

12-17

STATEMENT OF POLICY

Clinical Services

Policy

The National Association of County and City Health Officials (NACCHO) believes provision of clinical care services by health departments is a local decision. According to the NACCHO 2013 *National Profile of Local Health Departments*¹, approximately half of local health departments directly provided clinical care services to address the needs of underserved populations.

With the implementation of the Affordable Care Act and changes in federal, state and local resources to support local health department programs, local health departments should determine in consultation with their community partners and governing boards what clinical care role makes sense for them. There is great variability across the country in terms of the clinical care services provided by local health departments, ranging from a full array of primary care services to population health based services such as immunization and communicable disease testing and treatment. Local health departments must be flexible and examine the services they provide with attention to the particular needs of their population and the environment they face locally.

Regardless of whether health departments stay in or transition out of providing clinical services, local health departments must strengthen their relationships with the clinical care delivery system. Local health departments can play an important role in improving aspects of clinical care that are relevant to population health outcomes and to familiarize the public with the meaning of high-value care in the form of local performance reports on the appropriateness, quality, safety and efficiency of clinical care services delivered in their community.

With the transformation in the health delivery system, those local health departments that provide clinical care services should consider engaging in the following activities, as appropriate in their communities:

- Forge strong relationships with entities in their local health delivery system, including hospitals, federally qualified health clinics, accountable care organizations, large and small physician practices, and apply their unique knowledge and skill sets to improve their performance in addressing population health.
- Increase outreach and enrollment activities and educate community residents and community-based organizations about the private and public insurance choices available.
- Facilitate care coordination, navigation, and maintenance of individuals in care.
- Enhance information technology capacity, including billing and reimbursement of third party payors and access to information from health care system electronic health records for meaningful use and population health purposes.



- Convene partnerships for population-based prevention, including the engagement of new partners in policy development for communities.
- Promote a framework for understanding and measuring health inequities in order to impact both the medical and social determinants of health.
- Participate in the planning, development and implementation of health reform locally.
- Evaluate changes in the health environment, on a local and regional basis.
- Monitor health status of vulnerable populations, including uninsured and immigrant communities, and gaps in health insurance coverage.
- Assess workforce needs for new roles as local health departments contemplate their future.

Justification

In March 2010, the Patient Protection and Affordable Care Act was signed into law. The law authorized significant expansion of health care coverage through private and public insurance mechanisms. This provided opportunity for governmental public health agencies to determine whether they should provide clinical care as more Americans are enrolled in insurance.

In April 2012, the Division of Health and Medicine at the National Academies (fka Institute of Medicine (IOM)) issued a report entitled [“For the Public’s Health: Investing in a Healthier Future”](#) funded by the Robert Wood Johnson Foundation.² The report makes ten recommendations including that “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.” The IOM believes that for governmental public health to be effective it must be clearly differentiated from the clinical care world and solely focus on population-based activities.

In some local health departments, there are dedicated clinical systems in place that are successful in achieving good health outcomes and are cost efficient. Clinical services are also an important source of revenue for some local health departments. Even with the expansion of health coverage, there will still be millions of people not eligible that will seek services from safety net providers, including local health departments. For those covered, timely access to clinical providers is not guaranteed given the insufficient number of primary care providers and low reimbursement rates particularly by state Medicaid programs.

Determining the role for local health departments in clinical care service delivery is not a new debate. The health system is currently in another state of flux and it is important for local health departments to make informed decisions about their role in it.

References

1. National Association of County and City Health Officials (2011). *2010 National Profile of Local Health Departments*. Washington, DC: National Association of County and City Health Officials.
2. Institute of Medicine, Committee on Public Health Strategies to Improve Health (2012). *For the Public’s Health: Investing in a Healthier Future*. Washington, DC: National Academies Press.

Record of Action

Approved by NACCHO Board of Directors November 14, 2012

Updated January 2017