

**Public Health PBRN
Monthly Virtual Meeting
October 16, 2014**

**Research-in-Progress Presentation by the
Minnesota Public Health Practice-Based Research Network
Kim Gearin, PhD, MS and Beth Gyllstrom, PhD, MPH: Minnesota
Department of Health and Rebekah Pratt, PhD: University of Minnesota
Perspectives on Primary Care and Public Health
Collaboration**

Please remember to mute your telephone/computer speakers during the presentation

*To mute your telephone press *6, to unmute #6*

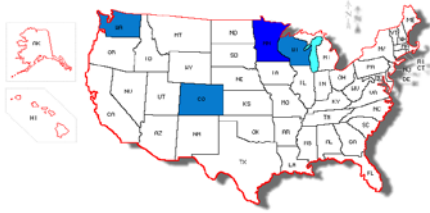
Conference Phone: 877-394-0659

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at the University of Kentucky College of Public Health





Perspectives on Primary Care and Public Health Collaboration

Kim Gearin, PhD, MS and Beth Gyllstrom, PhD, MPH:
Minnesota Department of Health

Rebekah Pratt, PhD: University of Minnesota

October 16, 2014

Public Health Practice-Based Research Networks
Research in Progress



Acknowledgements

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This research would not be possible without the local public health directors and local clinic medical directors and staff who participated in the interviews, as well as all of those who participate on their practice-based research networks and have provided guidance on the implementation of this study.

Partner State Investigators

Colorado



Lisa VanRaemdonck, MPH
Sarah Lampe, MPH
Colorado Association of
Local Public Health
Officials



Don Nease, MD
University of Colorado,
Denver

Washington



Betty Bekemeier, PhD, MPH,
MSN, RN
University of Washington,
School of Nursing



Laura-Mae Baldwin, MD, MPH
Gina Keppel, MPH
University of Washington,
Department of Family
Medicine

Wisconsin



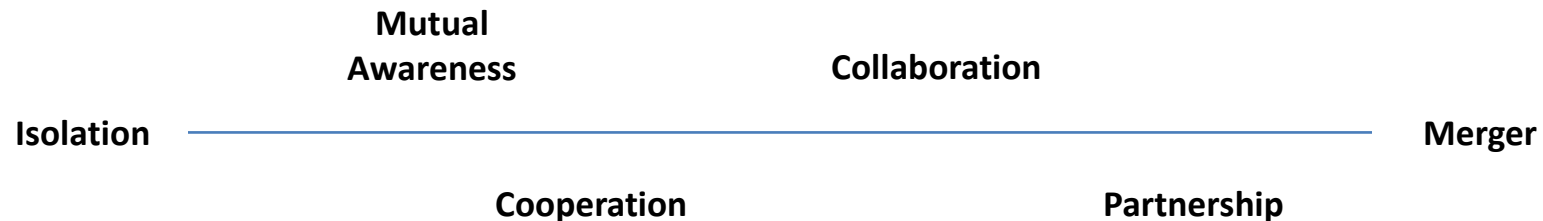
Susan Zahner, DrPH, RN
Tracy Mrochek, MPH
University of Wisconsin-
Madison School of Nursing



David Hahn, MD, MS
Erin Leege, MPH
University of Wisconsin
School of Medicine & Public
Health

