

# Primary Care and Public Health Exploring Integration to Improve Population Health

Public Release— March 28, 2012

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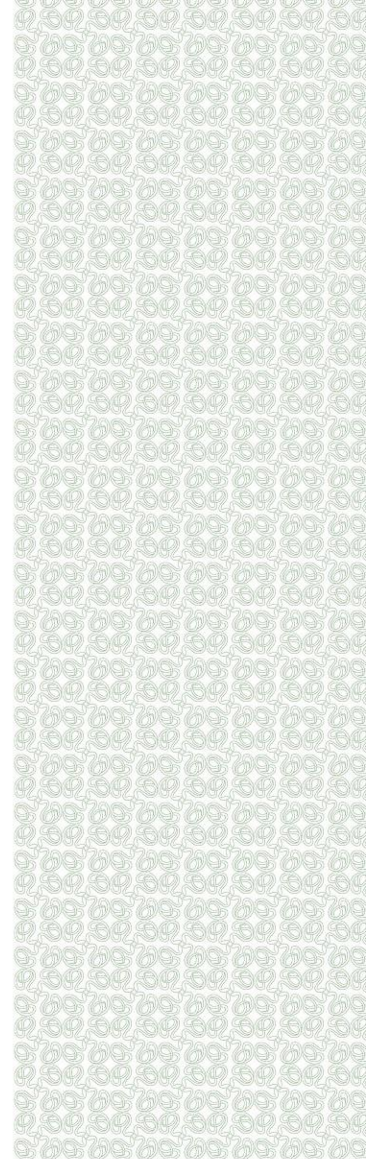
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# Committee's Charge

- Identify the best examples of effective primary care and public health integration and the factors that promote and sustain these efforts.
- Examine ways by which HRSA and CDC can use provisions in the ACA to promote the integration of primary care and public health.
- Discuss how HRSA-supported primary care systems and state and local public health departments can effectively integrate and coordinate around specific topics.



# Committee Process

- 21 month study
- 5 meetings of the full committee (4 had open sessions)
- 3 meetings of subcommittees focusing on specific topics
- Extensive literature review
- 11 external reviewers



# What Do We Mean By Integration?

- The committee adopted a broad definition: the linkage of programs and activities to promote overall efficiency and effectiveness and achieve gains in population health.
- Due to variability in local strengths, needs, and resources, the committee did not want to be overly prescriptive in its definition.
- Integration can take many forms. The committee identified a number of variables that shape our understanding of integration.



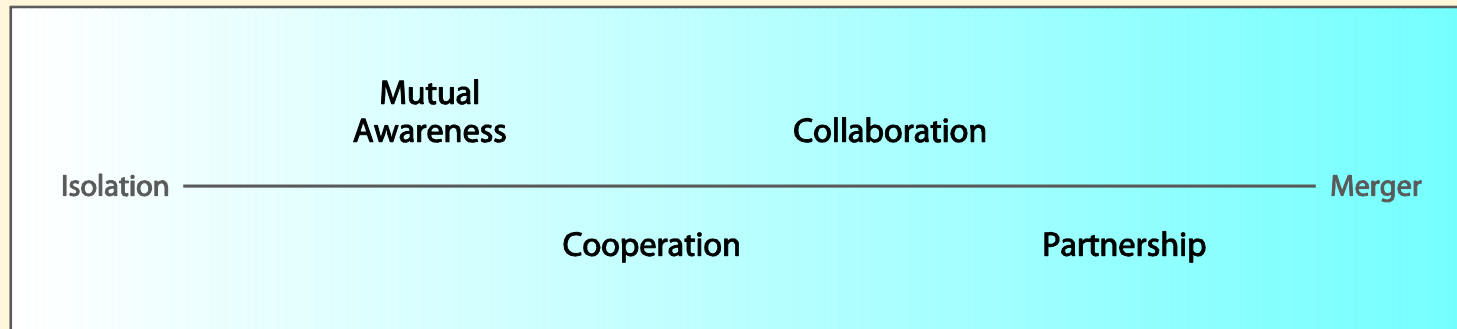
# What Do We Mean By Integration?

