Collaborating for Health:
Early results from the primary care-public health integration study

Susan Zahner, DrPH, RN, FAAN
Vilas Distinguished Achievement Professor

2014 WREN Convocation
Wisconsin Dells, Wisconsin
September 18, 2014

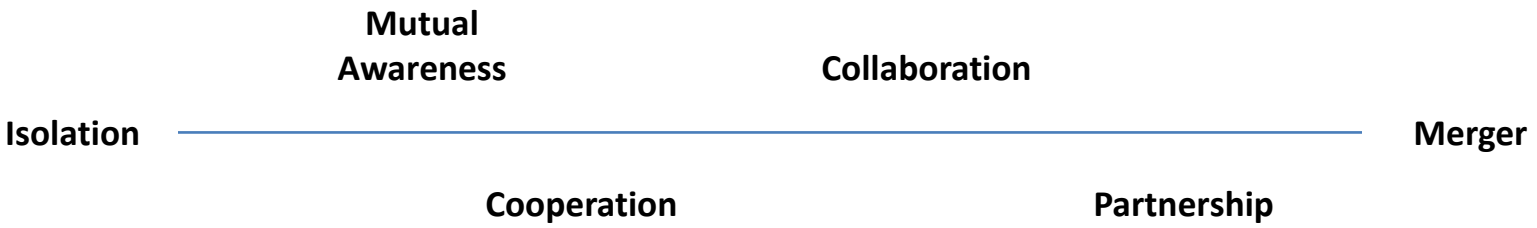
SCHOOL OF NURSING
University of Wisconsin-Madison

Health Care and Public Health

- U.S. has the most expensive health care system, yet health care is estimated to contribute to about 20% of the nation's health.
- Growing awareness that we need to focus on social determinants of health and the physical environment to collectively have an impact on health.
- The unsustainable increases in health care costs are leaving fewer dollars for education, job development, and these other social determinants of health.

Primary Care and Public Health "Integration"

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 and Public Health "Integration"

- Develop a national strategy and investment plan for the creation of a primary care and public health infrastructure strong enough and appropriately integrated to enable the agencies to play their appropriate roles in furthering the nation's population health goals
- Create common research and learning networks to foster and support the integration of primary care and public health to improve population health
- Link staff, funds, and data at the regional, state, and local levels

www.iom.edu/primarycarepublichealth

Primary care & public health integration

Primary Care PBRNs

- Originating in the 1970's, PBRNs are groups of primary care clinicians and practices working together to answer community-based health care questions and translate research findings into practice.
- As of 2014, there are approximately 125 Primary Care PBRNs registered with the AHRQ PBRN initiative. AHRQ defines a Primary Care Practice-Based Research Network as having the following characteristics:
  - A minimum of 50% of the membership are primary care clinicians (e.g. pediatrics, family medicine, general internal medicine, and geriatrics)
  - A minimum of 5 practice locations and 15 clinicians
  - A director and a mission statement

