AGENDA ITEM #6
July 13, 2010

UPDATE

MEMORANDUM

July 9, 2010

TO: County Council sitting as the Board of Health

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Update from County Health Officer**

Dr. Ulder Tillman, Health Officer for Montgomery County, will be present to provide the Board of Health with update that will focus on two topics: the Montgomery County response to H1N1 (Swine Flu) and impacts on Montgomery County from Health Care Reform (The Patient Protection and Affordable Care Act). Briefing materials are attached at © 1-25.

Dr. Tillman will be joined by Uma Ahluwalia, Director of the Department of Health and Human Services (DHHS); Dr. Helen Lettlow, Deputy Health Officer; Carol Jordan, Director of DHHS Communicable Disease and Epidemiology; and, Judy Covich, Director of DHHS School Health Services.

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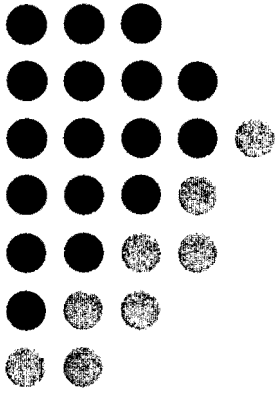
Montgomery County H1N1 Response

Ulder J. Tillman, MD, MPH
Health Officer
Chief of Public Health Services

July 13, 2010



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H1N1 Response

- An estimated 4600 staff positions were necessary to run the clinics

- Over 80 clinics held
  - PHS Clinics
  - Montgomery College
  - Libraries
  - Town Hall
  - HOC Facilities
  - Churches
  - Schools

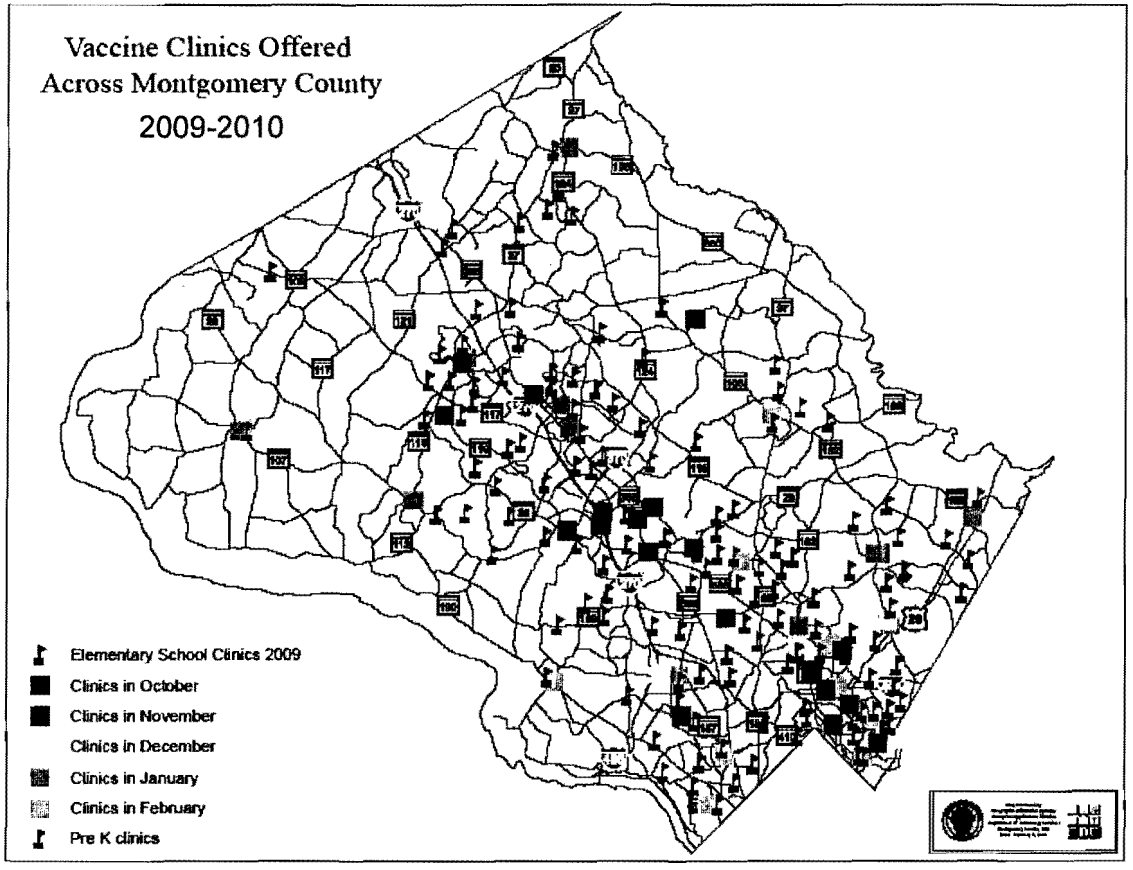
- 3680 staff hours for Flu Information Line

