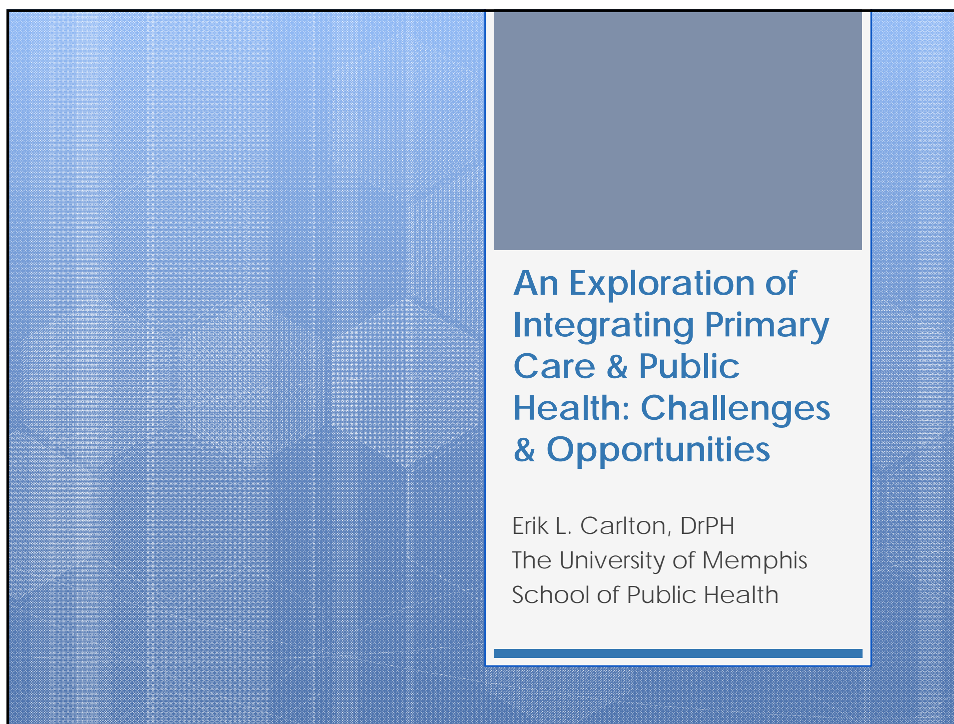
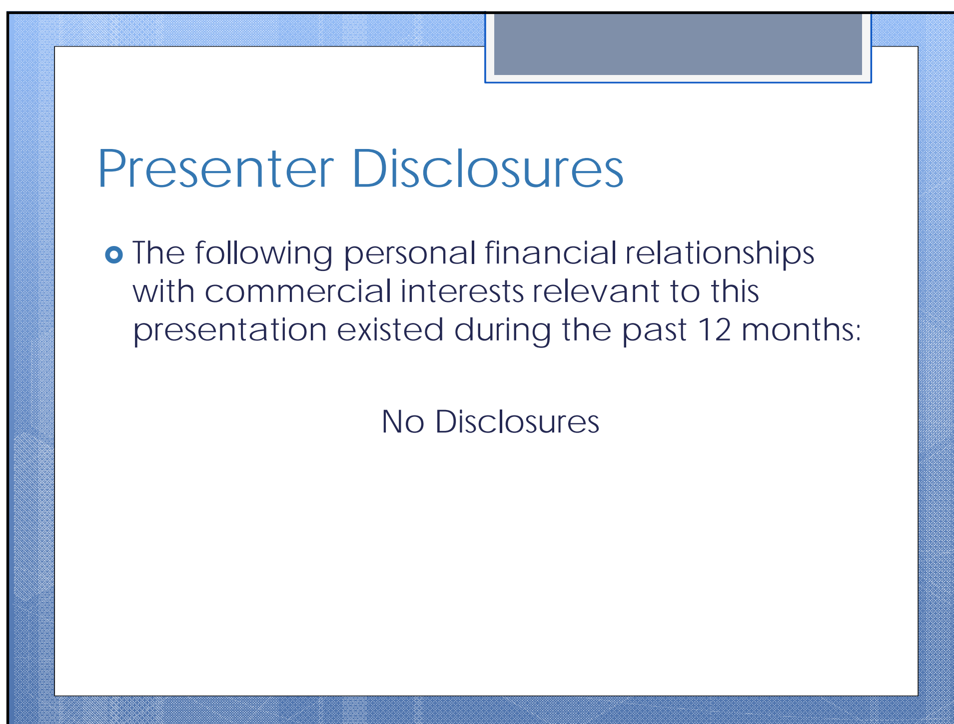

