

Exploring Local Primary Care and PH Collaboration: A Practice-based Approach

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No off label, experimental or investigational use of medications are discussed during this presentation.

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Practice-Base Research



PBRNs supports research networks studying the effectiveness, efficiency, & equity of PH & clinical strategies in real-world practice settings.

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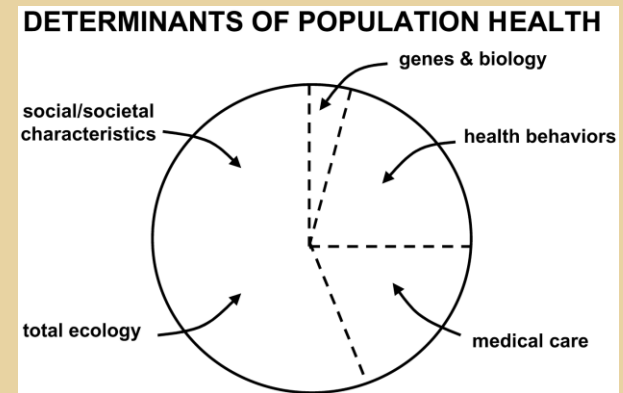
Minnesota

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Primary Care & PH Integration

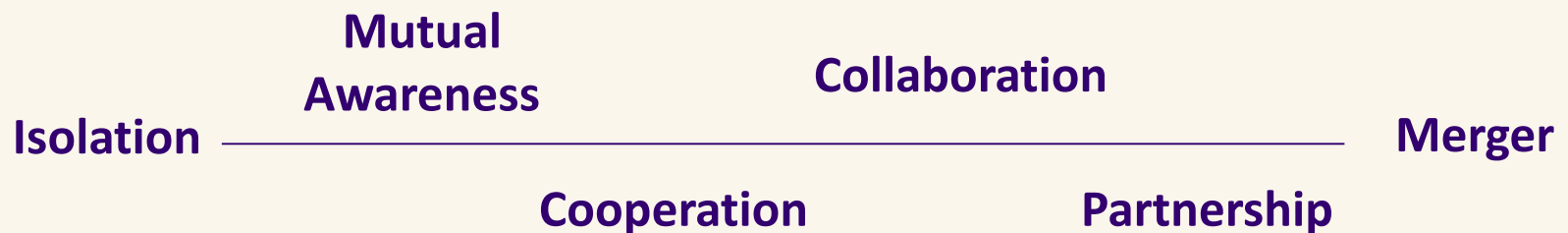
- Increased collaboration between primary care & PH crucial to population health
- ACA provides new incentives & expectations for such partnerships
- Healthier Washington provides opportunities
 - Accountable Communities of Health
 - Plan for Improving Population Health
 - Practice Transformation: clinical-community linkages
 - Medicaid 1115 Transformation Waiver



Tarlov, Ann NY Acad Sciences, 1999

Principles for Success

- Shared goal for population health improvement
- Community engagement
- Aligned leadership
- Sustainability
- Shared data and analytics



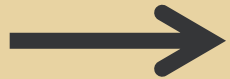
Research Questions

- How does integration between PC & PH vary across local jurisdictions?
- What factors facilitate or inhibit integration, & how can PC & PH increase integration?
- Does the degree of integration differ based on health topic (immunizations, tobacco use, physical activity)?
- Do areas with greater integration have better health outcomes?



Study Design & Timeline

- Existing health data
- Telephone interview data (collected early 2014)
- On-line survey (developed, tested, collected in 2015)



- **June-December 2015:**

- Quantitative analysis, mixed methods analysis; dissemination & translation

- **Focus groups**

- 2016: Continue translation & dissemination activities, including convening focus groups

Survey Versions

38 total questions in each survey version.

Survey Constructs & Related Questions:

- Vision/Mission=2
- Organizational Structure=4
- Aligned Leadership=3
- Partnership Characteristics=5
- Sustainability=5
- Shared Data/Analysis=2
- Innovation Characteristics=3
- Building the Partnership=4
- Communication=3

**Plus: 6 seeded contextual variables



Survey Recruitment

- **PH co-investigators**

- Identified potential respondents from each of their local jurisdictions.
- One LHJ director was identified for each jurisdiction.

- **Primary care co-investigators**

- Identified potential primary care respondents within the PH jurisdictions.
- 2-3 potential primary care respondents were identified for each jurisdiction.

Survey Results

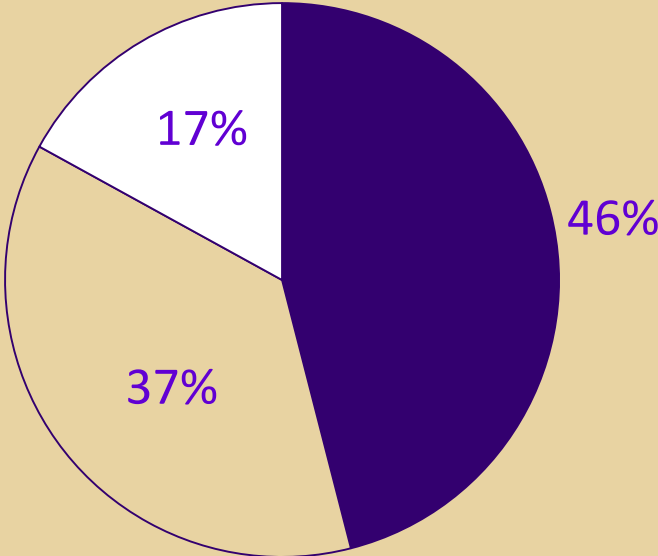
■ Response Rate

- Overall = 31%
- Jurisdiction Specific* = 50%
- PH = 80% (n = 193)
- Primary Care (n = 128)
- Included a range of
 - Type of structure, population size, % poverty, etc.

*Primary Care survey oversampled jurisdictions to increase overall jurisdiction-response rate.

