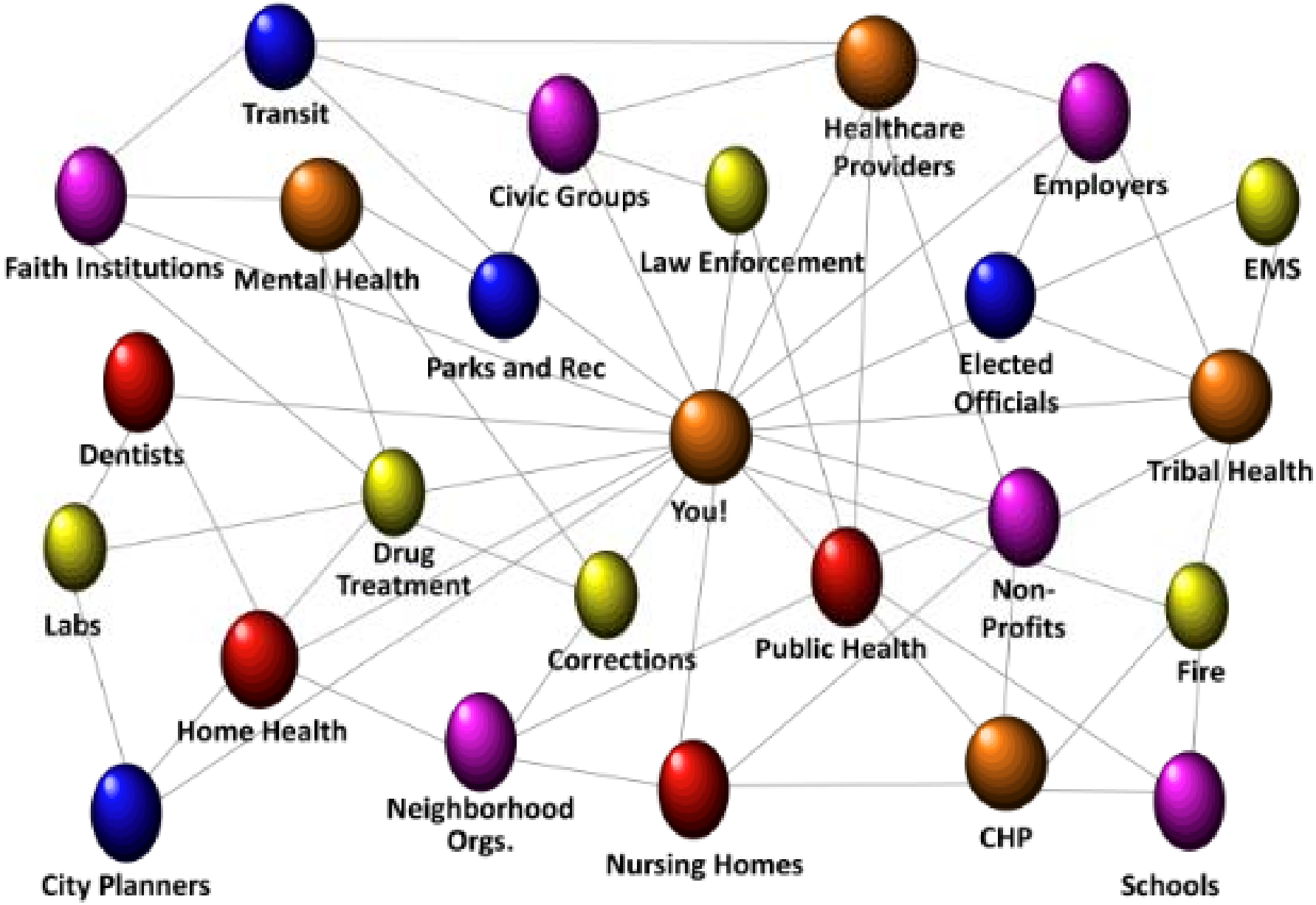
Impacting Population Health

Integration of Primary Care and Public Health

What is Public Health?

- Variety of definitions depending on the context.
  - Public health focuses on
    - populations instead of individuals,
    - prevention, and
    - considers health outcomes in context of the big picture.

Public Health System



Public Health

#4) Essential Public Health Service

- *"Mobilize community partnerships and action to identify and solve health problems."*
- Possible Barriers
  - Limited funds/staff/resources
  - Engaging community partners
    - Hospitals, clinics, churches, community volunteers, law enforcement, other LHDs, etc.

Integration?

