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

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Rebekah Pratt, PhD

NAPCRG Annual Research Meeting 2016
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

Funded by the Robert Wood Johnson Foundation (RWJF) - Public Health Services and Systems Research (PHSSR).
**Washington**
Betty Bekemeier, PhD, MPH, MSN, RN
University of WA

**Colorado**
Lisa Van Raemdonck, MPH
CO Association of Local Public Health Officials

**Wisconsin**
Susan Zahner, PhD, RN
University of WI-Madison

**Minnesota**
Beth Gyllstrom, PhD, MPH, Principal Investigator,
Minnesota Department of Health
Rebekah Pratt, PhD, Co-PI, University of Minnesota
Kim Gearin, PhD, MS, Co-Investigator, MDH
Carol Lange, MPH, Co-Investigator, UMN
Kevin Peterson, MD, MPH, Co-Investigator, UMN
Health outcomes are largely driven by factors external to the clinical care system.

- **30%** Health Behaviors
  - Patient Factors
- **40%** Social and Economic
- **10%** Environment
- **20%** Clinical Care
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.
Conducted 40 interviews with local public health and primary care leaders.

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.
Survey Findings

• 38-item online survey

• Sent to both primary care and public health practitioners in local public health jurisdictions
## Jurisdiction Descriptions

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

- Tobacco Cessation: 20%
- Tobacco Prevention: 75%
- Oral Health: 80%
- Infectious Disease: 72%
- Maternal & Child Health: 88%
- Mental Health: 88%
- CHNA: 36%
- Chronic Disease: 21%
- Emergency Preparedness: 31%
- Environmental Health: 54%
- Immunizations: 66%
- CHNA: 36%
- Chronic Disease: 21%
- Tobacco Cessation: 20%
- Tobacco Prevention: 75%
- Oral Health: 80%
- Infectious Disease: 72%
- Maternal & Child Health: 88%
- Mental Health: 88%
- CHNA: 36%
- Chronic Disease: 21%
- Emergency Preparedness: 31%
- Environmental Health: 54%
- Immunizations: 66%
## Reasons for Working Together

<table>
<thead>
<tr>
<th>Response Options</th>
<th>PH</th>
<th>PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve population health in community</td>
<td>95%</td>
<td>79%</td>
</tr>
<tr>
<td>Good PH practice (PH only)</td>
<td>91%</td>
<td>n/a</td>
</tr>
<tr>
<td>Engage more stakeholders in work</td>
<td>81%</td>
<td>31%</td>
</tr>
<tr>
<td>Improve individual patient care</td>
<td>79%</td>
<td>59%</td>
</tr>
<tr>
<td>Meet specific program requirements or mandates</td>
<td>60%</td>
<td>38%</td>
</tr>
<tr>
<td>Extend population/demographic reach</td>
<td>53%</td>
<td>36%</td>
</tr>
<tr>
<td>Build more credibility in community</td>
<td>50%</td>
<td>18%</td>
</tr>
<tr>
<td>Share costs &amp; maximize resources</td>
<td>44%</td>
<td>29%</td>
</tr>
</tbody>
</table>
Mutual Trust and Respect

- Relationship of mutual trust exists: 82% for Public Health, 73% for Primary Care
- Opinions and recommendations respected: 95% for Public Health, 79% for Primary Care
Leadership Support

- Decision-makers committed to and supportive of working together:
  - Public Health: 64%
  - Primary Care: 63%

- Decision-makers take a lead role to direct how to work together:
  - Public Health: 49%
  - Primary Care: 38%
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

Collaboration roles/responsibilities well-defined
- Public Health: 28%
- Primary Care: 41%

Adequate FTE dedicated to support work together
- Public Health: 24%
- Primary Care: 18%
Sustainability

Adequate financial resources secured to support joint work on even with staff or funding changes.

69% Believe relationship will carry on even with staff or funding changes.

10% (Public Health)
9% (Primary Care)
Current Working Relationship

Consistently/Frequently Work Together

- PH: 41%
- PC: 26%

Satisfaction With Working Relationship

- PH: 59%
- PC: 54%
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

<table>
<thead>
<tr>
<th>Foundational Characteristics</th>
<th>Stronger</th>
<th>Weaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Come together for specific clients or projects, or to address a crisis</td>
<td>- Work together is ongoing</td>
<td>- Rarely come together around projects or clients</td>
</tr>
<tr>
<td>- Lack MOUs, contracts, and other formal structures</td>
<td>- Shared vision, mutual trust, respect, and value</td>
<td>- Inadequate staffing or financial commitment</td>
</tr>
<tr>
<td>- Leadership directs work</td>
<td>- Formal structures in place</td>
<td>- Few formal structures support working together</td>
</tr>
<tr>
<td>- Lack shared vision, mutual trust, respect, and value</td>
<td>- Shared data and information</td>
<td>- Lack shared vision, mutual trust, respect, and value</td>
</tr>
</tbody>
</table>

| Energizing Characteristics | | |
|---------------------------|-------------------|
| - Shared vision, mutual trust, respect, and value | - Formal structures in place |
| - Adequate staffing or financial commitment | - Inadequate staffing or financial commitment |
| - Rarely come together around projects or clients | - Few formal structures support working together |
| - Lack shared vision, mutual trust, respect, and value | - Lack MOUs, contracts, and other formal structures |
| - Leadership directs work | - Leadership directs work |
| - Shared data and information | - Shared data and information |
| - Adequate staffing or financial commitment | - Adequate staffing or financial commitment |

Weaker | Foundational Characteristics | Stronger
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)

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

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

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

**Foundational Characteristics**
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