Vaccination Management

- 476 registered Providers
  - Local Health Dept
  - Pediatric Practice
  - Family Practice
  - Hospital
  - Internal Medicine
  - OB/GYN
  - FQHC
  - School or College
  - Urgent Care Center
  - LT Care Facility
  - Occupational Health
  - Community Vaccinator
  - Pharmacy
  - Dialysis Centers
- 597,800 H1N1 Doses Delivered to Montgomery County

H1N1 Public Health Clinics

Over 32,000 H1N1 doses administered through public health



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PATIENT PROTECTION AND AFFORDABLE CARE ACT

IMPLICATIONS FOR MONTGOMERY COUNTY RESIDENTS

Board of Health Briefing
Ulder J. Tillman, MD, MPH
July 13, 2010

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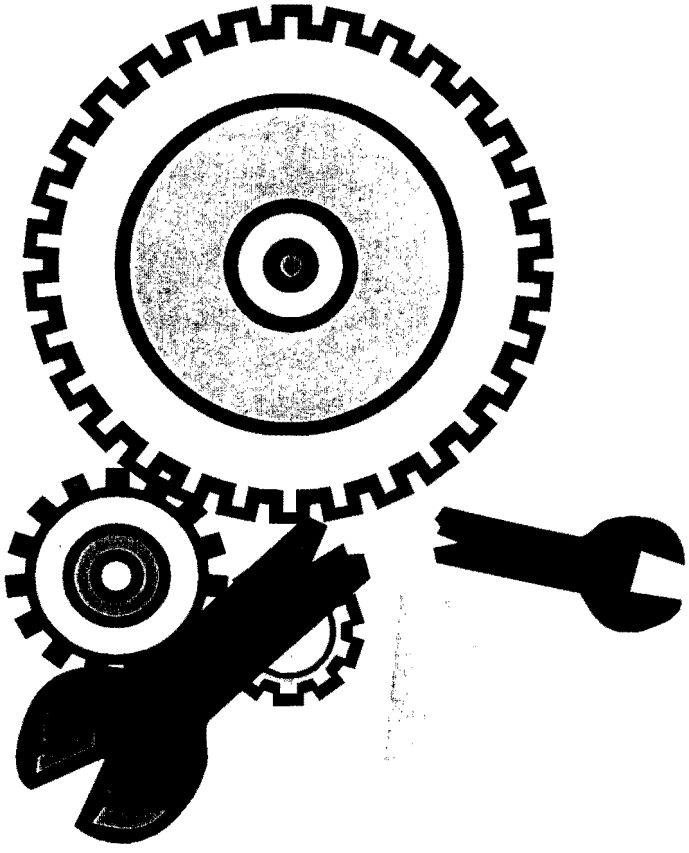
Just To Remind Everyone: Why Health Reform Occurred

