

EARL TREVATHAN JR., M.D.
PUBLIC HEALTH CENTER

Clinical Services in the Local Health Department

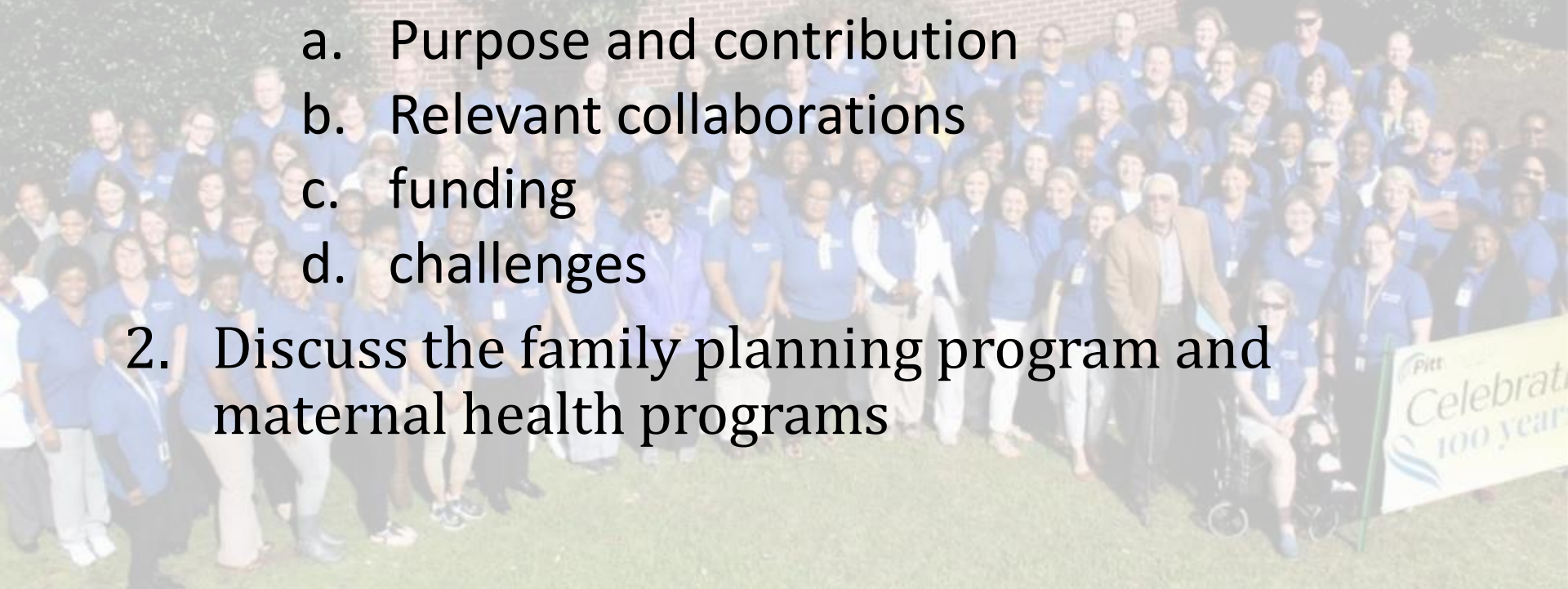
Kimberly B. Hardy, DNP, MSN, APRN, FNP-BC, NEA-BC
Director of Nursing/ Personal Health Division Director
Pitt County Health Department

September 9, 2021



Presentation Goals:

1. Provide an overview of the personal health clinical services provided in local health departments.
 - a. Purpose and contribution
 - b. Relevant collaborations
 - c. funding
 - d. challenges
2. Discuss the family planning program and maternal health programs



Clinical Services (Personal Healthcare Services)

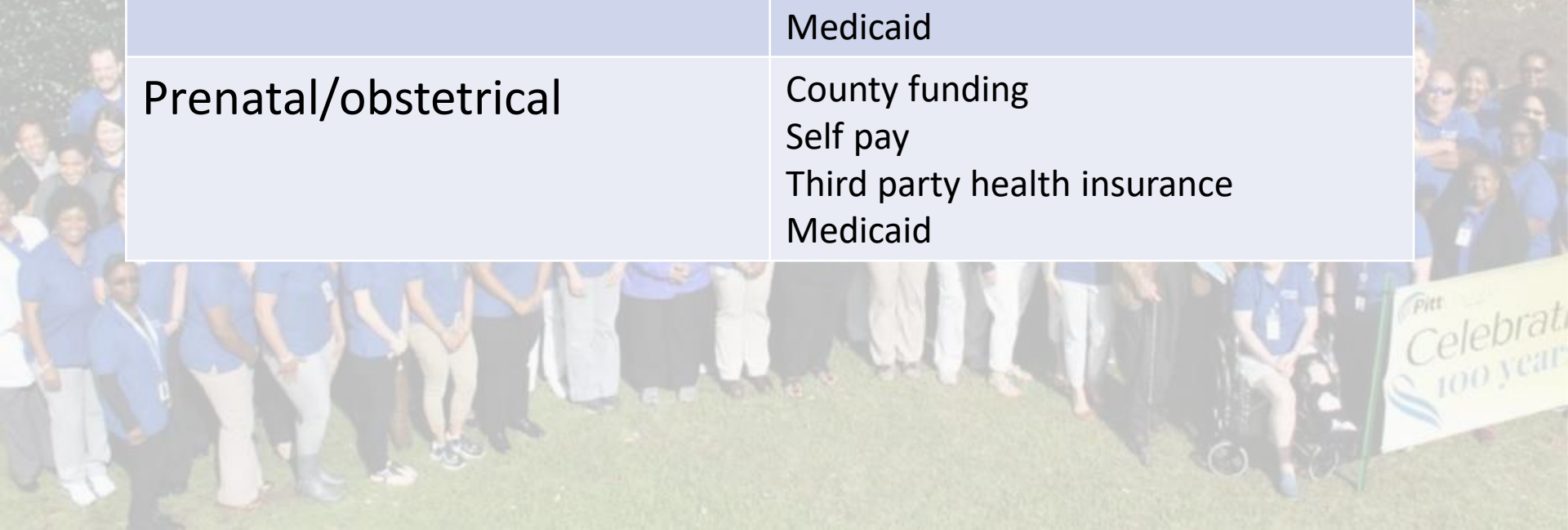
Clinical Preventive Services	Funding Sources
Immunizations- adult and childhood	Federal- Vaccines for Children (VFC), State funding, third party, Medicaid
Screenings-STD, HIV, TB, CVD, diabetes, blood pressure <i>Breast and Cervical Cancer Control Program, WISEWOMAN (must be uninsured)</i>	Federal State funding Third party health insurance Medicaid

