15 years of
Improving Health. Informing Policy

COMMONWEALTH FUND

Strengthening Public Health through Integration with Primary Care: State and Local Efforts

By: Samantha Iovan, Marianne Udow-Phillips, and Nancy Baum

Introduction

The COVID-19 pandemic highlighted longstanding challenges faced by state and local public health agencies: chronic underfunding; fragmentation of services; inconsistent messaging; and lack of clarity of roles and responsibilities between federal, state, and local public health authorities.[i] Public trust in public health declined substantially throughout the pandemic. Trust in clinical leaders also declined over the course of the pandemic but remained at much higher levels than trust in public health.[ii]

The importance of primary care in prevention, health promotion and equity of care has been well documented over time.[iii] COVID-19 highlighted the criticality of a robust system of primary care. Indeed, the care gaps that have been evident throughout COVID-19 may well have been reduced with a stronger primary care system better connected to public health.[iv]

State leaders, clinicians and public health practitioners have increasingly realized that partnerships between medical care systems, community-based organizations and public health are essential to protect community health, rebuild trust and prepare for future public health emergencies.[v]

State and local leaders across the country are innovating to build partnerships to advance public health. Important among those efforts are state and local initiatives to better align primary care and public health. In 2020 and 2021, several states identified the need to build bridges between public health and primary care to tackle the COVID-19 pandemic.

Approaches to collaboration between primary care and public health

The pathways to integration and collaboration of primary care and public health are unique and dependent on the needs and environment of each specific community. To better understand the work currently underway, we describe three approaches to collaboration between public health and primary care: structured collaboration, collective impact, and integrated service delivery (figure 1). It is important to note that these approaches to collaboration are not rigid or mutually exclusive, and no state or locality fits perfectly within these categories. There is often considerable overlap between approaches, which fall along an integration continuum. For example, co-location of services may happen at the local level in some jurisdictions, but not statewide. As such, states and localities employ multiple strategies to strengthen and support the relationship between public health and primary care.

While efforts to encourage collaboration are occurring in many parts of the county, public literature has highlighted efforts in eight states (figure 2). Similar frameworks exist for describing the integration of health and human services and can be used to better understand the complex details of collaboration.[vi,vii] Descriptions of how states and localities use these integration approaches to improve coordination between public health and primary care are included in Appendix Table 1. A list of acronyms can be found at the end of this document.

Figure 1. Integration continuum representing collaboration between public health and primary care entities from least integrated to most integrated (left to right).

	STRUCTURED COLLABORATION	COLLECTIVE IMPACT	INTEGRATED SERVICE DELIVERY
PAYMENT REFORM	Aligned incentives	Pooled funding	Braided/blended funding; payer alignment
DATA SHARING	Data sharing at the county/local level	Statewide shared data platforms	Shared data systems
CROSS-SECTOR COLLABORATION	Formal/ongoing communication; common agenda	Common agenda; communication; backbone support	Colocation of agencies; shared governance
EQUITY	Aim to improve access to care, create diverse partnerships, raise community voice, and explicitly address racial inequities in health.		

Structured Collaboration

In structured collaboration—the most informal model presented in figure 1—agencies have aligned incentives (i.e., potential for additional earnings based on achieving key outcomes), formal and ongoing communication paths, and a common agenda for improving the health of their shared community. Communities using a structured collaboration approach encourage partnerships between public health, community health centers, local government, and social service organizations to improve access to care.

Aspects of a structured collaboration approach are present in the integration efforts in Nebraska, Rhode Island, and Maryland.

Collective Impact

In the context of public health and primary care integration, collective impact models are employed to engage a range of stakeholders to address community needs. The five guiding principles of collective impact work are: 1) a common agenda; 2) shared measurement systems; 3) mutually reinforcing activities; 4) continuous communication; and 5) backbone support organizations.[viii]

This approach often uses a backbone agency to coordinate and champion the work. Participating groups may use shared data platforms and include broad coalitions of diverse partners, including community-based organizations, as well as other entities such as governmental agencies, accountable care organizations, and philanthropic organizations. A key feature of this work is often pooled funding, where organizations each contribute financially to a shared fund.

