Better Together

Strategies for improving collaboration between public health and primary care
Contact Information

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de Beaumont Foundation

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@BrianC Castrucci
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Why Am I Here Today?
• We believe in a strong governmental public health system

• Strategies
  – Strengthening the workforce
  – Connecting public health with key partners
  – Elevating the profile of public health
1. I love public health
My Links to North Carolina
1. I love public health
2. I love North Carolina
Why I’m Here Today

1. I love public health
2. I love North Carolina
3. I love PH/PC Integration
What Do I Want to Do Today?
“If you laugh, you think, and you cry, that’s a full day.”
“If you laugh, you think, and you cry, that’s a full day.”

“If you laugh, you think, and you learn something, that’s a full presentation.”
Framing the Problem
Healthcare system that doesn’t work anymore
“It was designed to respond to acute illness, not to address causes of disease that occur far beyond the clinic walls.”
“There is no treatment, pill, or vaccine to address the challenge of having better access to an MRI in most communities than fresh fruits and vegetables or opportunities to exercise.”
What Is de Beaumont Doing?
What is de Beaumont Doing?

• Practical Playbook
• BUILD Health Challenge
• Practical Playbook
  – www.practicalplaybook.org
• BUILD Health Challenge
What is de Beaumont Doing?

HOW CAN THE PRACTICAL PLAYBOOK HELP WITH YOUR INTEGRATION PROJECT?

**LEARN**
Explore what integration is, what it is not, and the value of working together.

- The Principles of Integration
- The Value of Working Together

**DO**
Start an integrative project or move your project forward with guidance and tools.

- The Stages of Integration
- Topics for Your Project

**SHARE**
See how communities across the country are working together to improve population health.

- Success Stories
- Connect with Others
What is de Beaumont Doing?

How can the practical playbook help with your integration project?

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New York Monitors Blood Pressure with EHRs

Summary:
*Keep On Track* provides blood pressure monitoring equipment and training to community organizations in New York City. Operated by the New York City Department of Health & Mental Hygiene and church health ministry volunteers, the project allows community members to keep track of their blood pressure data.
North Carolina Advances Patient-Centered Care

in Health Information Technology & Patient Centered Medical Home

Summary:
In North Carolina, the Southern Piedmont Beacon Community Program demonstrates how health IT investments and meaningful use of electronic health records can advance the vision of patient-centered care. The Beacon Community Program is supported by three public health departments, three regional medical...
• Lloyd Michener, MD
  – Community and Family Medicine at Duke
• www.practicalplaybook.com
• Purchase the book at oup.com/us
  – 33715 for 20% off ($22.36)
• @PracPlaybook
BRINGING PUBLIC HEALTH and PRIMARY CARE TOGETHER:
The Practical Playbook National Meeting
May 22–24, 2016 • Hyatt Regency • Bethesda, Maryland
• Practical Playbook

• BUILD Health Challenge
  – www.buildhealthchallenge.org
• www.buildhealthchallenge.org
• @BUILD_Health
• www.debeaumont.org
• Send me an email (castrucci@debeaumont.org) to get on our distribution list
• Huffingtonpost.com/brian-castrucci
• @BrianC_Castrucci
What Can You Do?
• High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist
  – http://www.resolv.org/site-healthleadershipforum/
  – Promoting the reorientation of the healthcare system toward prevention and wellness
  – Interpreting and distributing data

• Practical Playbook
  – Aligned health messaging
  – Policy and community change
  – Data and analytics
• High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist
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• Practical Playbook
  – Aligned health messaging
  – Policy and community change
  – Data and analytics
• Develop and educate the workforce
• Communicate, communicate, communicate
• Work with your primary care/hospital allies
• Funding
• Have courage
• Develop and educate the workforce
  – PH WINS data

• Communicate, communicate, communicate

• Work with your primary care/hospital allies

• Funding

• Have courage
<1/5th of non-supervisors have heard a lot about integration

<table>
<thead>
<tr>
<th>How much have you heard about Public Health-Primary Integration?</th>
<th>Importance of PH-PC integration to public health?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nothing</strong></td>
<td>Not important</td>
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<tr>
<td>18%</td>
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<td>26%</td>
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<td><strong>Not much</strong></td>
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<table>
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<tr>
<th>Non-Supervisor</th>
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Develop & Educate the Workforce
# Public Health-Primary Integration

**Develop & Educate the Workforce**

## Overwhelming majority think it is important

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### Importance of PH-PC integration to public health?

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Nearly half of report integration impacting their day to day work

Impact of PH PC integration on your day to day work?

- Not at all: 22% (20% Non-Supervisor, 16% Supervisor)
- Not too much: 31% (31% Non-Supervisor, 30% Supervisor)
- Impact fair amount: 29% (31% Non-Supervisor, 31% Supervisor)
- Impact a great deal: 18% (24% Non-Supervisor, 20% Supervisor)

See more emphasis on PH PC Integration in future?

