Better Together

Strategies for improving collaboration between public health and primary care
Contact Information

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de Beaumont Foundation

www.debeaumont.org
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About the Foundation
www.deBeaumont.org

• We believe in a strong governmental public health system
• Strategies
  – Strengthening the workforce
  – Connecting public health with key partners
  – Elevating the profile of public health
• National, domestic funder
• Bethesda, Maryland
Why Am I Here Today?
1. I love public health
I'm as mad as hell... and I'm NOT going to take this anymore!
Why I’m Here Today

1. I love public health
2. I’m mad as hell and I’m not going to take it anymore
Why I’m Here Today

1. I love public health
2. I’m mad as hell and I’m not going to take it anymore
3. I’m worried about the future
Learning Objectives/Goals

- Laugh a little
- Learn something
- Think a bunch
- You don’t have to agree
Learning Objectives/Goals

• Laugh a little
• Learn something
• Think a bunch
• You don’t have to agree

“He’s a decent family man [and] citizen that I just happen to have disagreements with on fundamental issues...”
Framing the Problem
Healthcare system that doesn't work anymore
“It was designed to respond to acute illness, not to address causes of disease that occur far beyond the clinic walls.”
BUT WHY ARE OUR HEALTH CARE COSTS HIGHER THAN OTHER COUNTRIES?

...WHO SAID THAT?..
“When the origins of our problems are microbial, biological, or physiological, we know how to solve them. But, we are not as good when they are social or environmental in the nature.”
“...no treatment, pill, or vaccine to address the lack of fresh fruits and vegetables, limited options for physical activity, exposures to environmental toxins, or the disproportionate distribution of alcohol & tobacco advertising outlets.”
Institute of Medicine Reports

- Primary Care: America's Health in a New Era
- The Future of the Public's Health in the 21st Century
- Primary Care and Public Health: Exploring Integration to Improve Population Health
The Practical Playbook
Advance collaboration between public health, primary care, and others to improve population health. We do this by providing practical implementation tools, guidance, and resources.
Partnership Fundamentals

- Shared Goal of Population Health
- Community Engagement
- Aligned Leadership
- Create Sustainable Systems
- Share Data and Analysis
Stages of Integration

- Celebrate & Share
- Organize & Prepare
- Plan & Prioritize
- Implement
- Monitor & Evaluate
- Start Another Project
THE PRACTICAL PLAYBOOK

Helping Public Health and Primary Care Work Together to Improve Population Health.

GET STARTED
THE PRACTICAL PLAYBOOK

Helping Public Health and Primary Care Work Together to Improve Population Health.

GET STARTED
A National Challenge Program to engage communities, public health organizations and health systems in improving health outcomes. The Program awarded $8.5M in monetary awards and low-interest loans over two years to support 18 community-driven projects, beginning January 1, 2015

**Bold** Innovative solutions that bring forth new ideas and approaches for addressing complex problems

**Upstream** Focus on social, environmental, and economic factors that have the greatest influence on health across a community, rather than on the provision of direct services, health education, or individual behavior change

**Integrated** Strong commitment and partnership between a hospital or health system, a nonprofit organization, and a local public health department, including the option to involve other industry, educational, philanthropic, or governmental organizations

**Local** Focus on solutions that are deeply rooted in and led by the urban community (city of metro area of 150,000 or more) for which the proposal is written

**Data-Driven** Focus on innovative uses of data and information sharing to identify key needs and opportunities, as well as to measure outcomes

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**Technical Support:**
What Are Hospital CEOs Thinking?

- “…new and effective ways to get at a problem that we are not able to solve with our toolkit.”
- “[Our] mission, and that ministry, it is about promoting community health at the every core of what we do.”
- “We believe in a continuum of health.”
“[We need] policy...to eliminate health inequity. That means education. That means access. That means transportation. Than means [being] able to understand communication in-between systems. It’s more than juts having some services to provider – a building. You only do that, you’re missing the point of trying to change and transform that person, that community.”
“We want to be the kind of hospital that actually is unnecessary in the lives of most people around it, we want to be here for people who need it but not create a pipeline of patients. [We] want to do the opposite, which is create communities that are healthy and that may not ever come to visit our hospital...”
What Can You Do?
What Can You Do?

