



# Advancing Healthcare Transformation Through a State Surgeon General Model: Opportunities and Challenges

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## Introduction

Implementation of the Affordable Care Act (ACA) has opened the door to new opportunities for health policymakers to address the nation's growing chronic disease epidemic through integrated solutions that begin to bridge the health care, public health, and social services sectors. To take advantage of these opportunities, state policymakers have incorporated a greater focus on advancing "population health," meaning the health outcomes of groups of individuals and the determinants and policies impacting their health,<sup>1</sup> in delivery system reform initiatives. A leadership position located within or aligned with the state public health agency that is charged with directing cross-sector

population health improvement efforts may be beneficial to states in this new era. Among possible models for such leadership is a concept for a State Surgeon General (SSG), a position with responsibilities largely mirroring those of the U.S. Surgeon General, to provide executive-level physician leadership and contribute to the development and implementation of effective population health policies. The experiences of four states that implemented a SSG prior to passage of the ACA highlight new opportunities and challenges for the model at this juncture in time.

This brief reflects the themes and considerations that emerged from a September 2015 meeting convened by the National Academy for State Health Policy (NASHP) with support from the Gail and Lois Warden Endowed Chair on Multicultural Health at Henry Ford Health System. A variety of public- and private-sector thought leaders attended the meeting including former and current health officials from a range of state agencies and representatives from national public health and health care organizations. The goal of the meeting was to identify opportunities and challenges for a SSG model by exploring key issues including roles, responsibilities, governance, financing, and sustainability. The following key considerations emerged:

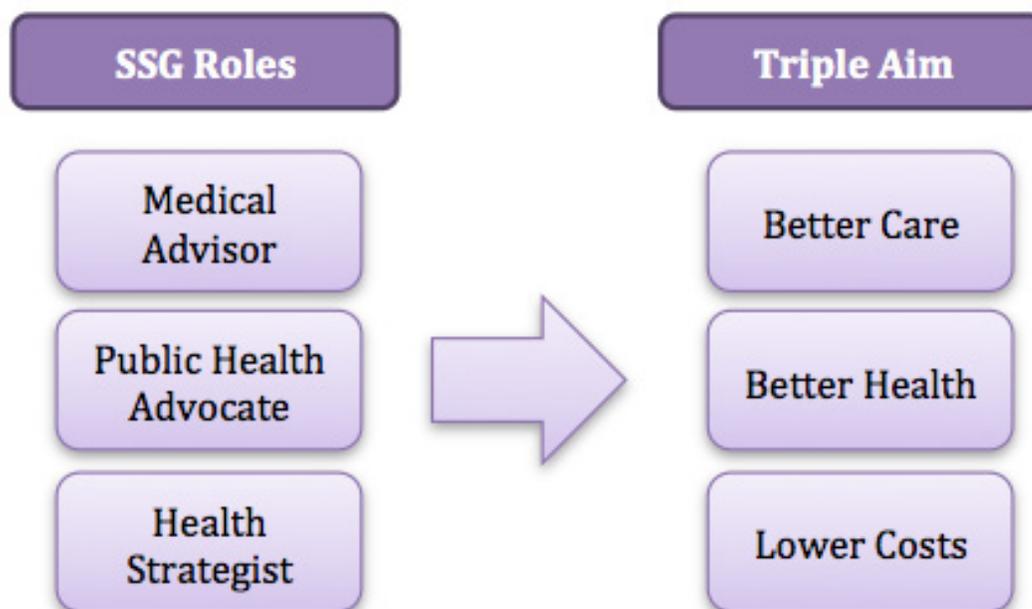
- States could benefit from a physician leader who is not bound by day-to-day administrative duties to bridge public health with other sectors and advance population health goals.
- SSGs could best serve a state in three primary capacities: as a medical advisor, a public health advocate, or a health strategist.
- SSGs should have a clearly defined job description to avoid potential overlap of responsibilities or authority with other state health officials.
- To effectively serve in this post, SSGs would need access to adequate resources that do not diminish the resources available to other state agencies.