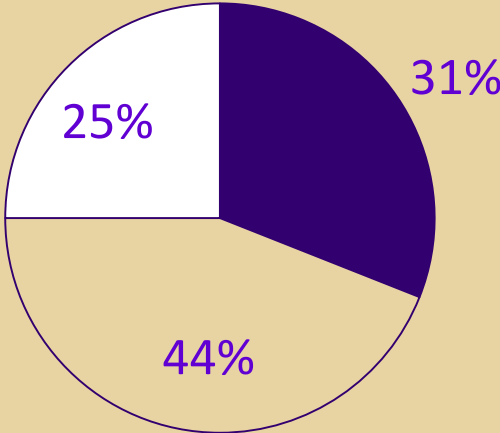
PH's Working Relationship with Primary Care

Estimated # of Free-Standing PC Practices in Jurisdiction



■ 1-4 Practices □ 5-19 Practices □ 20+ Practices

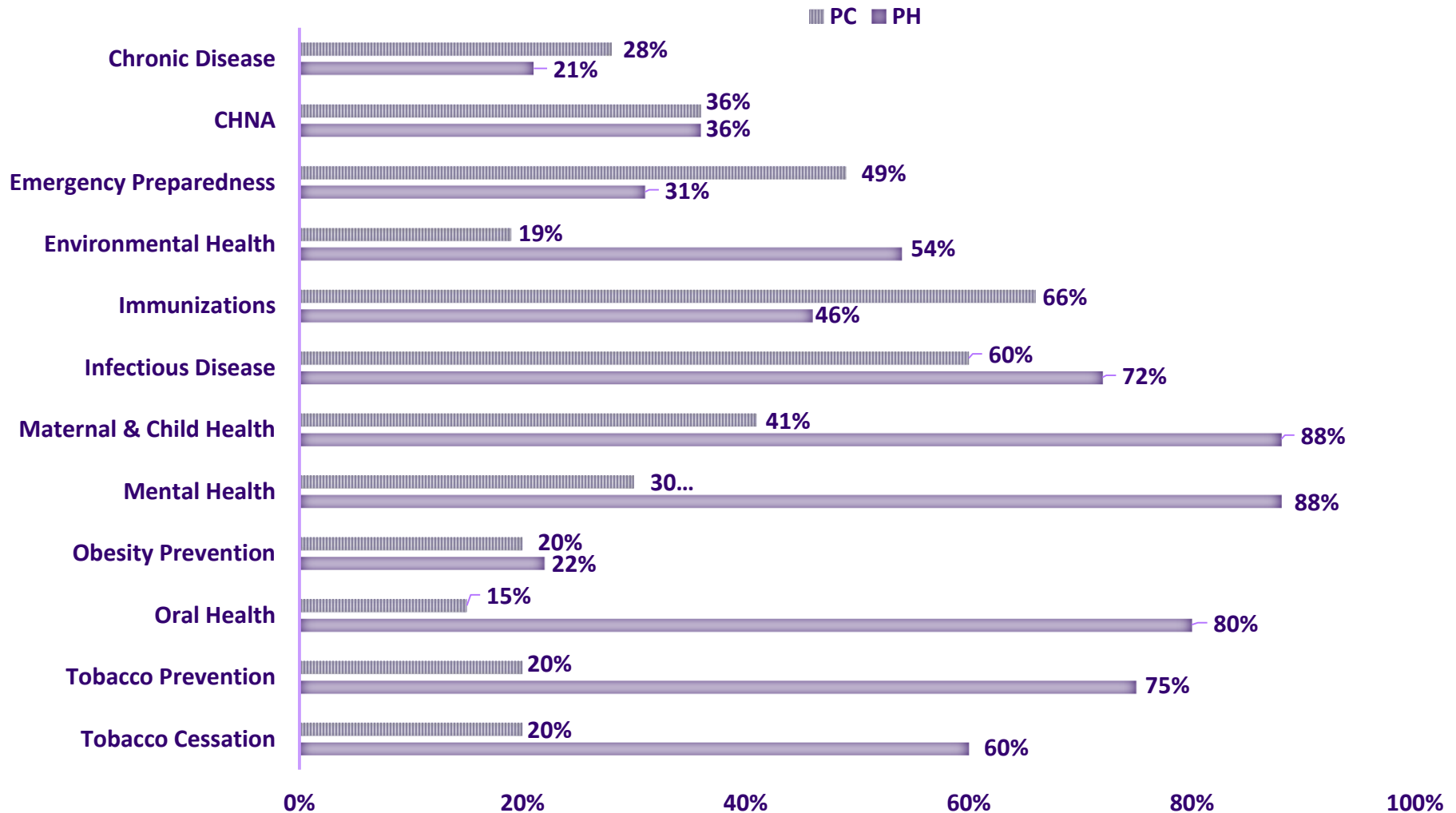
Working Relationship with PC Practices



■ Fairly Consistent Across Clinics
□ Work more closely with some, but same general approach
□ Varies widely among clinics

Focus of Joint Work

Did you or your LHD work with PC on any of the following topics in the past year? (Check all that apply.)



Ways of Working Together

Describe the way in which your LHD works with PC.

(Check all that apply.)

Response Options	PH	PC
Respond to immediate events (e.g., outbreak)	95%	57%
Work together on specific clients	77%	50%
Come together for meetings/conferences/committees	80%	45%
Project-specific work, such as CHNA or strategic planning	80%	37%
Quality improvement initiatives	17%	23%
Ongoing, long-term working relationship	69%	41%

