Understanding Primary Care and Public Health Integration: Primary Care-Public Health Study Key Qualitative Findings

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Any results, conclusions, findings or errors in this study are the sole responsibility of the authors and do not reflect the views of the funding agency

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- Colorado Public Health Practice-Based Research Network housed at Colorado Association of Local Public Health Officials (CALPHO) and co-directed with Colorado School of Public Health

- State Network of Colorado Ambulatory Practices and Partners (SNOCAP)

Public Health PBRNs

- National Program of the Robert Wood Johnson Foundation.
- National Coordinating Center at University of Kentucky

- Supports development of research networks for studying Public Health Systems and Services Research in real-world practice settings.

- Launched in 2008, is the first national initiative in the U.S. to develop PBRNs for research in public health practice settings.

PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

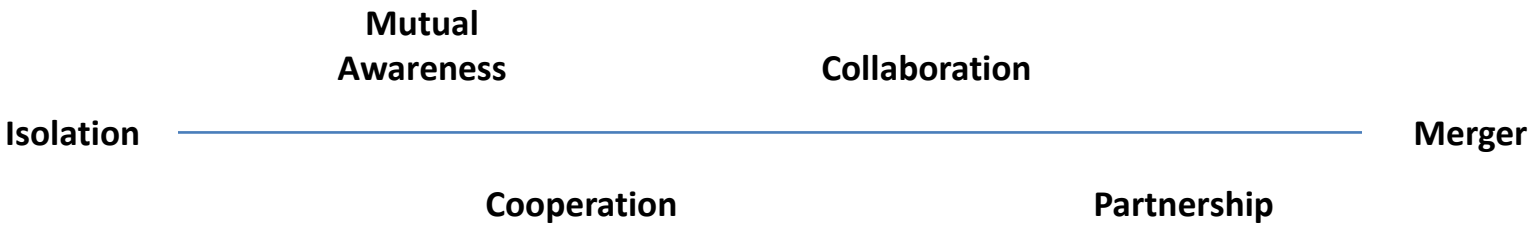
Public Health Services & Systems Research

- Addresses the need for solid information to guide decision-making around the infrastructure of public health:
  - Organization
  - Staffing
  - Financing
  - Management.

- National Coordinating Center for PHSSR is also funded by RWJF and co-located with the NCC for PBRNs.

Primary Care and Public Health

The Institute of Medicine (IOM) makes a compelling case that increased collaboration between primary care and public health is crucial to population health, and the Affordable Care Act provides new incentives and expectations for such partnerships.



Primary Care and Public Health: Exploring Integration to Improve Population Health.
IOM (Institute of Medicine). 2012.

Minnesota Public Health
RESEARCH TO ACTION NETWORK
Conducting Research. Making Change. Improving Health.

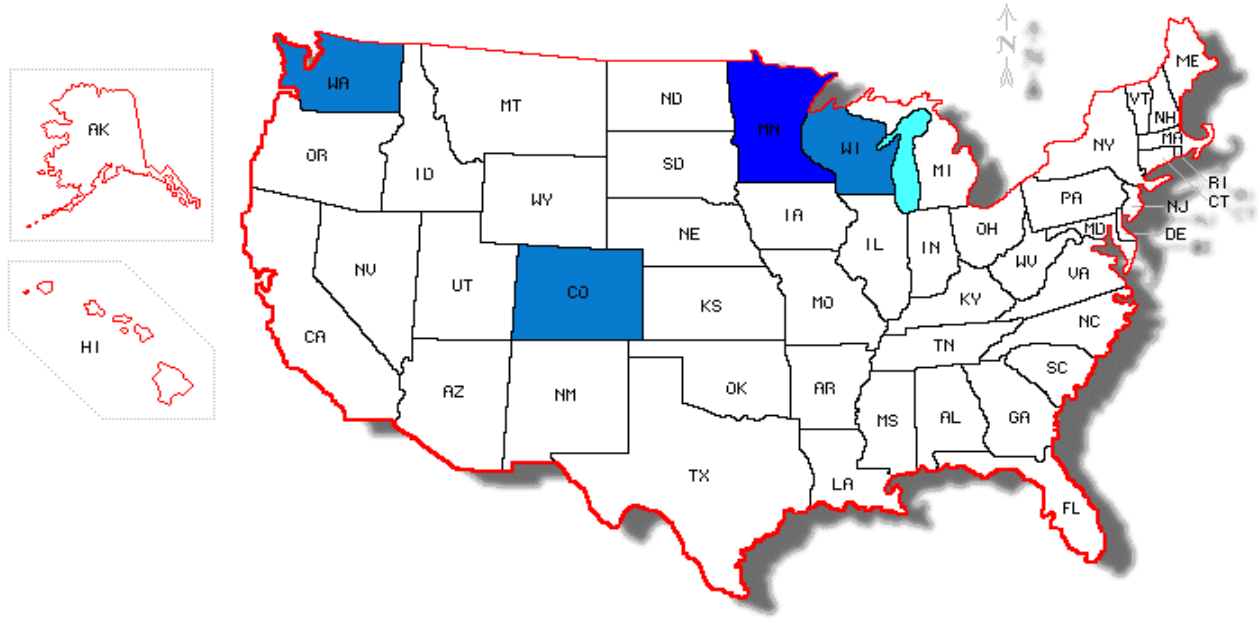
Uniting primary care and public health practice-based research networks in multi-state study