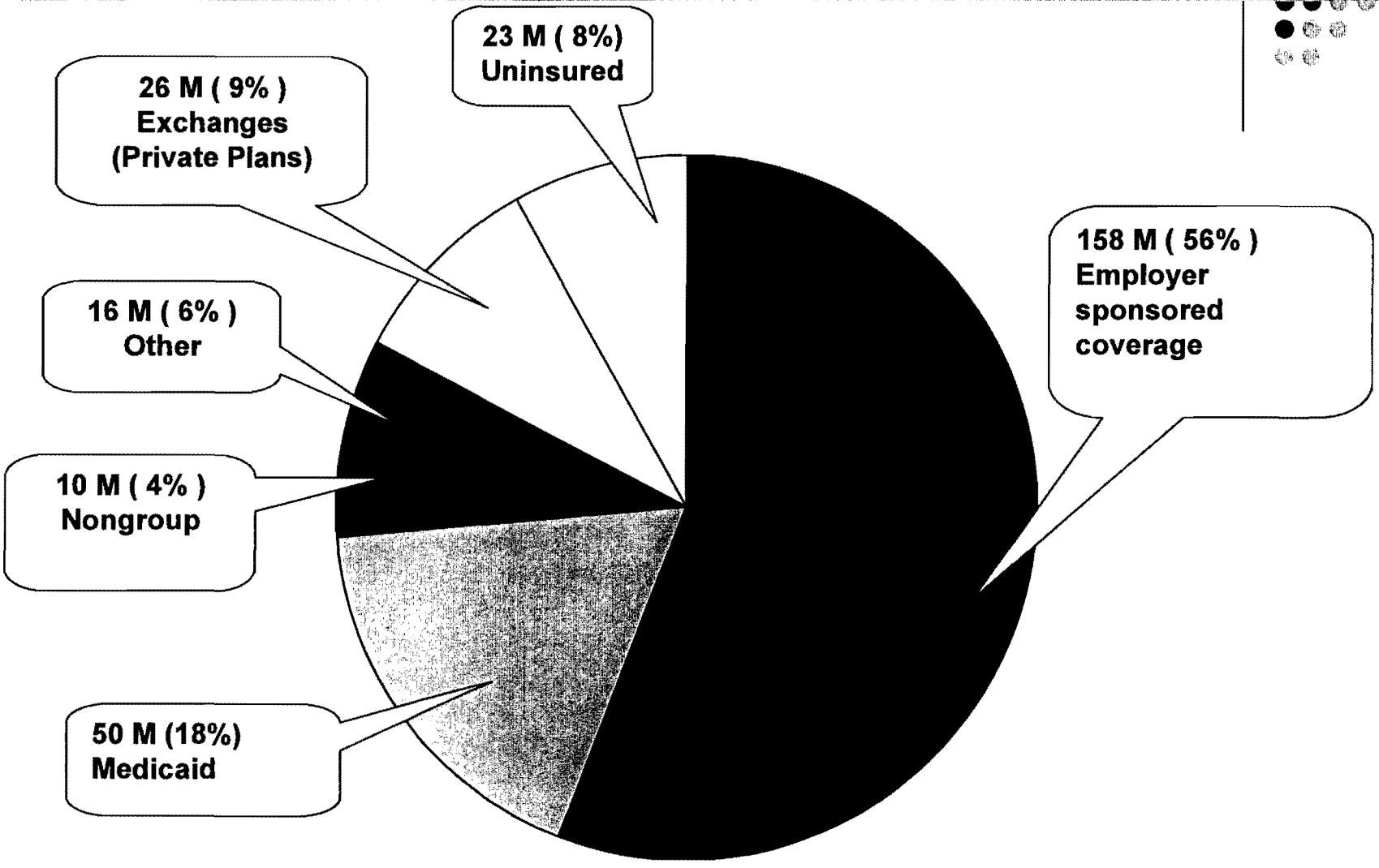


- **Costs**
  - Unaffordable to individuals
  - Excessive growth in overall costs
- **Quality & safety concerns**
  - Uneven & inconsistent
  - Disparities in outcomes
  - Preventable medical errors
- **Access**
  - Rising un/underinsured
  - Less provider availability
- **Inadequate use of Health IT**
  - Clinical information
  - Program management
- **Sickness versus wellness**
  - More focus on disease end of process
  - Under investment in public health

