

INTEGRATING PUBLIC HEALTH INTO STATE INNOVATION MODELS



The Affordable Care Act is designed to shift the focus of the health system from treating illness to keeping people healthy, which is also a primary focus of the public health system. One way this shift in priorities is being attempted is through the State Innovation Model, or SIM, program, which currently funds the efforts of [34 states](#) to improve population health and the delivery of health care while also decreasing costs. The federal government also requires states to describe their strategies for improving population health in SIM plans.

One widely accepted definition of population health is, “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

Kindig D, Stoddart G. “What is Population Health?” *Am J Public Health*. 2003 March; 93(3): 380–383

The public health system should take an active role in each SIM program, as the success of any effort to improve population health must address the various complex factors that influence health outcomes. Health is determined outside the doctor’s office, and the clinical care an individual receives has only a small effect on an individual’s health when compared to the [social determinants of health](#), “the conditions in which people are born, grow, live, work, and age, and which are shaped by the distribution of money, power, and resources at the global, national, and local levels.” Negative social determinants are often prevalent in underserved communities, and addressing these root causes of poor health makes the biggest difference in improving population health. The field of public health, which often serves as a safety net for underserved communities, can help SIM plans meet their population health goals by addressing the social determinants in a way the health care system currently does not.

The public health system assesses the health status of communities, develops policies to improve individual and community health, and assures that essential health services and information are publically available. These three core functions — assessment, policy development and assurance — enable the public health system to address social and environmental health problems at the community level. Incorporating public health practitioners into SIM can broaden the plans to encompass the social determinants of health.

This issue brief explores successes and challenges experienced by public health practitioners in early SIM states. It is designed to assist state officials designing and implementing SIM plans in effectively working with public health practitioners. When developing this issue brief, APHA first reviewed SIM plans and testing proposals of states to identify plans with strong public health components. To provide real world context to SIM development and implementation, APHA conducted key informant interviews.

Defining Public Health

APHA defines the public health system as “the subset of the overall health system focused on promoting and protecting population health and wellness. Public health system functions include: tracking and analyzing health trends; ensuring the safety and cleanliness of air, water, and food; educating the public about health issues; designing and implementing health policies and programs; and convening stakeholders to address social and environmental factors that have an impact on health.” When used in this issue brief, “public health practitioners” refers to governmental health departments, community-based organizations and other organizations that provide services and supports.

Challenges for integrating public health into SIM

SIM initiatives can benefit from collaboration between the complementary skills of the public health and health care systems. One of the key opportunities – and challenges – to improve health presented by SIM is aligning the efforts of public health and health care.

Differences in training and scope of services between public health and clinical care

Differences in [training](#) and [vocabulary](#) both limit collaboration between the health care and public health systems. For example, medical schools focus on clinical care for individuals, whereas public health practitioners are trained to provide interventions and services that can improve the health of communities. The health care system and public health system also conceptualize population health and prevention in different ways. The public health system has a broad view of population health, whereas a primary care provider might only consider his or her patients as a population to care for. Similarly, public health prevention efforts encompass social and environmental factors; prevention in the health care system often focuses on services delivered to individuals in clinics. These differences in training and scope of services often separate practitioners in the public health and health care systems in their day-to-day work. When opportunities like SIM arise, and are often led by the health care system, the lack of past collaboration makes it difficult for public health representatives to take part and advocate for all the field has to offer.

Emphasizing clinical care compared to the social determinants of health

In many states, those in charge of developing SIM plans believe the solution to improving health and reducing costs can be found in making the health care system more efficient. Public health practitioners in some states cited a lack of a past working relationship with medically-focused state SIM staff and a lack of outreach by these officials as the main difficulty in getting involved in SIM planning and implementation. SIM plans that focus solely or predominantly on the clinical health care system risk losing

the public health perspective needed to address the social determinants of health, rather than just treat illnesses in a clinic. For example, public health interventions focused on [housing](#) and [community preventive services](#) can improve health and result in [savings](#) in the health care system.

Emphasis on short-term return on investment

Even in situations where the public health and health care systems have good working relationships, the need to demonstrate short-term results is a challenge. Many public health initiatives take time to demonstrate a positive result.

An interview participant explained that public health practitioners in his region have to first play a supporting role in a six-month, clinically focused reform in order to show short-term success. Local public health departments partnered with emergency departments to guide their frequent users to community preventive services. The program is testing whether hospitals and community-based organizations can work together to improve health outcomes and save money. Larger scale programs that identify and assist people outside a clinical setting and do more to address the social determinants often require a longer time frame.

Promising practices for states integrating local public health into SIM

The innovation models with the most potential incorporate public health practitioners as full partners. This list of promising practices describes integrating public health practitioners in SIM development and components states are including in their plans to effectively engage public health.

Include public health in the development of SIM plans

The best way to incorporate a public health perspective is to include public health practitioners in SIM development and implementation. The [federal requirement](#) to include strategies to improve population health makes SIM the ideal opportunity to forge relationships between local public health practitioners and clinical care providers.