- Integration is the framework, not the objective
  - Whatever level is appropriate for a particular project
- Many community partners make up the Public Health System
- Goal is to improve health

Déjà Vu Again

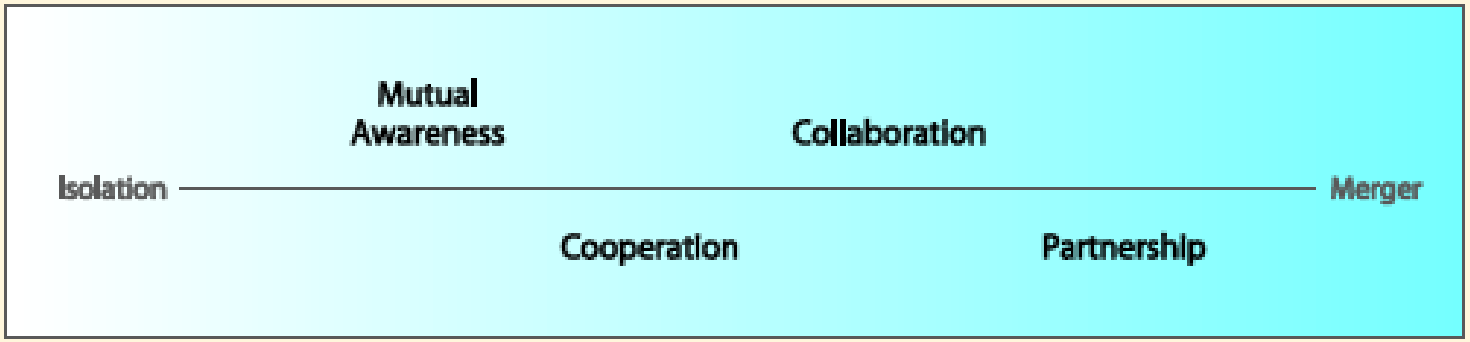
- **Historical Perspective of PC and PH Integration**
  - **Folsom Report** 1967
    - Community Health Centers
  - **Medicine and Public Health - the power of collaboration**
    - AMA and APHA effort 1997
  - **Primary Care and Public Health: Exploring Integration to Improve Population Health**
    - IOM March 2012 Report

What Do We Mean By **Integration**?

Variables Used by the Committee:

Level	**Partners**
Action	**Degree**

Degrees of Integration:



Why Now?

- Increasing health care costs beyond economic growth
- Failures of current fragmented system
- Wrong Focus
  - Health research clarifies importance of social and environmental determinants of health and the impact of primary prevention
  - An unprecedented wealth of health data is providing new opportunities to understand and address community-level health concerns

Forces Driving Integration

- Non-Payment for certain outcomes
- Models of Care Changing
  - PCMH, ACO's, Bundled Payments
  - Medicaid Health Homes
  - Quality Improvement/Performance Management
- Federal/State requirements
  - ACA
  - Accreditation
  - Joint Commission

Drivers – HIT and Meaningful Use

- Stage 1 is mostly designed to capture data and start sharing it,
- Stage 2 adds advanced care processes and decision support
  - Slated to begin early 2014, MU2 is a significant milestone for eligible providers and hospitals (EP/EH).
- Stage 3 will improve outcomes through population-based approaches.

Drivers – Resource Limitations

- Employers, Insurance Companies, and Patient Expectations
- Economic Development
- Will Require Collaborations Across Community
  - Each group plays to their strengths
    - Public Health – Prevention/Promotion/Education
    - Clinical Health – Care Plan, Interventions, Coordination
    - Community – Address Social Factors
      - Housing, Education, Income, Social Connections, Neighborhood

Drivers - QI

3 Core Functions of Public Health

- Assessment
  - Based on Standards (Performance Management)
  - Improvement plan based on gap analysis
- Policy Development
- Assurance

Defining Quality Improvement

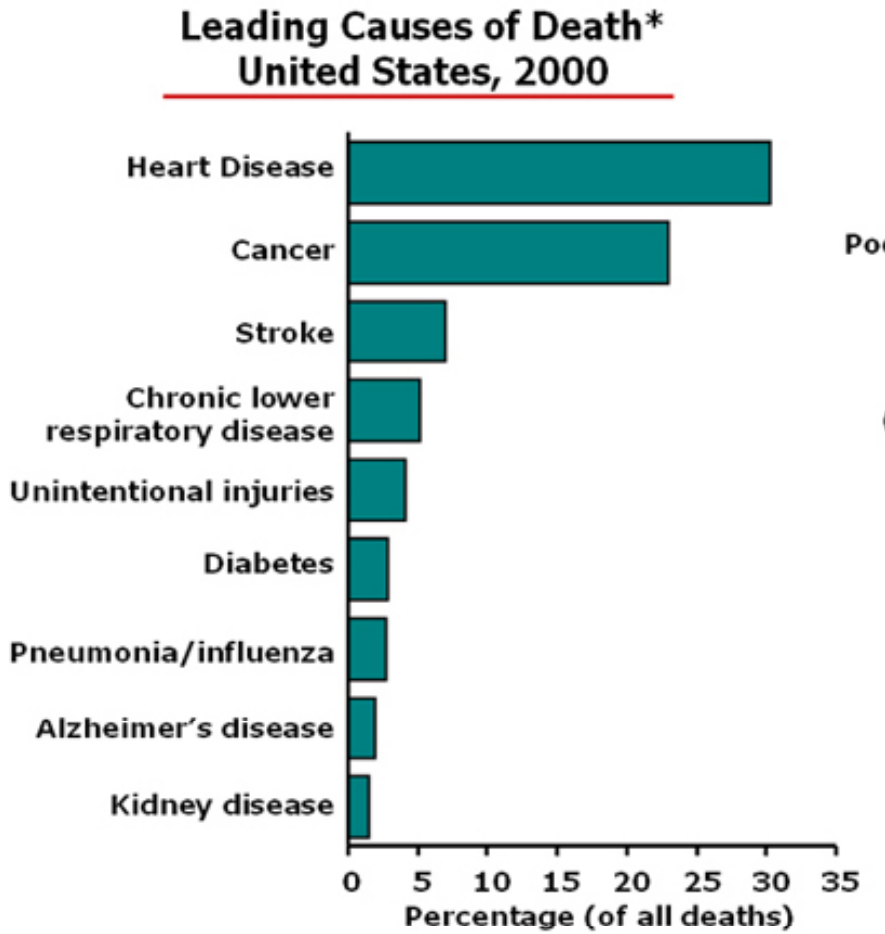
- **Doing the right thing well**
  - What is the right thing?
    - Evidence based practice
    - Regulatory guidelines
    - Standards of practice
  - What is well?
    - Benchmarking
  - **At all LEVELS**
    - Process Analysis and Improvement