Clinical Services (Personal Healthcare Services)

Clinical Preventive Services	Funding Sources
Family Planning	
EPDST (Early Periodic Screening, Diagnostic and Treatment)- well child exams	Federal County funding, Medicaid Self paying and insured patients
Other services: Pre-employment exams, camp/sports physicals, DOT	County funding Self pay Third party health insurance Medicaid

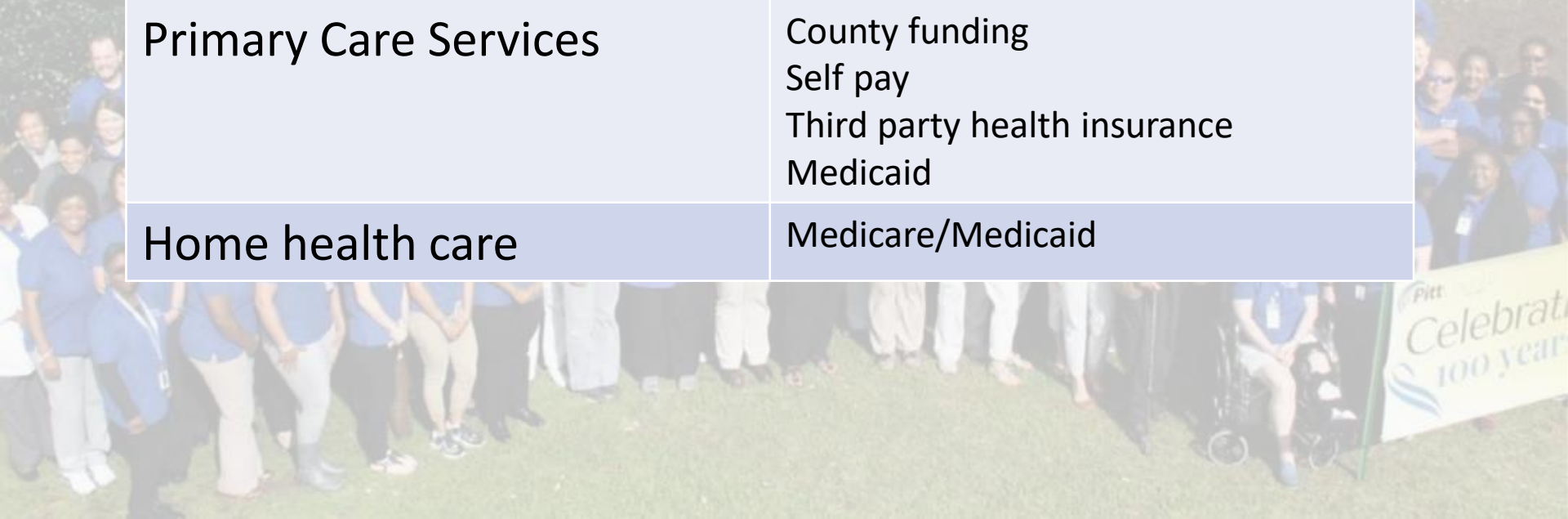
Clinical Services (Personal Healthcare Services)

Medical Treatment Services	Funding Sources
Communicable disease treatment- HIV, STD, TB	Federal and State County funding Self pay Third party health insurance Medicaid
Prenatal/obstetrical	County funding Self pay Third party health insurance Medicaid



Clinical Services (Personal Healthcare Services)

Medical Treatment Services	Funding Sources
School-based clinics	County funding Self pay Third party health insurance Medicaid
Primary Care Services	County funding Self pay Third party health insurance Medicaid
Home health care	Medicare/Medicaid



Clinical Services (Personal Healthcare Services)

Specialty Services	Funding Sources
Dental Services	County funding Medicaid Self pay Third party health insurance Donations- individuals and foundations
Mental Health Services	Federal, State, County funding? Medicaid Self pay Third party health insurance
Substance Abuse Treatment	Federal, State, County funding? Medicaid Self pay Third party health insurance

