Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

Bridging Health and Health Care

Local Public Health and Primary Care Collaboration: A Practice-Based Approach

Research In Progress Webinar

Wednesday, July 13, 2016 *12:00-1:00pm ET/ 9:00-10:00am PT*

Funded by the Robert Wood Johnson Foundation

UK UNIVERSITY OF KENTUCKY
Center for Public Health Systems and Services Research

Agenda

Welcome: **Anna G. Hoover, PhD,** Co-Director, RWJF *Systems for Action* National Coordinating Center, Assistant Professor, U. Kentucky

Local Public Health and Primary Care Collaboration: A Practice-Based Approach

Presenters: **Elizabeth Gyllstrom, PhD, MPH,** Senior Research Scientist, Minnesota Department of Health *beth.gyllstrom@state.mn.us*
Rebekah Pratt, PhD, Assistant Professor, Department of Family Medicine & Community Health, U. Minnesota *rjpratt@umn.edu*

Commentary: **Michael A. Stoto, PhD,** Professor, Health Systems Administration & Population Health, Georgetown University *stotom@georgetown.edu* and **Alexander Brzezny, MD, MPH, FAAFP,** Health Officer, Grant County Health District, Washington *brzeznya@columbiabasinhospital.org*

Questions and Discussion

Presenters

Elizabeth Gyllstrom, PhD, MPH
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Minnesota Department of Health
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Local Public Health and Primary Care Collaboration: A Practice-Based Approach

Beth Gyllstrom, PhD, MPH and Rebekah Pratt, PhD

PHSSR Webinar in Progress

July 13, 2016

MDH Minnesota Department *of* Health

HEALTH PARTNERSHIPS DIVISION

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

Acknowledgements

The Minnesota Department of Health is a grantee of *Public Health Services and Systems Research* (PHSSR), a national program of the Robert Wood Johnson Foundation.

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

Background

- Little knowledge of the degree to which public health and primary care work together at the local level.
- Pressure on public health and primary care organizations to collaborate is growing
- Expectations for increased efficiency and effectiveness of services and population health improvement
- Barriers to system integration
- Collaboration is challenging

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Minnesota

Beth Gyllstrom, PhD, MPH, Principal Investigator,
Minnesota Department of Health
Rebekah Pratt, PhD, Co-Principal Investigator,
University of Minnesota
Kim Gearin, PhD, MS, Co-Investigator, MDH
Carol Lange, MPH, Co-Investigator, UMN
Kevin Peterson, MD, Co-Investigator, UMN

Washington

Betty Bekemeier, PhD, MPH, MSN, RN
University of WA

Laura-Mae Baldwin, MD, MPH
University of WA

WPRN
Collaborative Research. Innovative Care.
WWAMI region Practice and Research Network
ITHS

