

Collaboration between Primary Care and Public Health: Current State, Future Potential

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Workshop Objectives

- To share what the research is saying about collaboration between primary care (PC) and public health (PH).
- To give voice to primary care perspectives on the research findings.
- To discuss an emerging model of PC-PH collaboration that might be used to assess and advance integration at the local level.
- To discuss how the collaboration model might contribute to research related to PC and PH collaboration.

Workshop Agenda

- Presentation of research findings regarding primary care-public health collaboration across 4 states (15 mins)
- Small group discussion (25 mins)
- Report back from small groups (15 mins)

Measuring Variation in the Integration of
Primary Care and Public Health:
A Multi-State PBRN Study of Local Integration
and Health Outcomes

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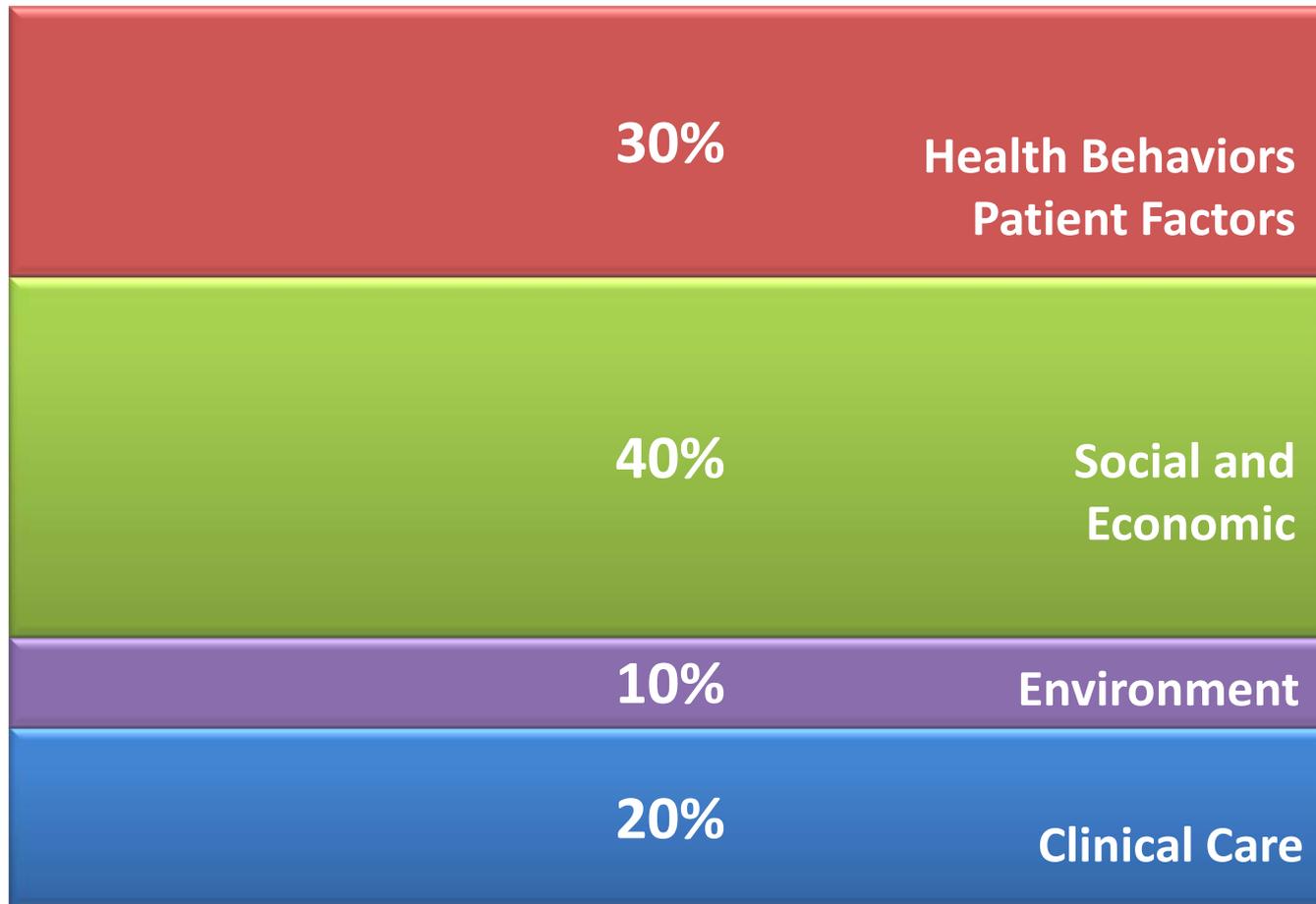


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Health outcomes are largely driven by factors external to the clinical care system.