Variables Used by the Committee:

**Level  
Action**

**Partners  
Degree**

Degrees of Integration:



# Why Integrate?

- A wide array of public and private actors across the nation contribute to the health of populations
- Achieving substantial and lasting improvements in population health will require a concerted effort aligned under a common goal
- Integration of primary care and public health could enhance the capacity of both sectors to carry out their missions and link with other stakeholders to catalyze a collaborative, intersectoral movement toward improved population health





# Why Now?

- The dramatic rise in health care costs has led many stakeholders to embrace innovative ideas
- Health research continues to clarify the 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
- The ACA presents an overarching opportunity to change the way health is approached in the United States





# Case Studies of Integration

| Durham, NC                                                                                                                                                                                                                                                                                                       | San Francisco, CA                                                                                                                                                                                                                                                  | New York, NY                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>▪ Part of CCNC, a statewide network to coordinate and improve care</li><li>▪ Individual networks can tailor services to community needs</li><li>▪ A range of primary care, public health, and community participants</li><li>▪ Collaborative financing structure</li></ul> | <ul style="list-style-type: none"><li>▪ Healthy SF is an intersectoral partnership to improve access to care</li><li>▪ Health Improvement Partnerships bring together a diverse group of community leaders to find innovative solutions to health issues</li></ul> | <ul style="list-style-type: none"><li>▪ Promotes the use of electronic health records to improve the quality of primary care and generate public health data</li><li>▪ Engages with local communities to promote health education, access to care, and use of clinical preventive services</li></ul> |



# Principles for Successful Integration

- A shared goal of **population health improvement**;
- **Community engagement** in defining and addressing population health needs;
- **Aligned leadership** that
  - bridges disciplines, programs, and jurisdictions to reduce fragmentation and foster continuity,
  - clarifies roles and ensures accountability,
  - develops and supports appropriate incentives, and
  - has the capacity to manage change;
- **Sustainability**, key to which is the establishment of a shared infrastructure and building for enduring value and impact; and
- The sharing and collaborative use of **data and analysis**.



# Potential for Interagency Collaboration

The committee examined how HRSA-supported primary care systems and public health departments could integrate efforts in three specific areas:

- Maternal and child health (specifically the Maternal, Infant, and Early Childhood Home Visiting Program)
- Cardiovascular disease prevention
- Colorectal cancer screening



# Potential for Interagency Collaboration

Different organizational structures of HRSA and CDC present logistical barriers to collaborative efforts. Yet there is a genuine willingness to work together. Some key ways integration can be encouraged include:

- The use of **community health workers**
- Effectively sharing **data**
- The involvement of **third-parties** to bring the two agencies together



# Opportunities Presented by the ACA

- Community Transformation Grants
- Community Health Needs Assessments
- Medicaid Preventive Services
- Community Health Centers
- National Prevention, Health Promotion and Public Health Council and the National Prevention Strategy
- CMS Innovation Center
- Accountable Care Organizations
- Patient-Centered Medical Homes
- Primary Care Extension Program
- National Health Service Corps
- Teaching Health Centers



# Findings and Conclusions

- The principles for integration represent an aspirational yet actionable framework for accelerating progress toward achieving the nation's population health objectives through increased integration of primary care and public health services.
- The committee finds that in its current state, the infrastructure for both primary care and public health is inadequate to achieve the nation's population health objectives.
- Current patterns of health policy focus and investment lack the alignment necessary to develop an integrated and enduring national infrastructure that can broadly leverage the assets and potential of primary care and public health.



# Findings and Conclusions

- To address a need for a cohesive nation infrastructure, agencies both within and outside of the Department of Health and Human Services (HHS) will have to be engaged.
- Emerging organizational and funding models for the personal health care delivery system and unprecedented investment in public health and community-based prevention can be leveraged to promote necessary alignment.
- No single best solution for achieving integration can be prescribed. Community-level application of the framework represented by the principles for integration will require substantial local adaptation and the development of specific structures, relationships, and processes.





