



Catalyzing the Integration of New Hampshire's Public Health and Medical Care Systems to Promote and Protect Community Health



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INTRODUCTION

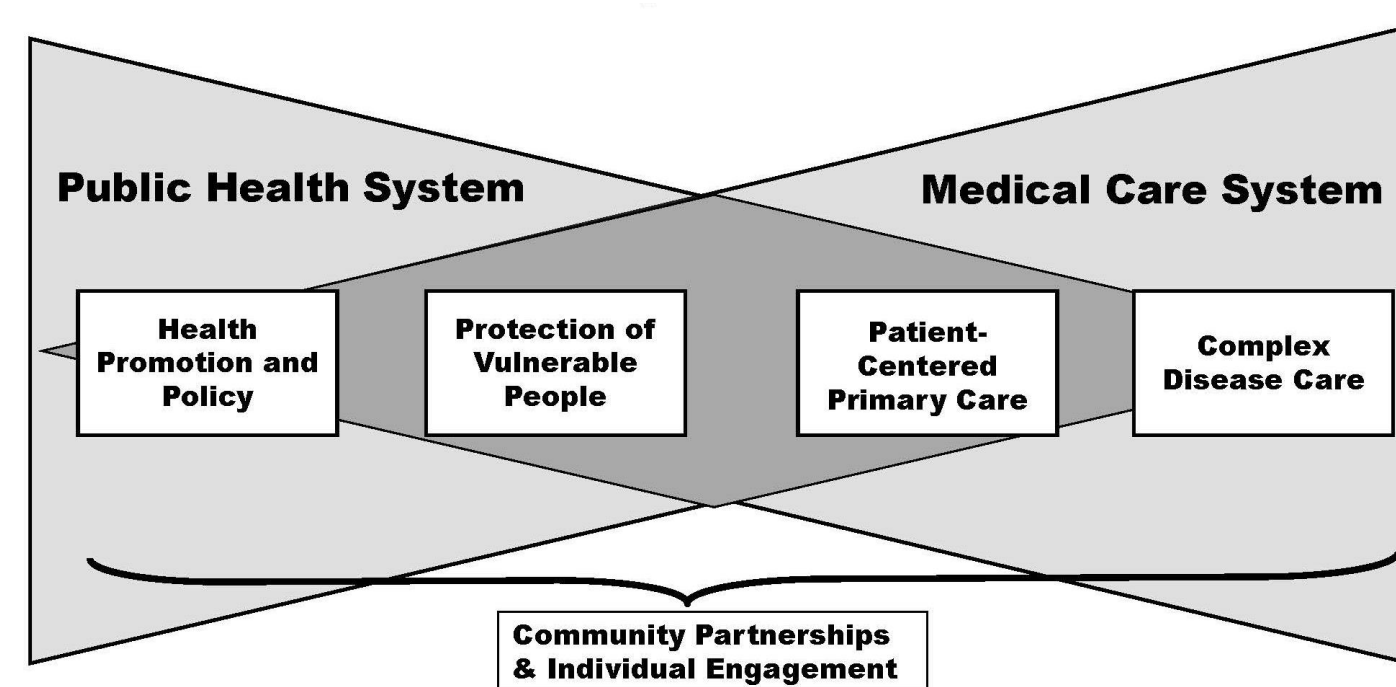
"For too long, the personal health care and public health systems have shouldered their respective roles and responsibilities separately from each other...we need to invest in a process that mobilizes expertise and action...if we are to substantially improve community and population health."⁽¹⁾

The NH Citizens Health Initiative's Health Promotion and Disease Prevention (HPDP) Pillar Group is a multi-stakeholder effort to decrease the leading preventable causes of illness and death for New Hampshire citizens. Since 2009, the HPDP has focused on promoting the use of public health and medical care system integration to improve community health.

