Impact of the ACA
California Local Public Health Laboratory Perspective

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Where do patients go?

- Where is Primary Care patients insurance?
  - Medicaid = MediCal
  - Private insurance
  - Un-insured
Managed Care Models

- County Organized Health Systems (SLO: CenCal---CHCCC)
- Two-Plan (LA: LACare & HealthNet)
- Geographic Managed Care (San Diego: Care1st, CHgrp, HealthNet, Kaiser permanente, MolinaHC)
Private Insurance -
Covered California Ins exchange
- Private Practices
- IPA-Independent Physicians Assns
- ACO-Accountable Care Organizations
UnInsurance

- Indigent
- Not so indigent
- Jail, Juvenile detention, Prisons
Who wants what we do?

- STD- Chlamydia-Gonorrhea, HIV antibody, Syphilis serology
- Tuberculosis
- Mycology, Bacteriology, Virology, Parasitology
- Water, shellfish and food testing
- Bioterrorism agents- bacteria and toxins
So—will PHLs in CA get more testing due to ACA?

Answer: That depends

– On other factors
“I’m right there in the room, and no one even acknowledges me.”
Other factors--elephants

- Private Laboratory competition
- Testing technology-POC
- Public Health Service cuts
- PH Leadership thinking
What do Health Officers think?

- Do they care whether a PH lab is available?
- Do they think a private lab can do as well or better?
What do Health Officers think?

- Do private labs make too many mistakes—false positives

- 58% agree  8% disagree  33% unsure
What do Health Officers think?

- Do PH staff spend too much phone time trying to get PH data from private labs?

75% agree 8% disagree 17% unsure
What do Health Officers think?

– Do Private lab reports lack sufficient details to allow PH staff to interpret?

67% agree  17% disagree  17% unsure
What do Health Officers think?

- Will Private lab use of non-culture tests create problems for PulseNet?

- 64% agree 0% disagree 33% unsure
So will PHLs die?

- Will culture-independent diagnostics become the standard?
- Will private lab ELR be so successful PH gets info needed?
- Will laboratory services be privatized?
Santayana

“Those who cannot remember the past are condemned to repeat it.”
Public Health Disasters

- Soviet Union breakup
- TB funding-US 1980s
- Africa and AIDS
- etc
Anonymous

“The surest way to bring back a disease is to end the funding to control it.”
What to expect

- VPD and Foodborne outbreaks
- Demand for PHL services – STIs, TB, Influenza, EIDs
- Additional Insured (MediCaid) and private – BUT
2002 Colorado *E. coli* O157 Outbreak

- **726 cases**
- **4 deaths**
- **Meat recall**
- **39 d**

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2002 *Colorado E. coli O157 Outbreak*

- **outbreak detected 2002**
- **CL PHL: 0-7 d**
- **PHL: 4-7 d**
- **18 d**
PHLs serving ACA patients

- Where PH has a role in primary care
- Where PHLs “keep up” with IT and test technology
- Where Health leadership includes PH in ACOs
Questions??