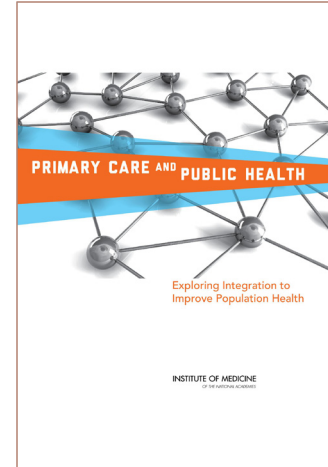


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Primary Care and Public Health

Exploring Integration to Improve Population Health



Although primary care and public health share a goal of promoting the health and well-being of all people, these two disciplines historically have operated independently of one another. Problems that stem from this separation have long been recognized, but new opportunities are emerging for bringing the sectors together in ways that will yield substantial and lasting improvements in the health of individuals, communities, and populations.

In recognition of this potential, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), both agencies of the Department of Health and Human Services (HHS), asked the Institute of Medicine (IOM) to convene a committee of experts to examine the integration of primary care and public health. The United Health Foundation also provided support for the study.

The IOM committee presents its findings and recommendations in *Primary Care and Public Health: Exploring Integration to Improve Population Health*.

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Principles of Success

As part of its study, the IOM committee identified and analyzed past and current efforts to integrate primary care and public health. Put simply, primary care focuses on providing medical services to individual patients with immediate health needs. Public health focuses on offering a broader array of services across communities and populations that collectively will help people to be healthy. The committee finds that the types of interactions between the two sectors are so varied and dependent on local circumstances, such as the avail-

ability of resources and differences in health challenges, that it is not possible to prescribe a specific model or template for how integration should look. Instead, it identifies a set of core principles derived from successful integration efforts.

The core principles include a common goal of improving population health, as well as involving the community in defining and addressing its needs. Strong leadership that works to bridge disciplines, programs, and jurisdictions; sustainability; and the collaborative use of data and analysis are the other principles.

While the committee regards all of these principles as ultimately necessary for successful integration of primary care and public health, it concludes that integration can start with any of the principles. Beginning is more important than waiting until all of the requisite components are in place.

Moreover, the committee notes that the time is right for action. There is a growing recognition that the current model of investment in the nation's health system is unacceptable, and the dramatic rise in health care costs has led many stakeholders to explore innovative ways of reducing costs and improving health. Research findings also continue to clarify the importance of social and environmental determinants of health and the effect of primary prevention. An unprecedented wealth of health data is providing new means to understand and address community-level health concerns. In addition, passage of the Patient Protection and Affordable Care Act (ACA) provides

new opportunities to encourage integration to occur, changing the way the nation improves health.

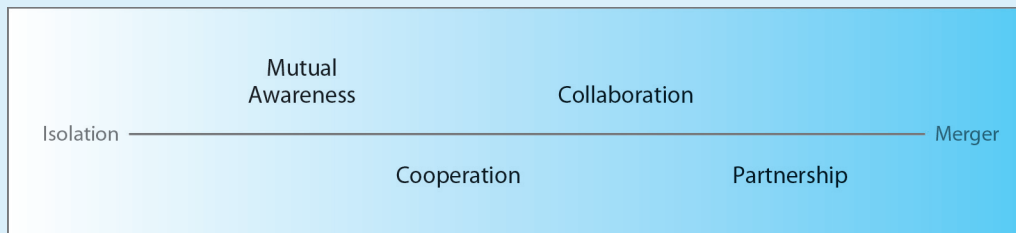
Scope of Integration

The committee acknowledges that integration of primary care and public health can occur on a continuum (see Figure). While it stresses the need to move away from isolation, where the sectors work in separate silos, the committee does not advocate for complete merger. Rather, it identifies degrees of integration that can be used to achieve better health results: mutual awareness, cooperation, collaboration, and partnership.

When there is mutual awareness, primary care and public health are informed about each other and each other's activities. Cooperation denotes some sharing of resources, such as space, data, or personnel. Collaboration is more intense and involves joint planning and execution, with both sectors working together at multiple points to carry out a combined effort. Partnership implies integration on a programmatic level, with the two sectors working so closely together that, from the individual's perspective, there is no separation.

In practice, every community will be different, and not all will be able to achieve true partnership. In some communities, achieving mutual awareness will mark a significant step forward. However, it will be useful to strive for greater integration when possible.

FIGURE: Degrees of Primary Care and Public Health Integration



There is a growing recognition that the current model of investment in the nation's health system is unacceptable, and the dramatic rise in health care costs has led many stakeholders to explore innovative ways of reducing costs and improving health.

Framework for Action

With these principles as a framework for action, the committee proposes an array of recommendations whose implementation would assist the CDC, HRSA, and HHS in creating an environment that would foster broader integration of primary care and public health.

At the agency level, the CDC and HRSA should take steps to connect staff, funding, and data at the regional, state, and local levels. The agencies should create opportunities for staff to build relationships with each other and local stakeholders by taking 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. In addition, the committee recommends that the agencies inventory health and health care databases in order to create a consolidated platform for sharing and displaying local population health data that could be used by communities.

The CDC and HRSA also should work together to create research and learning networks that disseminate best practices in order to foster and support the integration of primary care and public health to improve population health at the state and local levels. The agencies should support the evaluation of existing local and regional models of primary care and public health integration, and they should support the development of new models of integration. Such efforts should include working with the Agency for Healthcare Research and Quality's Action Networks to edu-

cate others about best practices related to the integration of primary care and public health, and convening stakeholders at the national and regional levels to share best practices for integration.

The CDC and HRSA should join forces to develop the workforce needed to support the integration of primary care and public health. Among needed actions, the CDC and HRSA should work with the Centers for Medicare and Medicaid Services (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. They also should develop training grants and teaching tools that can prepare the next generation of health professionals for more integrated clinical and public health functions.

HHS should focus on improving the integration of primary care and public health through its existing programs as well as new initiatives being developed as a result of the ACA. For example, the CMS Innovation Center can use its focus on improving community health to support pilot projects that better integrate primary care and public health. Some health data that doctors collect from patients already are used to help improve public health. To bolster that effort, the Office of the National Coordinator for Health Information Technology should consider developing population measures that support the integration of community-level clinical and public health data.

At a broader level, HHS should work with its



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agencies to develop a national strategy and investment plan for creating a primary care and public health infrastructure robust enough and appropriately integrated to enable the agencies to play their appropriate roles in furthering the nation's population health goals.

Conclusion

The challenges in integrating primary care and public health are great—but so are the opportunities and rewards. The IOM report offers the most detailed portrait yet of the current landscape for integrating, along with principles that can serve as a roadmap to move the nation toward a more efficient health system. The status quo of siloed enterprises is not good enough. Moving along a path of integration will promote better health and well-being for all Americans. 🌐

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