INTEGRATING PUBLIC HEALTH AND MEDICAL CARE TO IMPROVE HEALTH

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TODAY’S AGENDA

- Define “Integration”
- Overview of our state initiative to promote integration
- Three key elements of integration
- Orientation to implementation tools for integration
- Cheshire County, NH’s story
- Integration case study and exercise
**WHY INTEGRATE?**

“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.”


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**DEFINING INTEGRATION**

- It is not ....*Little “i”*
  - Coordinating the work of depts. w/in a hospital
  - Hospitals having community health programs
  - Creating healthcare systems by virtue of agreements or purchasing of health care organizations
- It is about..... *BIG “I”*
Making the Triple Aim a Reality

Integration
- Individual Activation
- Community Engagement and Partnerships
- Alignment of Interventions
- Determinants of Health
- Built Environment
- Policy Initiatives
- Medical Care System

Experience of Care
Per Capita Cost
Medical Care System

Integration to Improve Population Health

A TRANSFORMED HEALTH SYSTEM: PRODUCING HEALTHY PEOPLE IN HEALTHY COMMUNITIES

Health Production: Promotion, Prevention, Preparedness

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A State Effort

New Hampshire

NH CITIZENS HEALTH INITIATIVE

Create and sustain a public dialogue that will measurably improve the “systems” that finance and provide health care in New Hampshire to accomplish two fundamental objectives:

- Create an effective system of care
- Assure a healthy population
HEALTH PROMOTION/DISEASE PREVENTION PILLAR GROUP

- Decrease leading causes of illness and death among NH citizens
- “Pound of Prevention” Report
- Evidence-based practice/policy
- Linking medicine and public health

STATE PLAN GOAL

Provide a detailed, yet flexible roadmap of action-oriented recommendations to catalyze and sustain integrative work between NH’s public health and medical systems (along with other community stakeholders) to promote and protect the health of NH citizens.
KEY QUESTIONS

- Who are the system stakeholders to involve in an integration effort?
- How do we effectively engage identified stakeholders?
- How do we effectively identify integration opportunities?
- What criteria should be used to evaluate an integration effort?
- How do we sustain these integration changes?

SIX RECOMMENDATIONS

1. Obtain the input & support of key stakeholders on state integration plan content & implementation.
2. Identify a state level “home” for integration activity in NH.
3. Develop & distribute resources to support the use of best practices for integrating the work of NH’s public health & medical care systems.
### SIX RECOMMENDATIONS

1. Identify & implement strategies to catalyze collaborative action among public health, medicine, & community stakeholders.

2. Build sustainable funding streams for integrative activity by “hardwiring” it into existing funding streams.

3. Develop mechanisms to acknowledge integration successes and achievements.

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### A STATE PLAN

- **A Strategic Plan for Integrating the Work of New Hampshire’s Public Health and Medical Care Systems**
- [Link](http://www.unh.edu/chi/media/2010/Aug2010State_Integration_Plan.pdf)
LESSON LEARNED – ALIGNMENT IS A KEY FOR SUCCESS

Integrated System
- Media
- Health Dept & other gov’t agencies
- Nonprofit social service agencies
- Hospitals & Providers

Execution Gap

Improved Community Health

Improved
Community
Health

Progress on some Health Goals

Fragmented System
- Employers
- Schools
- Community groups
- Faith communities
- Families & individuals

Adapted from Results that Matter Team

KEY ELEMENTS

Three Key Elements for Integration
BUILDING A SHARED VISION

THE “WHY”
Where is the “golden opportunity” for creating a bridge between medicine and public health to improve our community’s health?

- Community Priorities
- Partner Self-interests

BREAKING DOWN SILOS

THE “HOW”
How do we create “the space” to bring together public health and medicine?

- Bring the right stakeholders to the table
- Find appropriate organizational representatives
- Build relationships
- Address perspective, language & communication
- Find a partnership “home” to foster sustainability
DIFFERENCES IN PERSPECTIVE MATTER

<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Leading Causes of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical perspective of health risk (disease treatment)</td>
<td>Public health perspective of health risk (lifestyle and prevention)</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Tobacco</td>
</tr>
<tr>
<td>Cancer</td>
<td>Unhealthy Diet</td>
</tr>
<tr>
<td>Stroke</td>
<td>Inadequate Activity</td>
</tr>
<tr>
<td>COPD</td>
<td>Excessive Alcohol</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Motor Vehicle and Firearms</td>
</tr>
</tbody>
</table>

PRACTICAL WAYS TO ALIGN

THE “WHAT”

What can we collaboratively do to improve the health of our community?