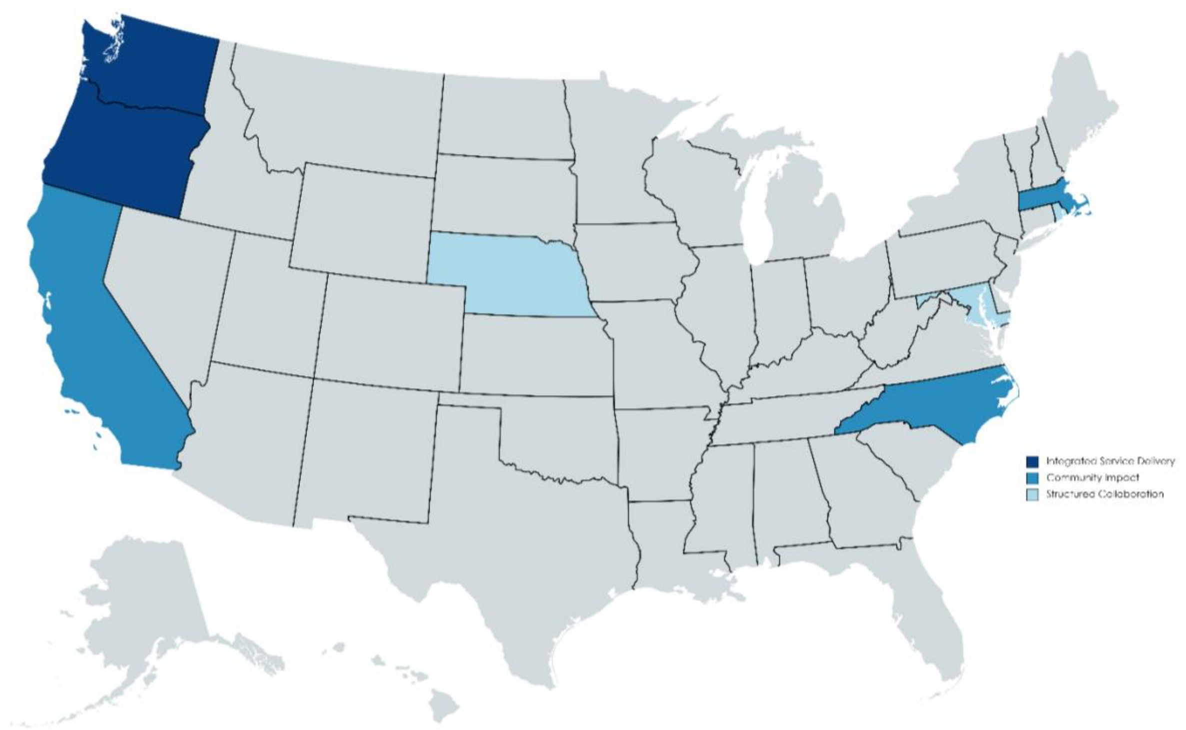
Aspects of a collective impact approach are present in the integration efforts in California, North Carolina, and Massachusetts.

Integrated Service Delivery

Integrated service delivery—the most integrated model in this continuum—is generally characterized by shared data systems, colocation of agencies, integration between agencies, shared staffing, and braided or blended funding. These models use shared governance to advance health priorities, often focusing on advancing health equity and improving care for underserved communities. Payer alignment through insurance or other funder reimbursement is a key feature of this approach. In addition, communities adopting integrated service delivery approaches may use enabling legislation to bolster this work.

Oregon and Washington are two states employing some of the key strategies of an integrated service delivery approach at the local level.

Figure 2. Map of states with activity reflecting three major integration approaches for public health and primary care.



Conclusion

The innovative work around public health and primary care collaboration and integration is constantly evolving. This brief presents a sample of states using aspects of three different approaches to improve health outcomes through integration and is not comprehensive of all the activity underway in the United States. Additionally, states continue to learn from each other to advance this important work. Four states have made significant advancements toward integration: North Carolina, Oregon, Rhode Island, and Washington. Case studies on these four states, along

with an actionable guide for states and localities looking to improve health through primary care and public health collaboration, are available through the CHRT Integration Resource Hub: Strengthening Public Health.[ix]

---

[i] The Commonwealth Fund. 2022. Meeting America's Public Health Challenge. Accessed 1_20_23. https://www.commonwealthfund.org/sites/default/files/2022-07/TCF-002%20National%20Public%20Heath%20System%20Report-r6-final.pdf

[ii] Funk, C., Tyson, A., Giancarlo, P. and Spenser, A. 2022. Americans Reflect on Nation's COVID-19 Response. Pew Research Center. https://www.pewresearch.org/science/2022/07/07/americans-reflect-on-nations-covid-19-response/

[iii] Starfield, B., Shi, L., and Macinko, J. Contribution of Primary Care to Health Systems and Health. Milbank Quarterly. 2005;83(3). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/

[iv] Galea, S. The Post-COVID-19 Case for Primary Care. JAMA Health Forum. 2022;3(7). https://jamanetwork.com/journals/jama-health-forum/fullarticle/2794949

[v] Leonard, B., Paun, C. and Reader, R. 2022. How to Repair Trust in Healthcare. Politico. https://www.politico.com/newsletters/future-pulse/2022/09/27/how-to-repair-trust-in-health-care-00058894

[vi] O'Grady, K., Iovan, S., and Udow-Phillips, M. 2021. "EVOLVE: A Framework for Integration." The Free Library. American Public Human Services Association 21 Sep. 2021.