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)*

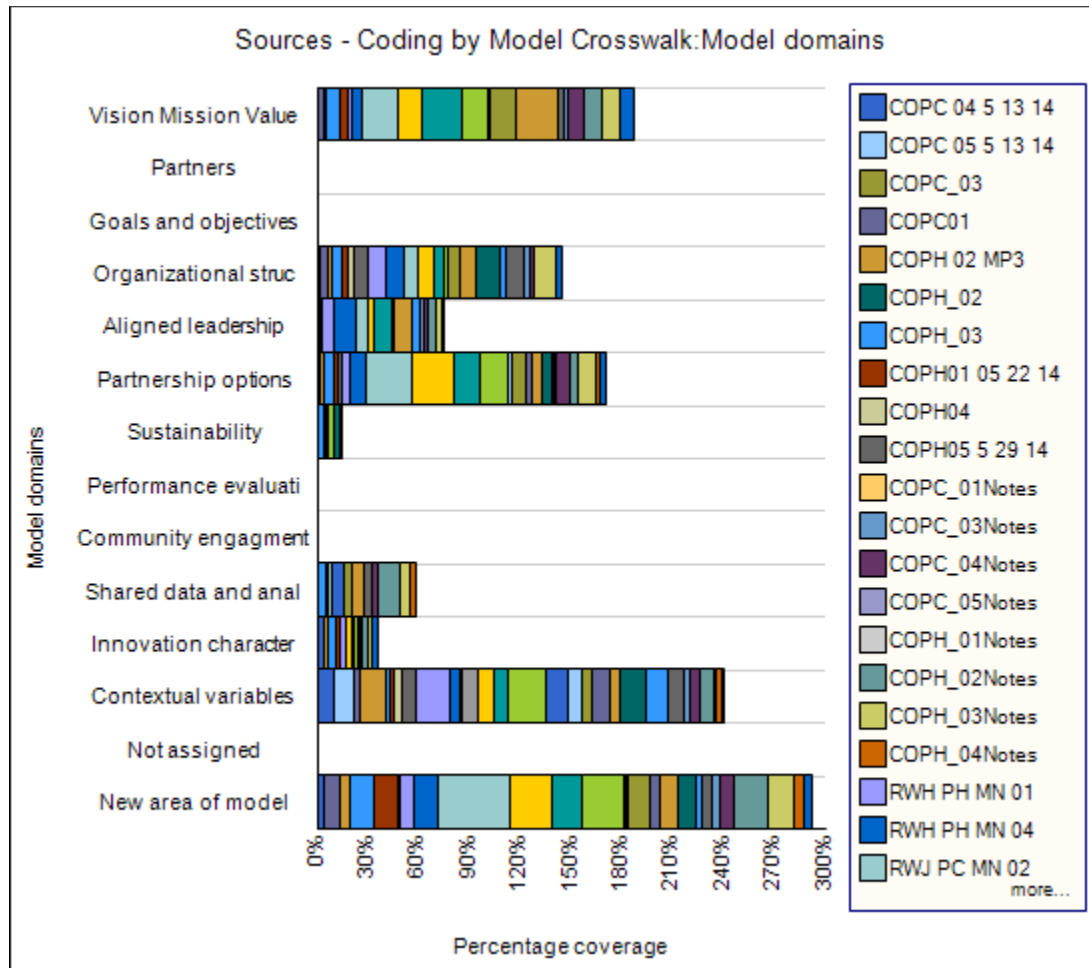
Framework Analysis

- 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
American Hospital Association/University of KY Prybil, Scutchfield, Killian, Mays, Levey	✓	✓	✓	✓	✓	✓	✓	✓				
Practical Playbook Duke University/ASTHO/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	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓

