



Should Health Departments Still Provide Clinical Services Post-ACA?

Presented to: American Public Health Association
Glenn M. Landers, ScD



Presenter Disclosures

- The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
 - No relationships to disclose.

Background

“As clinical care provision in a community no longer requires financing by public health departments, public health departments should work with other public and private providers to develop adequate alternative capacity in a community’s clinical care delivery.”

Institute of Medicine, 2012

Background

- The decision to provide clinical services and pursue reimbursement is complex.
- That complexity will likely increase as reimbursement moves to new models such as accountable care organizations.
- Health departments must decide if it makes sense to provide clinical services based on local context and, if so, whether to seek reimbursement.
- As of 2013, a minority of local health departments provided clinical services.
- A 2014 report showed that, of those who do, the majority bill some form of third party payment.



Definitions

- Demand = States with Medicaid expansion
- Supply = Counties designated as a health professional shortage area (HPSA)

Data

- The roster of U.S. counties and population data are from the U.S. Census Bureau.
- HPSA designations are from the Health Resources and Services Administration, Bureau of Health Professions.
- State Medicaid expansion designations are from the Kaiser Family Foundation as of July 2015.

2x2 Matrix

I

No HPSA/No Medicaid Expansion

Adequate providers
No increase in demand from Medicaid members
Likely low safety net role

III

No HPSA/Medicaid Expansion

Adequate providers
Increase in demand from Medicaid members
Safety net role potential strongly impacted by presence of other providers

II

HPSA/No Medicaid Expansion

Inadequate providers
No increase in demand from Medicaid members
Potential medium safety net role

IV

HPSA/Medicaid Expansion

Inadequate providers
Increase in demand from Medicaid members
Potential high safety net role

Results

I

No HPSA/No Medicaid Expansion

Low safety net role potential

Consider not providing clinical services

Low opportunity for reimbursement
7% of counties
5% of U.S. population

III

No HPSA/Medicaid Expansion

Medium safety net role potential

Consider not providing clinical services

Good opportunity for reimbursement
7% of counties
5% of U.S. population

II

HPSA/No Medicaid Expansion

Medium safety net role potential

Consider providing clinical services

Low opportunity for reimbursement
47% of counties
35% of U.S. population

IV

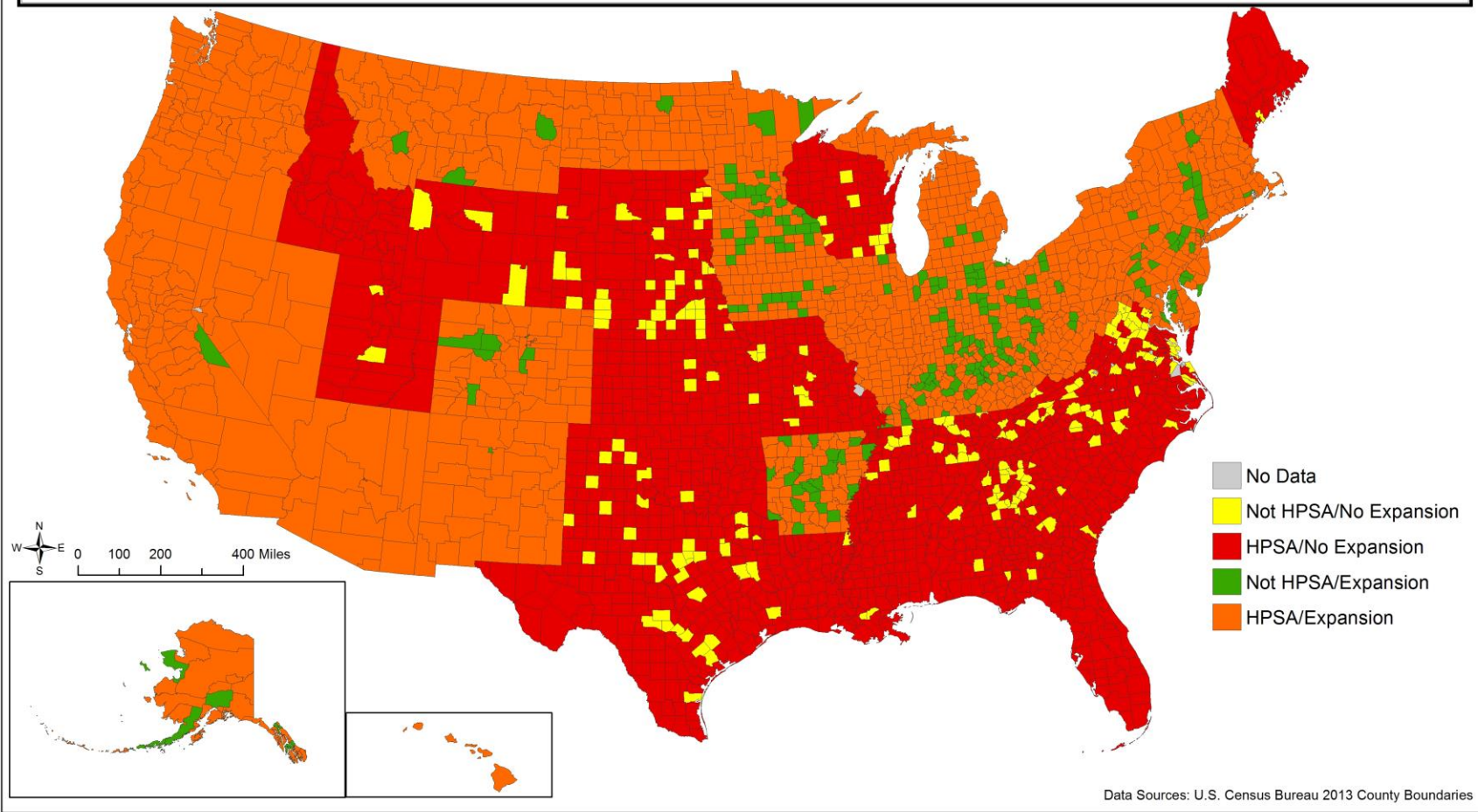
HPSA/Medicaid Expansion

High safety net role potential

Strongly consider providing clinical services

Good opportunity for reimbursement
39% of counties
55% of U.S. population

U.S. Counties by Safety Net Category



Conclusions

- Health departments in only 7% of U.S. counties might be in a position to not offer clinical services as a part of the safety net.
- Health departments in 46% of counties may have a good opportunity to seek reimbursement for clinical services.
- 86% of counties are designated as HPSAs, yet few health departments provide clinical services.

Limitations

- The analysis considers only two factors.
 - Example: Does not account for those who may not be newly eligible for Medicaid, regardless of a state's expansion status
- Need to tailor results to local context and conditions.
- However, the analysis does serve to group health departments in broad categories as a first step in working through the decision process.