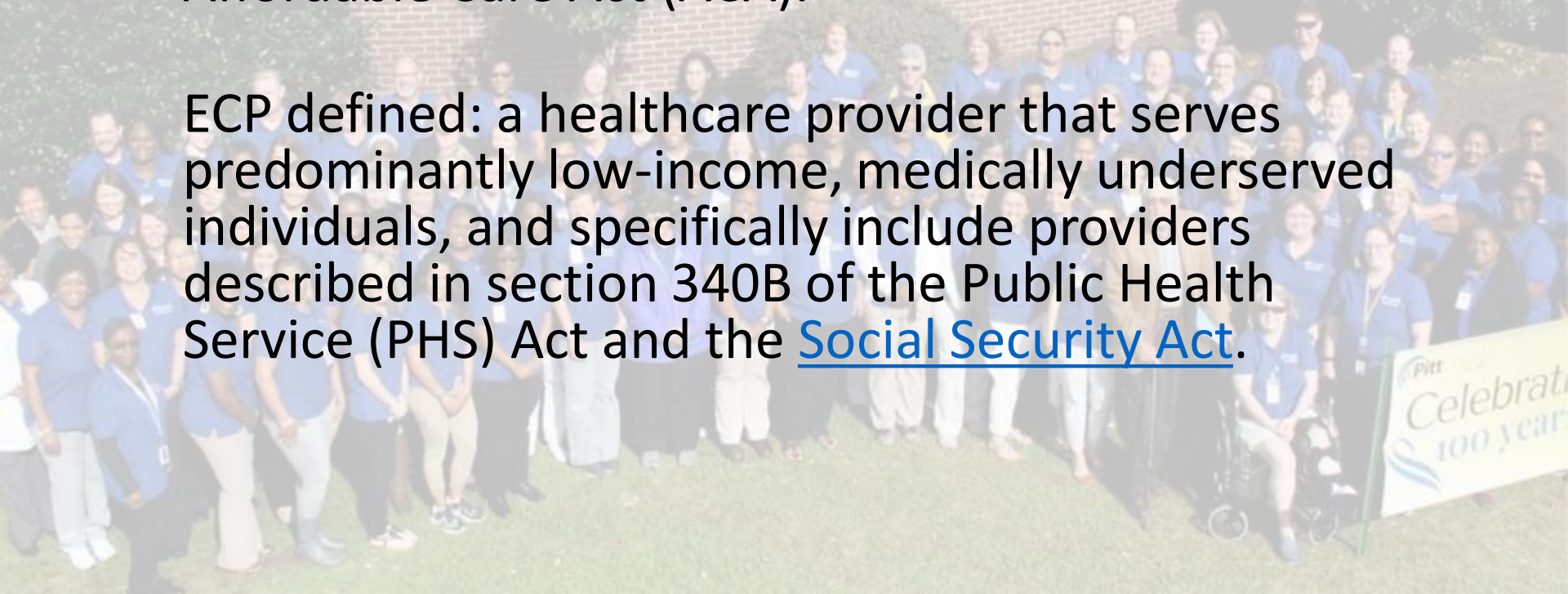
Pitt
Celebrate
100 years

Clinical Services in the LHD...Why?

The LHD is a “Safety net provider”.

In 2009, LHDs became known as an “Essential Community Provider or ECP” as termed by the Affordable Care Act (ACA).

ECP defined: a healthcare provider that serves predominantly low-income, medically underserved individuals, and specifically include providers described in section 340B of the Public Health Service (PHS) Act and the [Social Security Act](#).



ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy



THIS SERVICE INCLUDES:

- **Connecting the population to needed health and social services** that support the whole person, including preventive services
- **Ensuring access to high-quality and cost-effective healthcare and social services**, including behavioral and mental health services, that are culturally and linguistically appropriate
- **Engaging health delivery systems** to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health
- **Addressing and removing barriers to care**
- **Building relationships with payers and healthcare providers**, including the sharing of data across partners to foster health and well-being
- **Contributing to the development of a competent healthcare workforce**

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Family Planning Clinical Services



Family Planning Clinical Services

1. What does the program/service do?

Family planning program provides quality clinical preventive services

1. What is the unique contribution and value provided from this program?

- help reduce infant mortality and morbidity by decreasing the number of unplanned pregnancies and the poor health outcomes associated with them.
- improve men's and women's health by providing access to preventive care.
- lower health care costs by reducing the need for abortions and preventing costly, high risk pregnancies and their aftereffects.

Funding Family Planning Clinical Services

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Division of Public Health Agreement Addendum FY 21-22

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<u>Pitt County Health Department</u>	<u>Women's and Children's Health / Women's Health</u>
Local Health Department Legal Name	DPH Section/Branch Name
<u>151 Family Planning</u>	<u>Joseph Scott, 919-707-5696</u>
Activity Number and Description	<u>joseph.scott@dhhs.nc.gov</u>
<u>06/01/2021 – 05/31/2022</u>	DPH Program Contact
Service Period	(name, telephone number with area code, and email)
<u>07/01/2021 – 06/30/2022</u>	DPH Program Signature
Payment Period	Date
	(only required for a negotiable agreement addendum)

Original Agreement Addendum
 Agreement Addendum Revision # _____

I. Background:

The Family Planning Program is administered within the Women's Health Branch (WHB), Family Planning and Reproductive Health Unit. The primary mission of the Family Planning and Reproductive Health Unit is to reduce unintended pregnancies and improve selected health practices among low income families. Each local health department and district receives funding from the state to provide family planning services to low income individuals.

Data from the 2018 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 910 women who had recently given birth, shows that 26.6% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 14.6% were ambivalent about the pregnancy. Women who were young, of minority race and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes (2018 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results: <https://schs.dph.ncdhhs.gov/data/prams/2018/intent3.html>).

In 2016, there were approximately 720,450 North Carolina women in need of publicly supported contraceptive services ages 13-44. Of these women, 278,210, ages 20-44, had incomes below 250% of the federal poverty level. Publicly funded family planning clinics in North Carolina serve 16% of all women in need of publicly supported contraceptive services (Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016 <https://www.guttmacher.org/report/publicly-supported-FP-services-us-2016>).

(use blue ink) 2/17/2021 Date

Local Health Department to complete: LHD program contact name: Jessica Hardy
 (If follow-up information is needed by DPH) Phone number with area code: 252 902 2349
 Email address: jessica.hardy@pittcountync.gov

Signature on this page signifies you have read and accepted all pages of this document. Template rev. July 2020



Funding Family Planning Clinical Services

Clinical Preventive Services	Funding Sources
Family Planning	Federal funds-Title X, Maternal and Child Health Block Grant DPH Aid to Counties TANF Out of Wedlock Birth Prevention Funds County funds Self pay patient sliding fee revenues Health insurance revenues Medicaid Grants

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Maternal Health Clinical Services



Maternal Health Clinical Services

- **What does the program/service do?**
- provides access to early and continuous prenatal and postpartum care for low-income pregnant women in North Carolina (NC).
- Prenatal care services include screenings, counseling and referrals for psychosocial and nutrition problems; behavioral health intervention; and Care Management for High Risk Pregnancies (CMIIRP)).
- Provide or make referrals for nutrition consultation, education on infant feeding, childbirth and parenting education for families
- Assure provision of Care Management for High Risk Pregnancies (CMHRP)

Pitt
Celebrating
100 years

Funding Maternal Health Clinical Services

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Division of Public Health Agreement Addendum FY 21-22

