An Examination of Primary Care-Public Health Integration at the Local Level

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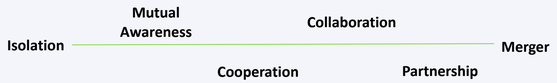
Research Objectives

To identify factors that facilitate and impede integration and collaboration between public health (PH) and primary care (PC) at the local level. In addition, to explore potential question domains for the development of an online, quantitative survey that is aimed at characterizing the degree of integration between primary care and public health.

Background

The Institute of Medicine (IOM) makes a compelling case that increased integration of primary care and public health is crucial to population health[1], and the Affordable Care Act provides new incentives and expectations for such integration. Yet currently there is no consensus on terminology, definitions, or measures of integration between these two largely separate systems of care. In the face of new incentives and pressures to increase quality, contain costs and improve outcomes, action is needed to advance a common understanding of primary care and public health integration among practitioners and researchers in both fields. To that end, researchers housed in primary care and public health practice-based research networks (PBRNs) from Colorado, Minnesota, Washington and Wisconsin have come together to develop measures and use them to identify differences in integration at the local jurisdiction level; identify factors that facilitate or inhibit integration; and examine the relationship between extent of integration and services and outcomes in select areas. The work presented here focuses on the second research question, which is to identify factors that facilitate or inhibit integration.

Continuum of Integration



Study Team

This study is being coordinated in MN, with partners in CO, WA and WI. Partners are engaging their primary care and public health PBRNs at each stage of study design, implementation, dissemination and translation.

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Study Design

Data Collection: Forty representatives from primary care and public health were asked to participate in key informant, telephone interviews across the four states. Public health key informants were local public health directors. Primary care key informants were clinic medical directors, clinic supervisors and in one case, a medical community liaison. Interview teams comprised of public health and primary care researchers from PBRNs in each state conducted individual interviews using a standard protocol. Interview question domains included: partnerships, inter-organizational relations, shared goals, community engagement, leadership, sustainability, collaborative use of data and analysis, relationship factors (mutual trust, respect, awareness), decision-support and information sharing, operational capacity, fiscal and workforce resources, and organizational culture.

Analysis: Investigators identified themes and sub-themes from the data, which were refined with the Study Advisory Committee (SAC). The SAC is comprised of representatives from the public health and primary care PBRNs in all four states.

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Principal Findings

The data showed a wide range of variation in levels of integration. The typical "one PH to many PC" relationship appears especially complex in areas with larger populations. **A key finding is the unique role PH can play to serve as a neutral convener** and to bring together health systems in a non-competitive environment:

> *"[The Health Director] started a group where we actually pulled in the major health care organizations in town … and kind of created a kind of network of care. Which was just the start… " (Wisconsin PC)*

Key features of integration:

Having a ***commitment to a shared vision*** of areas of collaboration where PH and PC can combine for the benefit of the community.

Having ***experience of working together***, knowing each other's capacity and strengths, and celebrating success in working together.

Creating a ***formal process*** for building and sustaining relationships.

Developing a substantial ***knowledge of each other***, including understanding each other's approach to the work, as well of each other's organizations.

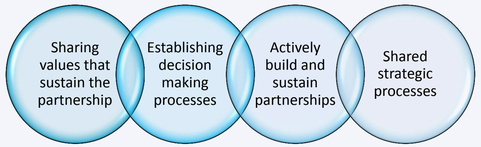
Capitalizing on ***opportunities*** to grow and strengthen partnerships which can be sustained.

> *"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 PH)*

Health Topics:

Focused, more narrowly-defined topics, such as immunizations, may be more conducive to collaboration as compared with broader topics, such as cardiovascular risk. Respondents reflected growing interest in key areas such as collaborating to address the the social determinants of health and mental health.

Key Aspects of Building Collaborative Relationships:



Barriers that need to be addressed:

Key barriers include a lack of shared priority, lack of capacity, limits of resources and challenges in integrating changes into clinical settings or workflows.

Emerging opportunities:

- Shared strategic processes, such as collaboratively completing mandated Community Health Needs Assessments, are offering important spaces for developing productive relationships.
- Health reform may be offering new opportunities to collaborate, with a focus on population health needs, including the social determinants of health.
- New language is required that focuses on collaboration and partnership, and moves away from the word 'integration.'

Conclusions

- Understanding and exploring the barriers is as critical to moving PH and PC collaboration forward as the success stories. Respondents elevated important lessons learned that could help others avoid potential challenges.
- The time appears to be ripe for building on opportunities to collaborate and further expand this important working relationship.
- The PC-PH relationship can be very complex and dynamic, and may change within a specific jurisdiction in response to opportunity or community events.

Relevance to Policy & Practice

Public health can play a key role in initiating and developing relationships with primary care, and primary care often expects public health to do so. Key learnings from this research may be used to further enhance current theoretical models, and start to map out guidelines, processes and best practices for dissemination. This analysis will be further reviewed alongside current theoretical models and literature, to identify factors related to degree of integration and develop a quantitative survey instrument for the next phase of the study.

References

1. Institute of Medicine (IOM) (2012). *Primary Care and Public Health: Exploring Integration to Improve Population Health*. Washington, DC: The National Academies Press

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