- How to do it

- **Appoint public health officers to key leadership positions in the development and implementation process.** In Washington, a county public health officer led a task force on developing part of the state's SIM proposal. The task force helped develop the state's regional health improvement coalition model included in the proposal, and members of the task force, including public health practitioners, are now involved in leading one of the state's coalitions.
- **Actively solicit the views of the field.** Many states host community forums to give public health practitioners and other stakeholders the opportunity to provide input. Colorado also created an online platform that public health practitioners can use to provide comments on SIM development. Minnesota's state government collaborated with the Minnesota Public Health Association to host [SIM development meetings](#) with public health practitioners. At MPHA's meetings, members provided direct feedback to SIM officials and both groups were able to identify ways to collaborate. For example, MPHA advised SIM officials on successful community health improvement coalitions that could serve as a model for SIM efforts.
- **Adopt a public health perspective when defining population health.** A public health perspective, which recognizes the variety of social and environmental factors that determine the health of every individual in a community, is a good starting point for organizing community stakeholders to think of potential contributions to SIM plans. It also turns discussions about ways to improve health away from health care and toward the social determinants of health.

Public health components to include in SIM plans

States across the country are incorporating public health into their SIM plans. Below are some promising first steps states are taking to include public health in SIM efforts.

Develop Regional Health Improvement Coalitions

Many innovation models support the creation of health improvement coalitions¹, which help identify local health priorities and engage stakeholders to work together to develop consensus-driven solutions to improve health. Often called accountable communities for health, or ACHs, these coalitions often consist of local public health departments, hospitals, businesses and employers, and schools, though each ACH is different. In some states, like Pennsylvania, ACHs are tasked with disseminating information and promising practices developed by state health officials. Other states, like Washington and Minnesota, envision linking ACHs to Medicaid and other payers in order to provide reimbursement to community preventive service providers. These new coalitions serve as a strong starting point for future collaboration between public health practitioners and health care providers.

- Promising practices from Washington

- Washington's SIM plan divides the state into multiple ACHs. They can include school districts, churches, community-based organizations, clinical care providers, businesses and other organizations that have a stake in the health of their community. Local public health departments often convene these coalitions and work to include representatives to make sure all sectors are represented. Members share information and set common goals. One advanced ACH operated a six-month pilot program to coordinate the care of frequent visitors to the emergency department with community preventive service providers, like those focused on addressing chemical dependence. The ACH evaluated these care coordination efforts throughout the program in order to identify best practices and collect

them in a manual for all members to use. The pilot initiative started in January 2015 and operated through June 2015.

Integrate public health in payment and delivery reforms

A main component of SIM is developing ways to redirect payments away from treatment of preventable conditions and toward prevention. Some states are developing the capacity to provide reimbursement to local public health practitioners for providing community preventive services.

- **Promising practices from Minnesota and Washington**
 - Minnesota is working to [integrate](#) its regional health improvement coalitions into the state's Accountable Care Organization, or ACO, payment structure. ACHs from that state have been successful at partnering with ACOs. Interview participants cited health education efforts and developing systems for referral to community preventive services as good early opportunities for public health practitioners and ACOs to collaborate.
 - [Washington's SIM plan](#) describes community-based Accountable Risk Bearing Entities, or ARBEs, that collect Medicaid payments and then distribute those payments to providers, including local public health departments and providers of community preventive services. Though the state is waiting for both ARBEs and ACHs to fully develop, the SIM plan envisions these payers working with the state's ACHs to coordinate community resources and health programs.

Reimburse community health workers for preventive services

Innovation models from across the country encourage training and increasing the number of community health workers. Community health workers often operate out of community-based organizations and can provide preventive services, like health education counseling, home visiting and referrals, to people the health care system might miss. Because they often are members of the community they serve, they have a deep knowledge of the specific social and environmental factors affecting their patients. Community health workers are particularly effective at reaching and assisting underserved populations, who tend to have poorer health outcomes. In addition to the preventive health services they provide, community health workers can also serve as interpreters, help their patients navigate the health system and access community preventive services.

Community health workers show a high return on investment. For example, one study showed working with community health workers decreased costs by [\\$2,000 per Medicaid patient](#) with diabetes. Medicaid now [reimburses](#) the workers who deliver preventive services, such as chronic disease management programs and care coordination that have been recommended by a licensed health care provider, and this presents an opportunity to states to make care more accessible by increasing the use of community health workers.

- **Promising practices from Utah**
 - [Utah's innovation plan](#) advocates for the use of community health workers and developing the ability of the health system to effectively pay for the services they provide. Specifically, the plan calls on the state to determine payer demand for purchasing the services of community health workers. This means

Medicaid and health insurers could develop the capacity to reimburse local health departments and other providers that utilize community health workers.

- Utah's plan also looks to community health workers to enhance the value and quality of the health system. It does this by calling for the development of registration and standardized curricula to improve the quality of care provided by community health workers.

Author

Jason Coates, American Public Health Association

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(Endnotes)

¹For example, see Washington stat's Accountable Communities of Health.

See http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx



800 I Street, NW • Washington, DC 20001 • www.apha.org