Patient Protection and Affordable Care Act

- Major health policy achievement
- Achieves 94% health coverage
- Major insurance reforms
- Promotes prevention & wellness
- Reduces deficit by $143 billion
- Increase value & quality for health dollar
- Increases affordability for almost everyone
- Promotes primary care
- Supports a modern HIT system
- Opportunity to build a quality public health system

Covers 32 Million More Nonelderly People (94%)



282 million people under age 65
Over age 65 Universal Coverage by Medicare

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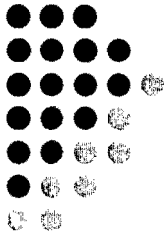
Prevention & Wellness Insurance Benefits



- Essential Health Benefits now include preventive & wellness services, as well as chronic disease management

- All health plans & insurers must cover preventive health services:
  - Evidence-based items or services with a rating of 'A' or 'B' in the current recommendations of the US Preventive Services Task Force (USPSTF);
  - Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC;
  - Evidence-informed preventive care and screenings in HRSA comprehensive guidelines for infants, children, and adolescents;
  - For women, any additional HRSA; preventive care and screenings. Uses original breast cancer screening, mammography, and prevention guidelines
  - Prevention and coverage required in legislation are a floor; not a ceiling
  - Strengthens Clinical and Community Preventive Services Task Forces

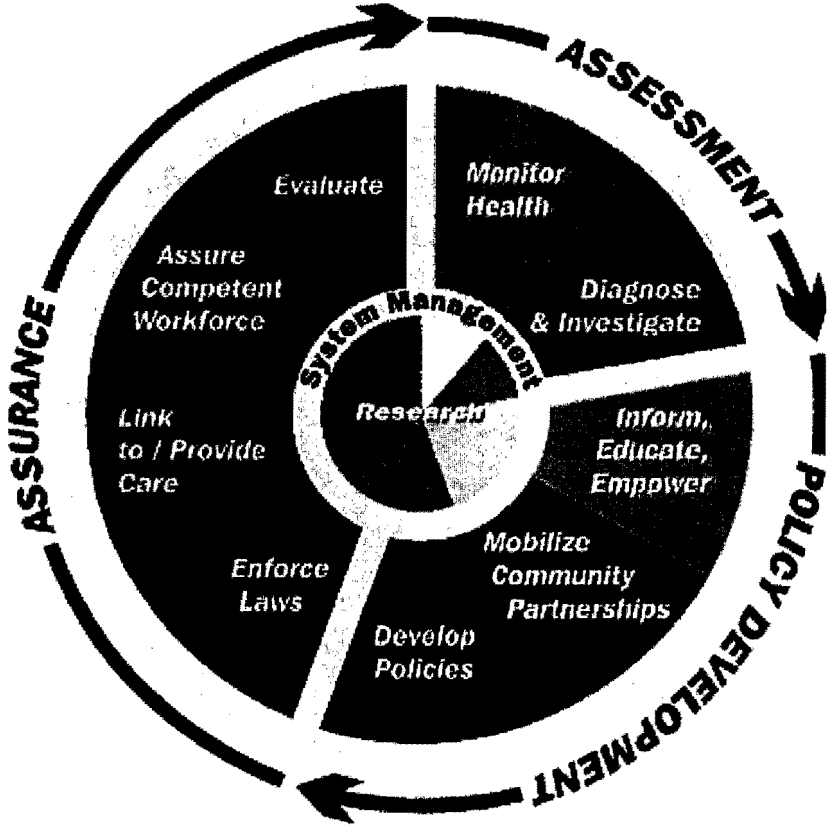
Leadership & Direction For Health Promotion & Disease Prevention

Creates a "National Prevention, Health Promotion & Public Health Council" composed of departmental Secretaries from across the federal government.

