



Bridging Primary Care and Public Health: Local Leaders Reflect on Working Together

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The Institute of Medicine (IOM) makes a compelling case that increased integration of primary care and public health is crucial to population health. 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 impede integration; and examine the relationship between extent of integration and services and outcomes in select areas.



Methods

Forty representatives from primary care and public health were identified to participate in key informant interviews (5 pairs from each state for a total of 20 pairs). A local health director and primary care representative were selected from the same jurisdictions and participants were selected to represent a variety of public health and primary care organizational structures across the four states. Each state team conducted its own interviews following a standard protocol. Emerging themes were identified systematically throughout the data and coding was done independently of theoretical models to allow a fresh perspective. Themes were discussed and validated by the multi-state Study Advisory Committee (SAC), as well as the state-based PBRNs.

Results

Why should primary care and public health work together? Will it influence population health outcomes? One respondent commented:

“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, it’s 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.” (Primary Care Respondent)

Key Findings

Participants from both primary care and public health were enthusiastic to talk with the study team and provided a wealth of data to the study.

Several key components of collaboration were identified, including: aligned leadership; formal processes; commitment to a shared strategic vision; data sharing and analysis; sustainability; opportunity; partnership and aspects of the collaboration context.

The findings to barriers and areas for improvement largely mirror areas of emerging collaboration. So, the facilitators to collaborations are barriers when in deficit.

The work presented in this brief provides a comprehensive view of primary care-public health collaboration and an emerging model of that relationship. Public health and primary care are undergoing significant change, particularly in relation to health reform. Yet those changes also provide an exciting time for opportunity and growth in collaboration.



Both disciplines indicated that it is very difficult to measure or assess how collaboration might result in an increased benefit to population health outcomes or to directly show those results. Yet intuitively, a sense of shared responsibility for population health and maximizing the resources of each discipline to promote health should result in positive health outcomes. How to best navigate opportunities for collaboration between primary care and public health moving forward, during times of dramatic change for both disciplines, could be critical to promoting population health in the future.

An overarching finding was the negative reaction of almost all study participants, both in primary care and public health, to the term “integration” itself. Thus, study investigators are shifting language to use working together or collaboration. Several key components to collaboration were identified, including: aligned leadership; formal processes; commitment to a shared strategic vision; data sharing and analysis; sustainability; opportunity; partnership and contextual aspects of working together.

Aligned Leadership and Formal Processes

Respondents discussed the importance of “champions” from both organizations, both to lead the work but also to assist in implementing formal processes. This might include formal roles and responsibilities, written agreements and/or scope of work and facilitating co-location.

“I think the co-location has made a significant difference.” (Local Public Health Director)

Shared Vision & Values

The increased need for community health needs assessments has been positive, creating where used, a mutual benefit to collaborating in order to conduct various (required) assessments. This coming together to assess needs in the community, as well as to jointly identify action items for Community Health Improvement Plans, has provided concrete experiences of when primary care and public health have a shared vision for improving population health. In addition, respondents spoke of the jointly-shared values of promoting health and equity among between primary care and public health.

Opportunity & Sustainability

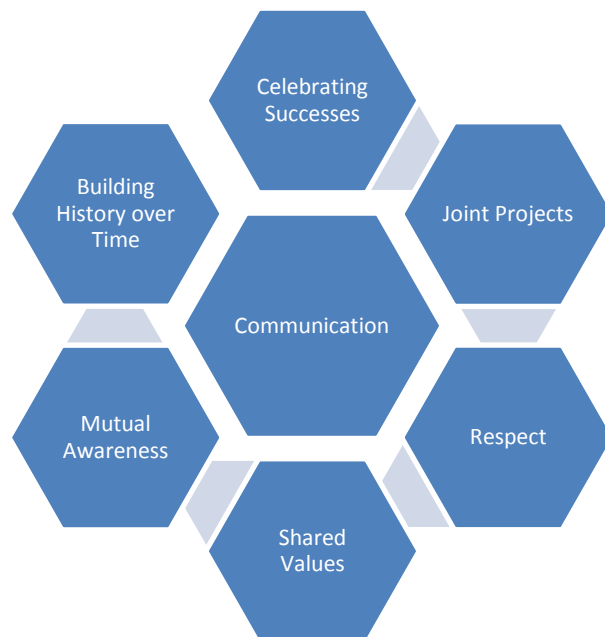
Opportunity comes in many ways, sometimes it is a crisis which can be capitalized upon (e.g., H1N1 was a time of increased contact and collaboration between primary care and public health); sometimes it is an innovation being pursued, such as a grant proposal or funded project; for others it is being at the right time and right place, which is likely not the best long-term strategy. Respondents spoke of the need for more reliable and predictable opportunities to come together, which can then be building blocks for a collaboration relationship in the future. Thus, how can public health and primary care capitalize on these “predictable crises,” but also seek to find more intentional ways to work together that doesn’t rely on crisis to bring them together?

