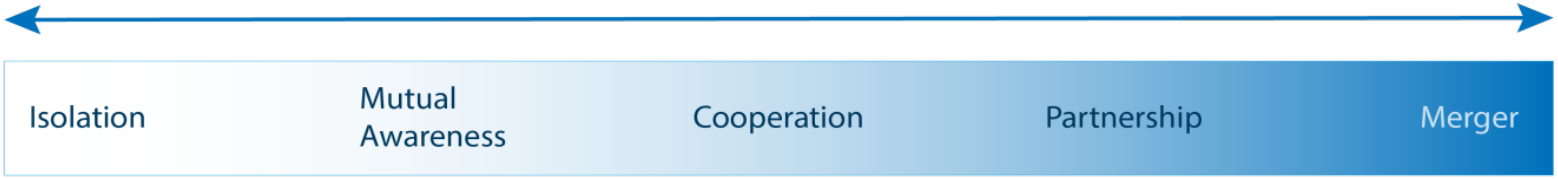
Using Partnership Synergy to Foster Collaboration between Public Health and Primary Care and within Public Health Agencies

While understanding how to engage in effective collaboration across public health and other health-related sectors has long been important, it may be even more critical in a time of value-based purchasing, accountable care communities, collaborative innovation networks, and collective impact efforts. Beyond that, cross-sector and intra-organizational collaboration in public health agencies may be essential in efforts to change the culture of health, address social determinants of health, and advance equity.

The past decade has brought calls for collaboration between medicine and public health, as well as emphasis on more effective interorganizational relationships within public health agencies.[1] [2] Many national organizations and initiatives underscore the importance of shared action, cross-sector collaboration, strengthening integration of health services and system, and improving population health and equity (e.g., Bridging Public Health and Health Care, Building a Culture of Health, Paradigm Project).

The Institute of Medicine (now National Academy of Medicine) Committee on Integrating Primary Care and Public Health [3] illustrated the continuum of collaboration as shown in Figure 1.

Figure 1. Degrees of Primary Care Integration



Based on: IOM (Institute of Medicine; now known as National Academy of Medicine). *Primary Care and Public Health: Exploring Integration to Improve Population Health*. Washington, DC: The National Academies Press. 2012. http://www.nationalacademies.org/hmd/Reports/2012/Primary-Care-and-Public-Health.aspx

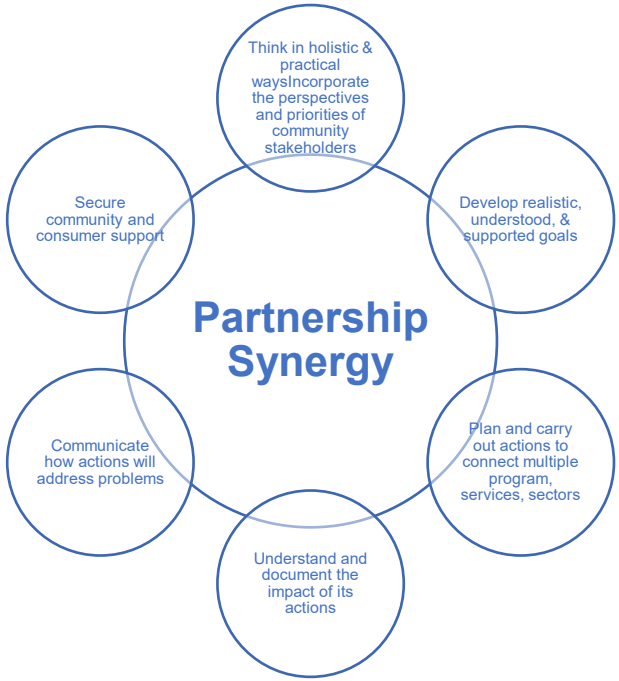
The report concluded that this is a pivotal time to achieve sustainable improvements in population health and that it will require investment and activities in which primary care and public health both have prominent roles. They set out principles for successful integration of primary care and public health, emphasizing that "integration can start with any of these principles and that starting is more important than waiting until all are in place." Looking at the potential for federal agencies (i.e., Health Resources and Services Administration – HRSA and Centers for Disease Control and Prevention – CDC) to collaborate to foster such integration, they found that differing organizational structures mean there is often no natural link between agencies. This may be equally true in state public health agencies between Maternal and Child Health (MCH) programs and units of government focused on chronic disease or infectious disease. Among many recommendations, the opportunity to support pilot projects that better integrate primary care and public health and programs in other sectors affecting the broader determinants of health stands out.[4] Every state can consider women's health and preconception health pilot projects that better integrate primary care and public health, as well as foster greater intra-agency collaboration.

