

APPENDIX C

FORCES OF CHANGE ASSESSMENT

Report of Results

2011

FORCES OF CHANGE ASSESSMENT

PROCESS SUMMARY

The Florida DOH led a coordinated, statewide effort to conduct a Forces of Change Assessment in 2011. This assessment addresses the issues of what is occurring or might occur that affects the health of our state or the state public health system and what specific threats or opportunities are generated by these occurrences. The forces identified serve as the foundation for identifying strategic issues. This document presents the results of the Forces of Change Assessment.

BACKGROUND. A Forces of Change Assessment is one of four comprehensive assessments recommended by the National Association of County and City Health Officials (NACCHO) as communities or states develop a health improvement plan. Participants engage in brainstorming sessions aimed at identifying trends, factors, and events that influence the health and quality of life of the community and the effectiveness of the local public health system.

ASSESSMENT METHOD. The Advisory Committee convened and participated in a facilitated session on October 17, 2011 to discuss and identify the forces that affect the public health system as part of the State Health Improvement (SHIP) planning process. The group was asked to focus on issues such as factors that impact the environment in which the public health system operates; trends; legislation; funding shifts; federal, state and local legislation; technological advances; changes in organization of health care services; shifts in economic and employment forces; changing family structures; gender roles, and more. A summary of the Forces of Change Assessment is provided in the tables that follow and details are included in the Forces of Change Discussion section.

FINDINGS

Opportunities for Synergy and Partnership in the Planning Process. The SHIP is an opportunity to educate leaders and policy makers to create synergy and crosscutting solutions to shared problems. Non-profit and community hospitals should be included in the planning process because they are required to conduct their own needs assessment in order to maintain their IRS tax-exempt status. Local health committees are also trying to integrate other types of assessments (e.g., environmental) with the Mobilizing for Action through Planning and Partnerships (MAPP) process to create a more holistic approach. Environmental assessments and Protocol for Assessing Community Excellence in Environmental Health (PACE EH) projects present additional opportunities to make improvements in the environmental impact on health. Integrating PACE EH with MAPP-based health improvement planning is an opportunity for a more holistic approach and will bring more partners to the table.

Economic and Demographic Forces of Change. Florida is facing a series of economic and demographic challenges to our current health care system. This includes an aging and increasingly obese population, an increasing number of people without health insurance, the diminished capacity of health care safety net providers, difficulties associated with controlling health care costs, major pending changes to Florida's Medicaid service delivery system, and a growing shortage of health care providers.

Florida currently has one of the oldest resident populations in the nation. Older persons have increased health care needs. At the same time Florida is seeing the prevalence of obesity increase in all age groups along with the adverse health consequences obesity entails.

Workers are losing health insurance as more businesses are finding health insurance coverage too expensive to provide to their employees. Florida has one of lowest rates of health insurance coverage in the nation. The high rate of uninsured persons places great stress on our health care system, particularly the safety net system. Economic downturns impact health care providers as well. During economic downturns providers typically experience reduced support from local, state, and federal sources while seeing more patients and proportionally more uninsured patients. This results in the perverse situation where demand on the system increases at the same time capacity decreases.

The conversion of Florida Medicaid to essentially a completely managed care service delivery system in 2014 presents both opportunities and risks. Opportunities include the potential for better access to, and coordination of, health care services to Medicaid recipients along with a higher degree of cost control. Risks include the extent to which Medicaid managed care plans can attract and retain quality health care providers and by extension the ability of Medicaid recipients to access needed services.

Hospitals serve as an important component of the health care safety net. The loss of hospital capacity, particularly those that serve the indigent, greatly impacts Florida's health care safety net. Many hospitals in Florida are struggling to remain solvent. Hospital occupancy is dropping as insurance companies move more care to an outpatient basis. Decreasing inpatient occupancy often leads to corresponding decreases in emergency department staffing and capacity. Although inappropriate, emergency rooms still comprise an important component of Florida's primary care safety net.

The nature of health care and the presence of third-party payers tends to inhibit the application of market competition, in part because the cost of services is frequently not the driving consideration. Market solutions to health care system problems can be challenging to develop and implement. The practice of "creaming" by provider organizations—working to obtain and maintain a panel of relatively healthy patients while minimizing the number of sicker and more costly patients—is a phenomenon that must be addressed to maintain an equitable and effective system. Fraud and the overutilization of services are also significant factors in our health care system. Current mechanisms for addressing fraud and encouraging the efficient use of resources appear inadequate.

