

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.

Workshop Agenda

- Introduction
- Presentation of research findings (30 mins)
- Small group discussion (25 mins)
- Report back from small groups (15 mins)
- Brief presentation on the state of local PC-PH collaborations (5 minutes)
- Large group discussion (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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Public Health Services and Systems Research (PHSSR).

Washington

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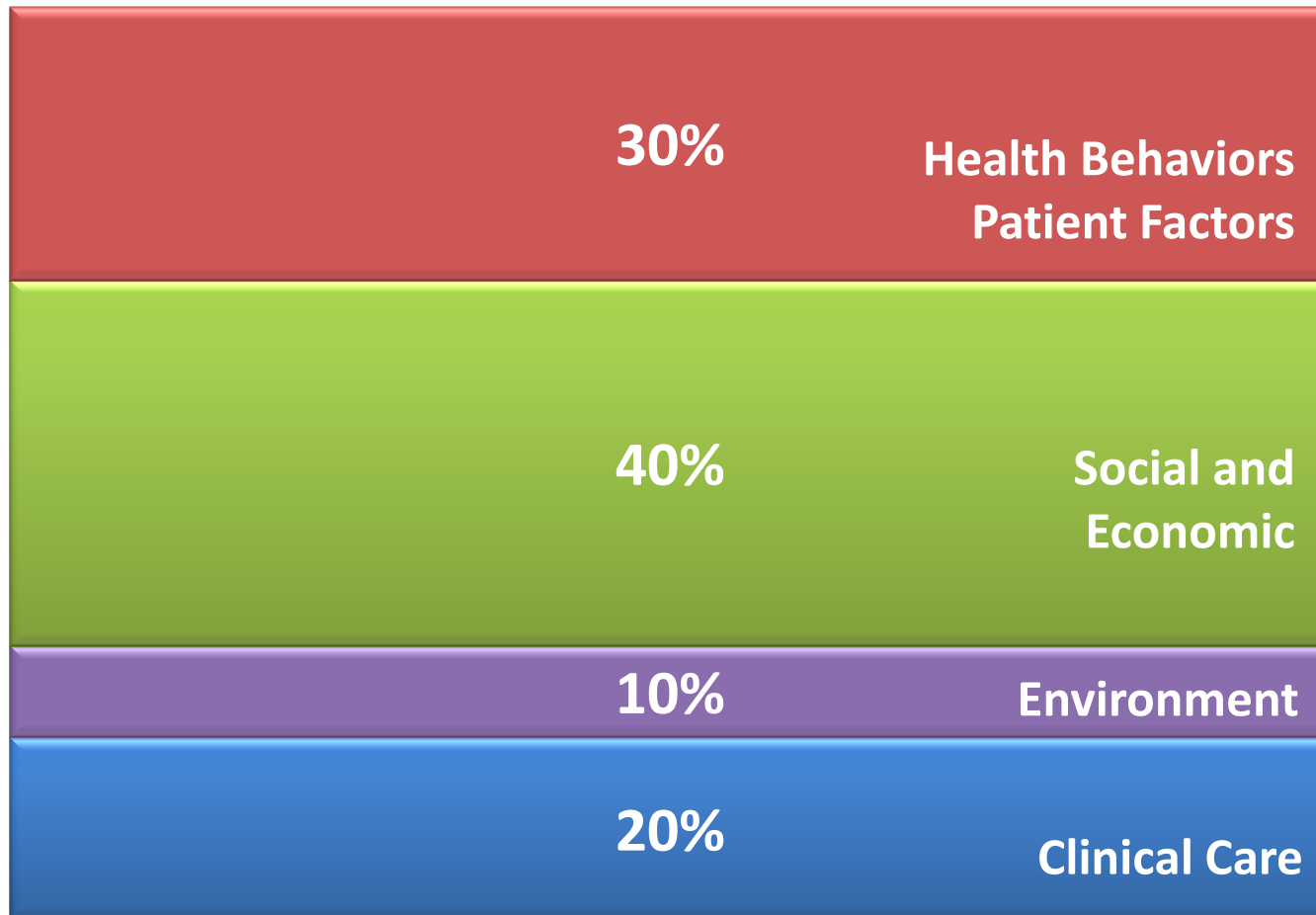


Minnesota

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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.



**Innovation
Characteristics**

Partners

**Goals and
Objectives**

**Values, Mission and
Vision**

Sustainability

**Aligned
Leadership**

**Shared Data
and Analysis**

**Performance
Evaluation**

**Community
Engagement**

**Organizational
Structure**

**Contextual
Variables**

**Partnership
Options**

Mixed methods study:

