

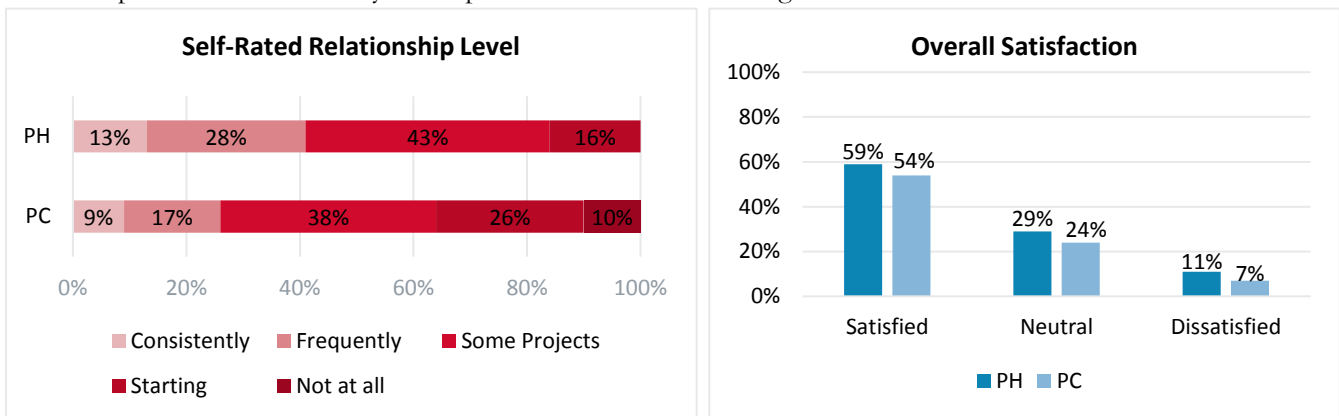
Measuring Variation in the Integration of Primary Care and Public Health

Public health departments and primary care clinics and systems face growing pressure to collaborate, in order to increase efficiency and effectiveness of delivering care and promoting population health. Even with the best intentions, both partners face serious barriers to working together. In 2013, this study was launched to engage public health directors and primary care leaders across four states to determine how both sectors work together, the barriers to working together faced by each, and promising ways to promote collaboration.

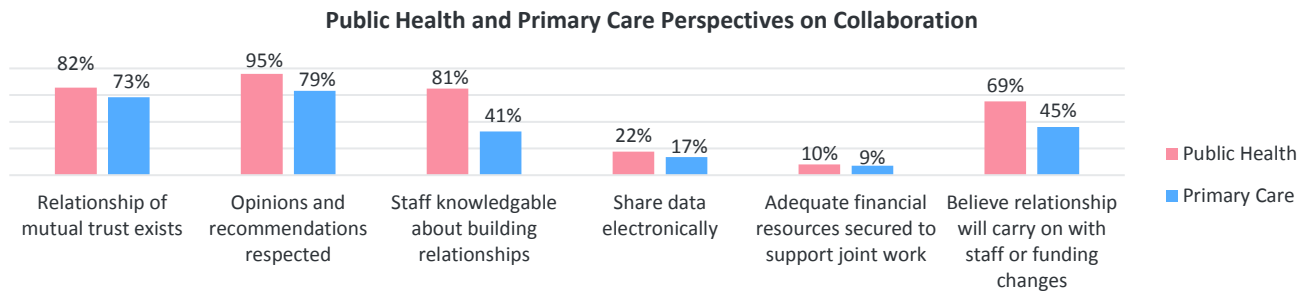
How Do Public Health and Health Care Work Together?

Key Finding: The amount and degree of collaboration between public health and health care varies widely.

Leaders generally report limited resources to support working together, and relatively low levels of current collaboration. At the same time, leaders from both public health and health care were generally satisfied with the current relationship, suggesting that both partners share relatively low expectations for their work together.



While relationship factors common in the current literature may be observed, in reality, best practices for collaboration are not necessarily being translated into practice at the local level.



Next Steps: Clinics and local health departments need incentives and clear expectations to work together.

