

## **Impacting Population Health: A Statewide Conversation Executive Summary and Report of Activities**

Many national and regional organizations are discussing strategies to improve health through increasing collaborative relationships between public health and those providers of medical, hospital, behavioral health, and social services that are entry points for care. In Kansas, a series of meetings was convened during the summer of 2013, at which representatives of a multiple healthcare sectors engaged in discussions around opportunities and challenges in this effort.

Generally, it has been suggested that successful models of integration should share a common goal of improving population health, involve the community in defining and addressing needs, rely on strong leadership across disciplines, and share data and analysis.

Goals of the Kansas events were to:

- Provide information about potentials in cross-sector collaboration
- Explore current integrated delivery system examples
- Discuss perceived opportunities and barriers

The project was led by staff from the Kansas Department of Health and Environment (KDHE) in collaboration with representatives of the Kansas Hospital Association (KHA), the Kansas Association for the Medically Underserved (KAMU), and the Kansas Association of Local Health Departments (KALHD).

The initial “state summit” event, held on June 11, 2013, brought together state-level representatives of public health, healthcare, and other affiliated organizations. Subsequently, seven regional “listening sessions” were convened across the state from June 26 through August 19, 2013, in the cities of Wichita, Chanute, Garden City, Salina, Colby, Topeka, and Kansas City. At these regional meetings, attendees included local and regional representatives from hospitals, primary care clinics, public health agencies, elected officials, educational institutions, and many other organizations. Discussions at all meetings centered on evidence of local integration efforts, perceived challenges, and identified opportunities.

Detailed notes and feedback comments were captured from each session and highlights are provided in this report.

The project events were conducted with funding provided from the KDHE State Office of Rural Health and the Center for Performance Management, and from the REACH Healthcare Foundation\*.

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\* Project funding was provided in fulfillment of grant expectations of the State Office of Rural Health Grant (H95RH00109) awarded from the Federal Office of Rural Health Policy, Health Resources and Services Administration. Funding for this project also was made possible by the Centers for Disease Control and Prevention to the Center for Performance Management. The views expressed in written conference materials or publications

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and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Additional funding was provided by a grant from the REACH Healthcare Foundation.

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## **Background Information and Materials**

Elements of each meeting were very similar. At all events, invited speakers delivered contextual information to attendees on the topic, followed by facilitated discussions. Attendees received topic-related hard copy materials; in particular, a copy of the Institute of Medicine 2012 Report Brief, *Primary Care and Public Health: Exploring Integration to Improve Population Health* (available at <http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx>). The report defines stages of a continuum of integration; these terms were used as both visual prompts and as discussion guides.



Figure from IOM report, 2012, *Primary Care and Public Health: Exploring Integration to Improve Population Health*

## **Attendees**

In order to recruit broad representation from identified organizations or sectors, individual invitations were issued for the state summit. Regional meetings were advertised broadly and attendees were recruited from community, healthcare, and public health organizations.

<b>Attendees</b>	
State or Regional partner organizations	63
Local Health Departments (representing 42 county health departments)	63
Hospitals	57
Clinics, Health Centers	41
State Health Agency (KDHE)	26
Academia/Schools	24
Federal, State or County elected or appointed	10
Other (not specified)	2
<b>Total</b>	<b>286</b>

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## Facilitated Discussions

### **Barriers and Opportunities**

Attendees were asked to work in small groups and were posed a set of discussion questions, as noted below. For this report, responses are grouped in themes for each question.

#### **What are the barriers to integration?**

- **Fears** – change, economic losses, loss of control, distrust of government
- **Resources** – silo-funding, lacking funding for community health education, less money than in other states, competition
- **Language/culture** – primary care speaks the competitive/private language, public health talks about shared resources and government provision
- **Perception** – primary care is more important than public health
- **Tradition** – a sense that we are stuck in in the current paradigm
- **System** – policy and organizational barriers, lack of broad understanding of health system

#### **What are the opportunities for integration?** (nearly 50 ideas were generated)

- **Payment** – for value, not volume; reimbursement incentives
- **Specific Projects** – collaborations were shared that described work built around Community Health Needs Assessment (CHNA) & Community Health Assessment/Community Health Improvement Plans (CHA/CHIP), Emergency Preparedness, fall prevention programs, local health department chronic disease management programs, prenatal and new parent education and infant programs
- **Policy** – remove statutes that impede integration, create statutes that support it
- **Education for Providers** – interdisciplinary curriculum and focus on addressing “systems perspectives”
- **Education** – for elected officials
- **Share** – enhance community connections, build on existing networks

#### **What would it take to overcome barriers, especially in Kansas?**

- Align economic interests for all parties
- Develop shared goals and results (data and evidence)
- Improve understanding of the roles in the system
- Focus attention on customer experience; what’s best for patients, clients, community
- Develop and distribute innovation grants
- Identify champions
- Convene regular conversations to enhance communications between all sectors

