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Answering the Call to Integrate: Simple Strategies from Public Health and Healthcare Executives in One Urban County

Erik L. Carlton
University of Memphis, erik.carlton@memphis.edu

Paul C. Erwin
University of Tennessee - Knoxville, perwin@utk.edu

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Answering the Call to Integrate: Simple Strategies from Public Health and Healthcare Executives in One Urban County

Abstract

Background: As the Affordable Care Act transforms the practice of both public health and health care, it also provides opportunity for both to become more closely linked through improved integration and collaboration. Yet, while public health agencies are increasingly called to work with healthcare partners to address population health needs, both public health leaders and their healthcare counterparts may not be well equipped to answer that call. Although recent studies have begun exploring the collaborative strategies and capacity of public health system partners, there is still much to learn. The purpose of this study was to identify, through the perspective of senior public health and healthcare leaders, actionable strategies that might facilitate better integration or linkages between public health and healthcare organizations.

Methods: Through semi-structured key informant interviews with senior healthcare and public health executives in one urban county, strategies were identified that public health and healthcare leaders might use to more effectively link population health programs and activities. Data were collected in 2013–2014; analysis was conducted in 2014.

Results: Identified strategies include: focusing on targeted issues with shared interest; leveraging payers and business partners to expand support for integrated efforts; training and retraining the workforce for interdisciplinary, population health work; and developing and supporting a strong, neutral convening agency.

Implications: As they employ these strategies to structure collaborative efforts, public health and healthcare leaders may improve linkages around population health programs and activities.

Keywords

Health departments, public health, health care, integration, collaboration

Cover Page Footnote

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The Affordable Care Act (ACA) is transforming both public health and health care, and through a variety of provisions is both encouraging and affording opportunities for greater integration between public health and health care.[1] Indeed, public health agencies are increasingly called to work with healthcare partners to address population health needs. Notably, a 2012 IOM report on primary care and public health integration identifies five critical considerations.[2] However, both public health leaders and their healthcare counterparts may be ill equipped to answer that call, especially since primary care doctors are increasingly defined by and aligned with much larger hospital systems. Indeed, while recent studies have begun exploring the collaborative strategies and capacity of public health system partners, there is still much to be learned to enhance integration efforts.[3–5]

The purpose of this study was to identify, through the perspective of senior public health and healthcare leaders, actionable strategies that might better facilitate better integration or linkages between public health and healthcare partners. Semi-structured key informant interviews were conducted with senior hospital executives, group practice administrators, and government and health department officials in one urban county. Participants identified strategies public health and healthcare leaders might use to more effectively link population health programs and activities. These strategies include: focusing on targeted issues with shared interest; leveraging payers and business partners to expand support for integrated efforts; training and retraining the workforce for interdisciplinary, population health work; and developing and supporting a strong, neutral convening agency. Public health and healthcare leaders can use these strategies to structure collaborative efforts in order to improve linkage around population health programs and activities.

METHODS

This study employed a rigorous qualitative study design that leveraged semi-structured key informants interviews with a modified snowball sampling procedure. Participants (N=17) included senior hospital executives from multiple hospital systems, government and health department officials, and leaders of various health improvement-oriented nonprofit groups from one large urban community with a metropolitan population of approximately 1.3 million. Some potential participants (*n*=9) were not interviewed for this study. These varied in race and were mostly from smaller community health centers or nonprofit groups. Reasons included no response to email and phone invitations to participate in the study or lack of accurate contact information. A semi-structured interview guide was developed drawing on the extant public health and healthcare integration literature, especially the 2012 IOM report.[2] Interviews continued until saturation had been reached, at which point follow-up to nonrespondents ended. Recorded interviews were transcribed, and transcriptions were checked for accuracy. Code–recode procedures, reflexive field journaling, and member-checking were used to ensure qualitative rigor. Data were collected in 2013–2014; analysis was conducted in 2014 using Atlas.ti (v6.0) software.

RESULTS

Participant demographics are shown below (Table 1). Participants represented a total of 11 different organizations in one urban county. There was a balance of male and female

participants. The majority of participants in the study were white/Caucasian, with the rest black/African-American. Among the participants were the former board chair of an internationally-renowned healthcare improvement institution and two former state health commissioners.