- Examine current integration models/strategies
- Look for the synergies among stakeholder assets
- Assess partnership and community readiness
- Use incremental & bottom up approaches
- Use a variety of approaches – advocacy & practice
Tools to Help Implement the Three Key Elements for Integration

Integration Resource Guide

THE WHY: DEFINING A CONCRETE, SHARED VISION FOR YOUR WORK TOGETHER

<table>
<thead>
<tr>
<th>KEY QUESTION</th>
<th>STEP</th>
<th>GUIDANCE</th>
<th>RESOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the “golden opportunity” for creating a bridge between medicine and public health to improve our community’s health?</td>
<td>Health Issue Selection</td>
<td>Identify a health issue relevant to your community. No one organization has the capacity to address it alone, hence collaboration is necessary.</td>
<td></td>
</tr>
<tr>
<td>Vision Statement Construction</td>
<td></td>
<td>Partners agree on a coherent community definition (race, hospital/service area, etc.)</td>
<td><a href="http://www.beyondresistance.com/pdf_files/5x3_5x8.pdf">http://www.beyondresistance.com/pdf_files/5x3_5x8.pdf</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>All partnership members understand and are committed to the vision for their integration work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The issue leads off identified community priorities and partner self-interest (What’s in it for me?)</td>
<td></td>
</tr>
</tbody>
</table>

THE HOW: BREAKING DOWN THE SILOS & BUILDING THE INFRASTRUCTURE FOR COLLABORATIVE WORK

<table>
<thead>
<tr>
<th>KEY QUESTION</th>
<th>STEP</th>
<th>GUIDANCE</th>
<th>RESOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do we build the bridge to connect public health and medicine?</td>
<td></td>
<td>Approach organizations that serve the same community, but with different resources and/or perspectives.</td>
<td>Building Communities from the Inside Out: <a href="http://www.centerforurbanstudies.com/documents/BuildingCommunitiesfromtheInsideOut.pdf">http://www.centerforurbanstudies.com/documents/BuildingCommunitiesfromtheInsideOut.pdf</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use a multi-determinants health model that identifies stakeholders related to your vision.</td>
<td></td>
</tr>
</tbody>
</table>

2011 TPHA Annual Conference
INTEGRATION PLANNING CHART - PART 1

Comprehensive Community Health Clinical Integration

Shared Vision:
To have the lowest obesity rate in the country by 2020

Determinants of Health – How?

Clinical Care | Social Network | Health Eating | Active Living | Education | Income / Work | Genetics / Biology

Stakeholders – How?

Clinicians, hospitals, other providers, pharmacies, payers
Social, civic, faith-based, and cultural organizations; media, schools, employers, and individuals
Retailers, markets, restaurants, farmers, public health, legislators, planners, government, funders
Parks, recreation centers, fitness providers, planners, public health, government
Schools, school boards, PTAs, libraries, Dept of Education
Employers, government

INTEGRATION PLANNING CHART - PART 2

Comprehensive Community Health Clinical Integration

Shared Vision:
To have the lowest obesity rate in the country by 2020

What?

Strategies linked to community readiness

No/low Awareness
Raise awareness about obesity levels in the community via community group meetings, newspapers, letters, town forums

Preparation
Research evidence-based obesity prevention strategies; gather information about community assets, history, opinions to tailor strategies

Initiation
Announce launch of obesity prevention strategies; solicit local / state support for strategies

Stabilization
1 or 2 obesity prevention strategies are being piloted

Expansion
Evaluate outcomes of pilots and tweak as needed; expand successful pilots to full scale implementation

Ownership
Maintain / grow community support & infrastructure for sustained obesity prevention programming
A Community Story

Cheshire County, NH

Profile of Cheshire County, NH

- Total population: 77,045
- Keene (largest city): 22,407
- Monadnock Region: approximately 100,000
- 96% Caucasian
- Median household income: $54,742
Local Healthcare Delivery System

- One non-profit community hospital (Cheshire Medical Center)
- Joint operating agreement with academically-affiliated multi-specialty group (Dartmouth-Hitchcock Keene)
- Other services each have one major non-profit provider with other small for-profits:
  - Mental health, home health care, nursing homes
- No county health departments in NH
- Region known for close collaboration
  - Council for a Healthier Community 1995

THE WHY – A SHARED VISION

We want to be the healthiest community in the nation.

We love what we do and know that it matters.

www.healthiestcommunity.org
"THE WHY" - A BROAD DEFINITION OF HEALTH

- **Health status**: Specific measures of physical health
- **Health literacy**: Ensure residents are able to make healthy choices
- **Health care access**: Maximize access to health care
- **Wellness**: Infrastructure that supports healthy living
- **Social capital**: Social connectedness and community engagement

"THE HOW" - GETTING IT RIGHT INSIDE

- Focused on health system quality and cost improvements
- Progress with Patient-Centered Medical Home Implementation
  - Improved care coordination, transition care, and integrated behavioral health services
- Continued improvements with health information technology
- Planning for Accountable Care Organization
### “THE HOW” - A DEDICATED INTEGRATOR

- Clinical catalyst and champion for integration efforts
- Survey local resources and activities and capitalize on what is already in place and happening
- Ensure a clinical presence on local and statewide coalitions
- Establish a community expectation for clinical involvement and patience to maintain relationships

### “THE HOW” - ENGAGING STAKEHOLDERS

- Capture the relevant skills, capacities, and experiences that can inform and address health improvement
- Use a multi-determinants model that identifies possible stakeholders
- Need to attract the participation of the right stakeholders
- Use connections of existing partners
“THE WHAT” - ALIGNING ACTIVITIES ALONG THEMES

