



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

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Researchers housed in primary care and public health practice-based research networks (PBRNs) from Colorado, Minnesota, Washington and Wisconsin have come together to learn more about how primary care clinics and public health departments currently work together, and about the barriers, benefits and opportunities to work together more in the future. These interviews provide important local perspective related to the IOM's call for greater "integration" between primary care and public health, and are the basis for future research to examine whether and how working together affects health outcomes.

Methods

Forty primary care and public health leaders participated in individual, one-hour telephone interviews during mid-2014. Executive-level leaders from each discipline were paired, with both leaders in each pair representing five different jurisdictions – and a variety of systems and structures -- within each of the four states. Many questions prompted both leaders within a designated pair to explain how and why their specific organizations currently work together.

Results

Leaders consistently voiced a negative reaction to the term "integration," though generally favored the concept of "working together." Similarly, leaders generally shared a view that improved working relationships would benefit communities and population health, though they highlighted the difficulty of measuring and quantifying such benefit.

"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."
(Medical Director)

Comments suggest several key characteristics that support working together across public health and primary care (e.g., aligned leadership; formal processes; commitment to a shared strategic vision; data sharing and analysis; sustainability; opportunity; partnership and context). Many findings reinforce or elevate themes in existing research literature. Some additional findings – highlighted below – contribute important nuance and insight.

Opportunity

Opportunity emerged as a key factor in creating working relationships. Respondents spoke of the need for more reliable and predictable opportunities to come together. While it was noted that community crises, such as outbreaks or disaster

Key Lessons Learned:

These interviews suggest actions that could encourage public health and primary care to work more together.

- Systematic efforts are needed to help local primary care and public health leaders deepen understanding of one another
- 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 periodic "predictable crises" to work together (e.g., an outbreak) as a springboard for stronger relationships and heightened collaboration.

Looking Ahead:

Study staff will use these findings to develop a survey of public health and primary care executive leaders. The survey will provide a more complete baseline picture of how public health and primary care work together and will also point to actions we can take to overcome barriers and support working together.



responses, do provide important forums to work together, relying on those types of events may not be sufficient for building these relationships.

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

Mutual understanding

Interviews underscored the pivotal importance of a deep understanding of each other, the nature of the disciplines and work, and the demands and priorities in each practice setting. One finding that emerged was the benefit of co-location to promoting mutual understanding, and also how that contributes to aligned leadership.

“Since we have relocated to (be co-located) our relationship with them has been strengthening significantly...we have very good communication back and forth and it is easy for us to identify fairly quickly in the process where we can partner on new instances or even identifying new potential community issues or problems that may not be showing up yet in the data... So, I think the co-location has made a significant difference in that relationship.” (Local Public Health Director)

Disciplines undergoing change

Primary care and public health respondents both spoke of the change occurring within their fields. They are being asked to do things differently and resource allocation is shifting. Being able to understand and respond to this changing environment, particularly with regard to the role of health reform, has resulted in elevating the unique strength of public health as a facilitator across what can be a fragmented health system.

“[Public health director] started a group where we actually pulled in the major health care organizations in town... along with the Public Health Department and kind of created a kind of network of care. Which was just the start, I think it has become catalyst of saying...Wow this is great!” (Medical Director)

For More Information

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