- Less emphasis: 2% (2% Non-Supervisor, 2% Supervisor)
- About the same: 31% (32% Non-Supervisor, 31% Supervisor)
- More emphasis: 51% (53% Non-Supervisor, 52% Supervisor)
- Not sure: 16% (13% Non-Supervisor, 15% Supervisor)
Develop & Educate the Workforce

More than half want more emphasis

Impact of PH PC integration on your day to day work?

- Not at all: 22% Total
  - Non-Supervisor: 2% Supervisor: 16% Total: 20%
  - Not too much: 31% Total
  - Impact fair amount: 29% Total
  - Impact a great deal: 18% Total

See more emphasis on PH PC Integration in future?

- Less emphasis: 2% Total
  - Non-Supervisor: 2% Supervisor: 2% Total: 2%
  - About the same: 31% Total
  - More emphasis: 51% Total
  - Not sure: 16% Total
   - Non-Supervisor: 13% Supervisor: 15% Total: 15%
• Develop and educate the workforce
  – Understand the impact on their work
  – Increase the emphasis
• Communicate, communicate, communicate
• Work with your primary care/hospital allies
• Funding
• Have courage
• Develop and educate the workforce
• Communicate, communicate, communicate
  – Be a voice
• Work with your primary care/hospital allies
• Funding
• Have courage
• Develop and educate the workforce
• Communicate, communicate, communicate
• Work with your primary care/hospital allies
  – Align health messages
  – Explore policy and community change initiatives
  – Convene
    • Mayors/SHOs/Governor’s staff
    • ED department heads/Police/CPS
Great Stories + Valid Data = POWER + Credibility = CHANGE
Schools’ water may be key to teens’ kidney ills

Anna Okopiribe, 16, drinks from the water fountains at Northeast High School only when she’s “desperate.” The water is warm and metallic-tasting. “It’s pretty gross,” she said. “Once, I filled up my water bottle, and the water wasn’t clear. It was gray. I got scared. I was like, I don’t know if I should drink this.”

That’s cause for concern, given that poor water intake is a likely factor in a startling phenomenon outlined in research published Thursday by a Children’s Hospital of Philadelphia doctor. It is: The childhood risk of kidney stones — an affliction historically found most often in middle-aged white men — has doubled in less than two decades.

The risk increased the most for adolescents, girls, and African Americans, pediatric urologist and epidemiologist Gregory Tawian found.

So, Children’s — along with Philadelphia city agencies, the School District, and other partners — is pushing to improve water access in Philadelphia and particularly in city schools. Broken and dilapidated fountains have long been a source of complaints for students and teachers, who have gone so far as to demand water access in contract work rules. Some local students, meanwhile, are taking steps to improve their schools’ drinking water.

Tawian, whose research was published in the Clinical Journal of the American Society of Nephrology, said he first saw the kidney-stone increase when he began practicing in 2005.

“Urologists who had been in practice 25 or 30 years were saying, at the beginning of their careers, the children with kidney stones were those with really rare and inherited metabolic conditions,” he said. “Now, we’re seeing otherwise healthy children who just develop kidney disease much earlier in life.”

Tawian and his colleagues analyzed nearly 153,000 medical records, dating from 1997 to 2012, from South Carolina, one of a few states that maintain a complete claims database. In that time, kidney-stone incidence increased 4.7 percent annually among teens, and 2.9 percent per year among African Americans. There was a 45
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• Funding
  – Educating Physicians in their Communities
  – Leverage the CHNA process
• Have courage
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Interpreting and Distributing Data

Geographic Specificity

- Nation
- County
- X, Y Coordinate

Time Lag
- Real Time
- 12 months
- 5 years +

Laboratory reporting
Reportable disease
Medicaid claims
WIC
Registry data

Hospital discharge
NVSS

YRBS
BRFSS
PRAMS
NSCH
NIS
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Quotes from “Big Cities” health officials


“...I think BRFSS is great but, again, it's not granular enough...I think it would behoove us to have something that we could make a little more granular in terms of survey input, assessing people's behaviors and things like that.”
Quotes from “Big Cities” health officials


“I think in an ideal world, we would be able to conduct a local health and nutrition examination survey every three years, but we can’t... [and] that's challenging. That’s really one of the reasons we're looking at electronic health record surveillance because we're hoping that that can fill some of the gaps we have.”
• **Sources**
  - Adults
    - BRFSS
  - Children
    - YRBS
    - NSCH
“The natural history of the obesity epidemic lives in electronic medical records at the address level, but we can’t access it.”
Interpreting and Distributing Data

Public Health

Primary Care
• Infuse EMR data with context
  – Cleveland BUILD site
    • Housing data into EMRs
  – Robert Zarr
    • https://www.washingtonpost.com/national/health-science/why-one-dc-doctor-is-prescribing-walks-in-the-park-instead-of-pills/2015/05/28/03a54004-fb45-11e4-9ef4-1bb7ce3b3fb7_story.html
• I believe that health transformation starts with you
• Seize the opportunity we have
• Don’t be intimidated by the size of the problem
• Many small wins add up
• LEAVE HERE COMMITTED TO DO ONE THING TO ADVANCE THIS AGENDA
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