## The Role of SSGs in the Context of Health Reform

As population health plays a larger role in reforming the health care delivery system, state policymakers are considering how to most effectively leverage the myriad of new opportunities provided in the ACA. The ACA promotes numerous payment and delivery reform strategies that allow states to better address chronic disease prevention and care management, providing opportunities for expanded public health-health care sector partnerships. For example, the ACA has offered new grant opportunities to support community-based prevention initiatives, made significant investments to build an evidence base for disease interventions, and increased flexibility for states to design payment systems that reimburse Medicaid providers for providing high quality and coordinated care.<sup>2</sup> These new opportunities all seek to advance the “Triple Aim” goals of improved population health, better patient care, and reduced health care costs.<sup>3</sup>

It has become increasingly clear that to achieve the ambitious goals set forth by the ACA and the Triple Aim, states will need to break down silos and facilitate new cross-sector and cross-agency partnerships that can drive health care reform. Participants from the September 2015 convening agreed that the SSG model might be valuable for states currently lacking a defined position to lead this work and engage diverse stakeholders in health reform. Based on the experiences of former SSGs, participants identified three primary roles for SSGs: medical advisor, public health advocate, and health strategist. Beyond the clear role SSGs play in advocating for improved population health, there may also be an opportunity for SSGs to leverage their unique strengths to advance the other Triple Aim Goals of better care and lower costs, given their unique backgrounds in medicine and health policy.

**Figure 1. Translating SSG Roles into the Triple Aim Goals**



## Current & Former Models for State Surgeons General

To date, four states have adopted a SSG model including Arkansas, Florida, Michigan, and Pennsylvania (Pennsylvania uses the term “physician general”). Though roles and responsibilities vary widely across states, SSGs have all been physicians who typically serve in an advisory capacity to the state health commissioner and/or governor and are usually charged with providing a strong voice to public health issues. While the governor appoints SSGs in these four states, former SSGs reported that they mostly served in non-partisan advisory roles within state government.



### Arkansas

Arkansas first implemented the SSG model in 2007 when the state decided to rename the governor’s chief health officer to surgeon general in an effort to distinguish the role from that of the state health officer and health director. The SSG position arose from a combination of needs in the state including a strong medical voice the public could trust in emergency situations and a health strategist the governor could rely on to engage multiple state agencies and sectors in health reform, especially since the health director at that time was not a physician. The position was codified in the Arkansas General Assembly Act 384 in 2007 and defined to be a physician in good standing who would serve as a cabinet-level advisor to the governor to provide guidance on health policy topics including “insurance coverage, health risk

management, disease prevention, and health promotion strategies across state agencies.”<sup>4</sup> In Arkansas, the SSG is appointed by, and reports directly to, the governor and is not part of the health department. There have been two SSGs to date, both of whom served in a dual role during their tenure. The first SSG functioned as 50 percent SSG and 50 percent as academic, directing the Arkansas Center for Health Improvement, while the current SSG functions as 50 percent SSG and 50 percent emergency medicine physician.

### Florida

Florida established a SSG in 2007 to amplify the voice of public health and designate the director of the health department as “the state’s leading advocate for wellness and disease prevention.”<sup>5</sup> The position is codified in Section 20.43 of the Florida Statutes and defined as the director of the health department with a dual role as SSG and secretary of health/state health officer. The SSG must be a physician with experience in public health administration and must be appointed by the governor.<sup>6</sup> In Florida, three deputy secretaries responsible for the administrative functioning of the department of health report to the SSG, allowing for the SSG to focus on giving a prominent voice and role to state and local public health departments. There have been two SSGs since the position was created.