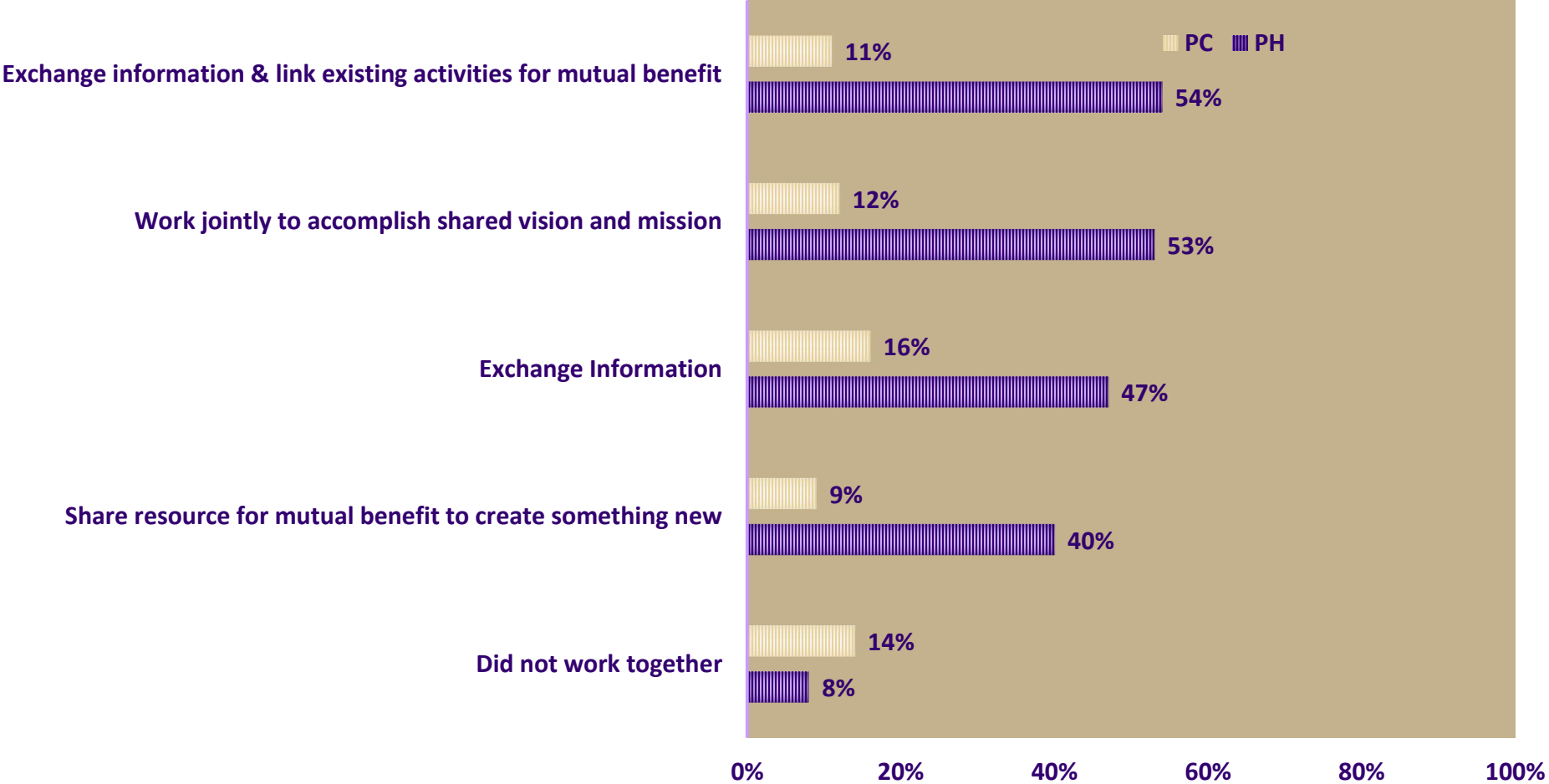
Reasons for Working Together

*What reason(s) do you have for working with PC in your community?
(Check all that apply.)*

Response Options	PH	PC
Improve population health in community	95%	79%
Good PH practice (PH only)	91%	n/a
Engage more stakeholders in work	81%	31%
Improve individual patient care	79%	59%
Meet specific program requirements or mandates	60%	38%
Extend population/demographic reach	53%	36%
Build more credibility in community	50%	18%
Share costs & maximize resources	44%	29%

Working Together on CHNA

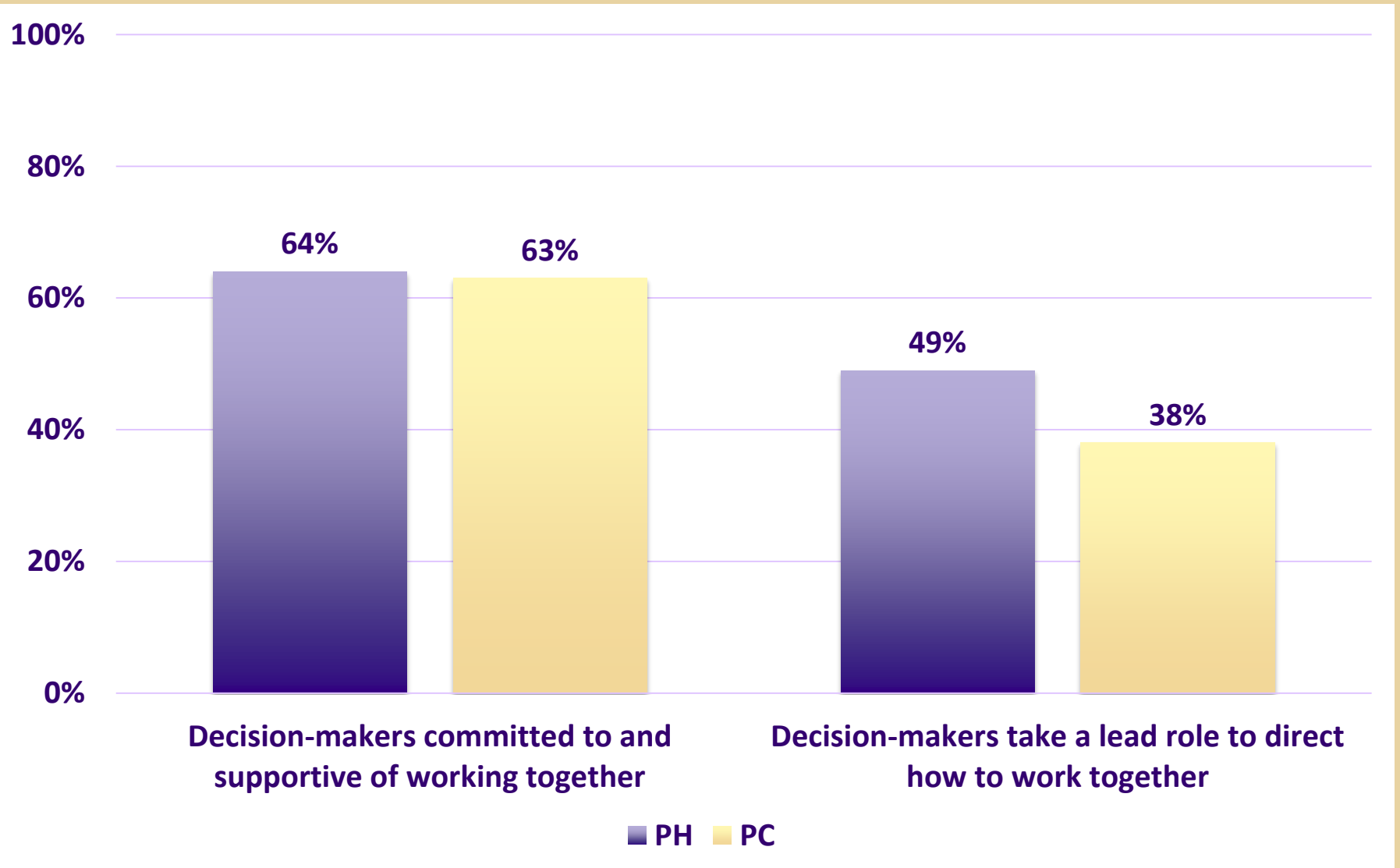
(Community Health Needs Assessment)



