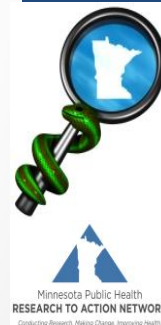


# Perspectives on Primary Care and Public Health Collaboration

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Minnesota Local Public Health Association



# Overview

- Background information on public health practice-based research networks (PBRNs) & public health services and systems research (PHSSR)
- Minnesota's Research to Action Network
- Primary Care-Public Health Collaboration Early Study Results
- Looking Ahead

# Public Health PBRNs & PHSSR

- 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.
- Addresses the need for solid information to guide decision-making around the infrastructure of public health—organization, staffing, financing and management.

# MN Research to Action Network (RAN)

- Minnesota's public health practice-based research network (PBRN)
- Launched in 2009
- Partnership of:

Minnesota Local Public Health Association  
State Community Health Services Advisory Committee  
University of Minnesota School of Public Health  
Minnesota Department of Health

# RAN Membership

## Minnesota Local Public Health Association



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Uniting primary care and public health  
practice-based research networks in  
multi-state study

# PRIMARY CARE AND PUBLIC HEALTH STUDY

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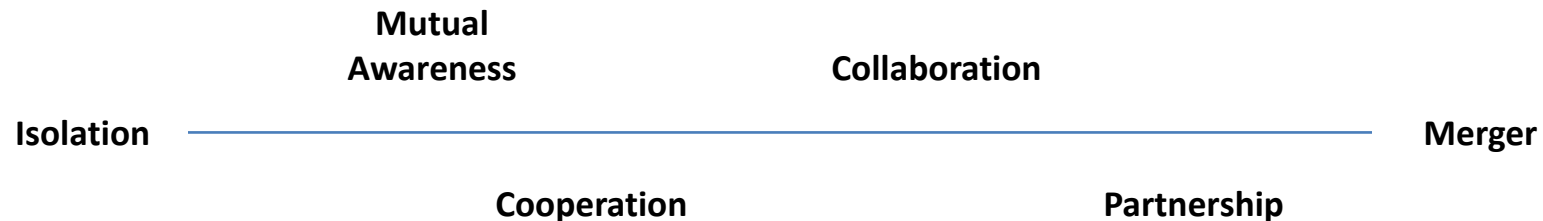


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# Primary Care and Public Health

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).



# 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 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
- 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).*



# 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

# Emerging Ideas

Primary care frequently mentioned that they view public health as a natural convener.

- Is that an appropriate expectation of the role for public health?
- Does public health currently have the capacity to take on that role?
- What would need to happen to support public health to take on that role across our system?



# Emerging Ideas

Several respondents spoke of “predictable crises,” which occur with somewhat regular frequency in public health. These were then opportunities to partner with primary care.

- Does that resonate with this group?
- How can we help primary care clinics and local health departments create more intentional opportunities and tangible expectations to come together, strengthen a relationship, and build a shared history of collaboration?

# Emerging Ideas

Even among our relatively small group of respondents, there was large variation in how much and in what ways public health and primary care worked together.

- Are there ways in which to we can create systematic efforts to help local primary care and public health leaders deepen understanding of one another?
- How might we build on successful models being used by some local jurisdictions?

# 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

# Looking Ahead: Online Survey

**Who:** Local health directors and “top person” at primary care practices in **all** local health jurisdictions across the four participating states.

**What:** Questions relate to opinions, perspectives and the history of the PC-PH working relationship. Will not require data collection or provision of detailed information, but rather information that respondents already can answer.

**Why:** To characterize the degree to which primary care and public health work together at the local level and identify factors that support such work and/or opportunities to build on those partnerships.

# Looking Ahead

- The study gives voice to what is needed at the local level to advance collaboration.
- Findings will be used to identify and promote infrastructure and capacity needed to increase collaboration.
- The study will develop and test measures that could be used to monitor changes in collaboration.
- Common understanding of primary care and public health collaboration among practitioners and researchers in both fields.

# Looking Ahead: Research to Action Network

***“The Research to Action Network is a community of practitioners, researchers and policy-makers who conduct, communicate and use research to increase the quality and effectiveness of public health services, organizations and systems – for the ultimate purpose of improving population health.”***



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# Questions?



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