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

Qualitative Methods

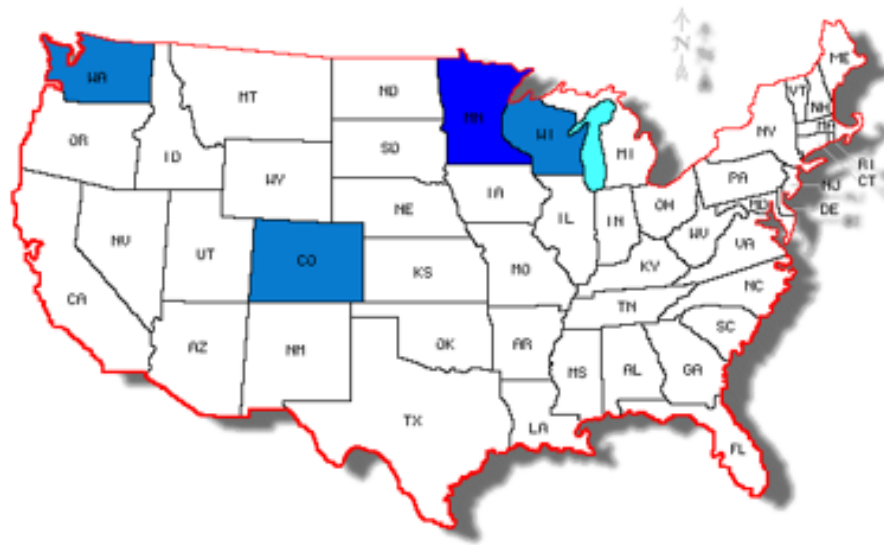


Conducted 40 interviews with local public health and primary care leaders

Quantitative Methods



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

Interview Findings

Foundational Aspects

- Communication

- Leadership

➤ *We have 5 local public health agencies that have come together around community health improvement. And at that table then we have people from the hospitals and the health plans as well as public health. And so if we agree on something at that level, there may be an opportunity to, through the system itself to go back down and influence the clinical site. (Minnesota Public Health)*

- Formal Processes
- Mutual Awareness

➤ *I think one of the things would be education on both sides of what the other has to offer. You know, because if you don't know what they have available or what their knowledge base is or how we could access them, it probably wouldn't be at the top of our radar screen to say oh, gosh. We should talk about this. (Wisconsin Primary Care)*

- Shared Values
- History of Relationship

➤ *So the relationship built provided a solid foundation to take on various projects in a way that can be a win-win and so it's so much, it's like so much of the work we do, based on building relationships so that as initiatives emerge, we have, you know, the relationship built to be able to call and talk through what that may mean to each entity. (Minnesota Public Health)*

Energizing Aspects

- Shared strategic vision

- Shared data

➤ *Physicians are scientists. They look at the data. And then they have some good ideas on what might work to change it from the point of view of having seen these patients every day. So I think there's a logic associated with the work that we're trying to do and I think the statistics that public health is able to bring forward, you know, is validated at the primary care experience level, and then it's a matter of what can we do, how can we work together and how can we affect change. (Washington Public Health)*

- Shifting cultures in PC and PH

- *Well, I think primary care, and all health care is highly occupied with all the kind of structural changes that are occurring—consolidations and new data systems, and expectations by health plans and payers, I think that all makes it very difficult to focus on health topics...it's a hectic environment out there, you know? (Minnesota Public Health)*

- Opportunity

- *During the H1N1 pandemic we were having sometimes daily, weekly meetings with the health care community and that was really a good example for us because we really did come together as a community. You know it had a lot going on at the State level as well, but our doctors wanted to sit down with our emergency management in public health and really talk about what's going on in (our) County and how are we going to manage it. (Colorado Public Health)*

Summary

- There are aspects of partnerships that build shared agreements and intentions, and we have called these **foundational aspects of partnerships**.
- There are aspects of partnerships which appear to promote action and energy for partnerships, and we have called these **energizing aspects of partnerships**.