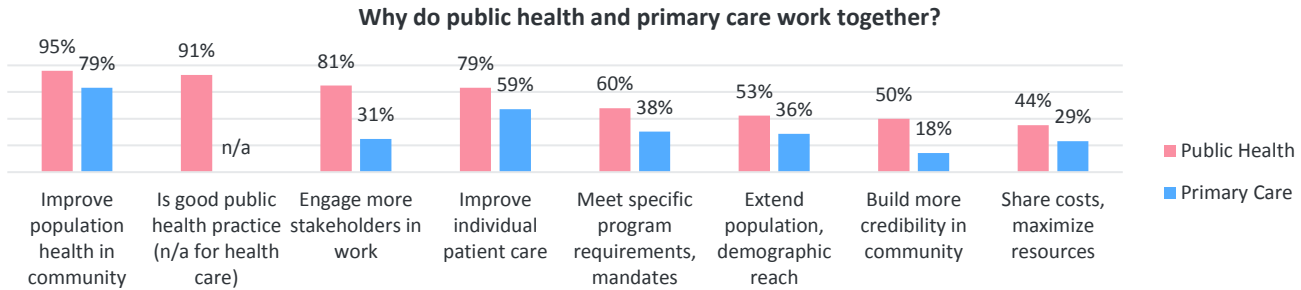


For example, certified Health Care Homes and emerging Behavioral Health Care Homes present ripe opportunities for joint work. Although basics of partnerships are important, such as mutual trust and respect, sustainable partnerships require resources and formal structural support.

Why Should Public Health and Health Care Work Together?

Key Finding: Both partners are motivated more by improving population health than by financial benefit.

Both public health and health care cite improving population health most often as a reason for collaboration; both parties are less frequently motivated to collaborate by financial benefit, however that may reflect the current lack of financial incentives to do so.



Next Steps: Current reimbursement models make it difficult to engage clinics and health systems in population health.



Current fee-for-service reimbursement models make it difficult to engage clinics and health systems in population health activities. Reimbursement for population health promotion is critical for providers, both to provide time to engage in such activities within a full patient schedule, and to compensate for lost revenues attributed to healthier populations needing less traditional medical care.

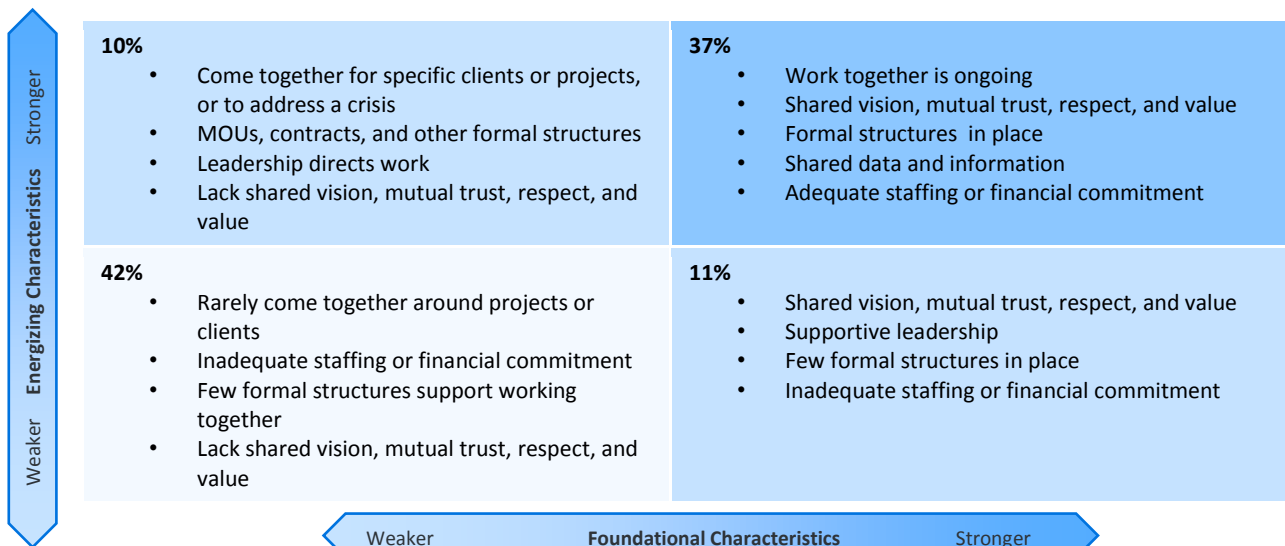


Although payment reform is lagging, some health systems support collaboration—for example, public health nurses can be hired as “integrated positions,” although they are often dedicated to case management vs. broader population health activities. Emerging professions—like community health workers—show promise in bridging public health and primary care.

