



Primary Care-Public Health Study: Evaluation of the Collaborative Research Team Model

This project brought together researchers representing primary care and public health practice-based research networks (PBRNs) in four partner states: Colorado, Minnesota, Washington and Wisconsin. To our knowledge, this innovative partnership approach had not been done before. The Minnesota study team asked partner states to reflect on their working relationship over the course of the three-year study. Semi-structured interview questions were discussed in individual calls with each primary care and public health representative from all four states.

Starting Point of Relationship (thinking back to fall 2013):

Representatives were asked about their past experience working together on practice-based research. Prior to this study, most respondents had limited to no interaction with their state counterpart. Three were unaware of the other state PBRN and three knew of each other, but hadn't previously discussed working together. PBRNs within each sector were accustomed to multi-PBRN studies within their disciplines (e.g., within public health or within primary care).

Role of Study in Changing Working Relationship:

Most of the study team felt that working together helped them increase their understanding of each other's organization, research goals, structures and sectors. Many discussed how interesting it was to conduct the qualitative interviews together—and how much they learned from debriefing with each other post-interview. Their individual interpretations and how they heard was somewhat different perspectives, even while conducting the interviews together, was striking. It may also reflect the different sector-based perspectives they inherently bring to the research.

Overall, the general sense was that they wouldn't have necessarily worked together without this study and dedicated funding. Their general perception was that the experience hasn't changed their current working relationships significantly—but all agreed it was mutually beneficial to have had something to work on together. Some noted that there are differences between how primary care PBRNs work with their practices and how public health PBRNs work with local health agencies—and appreciated the opportunity to learn from each other about these varied approaches. Locally it gave them a chance to co-present the work in several state forums.

This study was the first time any of the participating states received joint funding to work together on a specific project. Respondents seemed to agree that this experience and history makes it more likely they will connect with ideas for other projects and their increased awareness of each other could serve as example of working together as networks for future work.

Study team members spoke to the unlikelihood of working together in the future without additional funding support. They recognize a similar situation to the key informant interviews, in that without funding to support joint research, they work in parallel worlds but have difficulty engaging with each other. Busy schedules and heavy workloads preclude taking on projects for which they don't have funding support.



Influence of Study on Future Collaborative Work

The collaborations established through this study have paved the way for future research collaborations. The relationship is now more firmly established—so if an opportunity arose that felt like a good fit—they know where to turn. None of the respondents indicated they had a current plan for work together—but all expressed an interest to do so. Another point raised relates to including other potential partners: do we need to expand our thinking beyond primary care and public health—what other resources are also available within the community to advance population health?

Study team members expressed an interest in building on the current study and considering a translation and dissemination study, with a particular emphasis on creating a useful tool kit for local public health jurisdictions and primary care clinics to use. They also discussed the likelihood that if their counterpart were to reach out within their state to engage on a new project, they would be more interested in pursuing joint work.

Surprises about Study and Working Relationship

A variety of perspectives were reflected in the responses to this question. Some expressed surprise at how much they learned about the other sector from their PBRN counterpart. Observations were also made about the differing organizational structures between some of the PBRNs. The disparity in funding between primary care and public health organizations was commented upon. Some noted the differences that arise based on where a PBRN is housed. For a PBRN housed within the University—they have access to University resources. Organizationally, the University provides cache, although it can also turn folks off. Within the University there are also dynamics, particularly between Schools of Medicine and Public Health. There were differences in organizational size and funding support between PBRNs within the same state, which may result in a basic mismatch in scope of the organizations. Some observed that primary care PBRNs don't really need public health PBRNs, so it takes more work for public health to be included.

With regard to the study results, one primary care study member expressed surprise that the primary care academic world seemed less in tune with the importance of this collaboration than expected. Study team members received critical comments at results workshops—and found it striking that the first thing that came to mind for primary care researchers tended to be critical in nature. While public health audiences also raised questions and had thoughtful insights, overall, they appeared to find more value in the study and its findings.

Finally, team members commented on how different it was to identify leadership in public health and primary care settings—it was much easier for public health to identify leadership within jurisdictions. The project was made much more challenging to ensure the voice of primary care was truly represented—who can truly speak for primary care within a practice? This study engaged several voices—but not one coherent voice to represent primary care. This is an ongoing issue with regard to studying primary care, even with primary care PBRNs playing an important role.

Desired Results of Working Together

Respondents were given an opportunity to reflect on things they wish had resulted from the study, but haven't thus far. All expressed an interest in working together again—and hoped to identify next steps to build on the current study results. The desire to work together includes considering joint training opportunities, as well as future research projects. Some reflected on their wish that this study would have



resulted in ongoing collaboration that went beyond funded projects. For example, the ability to come together more consistently in advisory groups and on joint committees and to consider how they can support initiatives already underway in their respective states to promote primary care-public health collaboration.

General Reflections on Collaboration between Public Health & Primary Care Researchers

The opportunities the teams had to do joint presentations were viewed positively. Also, the need for future work was reiterated—there’s so much to do together—the opportunity and need are immense. While it won’t be easy—as primary care and public health continue to come from different perspectives and joint work requires high levels of coordination—it is viewed as more important than ever. The general perception was that integration won’t likely happen—and probably shouldn’t—but there are opportunities and a strong rationale for joint work. One of the primary care team members commented that primary care’s ability to impact health at the community and population level requires collaboration with public health. Anything we can do to pave the road and break down barriers is effort well spent.

This project represented a very different approach for both the primary care and public health PBRNs. Primary care PBRNs are very clinically- and medically- focused—with a history of a practice-specific research focus. For example, they’re typically evaluating protocols being used in clinics and using primary care clinics as sources of patients for clinical trials. This study was very different for them, which is one of the reasons they were interested in doing it. Similarly for public health, local departments vary significantly in whether they still provide direct services or have shifted to population-based work. This variation in practice emphasis has implications for their relationships with primary care.

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Study Team

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