



Perspectives on Primary Care and Public Health Collaboration

Renee Frauendienst, Stearns County Human Services
Beth Gyllstrom, Minnesota Department of Health

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Minnesota Local Public Health Association



Overview

- Background information on public health practice-based research networks (PBRNs) & public health services and systems research (PHSSR)
- Minnesota's Research to Action Network
- Primary Care-Public Health Collaboration Early Study Results
- Looking Ahead

Public Health PBRNs & PHSSR

- The Public Health Practice-Based Research Networks (PBRN) Program is a national program of the Robert Wood Johnson Foundation.
- Supports development of research networks for studying the comparative effectiveness, efficiency and equity of public health strategies in real-world practice settings.
- Addresses the need for solid information to guide decision-making around the infrastructure of public health—organization, staffing, financing and management.

MN Research to Action Network (RAN)

- Minnesota's public health practice-based research network (PBRN)
- Launched in 2009
- Partnership of:

Minnesota Local Public Health Association
State Community Health Services Advisory Committee
University of Minnesota School of Public Health
Minnesota Department of Health

RAN Membership

Minnesota Local Public Health Association



Renee Frauendienst



Karen Jorgensen-Royce



Katherine Mackedanz

SCHSAC



Lowell Johnson



Rosemary Schultz

RAN Membership

University of Minnesota



Rebecca Wurtz,
School of Public Health



Kevin Peterson
Division of Family Medicine & Community Health



Rebekah Pratt

Minnesota Department of Health



Kim Gearin



Beth Gyllstrom



Chelsie Huntley



Kerri Sawyer



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

PRIMARY CARE AND PUBLIC HEALTH STUDY

Partner State Investigators

Colorado



Lisa VanRaemdonck, MPH
Colorado Association of
Local Public Health
Officials

Washington



Betty Bekemeier, PhD, MPH,
MSN, RN
University of Washington,
School of Nursing

Wisconsin



Susan Zahner, DrPH, RN
Tracy Mrochek, MPH
University of Wisconsin-
Madison School of Nursing



Don Nease, MD
University of Colorado,
Denver



Laura-Mae Baldwin, MD, MPH
Gina Keppel, MPH
University of Washington,
Department of Family
Medicine



David Hahn, MD, MS
Erin Leege, MPH
University of Wisconsin
School of Medicine & Public
Health

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.

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).



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

- In early 2014, each state conducted 5 pairs of key informant interviews that engaged a public health director and primary care representative from the same jurisdiction.
- 40 interviews analyzed in total; 10 in each state
- Emerging themes identified systematically through the data
- Next several slides highlight qualitative findings, which advance each of our aims

Variation in Collaboration

- Collaboration a preferred term to integration
- Key components of the PC-PH relationship emerged as important for collaboration
 - Aligned leadership
 - Formal processes
 - Commitment to a shared strategic vision
 - Data sharing and analysis
 - Sustainability
 - Opportunity
 - Partnership
 - The collaboration context

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).*



Frequently Cited Facilitators & Barriers to Collaboration

Some of the more frequently mentioned **barriers** included:

- Lack of resources
- Poor communication
- Data sharing issues
- A lack of understanding each other
- Lack of cross training
- Need for relationship building
- A need to change the system
- Unmatched priorities

Some of the more frequently mentioned **facilitators** included:

- Co-location
- Building on opportunity
- Previous working relationship on other community initiatives (e.g. committees or community groups)
- Dedicated staff time
- Ongoing communication

Emerging Ideas

Primary care frequently mentioned that they view public health as a natural convener.

- Is that an appropriate expectation of the role for public health?
- Does public health currently have the capacity to take on that role?
- What would need to happen to support public health to take on that role across our system?

Emerging Ideas

Several respondents spoke of “predictable crises,” which occur with somewhat regular frequency in public health. These were then opportunities to partner with primary care.

- Does that resonate with this group?
- How can we help primary care clinics and local health departments create more intentional opportunities and tangible expectations to come together, strengthen a relationship, and build a shared history of collaboration?

Emerging Ideas

Even among our relatively small group of respondents, there was large variation in how much and in what ways public health and primary care worked together.

- Are there ways in which to we can create systematic efforts to help local primary care and public health leaders deepen understanding of one another?
- How might we build on successful models being used by some local jurisdictions?

Research Conclusions

- Study demonstrating potential to build primary care/public health research relationships within and across states.
- Informants universally rejected “integration” in favor of terms “working together.”
- Comments suggest several key characteristics that support working together across public health and primary care.
- Many findings reinforce or elevate themes in existing research literature. Some additional findings contribute important nuance and insight.

Practice Conclusions

- Systematic, long term efforts are needed to overcome a fundamental lack of mutual understanding.
- Primary care clinics and local health departments need more intentional opportunities and tangible expectations to come together, strengthen a relationship, and build a shared history of collaboration.
- Clinics and health departments can also be more strategic to capitalize on serendipity or reactive opportunities to work together, i.e. “predictable crises.”

Limitations

- This was a qualitative study, with 5 dyads sampled per site (40 total respondents).
- 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

Looking Ahead: Online Survey

Who: Local health directors and “top person” at primary care practices in **all** local health jurisdictions across the four participating states.

What: Questions relate to opinions, perspectives and the history of the PC-PH working relationship. Will not require data collection or provision of detailed information, but rather information that respondents already can answer.

Why: To characterize the degree to which primary care and public health work together at the local level and identify factors that support such work and/or opportunities to build on those partnerships.

Looking Ahead

- The study gives voice to what is needed at the local level to advance collaboration.
- 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 in collaboration.
- Common understanding of primary care and public health collaboration among practitioners and researchers in both fields.

Looking Ahead: Research to Action Network

“The Research to Action Network is a community of practitioners, researchers and policy-makers who conduct, communicate and use research to increase the quality and effectiveness of public health services, organizations and systems – for the ultimate purpose of improving population health.”

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Questions?



Minnesota Investigators

Beth Gyllstrom, PhD, MPH

Beth.gyllstrom@state.mn.us

651-201-4072

Kim Gearin, PhD, MS

Kim.gearin@state.mn.us

651-201-3884

Kevin Peterson, MD, MPH

peter223@umn.edu

612 624-3116

Rebekah Pratt, PhD

rjpratt@umn.edu

612-625-1196

Carol Lange, MPH, RD

lange076@umn.edu

612-624-3125

MN Public Health Research to Action Network:

<http://www.health.state.mn.us/ran>