

Health and Social Service System Alignment to Improve Population Health and Reduce Disparities Policy Statement

POSITION

State and territorial public health officials and leaders of state human service agencies are positioned to increase access to health care and social services through joint policy, program, and data analytics efforts. Realizing the full potential of interagency collaboration requires investments to strengthen strategic and operational engagement between public health, state Medicaid agencies, social service programs, health systems, and community-based providers such as Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Community Mental Health Centers (CMHCs).

BACKGROUND

As chief health strategists, S/THOs can improve population health and equity by leading public health, payor, and social and clinical service alignment initiatives that maximize investments from federal, state, and local entities. Additionally, this network of stakeholders and corresponding alignment of initiatives will enable state health agencies to tactically respond to geographic, structural, and racial health disparities exacerbated by the social determinants of health.

ASTHO supports state health officials in their prioritization of the following policies and initiatives for interagency collaboration between public health, state Medicaid agencies, social service programs, and health systems:

- Formalize continuous coverage and health-related social needs policy, especially for special populations (e.g., peripartum parents or caregivers, children with special healthcare needs, etc.).
- Reduce morbidity and mortality by developing evidence-based comprehensive community and clinical services and corresponding payment models for populations at high risk for premature death or high-cost utilization of care. (e.g., people experiencing homelessness, people who use drugs, people with severe mental illness, etc.).
- Develop comprehensive technology solutions and policy to facilitate sharing, interoperability and analysis of public health, social service, payor and provider data to support population health improvement initiatives (e.g. monitoring access to and utilization of care, surveillance and burden of disease estimates for chronic conditions that are the major causes of morbidity and mortality in the U.S., response to emerging infectious disease., etc.).
- Develop policy and initiatives to support rural access to care in collaboration with health systems policy experts (Medicaid, public health, academic partners), private sector partners (payors, hospital systems, providers), and community-based organizations (community health centers, social service programs).ⁱ

Summary of Recommendations

- Establish policy & financing to support comprehensive health & social services for high-risk and special populations across the continuum of care.
- Create the operational, analytic, and policy infrastructure to support design of evidence-based comprehensive services for high-risk populations.
- Establish systems to monitor access to and utilization of acute care.
- Advance rural health access strategy & policy.

RECOMMENDATIONS

Establish Policy & Financing to Support Comprehensive Health & Social Services for High-Risk and Special Populations Across the Continuum of Care.ⁱⁱ

- Implement continuous coverage and health-related social needs policy and corresponding financing mechanisms to support health outcomes improvement among special and high-risk populations (e.g., people experiencing homelessness, people who use drugs, people with severe mental illness).^{iii, iv, v}
- Build capacity among public health programs to support integration of clinical and social services and facilitate implementation of care coordination and patient engagement initiatives required for the success of coverage enhancement and health-related social needs policy.^{vi, vii}
- Develop comprehensive mental health and substance use treatment services and corresponding payment models.

Create the Operational, Analytic, and Policy Infrastructure to Support Design of Evidence-Based Comprehensive Services for High-Risk Populations.

- Establish ongoing, sustainable public health and Medicaid data-sharing and analytics strategies (e.g., Medicaid claims and eligibility data linkage to analyze tobacco prevalence among the Medicaid population) to identify populations at high risk of premature death or high-cost utilization.
- Ensure public health participation in Medicaid quality improvement policy development and implementation to support population-based strategies to mitigate drivers of poor health outcomes and high utilization.
- Collaborate with Medicaid, health systems and social service partners in development of payment models to scale evidence-based strategies with demonstrated ROI and improved population health outcomes including continuous coverage and health-related social needs.
- Develop the capacity of the public health workforce to conduct health economic analyses and model the return on investment of public health programs.

Establish Systems to Monitor Access to and Utilization of Acute Care.^{viii, ix, x}

- Develop a comprehensive set of access to care metrics to support monitoring of emerging health threats and ensure equitable access to care for all.
- Establish and finance platforms to support real-time health system reporting on access to care, utilization metrics, and public health databases that support syndromic and chronic disease surveillance capability.
- Reduce barriers to care via policy that enables and supports remote service delivery or program enrollment (e.g., telehealth policy, remote certification for WIC program eligibility).
- Support investments in the National Health Service Corps, Nurse Corps, and other healthcare provider placement programs, as well as encourage federal investment in the state/territorial primary care and rural health offices who manage these programs and health professional shortage area designations.