Table 1. Participant demographics (N=17)

DEMOGRAPHIC	*n* (%)
Gender	
Male	9 (53)
Female	8 (47)
Race/ethnicity	
Black/African-American	4 (24)
White/Caucasian	13 (76)
Primary Job Title/Position	
Hospital/Health Center CEO	5 (29)
Hospital/Health Center Pres./Other C-Suite	6 (35)
Health Department Executive	1 (6)
Non-Profit Executive	4 (24)
Other/Government	1 (6)

Analysis of the interview transcripts combined with research notes revealed that participants identified a common set of facilitative strategies to more effectively link public health and healthcare activities to achieve better system performance and population health gains (Figure). These strategies include: (1) focusing on specific, targeted issues where there is shared interest among potential collaborators; (2) building on current and past successes where agencies have come together and collaboration has worked within the community; (3) developing and supporting a strong and neutral convening agency to drive collaboration and/ or integration efforts; (4) involving payers and other business partners with the financial interests and capacity to support collaborative efforts; and (5) training the future and retraining the current workforce to work and thrive in interdisciplinary settings. Two additional themes—(6) leveraging the ACA and other market forces and (7) enhancing policies to encourage collaboration—are closely related.

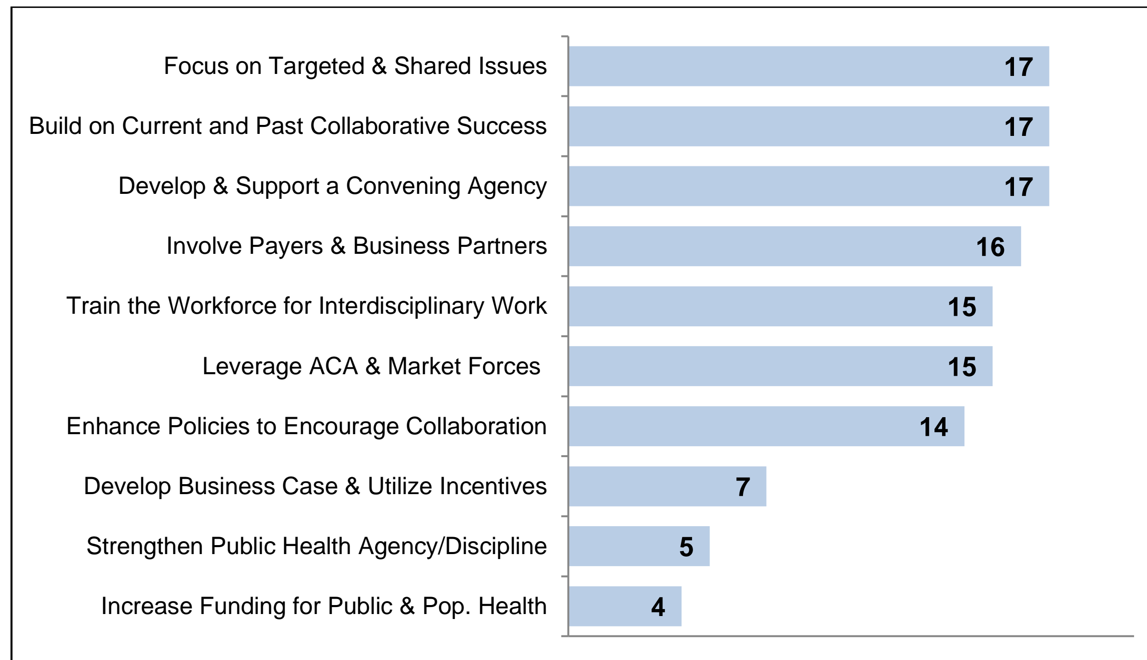
Participants provided a number of keen insights to strategies that could facilitate better integration of public health and health care. A selection of participant quotations on the identified themes is provided in Table 2. One participant, a former hospital CEO and past board chair of an internationally-renowned health improvement organization, summed up many of the core themes in a very clear and compelling manner:

> Better patient outcomes, better system performance and better professional development are all inextricably linked…We need more who understand, who really get population health and we need more leadership in the new order. We're spending so much money in the wrong way. We need young, civic—not corporate —leaders. We need an insurgency. We need people trained in population health and metrics…We need to get beyond who has the better billboard. We can compete on the clinical determinants of health and collaborate on the nonclinical determinants...

