

Chapter 9

Public Health Services

Overview

Chapter 9 covers the importance of health care professionals and public health coordinating the broad spectrum of services they provide to ensure that patients' needs are met.

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UCare Values Coordination with Public Health

Research suggests that one of the most powerful ways that health care professionals and public health can interact is by coordinating the broad spectrum of services they provide for individuals and their families (Lasker, 1997). There are over 100 cases described in the book, “*Medicine and Public Health: The Power of Collaboration*”, that illustrate how collaboration enhances the success of medical care and addresses the additional determinants of health that go beyond medical care. This is achieved by combining clinical services (encompassing diagnosis, prevention, treatment, and rehabilitation) with one or more of the following:

- *Wraparound services* that overcomes logistical, linguistic, cultural and social barriers to care;
- *Counseling and educational services* directed at personal risk behaviors, the management of particular health problems, and the use of health services;
- *Outreach services*, such as home visits, that assure the delivery of needed care and that promote adherence to complex treatment programs;
- *Case management services* that identify health-related needs of individuals, link individuals with health professionals and programs in the community, and coordinate care; and
- *Social services* that address socioeconomic determinants of health.

Emphasis on primary care has encouraged each of the health sectors to strive for more integrated, comprehensive, and longitudinal care for selected populations. These populations may include lower income, limited English proficient or other groups with identified risks or special service needs (e.g., pregnant or newly delivered women). Linkages between clinical and public health services, are useful not only in enhancing medical care but also in addressing additional determinants of health such as social conditions. Public health, together with social services and community-based organizations, are key partners in helping health care providers ensure that patients’ broader needs (such as food, housing, supplemental income, parenting skills, protection from domestic violence, etc.) are met.

This collaboration can contribute to achieving clinical health objectives. Support services can also enhance patient satisfaction with care by making the health system more responsive to individual/family needs and by reducing the dangers and inconvenience of fragmentation. A number of case studies in the report noted above (Lasker) demonstrate that connecting support services to medical care can enhance the productivity of health professionals, reduce the underutilization of needed health services and programs, and reduce duplication of effort.

Based on this rationale, UCare encourages primary care providers to make arrangements for UCare members with local public health agencies for an array of health promotion/counseling services that may include:

- Home Health Visits for: maternal and child health clients (including prenatal and postpartum care), children with special needs, children and adults at risk for abuse/neglect;
- Child & Teen Check ups, including immunizations;
- Infectious disease assessment and/or follow-up;
- Medication management;
- Nutritional risk assessments, nutritional counseling, education and/or follow-up for all ages;
- Safety assessments;

- Senior health clinics;
- Refugee health screening public health follow up services; and
- Tuberculosis testing, completion of therapy (e.g., Direct Observed Therapy (DOT), and follow up services.

The services listed above are provided by licensed registered nurses (within the scope of practice as defined by Minnesota Statutes and certified in public health nursing by the Minnesota Board of Nursing, or received certification from the Minnesota Department of Health prior to January 1990) and may be delivered at Public Health Nursing Clinics or in the home setting. The public health agency does not need to be Medicare-certified to provide health promotion/counseling services.

Public health home visiting is used to:

- Improve pregnancy outcomes;
- Improve the parent's ability to care for their children;
- Decrease injuries;
- Decrease emergency room visits;
- Improve health care utilization;
- Decrease hospitalizations; and
- Improve child health and development.

It may be provided to individuals in need (targeted services) or provided to an entire population (universal) (Health Care Coalition on Violence, 1998).

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Authorizations for Public Health Services

1. Contact your local county public health agency to set up services. For current local public health agency contact information, log on to www.ucare.org, then select "Providers", "Resources", and "Public Health Services."
2. Health promotion/counseling public health services as identified on the previous pages do not need prior authorization.
3. For other home care services such as skilled nursing visits, physical, speech or occupational therapy, home health aides and home IV therapy, please refer to the authorization grid found on the UCare website. Select "Provider Manual", then chapter 5, "Prior Authorization, Referral, and Notification". Contact information for the appropriate authorizing entity is listed at the end of the chapter. The agency needs to be Medicare-certified to provide therapeutic home care services.
4. If there is a need for more than 30 public health visits in a calendar year, please call the appropriate authorizing entity. For authorizing entity contact information refer to the Minnesota Health Care Programs Authorization Grid indicated above. These entities are responsible for coordination of services for members. In order to facilitate this process, submit a plan of care outlining applicable clinical information and medical necessity.
5. The UCare member card indicates, next to the PCC name, what health system is the authorizing entity (UCare, or MMSI). If the member does not have their card with them, you can call UCare's verification phone line at 612-676-6824 or 800-203-7225, and ask for the appropriate authorizing entity.
6. Public health agencies will communicate with primary care clinics regarding services they have provided to their patients so that this information can be incorporated into the patient's medical home chart. This is often done by way of fax forms listing services rendered.
7. Home care from Personal Care Assistants (PCA) still requires prior authorization.

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Population Health Improvement Collaboratives

UCare actively participates in many private/public health collaboratives at the state, regional, and local level that address population health improvement goals (as articulated in the “*Healthy Minnesotans: Public Health Improvement Goals 2004*”, MDH, 1998). The many collaborative projects include such initiatives as immunization information systems (registries), infant mortality reduction, improved perinatal health services, tobacco prevention and control and addressing health disparities. If your clinic would like to be involved in any community-based health initiatives in your service area, contact UCare’s Public Health Manager at 612-676-3635.

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References

Medicine and Public Health: The Power of Collaboration by Roz D. Lasker, MD, and the Committee on Medicine and Public Health, New York Academy of Medicine, New York, 1997.

A Review of the Research on Home Visiting: A Strategy for Preventing Child Maltreatment by the Health Care Coalition on Violence, Minneapolis, 1998.

Healthy Minnesotans: Public Health Improvement Goals 2004 by the Minnesota Department of Health, September, 1998.

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