoing (2019-2021)

Transforming – New Service Delivery Models
- Delivering specific FPHS in ways that combine and make the best use of local expertise & subject matter expertise / technology
- With the funds available

Foundational Public Health Services

fphs@doh.wa.gov
www.doh.wa.gov/fphs
Challenges

I. Fewer patients with TB limits routine training opportunities. This loss of TB expertise and experience has resulted in decreased capacity to appropriately diagnose, treat, manage, and prevent TB.

II. Latent TB is often considered a low priority medical condition and yet almost 90% of TB in Washington is due to reactivation of an old infection.

III. TB is concentrated in often times difficult-to-reach vulnerable populations, including persons born outside the United States, racial and ethnic minorities, and people experiencing homelessness, incarceration, and substance/alcohol use.

IV. Outbreak investigations and congregate setting contact investigations require intense and specialized resources not maintained at most health departments.

V. Medically complex cases are on the rise.
   I. TB is associated with other acute and chronic health conditions, including diabetes and HIV infection.
   II. Populations experiencing immunosuppression are at high risk of developing primary TB disease.
   III. Drug-resistant TB continues to affect prevention and control efforts.

“Consultation” Services

- Medical case review (quarterly, monthly)
- TB ECHO
- Curry warm line and Curry longitudinal complex case follow-up
- Washington TB Collaborative Network (WTCN) and other WA based longitudinal complex case follow-up
- Longitudinal case follow-up for those that manage TB infrequently
- TB nursing community of practice sessions (ECHO model)
- ...phone a “friend”
Considerations

• Which of these are useful or not useful?
• Which do you think could be useful (for those not implemented)?
• What changes would you like to see in “consultation” services?
• Are there other models or approaches we should consider?
• Are there additional resources that would be helpful?
• How can we better support you in TB prevention and control?