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Pitt County Health Department
Local Health Department Legal Name

Women's and Children's Health
Section/Women's Health Branch
DPH Section / Branch Name

101 Maternal Health
Activity Number and Description

Phyllis C. Johnson, (919) 707-5715,
Phyllis.c.johnson@dhhs.nc.gov
DPH Program Contact
(name, phone number, and email)

06/01/2021 – 05/31/2022
Service Period

DPH Program Signature Date
(only required for a negotiable agreement addendum)

07/01/2021 – 06/30/2022
Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # ___

I. Background:

The Maternal Health Program is administered within the Women's Health Branch (WHB), Perinatal Health Unit. The primary mission of the Maternal Health Program is to ensure that all low-income pregnant women have access to early and continuous prenatal and postpartum care. Every local health department, including districts, is eligible to receive funding for maternal health services in their community. The provision of high quality, risk appropriate perinatal care is a means of reducing maternal and infant morbidity and mortality.

Throughout this Agreement Addendum, the following words are defined as follows: "shall" and "must" indicates a mandatory program policy; "should" indicates a recommended program policy; and "can" or "may" indicates a suggestion or consideration. Also, the full citation for one of the references cited throughout this document is: *Guidelines for Perinatal Care*, Eighth Edition, October 2017, American Academy of Pediatrics and The American College of Obstetricians and Gynecologists.

The Maternal Health Agreement Addendum is a multi-disciplinary document that should be thoroughly read by each member of the multi-disciplinary team (i.e., Medical Provider, Nurse, Nutritionist, Social Worker, Finance Officer, and Administrator) to understand how discipline-specific care is integrated into prenatal and postpartum care. Members of the multi-disciplinary team should read this Agreement Addendum's Sections I. Background, II. Purpose, and III. Scope of Work and Deliverables. Discipline-specific paragraphs of importance to particular staff types are as follows:

- Clinician/Nursing staff should focus on Paragraphs C., D., F., I., and J.
- Laboratory staff should focus on Paragraph E.
- Nutrition staff should focus on Paragraph G.

[Signature] 2/17/2021
Health Director Signature (use blue ink) Date

Local Health Department to complete: LHD program contact name: Jessica Hardy
(If follow-up information is needed by DPH) Phone number with area code: 252 902 2349
Email address: jessica.hardy@pittcountync.gov

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Funding Maternal Health Clinical Services

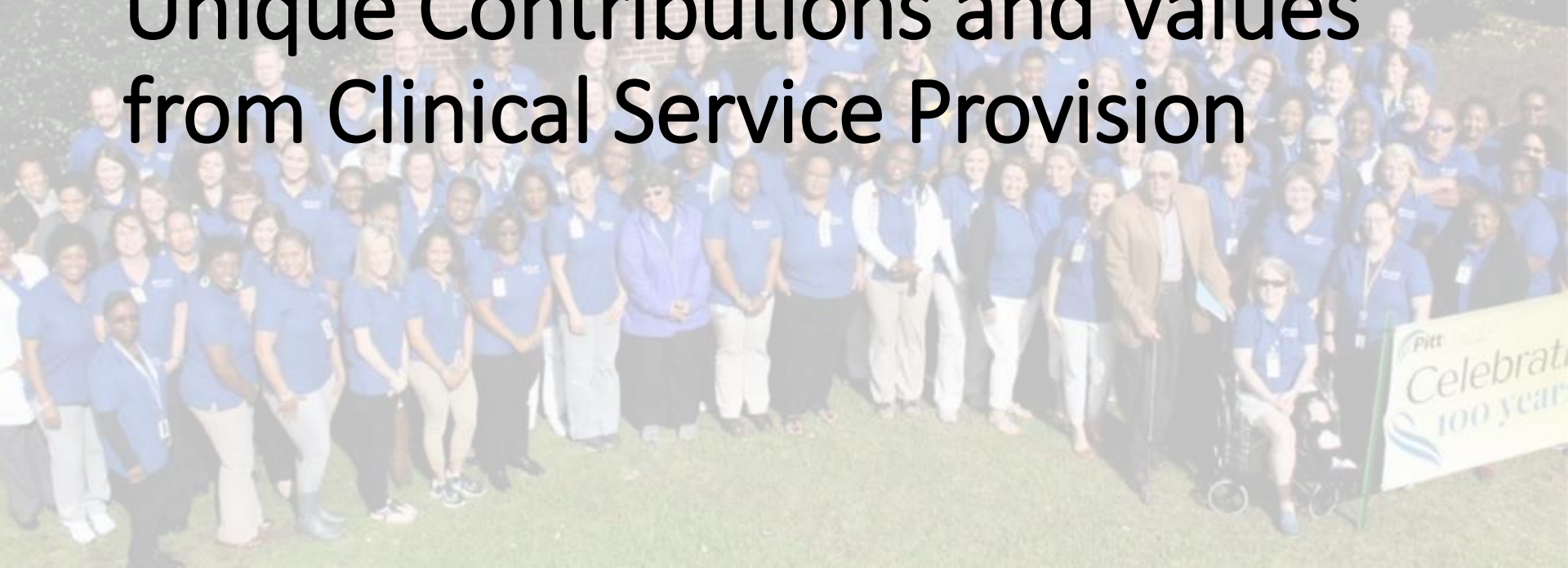
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Medical Treatment Services	Funding Sources
Prenatal/obstetrical	Federal & County funding Self pay Third party health insurance Medicaid