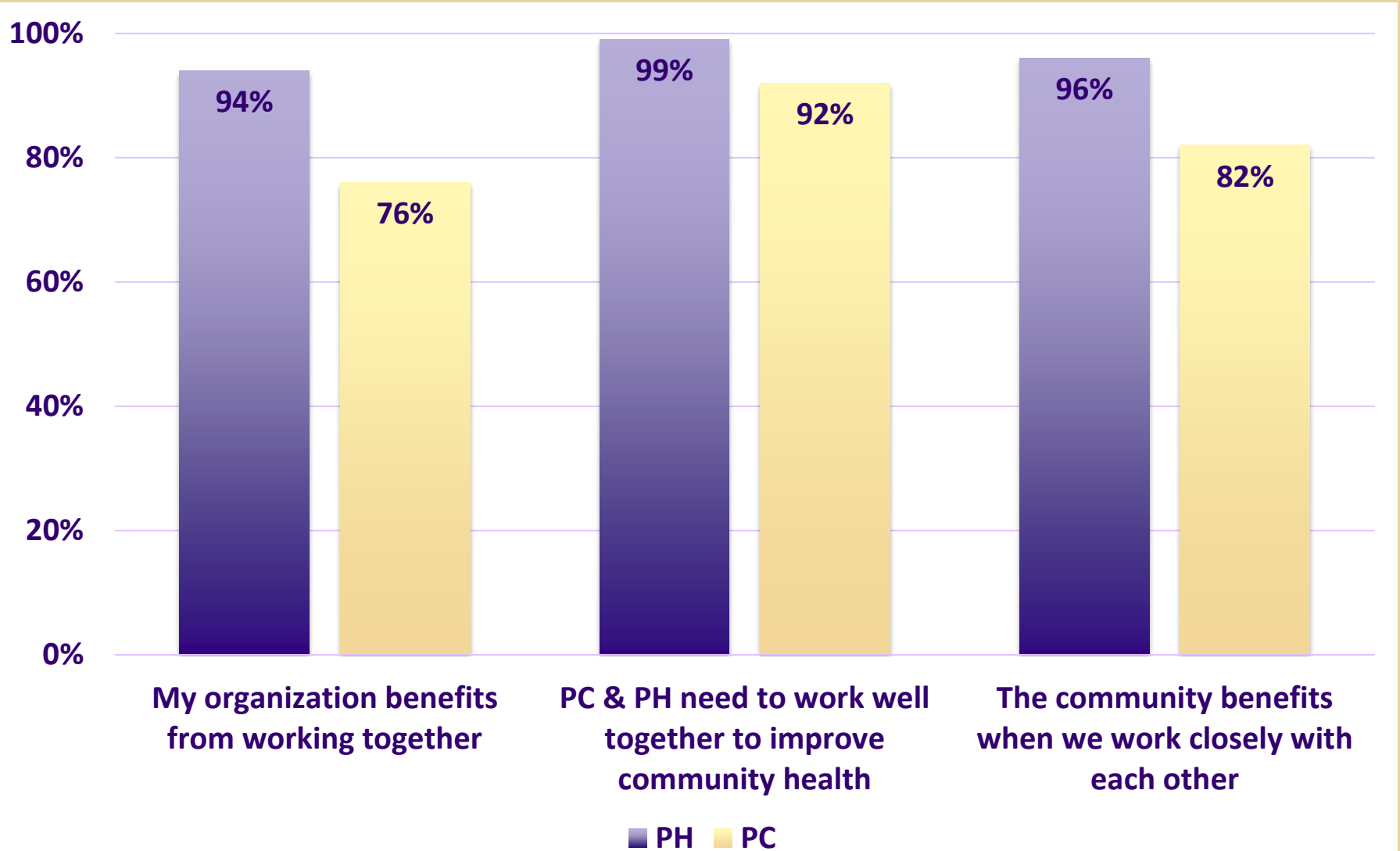
Mutual Trust & Respect



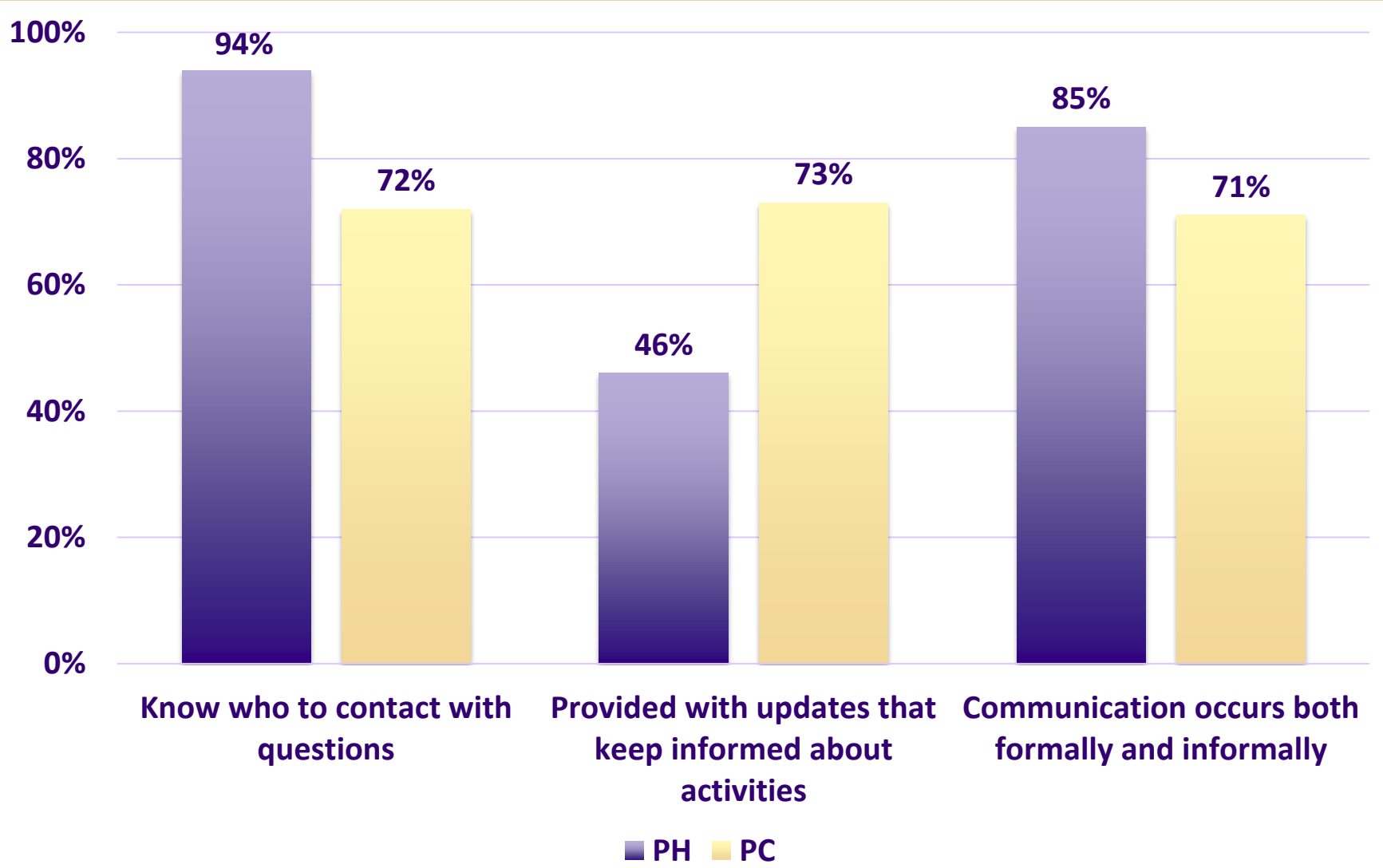
Leadership Support



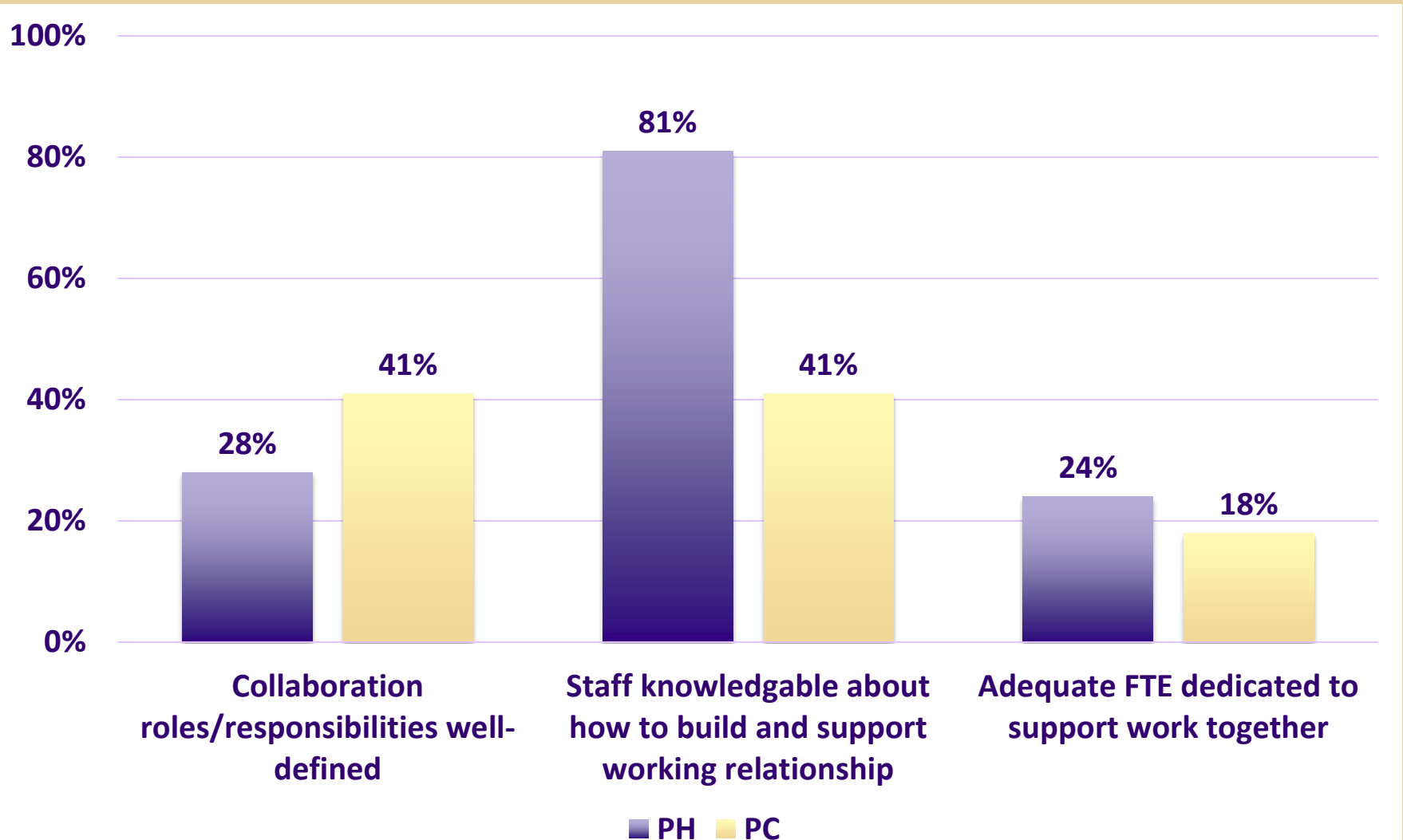
Joint Vision & Mission



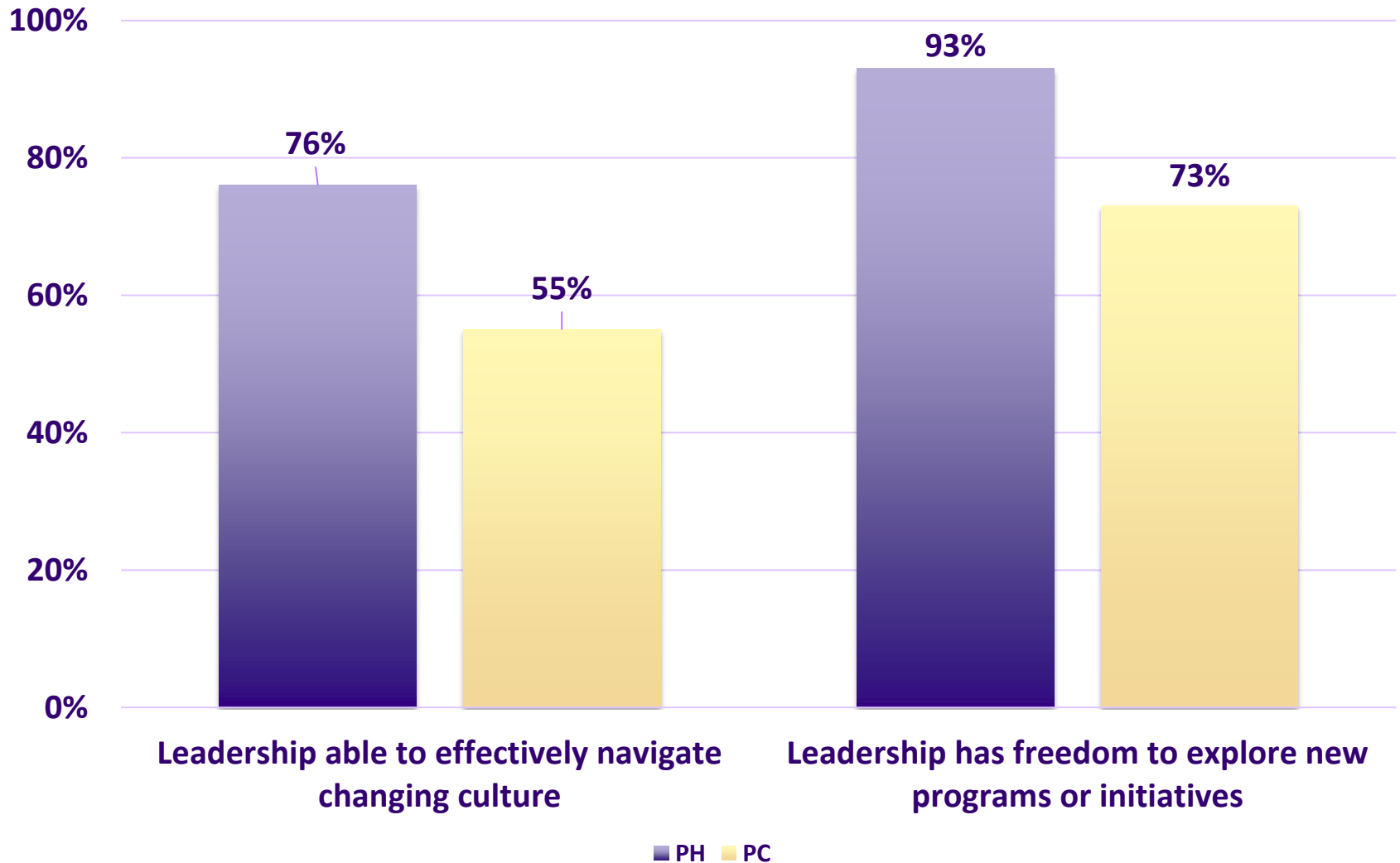
Communication



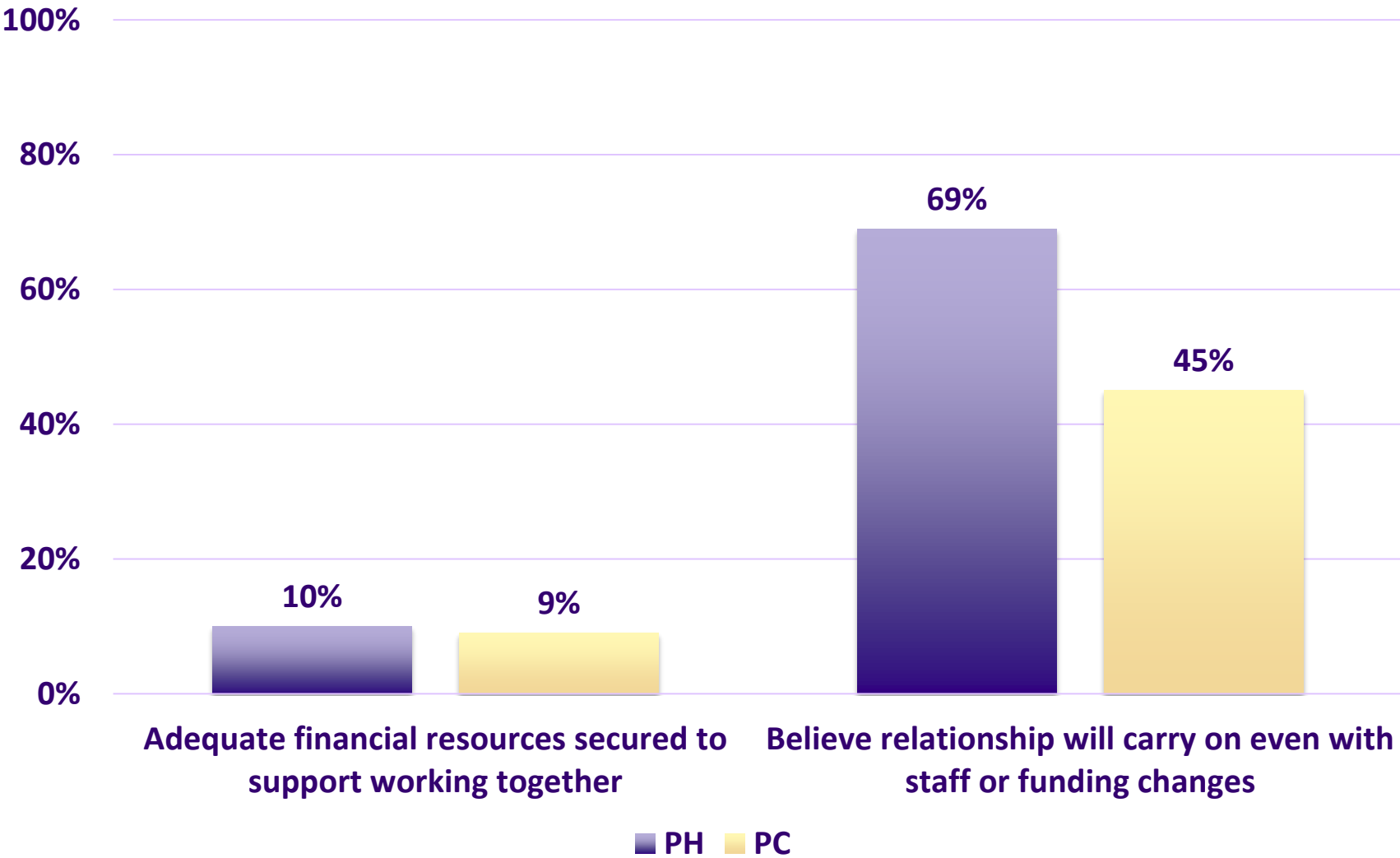
Building the Relationship



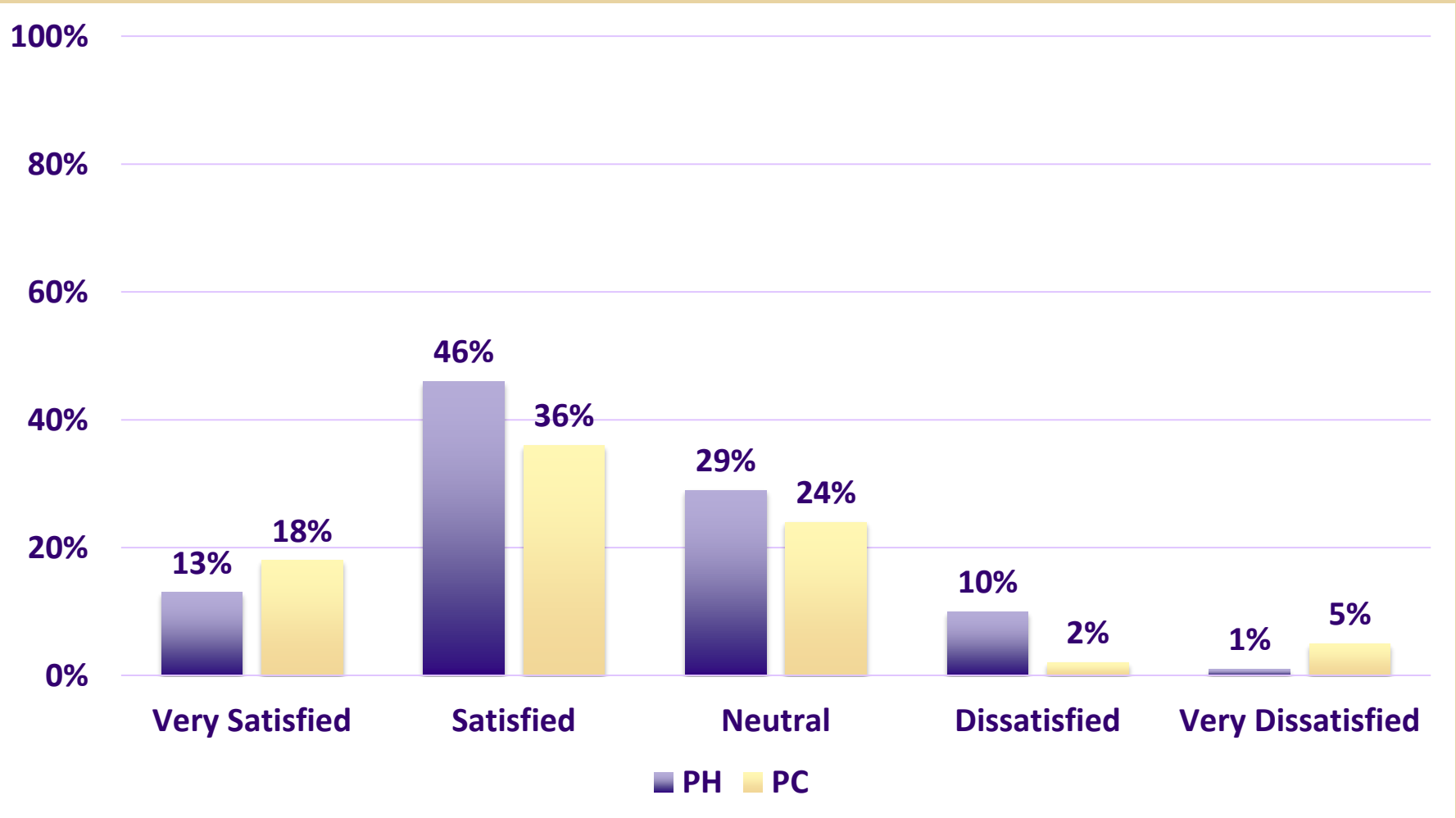
Leadership Innovation



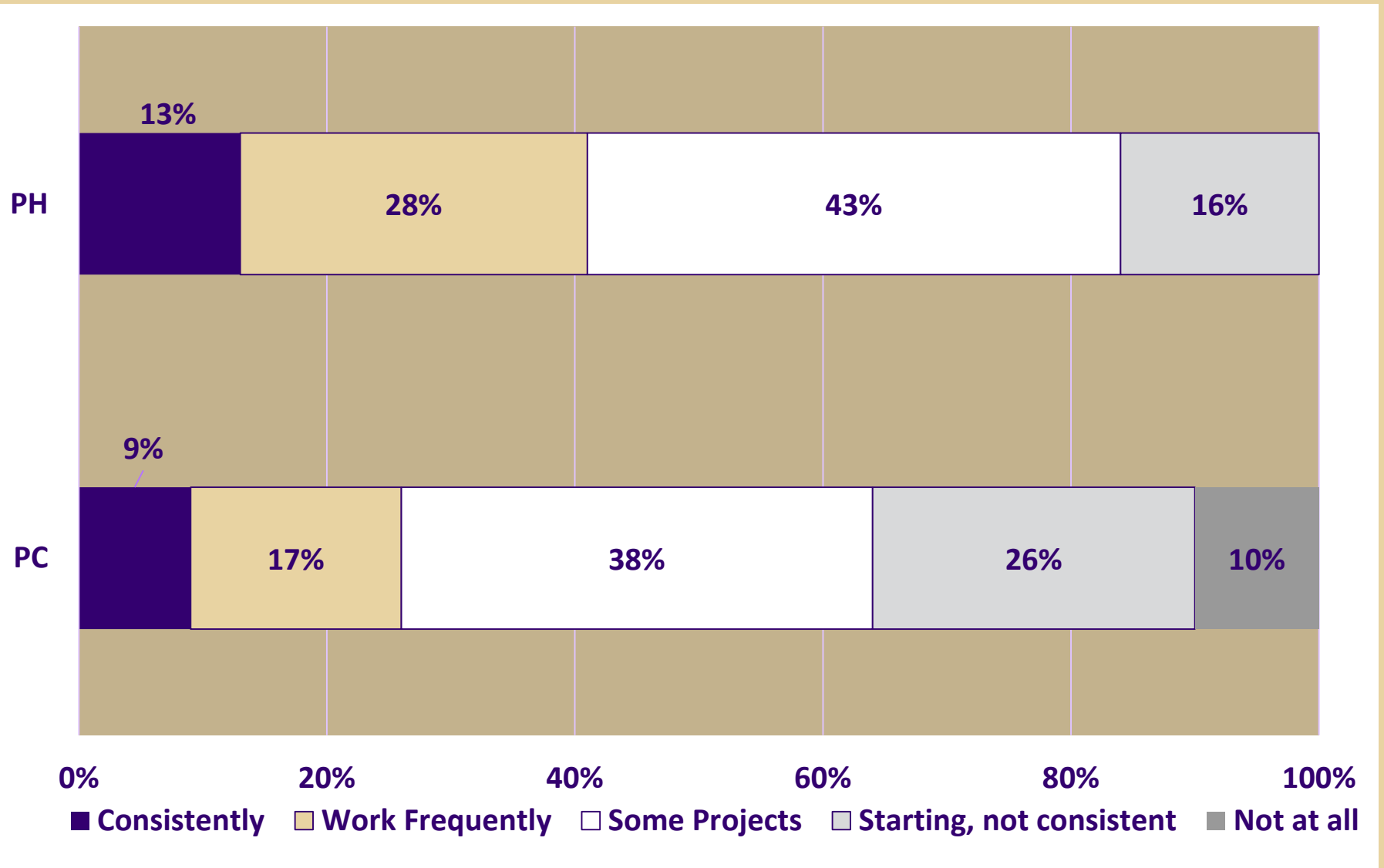
Sustainability



Overall Satisfaction with Working Relationship



Self-Rated Relationship Level



Conclusions

- **PC reports**
 - Lower levels of working together compared to PH
 - Seems less satisfied with the current working relationship