Colorado

Lisa Van Raemdonck, MPH
CO Association of Local Public Health Officials

The Public Health ALLIANCE of Colorado

Don Nease, MD
University of CO-Denver

SNOCAP
State Networks of Colorado Ambulatory Practices & Partners

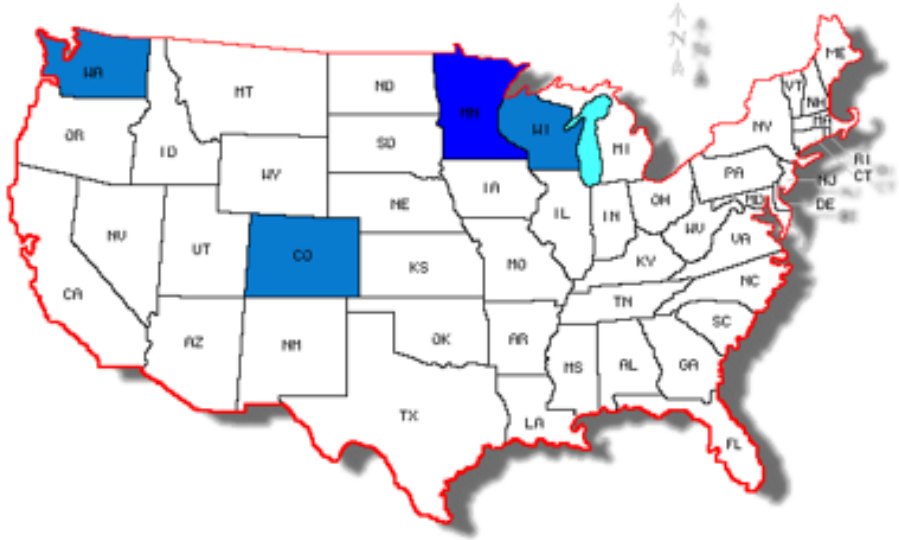
Wisconsin

Susan Zahner, DrPH, RN
Tracy Mrochek, MPH
University of WI-Madison

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

David Hahn, MD, MS
University of WI-Madison

Wisconsin Research & Education Network



Conducted 40 interviews with local public health and primary care

Surveyed public health and primary care leaders in all local jurisdictions

Key findings

Dialogue

Action

Research Questions

- How does the degree of integration between PC and PH vary across local jurisdictions?
- Which barriers to PH-PC integration are most problematic?
- Does this differ based on PH vs. PC perspective?
- How might local PH and PC entities take action to promote their level of integration and overcome such barriers, while grounded in a practice-based perspective?

Survey Implementation

-Sample drawn from:

241 LHD jurisdictions in 4 states (CO, MN, WA, WI)

LHD directors and PC leaders

-Respondents

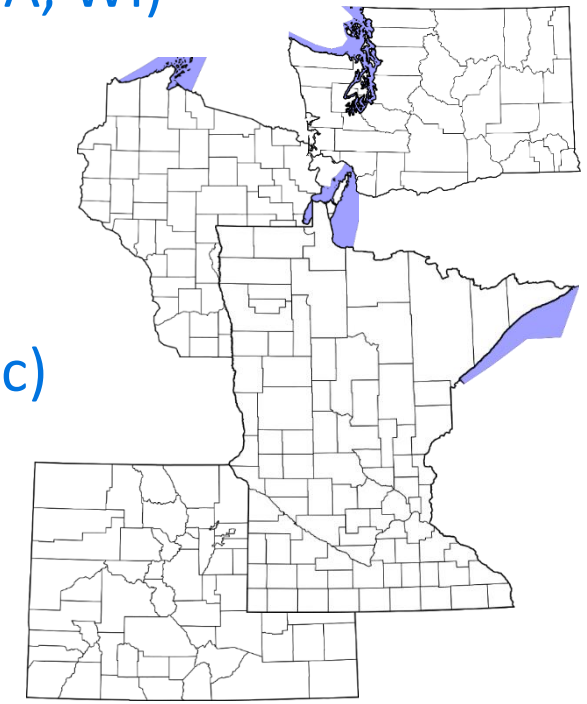
193 PH (80%)

128 PC (31% overall, 50% geographic-specific)

-Questions

38 online items

Collaboration factors from each perspective



*Primary care survey oversampled jurisdictions to increase overall jurisdiction-specific response rates

Methods

- Frequency distributions of response options for PH & PC separately
- Created PC/PH dyads in jurisdictions with at least 1 respondent in each
  - 71 dyads across the 4 states
- Examined % agreement & correlation of responses between PC & PH within dyads
- Used PH, PC, & PC/PH dyad sets to examine distribution of jurisdictions within the multi-dimensional model of integration

Assigning Jurisdictions to Multi-Dimensional Model

- Questions assigned to “Foundational” or “Energizing” Characteristics.
- Responses to those questions were
  - assigned values
  - used to calculate scores
- Score distributions were assigned cut-points for jurisdictions placement in 1 of 4 quadrants

Jurisdiction Descriptions

Jurisdiction Characteristics	Full Set (n=241)	PH Only (n=193)	PC Only (n=128)	PC-PH Dyad (n=71)
Population Size				
Less than 50,000	64.2%	64.8%	44.0%	47.9%
50,000-100,000	16.5%	16.1%	12.8%	14.1%
Greater than 100,000	19.3%	19.1%	43.2%	38.0%
% Poverty				
Less than 10.9%	35.4%	33.2%	28.9%	36.6%
11-14.9%	38.3%	38.3%	39.1%	28.2%
15% or higher	26.3%	28.5%	32.0%	35.2%
% Non-White				
Less than 5%	39.9%	39.9%	35.2%	28.2%
5.1-8.9%	31.3%	31.1%	24.2%	40.9%
9.0% or higher	28.8%	29.0%	40.6%	31.9%

What did we learn?