The Institute of Medicine (IOM) makes the case that increased “integration” between primary care and public health is crucial to improving population health.



Mixed methods study:

Assesses and describes primary care-public health integration from the perspective of practitioners in these disciplines in local health jurisdictions.

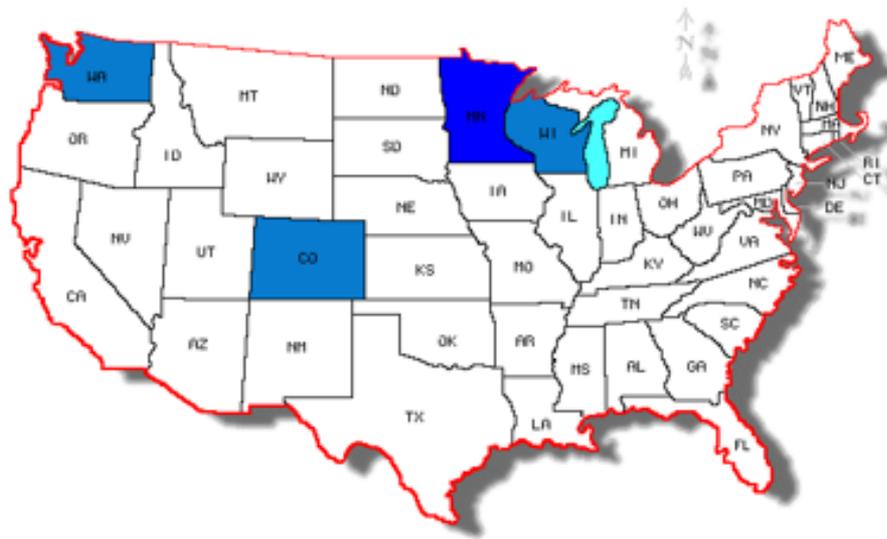
Methods

Step 1: Literature review of existing models/constructs for PC-PH “integration.”

Steps 2&3: Interviews and surveys of PC and PH leaders in four states to understand the factors influencing PC-PH integration

Step 4: Development of a framework for PC-PH collaboration based on local practice

Step 5: Gather input on the framework, including this workshop



Step 2:
Qualitative



Conducted 40 interviews with local public health and primary care leaders

Step 3:
Quantitative



Surveyed public health and primary care leaders in all local jurisdictions (Public Health n=193, Primary Care n=128)