- High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist
  - [http://www.resolv.org/site-healthleadershipforum/](http://www.resolv.org/site-healthleadershipforum/)
  - Promoting the reorientation of the healthcare system toward prevention and wellness
  - Interpreting and distributing data

- Practical Playbook
  - Aligned health messaging
  - Policy and community change
  - Data and analytics
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Reorienting Healthcare

- Develop and educate the workforce
- Communicate, communicate, communicate
- Work with your primary care/hospital allies
- Funding
- Have courage
Reorienting Healthcare

- Develop and educate the workforce
  - PH|WINS

- Communicate, communicate, communicate
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Reorienting Healthcare

<1/5<sup>th</sup> of non-supervisors have heard a lot about integration

<table>
<thead>
<tr>
<th>How much have you heard about Public Health-Primary Integration?</th>
<th>Importance of PH-PC integration to public health?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nothing</strong></td>
<td><strong>Not important</strong></td>
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<tr>
<td>18%</td>
<td>4%</td>
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<tr>
<td>26%</td>
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<td><strong>Not much</strong></td>
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<td>39%</td>
</tr>
<tr>
<td>23%</td>
<td>52%</td>
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Non-Supervisor | Supervisor | Total
---|---|---
Non-Supervisor | Supervisor | Total
Not important | 4% | 3% | 4%
Somewhat unimportant | 5% | 7% | 6%
Somewhat important | 32% | 39% | 39%
Very important | 31% | 51% | 52%
Overwhelming majority think it is important

How much have you heard about Public Health-Primary Integration?

- Nothing: 30% (Non-Supervisor: 26%, Supervisor: 32%, Total: 39%)
- Not much: 20% (Non-Supervisor: 20%, Supervisor: 20%, Total: 20%)
- A little: 31% (Non-Supervisor: 32%, Supervisor: 32%, Total: 32%)
- A lot: 18% (Non-Supervisor: 19%, Supervisor: 20%, Total: 20%)

Importance of PH-PC integration to public health?

- Not important: 3% (Non-Supervisor: 4%, Supervisor: 3%, Total: 4%)
- Somewhat unimportant: 7% (Non-Supervisor: 6%, Supervisor: 7%, Total: 7%)
- Somewhat important: 39% (Non-Supervisor: 39%, Supervisor: 39%, Total: 39%)
- Very important: 52% (Non-Supervisor: 52%, Supervisor: 51%, Total: 52%)
Nearly half of report integration impacting their day to day work

Impact of PH PC integration on your day to day work?

- Not at all:
  - Non-Supervisor: 16%
  - Supervisor: 22%
  - Total: 20%

- Not too much:
  - Non-Supervisor: 31%
  - Supervisor: 30%
  - Total: 31%

- Impact fair amount:
  - Non-Supervisor: 29%
  - Supervisor: 31%
  - Total: 31%

- Impact a great deal:
  - Non-Supervisor: 18%
  - Supervisor: 24%
  - Total: 20%

See more emphasis on PH PC Integration in future?

- Less emphasis:
  - Non-Supervisor: 2%
  - Supervisor: 2%
  - Total: 2%

- About the same:
  - Non-Supervisor: 31%
  - Supervisor: 32%
  - Total: 31%

- More emphasis:
  - Non-Supervisor: 51%
  - Supervisor: 53%
  - Total: 52%

- Not sure:
  - Non-Supervisor: 13%
  - Supervisor: 15%
  - Total: 14%
More than half want more emphasis

Impact of PH PC integration on your day to day work?

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Reorienting Healthcare
Reorienting Healthcare

- Develop and educate the workforce
- Communicate, communicate, communicate
  - Engage community leaders
  - Local boards of health and other officials
  - *A New Way to Talk About the Social Determinants of Health (RWJF) & JPHMP*
- Work with your primary care/hospital allies
- Funding
- Have courage
Reorienting Healthcare

Commentary
The 3 Buckets of Prevention

John Auerbach, MBA

The US health care system is in a time of unprecedented change. The expansion of insurance coverage, redesign of the reimbursement systems, and growing influence of patient-centered medical homes and accountable care organizations all bring opportunities for those interested in the prevention of disease, injury, and premature death for entire communities as well as individual patients. It is, in short, a time when public health can come to the fore.

Public health practitioners can assist clinical providers in assuring that newly insured people receive services that promote health and do not simply treat illness (primary prevention). Other populations remain exposed to the previously mentioned threats (secondary prevention), and additional populations may have yet to be identified and included for prevention (tertiary prevention).

