The ACA & the Transformation of the US Health Care Delivery System: Opportunities & Threats for Public Health

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Learning objectives

- Discuss contextual influences related to reform
- Define & discuss need for & implications of transformative changes
- Review major megatrends in the transformation of public health
- Outline opportunities for public health sector
- Discuss threats to public health
Key points

- ACA is a watershed of US public health policy
- Public health is at a crossroads
- ACA “fundamentally alter[s] the policy landscape in which public health is practiced” (Rosenbaum, 2011)
Contextual influences

- Passage of the ACA one part of intricate puzzle; includes provisions to:
  - Achieve near-universal coverage
  - Improve fairness, quality & affordability of health insurance coverage
  - Strengthen primary care access
  - Invest strategically in the public’s health

- Much more is needed
Transformational change

Transformational change is profound, fundamental, and irreversible; a radical change from one to another.

- Holistic
- Involves breakthroughs
- “We must be the change we want to see”
- Accentuates the positive
- Balances control with letting go
- Engages the heart
- Happens at all levels
“Problems cannot be solved by the same level of thinking that created them”  (Einstein)
Why is transformation needed?
Issues

Costs
◦ US outspends all other countries

Quality
◦ Spending not linked to better outcomes
◦ Quality is uneven

Access
◦ Too many Americans currently do not have health insurance; even more are underinsured

Overall system performance
◦ The US consistently underperforms
Overall system performance

“Despite having the most costly health system in the world, the United States consistently underperforms on most dimensions of performance relative to other countries” (Davis, K., Stremikis, K., Squires, D., & Schoen, C., 2014).
## EXHIBIT ES-1. OVERALL RANKING

### Country Rankings

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### Overall Ranking (2013)

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### Health Expenditures/Capita, 2011**

- AUS: $3,800
- CAN: $4,522
- FRA: $4,118
- GER: $4,495
- NETH: $5,099
- NZ: $3,182
- NOR: $5,669
- SWE: $3,925
- SWIZ: $5,643
- UK: $3,405
- US: $8,508

Notes: * Includes ties. ** Expenditures shown in US PPP (purchasing power parity); Australian $ data are from 2010.

What are the major transformative trends most germane to public health?
Before we start: Operational definitions

| Clinical services (health care) | • Addresses problems as they arise  
|                               | • Primarily provided by private caregivers  
|                               | • Funded by complement public & private insurance & patient payments |
| Public health                  | • Primarily addresses problems before they arise  
|                               | • Generally focuses on entire population (rather than one patient at a time)  
|                               | • Funded by government |
| Population health              | • Less directly ties to governmental health department  
|                               | • Includes health care delivery system  
|                               | • Defined by geography & other factors |
What are a megatrends?
Megatrends

- Major shifts in large-scale, sustainable change
- Impact wide range of activities, processes, and perceptions
- Define our future world
Megatrends: Underlying forces

- Demographic shifts
- Changes in political climates
- Science and technology developments
- Economic dynamics
- Social and cultural shifts
Megatrends: Public health transformation

- Population health emphasis
- Shifting boundaries
- Interprofessional/cross-sectoral partnering
- Value/accountability
- Expanded use of IT
- Ascendancy primary care & prevention
- Evidence-based practice and policy
Population health: Various perspectives

- **Outcomes-oriented** - looks at health outcomes and their distribution (Kingdig & Stoddart, 2003)

- **Means to an end** - way to improve US health care delivery system (IHI-Triple Aim)

- **Outcomes and contributing factors** (Dunn & Hayes, 1999)

- **Conceptual framework** - Why are some populations healthier than others? (Young, 2005)

Adapted from Soto (2013)
Commonalities across perspectives

- Sum of individual parts & /or cross-sectoral parts
- Include upstream factors, not just health outcomes
- Aim is to reduce disparities & inequities
- Holistic focus (Soto, 2013)

*Population health includes a broader array of determinants than health care or public health.*
Shifting boundaries

- Public health functions have not changed, but activities are
- Ten Essential Services need to be adjusted
  - Expansion of coverage will impact clinical services currently provided by governmental agencies
  - Public health principles becoming integrated into many new delivery system models
- Public health programs, services, & data have applicability beyond traditional applications (Benjamin, 2012)
Interprofessional & cross-sectoral partnering

- Problems too big/too complex to be dealt with in isolation
- Burden-sharing, dollar-stretching, & leveraging limited resources
- Avoid redundancies & gaps
- Create synergies
- Build/enhance capabilities
- Achieve public cooperation/support
The “integrator”

Public health versus population health?
Value/accountability

Outcomes, outcomes, outcomes....
Expanded use of health information technology (HIT)

“There is perhaps no greater opportunity to transform practice than through technology.”

(Future of Nursing report, 2010, p. 136)
Potential transformative value

3 major mechanisms
- Accessible patient information
- Better clinical guidelines
- Continuous learning and improvement
Ascendancy primary care & prevention

We need to make primary care a priority & extend Starfield’s (1994) vision of primary care:

- First contact care
- Continuity
- Comprehensiveness
- Coordination
Building blocks of transformed primary care practice

Shift from individual to population perspective
Reconceptualized encounters
Stratified patient panels
Team-based approach to care
Reward improved performance and results; need flexibility
Evidence-based practice & policy

Key components of EBPH include:

- Making decisions on the basis of the best available scientific evidence
- Using data and information systems systematically
- Applying program-planning frameworks
- Engaging the community in decision making
- Conducting sound evaluation
- Disseminating what is learned (Browson, Fielding, & Maylahn, 2009)
Opportunities

- New funding opportunities
- Outreach—Ensure that uninsured individuals have best & most continuous coverage
- Direct provision of clinical services?
- Development of wellness programs
- Community Health Assessments
- Research priorities
Threats: Policymaking

- Lack of appropriations
- Regulatory process
- Implementation process
- Federal law implemented largely by state governments
- Political partisanship (Bovbjerg, Ormond, & Waidman, 2011)
- “Swimming upstream” (DeVille & Novick, 2011)
  - History
  - Culture
  - Political realism
Threats: Intrinsic

Public health is routinely underfunded.

- Future, not immediate benefits
- Benefit public at-large, not identified individuals
- Better health fueled by many factors other than public health
- Public health initiatives require change
- Public health is a fragmented field (Bovbjerg, Ormond, & Waidman, 2011)
Questions?

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Key sources


