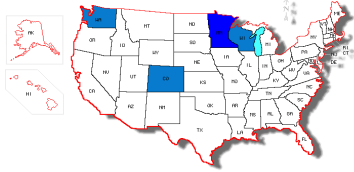


Participating States



# Perspectives on Primary Care and Public Health Collaboration

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Public Health Public Health Services & Systems Research  
Research in Progress



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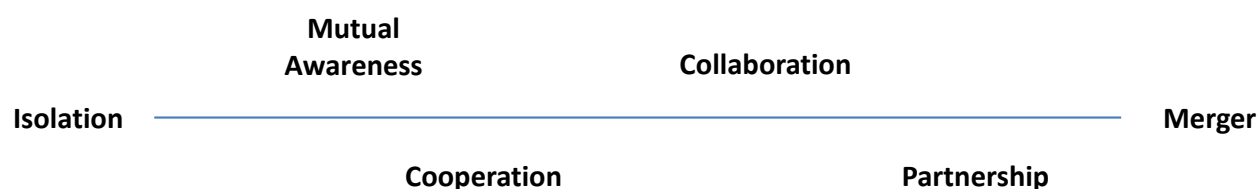


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# Primary Care and Public Health

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).



# Primary Care and Public Health Research Questions

- How does the degree of integration between PC and PH vary across local jurisdictions?
- What factors facilitate or inhibit integration, and how can PC and PH leverage those factors to increase integration?
- Does the degree of integration differ based on health topic?
- Do areas of greater integration have better health outcomes?

# 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 at least 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
- Coding was done *independently* of theoretical models, allowing a fresh perspective
- Qualitative analysis contributes to all of the research questions
- 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).*



# Differences in Collaboration by Health Topic

- More narrowly defined topics have been easier for collaboration between PC and PH
- Common areas of current work: **immunization**, CVD risk, infectious disease, mental health, obesity
- Common areas for future work: **mental health**, obesity, smoking cessation, environmental health, emergency preparedness

## 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

## Is increased collaboration related to improved health outcomes?

- PH mainly say there is *always* a benefit to health outcomes
- PC describe benefits *and* competing demands
- Very difficult to be measured or assessed in ways that allow the benefit to be shown
  
- *“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, its 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.” (Washington, Primary Care)*

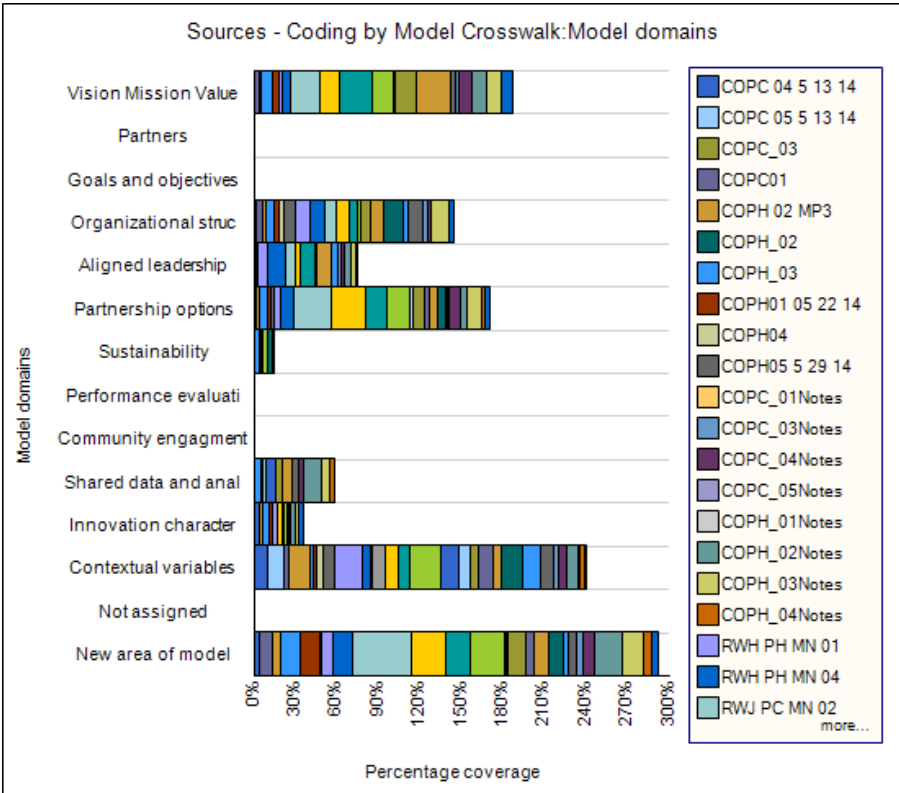
# Framework Analysis

- Many frameworks have been developed to characterize the collaboration between PC and PH
- The study team has examined several frameworks and is working to create a modified framework.
- This modified framework will serve to guide the development of the quantitative survey instrument, as well as provide a basis for translation and dissemination activities.