THE CHALLENGES

- Limited understanding about medical care & public health system integration

Our Integration Model

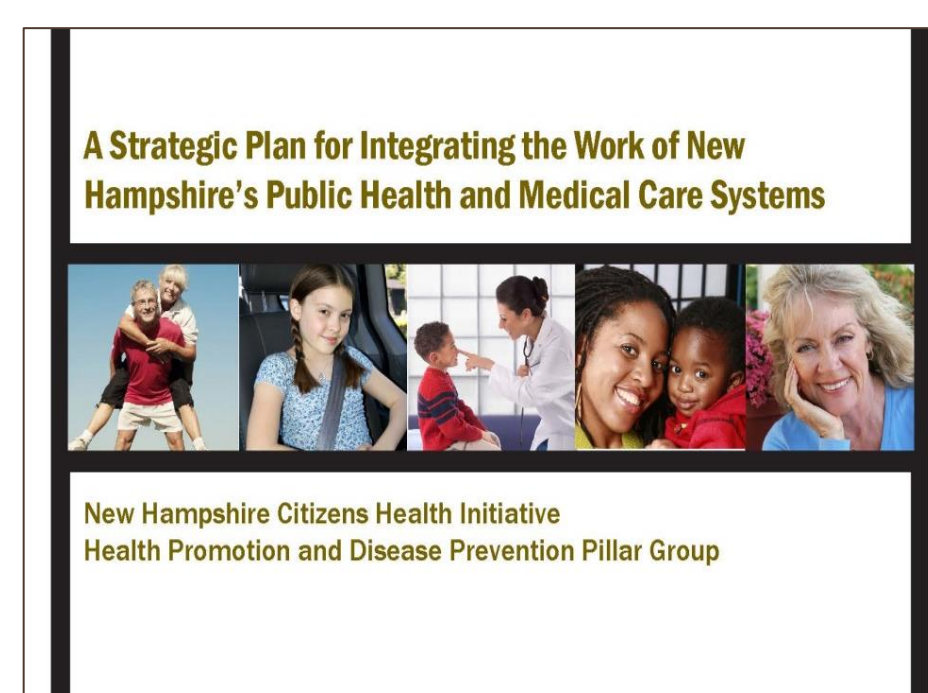


- The need to create a shared vision & "space"
 - Limited "bridges" to facilitate relationship building and identification of shared interests
 - Language differences: what is "population health"
 - Perspective differences
 - Medical Care: see patients as part of a larger community
 - Public Health: see medical system as advocates to improve population health
- Aligning work towards a shared vision and measurement goals in a resource-limited environment

OUR APPROACH

AN EVIDENCE-GROUNDED PROCESS TO PROMOTE MEDICAL CARE AND PUBLIC HEALTH SYSTEM INTEGRATION

STRATEGIC INTEGRATION PLAN



WORKPLAN: USING INTEGRATION TO REDUCE TOBACCO USE

| GOAL | | | |
|---|--|--|--|
| Improve the health of and quality of care delivered to NH residents while reducing costs by more optimally integrating the work of NH's public health and primary care systems, with an initial focus on tobacco. | | | |
| Obj. 1 Build knowledge to use the public health-primary care integration strategies to mitigate tobacco use | Obj. 2 Collaborate with primary care & public health to catalyze evidence-based interventions to reduce tobacco use | Obj. 3 Promote adoption of best practices for evidence-based interventions involving primary care & public health to reduce tobacco use | Obj. 4 Secure funding & infrastructure to sustain evidence-based interventions involving primary care & public health to reduce tobacco use |