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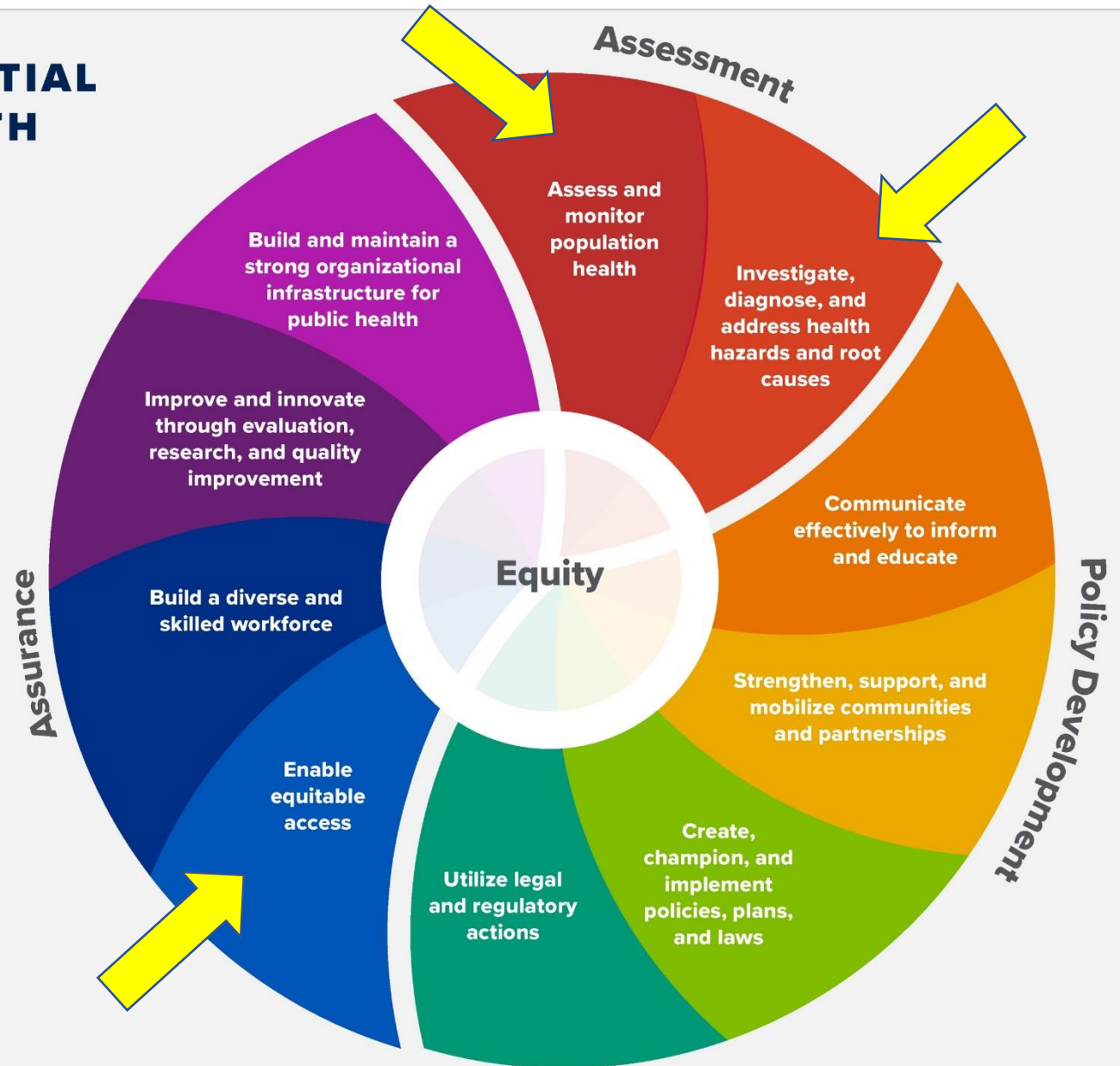
Unique Contributions and Values
from Clinical Service Provision



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

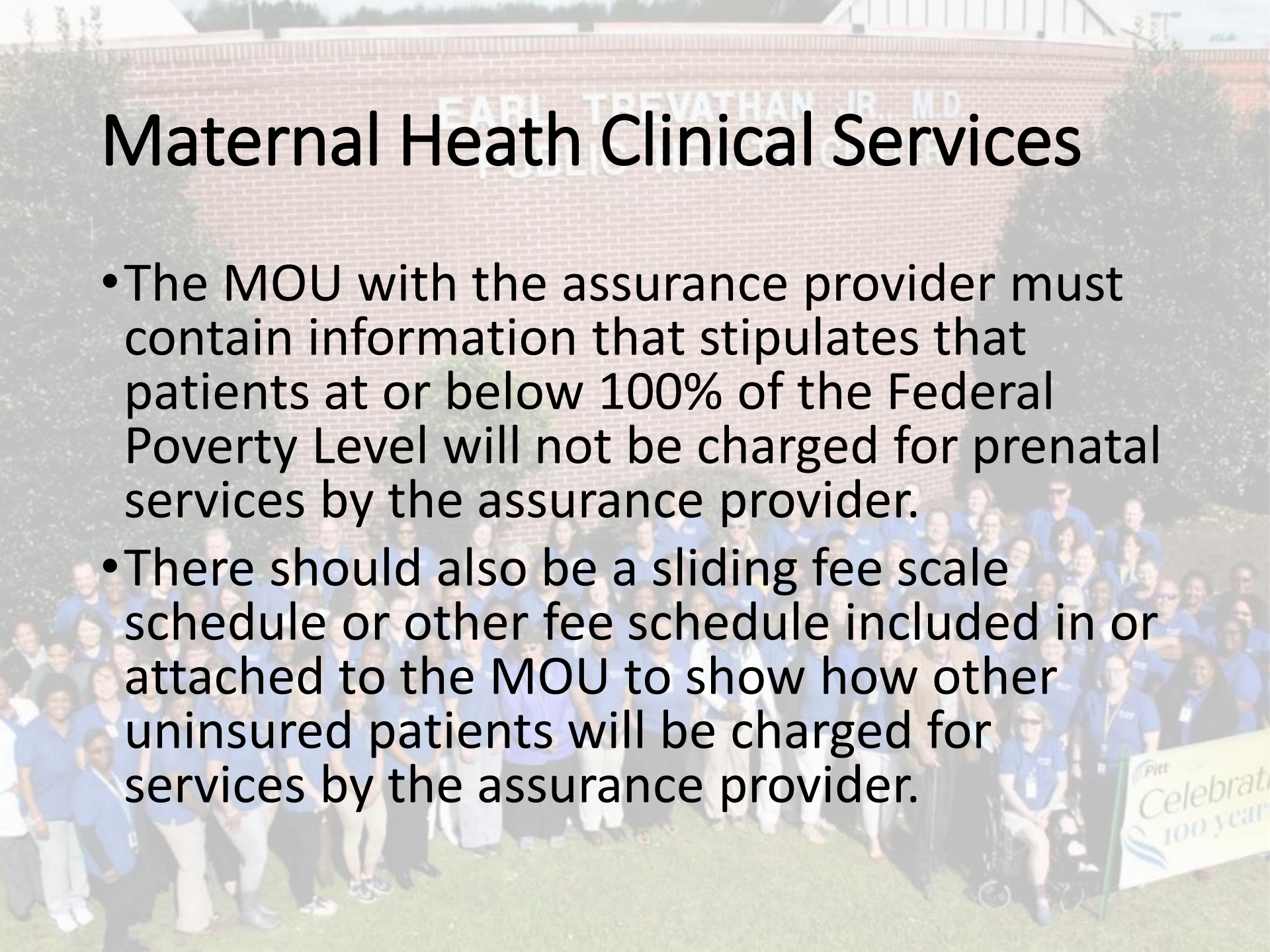
To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Maternal Health Clinical Services