#### **What have you learned that you could take away and apply in other situations?** (nearly 70 ideas were shared)

- Funding and regulations are powerful influencers of action that has already resulted in integration, examples: preparedness, immunizations, maternal child health
- Measurable results matter
- Be persistent

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- Fear holds people back
- Proximity matters for collaboration
- It starts with communication
- Important that integration should not mean losses of jobs or identity

## Examples of Integration

At the statewide summit and regional listening sessions, participants listed and described examples of integration of primary care and public health. They then defined each effort on the IOM continuum of integration, referenced in this document, ranging from isolation to merger. Continuum labels are designated in the list below in brackets [ ]. This themed list represents just some of the efforts mentioned, selected from the over 125 examples that were discussed. The list is intended to represent and reflect the diversity of activities shared at the meetings across Kansas. Note that listed activities were transcribed from flipchart notes and details; description accuracy may not be fully accurate.

### Efforts related to CHA/CHIP/CHNA:

- Work has been extensive in communities and regions across Kansas
- In many communities, local health departments and hospitals have done this work

### Efforts related to emergency preparation or disaster planning:

- **Wichita County Health Services – emergency preparedness.** Includes hospital, local health department, Local Emergency Planning Committee (LEPC), emergency management, county commission, schools [collaboration]
- **Thomas County and Citizens Medical Center – emergency preparedness.** Development of response plans, execution of drills, and multi-disciplinary collaboration for all hazards. Participation from hospital, Emergency Medical Services (EMS), law enforcement, health, fire department, healthcare providers, pharmacist, emergency preparedness director [collaboration]
- **McPherson and Saline County – disaster planning.** Planning and drills at hospital and at county health departments [mutual awareness  $\leftrightarrow$  collaboration]

### Efforts related to health information sharing:

- **Kansas Health Information Network (KHIN).** [merger of all health providers]
- **WebIZ.** [collaboration]
- **Western Kansas Frontier Information Network.** [cooperation and collaboration, working towards partnership]
- **Health Information Organizations (HIOs).** Provides the ability to share specific data. Two are operating in Kansas with bordering states [cooperation]

### Efforts related to community health coalitions:

- **Project 17.** Multi-organizational and diverse effort underway to improve health in 17 counties of southeast Kansas [collaboration]
- **Finney County Health Coalition.** [collaboration]

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- **Thomas County Health Coalition.** [collaboration]
- **Pawnee County Community Health Organization.** Organizations working together to save the community hospital [ongoing cooperation]

### Efforts that are statewide:

- **Count Your Kid In/Tiny K, Tiny Tots.** Statewide program in each county; health departments, schools, mental health providers, dentists, and other providers referring for screening [collaboration]
- **KDHE Bureau of Community Health Systems – Trauma Program.** Statewide partnership network between public and private organizations to address the treatment and survival of critical injuries throughout the state. [partnership]

### Efforts related to immunization:

- **Montgomery County – immunizations.** Local health department referring to hospital [collaboration]
- **Oswego Community Hospital and the school system share a nurse** to administer vaccines and schedule follow up appointments and physicals [cooperation]
- **Sedgwick County** develops and presents a unified message through school-based vaccination clinics, local health department services, Federally Qualified Health Centers (FQHCs), and outreach to the public [partnership]
- **Multistate immunization collaborative – Arkansas, Missouri, Kansas, Oklahoma.** Engaged & set up structures to foster communication and assure immunizations in southeast Kansas, where rates are the lowest in state [mutual awareness to cooperation and joint planning]
- **Riley County Health Department, Franklin County Health Department, and schools.** Increasing vaccination rates in school-aged students in combination with central enrollment [collaboration]

### Efforts related to maternal and child health:

- **Fetal Infant Mortality Review** in Sedgwick, Shawnee, Wyandotte, and Geary counties with focus on population health and improving birth outcomes [between collaboration and partnership]
- **Thomas County Health Department and Citizens Medical Center** provide childbirth education along with breastfeeding and immunization promotion [cooperation]
- **Johnson County prenatal programs.** Johnson County Health Department in collaboration with University of Kansas Medical Center providing service to clients without insurance, low-income (Collaboration)
- **Saline County prenatal education program.** Salina County Health Department integrates prenatal education classes (“Becoming a Mom”) into prenatal services in the Salina Family Health Center with recent expansion to include women in other obstetrical practices in the area. [partnership with FQHC; collaboration with other primary care providers]
- **Geary, Saline, Shawnee, Sedgwick “Becoming a Mom” prenatal classes.** Community collaborative in counties to provide enhanced prenatal care and services. Includes FQHCs, obstetrical practitioners, local health departments, hospitals, EMS, transportation, KDHE, March of Dimes, United Way [collaboration]

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- **Wyandotte County Family Planning.** Team-based care and expedited Medicaid eligibility through Health Department Prenatal Clinic partnership with Department of Children and Families. (cooperation & co-location)