# The Crosswalk:

Models of Integration and Partnership	Vision, Mission, Values	Partners	Goals & Objectives	Organizational Structure	Aligned Leadership	Partnership Options	Sustainability	Performance Evaluation	Community Engagement	Shared Data & Analysis	Innovation Characteristics	Contextual Variables
University of KY/RWJF/Grant Thornton/Hospira, Inc. Prybil, Scutchfield, Killian, Mays, Levey	✓	✓	✓	✓	✓	✓	✓	✓				
Practical Playbook Duke University/CDC/de Beaumont Foundation			✓		✓		✓		✓	✓		
Linkages between clinical practices and community organizations Porterfield, Hinnant, Kane, Horne, McAleer, Roussel				✓							✓	✓
Primary Care Assessment Tool (PCAT) LeBrun et al.					✓	✓	✓			✓		✓
Developing communities of practice: continuity relationships between LHDs and primary care practice Frank, Menegay, Dixon (Ohio PH PBRN)	✓							✓	✓	✓		
Clinical-Community Relationships Measures (CCRM) Atlas AHRQ				✓		✓		✓	✓			
Medicine & Public Health Lasker									✓	✓		
Environmental Scan Jacobson & Teutsch			✓				✓			✓		
Framework for Understanding Cross-Sector Collaboration Bryson, Crosby & Stone	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓

# Current concepts

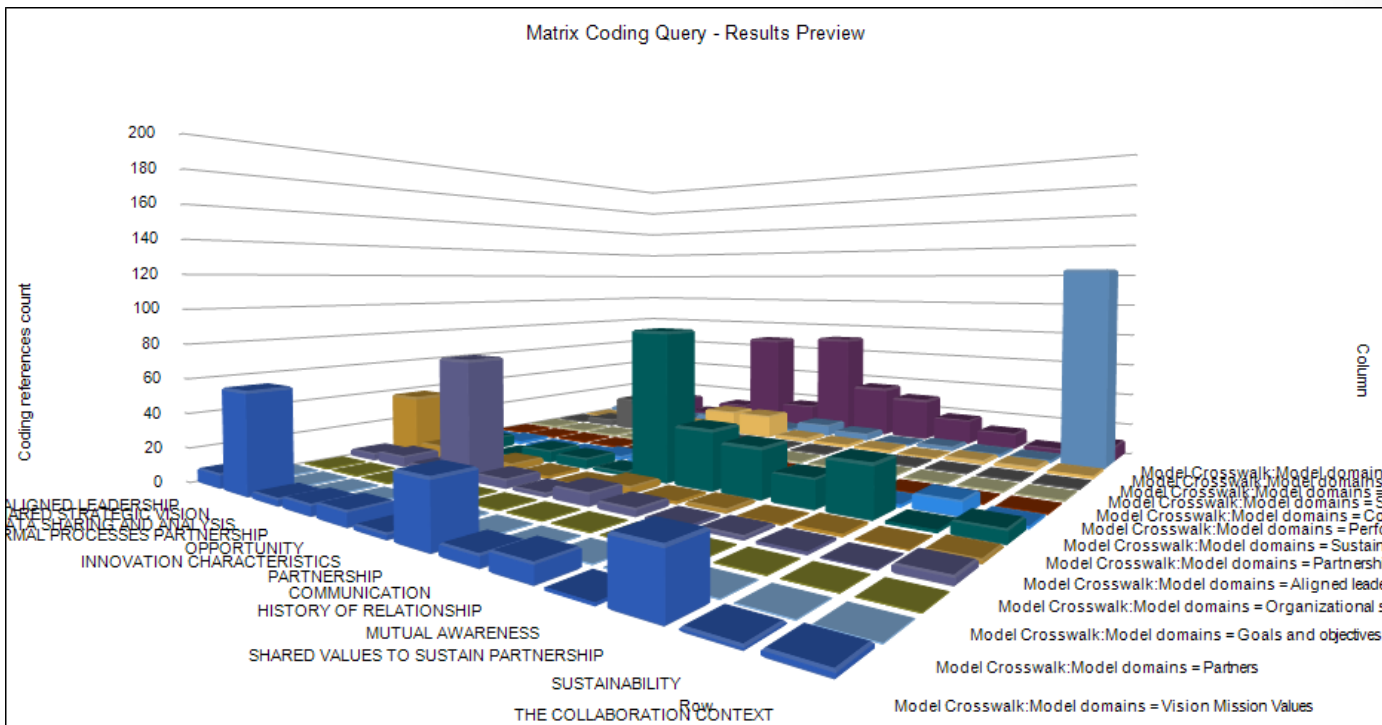




# Framework Analysis

- Data coded initially blind to the models
- Data analysis indicated key themes and areas in the interviews
- Key themes cross coded with framework characteristics
- This allows us to see how our coding relates to the current frameworks

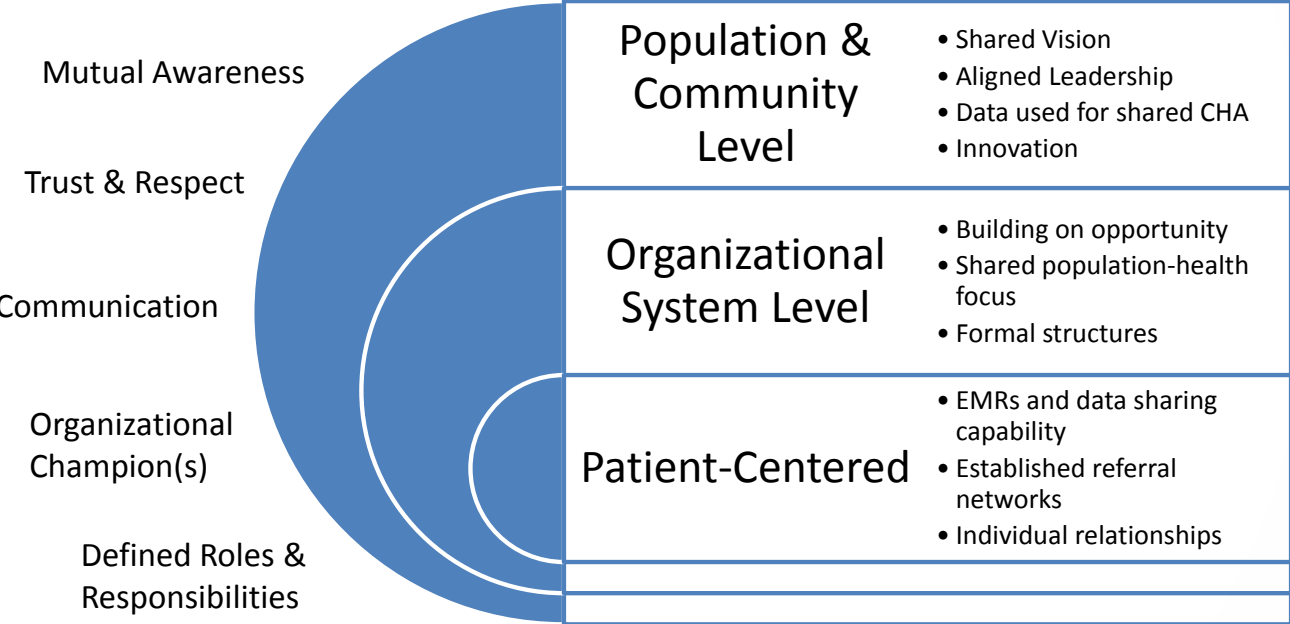
# Framework Analysis



# Emerging new framework

Models of Integration and Partnership	Vision, Mission, Values	Organizational Structure	Aligned Leadership	Partnership Options	Sustainability	Community Engagement	Shared Data & Analysis	Innovation Characteristics	Contextual Variables	Communication	Mutual awareness	History of relationship	Opportunity
RWJ PH-PC study	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
University of KY/RWJF/Grant Thornton/Hospira, Inc. Prybil, Scutchfield, Killian, Mays, Levey	✓	✓	✓	✓	✓								
Practical Playbook Duke University/CDC/de Beaumont Foundation			✓		✓	✓	✓						
Framework for Understanding Cross-Sector Collaboration Bryson, Crosby & Stone	✓	✓	✓	✓	✓	✓			✓				

# Multi-Level Framework



# 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

# Questions?





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