Active Living
- Exercise is Medicine
- Comprehensive Falls Prevention
- Active Transport Project
- Safe Routes to Schools initiative
- Keene Master Plan (& Complete Streets)

Healthy Eating
- Early Sprouts Gardens
- Advocates for Healthy Youth
- Healthy Eating Active Living (NH HEAL)
- Let’s Move Campaign
- Monadnock Localvore

A Story to Tell
AFHY Stakeholders - The Why

<table>
<thead>
<tr>
<th>Organization</th>
<th>Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keene Recreation Department and Keene Family YMCA</td>
<td>Interested in creating programs for children</td>
</tr>
<tr>
<td>Cheshire Medical Center/Dartmouth Hitchcock Keene Pediatric Department</td>
<td>Interested in decreasing rate of childhood obesity</td>
</tr>
<tr>
<td>SAU 29, SAU 38 and Keene School District</td>
<td>Interested in decreasing school absences</td>
</tr>
<tr>
<td>Monadnock Family Services</td>
<td>Interested in expanding prevention programs</td>
</tr>
<tr>
<td>Keene State College and Antioch University New England</td>
<td>Interested in research and student internships</td>
</tr>
</tbody>
</table>

AFHY - Benefits of Participation

- Combines grass roots efforts and policy related activities
- Provides networking opportunities
- Reduces duplication of efforts
- Members involved in programs /projects
- Members bring diverse perspectives and expertise
AFHY BREAKING DOWN SILOS - THE HOW

- Uses a multi-determinants model to identify stakeholders
- Uses relevant skills, capacities, and experiences and identified the right stakeholders to participate
- Uses connections of existing partners
- Found a “home” for AFHY

AFHY STAKEHOLDERS - THE HOW

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>How Offered</th>
</tr>
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<tbody>
<tr>
<td>Keene Recreation Department and Keene Family YMCA</td>
<td>Offer experts in physical activity for children and existing programs</td>
</tr>
<tr>
<td>Cheshire Medical Center/Dartmouth Hitchcock</td>
<td>Offers physicians, nurses, exercise physiologist, dieticians, health educators and health planners</td>
</tr>
<tr>
<td>Keene Pediatric Department</td>
<td>Offer access to children, school nurses, and gym teachers</td>
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### Community Programs/Projects

- **Public School Programs**
  - Wellness Policy development and implementation
  - BMI data collection and intervention
  - Mini-grant funded programs
- **Keene State College**
  - Early Sprouts pre-school gardening curriculum
- **Keene City Recreation Department**
  - CATCH training for after-school program
- **The Community Kitchen** – addressing food insecurity
- **Stonewall Farm** - educational working farm

### Clinical Programs/Projects

- Recognized the rising number of obese children
- Changes in clinical practice focused on activity and nutrition – Clinical 5-2-1-0, obesity task force and registry
- Developed the Families in Training (FIT) program
AFHY ALIGNING AS A SYSTEM – THE WHAT

*All efforts use integration strategies:*

- Planning partners and coalition membership from both community and medical care to ensure collaboration
- Consistent messaging and education across spectrum from medical care to community
- Engaging in policy change efforts consistent with clinical indicators
- Using the power of social networks to advance overall health and promote clinical “compliance”

INTEGRATED APPROACH TO CHILDHOOD OBESITY

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### Case Study: Identifying “The Why”

**Community Health - Clinical Integration Worksheet**

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Why Would This Stakeholder Be Interested in an Integrated Approach to Address Obesity? (E.g., Is It for Him/Her?)</th>
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<td>Teacher</td>
<td>Needs to monitor student progress and track attendance to improve academic performance</td>
</tr>
<tr>
<td>Nurses</td>
<td>Needs to improve patient outcomes by integrating health education into daily practice</td>
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<tr>
<td>Social Worker</td>
<td>Needs to address social determinants of health, such as access to healthy food and safer environments</td>
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<td>Community Health Worker</td>
<td>Needs to collaborate with other health providers to develop comprehensive care plans</td>
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**The Why:**

- Why is this stakeholder interested in an integrated approach to address obesity? (E.g., Is it for him/her?)

### Case Study: Identifying “The How”

**Community Health - Clinical Integration Worksheet**

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**The “How”:**

1. How might issues of communication, perspective, and/or power and control affect relationship building?
2. What’s missing in the conversation? (plot columns)
CASE STUDY: IDENTIFYING “THE WHAT”

Thank You to My Colleagues

Cheshire Medical Center/Dartmouth Hitchcock Keene

Yvonne Goldsberry, PhD, MPH Sr. Director of Community Health
Rebecca Osborne, Manager, Organization Development
Linda Rubin, Dir. Healthiest Community Initiative – Vision 2020

NH Institute for Health Policy & Practice

Laura Davie, Project Director

NH Citizens Health Initiative

Holly Tutko, Health Promotion and Disease Prevention Pillar Group
THANK YOU!

I invite your feedback:

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