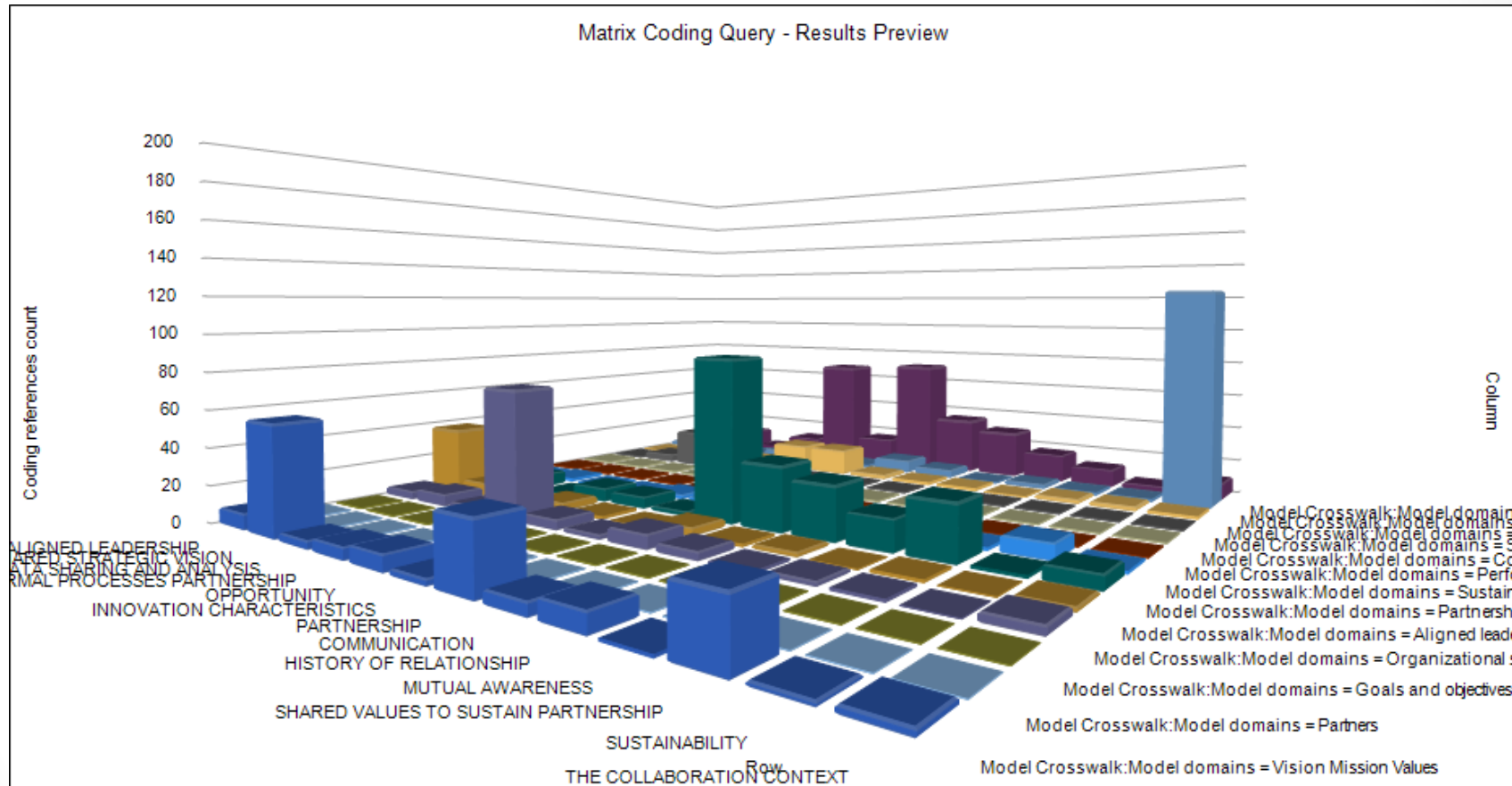
Current concepts



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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
American Hospital Association/University of KY Prybil, Scutchfield, Killian, Mays, Levey	✓	✓	✓	✓	✓								
Practical Playbook Duke University/ASTHO/de Beaumont Foundation			✓		✓	✓	✓						
Framework for Understanding Cross-Sector Collaboration Bryson, Crosby & Stone	✓	✓	✓	✓	✓	✓			✓				

Conclusions

- This study is identifying an emerging model of how public health and primary care collaborate
- The role of shared strategic planning emerged as particularly important part of the collaboration process
- Some key facilitators and barriers have been identified and could be priority areas for collaboration development
- This model will be further tested and refined with quantitative work
- It is an exciting time of a growth of opportunity for collaboration, particularly in relation to health reform

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?



Minnesota Investigators

Beth Gyllstrom, PhD, MPH

Beth.gyllstrom@state.mn.us

651-201-4072

Kim Gearin, PhD, MS

Kim.gearin@state.mn.us

651-201-3884

Kevin Peterson, MD, MPH

peter223@umn.edu

612 624-3116

Rebekah Pratt, PhD

rjpratt@umn.edu

612-625-1196

Carol Lange, MPH, RD

lange076@umn.edu

612-624-3125

MN Public Health Research to Action Network:

<http://www.health.state.mn.us/ran>

Other Meeting Agenda Items

PBRN Research Updates

- **MPROVE/DACS/DIRECTIVE/PHAST coordination calls**
 - **Thursday, October 30, 1-2:30pm ET**
 - **Thursday, December 4, 1-2:30pm ET**

Dissemination Opportunities

- **APHA Meeting: Nov 15-19**
- **MPROVE/DACS panel APHA, Tuesday, November 18 10:30am-12:00pm**
- **Please send PBRN Presentations at APHA to Coordinating Center**
- **7th Annual Conference on the Science of Dissemination and Implementation in Health, AcademyHealth and NIH Dec 8-9, 2014. Bethesda, MD.**
- ***Frontiers/AJPH* partnership launches soon**

Other Meeting Agenda Items

Research Opportunities

- Collaboration with [J-PAL](#) on pragmatic randomized control trials in PH settings.

Website Update

- Work-in-progress: please send all comments/suggestions/corrections to Kara.Richardson@uky.edu
- Please continue to send your products

Presentation schedule

Presentation Schedule for 2014

January 16 Tennessee PBRN

February 20 Nebraska PBRN

March 20 North Carolina PRBN

May 15 New York PBRN

June 19 California PBRN

July 17 Connecticut PBRN

August 21 Colorado PBRN

September 18 Ohio PBRN

October 16 Minnesota PBRN

November 20 Washington PBRN

December 18 New Hampshire PBRN

Beginning 2014 we will combine Research-in-progress presentations with the larger PHSSR grantee Research-in-progress presentations.

PHSSR Research-in-Progress Webinars- 12:00 to 1:00pm

**Oct 29 – Response Willingness Among the Public Health Workforce and
Emergency Preparedness Laws**

**Daniel Barnett, MD, MPH, Environmental Health Sciences, Johns Hopkins
Bloomberg School of Public Health**

**Nov 12 – Trends and Characteristics of the State and Local Public Health
Workforce**

Angela J. Beck, PhD, MPH, University of Michigan School of Public Health

**Dec 3 – Relationship Between Public Health Workforce Competency, Provision
of Services, and Health Outcomes in Tennessee**

**Robin Pendley, DrPH, formerly Health Services Management and Policy, East
Tennessee State University**

**Dec 10 – Integrating Public Health and Healthcare: Lessons from One Urban
County**

**Erik L. Carlton, DrPH, Health Systems Management and Policy, University of
Memphis**

For more information contact:

**Public Health PBRN National
Coordinating Center**

PublicHealthPBRN@uky.edu

111 Washington Avenue, Suite 201

Lexington, KY 40536

859-218-0113

www.publichealthsystems.org