Key findings



Analysis & Dialogue



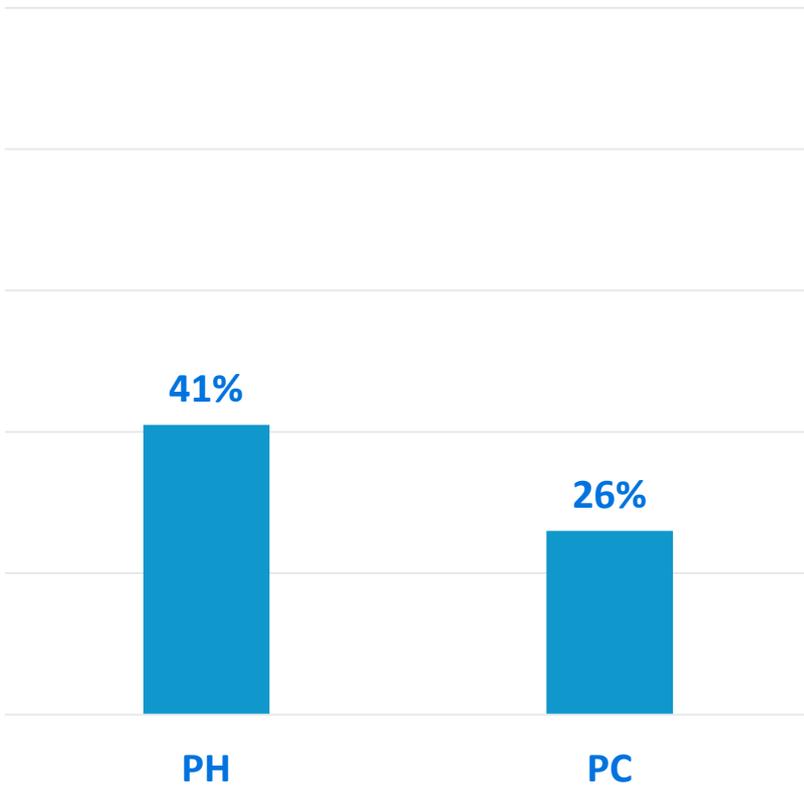
Preliminary model

Key Findings

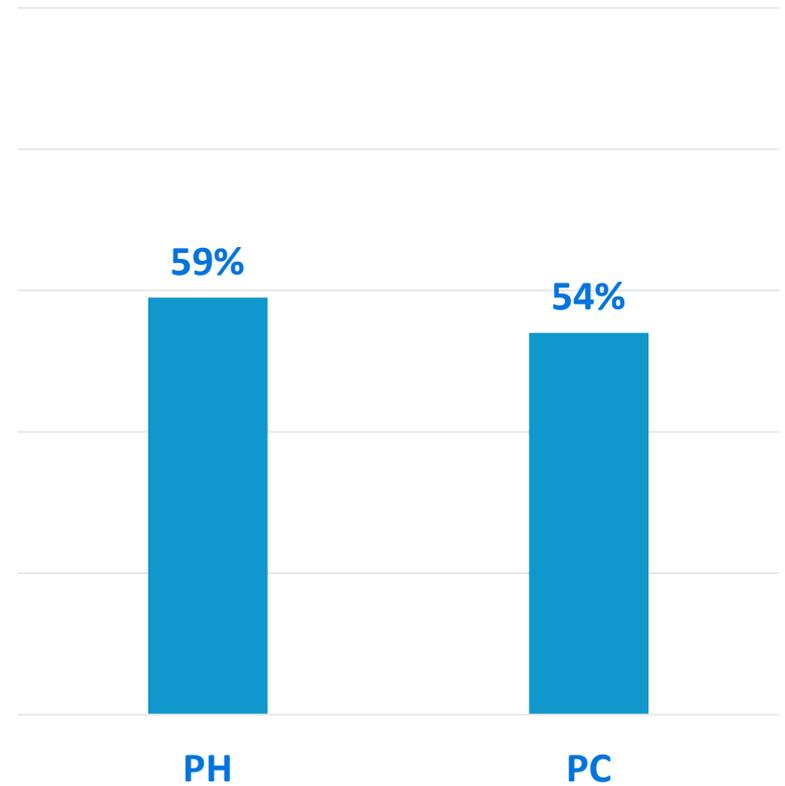
- Wide variations noted between and among PC & PH networks
- Both primary care and public health respondents report high levels of mutual trust and respect—yet substantial lack of mutual understanding
- Public health reported more skills in relationship-building—and primary care thinks of public health as a natural neutral convener
- While both seem invested in the promise of a relationship, necessary resources and capacity currently lacking to promote this work