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OPPORTUNITY

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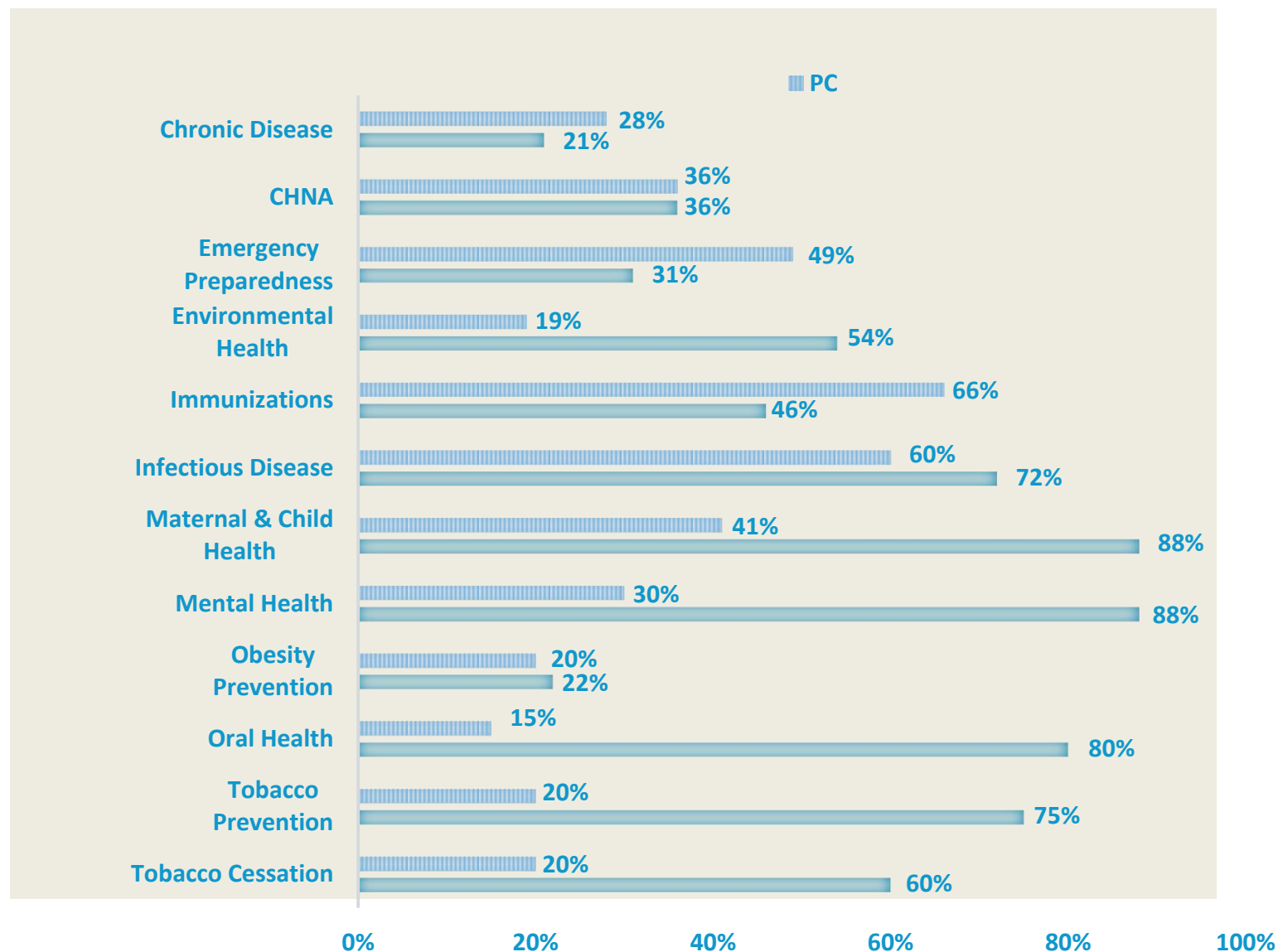
Survey Findings

- 38-item online survey
- Sent to both primary care and public health practitioners in local public health jurisdictions

Jurisdiction Descriptions

Jurisdiction Characteristics	Full Set (n=241)	PH Only (n=193)	PC Only (n=128)	PC-PH Dyad (n=71)
Population Size				
Less than 50,000	64.2%	64.8%	44.0%	47.9%
50,000-100,000	16.5%	16.1%	12.8%	14.1%
Greater than 100,000	19.3%	19.1%	43.2%	38.0%
% Poverty				
Less than 10.9%	35.4%	33.2%	28.9%	36.6%
11-14.9%	38.3%	38.3%	39.1%	28.2%
15% or higher	26.3%	28.5%	32.0%	35.2%
% Non-White				
Less than 5%	39.9%	39.9%	35.2%	28.2%
5.1-8.9%	31.3%	31.1%	24.2%	40.9%
9.0% or higher	28.8%	29.0%	40.6%	31.9%