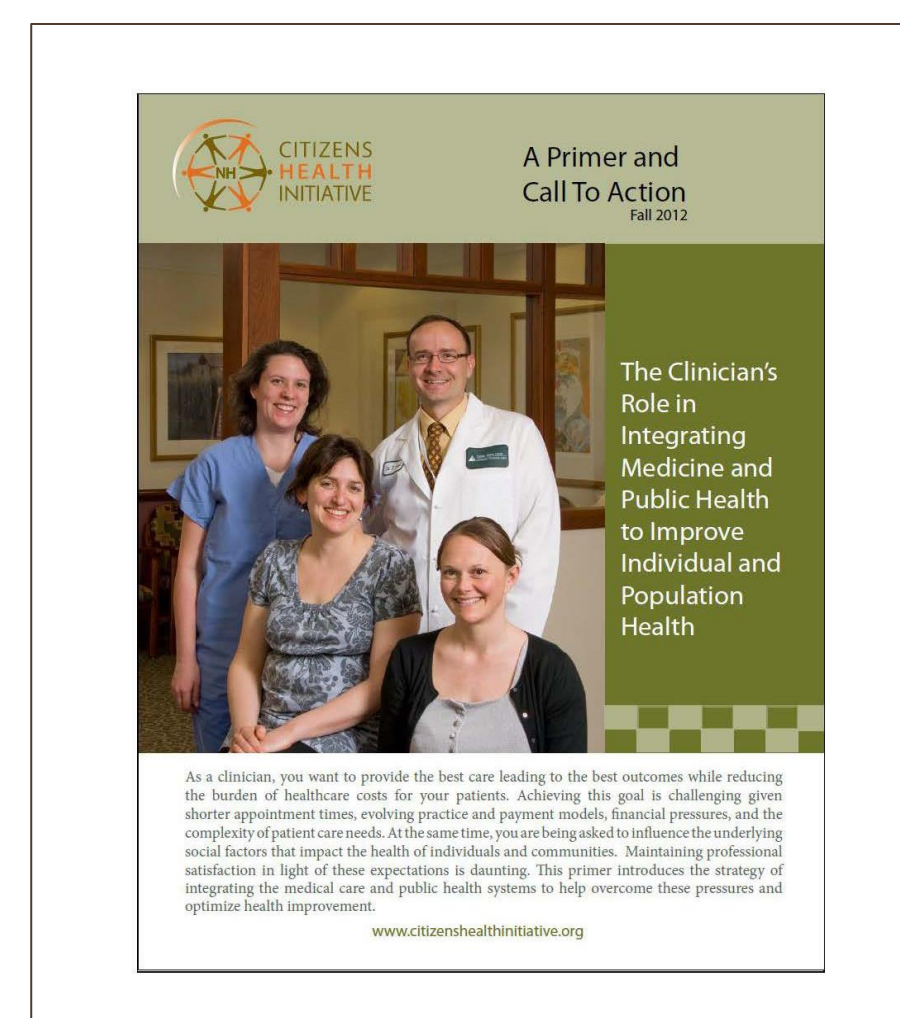
CURRENT PRIORITY ACTIVITIES BY OBJECTIVE

| | |
|-----------------------------|---|
| Build Knowledge | <ul style="list-style-type: none"> Primers for clinicians, clinic mgrs, & public health |
| Catalyze Integration | <ul style="list-style-type: none"> Integrate tobacco prevention work of medicine, behavioral, oral & public health Connect clinics to NH Quitline Pursue partnerships to advance integration |
| Best Practice Dissemination | <ul style="list-style-type: none"> Disseminate tools to promote integration approaches to reduce tobacco use |
| Secure Funding | <ul style="list-style-type: none"> Pursue opportunities to fund workplan |

WORKPLAN PROGRESS

BUILD KNOWLEDGE

- Clinician Primer ⁽²⁾: define integration & demonstrate its value & practical use (Fall 2012)
- Accountable Care Learning Webinar: using integration strategies to promote individual & population health (Fall 2013)



CATALYZE INTEGRATION

- NHPHA Fall Forum Panel: opportunities to align tobacco cessation efforts of medical, behavioral, oral, and public health professionals (Fall 2012)

BEST PRACTICE DISSEMINATION

- HPDP webpage ⁽²⁾: links to case studies, tools, & NH integration efforts (Fall 2013)
- Practical Guide to Integration ⁽²⁾: describes integration facilitators (Fall 2011)

FUNDING

- Explore ways to sustain existing integration efforts such as the NH Tobacco Helpline (Fall 2013)
- Podcast series for clinicians on applied public health practice (Spr. 2014)

LESSONS LEARNED

- Be patient! Integration is a challenging concept to understand, do, and fund.
- Boundary spanners (who understand both "worlds") and integration champions are key.
- Be flexible, but stay true to your goal.
- Carpe Diem! Seize the opportunity to synergize with existing initiatives (Million Hearts, ACA).
- Frame integration as a way to meet external mandates (meaningful use, PCMH/ACO performance metrics)

REFERENCES AND RESOURCES

- (1) Durch JS, Bailey LA, Stoto MA, editors. *Improving Health in the Community: A Role for Performance Monitoring*. Washington DC: National Academy Press; 1997.
- (2) Resource available at <http://www.citizenshealthinitiative.org>

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