Table 2. Selected quotes from participants related to facilitators of greater integration

Focus on Targeted and Shared Issues Special project work on specific issues can be key. Some funders even mandate collaboration…We might start by finding those areas where most of us are struggling – say hypertension. We discussed this at a recent meeting and finally figured out, "Why are we competing on this? No one is doing a particularly stellar job."
Build on Current and Past Collaborative Successes We have a history of this—community-based clinics, early success and breastfeeding coalitions, infant mortality, end of life care, hypertension collaborative, even domestic violence in the past. We've done this. We are doing this. People are at the table. We can build on this and do more.
Develop and Support a Strong Convening Agency There needs to be a shared space to create shared goals, a neutral forum for being open and honest, a place with some sort of centralizing function, some sort of collaborative gravity, where collaboration can become more organized, more emergent, a place that is not anyone's entity, but one created by the people at the table, who created the conversation.
Involving Payers and Other Business Partners We need a broader definition of who's involved in changing health. Healthcare is the smallest percentage of those with influence. What about education? What about business and economic development? We need to get out of silos and have a whole cadre of people who care.
Workforce Training Public health and healthcare do not have the same language and they do not get the same training. Do we re-think education so we can create more bridges? What do we really want and need our people to know? We're simply not trained to work across the divide. Public health has never been the role of the hospitals. In medicine, you're not trained to think that way and, certainly, it's just not how the system is structured. So it takes some really forward thinking people to do that.
Leveraging Policies to Encourage Collaboration There are lots of "oughts" in the system, but there is a difference between what we ought to do and what we can do. Money is the key. Economic incentives and disincentives are not in place to drive population health effort…Unless payment reform really does happen, I don't see hospitals working that hard to keep people out of the hospital. The Triple Aim, CMS, and the ACA all provide incentives and opportunities, carrots and sticks, to improve population health. It's not just about being good corporate citizens. Now there is a business case for hospitals to do more.

Figure. Number of participants (N=17) indicating specific facilitators of better public health system integration (Top 10 most frequent responses shown)



IMPLICATIONS

Public health and healthcare leaders can harness the simple strategies identified in this study to enhance their efforts for greater collaboration and integration. As emphasized in the IOM report, "integration can start with any of these [strategies]...starting is more important than waiting until all are in place."[2] Perhaps more than any other sectors of society, public health and healthcare have profound and durable influences on the intergenerational health and well-being of both individuals and populations. One executive who participated in this study could not have stated this more clearly:

> At some level, we have both a moral and an economic imperative to change how the system works: An *economic imperative* to save money, reduce costs and waste, and a *moral imperative* to both save lives and improve health…Those with a *democratic imperative* for a given population must own it.

The sample size (N=17) and the focus on one urban community are limitations of this study; however, the robustness and power of the findings is demonstrated by the consistency and resonance of the themes identified by participants and the triangulation and rigor accomplished through multiple qualitative analytical methods. Indeed, these themes do not seem limited to one urban area, but are likely highly applicable to other communities, small and large, where the potential for improved population health through greater public health–health care linkage exists. Public health has a duly-appointed position in the community with a clear and unmistakable democratic imperative to own population health. Engaging healthcare and other health system partners in a collaborative, integrated effort to address population health is of particular

importance in the current implementation of the ACA, and it may well be public health's most important role, perhaps even its most important innovation, in the 21st century.

Summary Box

What Is Already Known About This Topic? Public health agencies and healthcare partners are increasingly called to "integrate" in order to address population health needs. While a recent IOM report outlines five important considerations, public health practitioners and other health system leaders may be ill-equipped to answer the call to integrate.

What Is Added by This Report? This report outlines simple strategies leaders can use to harness the potential of a more integrated public health system. These strategies include: (1) focusing on targeted issues with shared interest; (2) leveraging payers and business partners to expand support for integrated efforts; (3) training and retraining the workforce for interdisciplinary collaboration; and (4) developing and supporting a strong, neutral convening agency.

What Are The Implications for Public Health Practice, Policy, and Research? Public health leaders can use these strategies to structure collaborative efforts with healthcare partners in order to improve linkage around population health programs and activities.

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