

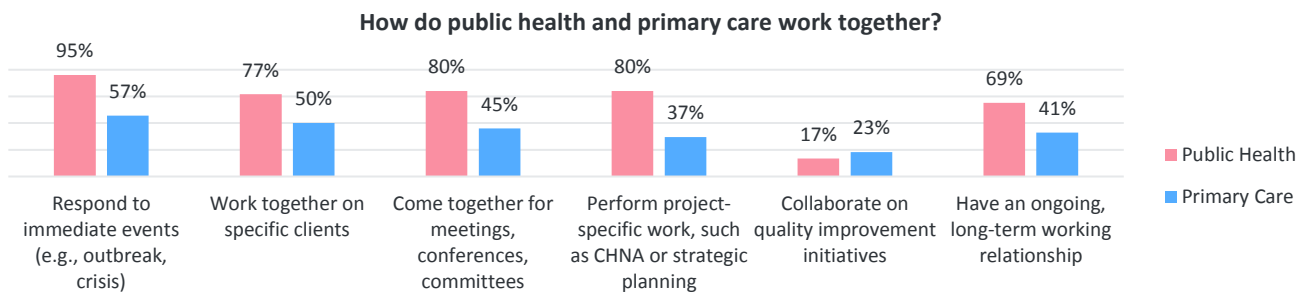
# Measuring Variation in the Integration of Primary Care and Public Health

Public health departments and primary care clinics and systems face growing pressure to collaborate, in order to increase efficiency and effectiveness of delivering care and promoting population health. Even with the best intentions, both partners face serious barriers to working together. In 2013, this study was launched to engage public health directors and primary care leaders across four states to determine how both sectors work together, the barriers to working together faced by each, and promising ways to promote collaboration.

## How Do Public Health and Health Care Work Together?

**Key Finding:** The amount and degree of collaboration between public health and health care varies widely.

Leaders generally report limited resources to support working together, and relatively low levels of current collaboration. At the same time, leaders from both public health and health care were generally satisfied with the current relationship, suggesting that both partners share relatively low expectations for their work together.



**Next Steps:** Clinics and local health departments need incentives and clear expectations to work together.

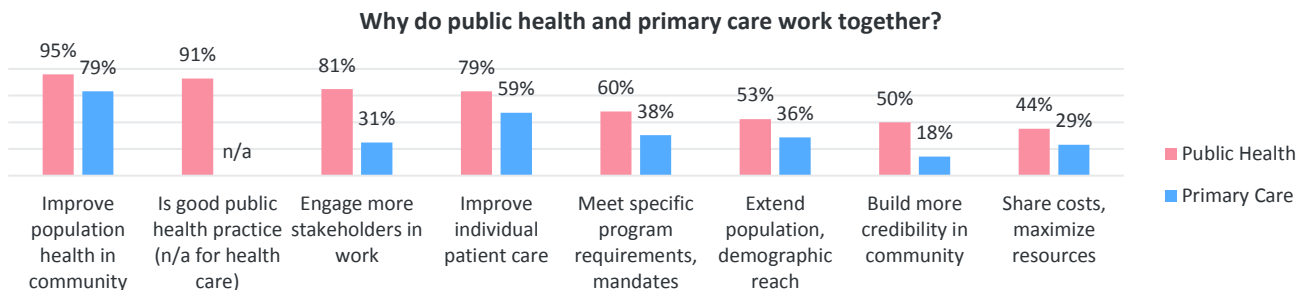


For example, certified Health Care Homes and emerging behavioral Health Care Homes present ripe opportunities for joint work.

## Why Should Public Health and Health Care Work Together?

**Key Finding:** Both partners are motivated more by improving population health than by financial benefit.

Both public health and health care cite improving population health most often as a reason for collaboration; both parties are less frequently motivated to collaborate by financial benefit.



**Next Steps:** Current reimbursement models make it difficult to engage clinics and health systems in population health.



**Current fee-for-service reimbursement models make it difficult to engage clinics and health systems in population health activities.** Reimbursement for population health promotion is critical for providers, both to provide time to engage in such activities within a full patient schedule, and to compensate for lost revenues attributed to healthier populations needing less traditional medical care.