### The State Perspective: Opportunities for SSG

*“There was not a lot of controversy around creating the position. The new governor wanted a strong administrator and didn’t want to be bound by having to appoint a physician for secretary of health.”*

-Former SSG

## Michigan

Michigan’s governor appointed the first SSG in 2003 in an effort to strengthen the state’s public health infrastructure, stemming from multiple years of budget cuts to public health initiatives.<sup>7</sup> Michigan was the first state to create a state-level surgeon general, with responsibilities mirroring those of the U.S. Surgeon General and the primary task of serving as the state’s chief public health advocate. The position was also specifically charged with engaging new community partners, such as businesses, in public health initiatives. The Michigan SSG was positioned in the health department and reported to both the governor and to the health department director. Unlike the other states with a SSG, the position was never codified into Michigan law and the subsequent administrations have not continued to fill the position after the tenure of the first SSG concluded in 2010.



## Pennsylvania

Pennsylvania first implemented the Physician General position in 1996 to ensure a strong physician voice is included in state health leadership, especially when the health secretary is not a physician. Pursuant to Act 87 of 1996, the governor may decide to appoint a physician general to advise the governor and health secretary on health policy, medical, and public health-related issues. Other responsibilities outlined in the legislation include reviewing professional medical and public health standards and practices, and organizing initiatives to promote health and wellness in the state.<sup>8</sup> Located within the health department, the position reports to the health department secretary and also sits on four medical boards, including the State Board of Medicine, State Board of Physical Therapy, State Board of Osteopathic Medicine, and State Board of Dentistry. Numerous physicians have served as physician general since its inception and the position has continued through multiple administrations.

**Table 1. Overview of Existing SSG Models**

	Arkansas	Florida	Michigan	Pennsylvania
State Government Title	Surgeon General	Surgeon General and Secretary of Health	Surgeon General	Physician General
Years Implemented	2007 - Present	2007 - Present	2003 - 2010	1996 - Present
Appointed by Governor?	Yes	Yes	Yes	Yes
Located within Health Department?	No	Yes	Yes	Yes
Health Commissioner Required to be Physician?	No	Yes	No	Yes
Reporting Structure	Reports to Governor as cabinet level advisor	Reports to Governor	Reported to health department director and governor as a subcabinet official	Reports to Secretary of Health
Position Codified?	Yes; Act 384 of 2007 Regular Session	Yes; Act 40 of 2007 Regular Session	No	Yes; Act 87 of 1996 Session
Dual Role?	Yes; 50% SSG and 50% other	Yes; Also Secretary of Health and State Health Officer	No	No
Key Roles	Health strategist and medical advisor	Public health advocate	Public health advocate and medical advisor	Medical advisor and public health advocate

## Roles and Opportunities for State Surgeons General

Current and former SSGs have often possessed a unique combination of training and skills that qualify them for their posts. For example, past and current SSGs have all been physicians responsible for translating their medical knowledge into state policymaking. They have been charged to be communicators able to distill complex medical information into layman's terms for a variety of audiences, including other state government officials, business leaders, and the general public. Former SSGs have also reported having some background in public health, or experience with programs aimed to improve the health of a population.

Based on the experiences of current and former SSGs shared at the meeting, participants agreed that SSGs must be fundamentally strong communicators and identified three primary roles for SSGs in state government: medical advisor, public health advocate, and health strategist.

## Medical Advisor

As trained physicians, SSGs are able to advise governors and other leadership on important medical issues affecting health policies and programs. In several instances former SSGs reported that they have successfully leveraged their positions to lead important initiatives that require physician expertise and leadership. For example, a former physician general in Pennsylvania was able to tackle a malpractice crisis and help to develop policies that led to improvements in patient safety. Specifically, the former physician general focused on preventing medical errors and played an instrumental role in passing the Medical Care Availability and Reduction of Error Act in 2002. The legislation created the Pennsylvania Patient Safety Authority and designated the physician general as its chair to provide continued guidance on patient safety matters.<sup>9</sup> It also authorized the Patient Safety Authority to develop a medical errors registry, called the Pennsylvania Patient Safety Reporting System.<sup>10</sup> The physician general leading this work felt the position uniquely qualified him to take on the patient safety issue in a way other leaders could not due to political constraints. Furthermore, he felt the position enabled him to foster cross-sector collaborations with diverse stakeholders, including lawyers, hospital associations, medical societies, and state government, that would have been difficult for others to achieve.

