NCALHD Public Health Task Force

Communicable Disease Conference

May 2014

RECOGNITION

- Task Force members (LHDs; representatives from DPH, NC schools of public health; partners in public health)
- NCALHD Officers
- NC Institute of Public Health, Incubator Program staff and UNC SPH students

TASKFORCE PROJECT PURPOSE

- Recognize Key Changes in NC's LHD environment
- Understand What Changes Mean for Local Health Departments
- Develop a Set of Recommendations

CURRENT STATUS

- **Structure**

county, district, authority, human service agency

- **Funding**

siloed and mixed with most sources experiencing material cuts

- **Workforce**

majority of LHD staff are nurses and management support personnel

- **Services**

most common across NC are maternal and child health, communicable disease control, environmental health, and chronic disease control

CHANGES

- Access to Care: Remains a problem
- Funding: cuts have led to reductions in staff and program support across the state
- Health Information Technology: Essential and expensive
- New Models of Care: accountable care - data-driven and team-based. Payment linked to quality of care.

- Chronic Disease: Constitutes over ¾ of today's healthcare costs
- Population Health: Hospitals are being guided in this direction

FOUNDATIONAL CAPABILITIES

- Information systems and resources, including surveillance and epidemiology.
- Health planning, including community health improvement planning.
- Partnership development and community mobilization.
- Policy development, analysis and decision support.
- Communication, including health literacy and cultural competence.
- Public health research, evaluation and quality improvement.

OPPORTUNITIES: 1. CARE DELIVERY

- Shortage of primary care projected to worsen
  - Need for care by low income populations continues

- For LHDs to address we need:
  - ✓ Access to ACA coverage for prevention services
  - ✓ Recognition of expertise in “population-based” interventions
  - ✓ Rapid adoption of health information technologies (particularly EHRs)

OPPORTUNITIES: 2. SURVEILLANCE & MONITORING

- Continued need for communicable disease surveillance and response
- ACA requires community health assessment and planning by hospitals – in NC LHDs have always done this

- For LHDs to address we need:
  - ✓ Partnerships with hospitals to address community need
  - ✓ A focus on outcomes
  - ✓ Access to digital health information and to collection and reporting tools

OPPORTUNITIES: 3. COMMUNITY PARTNERSHIPS

- Incentives for partners to collaborate with LHDs exist
- LHDs are experienced in partnering through Healthy Carolinians
- Greater cross-jurisdictional sharing may meet the resource needs of LHDs, particularly for small and mid-sized LHDs

- IT networking tools makes communications and collaboration more regular and more economical

A VISION FOR LOCAL HEALTH DEPARTMENTS

1. Engage with local and regional health systems and broader community partners
2. Outcomes-driven
3. Continue to deliver high quality services with ability to measure outcomes
4. Maximize efficiency
5. Adequate resources and staff

Action 1: PLAY AN INTEGRAL ROLE IN THE COMMUNITY'S HEALTH SYSTEM.

- Identify clinical services that the LHD will provide directly and integrate the goals, tasks and staff of LHDs with those of community providers and hospitals.
  - ✓ Work with new FQHCs and hospitals to determine who does what and how

- Become experts in outcomes-based reimbursement models.
  - ✓ Promote our expertise with partners (Chronic Disease Self Management, Communicable disease control)

ACTION 2: DEVELOP CAPACITY TO SUSTAIN CORE PUBLIC HEALTH SERVICES

- Explore the cross-jurisdictional sharing of basic public health functions.
- Secure grant making capacity.
- Develop "fee-for-service" clinical and worksite wellness programs.
- Invest in telehealth services.
- Collaborate with other human service agencies.

ACTION 3: BECOME EXPERT IN POPULATION HEALTH DATA MANAGEMENT

- We are connected to immunization and disease registries and to the state lab
- We have experts in population health assessments and analytics
- We must adapt and become conversant in available HIT.
  - EHRs
  - NC Direct
  - NC HIE
  - NCTN & Telehealth
  - Informatics

ACTION 4: LEAD COMMUNITY-BASED HEALTH PROMOTION AND DISEASE PREVENTION EFFORTS

- Collaborate with area non-profit hospitals to develop CHNA's, CHIP's, implement evidence-based strategies, and evaluate
  - Example: WNC Healthy Impact

- Become the community health resource on evidence-based best practices
  - Example: Healthy Families America

- Become the community health system resource for population health interventions
  - Example: Diabetes Self Management Program

SO WHAT DOES THIS MEAN FOR COMMUNICABLE DISEASE?

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- Build on expertise
  - Communicable diseases
  - Data, epidemiology
  - Partnerships – medical community, hospitals
  - Preparedness
- Build on partnerships
  - Accountable Care Organizations
    - Immunizations
    - Communicable diseases
    - Preparedness
    - Education
  - Medical Community
- Relationship with County

HTTP://WWW.PUBLICHEALTH INCUBATORS.COM/ NCALHDBLUEPRINTFINAL.PDF