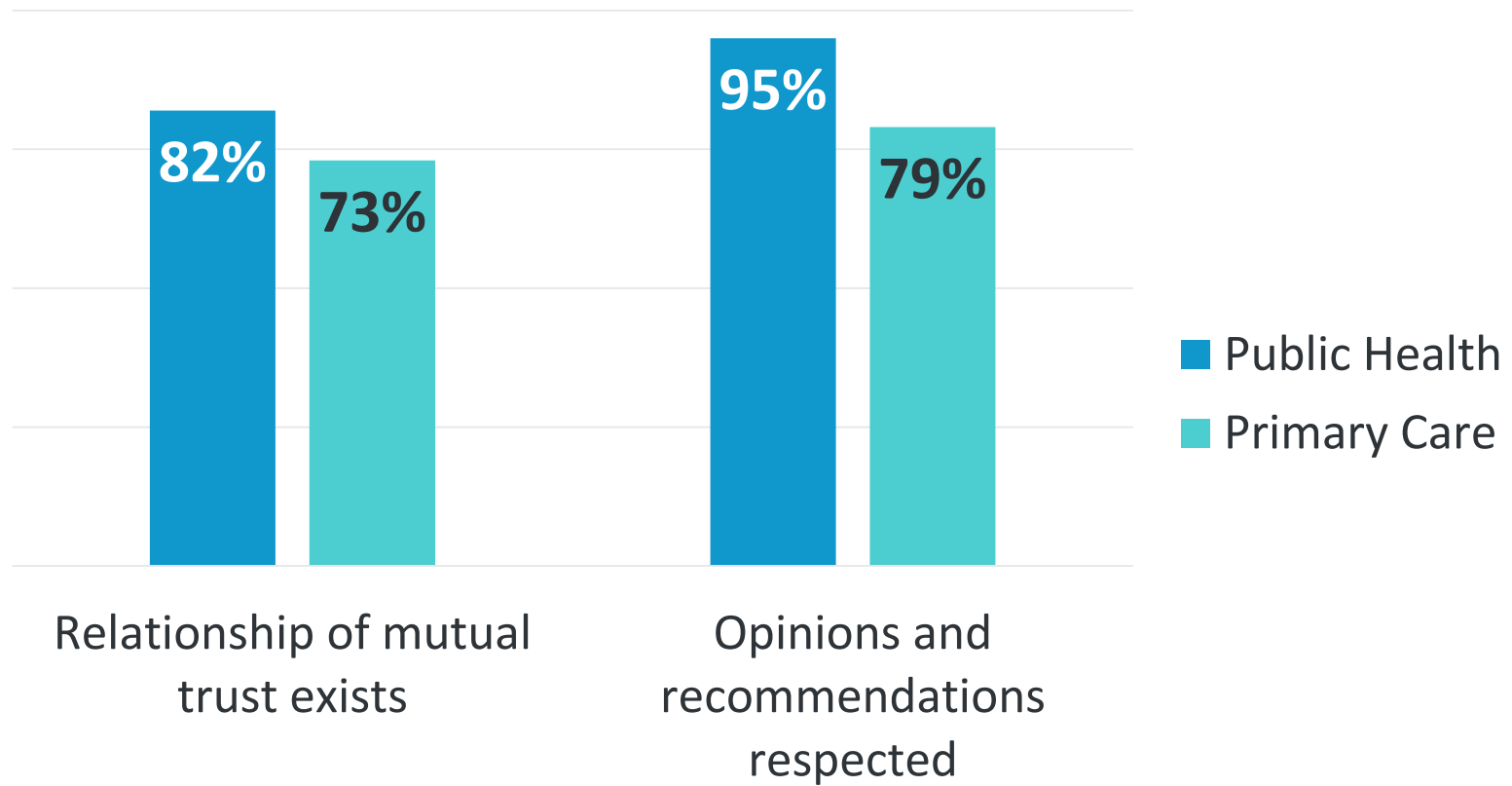
Focus of Joint Work



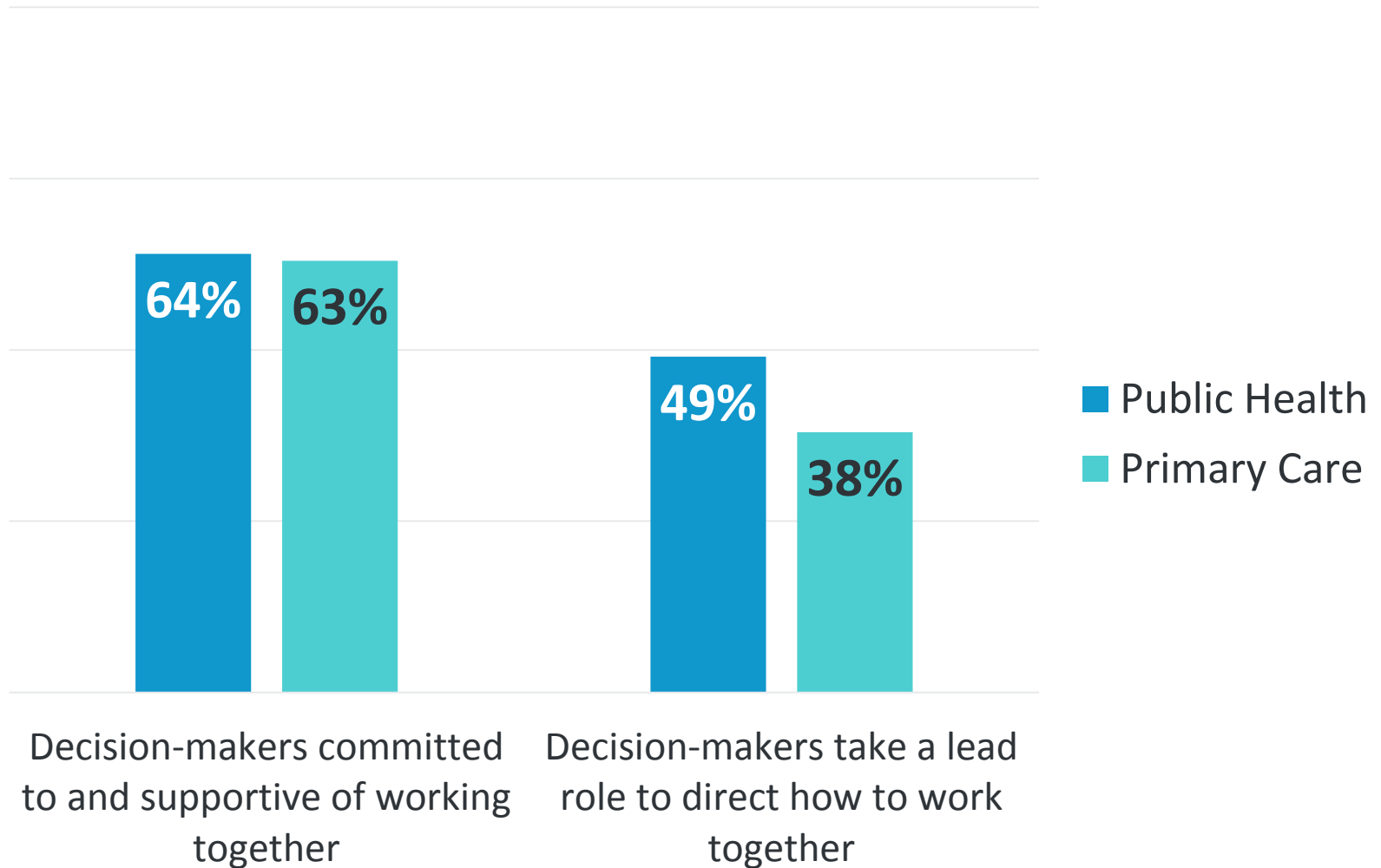
Reasons for Working Together

Response Options	PH	PC
Improve population health in community	95%	79%
Good PH practice (PH only)	91%	n/a
Engage more stakeholders in work	81%	31%
Improve individual patient care	79%	59%
Meet specific program requirements or mandates	60%	38%
Extend population/demographic reach	53%	36%
Build more credibility in community	50%	18%
Share costs & maximize resources	44%	29%