- **PH generally reports**
 - Higher levels of joint work
 - Stronger ways of working together
 - More reasons for working together
 - More work together on CHNAs
- **Relationship-building constructs were more similar between PC & PH**
 - Mission/vision
 - Leadership support
 - Having mutual respect
 - Trust
- **PH & PC differences noted in perception of**
 - Communication
 - Defined roles/responsibilities
 - Sustainability
 - Innovation

Limitations

- **PC respondents were more likely than non-respondents to be from jurisdictions that were**
 - Larger, had lower poverty, had fewer less self-pay clients.
- **Big PC & PH response rate differences**
 - Could relate to different degrees of engagement of PC PBRNs in the states.
- **Results are not presented by jurisdictional pairs**
 - Overall frequency distributions, not dyads.

Next Steps

- Paired dyad analysis
- Place local jurisdictions on the continuum of integration (IOM)
- Mixed methods analysis
- Further refinement of emerging model framework, incorporating results from the mixed methods analysis
- Validation of all results with focus groups comprised of key stakeholders

Practice Perspective

- **PC perceives less in common with PH**
 - Collaborates more easily around concrete areas
- **Barriers:**
 - Different “language,” motivators
 - PH may be underestimating depth of disruption happening in PC
- **Opportunities:**
 - Increasing recognition by PC & PH of social determinants & benefits of “joining forces”
 - Increasing interest in PH training among PC
 - Common interests exist on a continuum

Opportunities for Practice

- **Mindset change needed**
- **Show value of PH--in *concrete* ways--to PC**
 - Remain pragmatic, practice-focused, value time
 - Integrate, convene, show up in person
- **Identify local champions & mobilize around common goals**
- **Demonstrate how integration can**
 - *Reduce* workload
 - Affect the social determinants
 - Benefit individual health



Opportunities in WA

- **Supported by WA Academy of Family Physicians (WAFP) Strategic Plan**
 - “build organizational structures to foster collaboration”
 - “facilitate meetings (with PH) to develop common goals”
 - “promote member education (in PH)”
- **Many WA Health Officers are PC-trained**
- **HO’s and WAFP planning a summit**
- **Identify practical examples of integration in WA**

CDC 6-18 Initiative

- Initiative to encourage PC and PH integration
- 6 areas of focus (high prevalence & high cost conditions with good short-term ROI)
 - Tobacco
 - BP control
 - Asthma control
 - Infection prevention
 - Unintended pregnancy prevention
 - Diabetes prevention and control
- 18 evidence-based interventions
 - Not yet released
- Stay tuned...

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