- Coordination and leadership among federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system and integrative health care in the U.S.
- Develops a National Prevention Strategy with goals and objectives for improving health through federally-supported prevention, health promotion and public health programs
- Establishes measurable actions and timelines to carry out the strategy
- Makes recommendations to improve federal prevention, health promotion, public health and integrative health care practices.

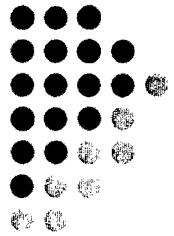
Headed by U.S. Surgeon General, Dr. Regina M. Benjamin

Prevention & Wellness Fund



- Located in the HHS Office of the Secretary, to expand and sustain a national investment in prevention and public health programs
- Support programs ***authorized by the Public Health Service Act,*** for prevention, wellness and public health activities:
  - FY 2010 - $500 million;
  - FY 2011 - $750 million;
  - FY 2012 - $1 billion;
  - FY 2013 - $1.25 billion;
  - FY 2014 - $1.5 billion &;
  - FY 2015 and each fiscal year thereafter - $2 billion.

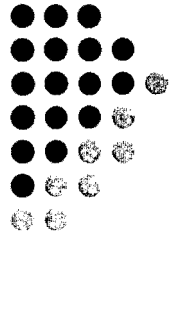
2010 Expenditures
Prevention & Public Health Fund



$250 Million For Prevention And Public Health

- **Community and Clinical Prevention: $126 million**
  - Obesity Prevention & Fitness ($16 million)
  - Tobacco Cessation ($16 million) - Implement anti- tobacco media campaigns, quit lines & outreach to vulnerable populations
- **Public Health Infrastructure $70 million**
  - Public Health Infrastructure ($50 million) - to advance health promotion & disease prevention through IT, workforce training and policy development
- **Public Health Training: $23 million**
  - Public Health Training Centers ($15 million) – Support training of preventive medicine, health promotion and disease prevention, and improve the access and quality in medically underserved communities. and public health training centers.

2010 Expenditures Prevention & Public Health Fund (cont.)

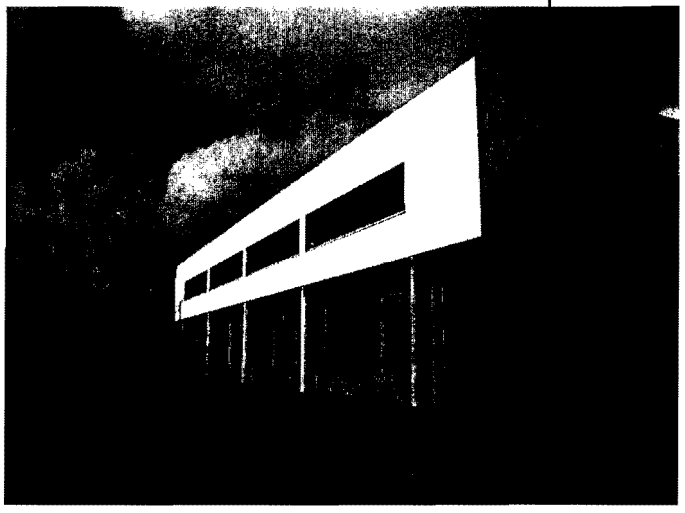


$250 Million To Increase Supply Of Primary Care Providers

- **Additional primary care residency slots**: $168 million for training more than 500 new primary care physicians by 2015;
- **Physician assistant training in primary care:** $32 million to support training of more than 600 new physician assistants, who practice medicine as members of a team with their supervising physician
- **Encouraging students to pursue full-time nursing careers:** $30 million to encourage over 600 nursing students to attend school full-time so that they have better odds of completing their education;
- **Establishing new nurse practitioner-led clinics:** $15 million for the operation of 10 nurse-managed health clinics

Expands Safety Net Health Care System

- Creates a Community Health Center (CHC) Fund - $10 billion over 5 years
  - Enhances funding for the CHC program
  - Construction and renovation of CHCs
  - Grants to support the operation of school-based health centers, especially in underserved communities
  - $50 million appropriated for each of the fiscal years FY 2010 - 2013 for expenditures for facilities and equipment or similar expenditures.
  - Grants to pay the costs associated with expanding and modernizing existing buildings for use as a School-Based Health Center.