The distribution of health care practitioners, particularly among nurses and dentists, is very uneven across the state and results in much diminished access to needed care. Florida's population is aging and having greater needs while at the same time our health care provider workforce is aging and retiring. There is great unmet need in Florida in the area of dental services to adults. Insurance coverage for dental care is often very limited and Medicaid only covers emergency services and dentures for adults.

CHALLENGES

- An aging population
- An increasingly obese population
- Increasing numbers of uninsured persons
- Diminishing health care safety net capacity on the part of Federally Qualified Health Centers, county health Departments, and hospitals
- Difficulty implementing cost controls in the health care area
- Transitioning to a completely managed care Medicaid system

OPPORTUNITIES

- Interest in workplace wellness and behavioral change strategies are growing
- The economy is improving, which should improve the health care fiscal picture
- Managed care systems, implemented well and funded adequately, offer the opportunity for better coordinated care and improved access to specialists

- Managed care systems, implemented well and funded adequately, are well-positioned to support true patient centered medical homes
- Providers and insurers are showing more interest in controlling health care costs and trying innovative programs
- The implementation of Medicaid risk-based capitation rates will lessen the impact of manipulated patient selection
- Managed care tends to better control practitioner-related fraud and abuse and discourage the provision of unnecessary services

ACCESS TO CARE FORCES OF CHANGE. Access to care, particularly on behalf of low-income persons, is becoming increasingly problematic. As addressed in the Economic and Demographic Forces of change section, many safety net providers are experiencing reductions in their infrastructure which results in corresponding reductions to appointment slots, service offerings, hours of operation, etc. The closing of hospital emergency rooms sometimes denies persons access to the only outpatient medical care they are able to obtain.

Dental health, especially for low income children, is greatly underutilized. A high proportion of low income children in Florida are covered by Medicaid. However, private provider participation in the Medicaid Dental Program is minimal. Safety net providers could find their participation in the Medicaid Dental Program challenged by the move to managed care depending on the reimbursement rates available. Dental care for adults is particularly problematic. Private dental insurance, if available, often provides very limited coverage whereas Medicaid only covers dentures and emergency services for adults. A recent analysis of emergency room patient data shows large costs associated with dental problems—approximately \$73 million. Medical studies also show that poor dental health can have a significant negative impact on a person's overall health including poor birth outcomes, cardiovascular disease and more.

Substance and prescription drug abuse among adults has increased the number of children in foster care. Both the parents and the children need health and dental care. Only 60% of children in foster care are current with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) schedule. Primary care medical homes need to be found for foster children and their parents. There is also a need to address Children's Medical Services clients who are transitioning out of the Children's Medical Services system into an adult care system.

SUMMARY: ACCESS TO CARE FORCES OF CHANGE

CHALLENGES

- The capacity of traditional safety net providers is decreasing
- Lack of true medical homes for many low income persons, persons in DCF care, and persons aging out of the CMS system
- Poor access to dental care on the part of the low-income population, particularly the Medicaid population
- More health care shortage areas are emerging geographically
- Increasing prevalence of adult substance abuse impacts families, children and foster care needs
- Greater need for behavioral health services
- Educating persons to use a primary care medical home when available rather than emergency rooms for primary care and an understanding the importance of preventive as well as acute care

OPPORTUNITIES

- Diminishing resources have led to an increased emphasis on partnering among providers
- Telemedicine offers the opportunity to significantly expand access to care, particularly in rural areas
- Managed care can be a vehicle to improve access to care, if implemented and managed properly
- There is increased recognition of the importance of good dental health on overall health
- The expanded scope of practice for Registered Dental Hygienists offers an opportunity to increase the provision of preventive dental care, the most cost-effective form of dental care
- Increased willingness to revisit and modify regulatory requirements to streamline activities and reduce cost
- Many Low Income Pool hospital alternative projects exist in Florida and can be evaluated for best practices

HEALTH CARE PRACTITIONER WORKFORCE FORCES OF CHANGE. Florida is experiencing worrisome trends in the health care workforce. Florida's health care practitioner workforce is becoming increasingly older and retiring at a higher rate. Florida's medical schools have relatively few residency slots from which replacement providers are often obtained. The health care practitioners Florida does have tend to be located in the more desirable urban and suburban areas and much less so in rural areas. As such, not only is the overall availability of health care providers becoming of more concern but so is the distribution of providers.