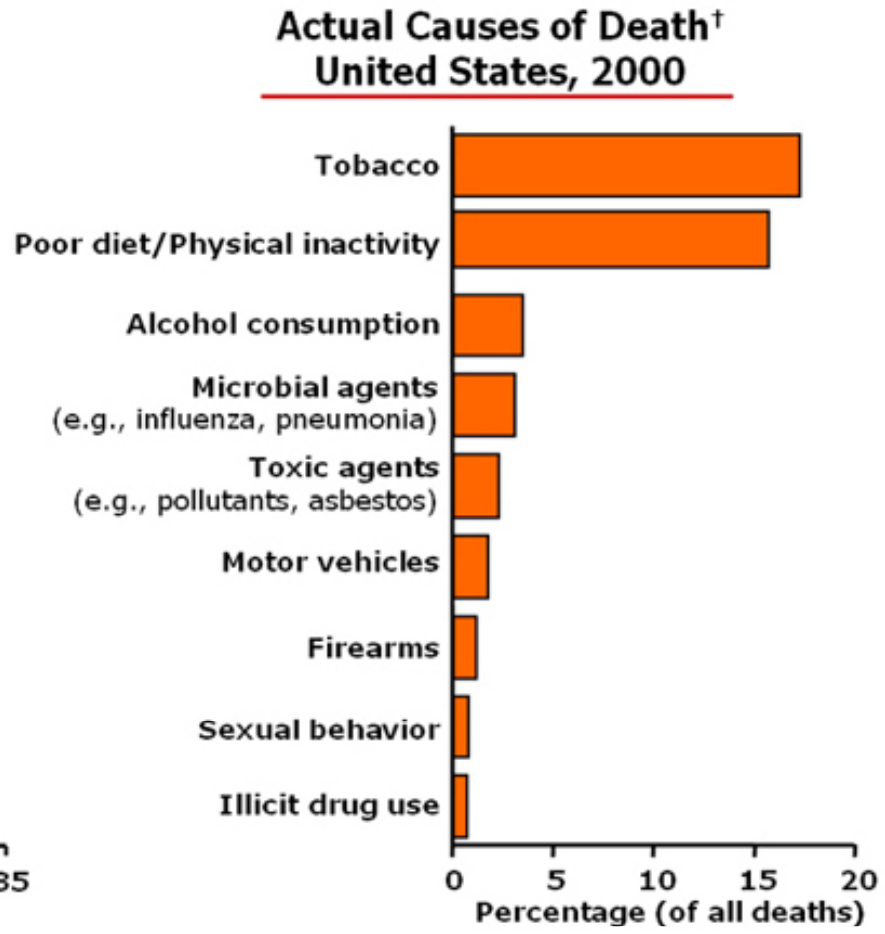
What are Determinants of Health?

- Income and social status
- Social support networks
- Education
- Employment/working conditions
- Social and physical environments
- Culture
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender

