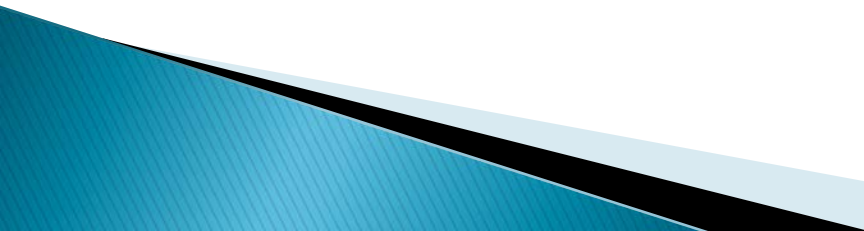


Public and Private Partnerships in Health Care: Past, Present and Future

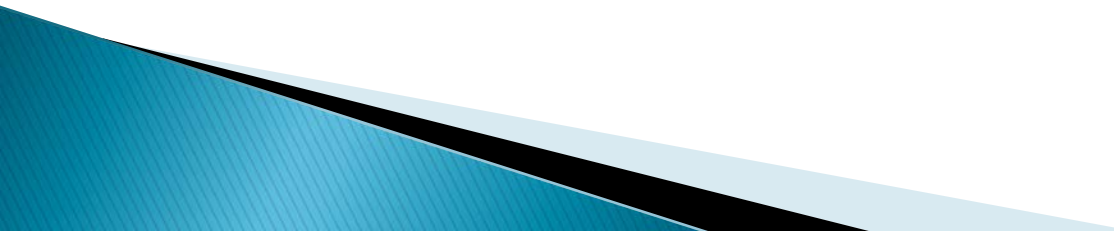
J. Mark Picton MD MPH



Caldwell County Health Department

- ▶ CCHD has a long tradition in providing comprehensive health care services.
 - ▶ Primary care has always been an integral part of this tradition.
 - ▶ Historically, public/private partnerships have not been a requisite in providing these services.
 - ▶ This factor has evolved into a requirement over the past 18 years.
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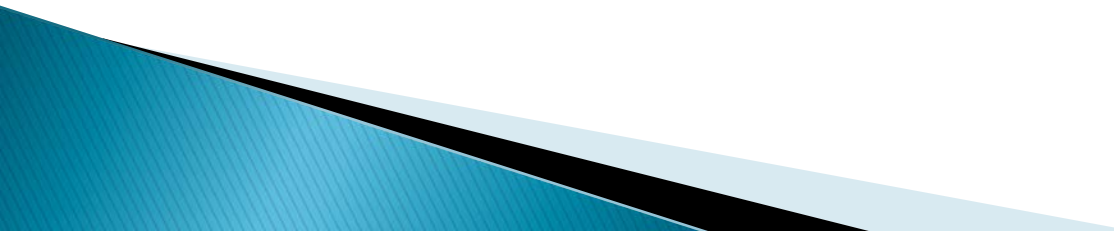
Public Private Partnerships

- ▶ Past: Consensual Arrangement
 - ▶ Present: Competitive Arrangement
 - ▶ Future: Collaborative Arrangement
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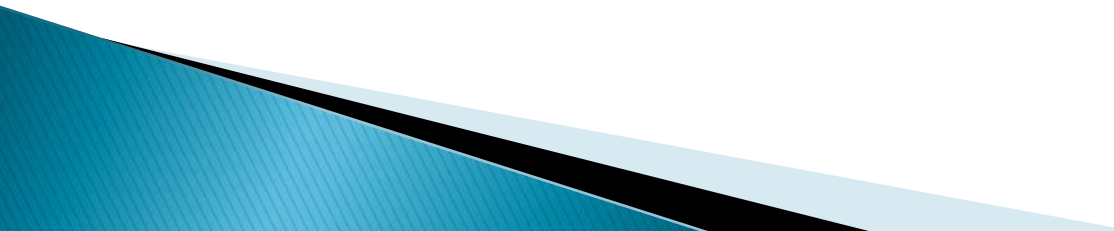
Public Private Partnership