# Findings and Conclusions

- Academic health centers often are well positioned to facilitate the integration of primary care and public health and the development of improved means of engagement and integration, as they are often located in communities of need and draw both their patients and their employees from these communities.
- The committee believes that a starting point for catalyzing and promoting greater integration of primary care and public health is leveraging existing funds and policy initiatives.



# Recommendation 1

**To link staff, funds, and data at the regional, state, and local levels, HRSA and CDC should:**

- **identify opportunities to coordinate funding streams in selected programs and convene joint staff groups to develop grants, requests for proposals, and metrics for evaluation;**
- **create opportunities for staff to build relationships with each other and local stakeholders by taking full advantage of opportunities to work through the 10 regional HHS offices, state primary care offices and association organizations, state and local health departments, and other mechanisms;**
- **join efforts to undertake an inventory of existing health and health care databases and identify new data sets, creating from these a consolidated platform for sharing and displaying local population health data that could be used by communities; and**
- **recognize the need for and commit to developing a trained workforce that can create information systems and make them efficient for the end user.**



## Recommendation 2

**To create common research and learning networks to foster and support the integration of primary care and public health to improve population health, HRSA and CDC should:**

- **support the evaluation of existing and the development of new local and regional models of primary care and public health integration, including by working with the CMS Innovation Center (CMMI) on joint evaluations of integration involving Medicare and Medicaid beneficiaries;**
- **work with the Agency for Healthcare and Research Quality's (AHRQ's) Action Networks on the diffusion of best practices related to the integration of primary care and public health; and**
- **convene stakeholders at the national and regional levels to share best practices in the integration of primary care and public health.**



# Recommendation 3

**To develop the workforce needed to support the integration of primary care and public health:**

- **HRSA and CDC should work with CMS to identify regulatory options for graduate medical education funding that give priority to provider training in primary care and public health settings and specifically support programs that integrate primary care practice with public health.**
- **HRSA and CDC should explore whether the training component of the Epidemic Intelligence Service (EIS) and the strategic placement of assignees in state and local health departments offer additional opportunities to contribute to the integration of primary care and public health by assisting community health programs supported by HRSA in the use of data for improving community health. Any opportunities identified should be utilized.**
- **HRSA should create specific Title VII and VIII criteria or preferences related to curriculum development and clinical experiences that favor the integration of primary care and public health.**



## Recommendation 3 (cont'd)

**To develop the workforce needed to support the integration of primary care and public health:**

- **HRSA and CDC should create all possible linkages among HRSA's primary care training programs (Title VII and VIII), its public health and preventive medicine training programs, and CDC's public health workforce programs (EIS).**
- **HRSA and CDC should work together to develop training grants and teaching tools that can prepare the next generation of health professionals for more integrated clinical and public health functions in practice. These tools, which should include a focus on cultural outreach, health education, and nutrition, can be used in the training programs supported by HRSA and CDC, as well as distributed more broadly.**



# Recommendation 4

**To improve the integration of primary care and public health through existing HHS programs, as well as newly legislated initiatives, the Secretary of HHS should direct:**

- **CMMI to use its focus on improving community health to support pilots that better integrate primary care and public health and programs in other sectors affecting the broader determinants of health;**
- **the National Institutes of Health to use the Clinical and Translational Science Awards to encourage the development and diffusion of research advances to applications in the community through primary care and public health;**
- **the National Committee on Vital and Health Statistics to advise the Secretary on integrating policy and incentives for the capture of data that would promote the integration of clinical and public health information;**
- **the Office of the National Coordinator to consider the development of population measures that would support the integration of community-level clinical and public health data; and**
- **AHRQ to encourage its Primary Care Extension Program to create linkages between primary care providers and their local health departments.**



## Recommendation 5

**The Secretary of HHS should work with all agencies within the department as a first step in the development of a national strategy and investment plan for the creation of a primary care and public health infrastructure strong enough and appropriately integrated to enable the agencies to play their appropriate roles in furthering the nation's population health goals.**





# Concluding Remarks

The path to population health improvement will involve significant investment in the creation of linkages and alignment across many sectors. This report set out to highlight opportunities for the first steps toward this goal among stakeholders in two of the most critical fields in the realm of community health.



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