Kansas

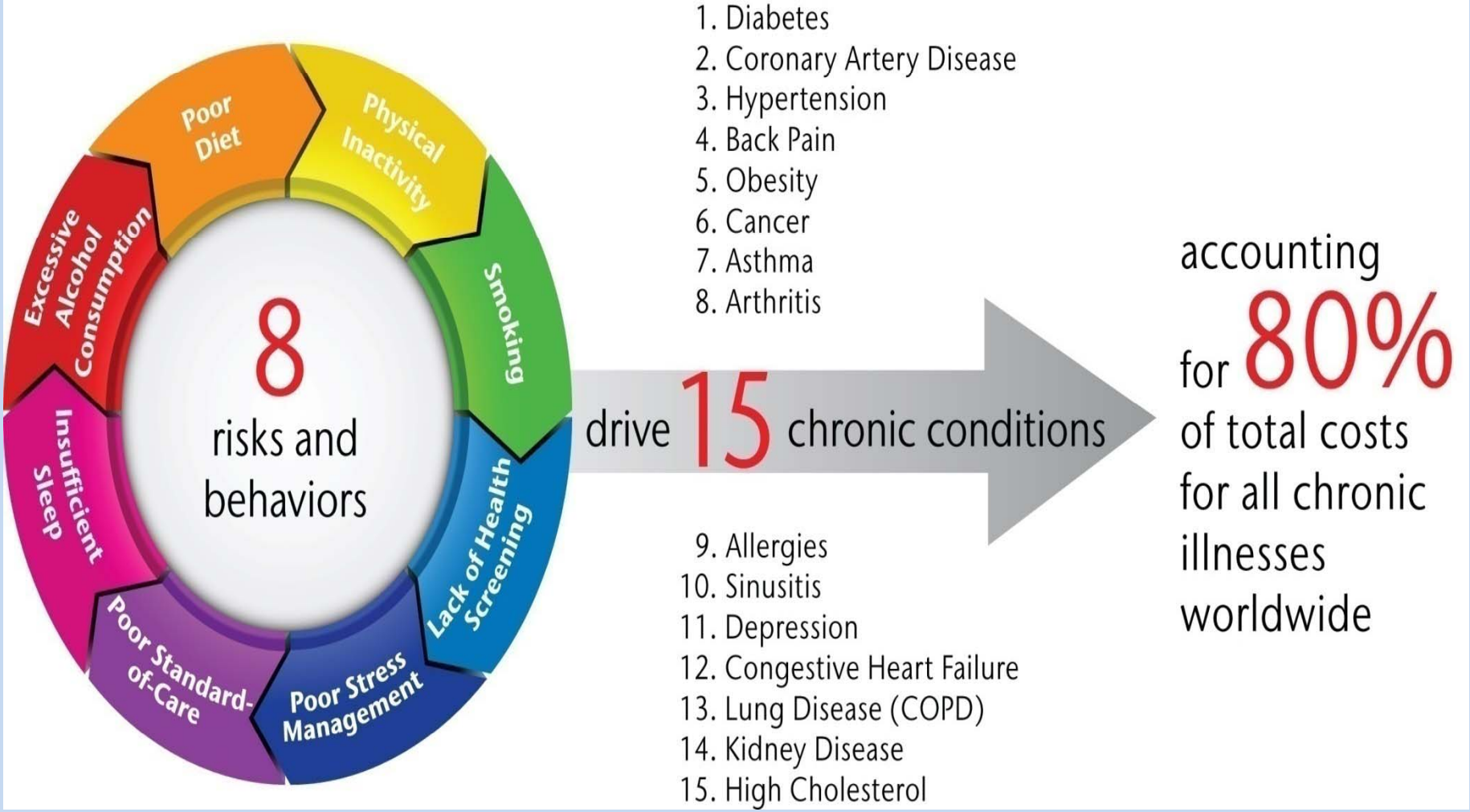
Clinical Prevention and Public Health: Actual Causes of Death





* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

Impact of Chronic Disease



***Source**: 2010 World Economic Forum*

Risk Factors for Chronic Disease in Kansas

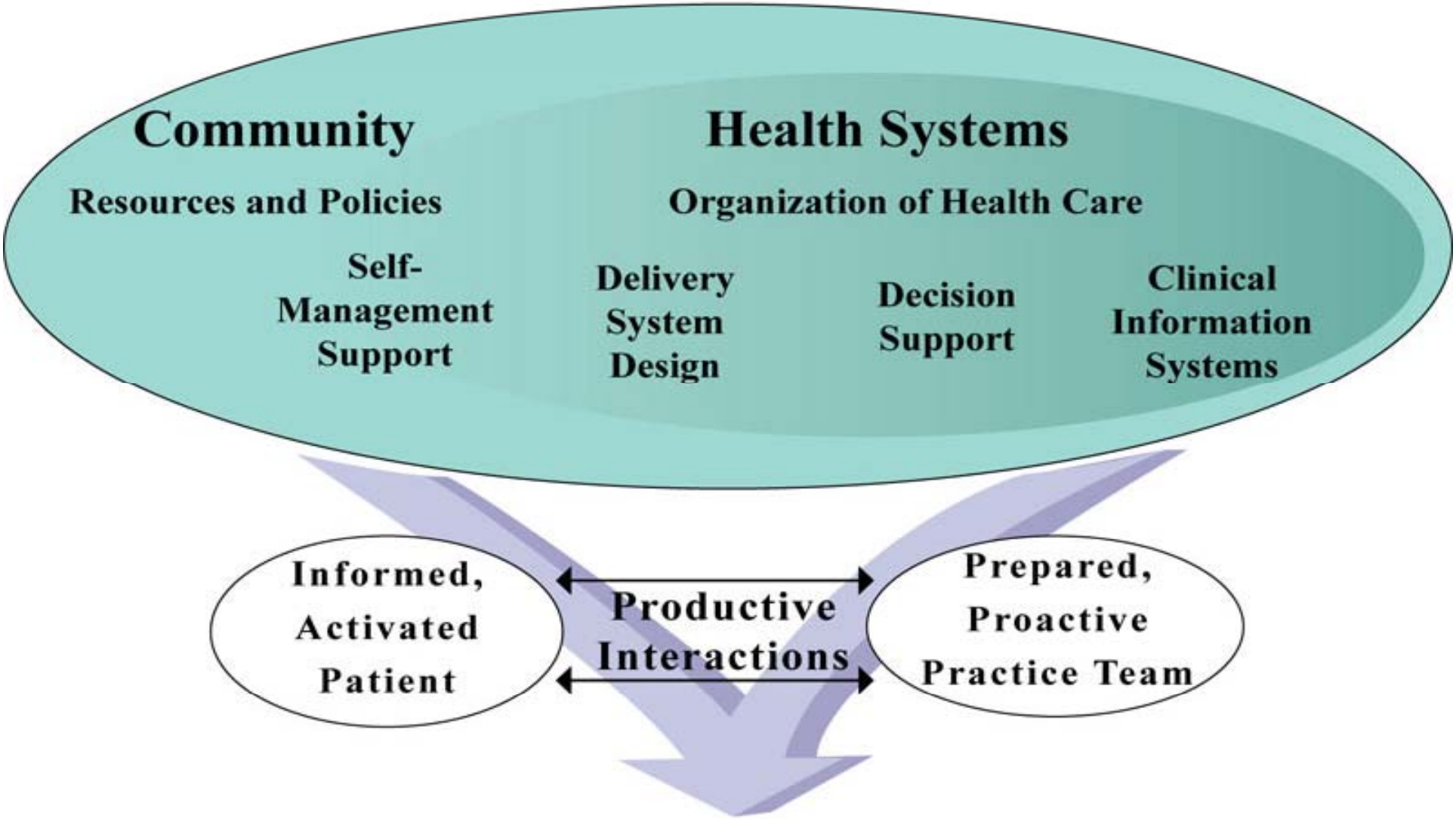
Risk Factor	Current Prevalence	Estimated Number of Adults	Trend over Last Nine Years	Comparison with National Pattern
Hypertension	28.7%	600,000	Increasing (by 24%)	Similar
High Cholesterol among those who were tested	38.6%	640,000	Increasing (by32%)	Similar
Smoking	17.8%	376,000	Declined in last 4 years and now stable	Similar
Diabetes	*8.4%	*179,000	Increasing (by 42%)	Similar
Overweight or Obesity	64.6%	1.4 million	OW – stable; OB - increasing (by 33%)	Similar
Less than 5 times F/V Consumption	81.4%	1.7 million	Stable	Similar
No physical Activity	23.2%	490,000	Declining (by 13%)	Similar

Source: 2001-2009 Kansas BRFSS. Bureau of Health Promotion, KDHE. *2010 KS BRFSS.

The Solution?

- Public Health and Primary Care Integration
  - Learn from previous attempts
- Utilize Population Health Management
  - Define the “Population”
  - Identify Stakeholders
  - Determine “Status” and Gap Analysis
  - Determine Strategies and Tactics to Address