### Efforts involving co-location:

- **Reno County Health Department, Prairie Star Clinic (FQHC), and Horizon (Mental Health Center)** developing integration of service models [collaboration and partnership]
- **Swope Health West (FQHC) and Wyandotte County Health Department.** Health department provides expertise on sexually transmitted disease (STD) education and treatment, women's health, prenatal education, lab work, disease intervention and screening, treatment, case follow up and contact follow up; clinic refers patients [collaboration]
- **Health Partnership Clinic, Johnson County WIC, HeadStart.** Provide comprehensive dental services, education, and medical serves to early childhood programs/maternal child [collaboration and partnership]
- **Ellis County Health Department, Hays.** Developing plans for a dental hygienist to provide service at the WIC clinic. FQHC provides staff and bills for service, local health department provides space and clientele [cooperation]
- **Konza Prairie Community Health Center & Riley County Health Department.** Co-located dental services [mutual awareness & cooperation]
- **Cheyenne County Hospital, Cheyenne County Health Department & Rural Health Clinic.** Co-located services [merger]
- **Lyon County – FQHC & local health department.** Public health services are provided on contract by the FQHC and services for primary care, dental, behavioral, WIC, public health, emergency preparedness, and others are co-located [merger]
- **Harvey County – Prairie View, Inc., Harvey County Health Department, and Health Ministries (FQHC).** Currently working to remodel a facility to co-locate services of three agencies [mutual awareness but inching towards cooperation]
- **Wellness Center: Hill City, Hoxie, Sheridan, Graham County.** Fitness center located in hospital basement, free access to community members. Partners include county economic development, recreation commission, hospital [collaboration]

### Efforts involving primary care in school settings:

- **Wichita.** Three community health centers, USD 259, and Sedgwick County Health Department share resources and staff to provide dental sealants for school children at school during the school day. (collaboration)
- **Coffeyville.** Mental health, schools, and FQHC are working together to provide behavioral health services onsite to students during the school day. [partnership]
- **Barber County.** Dental screenings are provided in the schools by staff from Grace Med (FQHC). [cooperation]
- **Sports physicals in Chanute & Girard.** Primary care providers, schools, hospitals, and Pittsburg State University students work together to offer free or low-cost physicals [cooperation & collaboration]

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- **Bull-Doc Clinic Wyandotte High School.** To provide access to care for high school students in need. Department of Family Medicine (residents), Wyandotte Health Department, Student Health Ambassadors, and clergy [partnership]
- **Growing Ellsworth Strong.** Education and activities to reduce obesity among middle school students. [partnership]

### Efforts related to primary care and behavioral health:

- **Jefferson County.** Primary care and mental health. Partners include clinic staff, a provider from Lawrence, local health department nursing staff. [collaboration]
- **Wichita – Center for Health and Wellness.** FQHC integrated with mental health services and Youthville. [partnership]
- **Swope Wyandotte FQHC and Wyandotte Behavioral Health** [cooperation]
- **McPherson and Saline Mental Health.** Partners include law enforcement, three hospitals, local health department, Central Kansas Foundation. Working together on quality improvement plan and community health assessment [cooperation]
- **Shawnee County – Crisis Intervention Team.** Topeka Police Dept, Shawnee County, Sheriff, Valeo Behavioral Health [collaboration and partnership]

### Other efforts:

- **Logan County Health Department: medicine reconciliation with patients.** Physicians refer patients to local health department, which reconciles medications and orders and fills weekly medicine boxes. Outreach across several counties: Logan, Thomas, Gove. [collaboration]
- **Chronic Disease Self-Management Program in Norton.** Physician recognizes patients who need training in chronic disease management and health literacy and directs patient to local health department. [collaboration]
- **Harveyville / Wabaunsee – Washburn Mobile Medical Care.** Health department, Washburn faculty and students collaborate with City of Harveyville [partnership & collaboration]

## Feedback

Attendees at all regional events were asked to provide feedback at the conclusion of each session.

When asked “which of the following listed benefits of integration would be of value to **primary care**?” Over half of the attendees at every event selected the following:

- Linking patients to resources
- Reducing costs
- Improving health and wellbeing of patients

When asked “which of the following listed benefits of integration would be of value to **public health**?” Over half of the attendees at every event selected the following:

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- Improving population health
- Improving sustainability
- Deepening partnerships

Attendees were asked, in an open-ended question, to provide their opinion of the **benefits** that might come from increasing collaboration. Responses were grouped into four categories and responses were as shown below:

Improved health outcomes for all	79
More effective services that reach more individuals	32
Collaboration and sustainability	18
Leverage resources and reduce costs	15

Again, in response to an open-ended question, attendees gave their opinion of the **barriers** that might occur related to increasing collaboration. Responses were assigned to one of the following categories, with the frequency of responses as follows:

Funding, payment streams and policies	46
Perceived competition, territory	42
Awareness, understanding of roles, lack of supportive structure	35
Infrastructure - time and facilities	13