### Roles for SSGs: Medical Advisor

*“Health departments and CDC were asking major corporations to meet for training on H1N1... We identified a major issue [in one corporation] that would have lead them to quarantine and shut down their business. This was an important translation function to the business sector. Our health commissioner, who was not a physician, had the authority to quarantine, not me.”*

-Former SSG

Beyond contributing their medical knowledge to the development of health programs and policies, SSGs have also exercised their medical expertise to advise the public on medical issues. Multiple

former SSGs shared the sentiment that they were able to serve the public as a trusted physician voice and communicate on medical topics such as disease outbreaks and emergency preparedness. For example, a former SSG in Arkansas took the lead in communicating with the public about the health implications of Hurricane Katrina and alleviated public concerns surrounding the possibility of a cholera epidemic.

## Public Health Advocate

Meeting participants agreed that SSGs have played a prominent role in public health advocacy by acting as a scientific voice to promote population health in their states. Former SSGs in attendance shared experiences in taking on disease prevention and wellness issues. For example, a former Michigan SSG was specifically charged with addressing lead poisoning, teen pregnancy, obesity, teen smoking, and HIV/AIDS. The Michigan SSG also launched a campaign called Steps Up that engaged businesses, schools, healthcare providers, and families in promoting healthy lifestyles for the residents of the state. An evaluation of the position revealed that the Michigan SSG was generally seen as a strong public health advocate and successfully facilitated conversations among an array of stakeholders to address public health issues that were otherwise not given due attention.<sup>11</sup>

Participants at the meeting also shared experiences from former SSGs who played important roles in their states by advocating for local public health agencies. One meeting attendee commented that a former SSG in Florida was largely regarded as “a voice for folks in the trenches and on the ground ... for their strengths, opportunities, and suggestions.” The Florida SSG’s dual role as Secretary of Health allowed the SSG to simultaneously advocate for the overall role of public health in Florida and take action to strengthen local public health agencies. The SSG participated in a substantial number of speaking engagements throughout the state in this role as chief spokesperson for public health and prevention.

Looking forward, meeting participants agreed that the public health advocacy role could be a significant opportunity for SSGs to improve chronic disease prevention and wellness initiatives in states. Participants noted that health reform has placed a significant emphasis on improving population health, and states need leadership to facilitate cross-sector and cross-agency connections that can help outcomes. The unique background of SSGs that combines public health and clinical care delivery could make them well suited for such a role. Participants generally agreed that if SSGs focused significant efforts on coordinating chronic disease prevention and wellness efforts across sectors, they may fill an important niche without duplicating the day-to-day administrative responsibilities of other state health leadership.

### Roles for SSGs: Public Health Advocate

*“Many states have an infectious disease perspective and not enough links with resources they need to in order to address [chronic diseases, such as] the diabetes epidemic. There has to be interplay between insurance market, community organizations, public health, clinical care, and others.... We need a point person [in each state] who understands this is about more than politics but having an organized response to a public health threat.”*

-Representative from national health care organization

## Health Strategist

Since the Arkansas SSG primarily serves as an advisor to the governor and is not positioned within the health department, the experience of the SSG has been deeply rooted in health strategy. The SSG bears an equal relationship to all state agencies and the work largely focuses on creating linkages between agencies and sectors to advance health policies. For example, the position has played important roles in bridging Medicaid and public health by convening monthly state agency leadership meetings. A former Arkansas SSG also reported serving in an important advisory capacity to both the governor and the health commissioner, acting as the lead negotiator for two Medicaid waivers. In addition, the SSG hosted monthly meetings with private payers to better engage them in state health reform initiatives by explaining public health functions in business terms. The former SSG also directed the Arkansas Center for Health Improvement during his tenure of SSG. This second position gave him access to important tools and resources that enhanced his capabilities as an SSG.