- Some aspects of partnership build and maintain **foundations**
- Some **activities** raise energy and action.
- **Satisfaction** is not the same as **action**.
- Agreement that **collaboration is important**.
- There is a need for a more **dynamic model** to describe partnerships.
- Integration is likely **not linear**.

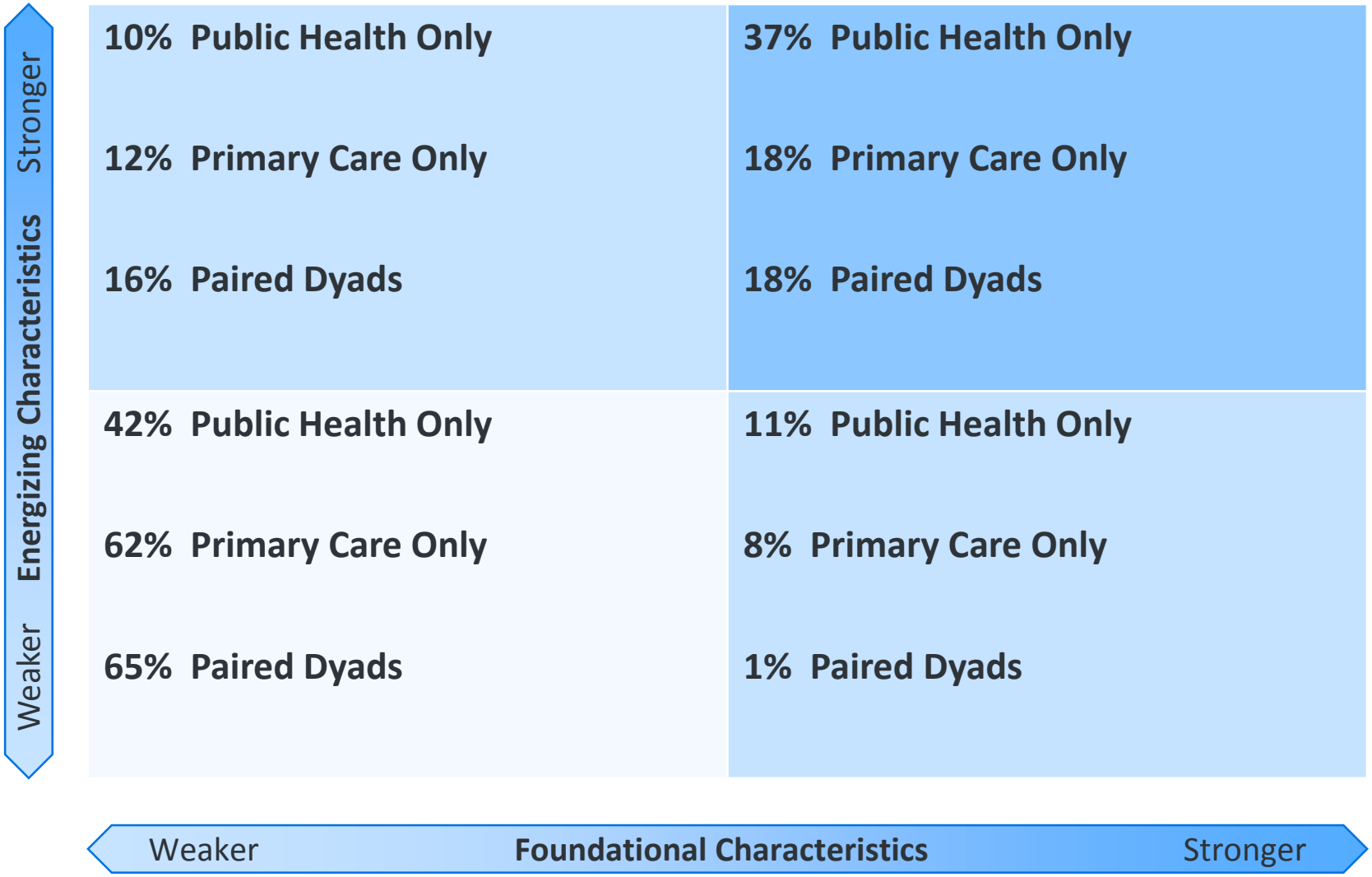
Collaboration Framework

Weaker **Energizing Characteristics** Stronger

• Come together for specific clients or projects, or to address a crisis • Have MOUs, contracts, and other formal structures • Leadership directs work • Lack shared vision, mutual trust, respect, and value	• Work together is ongoing • Shared vision, mutual trust, respect, and value • Formal structures in place • Shared data and information • Adequate staffing or financial commitment
• Rarely come together around projects or clients • Inadequate staffing or financial commitment • Few formal structures support working together • Lack shared vision, mutual trust, respect, and value	• Shared vision, mutual trust, respect, and value • Supportive leadership • Few formal structures in place • Inadequate staffing or financial commitment