SUMMARY: HEALTH CARE PRACTITIONER WORKFORCE FORCES OF CHANGE

CHALLENGES

- Florida's health care provider workforce is aging
- Florida has significant shortages of health care providers in rural areas
- Florida has relatively few medical school residency slots
- Florida has a substantial number of rural counties and medically underserved areas

OPPORTUNITIES

- Florida is an attractive market and Florida can compete nationally for health care providers
- DOH's Medical Quality Assurance unit has strong provider assessment capability
- DOH has physician, dental and nursing assessments already completed
- DOH has a strong workforce development office and houses Florida's HRSA funded Primary Care Office
- There is interest at the policy level in increasing the number of medical school residency slots
- Support exists for Primary Care programs in the state (ie. Florida State University)

POLICY AND PRACTICE MODEL FORCES OF CHANGE Debates related to the Affordable Care Act, health care coverage, federal deficit reduction, state funding shortfalls, the solvency of Medicare, and the future configuration of Medicaid have focused much attention on health care access and financing issues. This attention creates fertile ground for policy discussion, policy change, and experimentation with innovative models of preventive and acute health care programs. These include new partnerships among health care providers, non-traditional health insurance options, opportunities related to the use of health care extenders, the establishment of patient centered medical homes and accountable care organizations and shifting health care financing from service-based to performance/health care outcome-based. The SHIP presents an opportunity to initiate discussion and change on these and other issues.

Regarding partnerships, Florida's Public Health Preparedness effort is an excellent model of public-private cooperation. Funding made available post-9/11 facilitated conversations beyond just emergencies that enhanced the integration of services and systems among state, federal, local and private entities. Well organized public-private partnerships benefit from the strengths and competencies of both systems. The Primary Care Access Network (P-CAN) in Orange County Florida is an example of effective cooperation among state, county, and private interests to expand health care access and implement a more effective and cost-efficient health care system.

The escalating costs of health insurance and growing numbers of uninsured have led to renewed interest in new methods of providing health care coverage. Both policymakers and health insurance companies are open to innovative options including health savings accounts, cafeteria style health insurance policies, modified risk pools, modified rates based on health behavior, etc. These could be discussed and initially pursued on a pilot basis.

Model school-based student wellness and worksite wellness programs are emerging. Districts with system-wide school wellness programs have a great impact where a school district is a major employer. Recognition of healthy school districts arose from an assessment created by health and education partners and based on CDC's coordinated school health model that builds infrastructure around core areas including staff wellness, health education, physical education, nutrition services, healthy school environment, family and community involvement, health services, counseling, psychology, and social services. Florida now has 18 recognized districts.

Consideration should be given to the more aggressive use of physician extenders and laypersons such as Community Health Workers to expand access to basic and preventive health care services. The enhancement of preventive efforts is universally recognized as desirable; however, financially supporting these efforts have been problematic. Physician extenders and qualified laypersons could lessen this barrier.

Burdensome regulations create a disincentive for collaborative efforts and effecting change. There is a need to thoroughly review regulations in relation to their intent, application, and impact on the health care system. Regulations that inhibit progress and yield little benefit should be revised or discarded.

SUMMARY: POLICY AND PRACTICE MODEL FORCES OF CHANGE

CHALLENGES

- Categorical funding, reporting, and administrative systems that reinforce isolation
- History of competition rather than cooperation among providers
- Misunderstanding of privacy and confidentiality laws that inhibit coordination
- Overly burdensome regulations
- Continued reductions in required physical education in schools
- Minimal participation in school based physical education when available
- An increasingly sedentary lifestyle
- Current lack of strong health care cost and utilization controls

OPPORTUNITIES

- Willingness of policymakers and providers to consider new ideas
- Willingness to support pilot and demonstration projects
- Recognition of patient centered medical home concept
- Recognition of the efficacy of preventive health services
- Use of the SHIP to educate the public and policy makers about what is important in public health
- Many good model practices exist that can be expanded.

EXAMPLES:

- ◆ Public Health Preparedness
 - ◆ Healthy School Districts
 - ◆ Youth surveys (collaboration on questions and sharing results)
 - ◆ Use of lay health care facilitators
- Propose changes in regulations to improve service delivery
 - Increase coordination of local health planning.

EXAMPLES:

- ◆ Non-profit, community hospitals (have an IRS requirement for an assessment)
- ◆ Local health committees' assessments that integrate with the MAPP process
- ◆ Integrate environmental assessments with other community health improvement assessments.