- Negotiated rulemaking for development of methodology and criteria for designating Medically Underserved Areas, Medically Underserved Populations and Health Professions Shortage Areas

Eliminating Health Disparities

WEB Dubois

- HHS must ensure that any ongoing or federally conducted or supported health care or public health program, activity, or survey collects and reports, to the extent practicable, data on race, ethnicity, gender, geographic location, socioeconomic status, language and disability status
- In addition to data at the smallest geographic level. The Secretary shall analyze the data to detect and monitor trends in health disparities and disseminate this information to relevant Federal agencies
- Codifies Offices of Minority Health in HHS agencies

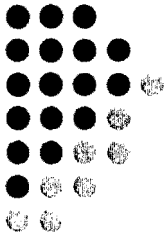
National Workforce Commission

- **Establishes a *National Health Care Workforce Commission*** to serve as a national resource to:
  - Identify barriers to coordination and encourage innovation;
  - Disseminate information on retention practices and;
  - Shall **review current and projected health care workforce supply and demand and make recommendations**.
- The Commission shall communicate and coordinate with a variety of federal agencies and departments..... ***Public health professionals are included in the definition of health care workforce and of health professionals. Public health workforce capacity is also included in the high priority areas list.***

Recruitment and Training of Health Professionals

- Public health workforce loan repayment program created to eliminate critical public health workforce shortages in federal, state, local and tribal public health agencies.
- Also creates allied health workforce recruitment and retention programs
- Preventive medical & dental professional training grants/ financial assistance

ADDITIONAL PROVISIONS OF INTEREST TO THE COUNTY

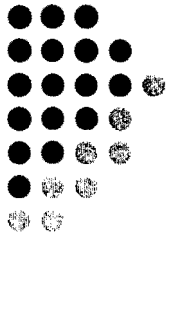


- Enrollment simplification and coordination with State Health Insurance Exchanges for Medicaid, CHIP and Health Subsidy Programs
- Creation of an innovations office at CMS to fund innovative practices
- Establishment of Community Health Teams to Support Medicare Patient-Centered Medical Homes
- State option to provide health homes for enrollees with chronic conditions
- Creation of Community Based Collaborative Care Networks that include a hospital meeting the required level of Medicaid or low-income inpatient utilization and all FQHCs in the community

ADDITIONAL PROVISIONS OF INTEREST TO THE COUNTY (cont.)

- Grants for pilot regional emergency medical and trauma systems
- Healthy Aging Living Well competitive grants from the CDC to address public health community interventions, screenings and clinical referrals for 55-64 year olds
- Community Transformation Grants - Community based public health interventions include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health and promote healthy lifestyles; reduce chronic disease rates.

CLINICAL PREVENTIVE SERVICES



- No cost sharing on preventive services including immunizations, certain screenings and preventive care and screenings for infants, children and adolescents and for women.
- Medicare must cover 100% of prevention costs
- Effective October 2010, states are required to provide Medicaid coverage for tobacco cessation counseling, and drug therapy for pregnant women without cost sharing
- Home visitation for families – using David Olds' model

MENU LABELING

Requires nutrition labeling of standard menu items at chain restaurants (at least 20 outlets) and in vending machines (County provisions aligned with federal law or federal law will pre-empt.)