- ▶ Past: Consensual Arrangement

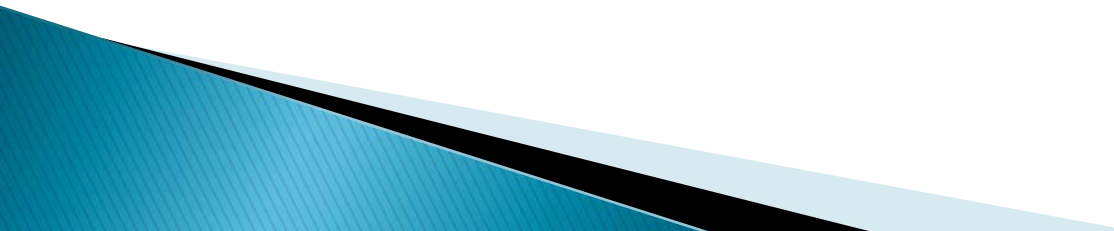
Public Health Past: Consensual

- ▶ Before 18 years ago, public health received some public funding to provide primary care.
 - ▶ In addition other revenue streams could help finance primary care.
 - ▶ Consequently, public/private partnerships were not essential.
- 

CCHD

- ▶ Before coming to the health department, I was in private practice in Caldwell County for 5 years.
 - ▶ Therefore, I had developed significant relationships in the private medical community.
 - ▶ Automatically one brings those relationships into their role in public health.
 - ▶ There were benefits associated with those relationships.
- 

CCHD public private partnerships

- ▶ Hospital
 - ▶ Pathology
 - ▶ Radiology
 - ▶ Pediatrics
 - ▶ Obstetrics
 - ▶ Primary Care
 - ▶ Other health care safety net providers
- 

CCHD and the Hospital

- ▶ **CONTINUATION WITH HOSPITAL PRIVILEGES:**
 - Maintains good communication with hospital staff and services.
 - Hospital staff meetings provide network for local physicians.
 - Keep up to date on changes in the medical community.

CCHD and Pathology

- ▶ **CONTINUED USING LOCAL PATHOLOGY AND LAB SERVICES.**
 - Allowed for easier access for histology and cytology services.
 - Allowed for more efficient communication for abnormal results and discussion
 - Kept funding streams in the local community.

CCHD and Radiology

- ▶ **CONTINUES USING LOCAL RADIOLOGY SERVICES:**
 - Allowed for easier access for various radiology services.
 - Allowed for easier communication for abnormal results and recommendations.
 - Kept funding stream local.

CCHD and Pediatricians

- ▶ **DEVELOPED STRONG RELATIONSHIP WITH PEDIATRICIAN WHEN DOING OB.**
 - Continued strong relationship by keeping referrals local.
 - Maintained close relationship for vaccine administration.
 - Assisted with public health emergencies.
 - Pediatricians offered to consult with midlevel providers if I was not accessible

CCHD and Obstetricians

- ▶ **DEVELOPED STRONG RELATIONSHIPS AS AN OB PROVIDER.**
 - Continued these into public health practice
 - Encourage OB care to stay local
 - Provide prenatal care for funded patients until 25 weeks and non-funded until 36 weeks.
 - Keep referrals local.
 - Facilitate communication at hospital departmental meetings.
 - Provide consultation with midlevel providers when I was not available.

CCHD and Primary Care

- ▶ **WHILE IN PRIVATE OB/GYN PRACTICE, DEVELOPED STRONG RELATIONSHIPS WITH PRIMARY CARE PROVIDERS (PCP)**
 - Continued into public health practice.
 - Provided OB/GYN referral for non-funded patients
 - Kept referrals local for patients requesting private primary care providers.
 - Assisted primary care providers on public health emergencies.
 - Educated PCP for public health issues.

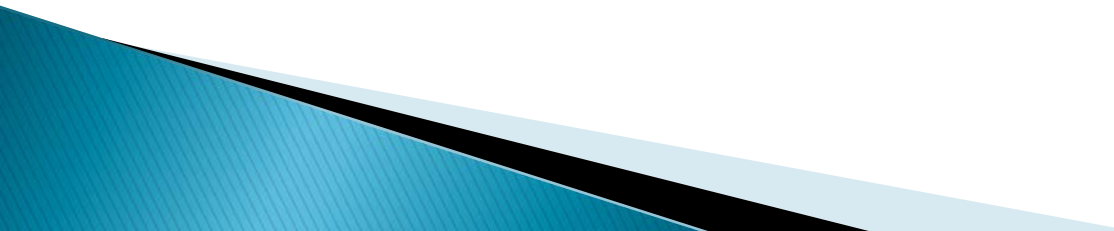
CCHD and Other Safety Net Providers

- ▶ **WORK CLOSELY WITH OTHER SAFETY NET PROVIDERS**
 - Provide consultation and receive referrals for OB/GYN complications.
 - Provide referrals for non-funded medical issues.
 - Collaborate on health screenings and clinics.