An Exploration of Integrating Primary Care & Public Health: Challenges & Opportunities
Erik L. Carlton, DrPH
The University of Memphis
School of Public Health


Presenter Disclosures
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:
No Disclosures

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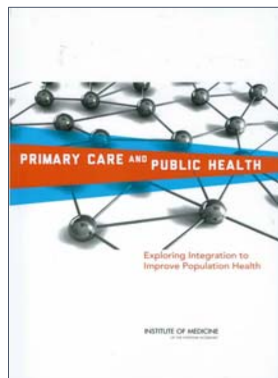
- Additional support provided by The University of Memphis School of Public Health

"A major deterrent to our efforts to fashion health care that is efficient, effective, comprehensive, and personalized is our lack of a design for the synergistic interrelationship of all who can contribute..."

Source: Institute of Medicine (1972). Educating for the Health Team. Washington, DC: IOM.

Focus on Integration

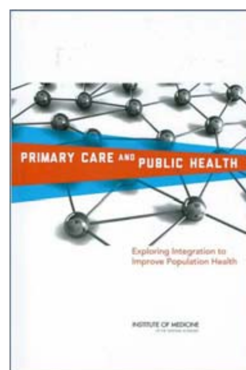


National Academy of Sciences (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: NAP.

American Journal of Public Health vol. 102 (s3), June 2012 Integrating Primary Care & Public Health

IoM Report: Pub. Hx & Pri. Care

- Integration Principles
  - Shared Goal of Pop. Hx
  - Community Engagement
  - Aligned Leadership
  - Sustainability
  - Data Sharing/Analysis



Source: National Academy of Sciences (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: NAP.

Defining Integration

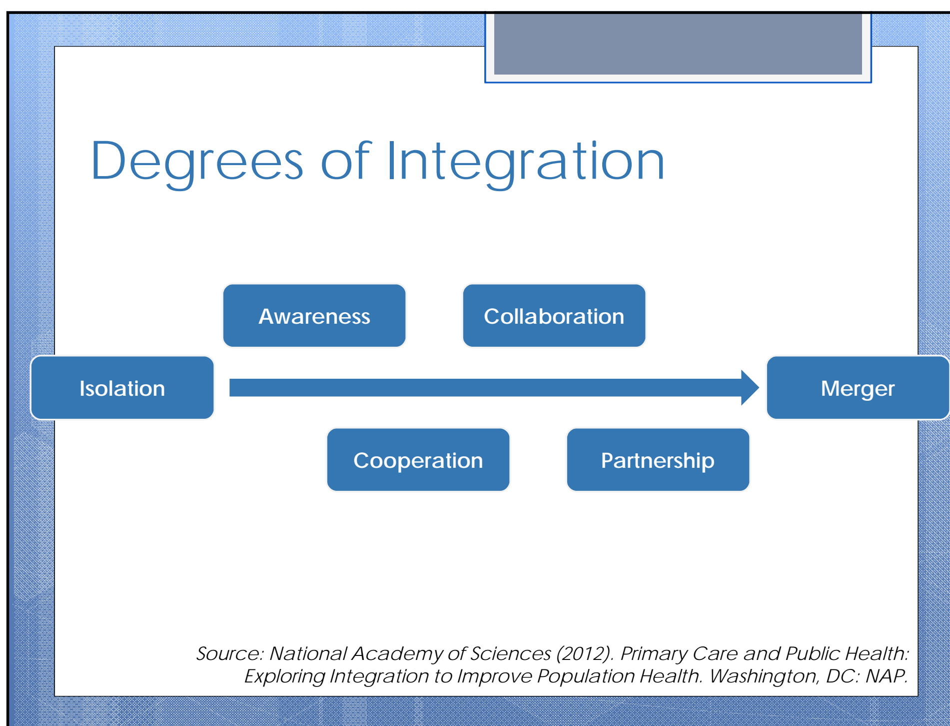
- “The linkage of programs and activities to promote overall efficiency and effectiveness and achieve gains in population health.”

Source: National Academy of Sciences (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: NAP.

