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Dr. Stephanie Bailey

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Dr. Stephanie Bailey talks about the distinction between healthcare, public health and population health.
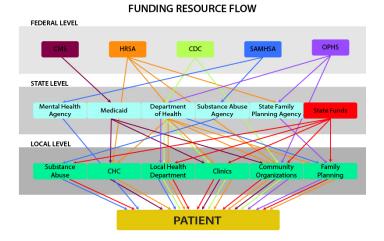
"Health departments are slow to get to the cutting edge. They're used to dealing with the day-to-day things and the task burden is high. That's where partnerships and tools of electronics should be used more because it will help get everyone involved in the health of the community."

What do you see are the key distinctions between the roles of healthcare, public health and population health and the impact each has on our communities?

Population health is usually associated with public health. Public Health, in our circles, is the health of the public –the derivation to population health was brought up to move it away from private individual health and more of the population as a whole. The Institute of Medicine put out a dynamic publication around 1988 which began the conversation about explaining public health and it evolved into the essential services performed by public health. In a nutshell, it was about public health in America: preventing epidemics (like Ebola and TB) and the spread of disease, protecting against environmental hazards, prevention of injuries, promoting and encouraging health behaviors (the health promotion part), responding to disasters, assisting communities in recovery and ensuring the quality and accessibility of health services (which brings in healthcare).

Given your roles at the CDC, NACCHO, and as Director of Public Health, what is your perspective of how various health agencies (federal, state or local) team up to balance tasks, aid in prevention methods and achieve overall public health goals?

It's difficult still and it shouldn't be. It's difficult because of the way funding comes down from federal government to communities, because of overlapping responsibilities of various agencies across the federal and state governments, because of the complexity of cases which come into their purview. If we look at how the money comes down to service patients or public health clients (say, at a local health department), it is very complex. If you were to put all federal agencies on the top level, state agencies on the middle level, and local agencies and patients on bottom level, and then draw lines from Federal agencies (CMS, CDC, etc.)   the money comes down through the state departments and then it's distributed out to the local level or directly to community based organization or public health department. The money crisscrosses so that there may be up to 21 discrete funding lines to treat the one individual.

FUNDING RESOURCE FLOW

Each individual agency adds on their particular service to service the whole individual, rather than looking across the aisle for a collaboration of expertise to partner with, to coordinate with other health agencies. For example, you can't use a TB investigator to go into a drug house and investigate both the STD and TB patient because the STD money can't be crossed with TB money nor vice versa.

The various agencies should balance better, but there's overlapping responsibilities, there are funding strains; different areas of reimbursement and complexity of cases that make it impossible to team up and balance. So it gets very complicated and we need to simplify all those mechanisms.

What is your opinion on Electronic Health Record EHR and Meaningful Use measures and the impact they have on the public health infrastructure? How can EHR benefit local health departments?

I think Electronic Health Records are great! It will make the infrastructure stronger, and make it less cumbersome. It will allow for more access to records and less redundancy, and I think it will decrease costs. I think there are some downsides like privacy, but the benefits far outweigh what some of the downsides may be.

Software in all industries make complex tasks simpler, reduce errors and increase efficiency. Done right, EHR can help public health departments by taking complexity of dealing with numerous funding sources and associated reporting and compliance. Public Health focused EHR can streamline operations by providing local health departments:

1. Single Patient View: Provide a single view of patient in the health department. Due to the silo nature of funding, a patient record (at a local health department) is in different binder e.g. immunization is in one place, STD is in another paper record, family planning visit is in another.

2. Eliminate systems and dual data entry: Numerous funding agencies require recipients to log into various systems to either enter data or provide reports. An EHR can eliminate this burden. Data only needs to be entered once and the EHR can send it to wherever it needs to go, automatically. Given the complexity of funding, this can be a huge saving for public health departments.

3. Achieve Compliance: We all wish our staff to follow best practices. These rules can be built into the EHR, with appropriate alerts, to ensure that the whole organization is compliant to funding agency defined best practices. Additionally, federal government has mandated the use of meaningful use compliant EHRs.

4. Patient Involvement: People need to be more involved and feel more empowered about their own health. Electronics play a role to allow me to monitor, measure and view progress.

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So, yes, we need to move to EHR and I think it can only enhance the infrastructure for health delivery. As it becomes a system – and that's my vision, than the access to data will be a great benefit. With that data you can give a better health status of community and know which interventions need to be implemented as the quality of life and health status changes over time.

You are, as you say, "a lifetime champion of community health excellence". Tell me what you mean by that, how you came to be such a champion, and why this matters to you.

This one comes from looking back at my life, as well as the other personal tag that "I lift people up so that they can soar".Because of my long career in public health and dealing with assessments and processes that help bring communities together, in order to look at their health; and create and manage a strategy to seek better results for themselves. I see them come into the realization that this is ours. During my tenure as director of health, we were looking at disparity issues in Davidson County. It was our responsibility and it had nothing to do with whether we received money from the state or federal government, it was the community which had the dynamic processes and the assets; had the will and wherewithal to create healthy environments for themselves. That's where my passion is and that's where I thrive. I champion this!

How can the community and private organizations partner with public health departments to help build "excellence" for their communities?

It can be forced; better when it is not. The IRS has required nonprofit hospitals to do community health assessment for tax exemption status. So you're finding that what used to be just a purview of public health is being recognized as something which should happen in other venues as well. So you see hospitals doing community assessments and other organizations doing them and you see funding coming down requiring partnerships with public health for the health of the public. Partnering and everyone in is the only way health can happen. it doesn't just happen at the doctor's office, it happens in so many other ways and is largely determined by factors outside of healthcare delivery system.

Bio

Dr. Stephanie Bailey served as the Chief for Public Health Practice of the Center for Disease Control and Prevention (CDC) from 2006 to 2010, she held the position of Director of Health for the City of Nashville/Davidson County from 1985 to 2006 and was President of the National Association of County and City Health Officials (NACCHO) among many other roles. For more information about Dr. Bailey's achievements and awards and her "lifetime champion of community health excellence", click here.