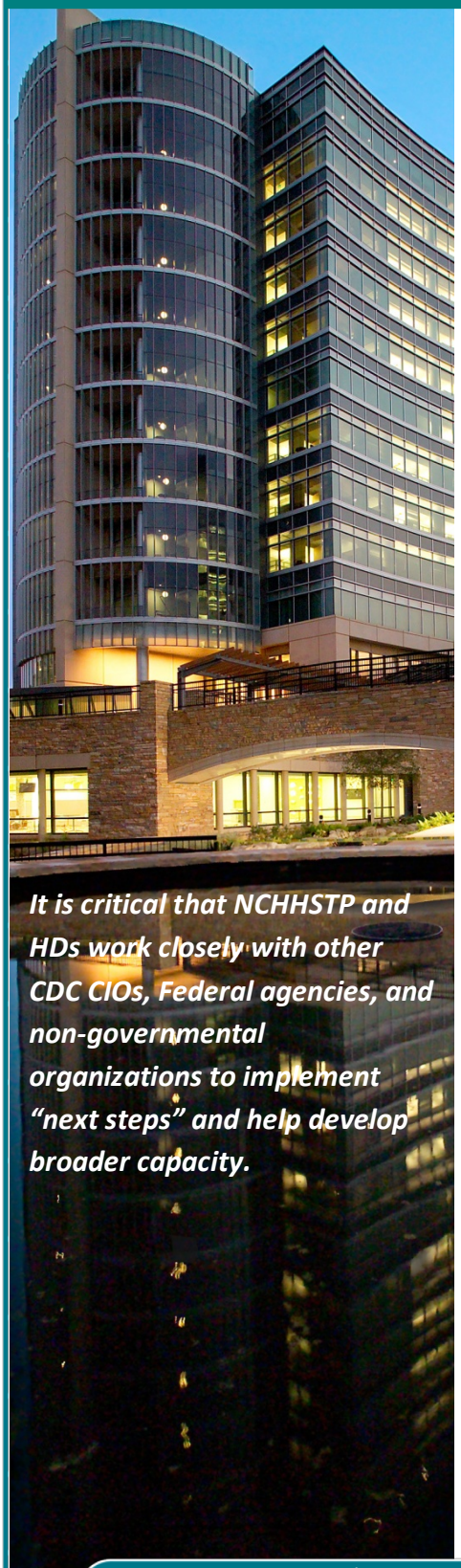
Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB Through Health Care: Supporting Health Departments—*Next Steps*



It is critical that NCHHSTP and HDs work closely with other CDC CIOs, Federal agencies, and non-governmental organizations to implement "next steps" and help develop broader capacity.

Enhancing Health Departments' Preparedness and Response

The role and functions of health departments are likely to change dramatically over the next few years. Multiple factors shape public health operations – changes in health service, delivery and support, evolving health information systems, and budget constraints at all levels of government. All of these factors may have significant impact on how health departments facilitate prevention, treatment and care regarding HIV, viral hepatitis, STD, and TB infections. It is critical for CDC and our partners to identify key strategies and activities that anticipate and address the complicated but emerging circumstances and improve population health. Although the most dramatic changes are anticipated for 2014, several important changes are underway.

Now is the time for NCHHSTP and health department partners to take action to seize opportunities and address challenges.

The "next steps" in this document were developed from an NCHHSTP consultation held in June 2011, with participation from health department partners, including state and local officials; those with program-specific or broad communicable disease control responsibilities; national organizations supporting health departments, programs, or community health centers (e.g., NACCHO, ASTHO, NACHC, NASTAD, NCSD), Federal agencies (CMS, HRSA), and others (e.g., academics, professionals). This document outlines next step approaches for addressing some of the most critical "drivers" of change that will impact NCHHSTP programs, as well as vision for the future. The document is organized into four categories:

- Utilizing investments in health information technology
- Interacting with the private/primary care provider community and relevant specialists
- Collaborating with community health clinics to integrate primary care and public health objectives
- Engaging with Medicaid and sustaining safety-net care services

The most immediate activities focus on increasing awareness among NCHHSTP staff and program partners about the implications of anticipated changes and the need to establish new collaborative relationships. However, these action steps must occur in the context of the broader changes in health department (HD) function that will require expanded and altered HD capacities.