The Chronic Care Model



Improved Outcomes

Developed by The MacColl Institute
® ACP-ASIM Journals and Books

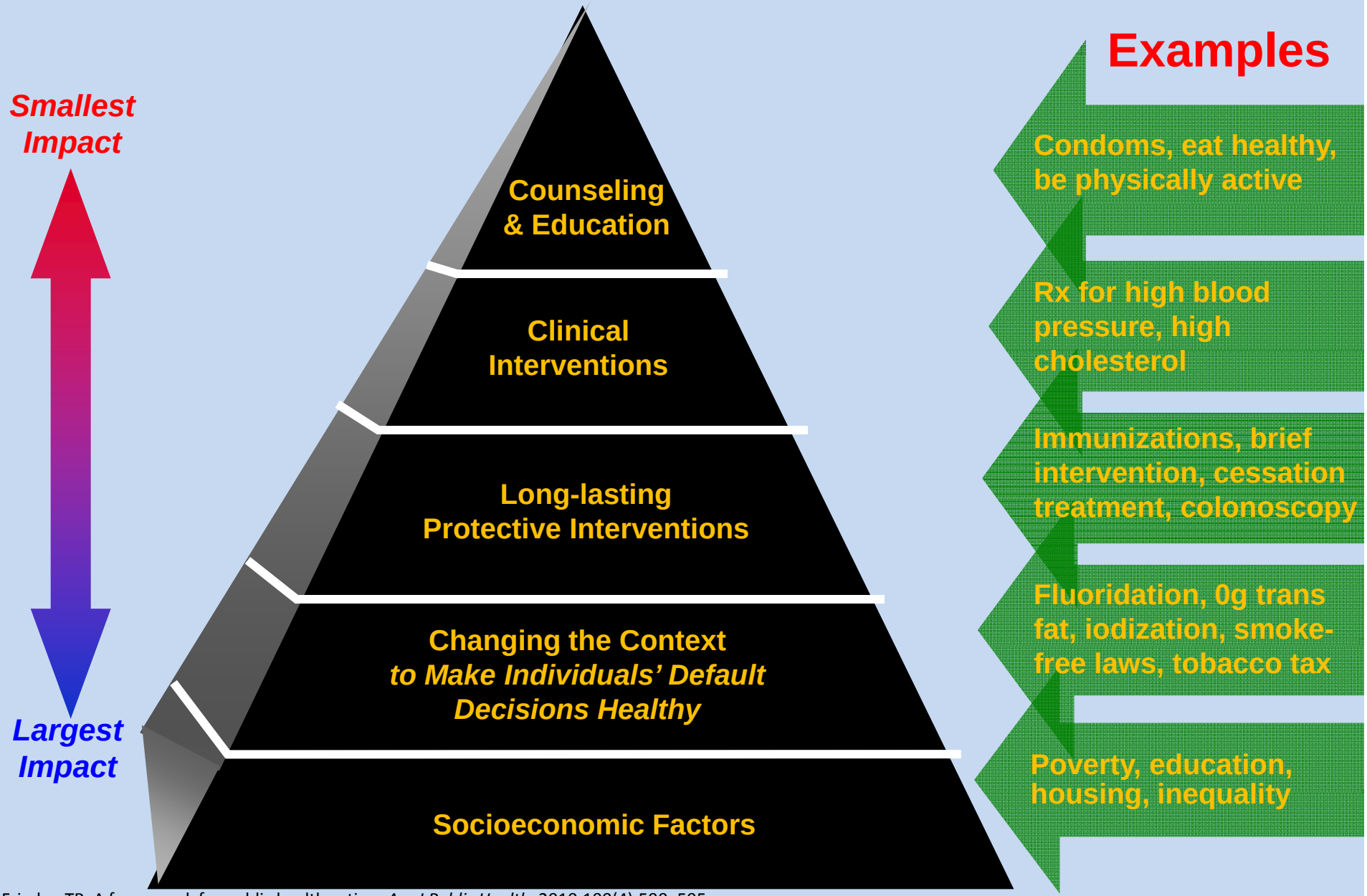
Population Health

- Benefits of a Population Health Focus
  - Improves Individual Experience
  - Improves Individual Outcomes
  - Engages more members of the care team
  - Improves provider satisfaction
  - Lower health care costs over time

Population Health in the Future

- Population Health Management -A culture of shared responsibility
  - Use of multidisciplinary care teams;
    - coordination across care settings;
    - enhanced access to primary care;
    - centralized resource planning for implementation
    - continuous care, both in and outside of office visits; patient self-management education;
    - a focus on health behavior and lifestyle changes;
    - use of health information technology
      - data access and reporting for communication among providers and between providers and patients
- Select Right Focus

Intervention Levels That Impact Health



Frieden TR. A framework for public health action. *Am J Public Health*. 2010;100(4):590–595.

Recommended Readings

- **Primary Care and Public Health: Exploring Integration to Improve Population Health;** IOM Report March 2012
  - http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx
- **Communities of Solution: The Folsom Report Revisited;** Griswold, KS; *Ann Fam Med May/June 2012 vol. 10 no. 3 250-260*
  - **http://www.annfammed.org/content/10/3/250.full**
- **A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years;** Trust For America's Health Report, January 2013
  - **http://healthyamericans.org/report/104/**

Recommended Readings

- **Making a Powerful Connection: The Health of the Public and the National Information Infrastructure**
  - Report of the U.S. Public Health Service Public Health Data Policy Coordinating Committee (July 6, 1995); Lasker R, Humphreys B, and Braithwaite W.
- **Medicine and Public Health, the power of collaboration**
  - Lasker, R and the Committee on Medicine and Public Health; New York Academy of Medicine, 1997.

Evaluating partnerships between local health departments and community organizations in rural Kansas

Leah Kuhlmann, Amanda McIntosh, Scott Matson, Jeff Mincher

Site Mentor: Robert Moser, MD, Secretary, KDHE

Faculty Advisor: Christie Befort, PhD

Health of the Public April 2013

Need for study in Kansas

- Goals of KDHE
  - Determine what partnerships already exist
  - Determine the factors that contribute to successful partnerships
  - Identify obstacles
  - Find out what is unique about rural KS and structure of LHDs
  - Determine the impact of policy
  - Rural Health Summit

Previous work by NACCHO

- National profile of health departments
  - Determines many variables about LHDs
- Partnership focus:
  - Assessed number (%)
  - Determined large LHDs have wider array of governmental and non-governmental partners
- Did not determine:
  - Focus
  - Goal
  - Extent
  - Who the partner was

2010 National Profile of Local Health Departments. NACCHO. www.naccho.org.

Previous work in Wisconsin

- Wisconsin Study (Zahner)
  - Looked at structure and aim
  - Survey
    - Surveyed all counties
    - Only LHD administrators
  - Definitions
    - Partnership
    - Local community health partners
  - Variables
    - Most common partnerships
    - Factors contributing to effectiveness

Zahner SJ. 2005. *Public health reports*.