Current Working Relationship

Consistently/Frequently Work Together

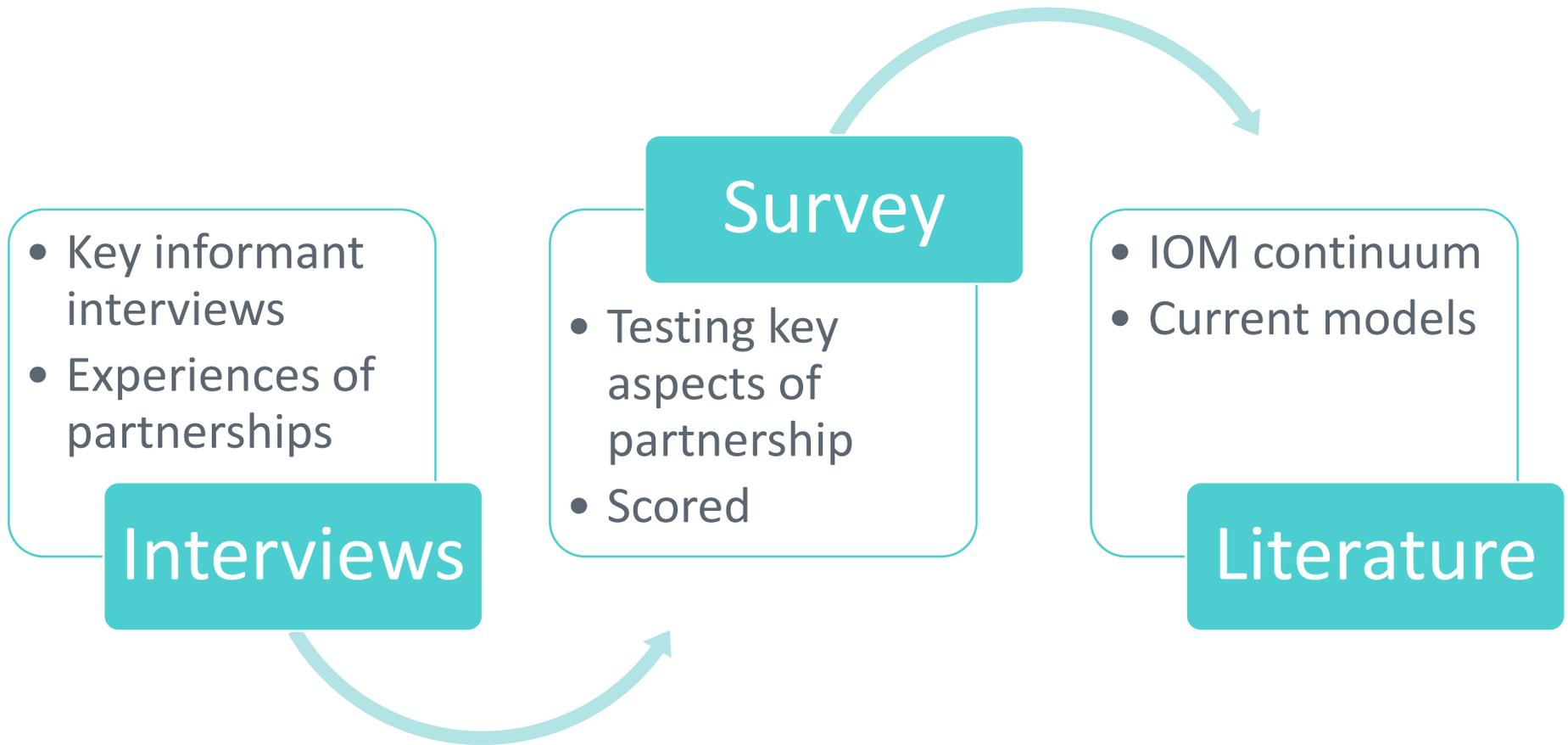


Satisfaction With Working Relationship



*Slide depicts percent agreement with each statement by public health or primary care respondent to electronic survey conducted in 4 participating states

Framework Development



What did we learn?

- Some aspects of partnership build and maintain **foundations**
- Some **activities** raise energy and action.
- **Satisfaction** is not the same as **action**.
- Agreement that **collaboration is important**.
- There is a need for a more **dynamic model** to describe partnerships.
- Integration is likely **not linear**.

Foundational Characteristics for PC-PH Collaboration

- Key factors establish a solid foundation for the relationship.
- Examples include: aligned leadership; shared vision; mutual knowledge, trust and respect; and basic communication.
- General agreement between PC and PH that foundational characteristics present.

Energizing Characteristics for PC-PH Collaboration

- These factors are more dynamic and action-oriented.
- Examples include: joint strategic planning; data sharing; dedicated funding and FTE; formal structures in place (e.g. MOU, grant contracts); and confidence in sustainability.
- Both PC and PH respondents less likely to agree that current relationships feature these energizing factors.

Collaboration Framework

Stronger Engaging Characteristics Weaker	<ul style="list-style-type: none"> • Come together for specific clients or projects, or to address a crisis • Lack MOUs, contracts, and other formal structures • Leadership directs work • Lack shared vision, mutual trust, respect, and value 	<ul style="list-style-type: none"> • Work together is ongoing • Shared vision, mutual trust, respect, and value • Formal structures in place • Shared data and information • Adequate staffing or financial commitment
	<ul style="list-style-type: none"> • Rarely come together around projects or clients • Inadequate staffing or financial commitment • Few formal structures support working together • Lack shared vision, mutual trust, respect, and value 	<ul style="list-style-type: none"> • Shared vision, mutual trust, respect, and value • Formal structures in place • Inadequate staffing or financial commitment • Rarely come together around projects or clients



Small Groups

- The study team is seeking responses from primary care to this work
- Create discussion groups of 8-10 people
- Assign a scribe for each group
- The scribe will write down the ideas and responses generated in the discussion using the pages provided to each group
- The study team will gather these ideas and responses as feedback about its work
- Identify someone to report back the top ideas and responses to the discussion questions in the final 15 minutes of the workshop