Health information technology (HIT) provides a critical platform for measuring and improving quality of care, facilitating coordination of care, supporting value-based purchasing approaches and other payment reforms, and enabling patient-centered outcomes research. Recent legislation, notably the Health Information Technology for Economic and Clinical Health Act (HITECH), passed as part of the American Recovery and Reinvestment Act (2009), made important changes to the federal government's role in promoting and supporting HIT.

Expanded use of HIT and of the information that will be increasingly available is fundamental to Health Departments' greater role in monitoring and assessing health outcomes and care delivery.

To utilize the potential of HIT, HDs will have to be able to actively receive, monitor, and utilize data from a variety of sources to improve population health and serve programmatic priorities. *This requires:*

- Implementing internal activities such as compiling an inventory of currently available datasets and developing workforce capacity for their utilization (especially informaticists and data analysts)
- Engaging senior leadership and staff in these objectives
- Using available data to identify and address critical service delivery gaps, and to monitor program needs and outcomes, particularly among highly impacted populations
- Establishing collaborative relationships with partners and entities who have access to data useful for such monitoring and who would help support priority services critical to improving outcomes and establishing adequate IT infrastructure

Vision: Health departments are connected to individuals and their communities through technologies that illuminate and permit monitoring of disease trends, are trusted by patients and providers (i.e., secure and confidential), and improve outcomes and strengthen prevention efforts. See Table 1 for potential action steps.

Table 1. Proposed Short- and Medium-term Actions

Time	Action	Category	Potential Partners*
Short (2012)	Increase HD and NCHHSTP staff awareness of HIT potential and data availability (e.g., Meaningful Use)	Training/Webinar	OSELS, OSTLTS, PHII, HRSA, CMS, ASTHO, ONC
	Identify the data systems available to programs and describe their utility, considering purposes of surveillance and performance monitoring.	Evaluation/Data management	OSELS, OSTLTS, HRSA, CMS
	Develop comprehensive, collaborative training, supporting capacity building for HD staff, beginning with states	Training/TA[#]/Cross-CDC collaboration required	OSELS, OSTLTS, ASTHO, CSTE, ONC
	Begin process to establish informatics training and certification – various levels	Policy agreements across agency/Training/TA	OSELS, PHII, ASTHO
	Facilitate access to data sources HDs have not traditionally utilized (e.g., CMS, HCCN)	Policy agreements across agency/TA/Training	OSELS, HRSA, CMS, ASTHO
Medium (2012-2016)	Consolidate data systems across agencies	Interagency agreement / Policy /Informatics	OSELS
	Develop HIT informatics capacity	Cross-agency commitments/ Training/Investments	OSELS, OSLTS, PHII
	Develop cross-program HIT strategy and standards for measures and messaging – to help establish a unified public health information architecture	Policy agreements across agency	OSLTS, ASTHO

*OSELS: Office of Surveillance, Epidemiology, and Laboratory Services (CDC); OSTLTS: Office for State, Tribal, Local, and Territorial Support (CDC); PHII: Public Health Informatics Institute; HRSA: Health Resources and Services Administration; CMS: Centers for Medicare and Medicaid Services; ASTHO: Association of State and Territorial Health Officials; ONC: Office of the National Coordinator for Health Information Technology; CSTE: Council of State and Territorial Epidemiologists; HCCN: Health Center Controlled Network

[#]TA=Technical Assistance

Effective interaction among health departments, private providers, primary care providers, the community, and relevant specialists helps to improve population health through collaboration that allows for bi-directional data exchange, awareness and respect for the role and contribution of all parties to community well-being. The expected expansion of coverage via Medicaid or private insurers among populations critical to NCHHSTP programs, along with mandated insurance coverage without cost-sharing of many highly relevant clinical preventive services, means that private providers will play an increasingly important role in the control and prevention of conditions addressed by NCHHSTP programs. As new systems of health care delivery are established, and as health departments are less engaged in direct provision of services, public health professionals and NCHHSTP programs must develop effective interactions with the private provider community.