Weaker **Foundational Characteristics** Stronger

Collaboration Framework



Variation in Jurisdiction Assignment

- PH only has closest relationship to self-rated degree of working relationship for both PH & PC respondents separately
  - LHD directors may be better positioned to reflect on working relationship given their broad community role
  - More variation in roles represented in PC

- PH jurisdiction profile most similar to entirety of potential jurisdictions across the 4 states

- Distribution likely falls somewhere in between PC & PH only distributions

- Both perspectives important & valuable

Quadrant Characteristics (PH Data)

	Low Foundation/ Low Energy	High Foundation/ Low Energy	Low Foundation/ High Energy	High Foundation/ High Energy
LHD Structure				
Stand-Alone	61%	**82%**	45%	**68%**
Within Agency	39%	**18%**	55%	**32%**
Jurisdiction Type				
Single County	60%	82%	**55%**	73%
Multi-County	26%	18%	**40%**	21%
City/County	3%	0%	5%	1%
City	10%	0%	0%	4%
Population Size				
<50,000	62%	73%	65%	65%
50,000-100,000	25%	4%	15%	10%
>100,000	13%	23%	20%	25%

Quadrant Characteristics (PH Data)

	Low Foundation/ Low Energy	High Foundation/ Low Energy	Low Foundation/ High Energy	High Foundation/ High Energy
Number of Practices in Jurisdiction				
1-4	46%	55%	35%	46%
5-19	38%	23%	45%	39%
20+	16%	22%	20%	14%
PH Approach				
Consistent across Clinics	23%	41%	20%	**40%**
Generally same	48%	32%	40%	**44%**
Varies widely	29%	27%	40%	**16%**

Key Barriers: Partnership-Related

- **Communication**
- Data sharing
- Lack of capacity
- Lack of prior partnership
- Lack of shared priorities
- Not understanding each other

There are some other places, where I think we could just provide better communication with them if we had a way to electronically share information. I think it would enhance our being a part of their team, where they could rely on us for more easy communication.

(CO Public Health)

Key Barriers: System-Related

- Constant change
- Funding environment
- Geographic
- **Primary care context**
- Resources
- Need for systems change

It sure would be nice if the health department had access to all our data, you know, from our health records to run studies to learn more about the health of populations. In our community has I think there are 3 different EHRs in our community. So it's not a simple system thing. If there's somebody in the health department that was, became highly trained in our EHR they could you know help themselves to data and help us too.

(WA Primary Care)

Taking Action: Foundational Capacity

- Connect on key programs with existing resources to build relationships & understanding
- Support PH as “neutral convener”, regional focus
- Support mission & priorities of PC
- Develop IT & communication capacity
- Leader commitment

Taking Action: Energizing Capacity

- Aligned goals and activities (strategic planning/community assessment)
- Engage in joint program/project opportunities to build relationship & understanding
- Frequent [bilateral] communication
- Share resources/staffing
- Innovation/EBP projects

Taking Action: Stakeholder Perspectives

- Need consistency with people/partners
- Align health goals with partners
- Joint grant proposals
- Joint work on CHA/CHIP
- Regional approaches
- Dedicated funding/incentives/cost sharing models
- Tool Kit of ideas

Conclusions

- Both sectors value working together,
  - …but unclear regarding next steps towards building relationships

- Paradigm conflict
  - PH more likely to report a stronger working relationship
  - Neither group reports high levels of working together
  - Both report being satisfied

- PH more traditionally grounded in community outreach & coalition- building,
  - PC may see value in the partnership as they continue to identify shared priorities

Limitations

- Difficulty in engaging primary care respondents from a wider breadth of local health jurisdictions
- Interviews focused on local jurisdictions where investigators knew at least some collaboration existed; may have missed additional issues that would have been raised in jurisdictions with little or no collaborative work
- Interview times were limited; may have missed important modifiable barriers