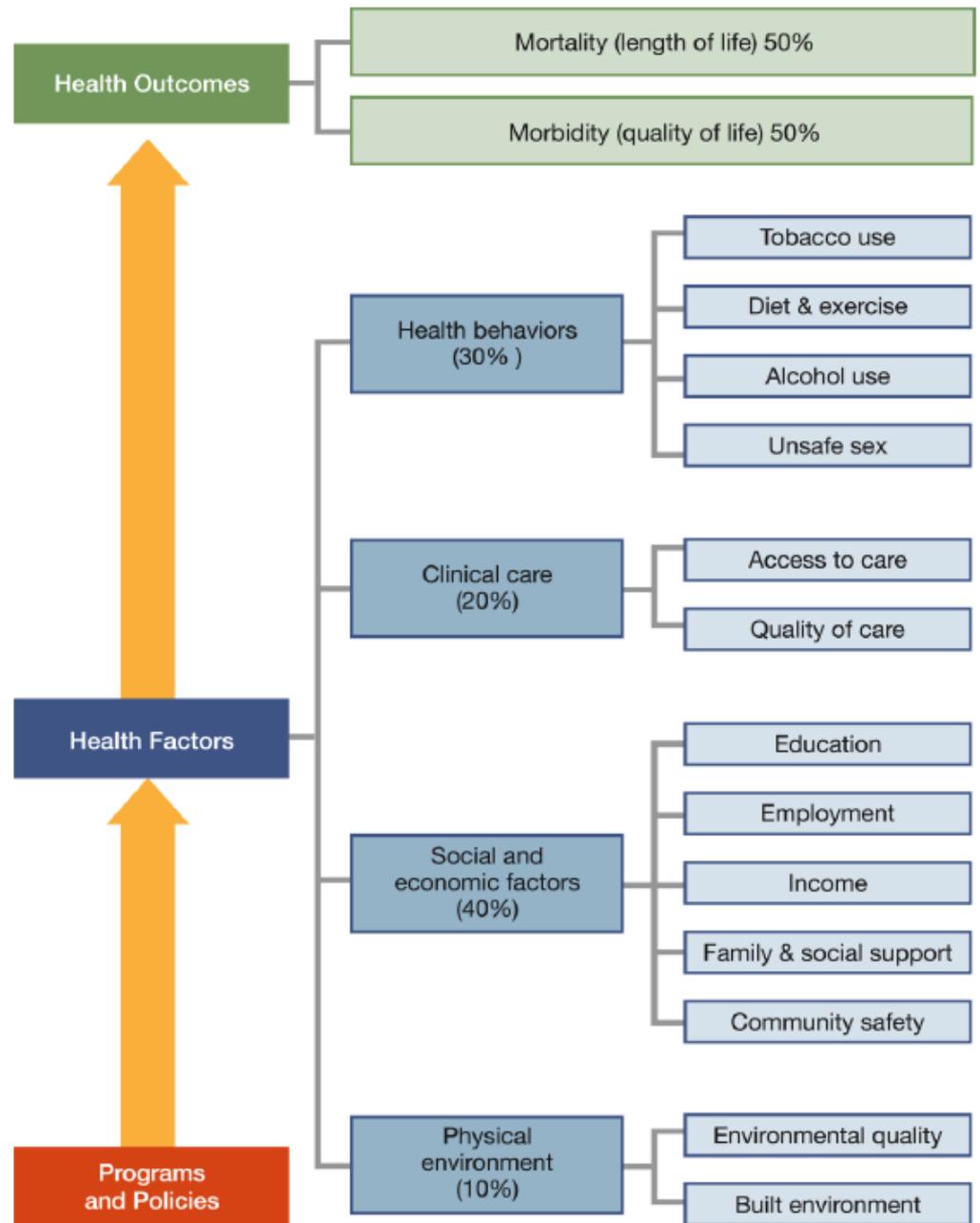
Small Group Discussion Questions

- Does the Primary Care-Public Health Collaboration Framework make sense based on your knowledge of the practices in your PBRN?
Please give examples.
- How might the Collaboration Framework provide a basis for investigations within your own PBRN about primary care and public health collaborations?

For More Information

- Minnesota Research to Action Network:
www.health.state.mn.us/ran
- Research Findings: Search for:
[Measuring Variation in the Integration of Primary Care and Public Health: A Multi-State PBRN Study of Local Integration and Health Outcomes](#)

Background



Assigning Jurisdictions to Multi-Dimensional Model

- Questions assigned to “Foundational” or “Energizing” Characteristics.
- Responses to those questions were
 - assigned values
 - used to calculate scores
- Score distributions were assigned cut-points for jurisdictions placement in 1 of 4 quadrants

Our Sample Distribution