## Considerations for Governance, Financing, and Sustainability

Prior to adopting an SSG model, states will need to evaluate their health infrastructure and needs to determine if an SSG could support population health improvement goals without duplicating the roles of other leading health officials or reducing funding available to other state agencies and departments. Meeting participants noted that state leadership positions such as the health commissioner,<sup>12</sup> state health officer, health department’s chief medical officer, and governor’s health policy advisor, are likely to intersect, if not overlap, with the potential roles and functions of an SSG. Participants also identified substantial funding and sustainability obstacles states will need to address for successful implementation of an SSG model.

### Governance

Due to the nature of SSG responsibilities, most states with an SSG have chosen to embed the position within the state public health agency. These states have integrated the position in a way that complements other leadership roles without duplicating responsibilities. In Florida, the SSG is also the health commissioner and state health officer, while in Michigan and Pennsylvania the SSG has served alongside the health commissioner. This difference is likely due to the fact that in Pennsylvania and Michigan,

the health commissioner is not required to be a physician and the states found it valuable to place a physician leader within the health department. In Florida, where the health commissioner is required to be a physician, the roles were combined to reinforce the public health advocacy role of the health commissioner.

Unlike the other states, the SSG position in Arkansas is not situated within a public health agency. Instead, the SSG is a member of the governor's cabinet and reports directly to the governor in a health strategist role. According to a former Arkansas SSG, this model has enhanced the ability of the SSG to break down silos and facilitate cross-sector collaboration. While the governor in Arkansas also retains a health policy advisor, a meeting attendee noted that the positions function in different capacities. In general, the governor's health policy advisor in that state maintains a greater focus on initiatives within state government and develops policies in support of the governor's vision. The SSG, in contrast, provides a physician perspective in cross-sector health strategy decisions and is able to maintain a greater degree of political independence.

Meeting participants suggested that the roles of SSGs are most likely to overlap with those of public health officials. States can exercise great flexibility when structuring health agencies, and as a result, models for public health agencies vary widely across states.<sup>13</sup> The Association for State and Territorial Health Officials (ASTHO) reports that while some states include public health under an umbrella agency encompassing other health-related agencies such as Medicaid and mental health departments, in other states public health may be its own separate entity.<sup>14</sup> This creates a need for varying leadership roles for public health officials across states. For example, some states designate a health commissioner who also serves as the public health officer, while in other states these may be two separate positions. The same is true of state health officer and state epidemiologist positions. States have also outlined different responsibilities and requirements for key public health leadership positions. For example, state health commissioners are generally charged with “providing leadership [of the health depart-

ment] and serving as an intermediary between the state health agency, staff, the public, and the legislature.”<sup>15</sup> Some states require that the health commissioner be a physician to accomplish these goals while this is not true for other states.<sup>16</sup>

Given the significant differences in the ways states structure health agencies and public health leadership roles, states will need to carefully consider whether the SSG model can add value to their health infrastructure without duplicating the roles and responsibilities of others. Meeting participants noted another important consideration for governance is to define the roles of the SSG in relation to other leading health officials to ensure there is one unified state voice in the event of a health crisis. The SSG model may prove most effective in states that currently lack a physician in a key health leadership position to spearhead specific issues, such as disease prevention and wellness.

#### **Roles for SSGs: Health Strategist**

*“I was the governor’s strategy person... The health secretary was responsible for health functions and the health officer didn’t have contact with health insurance plans.”*

-Former SSG

#### **Financing**

Meeting participants noted one of the trickiest obstacles to implementing an SSG in additional states would be securing funding for the position. SSGs are likely to be located within a state's health department, however, many health departments have historically struggled with budget cuts that make it difficult to fund new positions. In Michigan, limited funding available from the health department was a major challenge for the SSG and may have ultimately led to the position's discontinuation. Maintaining funding for the position was a lesser obstacle in Arkansas and Florida where the SSG serves in a dual role with another dependable source of financial support. Beyond funding to support a SSG directly, meeting participants acknowledged the position would need adequate funding to support staff, resources, and programs – challenges that plagued SSGs in Michigan, Arkansas, and Florida.