Implications for Policy & Practice

- Evidence-building for overcoming barriers (foundational and energizing)
- Evidence-building about the return on investment of greater integration and more collaboration
- Policy, incentives (funding) supporting more collaboration & integrating activities
- Attending to primary care and public health contexts and limitations
- Continued development of information technologies and information sharing
- Leader development for collaboration

Next Steps

- Study complete in fall 2016
- Continued focus on translation and dissemination activities
- Considering future research questions that could go beyond PC-PH sectors to engage other community partners
- Role of our developing Tool Kit and other existing tools that could be used to build PC-PH relationships, as well as with other sectors

For More Information

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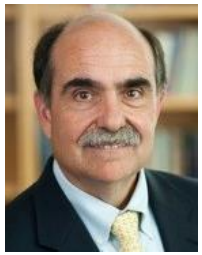
Research Findings: Search for:
Measuring Variation in the Integration of Primary Care and Public Health: A Multi-State PBRN Study of Local Integration and Health Outcomes

Project Updates

go to: http://www.publichealthsystems.org/projects/measuring-variation-integration-primary-care-and-public-health-multi-state-pbrn-study-local

Commentary



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- *Citation: Kania J, Kramer M (2011). Collective Impact. Stanford Social Innovation Review, 9(1): 36-41.*

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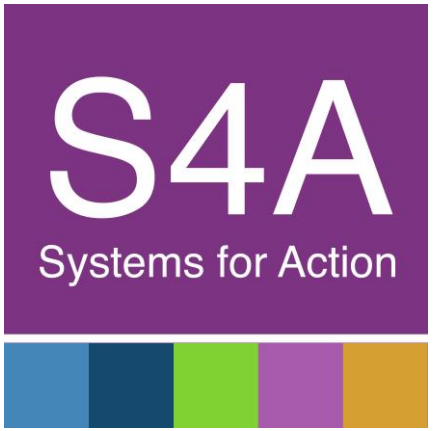
Questions and Discussion

- Resource: Canadian Public Health & Primary Care Collaboration Toolkit *http://www.toolkit2collaborate.ca*

Webinar Archives & Upcoming Events

go to: http://www.publichealthsystems.org/phssr-research-progress-webinars

Thank you for participating in today's webinar!



For more information about the webinars, contact:

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Speaker Bios

Elizabeth Gyllstrom, PhD, MPH, is a Senior Research Scientist in the Public Health Practice section, Health Partnerships Division, Minnesota Department of Health (MDH). Trained as an epidemiologist, she has extensive experience working with state and local public health data. Previously, Dr. Gyllstrom worked in the MDH Center for Health Statistics, with a focus on maternal and child health research. She has been the Principal Investigator (PI) or co-PI of several public health services and systems research studies and staffs the Minnesota public health practice-based research network (PBRN).

Rebekah Pratt, PhD, is a faculty member in the Department of Family Medicine and Community Health at the University of Minnesota. Dr. Pratt is a community psychologist and works in the area of public health approaches to mental health. She has extensive experience in conducting qualitative and mixed methods work in health services research. Her work explores making important linkages between qualitative and quantitative data sets, which offers an important contribution to work that considers both the process change, the impact of interventions, and the interactions between both process and outcome orientated data. She is an expert and trainer in NVivo 10, software to facilitate qualitative data analysis, and has additional expertise in the areas of health disparities, multi-morbidity and complexity.

Michael A. Stoto, PhD, a Professor of Health Systems Administration and Population Health at Georgetown University, is a statistician and health services researcher. He also holds faculty appointments in the Department of Family Medicine, where he is the Associate Director of the Population Health Scholars Program, and the Georgetown University Law Center. Dr. Stoto is an expert on public health systems research (PHSR), applying and developing rigorous mixed-methods approaches to studying and evaluating federal, state, and local public health systems. His recent PHSR work has focused on public health emergency preparedness, regionalization in public health, the evaluation of biosurveillance methods, and the development of methods for assessing emergency preparedness capabilities based on exercises and actual events. Dr. Stoto's work in population health and public health assessment includes developing methods for evaluating community health assessments and performance measures to help hospitals, and state and local health departments in the Washington DC metropolitan area develop community health needs assessments.

Alexander Brzezny, MD, MPH, FAAFP, has served as the Health Officer for the Grant County Health District, Washington since 2001 and is a family medicine physician in Ephrata, Washington. His experience includes that of European healthcare and public health systems and other international experiences, including a visiting study at the University of Iceland and University of Minas Gerais, Brazil.