Gaps in Knowledge

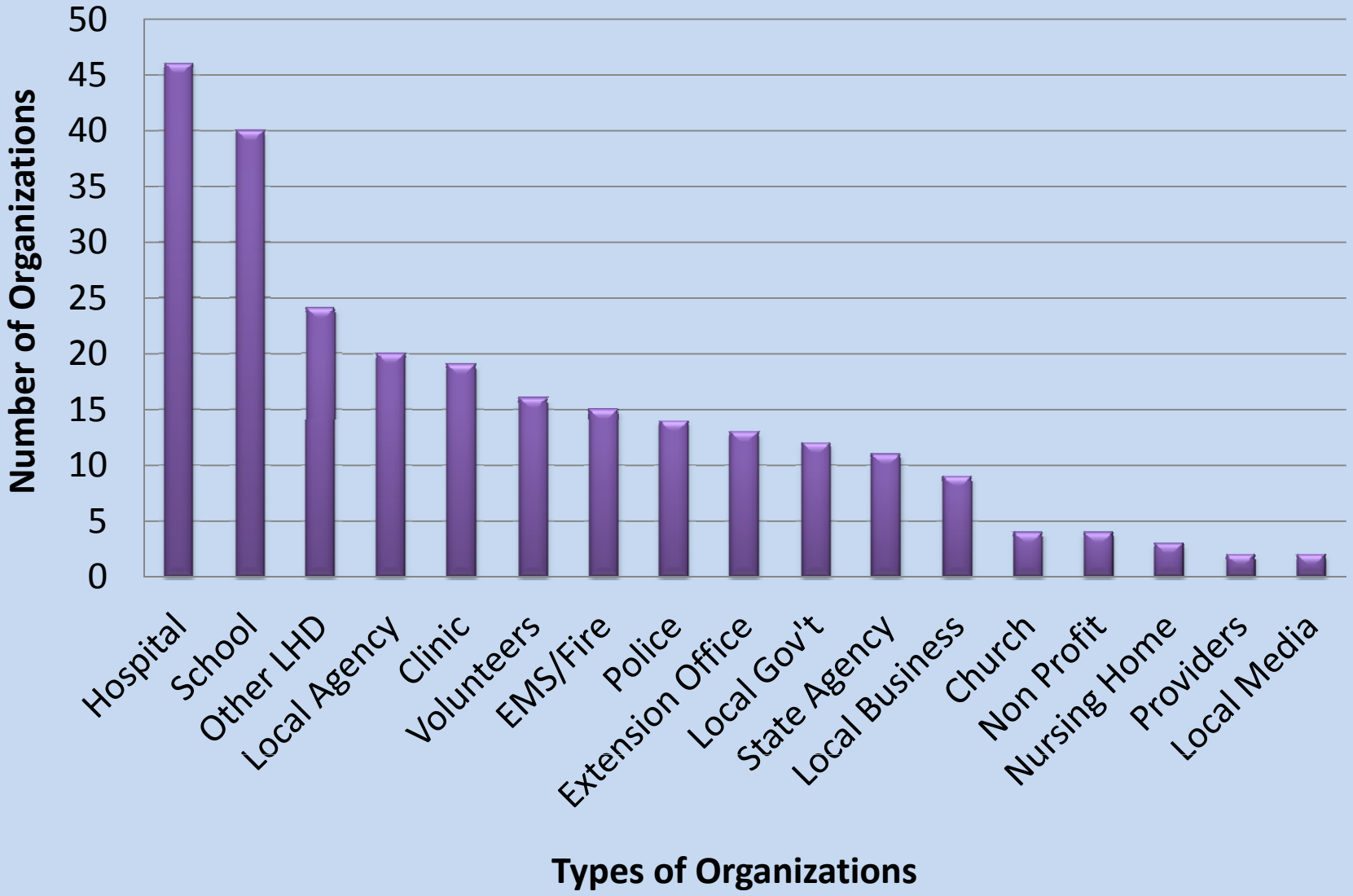
- What local health partnerships look like in rural Kansas
- How partnering organizations view partnerships with LHDs
- Factors associated with effectiveness of partnerships in rural Kansas

LHDs engage the community

- 97% of LHDs partner with community organizations
  - 6.93 partnerships per LHD
    - SD = 2.72
  - Partnership existence of 8.99 years
    - Range: 2 weeks to 45 years

- 63% of hospitals partner with LHDs

LHDs work with entire communities



What Partnerships Do

Activities Reported by LHDs	Number of activities (n=248)
Community Educational Classes/Programming	37
Emergency Preparedness	35
School-Based Health/Education	30
Community Planning/Development	27
Immunizations	23
Women/Child Services	22
Health Fairs	19
Community Health Assessments	17
Substance Abuse Prevention	15
Developmental Screenings	13
Family Planning	7
Medical Services, Dental, Office Visits	3

Teamwork can be challenging…

Obstacles Reported by LHDs	Number of obstacles (n=155)
Time	40
Funding	30
Lack of interest of partners	16
Communication poor	14
Staff insufficient	10
Geography/distance too far	9
Disagreement over ownership/responsibility	9
Staff turnover	8
Volunteers insufficient	4
Policy changes	4
Interpersonal conflict	2
Other (parents, staff education, weather, space)	9