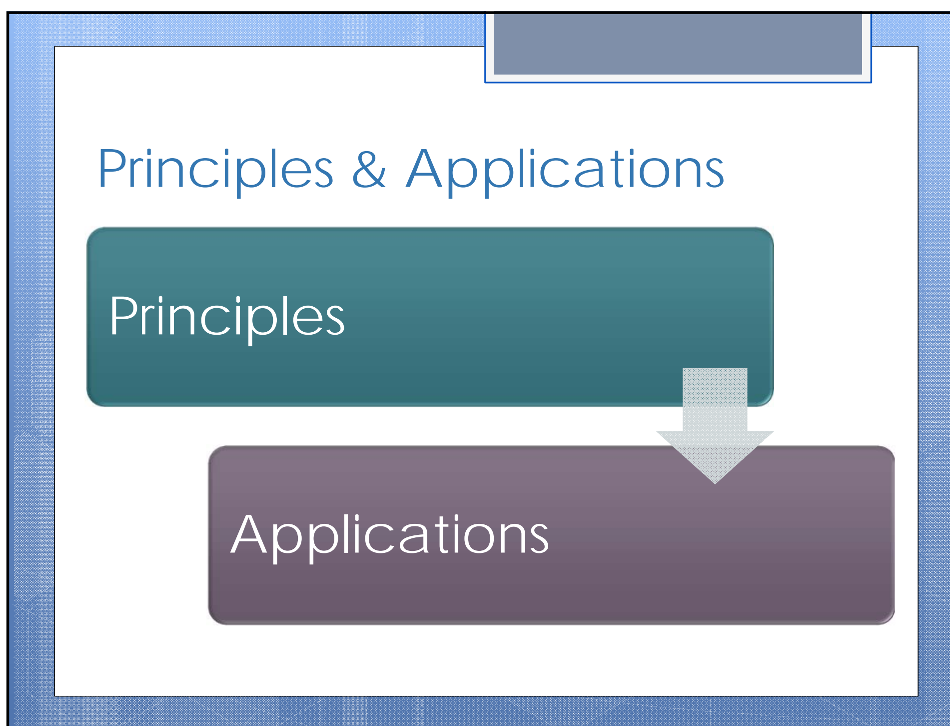
Types of Integration

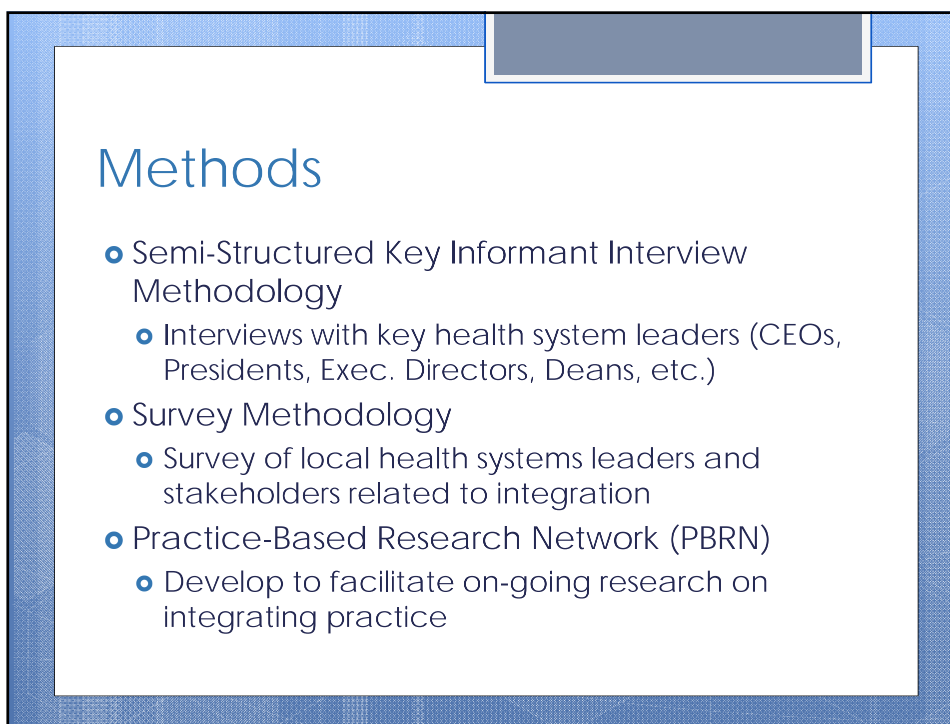
Levels	Partners	Actions	Degree
• National • State • Local	• Specific to Level	• Programs • Activities	• From Isolation to Merger

Source: National Academy of Sciences (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: NAP.


Degrees of Integration
Awareness
Collaboration
Isolation
Merger
Cooperation
Partnership
Source: National Academy of Sciences (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: NAP.

PHSSR Research Agenda
What conditions and strategies facilitate productive interorganizational relationships and patterns of interaction among organizations that contribute to public health strategies at local, state, and national levels?
Source: American Journal of Preventive Medicine, vol. 42(5) suppl. 1 (May 2012), An agenda for public health services and systems research.