- The MOU with the assurance provider must contain information that stipulates that patients at or below 100% of the Federal Poverty Level will not be charged for prenatal services by the assurance provider.
- There should also be a sliding fee scale schedule or other fee schedule included in or attached to the MOU to show how other uninsured patients will be charged for services by the assurance provider.



Clinical Services & Community Connections (FP & MH)

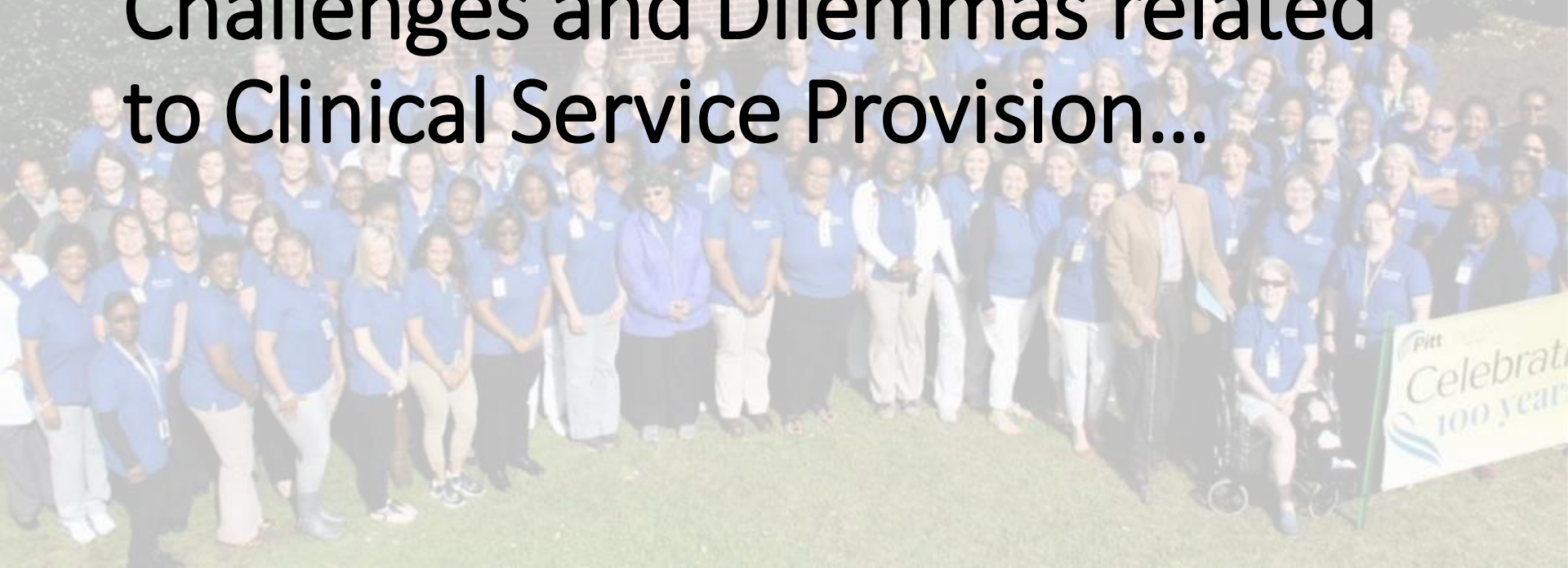
CMS identifying [six ECP categories](#):

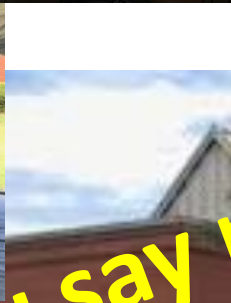
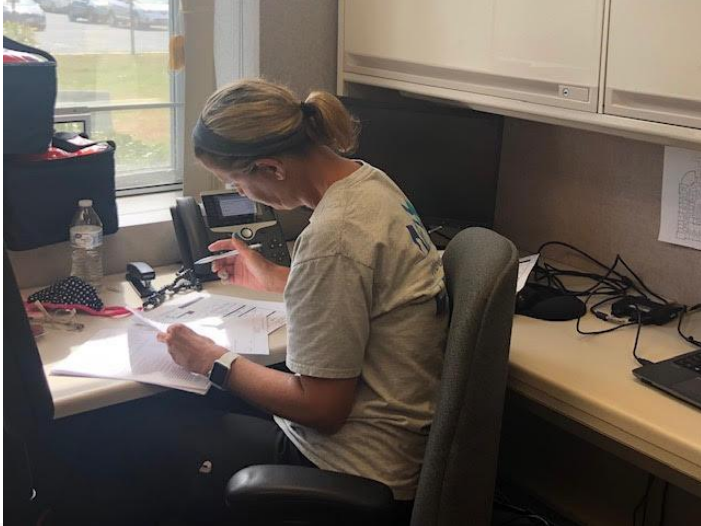
- (1) Federally Qualified Health Centers (FQHCs) and FQHC "Look-Alike" clinics;
- (1) Ryan White HIV/AIDS Program Providers;
- (2) Family Planning Providers;
- (3) Indian Health Providers;
- (4) Hospitals; and
- (5) Other ECP Providers including STD clinics, TB clinics, Hemophilia treatment centers, Black Lung clinics and other entities that serve predominately low-income, medically underserved individuals.