Health Departments must establish effective professional relationships with relevant primary care professional organizations, school-based health centers (SBHCs), medical facilities, agencies, payers, and relevant specialty groups, facilitating provider collaboration on NCHHSTP program priorities and health department involvement in support of provider objectives.

This requires health departments to

- Gain familiarity with issues relevant to primary care practice such as Accountable Care Organization participation, Patient Centered Medical Home implementation, reimbursement levels for services being recommended, obstacles to primary care provider adherence to prevention recommendations
- Be aware of and sensitive to the burdens associated with data requirements imposed by public health
- Actively engage with provider communities in discussions concerning local NCHHSTP priorities
- Use available data to identify important gaps in service delivery (e.g., establishing relationship with health plans for HEDIS data)
- Support the provision of specialty/chronic care, providing, as appropriate, training, wraparound services, or referral assistance; or provide HD support for new models of care such as Project ECHO[1] and SBHCs and identify mutually supportive approaches that address community health priorities.

Vision: HDs and the private practitioner community interact productively to improve population health and assist each other through the bi-directional exchange of data that each find useful; HDs and the private practitioner community are aware of the contribution that each makes to community well-being and cognizant of each other's operational constraints; and both entities identify approaches and services that are mutually supportive and address community health priorities. See Table 2 for potential action steps.

Table 2. Proposed Short- and Medium-term Actions

Time	Action	Category	Potential Partners*
Short (2012)	Increase health department (HD) and NCHHSTP program staff awareness of primary care practice environment and sensitivity to the need to ease burdens associated with data requirements (via webinars, website, etc.)	Training/Policy/ Communications	CDC, GWU, AAFP, NCSD, NASTAD, ASTHO
	HDs establish relationships with relevant professional organizations	Training/Policy/ Communications/ Cross-CDC/Agency	AAFP, AAP, ACOG, ACP, CDC, Other prof. orgs., NASTAD, NCSD, AASLD, ASTHO
	HDs are represented on state-wide health reform implementation committees	Policy/Cross-CDC engagement/Training	GWU, CDC, OSTLTS, ASTHO
	Increase HD awareness of needs among primary care providers (PCPs), SBHCs, and facilitate bi-directional communications with these providers (e.g., MD friendly website)	Policy/ Training/ Cross-CDC engagement/ Engagement with appropriate partners	AAFP, AAP, ACP, NCSD, NASTAD, NASBHC

	Increase HD ability to provide support to primary care providers regarding challenging clinical situations /services (substance abuse, partner services); identify successful HD approaches	Policy/Training/ Engagement with appropriate partners	NCSD, ASTHO, NASTAD, AAFP
Medium (2012-2016)	Increase HDs engagement in state-wide strategic planning for integrated care delivery	Policy/ Cross-Agency/ CDC agreement	NASTAD, NCSD,. ASTHO
	Develop HD capacity to integrate surveillance systems and data requirements	Policy/Cross-Agency/ CDC agreement/ Training/Investments	OSELS, NASTAD ASTHO, CSTE, ONC

*GWU: George Washington University; AAFP: American Academy of Family Physicians; NCSD: National Coalition of STD Directors; NASTAD: National Alliance of State and Territorial AIDS Directors; AASLD: American Association for the Study of Liver Diseases; ONC: Office of the National Coordinator for Health Information Technology (HHS); NASBHC: National Assembly on School-Based Health Care; ASTHO: Association of State and Territorial Health Officials; ACOG: American College of Obstetricians and Gynecologists; AAP: American Academy of Pediatricians; ACP: American College of Physicians; OSTLTS: Office for State, Tribal, Local, and Territorial Support (CDC); CSTE: Council of State and Territorial Epidemiologists

1. Arora S et al N Engl J Med. 2011;364:2199.

Collaborating with community health centers (CHCs) to *integrate primary care and public health efforts* will be increasingly important for ensuring the provision of safety net services and primary care to the populations disproportionately affected by the conditions targeted by NCHHSTP programs. Although HDs and CHCs typically have parallel missions, namely improving the well-being of the communities they serve, there are many underutilized opportunities for effective collaboration among these organizations. We cannot ignore these opportunities in this era of constrained resources.