Principles & Applications
Principles
Applications


Methods
Semi-Structured Key Informant Interview Methodology
Interviews with key health system leaders (CEOs, Presidents, Exec. Directors, Deans, etc.)
Survey Methodology
Survey of local health systems leaders and stakeholders related to integration
Practice-Based Research Network (PBRN)
Develop to facilitate on-going research on integrating practice

Methods – Initial Findings

- **Semi-Structured Key Informant Interview Methodology**
  - **Interviews with key health system leaders (CEOs, Presidents, Exec. Directors, Deans, etc.)**
- Survey Methodology
  - Survey of local health systems leaders and stakeholders related to integration
- Practice-Based Research Network (PBRN)
  - Develop to facilitate on-going research on integrating practice

Methods – Initial Findings

- Current Sample
  - Hospital, health department, and health-oriented community non-profit executives (to date, n=12)
  - One urban county
- Participants:*
  - Current/former hospital/healthcare executives: 5
  - Former state health commissioners: 2
  - Public health/non-profit healthcare executives: 4
  - Current/former physicians: 6

** Note: Some participants met more than one of these categories.*

Methods – Initial Findings

- Qualitative Rigor
  - Code-Recode Procedure
  - Member Checking

Initial Findings

- Emergent Themes (noted by at least 9 of the 12 participants):
  - Finding safe, shared, & targeted issues to tackle together
  - Building on current/past successes
  - Role of payers/business
  - Time to train and re-train
  - Market forces, including ACA, as key drivers
  - Strong convening agency

Safe, Shared, & Targeted Issues

- More bridges between systems
- Finding the common denominators
- Leveraging shared poor performance

"Why are we competing on this? No one is doing a particularly stellar job."
(re: rational for hypertension collaborative)

Building on Success

- Infant Mortality
  - Early Success Coalition & Breast Feeding Coalition
- Domestic Violence
  - DV Coalition
- End-of-Life Care
  - Shared data, inter-organizational training/support
- Hypertension
  - Hypertension Collaborative

Role of Business/Payers

- Engaging business community and payers is critical
- Larger, non-health market voice
- Fundamental incentive for improvement/change

"We need greater investment. We're still dependent on the goodwill of a lot of people, and I don't know how long we can maintain that."

Time to Train & Re-Train

- Educational model creates different languages, values, perspectives

"Public health has never been the role of the hospitals. In medicine, you're not trained to think that way and, certainly, it's just not how the system is structured."

"We're simply not trained to work across the divide."

Market Forces

- Role of incentives and disincentives in driving private sector collaboration
- Competition breeds dissent and slows process
- Need investment in population health
  - "A substantial pool of investment beyond traditional governmental public health."
- Making room for innovation in healthcare and public health services delivery

Role of the Convener

- Will the new SPH help accelerate?
- Potential for a public/population health institute
- Existing health-oriented groups
  - Business Group on Health
  - Aligning Forces for Quality project
  - IHI Triple Aim project

Role of the Convener

- Role of Health Department
  - "The Health Department has statutory responsibilities that transcend economics and other factors. For others, it's their choice to make a difference."

"We're trying to convene healthcare giants with miniscule resources."

Current Limitations

- Small sample size (n=12)
  - Saturation likely close, but not yet achieved
  - 10+ additional interviews are targeted
  - Member checking procedure incomplete
- Quantitative (survey) data not yet available
  - Expected sample 100+
- Focus on one urban county
  - Generalizability of findings?

Initial Implications

- Enhance public health and medical training with shared language of population health
- Build on existing and past successes
- Target issues with shared potential to gain small wins
  - Shared goal of population health starts with a shared goal for one health outcome

Initial Policy Implications

- Prioritize community issues
- Facilitate role of business/outside stakeholders
- Develop shared educational opportunities
- Use incentives/disincentives to encourage hospital participation in population health issues
- Develop & support convening agency function
- Strengthen governmental public health

Next Steps

- Complete broader survey & further interviews
- Develop PBRN

- Future studies:
  - Explore PHSS factors: Role of strength of health department, health department financing, etc.
  - Impact of incentives/disincentives
  - Educational innovations

Some Final Perspective

"At some level, we have both a moral and an economic imperative to change how the system works: An **economic imperative** to save money, reduce costs and waste.; and a **moral imperative** to both save lives and improve health…

"Those with a **democratic imperative** for a given population must own it."

- From one hospital president

Contact Information

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Thank You!