Health Systems in Georgia: Opportunities for Collaboration with Big and Little “P” Public Health

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U.S. Healthcare Delivery System Evolution

1.0 Episodic, Non-Integrated Care

2.0 Outcome Accountable Care

3.0 Community-Integrated Health
**What’s Driving These Changes?**

### Policy Drivers
- Potential legislation
- Graham-Cassidy Bill
- Major federal laws
- ACA
- MACRA
- State laws and policies
- Quality improvement
- APAC systems
- Medicaid expansion decisions

### Workforce Drivers
- Aging workforces
- Inadequate supply of graduates
- Increasing burden of chronic conditions
- Increasing specialization corresponding to need for increasingly technical knowledge

### Technology Drivers
- Availability of Electronic Health Records
- Demand for telehealth and use of electronic communications options
- New pharma, devices, and techniques
- Expectations to link claims data and medical records data
Intentionality in System Design is Needed

Payment models that link community and clinical prevention

Structures that integrate health into communities

Systematic approaches to quality improvement across different payor types
Georgia Governmental Public Health System

State Office

- Assessment (Epi)
- Policy Development
- Assurance (More than 100 programs)

Clinical Services/LPHS

We Protect Lives.
Chronic Disease Prevention at DPH

Adolescent and School Health
– Asthma Control Program
– AHYD, Teen Pregnancy Prevention/PREP
– Sexual Violence Prevention
– Youth Tobacco Prevention

Prevention, Screening and Treatment
– Cancer State Aid Program
– Breast and Cervical Cancer Screening
– Health Systems Change/Quality Improvement
  • Diabetes Self-Management and Education
  • Colorectal Cancer Screening
  • Tobacco Quitline

Policy, Systems and Environmental Change
– SNAP-ED
– Tobacco-Free and Smoke-Free Places
– Nutrition, Physical Activity & Weight Status
  • Healthy Community Settings
  • Worksite Wellness
  • Heart Disease Prevention
  • Growing Fit
  • Eat, Move, Talk (Health Equity)

Planning and Partnerships
– District/Community Healthy Places Coordination
– Community Health Workers
– Chronic Disease Council
– Comprehensive Cancer and Control Planning
The “Real” Public Health System

Components of the Public Health System

- Federal Agencies
- STLTs (State, Tribal, Local, and Territorial Health Departments)
- Government Agencies (Other than Public Health)
- Clinical Care Delivery Systems
- Community-Based Organizations
- Educational Institutions
- Private Nonprofit Associations
- Private Industry

Social Determinants of Health

- Income
- Education
- Housing
- Transportation
- Race
- Gender
- Access to Care
- Employment
- Age
- Language
# Opportunities for Collaboration

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<th>Payment models that link community and clinical prevention</th>
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<tr>
<td>• ROI and output analyses</td>
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<td>• Analysis and linking of data sets</td>
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<td>• Community impact bonds</td>
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<td>• Community health record concept</td>
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<td>• Hospitals as centers of wellness</td>
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<td>• School-linked health centers</td>
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<td>• Government agencies that adopt healthy place policies</td>
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<td>• Designs that support co-location of housing, health services, physical activity opportunities, and healthy food access</td>
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<td>• Application of engineering techniques to delivery and prevention systems to promote efficiency</td>
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<td>• Centers of excellence in data analytics for claims and clinical data</td>
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<td>• Modeling of the predictive power of different measures</td>
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The community health record framework. The framework presents a multitiered, multisector model illustrating an iterative, flexible, and participatory process for achieving collaboration and information exchange among health care, public health, and community groups and organizations to aid population health decision making. Abbreviations: CHR, community health record; CH, community health.
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