This will require HDs and CHCs to

- Be well-aware of each others' needs, resources, and values to enhance opportunities to work together to address community systems of care (e.g., considering hospitals, public health clinics, SBHCs, CHCs)
- Share and use available data to define needs and capacities (as per community assessments) and to monitor progress
- Define roles and responsibilities with regard to NCHHSTP program activities and for other Federal agencies whose support will be needed. Federal support is also needed to establish formal relationships, as appropriate, between HDs and CHCs.

Vision: HD programs and CHCs collaborate effectively to achieve better outcomes and cost savings by providing the right care at the right time at the right place for medically underserved populations**.** See Table 3 for potential action steps.

Table 3. Proposed Short- and Medium-term Actions

Time	Action	Category	Potential Partners*
Short (2012)	Provide specific guidance regarding respective organizations (i.e. informing CHCs/HDs about each other) via webinars, website, etc.	Training	HRSA, NACHC, NCSD, NASTAD, NTCA
	Develop and disseminate roadmap for collaboration between HDs and CHCs, identifying appropriate roles and responsibilities	Policy/Training	HRSA, NACCHO, NACHC, ASTAD, NCSD, NTCA, ASTHO
	Identify and implement Federal policy options across agencies for supporting collaboration, addressing FOA language, terminology, etc.	Policy	CDC, HRSA, NACCHO, NACHC, ASTHO
	Develop training for CDC staff in headquarters and in the field that supports HD and CHC collaboration, addressing roles, critical partnerships, program expectations, and objectives during site visits	Policy/Training	HRSA, NACHC, PCA (individual states)
	Describe the CHC/HCCN data that are available and their utility and relevance for NCHHSTP prevention priorities	Evaluation	HRSA, NACHC

Medium (2012-2016)	Facilitate and monitor establishment of formal collaborative relationships between CHCs and HDs, developing and disseminating guidance based on "best practices"	Evaluation/ Training/ Communication	HRSA, NACHC, CDC, OSTLTS, ASTHO
	Monitor extent of HD engagement in CHC community assessments, developing and disseminating guidance based on "best practices"	Evaluation/ Training/Policy/ Communication	NACCHO, NACHC, OSTLTS
	Develop and utilize performance metrics by which to assess collaboration between CHCs and HDs	Evaluation/Policy Training	HRSA, OSTLTS, CDC
	Explore feasibility of a demonstration project to define opportunities for and specifics of effective collaboration	Evaluation/Policy	HRSA, NACCHO, NACHC, OSTLTS, ASTHO

*NACHC: National Association of Community Health Centers; NTCA: National Tuberculosis Controllers Association; NACCHO: National Association of County and City Health Officials; PCA: Primary Care Association; HCCN: Health Center Controlled Network; OSTLTS: Office for State, Tribal, Local, and Territorial Support (CDC); ASTHO: Association of State and Territorial Health Officials; HRSA: Health Resources and Services Administration; NCSD: National Coalition of STD Directors; NASTAD: National Alliance of State and Territorial AIDS Directors

Engaging with Medicaid and providing safety net care is expected to be particularly important for the populations disproportionately affected by NCHHSTP priority conditions, given the anticipated expansion of Medicaid in 2014. Because the majority of states do not currently cover childless adults under Medicaid, there will be a significant increase in insurance coverage among this population beginning in 2014. HDs can play an important role in facilitating Medicaid enrollment among critical populations and, if the HDs plan to offer clinical services, it will be essential that they have the ability to bill for the services.