Rather than focusing on the incremental (CDC) has developed and prevention as we have come to call them, “buckets”—of prevention (Figure). Each one will be needed to yield the most promising results for a population, regardless of whether the population is defined narrowly, as, for example, the patients in a medical practice, or broadly, as, for instance, the state or country.
Reorienting Healthcare

• Develop and educate the workforce
• Communicate, communicate, communicate
• Work with your primary care/hospital allies
  - Align health messages
  - Policy and community change initiatives
  - Convene
    • Mayors/City Council/Hospital CEOs
• Funding
• Have courage
Schools’ water may be key to teens’ kidney ills

Anna Okoporibe, 16, drinks from the water fountains at Northeast High School only when she’s “desperate.” The water is warm and metallic-tasting. “It’s pretty gross,” she said. “Once, I filled up my water bottle, and the water wasn’t clear. It was gray. I got scared. I was like, I don’t know if I should drink this.”

That’s cause for concern, given that poor water intake is a likely factor in a startling phenomenon outlined in research published Thursday by a Children’s Hospital of Philadelphia doctor. It is: The childhood risk of kidney stones — an affliction historically found most often in middle-aged White men — has doubled in less than two decades.

The risk increased the most for adolescents, girls, and African Americans, pediatric urologist and epidemiologist Gregory Tasin found.

So, Children’s — along with Philadelphia city agencies, the School District, and other partners — is pushing to improve water access in Philadelphia and particularly in city schools. Broken and dilapidated fountains have long been a source of complaints for students and teachers, who have gone so far as to demand water access in contract work rules. Some local students, meanwhile, are taking steps to improve their schools’ drinking water.

Tasian, whose research was published in the Clinical Journal of the American Society of Nephrology, said he first saw the kidney-stone increase when he began practicing in 2005.

“Urologists who had been in practice 25 or 30 years were saying, at the beginning of their careers, the children with kidney stones were those with really rare and inherited metabolic conditions,” he said. “Now, we’re seeing otherwise healthy children who just develop kidney disease much earlier in life.”

Tasian and his colleagues analyzed nearly 153,000 medical records, dating from 1997 to 2012, from South Carolina, one of a few states that maintain a complete claims database. In that time, kidney-stone incidence increased 4.7 percent annually among teens, and 2.9 percent per year among African Americans. There was a 45
Schools’ water may be key to teens’ kidney ills

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Reorienting Healthcare

• Develop and educate the workforce
• Communicate, communicate, communicate
• Work with your primary care/hospital allies
• Funding
  – Educating Physicians in their Communities
  – Leverage CHNA process
  – Advocates (AHA, ADA, XYZ, QTT)
  – Braiding starts at home
• Have courage
Reorienting Healthcare

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Interpreting and Distributing Data

Public Health

Primary Care
Interpreting and Distributing Data

Public Health

Primary Care
Data Flow

1. CDC/HRSA
2. States
3. Regions/Counties
4. Towns/Cities
5. Neighborhood/Address
Data Flow

Acute Disease

CDC/HRSA

States

Regions/Counties

Towns/Cities

Neighborhood/Address
Interpreting and Distributing Data

**Geographic Specificity**
- Nation
- County

**X, Y Coordinate**
- Real Time
- 12 months

**Time Lag**
- 5 years +

**Laboratory reporting**
- Reportable disease
- Medicaid claims
- WIC
- Registry data

**Hospital discharge**
- NVSS

**Survey Data**
- YRBS
- BRFSS
- PRAMS
- NSCH
- NIS
Interpreting and Distributing Data

Geographic Specificity

- Nation
- County

X, Y Coordinate

Real Time

Time Lag

12 months

5 years +

Laboratory reporting
Reportable disease
Medicaid claims
WIC
Registry data
EMR data

Hospital discharge
NVSS

YRBS
BRFSS
PRAMS
NSCH
NIS
Voices from the Field

• Quotes from “Big Cities” health officials

  “...I think BRFSS is great but, again, it's not granular enough...I think it would behoove us to have something that we could make a little more granular in terms of survey input, assessing people's behaviors and things like that.”
Voices from the Field

• Quotes from “Big Cities” health officials

“I think in an ideal world, we would be able to conduct a local health and nutrition examination survey every three years, but we can’t... [and] that's challenging. That’s really one of the reasons we’re looking at electronic health record surveillance because we're hoping that that can fill some of the gaps we have.”
A Case Study: Obesity

- Sources
  - Adults
    - BRFSS
  - Children
    - YRBS
    - NSCH
“The natural history of the obesity epidemic lives in electronic medical records at the address level, but we can’t access it.”
Interpreting and Distributing Data

Public Health

Primary Care
• I believe that health transformation starts with you
• Seize the opportunities we have
• Don’t be intimidated by the size of the problem
• Many small wins add up
Final Thoughts

• I believe that health transformation starts with you
• Seize the opportunities we have
• Don’t be intimidated by the size of the problem
• Many small wins add up
• Leave here committed to do one thing to advance this agenda