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Challenges and Dilemmas related
to Clinical Service Provision...

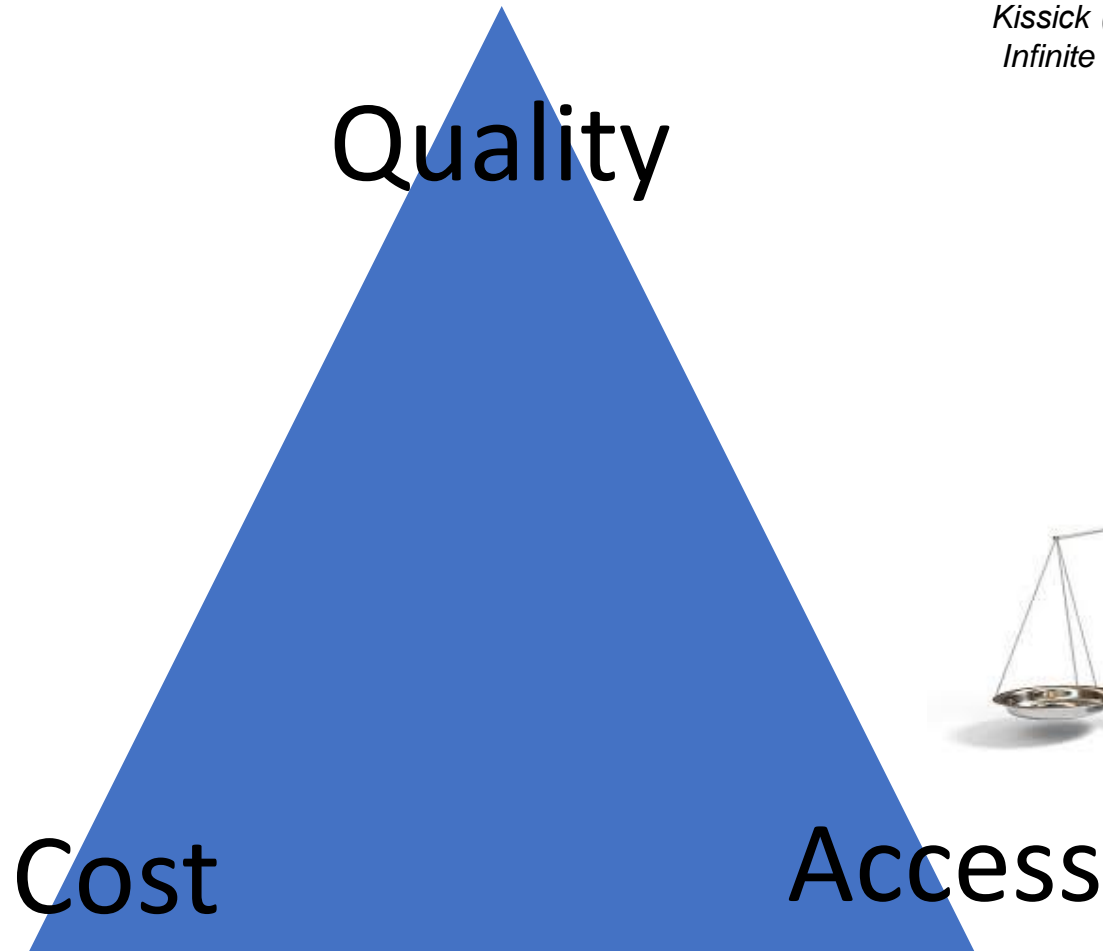




Can you say pandemic/ surge events?