“You’ve got to find those right moments in time. ... And then not lose that benefit that you just created.” (Local Public Health Director)

This concept ties directly to the idea of what needs to be in place to create sustainable processes for collaboration, and includes factors such as capacity and resource availability.

Partnership

This is a large relationship-orientated theme, which describes the many ways in which partnerships are built, nurtured and maintained over time. There are many aspects to partnership, with **communication** dominating as a central component of building, sustaining and growing. **Mutual awareness** emerged as critical. Primary care and public health need to have a deep understanding of each other, the nature of the disciplines and the competing demands and priorities faced by each sector. **Building a history over time** was critical as it indicates collaboration is a process that is ongoing, i.e., it needs to be nurtured over time. **Shared values** represent the recognition that the collaboration is united over shared values to serve communities in a certain way and there are values embedded in doing the work. These values include trust, patience, passion, and valuing each other. **Mutual respect** is one of those values and mentioned as one of the most important values. **Joint projects** provide a starting place, and joint work has an enormous benefit to building the partnership, learning the shared values and increasing mutual awareness – highlights the value of starting somewhere together and building on that work. Finally, **Celebrating success** is important as it formalizes taking the time to acknowledge the successes of what can be very tough work.



Differences in Collaboration by Health Topic

Immunization is the clear area of most frequent collaboration, but there are many other areas of current work, and the list here is the five most often mentioned areas of collaboration. Next, there is just as much variation in areas sites wanted to work together in, with a fair amount of interest in mental health in particular.

Common Areas of Current Work	Common Areas for Future Work
Immunization	Mental Health
Cardiovascular Disease Risk Prevention	Obesity Prevention
Infectious Disease	Smoking Cessation
Mental Health	Environmental Health
Obesity Prevention	Emergency Preparedness

Facilitators and Barriers to Collaboration

The findings to barriers and areas for improvement largely mirror the emerging areas of collaboration. So, the facilitators to collaboration are barriers when in deficit. For example, communication is a great asset for collaboration, but a major barrier if it is not present. The role of health care systems, and how primary care is positioned within them, was also viewed in both roles. If the system was supportive of collaboration, then it was prioritized and in some instances allocated resources to support it. Conversely, lack of system support could serve as a barrier.

Frequently Mentioned Facilitators	Frequently Mentioned Barriers
<ul style="list-style-type: none"> • Co-Location • Building on opportunity • Previous working relationship on other community initiatives (e.g., serving together on committees or other community groups) • Dedicated staff time • Ongoing communication 	<ul style="list-style-type: none"> • Lack of resources • Poor communication • Data sharing issues • Lack of mutual understanding • Lack of cross-training • Need for relationship-building • System-level barriers • Unmatched priorities

Conclusions

The work represented in this brief provides a comprehensive view of primary care-public health collaboration. It uses data from jurisdictions that have had success in such collaboration, as well as from those that were less successful, and a model framework is emerging for further development and review. The shared strategic planning process, supported by the new requirements for hospital-based community needs assessments, had an important role to support data-driven priority setting and collaborative activities. The key barriers identified centered on the partnership aspect of the collaboration model, with communication and mutual understanding being critical to success. Resource limitations were frequently cited as barriers to this work. Overall, public health and primary care are undergoing significant change, particularly in relation to health reform. Yet those changes also provide an exciting time for opportunity and growth in these collaborations.

Limitations

These findings are based on 40 interviews with public health and primary care leaders in a mix of jurisdictions and settings across four states. Their opinions don't necessarily represent the views of all local practitioners. The study team attempted to have a broad range of jurisdictions represented across the four states to ensure breadth and depth of



experiences. Finally, the analysis could have been influenced by the perspectives of the study team. Group analysis sessions and consultations with the multi-state partnership was undertaken to help validate the findings. In addition, engaging the various PBRNs in the discussion of study results was critical to framing results so as to resonate with practitioners.

Next Steps

These interviews are the basis for future research to examine whether and how working together affects health outcomes. The information collected through these interviews is being used to develop online surveys for primary care and public health local leaders in the four participating states, which will be fielded in early 2015. In addition, this model will be further tested and refined with the online survey.

For More Information

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