STATE HEALTH DEPARTMENT FRAMEWORK

Preventing Infectious Diseases through Healthcare
State Health Department Framework:
Preventing Infectious Diseases through Healthcare

The Association of State and Territorial Health Officials (ASTHO) is working with its members and partners to examine how the healthcare system, evolving under health reform implementation, will influence the role of state health department infectious disease programs. This document represents a summary of collective thinking, a roadmap for moving forward, and an effort to complement work being done by CDC to develop a framework at the federal level.

Background

Infectious diseases continue to be a leading cause of illness and death as illustrated by HIV/AIDS, healthcare-associated infectious, drug-resistant pathogens, H1N1 influenza, pertussis, hepatitis, and outbreaks of foodborne disease. The prevention and control of infectious diseases is a dynamic process that involves a wide variety of stakeholders, information systems, and resources.

Health reform implementation will increase coverage of disease screening and clinical preventive services. Because many infectious diseases disproportionately affect the uninsured and those with limited access to medical care, expanded Medicaid eligibility and affordable plans may help address the burden of illness in these populations. The key during this transition is ensuring that services for infectious disease do not fall through the cracks and that the unique public health expertise and “wrap-around” services are still available to all who need them.

Most state health departments are challenged by budgetary constraints and difficult decisions about what services can be continued. It is important to ensure that weakened public health capacities do not negatively affect human health. All stakeholders need to maximize limited resources more effectively—both financial and workforce—to provide comprehensive preventive services.

For these reasons, ASTHO convened a meeting on prevention through healthcare and the future of state infectious disease programs. The meeting’s objectives were to discuss the changing environment for infectious disease preventive services, identify the unique public health role, and identify key strategies for state health officials (SHOs) and private partners in this changing environment. As a result, we developed this document, which includes a roadmap for next steps and a preliminary “strawman.”

We gratefully acknowledge the participants for their time, expertise, and insights. The opinions expressed in this report do not necessarily represent the views of their organizations. Organizations in attendance included: Maryland Department of Health and Mental Hygiene, New Hampshire Division of Public Health Services, Mark Horton (Alumnus-CA), CMS Innovation Center, Health Reform Strategy, Policy, and Coordination Office at CDC, Trust for America’s Health, Infectious Disease Society of America, Pediatric Infectious Diseases Society, National Association of Community Health Centers, Inc., National Rural Health Association, and the American Academy of Family Physicians.
Roadmap for Next Steps

Public health cannot operate in a vacuum—it must be strategically integrated with the existing systems of a state and community to ensure adequate services for the population.

Assumptions in the New Health Delivery System

- Increased insurance coverage for preventive services.
- Increased role of private sector providers in preventive services.
- Increased investments in health information technology.
- Increased investments in community health centers.
- Increased number of people seeking services.
- Decreased funding sources for public health.
- Shortages in workforce capacity in both public health and the private sector.
- Coordination of services will become increasingly important.
- Public health will need to increase their focus on monitoring, assurance, and policy development.

The ultimate outcome of this work would be a clear map for each state or community delineating responsibility for aspects of infectious disease control and prevention and how they will be funded. In order to align activities, conversations will need to take place at the federal, state, and local level with both public and private entities.

Federal Level Activities

CDC has taken the lead on defining roles and how best to move forward, but it would also be beneficial to have a specific federal champion to provide the necessary leadership and convene the right partners. During the ASTHO meeting, the assistant secretary for health and the surgeon general were suggested as appropriate champions.

Payment for services continues to be a challenge that will need constant attention. With new initiatives such as accountable care organizations, bundled payments, and community transformation grants, how does public health fit in? Are there new creative ways that a community system (public and private services) can be held accountable and also paid for the prevention and treatment of infectious diseases? Conversations with CMS, CDC, and other federal partners are necessary to identify creative solutions—with potential changes, how do federal resources need to be reworked to best support the state health department’s role?
State Level Activities

Specific Items that Need to be Considered in State-Level Conversations

- What are the state level capacities for health information technology and how can that contribute to this integration effort?
- How to best partner with Medicaid—identify areas for collaboration and cooperation.
- How best to collaborate with community health centers—how do we support their mission, how do they best support public health?

The Public Health Accreditation Board outlines some general strategies for states to undertake in its accreditation plan. These strategies are also appropriate for this conversation. For example:

- Community Health Assessment.
  - Participate in or conduct a state partnership that develops a comprehensive state community health assessment of the state’s population. This activity’s purpose is to assess the state health department’s collaborative process for sharing and analyzing infectious disease data concerning state health status, state health issues, and state resources towards the development of state level community assessment.
  - Complete a state-level infectious disease community health assessment. This provides a foundation for efforts to improve the health of the population. It is a basis for setting priorities, planning, program development, funding applications, coordination of resources, and new ways to collaboratively use assets to improve the health of the population.

- Engage with the public health system and the community in identifying and addressing public health problems through collaborative processes.
  - When addressing particular public health issues or populations, collaboration provides various perspectives and additional expertise. Collaboration provides the opportunity to leverage resources, coordinate activities, and employ community assets in new and effective ways. Collaboration includes engagement with community members so that they are participants in the process and feel connected to the decisions made and actions taken.

- Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan.
  - Although the state health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. The health department must partner with other agencies, organizations, and provider groups to plan and share responsibility for health improvement (in this case, specific to infectious disease). Stakeholders have access to additional data and bring different perspectives that will enhance planning. A collaborative planning process fosters a shared sense of
ownership and responsibility for the plan’s implementation. The state health improvement process is a vehicle for developing partnerships and for understanding roles and responsibilities.

- Assess healthcare service capacity and access to healthcare services.
  - Convene or participate in a collaborative process to assess the availability of healthcare services. The health department should participate in collaborative efforts to assess the healthcare needs of the population of the tribe, state, or community. The focus is on the need for primary care, particularly preventive care. The health department might not directly provide healthcare services to improve access, but may provide selected clinical services where it has authority and responsibility.
  - Identify populations who experience barriers to infectious disease healthcare services.
  - Identify gaps in access to healthcare services.

**Next Steps for State Public Health**

- Ensure the evolution of infectious disease services is done in a thoughtful and strategic manner in partnership with the federal programs. The way services are provided is changing because of increased insurance opportunities and reduced state and local budgets.
- Engage in conversations at the federal, state, and local levels about what the role of public health should and can be in this new environment, and how best to make the transition.
- Define baseline role that the health department is best suited to provide. To ensure a consistent approach, state health departments need to agree on what their essential role should be.
- Develop a public health strawman that outlines the basic services that public health offers in the area of preventing and controlling the spread of infectious disease.

**STD Example**

**Current State Health Role** – Health education, behavior change, vaccination, identify and treat infected individuals, STD clinics for symptomatic, screen asymptomatic, partner notification.

**Opportunities** – Strengthen surveillance through health information technology.

**Challenges** – Insurance does not equal access. Health departments will need to assess and ensure the coverage and quality of STD prevention services, identify barriers to delivery of quality STD services, partner management, and confidential services and support.

**Moving Forward** – Include STD specialty clinics and services in medical homes. Partner with healthcare providers to serve at-risk populations, upgrade IT and electronic health records (EHR) systems, enhance STD surveillance, and monitor access to care.
• Utilize this strawman to have the necessary conversations at all levels of government about the role of the state health department, its importance, and how it interrelates with services provided by others.
• Utilize this strawman to have conversations with other providers in the community—e.g., community health centers, private providers, family planning clinics, etc.—to map out each participant’s role to ensure a comprehensive system exists.
• Develop a roadmap for state health officials on how to address this changing dynamic.

Preliminary Public Health Strawman:
Infectious Disease Services
State Health Department Roles and Responsibilities in Infectious Disease Public Health Accreditation Board Standards

Surveillance/Data/Reporting
• Maintain a surveillance system for receiving reports 24/7 to identify infectious disease health problems and public health threats. State health departments will have to assess their capacity to receive and monitor reports on the health issues of the population in a standardized, systematic manner.
• Collect and maintain reliable, comparable, and valid data that provide information on infectious disease conditions of public health importance.
• Analyze public health data to identify infectious disease trends that affect public health.
• Provide statewide public health data to various audiences on various infectious disease trends.
• Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions for infectious diseases.
• Evaluate state health department data systems for compatibility with EHRs and readiness for “meaningful use” criteria.

Disease Detection/Control
• Conduct timely investigations of infectious disease outbreaks.
• Ability to conduct or support multiple investigations of infectious or communicable diseases simultaneously. (Investigations of infectious disease or communicable disease provide information that allows the health department to understand the best way to control an outbreak and to prevent further spread of an outbreak.)
• Monitor timely reporting of notifiable/reportable disease, lab test results, and investigation results.
• Contain/mitigate infectious diseases. (Health departments are responsible for acting on information concerning infectious diseases to contain or lessen the negative effect on the health.)
• Establish an all hazards emergency operation plan and a process for determining when to use it in the event of a disease outbreak that threatens the population’s health.
• Maintain written protocols for urgent 24/7 communications to provide accurate and timely information during an infectious disease outbreak to ensure an appropriate and effective community response.

**Education/Health Promotion**

• Provide information to the public on protecting themselves against infectious diseases—information including health risks, healthy behaviors, and disease prevention.
• Active participation in partnerships or coalitions to address specific infectious diseases issues. Leverage resources, coordinate activities, and employ community assets in new and effective ways.

**Public Health Policy**

• Primary and expert resource for establishing and maintaining public health policies, practices, and capacity for infectious disease.
• Educate governing entities, elected officials, or the public of potential public health impacts from current or proposed policies.

---

**Guiding Questions**

*Where is the center of expertise for diagnosis and treatment?*

*Who ensures all populations have access to care?*

*Who maintains quality of service?*

*Who makes sure patients are screened in a safe environment?*

---

**Summary**

The prevention and control of infectious diseases has been, and continues to be, a primary function of public health. However, the specific functions of the health department will change as opportunities for prevention are increased in other settings, new technologies enable creative solutions, and a continuing need to maximize limited financial and workforce resources necessitates changes in service delivery. To ensure that changes occur in a systematic and responsible way, state health departments must be at the table to help design the most effective and efficient systems. The strawman and the specific next steps provide a framework for moving these critical conversations forward.