What Does Working Together Look Like?

Key Finding: Several foundational and energizing characteristics seem essential to successful collaboration.







Foundational characteristics include aligned leadership, mutual trust and respect, and having a shared vision. **Energizing characteristics** include allocated dedicated funding and FTEs, working on specific projects or programs, sharing data, and having mechanisms in place to support sustainability. 193 respondents were spread across four quadrants that measured the strength of characteristics present.



How do we support local primary care and public health working together?

Stakeholder audiences, including representatives from local public health, local primary care, the health system, state health department, academia and local policymakers, have been engaged in reviewing results throughout the course of the study. For most, the concept that integration is not linear and that partnerships are dynamic, resonated. Many local practitioners could envision their quadrant placement using the above model. Another key finding relates to the generally high levels of satisfaction, with relatively limited collaboration. Satisfaction is not the same as action and may reflect current expectations that foundational factors are enough. So how to move local jurisdictions to higher levels of collaboration? What potential action steps and strategies could be used to advance foundational and energizing capacity? The Practical Playbook* outlines potential strategies for helping public health and primary care work together. Below are some of the strategies that key stakeholders identified as being most critical to advancing this work in the context of this study.

Next Steps: Consider Practical Playbook* strategies and how they support building foundational and energizing capacity.

	<p>Public health is uniquely positioned to act as a neutral convener between competitive providers and should nurture and promote that role. Public health can mitigate some of the inherent competition between health care providers and systems. For example, public health’s long-established connections to schools and school-based clinics, as well as its continued consideration of social and economic factors that contribute to health, can assist health care in considering broader partnerships and upstream interventions.</p>
	<p>Look for opportunities to connect on key programs using existing resources. What existing structures are already in place to support collaboration? Are there key priority issues where primary care and public health can allocate existing resources to support joint work? What are the areas of synergy? Mental health and addressing social determinants of health emerged as key issues important to both primary care and public health locally.</p>
	<p>Public health and primary care organizations must commit to sharing data and analyses. Study results clearly demonstrate that data sharing between local primary care and public health organizations is minimal at best. Yet using shared data for population health improvement is a major opportunity to identify groups in the community with the greatest need and target models for improving community health.</p>
	<p>Genuinely align leadership to support a shared vision of health that is larger than the work of any one organization. While aligned leadership needs to be at the top of the organization, it can’t remain there. Truly aligned leadership requires a broader scope than program direction, including the ability to clarify roles and ensure accountability and having the capacity to initiate and manage change across organizations.</p>
	<p>Community engagement is a critical component of integrating population health activities- and goes beyond primary care and public health. Although public health has a history of community engagement, typically topic-specific, moving to engage primary care and other community organizations to tackle population health issues is vital. To be fully engaged, communities need to be part of the process throughout.</p>
	<p>Incorporate cross-sector collaboration into public health and primary care training programs. Traditional degree programs in both public health and primary care do not focus much on building relationships and collaboration across sectors, yet these are the future leaders of health.</p>

Acknowledgements

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Study Details

Public health directors and primary care leaders were identified for all 241 local jurisdictions in Minnesota, Colorado, Washington and Wisconsin. Forty key informant interviews (20 pairs, five pairs per state) were conducted using a standard protocol. Eighty percent of local health directors (n=193) completed an online survey. A parallel survey was administered to one or more primary care leaders. Overall, 31% of primary care leaders (n=128) completed the survey, representing 50% of jurisdictions studied.

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*Practical Playbook

The Practical Playbook works to facilitate primary care and public health collaboration to achieve population health improvement and reduce health care costs. It supports increased collaboration by guiding users through the stages of building partnerships. The Playbook is available free online and in print version and provides helpful resources, lessons learned from existing partnerships, and guidance from experts. The Practical Playbook was developed by Duke University Community & Family Medicine, with support from the de Beaumont Foundation, The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). More information is available at: <https://www.practicalplaybook.org/>

More Information

For more information and study details, visit: [Public Health Services and Systems Research: Practice-Based Research Networks: Measuring Variation in the Integration of Primary Care and Public Health: A Multi-State PBRN Study of Local Integration and Health Outcomes](#)