Mutual Trust and Respect

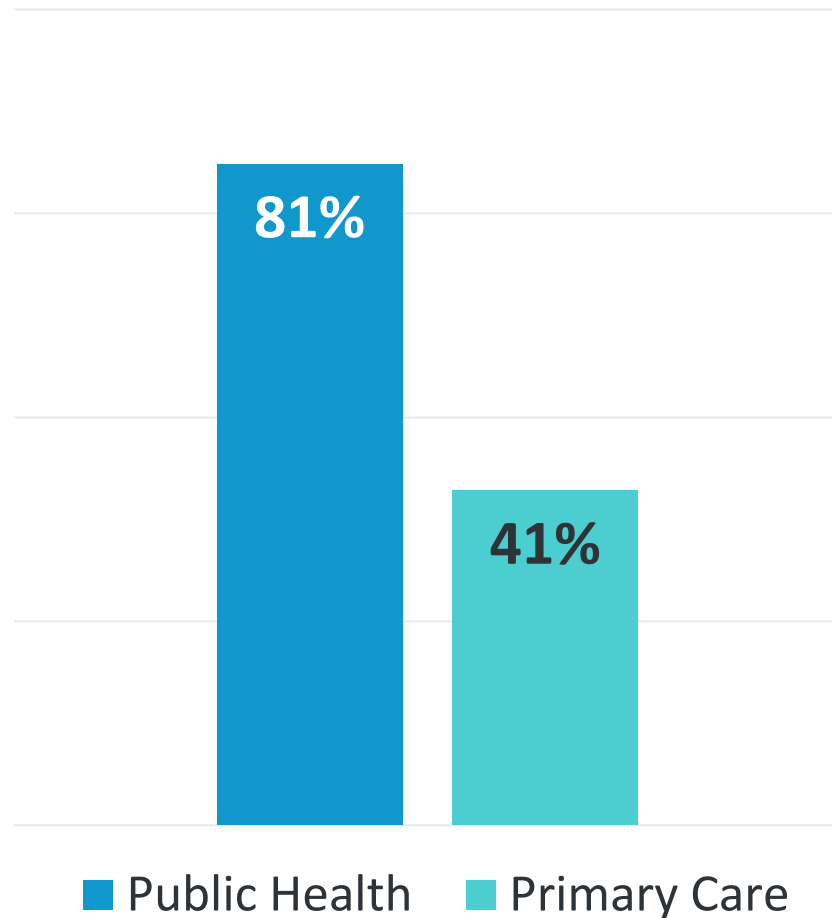


Leadership Support

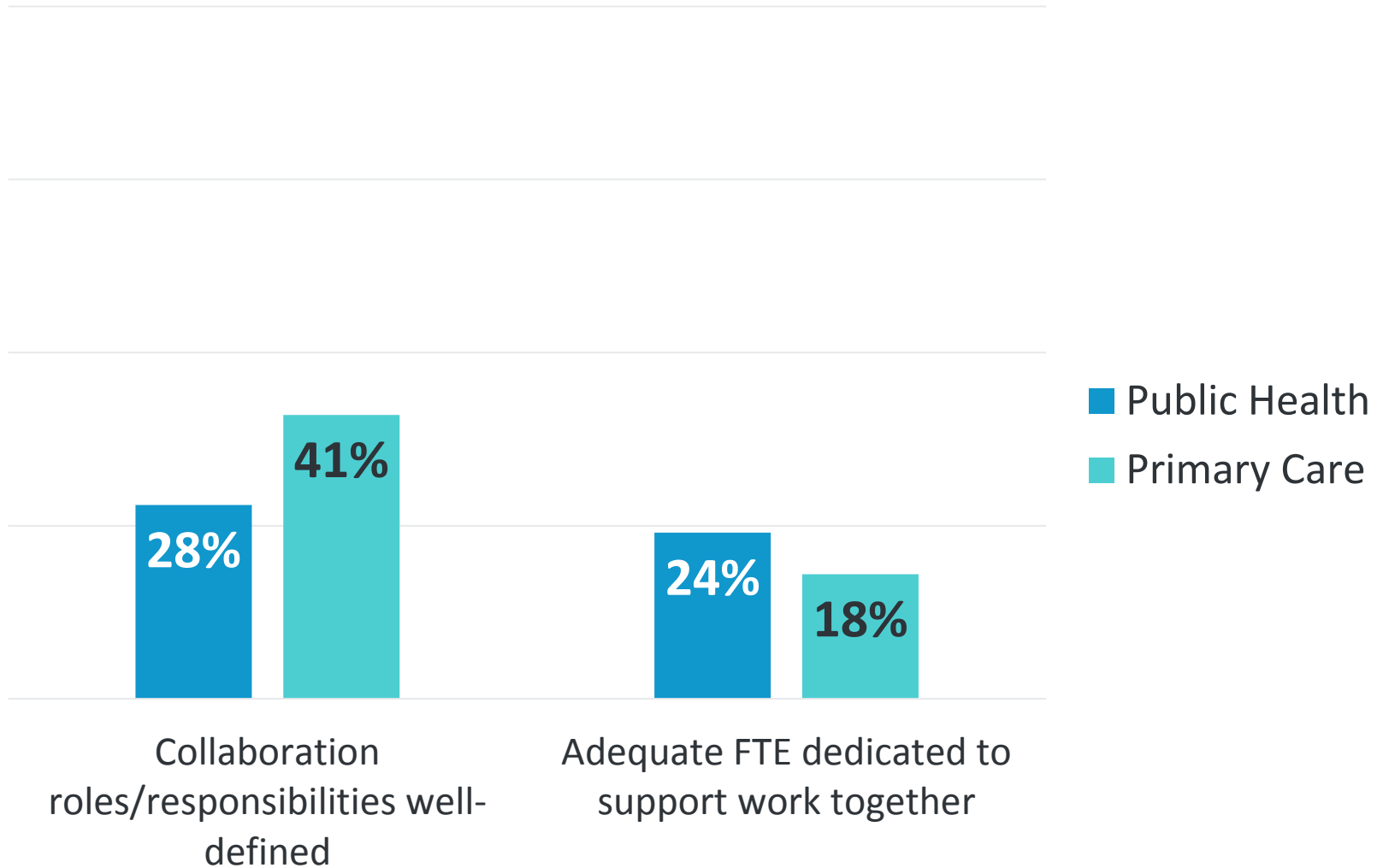


Relationship-Building