PRIMARY CARE AND PUBLIC HEALTH STUDY

Primary Care-Public Health Study

Robert Wood Johnson Foundation

Participating States



Primary Care-Public Health Joint Study

Purpose

- Develop measures and use them to identify differences in integration.
- Identify factors that facilitate or inhibit integration.
- Examine the relationship between extent of integration, and services and outcomes in select areas (immunizations, tobacco use, and physical activity).

Primary Care and Public Health Research Questions

- How does the degree of integration between PC and PH vary across local jurisdictions?
- What factors facilitate or inhibit integration, and how can PC and PH leverage those factors to increase integration?
- Does the degree of integration differ based on health topic?
- Do areas of greater integration have better health outcomes?

Study Design & Timeline

The study combines existing health data with new data collected through telephone interviews, an on-line survey, and focus groups.

February-May 2014: Conduct key informant interviews

April-July 2014: Qualitative analysis, present early findings

→ **July-December 2014**: Qualitative results dissemination; Online survey development & testing

Early 2015: Field online survey

2015: Quantitative analysis, mixed methods analysis

2016: Translation and dissemination activities, including convening focus groups

Qualitative Component

- 5 pairs of key informant interviews in each state
  - Public health director
  - Primary care representative from the same jurisdiction.

- Participants selected to represent a variety of primary care and public health organizational structures and geographic variation across the four states.

Qualitative Analysis

- 40 interviews analyzed in total
- 10 in each state
- Emerging themes identified through systematically through the data
- Coding was done *independently* of theoretical models, allowing a fresh perspective
- Qualitative analysis contributes to all of the research questions

Findings

- Specific Aim #1: To describe the variation in primary care and PH integration across local jurisdictions in four states
  - Collaboration a preferred term to integration
  - Key components emerged as important
    - Aligned leadership
    - Formal processes
    - Commitment to a shared strategic vision
    - Data sharing and analysis
    - Sustainability
    - Opportunity
    - Partnership
    - The collaboration context

Key aspects of collaboration

- ***Aligned leadership***: having the right people at the table to champion and lead the work.

- ***Formal processes***: formal roles, structure, agreements and co-location.
- *"Since we have relocated to (be co-located) our relationship with them has been strengthening significantly. That is the entity who I meet with their administrative team quarterly, we have very good communication back and forth and it is easy for us to identify fairly quickly in the process were we can partner on new instances or even identifying new potential community issues or problems that may not be showing up yet in the data, but both of us are seeing in our daily work. So, I think the co-location has made a significant difference in that relationship." (Wisconsin, Public Health)*

Key aspects of collaboration

- **Commitment to a shared strategic vision**; strategic planning, particularly community health needs assessments, partner in conducting planning, and then addressing mutually identified needs.
- *So we have had our primary care providers as part of our team that has done our community health assessment, which we do every five years. And then they are also a part of the team that develops our Community Health Improvement plan so once our top three health priorities are identified. And then typically those primary care providers continue to serve what we call implementation team. So, for each of our top three health priorities and our plan we have an implementation team and we have primary care representation in each of those implementation teams. (Wisconsin, Public Health)*

- **Data sharing and analysis**; data driven identification of needs and priorities, needs shared infrastructure and/or expertise.

Key aspects of collaboration

- ***Sustainability***; processes that keep partners communicating and connected, financial sustainability, sharing resources, sharing capacity.