Advance Rural Health Access Strategy & Policy.^{xi, xii}

- Develop and support coalitions to streamline engagement between public health programs including state offices of rural health and primary care, community-based leaders and organizations, and rural health programs administered by CDC, CMS, HRSA, IHS, and USDA.
- Align rural healthcare and public health workforce development initiatives to support expanded access to care as well as strengthening public health systems in rural America.

- Develop and support state readiness to adopt lessons learned from the CMMI rural healthcare delivery models.

POLICY APPROVAL HISTORY

Population Health and Informatics Policy Committee Approval: May 19, 2023

Board of Directors Approval: June 22, 2023

Policy Expires: June 30, 2026

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

Copyright © 2023 ASTHO

ⁱ Bhatnagar, S., Harris, J., Hartnett, T., Hoagland, G. W., McDonough, D., Ruff, J., & Serafini, M. (2022, May). The impact of covid-19 on the Rural Health Care Landscape. Bipartisan Policy Center. Retrieved April 19, 2023, from https://bipartisanpolicy.org/download/?file=%2Fwp-content%2Fuploads%2F2022%2F05%2FBPC-Medicare-Rural-EmerHsp_R02.pdf

ⁱⁱ McConnell, K. J., Rowland, R., & Nevola, A. (2023). A Medicaid Benefit for health-related social needs. JAMA Health Forum, 4(2). <https://doi.org/10.1001/jamahealthforum.2022.5407>

ⁱⁱⁱ Kaiser Family Foundation. (May 4, 2023). Medicaid Postpartum Coverage Extension Tracker. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

^{iv} Bill Track. Mississippi Senate Bill 2212. <https://www.billtrack50.com/billdetail/1523049/>

^v Commonwealth of Massachusetts. 1115 MassHealth Demonstration (“Waiver”). <https://www.mass.gov/service-details/1115-masshealth-demonstration-waiver>

^{vi} NCDHHS. (2023, April 11). *Healthy Opportunities Pilots*. NCDHHS. Retrieved April 20, 2023, from <https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots>

^{vii} NCCARE360. (2023, February 28). NCCARE360. Retrieved April 20, 2023, from <https://nccare360.org/>

^{viii} Greenwood-Ericksen, M., Kamdar, N., Lin, P., George, N., Myaskovsky, L., Crandall, C., Mohr, N. M., & Kocher, K. E. (2021). Association of rural and critical access hospital status with patient outcomes after emergency department visits among Medicare beneficiaries. JAMA Network Open, 4(11). <https://doi.org/10.1001/jamanetworkopen.2021.34980>

^{ix} Bartlett, E., & Greenwood-Ericksen, M. (2022). Indigenous health inequities arising from inadequate transfer systems for patients with critical illness. JAMA Health Forum, 3(10). <https://doi.org/10.1001/jamahealthforum.2022.3820>

^x Cutler, D. M. (2022). Health workforce issues more conspicuous after onset of covid-19. JAMA Health Forum, 3(12). <https://doi.org/10.1001/jamahealthforum.2022.5256>

^{xi} Bhatnagar, S., Harris, J., Hartnett, T., Hoagland, G. W., McDonough, D., Ruff, J., & Serafini, M. (2022, May). The impact of covid-19 on the Rural Health Care Landscape. Bipartisan Policy Center. Retrieved April 19, 2023, from https://bipartisanpolicy.org/download/?file=%2Fwp-content%2Fuploads%2F2022%2F05%2FBPC-Medicare-Rural-EmerHsp_R02.pdf

^{xii} Goodwin Veenema, T., Toner, E., Waldhorn, R., Adalja, A. A., Kobokovich, A., Martin, E., & Cicero, A. (2021, December). Integrating primary care and public health to save lives and improve practice during public health crises: Lessons from COVID-19. Retrieved April 20, 2023, from https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2021/211214-primaryhealthcare-publichealthcovidreport.pdf