Public Private Partnerships

- ▶ Present: Competition Arrangement

Present: Competition

- ▶ Unfortunately, public health funding has decreased over the last 18 years.
 - ▶ As insurance coverage increases, legislators are reducing public health funding.
 - ▶ As budget deficits increase, legislators are cutting public health budgets.
 - ▶ In addition, other public health revenue streams have dried up.
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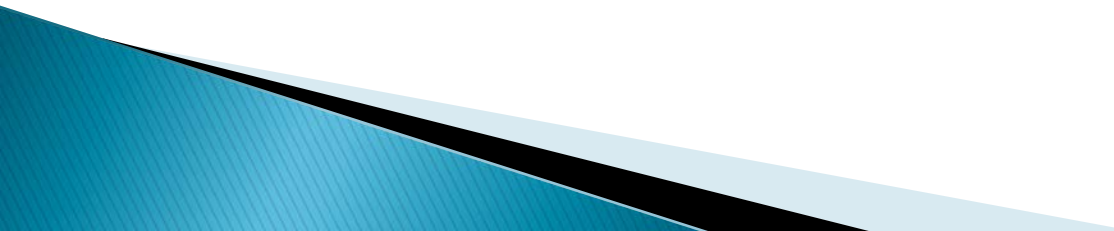
Present: Competition

- ▶ Net result: public health must compete for revenue with private health care providers.
 - Public health must become more competitive through such things as practice management
 - Improve coding to maximize reimbursement
 - Compete for patients in the private marketplace.
 - We must do all this and, at the same time, provide the essential public health functions.

Public and Private Partnership

- ▶ Future: Collaborative Arrangement

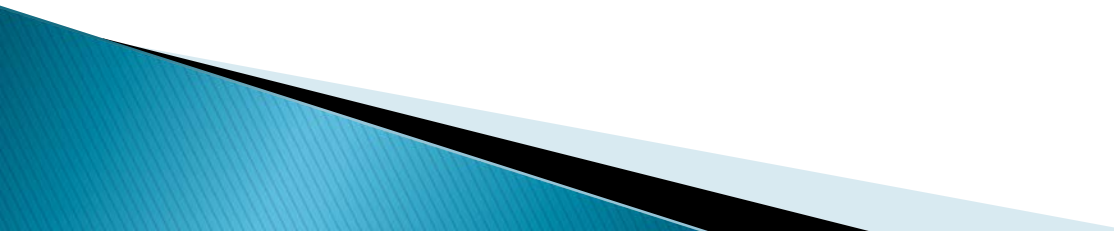
Future: Collaborative Arrangement

- ▶ Expanded Medicaid and Affordable Care Act will continue to reduce the number of non-funded patients and thus reduce public health funding.
 - ▶ As budget deficits increase, health care will continue to be cut.
 - ▶ **LEGISLATURE'S ANSWER: HB 372**
- 

Medicaid Reform Bill HB372

- ▶ September 17, the legislature released HB 372
- ▶ Fully capitated system
- ▶ General Assembly states intent was to provide budget predictability.
- ▶ Timeline:
 - 18 month to write waiver for CMS and for CMS to review.
 - 18 months to fully implement after CMS approves waiver.

Medicaid Reform Bill HB372

- ▶ Fully capitated system divided into 6 geographical regions.
 - ▶ Hybrid plan: 3 commercial insurance (managed care organization) and 9 physician-led entities (PLE) to compete in regions.
 - ▶ When fully implemented, DMA ceases to exist.
 - ▶ New Division of Health Benefits within NCDHHS
 - ▶ Joint Legislative Oversight Committee on Medicaid to oversee transition and appropriate annual budget.
- 

Health Departments and HB372

- ▶ A requirement that PHPs develop and maintain provider networks that meet access to care requirements for their enrollees. PHPs may not exclude providers from their networks except for failure to meet objective quality standards or refusal to accept network rates. Notwithstanding the previous sentence, PHPs must include all providers in their geographical coverage area that are designated essential providers by DHHS pursuant to subdivision (13) of this section, unless DHHS approves an alternative arrangement for securing the types of services offered by the essential providers. (PHP Prepaid health plan)

DHHS Essential Providers

- ▶ At a minimum, providers in the following categories shall be designated essential providers:
 - a. Federally qualified health centers.
 - b. Rural health centers.
 - c. Free clinics.
 - d. **Local health departments**

What does this mean?

- ▶ Health Departments must work with all Medicaid providers to manage all Medicaid recipients under a fixed funding level.
 - ▶ How will reimbursements be made?
 - ▶ Who will manage prepaid funds?
 - ▶ How will reimbursements be negotiated?
 - ▶ Future full of unknowns but for sure all health care entities must work together under capitated funding to provide comprehensive health care.
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