Public Health PBRNs

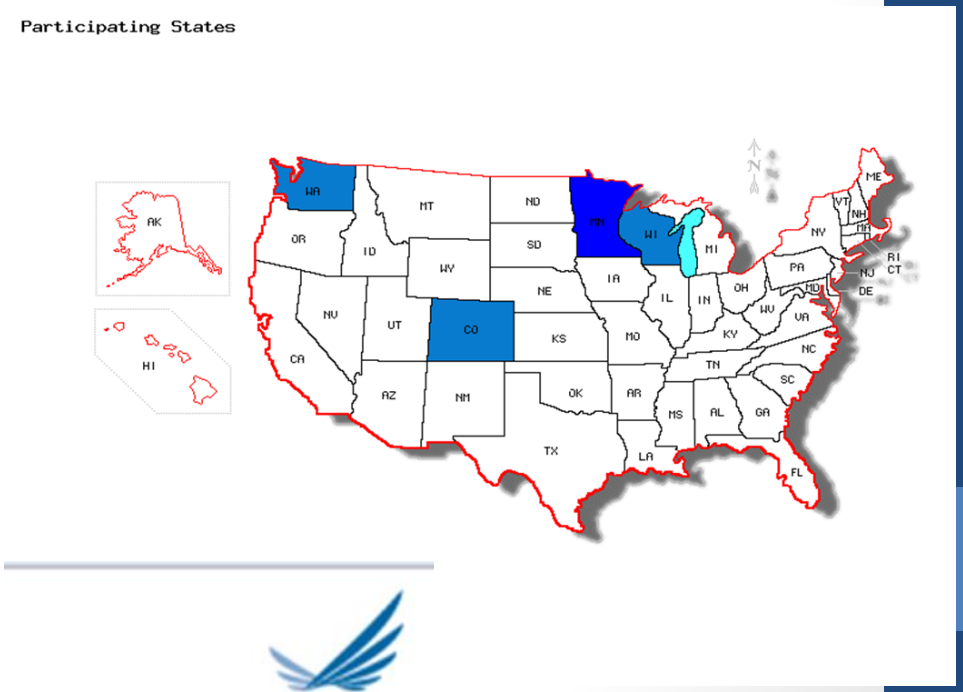
- The Public Health Practice-Based Research Networks (PBRN) Program is a national program of the Robert Wood Johnson Foundation
- Supports development of research networks for studying the comparative effectiveness, efficiency and equity of public health strategies in real-world practice settings
- First national initiative in the U.S. to develop PBRNs for research in public health practice settings (2008)

Measuring variation in the integration of primary care and public health

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)

PI: Elizabeth Gyllstrom
Minnesota Department of Health



Robert Wood Johnson Foundation

Why is this study unique?

- One of the first studies to examine
  - the full range of integration at the local jurisdictional level
  - local characteristics associated with differences in integration
- Engaging public health and primary care practice-based research networks at each phase of the study
- Wisconsin co-investigators:
  - Susan Zahner, UW-Madison School of Nursing, WPHRN
  - David Hahn, UW-Madison SMPH, WREN

WPHRN
Wisconsin Public Health Research Network
Improving Public Health Practice Through Research

Minnesota Public Health
RESEARCH TO ACTION NETWORK
Conducting Research. Making Change. Improving Health.

Wisconsin Research & Education Network

MAFPBRN

Why is this important?

- What is needed at the local level to advance collaborative working relationships
- What is needed to identify and promote infrastructure and capacity to increase collaboration
- Develop and test measures that could be used to monitor changes those relationships over time
- Contributes to stronger research and practice relationships, which paves the way for future collaborations

Study aims

1. Describe the variation in the degree of integration between PC and PH
2. Examine the differences in the degree of integration by topic/service area
3. Identify factors that facilitate or inhibit integration
4. Examine the potential relationship between degree of integration and selected health outcomes

Study Design & Timeline

2014-2016	Mixed Methods
February-May 2014	Conduct key informant interviews
April – June 2014	Qualitative analysis
July – December 2014	Qualitative results dissemination Online survey development
Early 2015	Online survey
2015	Survey analysis/mixed methods analysis
2016	Translation & dissemination

Qualitative methods

- 10 key informant interviews per state (n=-40)
  - Telephone
  - Digital recordings
  - Transcriptions
- Paired public health/primary in same geographic areas
- Variation in primary care and public health organizational structures and geography
- Key informants will be invited to participate in focus groups to review, refine and validate findings (2016)

WPHRN
Wisconsin Public Health Research Network
Improving Public Health Practice Through Research

Wisconsin Research & Education Network

Qualitative Analysis

- Emerging themes identified through systematic examination of the narrative data
- Coding was done *independently* of theoretical models, allowing a fresh perspective
- Qualitative analysis contributes to all of the research questions
- NVivo10
- University of Minnesota (Rebekah Pratt)

Findings

Aim #1: To describe the variation in primary care and PH integration across local jurisdictions in four states

- "Collaboration" preferred over "integration"
- Key components emerged as important:
  - Aligned leadership
  - Formal processes
  - Commitment to a shared strategic vision
  - Data sharing and analysis
  - Sustainability
  - Opportunity
  - Partnership
  - The collaboration context