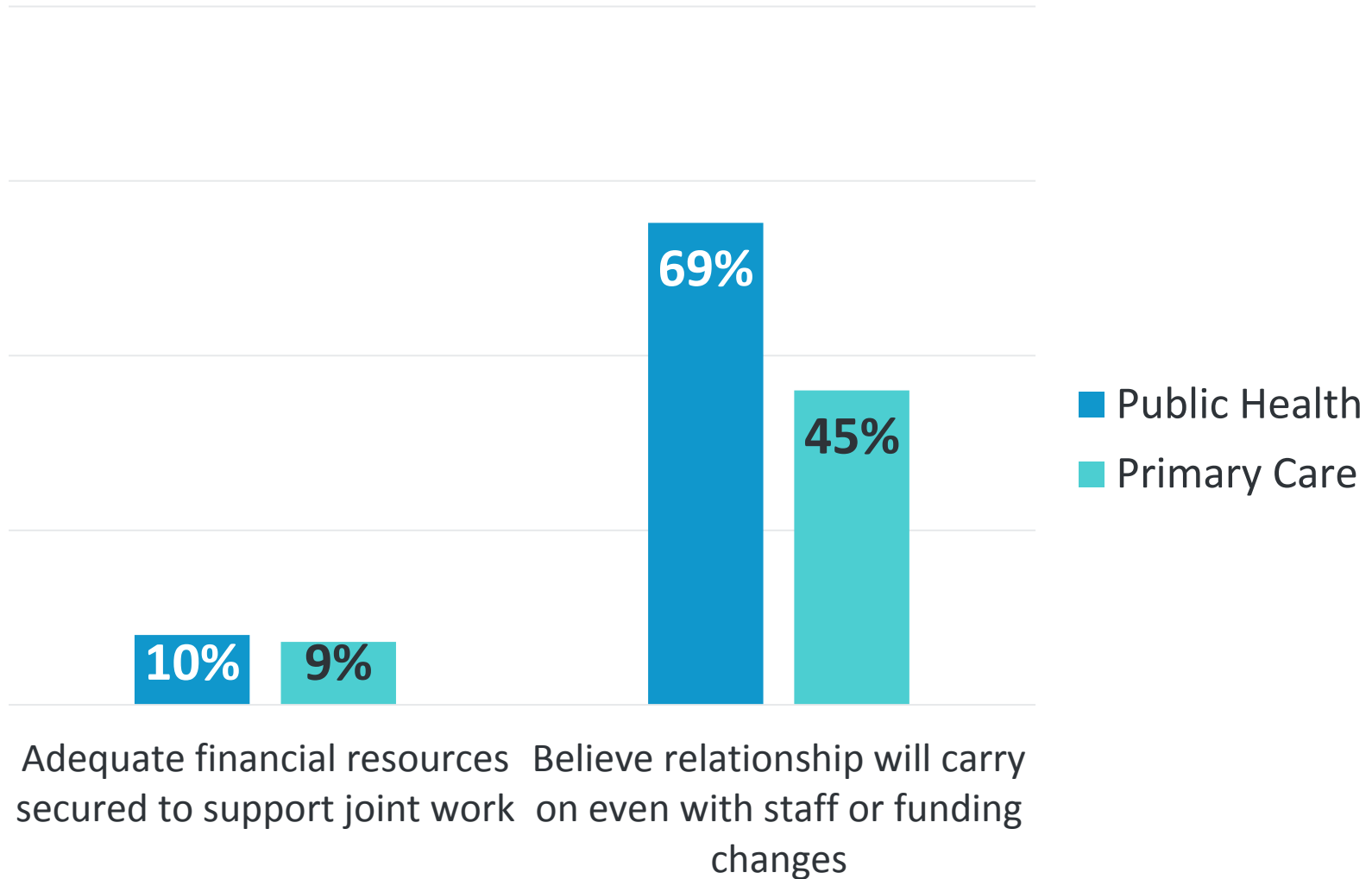
Public health
more likely to
report that staff
are
knowledgeable
about how to
build and
support the
working
relationship—
higher capacity
in this area



