

# **SETTING LOCAL PUBLIC HEALTH PRIORITIES TO SUPPORT BOTH MEDICAL HOMES AND POPULATION HEALTH**

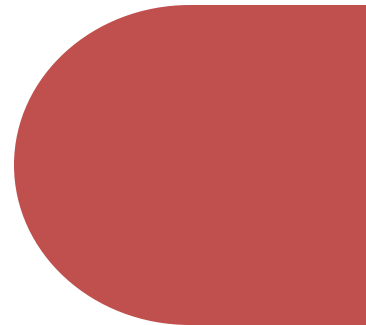


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**The Medical Home Summit**

**Philadelphia, PA**

**March 24, 2015**



# Disclosures

The views expressed in this presentation are those of the presenter and do not represent the views and interest of any specific organization or interest group.

# Agenda

- Changing Public Health and Healthcare Landscape
- Opportunities for Partnership
- Louisville Case Study

# **CHANGING LANDSCAPE**

# Changing Landscape

- Patient Protection and Affordable Care Act
  - Healthcare Coverage
  - Cost Containment
  - Improving Quality
  - Workforce Development
  - Prevention/Wellness/Public Health

# Changing Landscape

- Patient Protection and Affordable Care Act
  - IRS Requirement for Non-Profit Hospitals
  - Prevention and Public Health Fund
  - Individual Mandate for Health Insurance and Medicaid Expansion
  - Patient Centered Outcomes Research Institute to promote comparative effectiveness research

# **OPPORTUNITIES FOR PARTNERSHIP**

# Opportunities for Partnership

- Health care goal
  - The improvement of individual patient outcomes through the provision of medical services
- Public health goal
  - Improving health outcomes in the population as a whole through health promotion and disease prevention



# Opportunities for Partnership

- Community Health Needs Assessments
  - ACA requires non-profit hospitals to conduct a community health needs assessment every three years and develop a health improvement plan
  - Public Health Accreditation Board (PHAB) requires local and state health departments to conduct community health needs assessments

# Opportunities for Partnership

- Assure access to preventive health services
  - ACA eliminates cost sharing for preventive services rated A or B by the US Preventive Services Task Force
  - State/local health departments have received federal funding and allocated local funding to provide preventive health services to uninsured and underinsured through local health departments
  - Primary care providers are trained to provide preventive health services in the context of a comprehensive health visit

# **LOUISVILLE, KY CASE STUDY**

# Healthy Louisville 2020



## Creating a Healthier City



Greg Fischer  
Mayor



LaQuandra S. Nesbitt, MD, MPH  
Director

# Healthy Louisville

Measuring What Matters in Louisville



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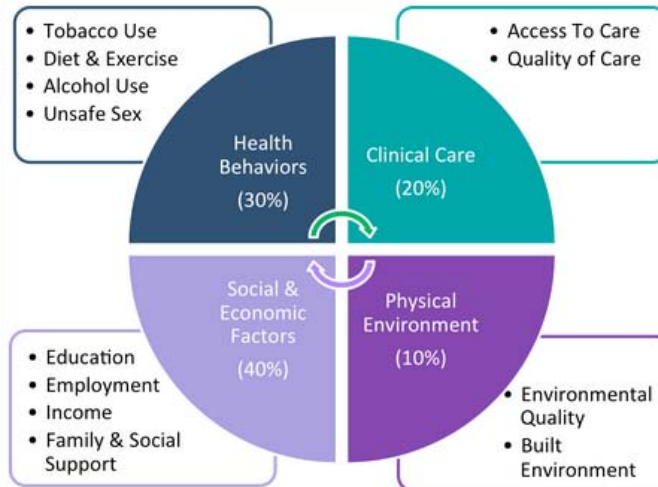
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## WHAT DRIVES HEALTH



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Healthy Louisville  
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2020**



Creating a Healthier City



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Louisville

Current Conditions



Good

Pollutant: Particles (PM2.5)

Observed at:  
09/02/14 10:00 EDT

Air quality indicator  
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# Access to Healthcare

**Goal:** All Louisville Metro residents will have health insurance coverage and a medical home

# Access to Healthcare

## HL 2020 Targets:

- Decrease percentage of uninsured Louisville Metro residents from 17% to 0%
- Increase the percentage of people who have a primary care provider from 89.7% to 99% or more of the Louisville Metro population.

# Strategies to Support Goal

- Provided support to federally qualified health centers for PCMH certification activities
- Decreased number of days/week public health immunization clinics operate in Louisville
- Closed public health family planning clinics and transferred all funding to federally qualified health center and Planned Parenthood
- Collaborate with Kentuckiana Health Collaborative to establish goals for number of PCMH sites city-wide



# Take Home Points

- The Affordable Care Act provides an opportunity to redefine the role of the safety net and public health system
- Providing “preventive health” services is not synonymous with providing “comprehensive primary care”
- Public Health must advocate for a paradigm shift in the best interest of improved patient experience, quality, and outcomes even if it means a decrease/shift in revenue

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