- ***Opportunity***; building from a crisis, innovation, funded project, and some serendipity

- *"You've got to find those right moments in time. You know, I mentioned the H1N1 kind of thing. I think the—when you get a topical—a content topic that provides an opportunity to make a relationship where you're both really interested in that, for some reason for that moment. You got to really capitalize on that. And then not lose that benefit that you just created." (Minnesota Public Health)*

Key aspects of collaboration

- ***Partnership***
- *"For me it has been a huge learning opportunity. I see them as equal partners. I think that you know I have been so many times amazed with regards to what they have been able to deliver, when we have a collaboration and how dedicated they are. So I cannot say better things. It's just great to have this opportunity. "* (Minnesota, Primary Care).

Key aspects of collaboration

- ***The collaboration context***; both PH and PC dealing with much change, understanding the particular environment of both, the role of health reform, identifying unique strength of public health as a facilitator across what can be a fragmented health sector

- *"He started a group where we actually pulled in the major health care organizations in town, … along with the Public Health Department and kind of created a kind of network of care. Which was just the start, I think it has become catalyst of saying, "Wow", from my perspective, I felt at least, from this all the time. Like "Wow this is great!" (Wisconsin PC)*

Findings

- Specific Aim #2: To examine the differences in the degree of integration based on health topic

  - It appears to be emerging that more narrowly defined topics have been easier for the development of integration between PC and PH
  - Common areas of current work: immunization, CVD risk, infectious disease, mental health, obesity
  - Common areas for future work: mental health, obesity, smoking cessation, environmental health, emergency preparedness

Emerging Findings

- Specific Aim #3: To identify capacities and other factors that facilitate or inhibit integration.
- The findings to barriers and areas for improvement generally mirror the emerging areas of collaboration
- Some of the more frequently mentioned barriers included:
  - Resources
  - Communication
  - Data sharing
  - A lack of understanding each other

  - *"I think sometimes the Public Health people don't always quite understand the realities of Primary Care. You know, they are sitting off in a Public Health department, well let's do this and let's have the doctors all do this. Lets have all the doctors screen for this and do that and do this and do this and do this. You know, primary doctors are all ready to quit because they have too much to do. (laughing) Do you know what I mean?" (Minnesota, Primary Care)*

Emerging Findings

- Cross training
- Relationship building
- A need to change the system
- Unmatched priorities

- *"Yeah, I mean, I don't know what actually – I mean, they talk about it that, and we are looking at the health of the this County, how we have more cancer than any other counties, we have more smokers in our county than any other places. And the drug abuse and all that is well-presented. But I am not aware of what the County Public Health has done about it. If you asked me name one thing activity they have done in that, I can't think of anything." (Washington, Primary Care)*

Emerging Findings

- Specific Aim #4: To examine the potential relationship between degree of integration and selected health outcomes.
  - PH mainly say there is *always* a benefit to health outcomes
  - PC describe benefits *and* competing demands
  - Very difficult to be measured or assessed in ways that allow the benefit to be shown

  - *"I mean, the clients that we care for, we have in common, both as populations as well as individuals, in many ways. So the extent to which we can align ourselves with the benefit of our communities and our patients in mind, the better off we all are. I mean, its kind of a simplistic way, but our fates are so intertwined that it makes no sense for us to not always be working with each other." (Washington, Primary Care)*

Conclusions

- This study is identifying an emerging model of how public health and primary care collaborate
- The role of shared strategic planning emerged as particularly important part of the collaboration process
- Some key barriers have been identified and could be priority areas for collaboration development
- This model will be further tested and refined with quantitative work
- It is an exciting time of a growth of opportunity for collaboration, particularly in relation to health reform

Limitations

- This was a qualitative study, with 10 dyads sampled per site.
- This is not necessarily representative, but was sampled for a depth and breadth of experiences
- Further testing will be conducted with the quantitative survey
- The analysis could have been influenced by the perspectives of the team, although group analysis sessions and consultation with the multi-state partnership has been undertaken in order to help validate the findings

Potential Benefits

- The study gives voice to what is needed at the local level to advance a collaborative working relationship.
- Findings will be used to identify and promote infrastructure and capacity needed to increase collaboration.
- The study will develop and test measures that could be used to monitor changes those relationships over time.
- The study contributes to stronger relationships, which paves the way for future collaborations.

Next Steps

- Develop and test a quantitative survey of degree of integration
- Field quantitative survey to primary care and public health representatives from local jurisdictions across the four participating states
- Place local jurisdictions on the continuum of integration (IOM)
- Quantitative analysis
- Mixed methods analysis

Questions?

For More Information…

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