Public Health and Primary Care: Where have we been and where are we going?

Minnesota Public Health Association Annual Meeting & Conference
April 19, 2017

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Session Objectives

• Learn about the history of the relationship between public health and health care in Minnesota

• Explore findings from a recent study of public health-primary care collaboration

• Engage in a discussion about action steps needed to support more public health-primary care collaboration across Minnesota, now and into the future.
Public Health and Healthcare

Looking Back
Dr. Charles Hewitt: Early in his career in Red Wing

“As Hewitt walked the streets, his sharp eyes picked out piles of decaying rubbish. He saw butchers casually slaughtering hogs and cattle with disregard for cleanliness. Behind homes stood squalid lines of privies. Sometimes a well stood perilously close to refuse pits. Farmers came in with gashes on hands and arms, which had been smeared with mud or manure. It seemed to Hewitt that people were far more intent upon taking up land and working it than upon sanitation and careful treatment of their bodies.”

The People’s Health, Philip Jordan, page 132
Dr. Bessie Park Haines to President McKinley in 1898

“Mr. President, When you called for 3,000 men from the State of Minnesota, she gave her bravest and her best. Those boys are now sick and dying in camp .... and the mother heart of Minnesota pleads through me that she may care for her own. "
Bayes Theorem – states that the probability of an individual event is “conditioned” by the probability of that event occurring in the population.

\[ P(A/B) = \frac{P(B/A) \times P(A)}{P(B)} \]

A = an individual event
B = probability of that event in the population
Continuum of Organizational Relations

1) Conflict
2) Tolerance
3) Partnership
4) Integration
“Medicine is a special kind of love.”

Rachel Naomi Remen, MD

Kitchen Table Wisdom, 1994
“Public health is a special kind of justice.”

James F. Hart, MD

April, 2017
Primary Care & Public Health

Four-state, practice-based research study
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?
Conducted 40 interviews with local public health and primary care leaders in all local jurisdictions.

Key findings:

Dialogue

Action
Key Qualitative Findings

• Several informants spoke of familiar relationship constructs—such as mutual trust/respect, importance of ongoing communication, strong leadership and building on existing relationships.

• Yet, although there was buy-in to primary care-public health collaboration in spirit, barriers remain to building these relationships in practice.

• While we see some of the key factors identified in the literature about partnership—in reality at the local level—there is more needed for productive relationships.
Quantitative Survey

**Instrument**

38 item on-line survey  
Collaboration factors from each perspective

**Sample**

241 LHD jurisdictions in 4 states  
LHD directors and PC leaders

**Response rates**

193 PH (80%)  
128 PC (31% overall, 50% geographic-specific)

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

- Relationship of mutual trust exists: 82% Public Health, 73% Primary Care
- Opinions and recommendations respected: 95% Public Health, 79% Primary Care
- Staff knowledgable about building relationships: 81% Public Health, 41% Primary Care
Able to share data electronically?

- Public Health:
  - Standard System: 17.3%
  - Local System: 5.2%
  - No Electronic System: 76.4%
  - I don't know: 1.0%

- Primary Care:
  - Standard System: 11.9%
  - Local System: 5.6%
  - No Electronic System: 57.1%
  - I don't know: 25.4%
Sustainability

Adequate financial resources secured to support joint work:
- Public Health: 10%
- Primary Care: 9%

Believe relationship will carry on even with staff or funding changes:
- Public Health: 69%
- Primary Care: 45%
Self-Rated Relationship Level

**PH**
- Consistently: 13%
- Work Frequently: 28%
- Some Projects: 43%
- Starting, not consistent: 16%

**PC**
- Consistently: 9%
- Work Frequently: 17%
- Some Projects: 38%
- Starting, not consistent: 26%
- Not at all: 10%
Overall Satisfaction with Working Relationship

- Very Satisfied: 13% PH, 18% PC
- Satisfied: 46% PH, 36% PC
- Neutral: 29% PH, 24% PC
- Dissatisfied: 10% PH, 2% PC
- Very Dissatisfied: 1% PH, 5% PC
## Collaboration Framework

### Foundational Characteristics

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<thead>
<tr>
<th>Stronger</th>
<th>Weaker</th>
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<tbody>
<tr>
<td>• Work together is ongoing</td>
<td>• Rarely come together around projects or clients</td>
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<tr>
<td>• Shared vision, mutual trust, respect, and value</td>
<td>• Inadequate staffing or financial commitment</td>
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<tr>
<td>• Formal structures in place</td>
<td>• Few formal structures support working together</td>
</tr>
<tr>
<td>• Shared data and information</td>
<td>• Lack shared vision, mutual trust, respect, and value</td>
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<tr>
<td>• Adequate staffing or financial commitment</td>
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### Energizing Characteristics

<table>
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<tr>
<th>Stronger</th>
<th>Weaker</th>
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<tr>
<td>• Shared vision, mutual trust, respect, and value</td>
<td>• Lack shared vision, mutual trust, respect, and value</td>
</tr>
<tr>
<td>• Supportive leadership</td>
<td>• Few formal structures in place</td>
</tr>
<tr>
<td>• Few formal structures in place</td>
<td>• Inadequate staffing or financial commitment</td>
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10%
Making Connections—Strategies

- Organize & Prepare
- Plan & Prioritize
- Implement
- Monitor & Evaluate
- Sustain your Project

https://www.practicalplaybook.org/

Building Foundational Capacity

- Connect on key programs with existing resources
- Support PH as “neutral convener”
- Identify areas of synergy—what are areas of mutual high priority?
- Create ongoing communication channels
- Align leadership—beyond just the scope of a specific program—clarify roles, ensure accountability, and the capacity to initiate and manage change
Building Energizing Capacity

- Aligned goals and activities
- Use of EHR with a population focus
- Create formal structures and agreements
- Share resources/staffing—jointly-funded FTE?
- Community engagement—beyond primary care & public health
- Training programs focus more on cross-sector collaboration
Questions?
Discussion Questions

• What surprised you from the study findings? Why?

• What strikes you as most feasible for moving public health and healthcare collaboration forward?

• While financial sustainability is important, are there action steps that could be taken without additional funding?

• As you imagine the possibilities for public health-health care collaboration—dream big—what could it look like? What would it take to get there?
Acknowledgements

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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