Relationship-Building

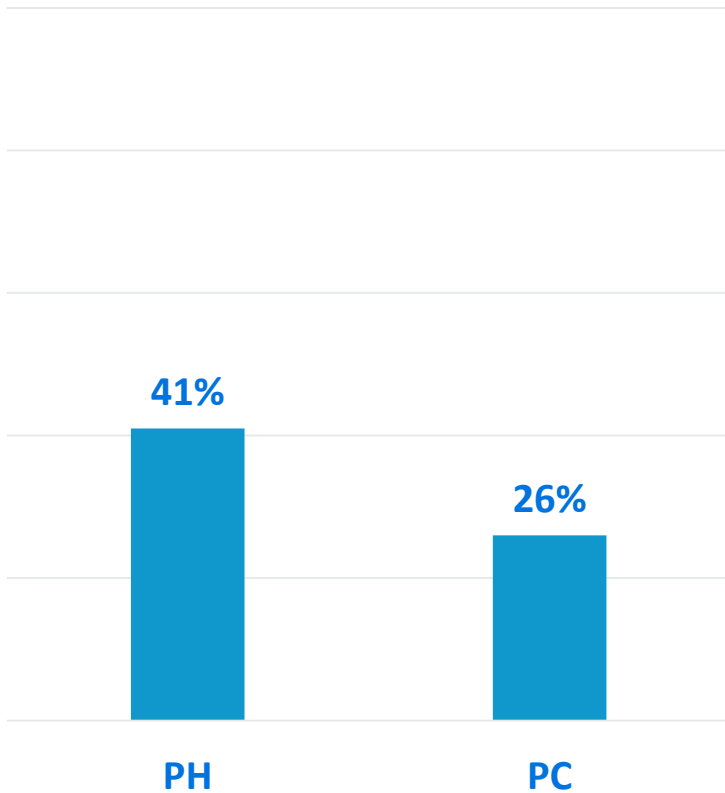


Sustainability

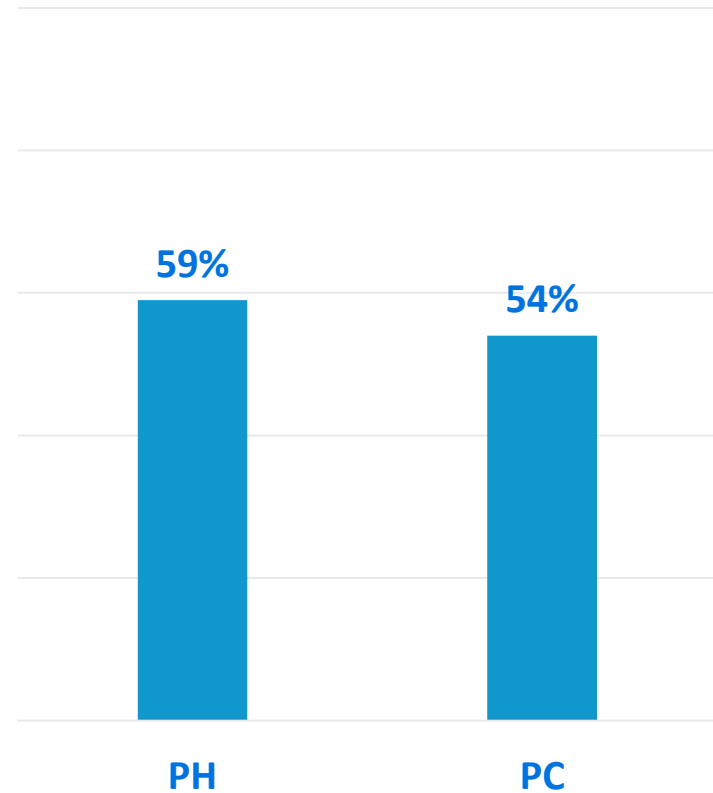


Current Working Relationship

**Consistently/Frequently
Work Together**



**Satisfaction With Working
Relationship**

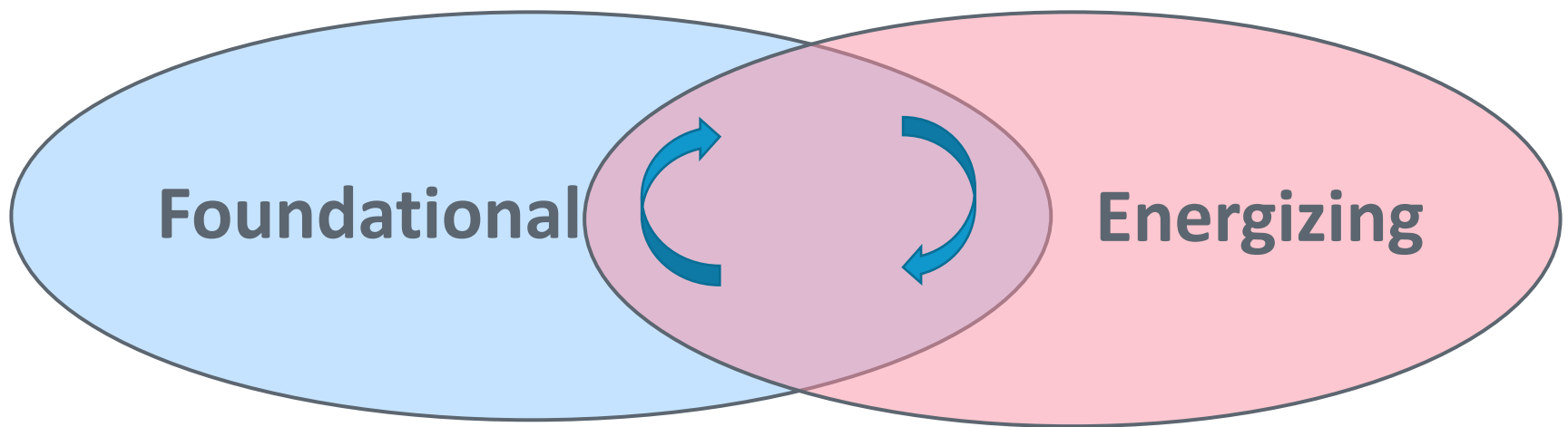


Key Findings

- 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

What did we learn overall?

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



Collaboration Framework

Weaker Energizing Characteristics Stronger		
	<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 primary care practice?
Please give examples.

How does this model help us explore our survey data?

- 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

PH/PC Jurisdiction Distribution: PH Data Only (n=193)

Energizing Characteristics	Low Foundation/High Action 10% (n=20) <i>“Jurisdictions have higher levels of acting together, but weak partnership foundation”</i>	High Foundation/High Action 37% (n=71)
	Low Foundation/Low Action 42% (n=80) <i>“Land of Opportunity”</i>	High Foundation/Low Action 11% (n=22) <i>“Strong partnership foundation, though limited action actually working together”</i>
	Foundational Characteristics	

PH/PC Jurisdiction Distribution: PC Data Only (n=128)

Energizing Characteristics	Foundational Characteristics	
	Low Foundation/High Action	High Foundation/High Action
	12% (n=15) <i>“Jurisdictions have higher levels of acting together, but weak partnership foundation”</i>	18% (n=23)
	62% (n=79) <i>“Land of Opportunity”</i>	8% (n=10) <i>“Strong partnership foundation, though limited action actually working together”</i>

Summary

- Distinguishing energizing and foundational aspects of partnerships allows a more nuanced story to emerge
- There are differences in perceived collaboration between PC and PH
- There is much room for further elevating partnerships beyond positive regard and good intentions
- How can this model help support partnerships to move to action and collaboration?

Large Group Discussion Questions

- Why do we see these differences in perspective from primary care and public health?
- What does it take to shift collaborations to increased overlap between energizing and foundational aspects of partnerships?

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](#)