Key aspects of collaboration

- ***Aligned leadership***: having the right people at the table to champion and lead the work
- ***Formal processes***: formal roles, structure, agreements and co-location

"Since we have relocated to (be co-located) our relationship with them has been strengthening significantly. That is the entity who I meet with their administrative team quarterly, we have very good communication back and forth and it is easy for us to identify fairly quickly in the process were 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, but both of us are seeing in our daily work. So, I think the co-location has made a significant difference in that relationship." (Wisconsin, Public Health)

Key aspects of collaboration

- **Commitment to a shared strategic vision**; strategic planning, particularly community health needs assessments, partner in conducting planning, and then addressing mutually identified needs.

"So we have had our primary care providers as part of our team that has done our community health assessment, which we do every five years. And then they are also a part of the team that develops our Community Health Improvement plan so once our top three health priorities are identified. And then typically those primary care providers continue to serve what we call implementation team. So, for each of our top three health priorities and our plan we have an implementation team and we have primary care representation in each of those implementation teams." (Wisconsin, Public Health)

- **Data sharing and analysis**; data driven identification of needs and priorities, needs shared infrastructure and/or expertise.

Key aspects of collaboration

- ***Sustainability***; processes that keep partners communicating and connected, financial sustainability, sharing resources, sharing capacity.

- ***Opportunity***; building from a crisis, innovation, funded project, and some serendipity

"You've got to find those right moments in time. You know, I mentioned the H1N1 kind of thing. I think the—when you get a topical—a content topic that provides an opportunity to make a relationship where you're both really interested in that, for some reason for that moment. You got to really capitalize on that. And then not lose that benefit that you just created." (Minnesota Public Health)

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).

Key aspects of collaboration

- ***The collaboration context***; both PH and PC dealing with much change, understanding the particular environment of both, the role of health reform, identifying unique strength of public health as a facilitator across what can be a fragmented health sector

"He 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", from my perspective, I felt at least, from this all the time. Like "Wow this is great!" (Wisconsin PC)

Findings

Aim #2: To examine the differences in the degree of integration based on health topic

- More narrowly defined topics have been easier for the development of integration 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

Findings

Aim #3: To identify capacities and other factors that facilitate or inhibit integration.

- Barriers and areas for improvement generally mirror the emerging areas of collaboration
- Some of the more frequently mentioned barriers included:
  - Resources
  - Communication
  - Data sharing
  - A lack of understanding each other

"I think sometimes the Public Health people don't always quite understand the realities of Primary Care. You know, they are sitting off in a Public Health department, well let's do this and let's have the doctors all do this. Lets have all the doctors screen for this and do that and do this and do this and do this. You know, primary doctors are all ready to quit because they have too much to do. (laughing) Do you know what I mean?" (Minnesota, Primary Care)

Findings

- Cross training
- Relationship building
- A need to change the system
- Unmatched priorities

"Yeah, I mean, I don't know what actually – I mean, they talk about it that, and we are looking at the health of the this County, how we have more cancer than any other counties, we have more smokers in our county than any other places. And the drug abuse and all that is well-presented. But I am not aware of what the County Public Health has done about it. If you asked me name one thing activity they have done in that, I can't think of anything." (Washington, Primary Care)

Findings

Aim #4: To examine the potential relationship between degree of integration and selected 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)

Preliminary 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 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

- Small sample size (4 states, 10 dyads per state)
- This is not necessarily representative, but was sampled for a depth and breadth of experiences
- 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

Next Steps

- Develop and test a survey of degree of integration
- Field survey to primary care and public health representatives from local jurisdictions across the four participating states
- Place local jurisdictions on the continuum of integration (IOM)
- Quantitative analysis
- Mixed methods analysis

Questions?

Wisconsin investigators

Susan Zahner
UW-Madison School of Nursing/WPHRN
sjzahner@wisc.edu

David Hahn
UW-Madison School of Medicine and Public Health/WREN
dlhahn@wisc.edu

Wisconsin Public Health Research Network
www.wphrn.org
Wisconsin Research and Education Network
www.fammed.wisc.edu/WREN

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