Meeting participants agreed the SSG position should not diminish resources available to health departments and the position would therefore not be able to depend solely on health department budgets to supply lasting funding. To overcome the significant funding obstacles, meeting participants suggested the SSG could be funded through dedicated allocations from governors and legislatures. However, this would require buy-in and a strong commitment to advancing population health initiatives from governors and state legislatures.

## Sustainability

Meeting participants agreed that SSG sustainability would depend on the position's portfolio and effectiveness. Without a strong portfolio, and clearly defined roles and responsibilities, the SSG could be an easy position to eliminate in the face of state budget cuts. Meeting participants suggested that the current focus on population health could help define a SSG portfolio. Beyond defining the SSG scope of work, it would be crucial for states to be able to measure the impact of the position to demonstrate its effectiveness in advancing state health goals. To date, only one evaluation of the SSG post has been conducted. Though the study assessed the Michigan Surgeon General's development, goals, and accomplishments, the study was limited by the lack of program impact measures. The study recommended that the SSG position be evaluated by a combination of outcomes and process measures in the future, recognizing the long-term goals of many population health initiatives.<sup>17</sup>

For states that choose to implement the SSG model, meeting participants had several recommendations for ensuring sustainability. First, the SSG position should be continuous in a state rather than used when the health commissioner, or another health leader, is not a physician. If the position exists but is filled only intermittently, it stands to lose its importance and history. Second, the SSG position should be codified into law. This would provide a legal framework for the position and an opportunity to clearly define roles and expectations for the SSG in legislation.

### The State Perspective: Challenges for Implementing SSG

*"Adding a SSG could be interpreted in a nefarious way [in my state]. I think the health secretary and health commissioner would argue these responsibilities are their job."*

-State Official

## Conclusion

Participants from the September 2015 meeting agreed that vesting responsibility for population health within a single state official could raise the profile of public health in this area and facilitate productive collaboration between the public health and health care sectors. However, they acknowledged that while the SSG model holds promise to help states advance their population health agendas, states may have to overcome significant obstacles to successfully implement the position. Meeting participants generally agreed that the two largest barriers facing SSGs would be funding the position and clearly defining the position to avoid overlap with other leading health officials. Though the approaches Arkansas and Florida have taken to assign the SSG a dual role helped to alleviate cost and job function concerns, such a model may not be desirable or politically feasible in other states. Furthermore, states would need to consider additional implementation issues such as whether or not to set a defined term for SSGs, whether or not to establish a national forum to support SSGs similar to other national organizations, and whether a formal coordination strategy with the U.S. Surgeon General would be of value. In the event states are able to resolve such challenges, there may be a valuable opportunity for SSGs to fill a gap in state health infrastructure and spearhead the development and implementation of cross-sector chronic disease prevention and wellness promotion initiatives.

## End Notes

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10. Pennsylvania Patient Safety Authority. "PA-PSRS (Pennsylvania Patient Safety Reporting System)." Retrieved December 8, 2015. Available at: <http://patientsafetyauthority.org/PA-PSRS/Pages/PAPSRs.aspxv>
11. The University of Michigan School of Public Health, *The State Surgeon General: Exploring Innovations in Public Health Leadership*.
12. May also be referred to as health secretary, public health director, or another title based on state. All titles refer to the director of a state's health department/public health agency.
13. Organizations such as the Association for State and Territorial Health Officials (ASTHO) provide valuable resources that describe state-by-state health department models and can be useful for states seeking to re-structure their health departments.
14. The Association of State and Territorial Health Officials. *ASTHO Profile of State Public Health, Volume 3*. (Washington, DC: Association of State and Territorial Health Officials, 2014). Available at <http://www.astho.org/Profile/Volume-Three>
15. Ibid.
16. One meeting attendee noted that approximately 26 states have a statutory requirement that the state health commissioner be a physician.
17. The University of Michigan School of Public Health, *The State Surgeon General: Exploring Innovations in Public Health Leadership*.

### About the National Academy for State Health Policy:

The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, nonpartisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: [www.nashp.org](http://www.nashp.org).

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