[vii] Udow-Phillips, M., O'Grady, K., & Meadows, P. Nine lessons for leaders of health and human services integration initiatives (and for the grantmakers that want them to succeed) Health Affairs blog; 2018. [May 24, 2019]. Accessed 12_15_22.

[viii] efKania, J. and Kramer, M. 2011. Essentials of Social Innovation. Stanford Social Innovation Review. Accessed 12_15_22. https://ssir.org/articles/entry/collective_impact#

[ix] Center for Health and Research Transformation. 2023. Integration Resource Hub: Strengthening Public Health. https://chrt.org/integration-resource-hub-strengthening-public-health/.

Appendix

Table 1. State and local efforts to integrate public health and primary care by integration approach.

State/Locality	Key Elements	Partners
INTEGRATED SERVICE DELIVERY		
Washington State	• Accountable Communities of Health (ACH) • **Leadership Institute** to teach PC and PH leaders to engage in collaborative work • **Co-location** of LHDs and FQHCs • **Braided funding**	• Public health (state DOH, state public health assn., NWCPHP, LHDs) • Primary care (state primary care office, FQHCs, NWRPCA) • Payors (WA State Healthcare Authority)
Lane County, Oregon	• Accountable Communities of Health (ACH) • **Coordinated Care Organization (CCO)** Medicaid managed care model • Alignment with **SHIP** • **Legislation** requiring integrated care for CCOs	• Public health (state, county) • Primary care (PCMH/CHCs) • Payors (Medicaid MCOs) • CBOs
COLLECTIVE IMPACT		
North Carolina	• Statewide **shared data platforms** link PH, FQHCs, and CBOs • **Backbone organization** • Intentional network building: cross-pollination of meetings, talking in the right "language" for each sector • **Broad coalitions**	• Public health (NCDHHS, local, public health assn.) • Primary care (state primary care office, FQHCs/CHCs, NC Academy of Family Physicians, medical society, hospital assn.) • Philanthropy (FHLI) • CBOs, faith community, tribal community
California	• Accountable Communities for Health (ACH) • **Backbone organization** • **Data sharing** • **Pooled funding**	• Public health (LHDs) • Primary care (healthcare systems, POs) • Payors (Medi-Cal MCOs) • CBOs • Philanthropy
Boston, Massachusetts	• **Formalize partnerships** between LHD and ACOs to address racial inequities in health outcomes • **Improve access to LHD data** for community partners	• Public health (LHD) • ACOs • CBOs
STRUCTURED COLLABORATION		
Rhode Island	• Health Equity Zones • "**Public Health Rounds**" to sustain connections, engage PCPs in PH efforts • **Braided funding** to address health equity	• Public health (state DOH) • Primary care (state primary care office, ACOs, medical society, Care Transformation Collaborative) • Payors (RI Medicaid, health insurance commissioner)
Maryland	• Health Enterprise Zones (HEZ) • All payer rates and **aligned payment systems** encourage partnerships between PH & PC • County-level **information exchanges**, establishment of new PCMHs in partnership with LHD; expand access to primary care	• Public health (LHD) • Primary care (state primary care office, PCMH) • Payors
Nebraska	• State Public Health Improvement Plan • **Care coordination** for high-risk chronic care patients • **Formal contract or MOU** between LHDs and clinics • **Co-location**; data sharing through BAA • Jointly developing **CHNAs**	• Public health (LHDs) • Primary care (FQHCs)

Acronyms

ACH: Accountable Communities of Health

ACO: Accountable Care Organization

BAA: Business Associate Agreement

CBO: Community-Based Organization

CCO: Coordinated Care Organization

CHC: Community Health Center

CHNA: Community Health Needs Assessment

DOH: Department of Health

FHLI: Foundation for Health Leadership and Innovation

FQHC: Federally Qualified Health Center

HEZ: Health Enterprise Zones or Health Equity Zones

LHD: Local Health Department

MCO: Managed Care Organization

MOU: Memorandum of Understanding

NCDHHS: North Carolina Department of Health and Human Services

NWCPHP: Northwest Center for Public Health Practice

NWRPCA: Northwest Regional Primary Care Association

PC: Primary care

PCMH: Patient-Centered Medical Home

PCP: Primary Care Provider

PH: Public health

PO: Provider organizations

SHIP: State Health Improvement Plan