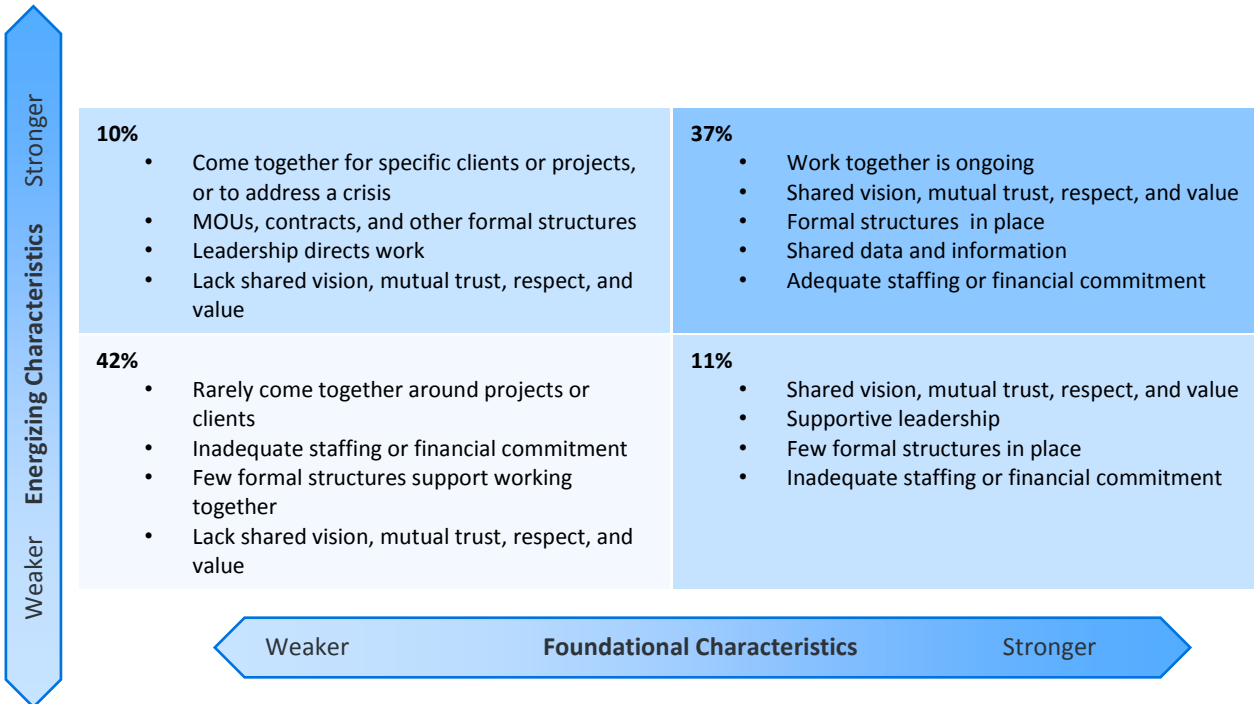


**Although payment reform is lagging, some health systems support collaboration**—for example, public health nurses can be hired as “integrated positions,” although they are often dedicated to case management vs. broader population health activities. Emerging professions—like community health workers—show promise in bridging public health and primary care.

## What Does Working Together Look Like?

**Key Finding:** Several foundational and energizing characteristics seem essential to successful collaboration.

**Foundational characteristics** include aligned leadership, mutual trust and respect, and having a shared vision. **Energizing characteristics** include allocated dedicated funding and FTEs, working on specific projects or programs, sharing data, and having mechanisms in place to support sustainability. 193 respondents were spread across four quadrants that measured the strength of characteristics present.



**Next Steps:** Public health is uniquely positioned to act as a neutral convener between competitive providers and should nurture and promote that role.



Public health can mitigate some of the inherent competition between health care providers and systems. Public health’s long-established connections to schools and school-based clinics, as well as its continued consideration of social and economic factors that contribute to health, can assist health care in considering broader partnerships and upstream interventions.

## More Information

For more information and study details, visit: [Public Health Services and Systems Research: Practice-Based Research Networks: Measuring Variation in the Integration of Primary Care and Public Health: A Multi-State PBRN Study of Local Integration and Health Outcomes](#)