HEALTH DISPARITIES DATA COLLECTION

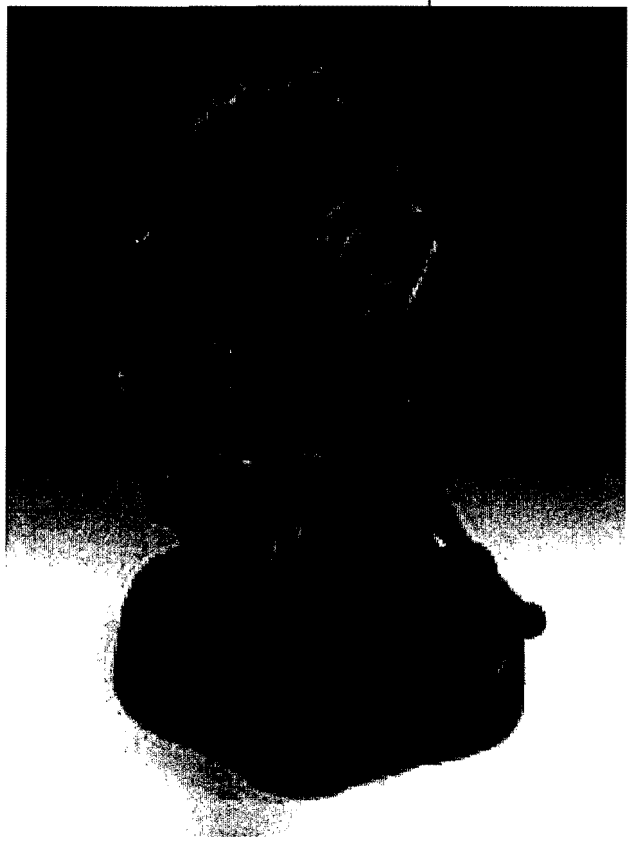
Requires the collection and reporting of data on race and ethnicity, gender, geographic location, socio-economic status (including education, employment or income), primary language and disability status– data at the smallest geographic level and data by racial and ethnic subgroups

WHAT DOES HEALTH REFORM MEAN FOR PUBLIC HEALTH:

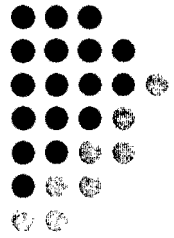
- Attention to clinical and population-based prevention
- Increased funding for existing and newly authorized public health programs through Prevention and Public Health Fund
- Potential for local health department workforce development
- Need to revamp a number of programs and services

Population Health In A Near Universal Coverage Environment

- Policy development, assessment and indirect assurance roles will increase
- Direct assurance role will decrease
- Need to reform public health system and remodel programs; e.g.:
  - Ryan White
  - Breast & cervical cancer
  - Pharmacy assistance
  - Disease control
  - Preparedness
  - Vaccine For Children
  - Others
- Must capture & reapply savings

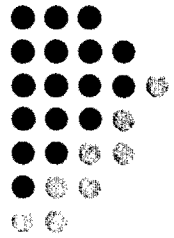


TIMELINE FOR IMPLEMENTATION



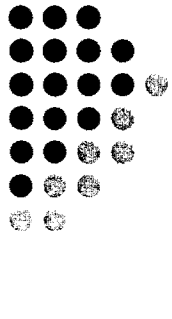
- 2011 – New Medicare wellness visit, no co-pays for preventive care (Medicaid option also)
- 2012 – Medicare Primary Care Medical Home and Accountable Care Organization Demos begin
- 2013 - Medicare physician value based care begins, Medicaid PCMD rates adjusted to 100% of Medicare
- 2014 – Medicaid expansion to cover all non-elderly <133% of FPL now required
- Individual and employer mandates begin, State Health Insurance Exchanges open, subsidies offered to individuals at <400% of poverty

NEXT STEPS AND AREAS OF FOCUS



- Role of Federally Qualified Health Centers
- School Based Health Centers
- Preventive Services
- Role of a robust Health Information Exchange and a valid electronic health and human services record
- Behavioral Health parity and service adequacy
- Workforce Development
- Long Term Care for Seniors
- October 27 and October 30, 2010 – placeholders for community update

Websites for Further Information



- www.HealthCare.gov
- www.healthreform.maryland.gov