The Iron Triangle of Health Care

*Kissick (1994) Medicine's Delimmas:
Infinite Needs Finite Resources*



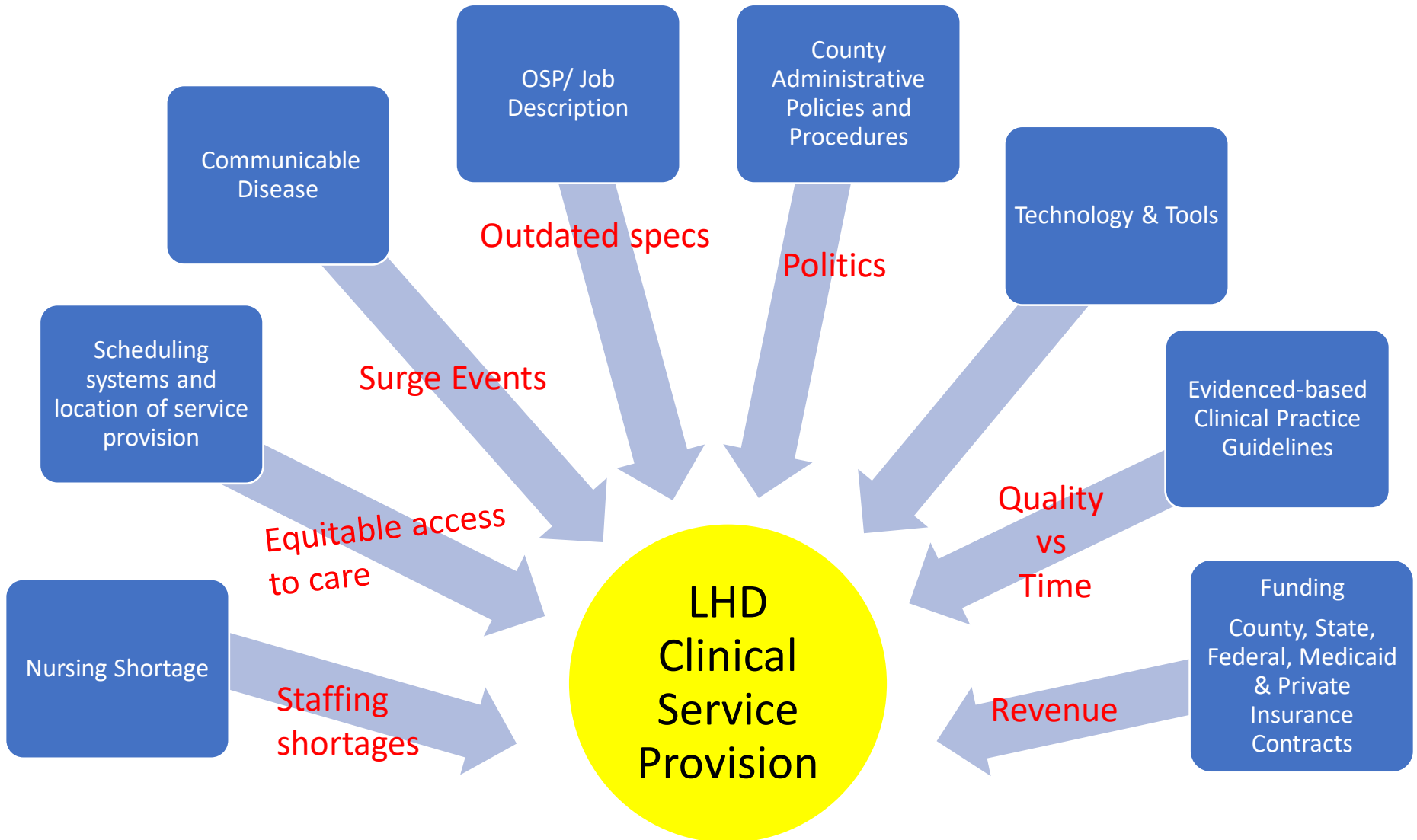
Threats/Challenges



- No show rates
- Myths/beliefs
- Lack of knowledge services
- Lack of knowledge of benefit/Medicaid transformation
- Competing employment markets
- Mental health/stress
- Workforce development
- Cultural humility



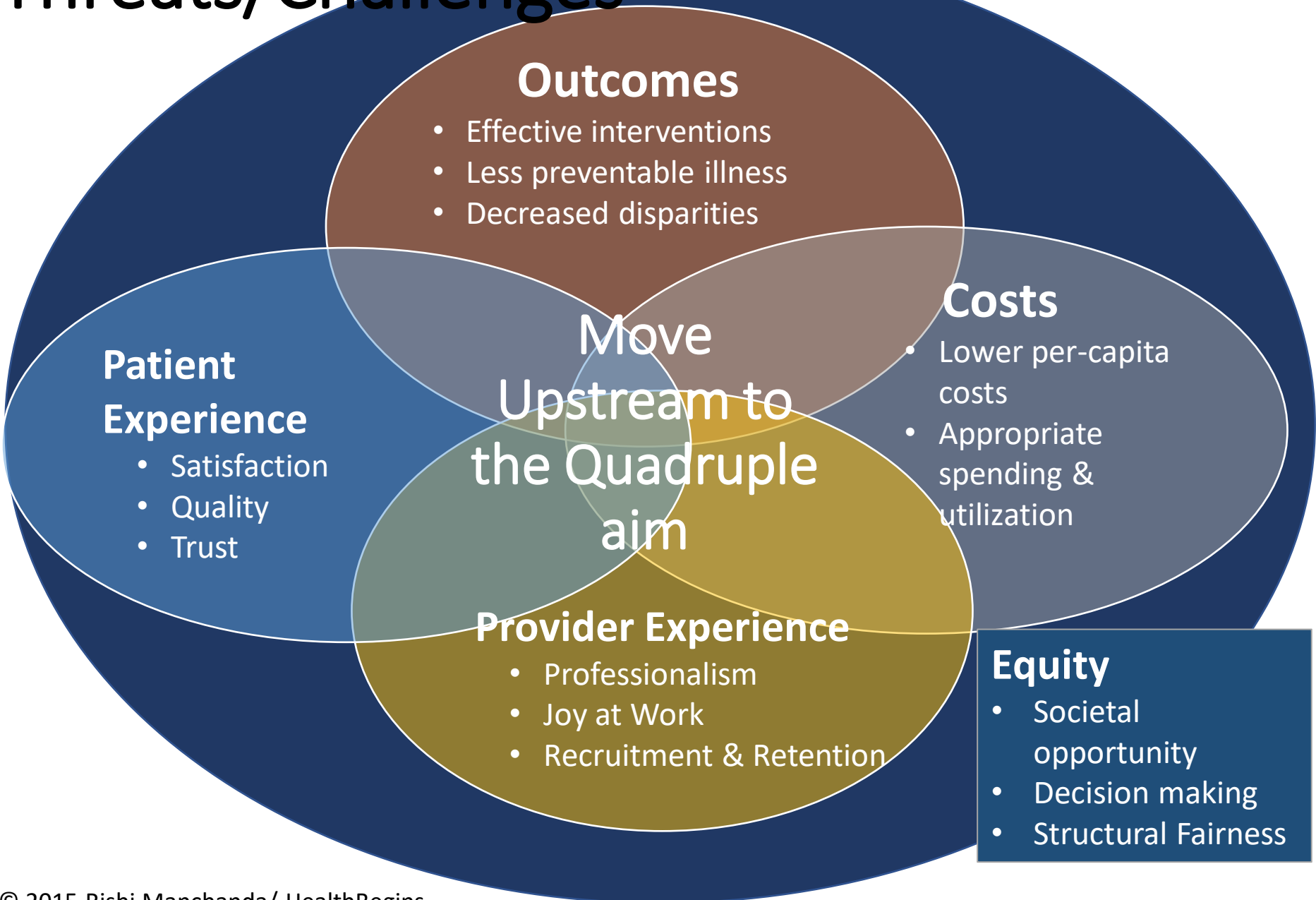
System Level Challenges



Challenge to Maximize Collaborative Partnerships



Threats/Challenges



Questions???