Furthermore, Medicaid, as an agency, is increasingly committed to improving quality of care and to increasing the accessibility and utility of the massive amounts of data they are collecting. In addition, since many decisions about Medicaid coverage and benefits—decisions which impact NCHHSTP prevention objectives—are made at the state level, collaboration may facilitate HD engagement in such decisions.

Collaboration between HDs and Medicaid at Federal and State levels can improve population health by having State HDs and State Medicaid offices work together to develop goals and solutions.

This will require the following:

- HDs knowledge of whom to contact and how to find out about Medicaid regulations regarding coverage and benefits for enrollees
- HDs knowledge of Medicaid processes and procedures, and being actively engaged in those State decisions about coverage and benefits for Medicaid enrollees that are critical to NCHHSTP program priorities
- HDs knowledge of Medicaid data availability and potential for such data to support NCHHSTP program priorities and being able to establish agreement with Medicaid for utilizing those data
- HDs having the knowledge, procedures, skills, and software needed to bill Medicaid for direct care provided to enrollees seen in HD clinics

Vision: HDs are aware of their state's Medicaid policies regarding coverage and benefits that pertain to NCHHSTP conditions; HDs have established, as appropriate, a relationship with state Medicaid officials that fosters HD utilization of relevant Medicaid resources (e.g., data) and collaboration in addressing mutually important population health objectives. By being able to bill appropriately for the services they provide, HDs are able to sustain the direct delivery of critical safety net services needed by affected populations. See Table 4 for potential action steps.

Table 4. Proposed Short- and Medium-term Actions			
Time	**Action**	**Category**	**Potential Partners***
Short (2012)	Acquaint health department (HD) staff with Federal and state Medicaid regulations, processes, and requirements relevant for NCHHSTP program priorities	Training/ Webinar	CMS, PTHC, GWU
	Establish communication pathways by which HDs have access to appropriate Medicaid staff	Policy/Communications Partnerships	CMS, PTHC, ASTHO
	HD clinics that provide direct service are aware of available processes by which to develop Medicaid billing capacity; facilitate guidance to support capacity development	TA/Policy/Training	NCIRD, NCSD, NACCHO, NTCA
	Identify potential for Medicaid data to address NCHHSTP priorities	Evaluation/Partnerships	OSELS, CMS, CDC
	Provide templates for data-use agreements between HDs and Medicaid	Policy/Partnerships	CMS, OSELS
	Seek agreement between state HDs and Medicaid regarding specific goals and objectives (i.e. outcomes/ health economics)	Partnerships/Policy/ Communications	CMS, CDC, ASTHO
	HDs are aware of state entities developing HCR policies and are well-represented in formative and decision-making discussions (especially Medicaid benefits discussion)	Policy/TA/ Communications	CMS, GWU, ASTHO
Medium (2012-2016)	Identify/develop capacity among HD staff regarding skills to take advantage of CMS data	Evaluation/Training Resources/capacity	OSELS, OSTLTS, PHII
	Develop HD capacity, with CMS support, to improve quality of care for priority services/populations (e.g., HIV, perinatal HepB)	TA/Resources/Training/ Policy	CMS, ASTHO, Relevant HD partners (by issue)

*CMS: Centers for Medicare and Medicaid Services; PTHC: Prevention Through Health Care; GWU: George Washington University; OSELS: Office of Surveillance, Epidemiology, and Laboratory Services (CDC); ASTHO: Association of State and Territorial Health Officials; PHII: Public Health Informatics Institute; PTHC: Office of Prevention Through Healthcare (CDC); PHII: Public Health Informatics Institute; OSTLTS: Office for State, Tribal, Local, and Territorial Support (CDC); NACCHO: National Association of County and City Health Officials; NTCA: NCIRD: NCSD: National Coalition of STD Directors; NTCA: National Tuberculosis Controllers Association; NCIRD: National Center for Immunization and Respiratory Diseases (CDC)

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-63548
Email: cdcinfo@cdc.gov Web: www.cdc.gov