Did You Know?

The Difference Between Primary Care and Public Health:

**Primary Care**
- Is person-focused and allows providers to develop relationships with patients across their lifespan;
- Is usually the first point of contact for patients seeking treatment;
- Diagnoses health problems of an individual;
- Informs, educates and empowers people about their health and self-management strategies;
- Treats the entire body and provides a range of services for an individual’s comprehensive health needs; and
- Coordinates care for patients who need more specialized medical interventions.

**Public Health**
- Is population-focused and monitors the health status of an entire community;
- Diagnoses and investigates community health problems and hazards;
- Informs, educates and empowers populations about health and safety issues;
- Enforces laws and regulations that protect health and ensure safety; and
- Mobilizes community partnerships to identify and solve health problems.

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**Primary Care and Public Health Working Together**

*By Melissa Hansen*

When the nation’s health burden was principally infectious diseases, separation of services between public health and primary care developed. Services among these two important sectors were not coordinated. Recent efforts to shift the focus in the health system from clinical care (taking care of sick patients) to disease prevention and management (keeping people from becoming sick or sicker) requires all health care providers, including clinical primary care and public health, to coordinate their services. According to the [Institute of Medicine](https://www.iom.edu), better integration of primary care and public health could enhance both sectors’ capacity and efficiency. The goal of this integration is to achieve substantial, lasting improvement in people’s health and to help shift the health care cost curve, thus saving the system money. For example, public health-driven healthy eating and exercise programs may prevent a person from developing type 2 diabetes, but once a person is diabetic he or she needs both public health and primary clinical services to prevent further complications.

Certain structural barriers hinder cooperation and coordination, however. Until recently, funding streams did not create incentives for collaboration or integration and major health care payers, including Medicaid and Medicare, did not reimburse providers for many coordinated efforts (i.e., public health, clinical, and community collaborative efforts) making it difficult to implement programs aimed at reducing duplication and increasing cooperation. Furthermore, many public health agencies in rural and underserved communities offer basic primary care services, but do not have infrastructure available to bill other payers for those services. State and federal policymakers are considering incentives to promote integration in an effort to create a seamless, cost-effective system that keeps people healthy. Examples of efforts in two states follow.

**State Action**

Building on efforts in some of its rural communities, such as Weld and Moffat counties, Colorado is working toward a more cooperative public health and primary care system. The state leverages its primary care provider loan repayment program to train recipient providers about public health services. General dentists who receive loan repayment, for example, are being taught about the public health benefits of oral health. In return, dentists are expected to help increase knowledge of oral health benefits within the communities they serve. The goal is to create a generation of providers in rural and underserved communities who understand public health and want to work to improve the health of the entire state.

Ohio has included integration of public health and primary care as an important part of its health care delivery system reform. Through an executive order, Governor John R. Kasich created the Governor’s Office of Health Transformation (OHT). The office coordinates
the activities and policies of key state agencies and stakeholder groups to address Medicaid spending, plan for the long-term efficient administration of the Ohio Medicaid program, and improve overall health system performance. Under this plan, increased coordination between primary care and public health is an indicator of improved performance. Public health and primary care providers are sitting at the table together ironing out the details of implementation. Additionally, passage of House Bill 198 supports and helps fund the development of medical homes in up to 50 primary care practices. Under this act, care coordinators will be reimbursed to help patients navigate the health care system, making public health and primary care services more seamless.

**Federal Action**

While the Patient Protection and Affordable Care Act (PPACA) does not explicitly address integration of primary care and public health, it provides opportunities that communities can leverage to reduce separation among these two important health sectors.

- Community Transformation Grants (PPACA Sections 4002 and 4201) authorize and fund community efforts to improve health activities and results may be used to bring together stakeholders to address pressing health issues.
- Through the Community Health Needs Assessment (PPACA 9007), the federal government encourages community hospitals and national hospital associations to develop approaches that work with primary care and public health.
- The new Centers for Medicare and Medicaid Services Innovation Center (PPACA 3021) may help states leverage clinical care to achieve broader and better results for overall population health.
- The Primary Care Extension Program (PPACA 5405,) which authorizes the Agency for Health Care Research and Quality (AHRQ) to award competitive grants to states to improve delivery of primary care and community health, could allow communities to create models that include a public health orientation.
- The National Prevention, Health Promotion, and Public Health Council (National Prevention Council) provides coordination and leadership at the federal level for prevention, wellness and health promotion activities. Led by the surgeon general and consisting of 17 federal agencies, the National Prevention Council released the nation's first National Prevention Strategy in June 2011. The Plan highlights many ways primary care and public health can work together to improve health.
- The National Public Health Improvement Initiative supports health departments with funding and other resources for improving the effectiveness and efficiency of the public health system, including better integration between public health and clinical medicine.

**NCSL Contacts**

<table>
<thead>
<tr>
<th>Melissa Hansen</th>
<th>Karmen Hanson</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCSL—Denver</td>
<td>NCSL—Denver</td>
</tr>
<tr>
<td>303-856-1452</td>
<td>303-856-1423</td>
</tr>
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**NCSL Resources**

- Primary Care: State Profiles [webpage](#)

**Other Resources**

- PPACA Implementation in States
- Community Transformation Grants (CTG) [funded program descriptions](#)
- CTG Fact Sheet
- National Public Health Improvement Initiative

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