Principles for Successful Integration of Primary Care and Public Health

1. A shared goal of population health improvement;
2. Community engagement in defining and addressing population health needs;
3. 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;
4. Sustainability, key to which is the establishment of a shared infrastructure and building for enduring value and impact; and
5. Sharing and collaborative use of data and analysis.

Many have studied the characteristics of effective collaboration between public health and medical care providers.[5 6 7 8 9] Large reviews have found that systemic-level factors include: governmental role, fit with local needs, power and control issues, and funding and resource factors. Lack of a common agenda, leadership, and accountability issues also are influential at the organizational level.[10] The disconnects are often driven by differing views of the problem, different decision-making processes, and limited use of information technology that has led to cross-disciplinary breakthroughs in other areas. [11] Perceptions of value and trust are important and highly influential, and health departments score high on such measures.[12] Too many partnerships forced by funders are only on paper and fail to produce real collaboration.

Partnership synergy is framework that emerged through study of hundreds of collaborations between public health and medicine.[13] This framework also builds upon a substantial body of studies that point to key aspects of well-functioning and sustained partnerships. Combining the perspectives, resources, and skills of a group of people or organizations has been called synergy, and synergy called the unique advantage of collaboration. It reflects the extent to which the involvement and contributions of different partners improves the ability of the partnership to: think holistically, develop realistic and supported goals, plan and carry out actions that connect multiple programs, services or sectors, understand and document impact, incorporate various perspectives (including the target population and community stakeholders), and obtain ongoing support. In the business world, this has come to be called collaboration synergy that is an interactive process to work together to achieve outcomes the entities could not accomplish independently, but the evidence on partnership synergy points to specific elements that lead to success.



Synergy is the element that makes collaboration particularly effective and can be assessed. [14 15 16] The synergy that a partnership achieves is reflected in the way that partners see the partnership's goals, plans, and outcomes, the type of actions the partnership is engaged in, and the relationship of the partnership to the broader community. Figure 2 shows some key elements for operationalizing partnership synergy.

Adapted from the work of Lasker and the Committee on Medicine and Public health, the matrix on the next page can be used by public health agencies and their partners to accelerate synergy, particularly to promote women's health and preconception health and health care.

Aiming for Partnership Synergy

Areas	Key Questions	Opportunities
Coordinating and connecting individual-level health and related services	· Are we looking broadly at access (e.g., affordable, available, accessible, accommodating, acceptable)? · What are key areas of fragmentation we aim to tackle? · What conditions might be a starting point? · What are the system tools and levers be maximized?	· Build/ use resource hubs · Train and hire peer navigators · Use and finance tiered care coordination · Optimize colocation, embedding · Enhance system tools for more effective referrals and linkages
Broadening community involvement in population-based health strategies	· Who are the community partners that need to be engaged? · Who are the underrepresented voices? · What would authentic consumer and community engagement look like? · What resources can we share at the community level?	· Assess community strengths and assets · Leverage funds dedicated to community-level services · Engaging community partners in decision making · Leverage mechanisms such as community-benefit programs
Linking individual-level and population-based strategies	· What are shared goals in women's health? · How can we shift our focus toward the triple aim? · How can we align measures for shared accountability? · What are the system tools and levers?	· Listening to women · Assess gaps at community level · Align CMS, HEDIS, Title V, home visiting, and other measures · Apply communication and data strategies
Strengthening focus on promotion and protective factors	· Are we using strengths-based tools, and strategies? · Are we using a life course perspective? · How do provider knowledge, attitudes, and behaviors need to change? · How do our tools, communications, and systems need to change?	· Vet and recommend strengths-based tools and approaches · Develop consensus definition about on what strengths-based services means in clinical settings, community-based projects, and other programs · Design training programs for providers
Using an equity lens	· What data do we need to understand disparities? · How are root causes manifested in women's health? · How do provider knowledge, attitudes, and behaviors need to change? · How do our policies, programs, and services need to change?	· Develop strategic goals and plans for addressing equity · Assess policies, programs, and practices using an equity lens · Design training programs for providers · Use perinatal quality collaboratives and other entities to focus on equity, not just measure disparities

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