Examples of Obstacles

- “Not everyone has the time to attend meetings. One person wears many hats in a small community.” (time)
- “Maintaining coalition numbers. In a small community, I see a lot of the same people volunteering for everything. [It’s hard] keeping everyone committed and coming to the meetings.” (interest)
- “Salvation Army’s policy changed. [They] used to be able to keep all money raised in the community. Now all the money goes to the national organization and community branch is allotted a certain amount.” (policy, funding)

Hospital-reported activities with LHDs

Activity	Number of activities (n=51)
Community Health Assessments	18
Emergency Preparedness	8
Health Fairs	6
Immunizations	4
Medical and Dental Services	4
Community Planning	3
Complete Integration	3
Community Educational Classes	2
Substance Abuse Prevention	1

Most common obstacles according to hospitals

Obstacle	Number of obstacles (n=26)
Funding	6
Time	4
Communication poor	4
Disagreement over ownership/responsibility	4
Policy changes	3
Other (staffing issues, interpersonal conflict)	5

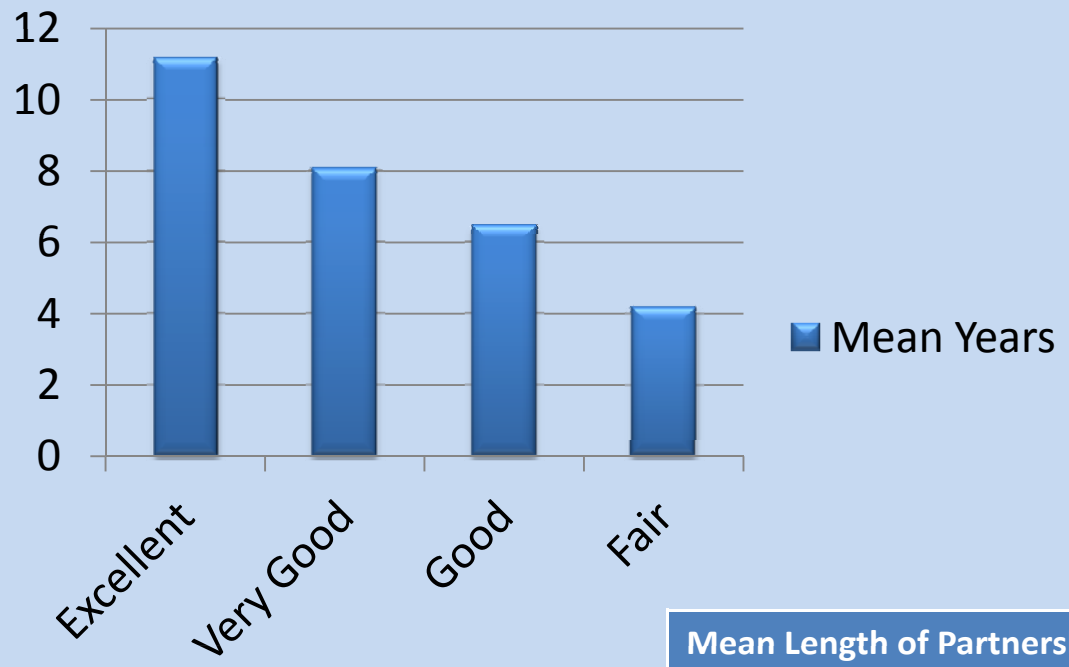
- "Partnering with local health departments has a horrible negative impact on a [Critical Access] hospital's cost revenue with Medicare. The hospital would love to partner with the health department, but it cannot do it without bankrupting themselves. " (policy, funding)

- "If our county hospital could take over the administration of the health department, we could better integrate the delivery of healthcare in our county." (disagreement over ownership/responsibility)

Importance of and interest in partnerships

	LHDs (% Responding Extremely)	Hospitals (% Responding Extremely)	
Importance of Partnerships	82%	33%	p<0.01
Personal Interest in Partnerships	64%	30%	P<0.01
Perceived Interest of Outside Organizations in Partnerships	13%	19%	P=0.41

Length of partnerships positively correlates with quality



Mean Length of Partnership (years)	Quality Rating
11.15 (SD=7.89)	Excellent
8.04 (SD=5.23)	Very Good
6.47 (SD=5.49)	Good
4.17 (SD=3.06)	Fair

$P < 0.01$

Increased length of partnership is related to sharing staff but not sharing funding

	Mean length of partnership (years)	**SD**	**N**	P<0.01
Shared Staff	10.68	7.64	60	
Did not share Staff	7.55	5.60	68	

	Mean length of partnership (years)	**SD**	**N**	P=0.09*
Shared Funding	9.90	6.64	67	
Did Not Share Funding	7.92	6.87	65	

Most Important Information Gained

- Wide variety of partnership activities and organizations, including partnerships with non-health organizations
- Most common obstacles are time, funding, interest, communication
- LHDs and hospitals have different levels of interest in partnering and view partnerships very differently