



Part IV
Keys to
Abbreviations

Key 1

Geographic Regions

INT International

MST Multistate Region

NAT National

STATE Particular States
POSTAL
CODE

Key 2 Organizational Partners (listed alphabetically by acronym)

AHC	Academic health center
ARC	Academic research center
BUS	Business
C-OTH	Other community group
CLIN	Community health center or other publicly funded clinic
FEDHLTH	Federal health agency
FEDOTH	Other federal government agency
FNDN	Foundation
HOSP	Hospital or health system
INS	Health insurance company
L-GOV	Other local government agency
LAB/RX	Laboratory or pharmacy
LABR	Labor organization
LHD	Local health department
MCO	Managed care organization
MDPRAC	Solo or group medical practice
MEDIA	Media
MEDSOC	Medical/specialty society or other clinician association
PHASSN	Public health association
PROFASSN	Other professional association
RELIG	Religious organization or clergy
RES	Residency program
S-GOV	Other state government agency
SCHL	School below the college level
SHD	State health department
SOM	School of medicine
SPH	School of public health
U-OTH	Other university-level academic institution or department
VHO	Voluntary health organization or advocacy group

Key 3 Synergy Models

SYNERGY 1 — Improving health care by coordinating medical care with individual-level support services (such as home visits, case management services, transportation, translation, child care, and social services).

SYN 1a Link medical and support services by bringing new types of personnel to existing practice sites

SYN 1b Establish “one-stop” centers that locate a broad range of medical and support services in one place

SYN 1c Coordinate medical and support services provided in various locations throughout the community

SYNERGY 2 — Improving access to care by establishing frameworks to provide care for the un- or underinsured

SYN 2a Establish free clinics that provide indigent patients with free or discounted care

SYN 2b Establish referral networks, in which clinicians provide free or discounted care where they usually work

SYN 2c Recruit academic or private medical practitioners to enhance staffing at public health facilities

SYN 2d Shift the care of indigent patients from public health clinics to private medical practices, hospitals, health systems, or managed care organizations

SYNERGY 3 — Improving the quality and cost-effectiveness of care by applying a population perspective to medical practice

SYN 3a Make population-based information to support clinical decision-making more available and useful to medical practitioners

SYN 3b Link community-wide screening programs to follow-up medical care

SYN 3c Apply public health methodologies (such as clinical epidemiology or cost-effectiveness analysis) to clinical practice in order to support quality improvement activities, manage financial risk, or inform organizational planning

SYNERGY 4 — Using clinical practice to identify and address community health problems

SYN 4a Design and/or implement community-wide information systems that incorporate clinical data from hospitals, laboratories, or office-based practices

SYN 4b Take advantage of clinical encounters to identify health risks in patients, to educate patients about health risks, or to address social or environmental causes of health problems in patients

SYN 4c Assure the delivery of a particular clinical service in medical practices throughout the community by combining individual-level and population-based strategies (such as public education campaigns, screening programs, outreach services, and/or practice supports)

SYNERGY 5 — Strengthening health promotion and health protection by mobilizing community campaigns

SYN 5a Conduct community health assessments to identify health problems in the community

SYN 5b Mount public education campaigns to make people in the community aware of important health problems

SYN 5c Advocate health-related laws and regulations

SYN 5d Achieve particular community health promotion objectives by implementing multipronged strategies (including assessments, health education campaigns, laws and regulations, and/or voluntary community initiatives)

SYN 5e Launch “Healthy Communities”-type initiatives

Part IV: Keys to Abbreviations

SYNERGY 6 — Shaping the future direction of the health system by collaborating around health system policy, health professions training, and health-related research

SYNERGY 6a Collaborate to influence health system policy

SYN 6a-1 Influence access to care policies

SYN 6a-2 Influence provider reimbursement policies

SYN 6a-3 Influence insurance benefits policies

SYN 6a-4 Influence quality of care policies

SYN 6a-5 Influence policies related to the regional organization of health care services or facilities

SYN 6a-6 Influence policies related to the organization and financing of public health services or activities

SYNERGY 6b — Collaborate for the explicit purpose of promoting cross-sectoral education and training of health professionals

SYN 6b-1 Incorporate a cross-sectoral perspective in the curriculum of a health professions degree program

SYN 6b-2 Institute a dual-degree program (such as MD/MPH)

SYN 6b-3 Establish formal, functional connections between medical and public health schools or academic programs

SYN 6b-4 Link academic training to medical and public health practice sites and other organizations in the broader community

SYN 6b-5 Provide cross-sectoral education or training to health professionals in the field

SYN 6b-6 Provide opportunities for cross-sectoral networking

SYNERGY 6c — Bring together multidisciplinary perspectives to conduct cross-sectoral research

SYN 6c-1 Establish a multidisciplinary research center

SYN 6c-2 Promote cross-sectoral research through activities other than a multidisciplinary research center

Key 4

Structural Foundations

(listed alphabetically by index item)

ADM/MGMT

Administrative/management systems are personnel or offices that run some or all aspects of collaborative enterprises, allowing partners to closely coordinate their activities and resources, or to centralize organization or control. Depending on the work involved, such a “system” may be a full-time staff person dedicated to managing a collaboration, a management office within one partner’s organization, or a separate, autonomous management office. These arrangements make it possible for collaborations to integrate activities, to reduce duplication of services, and to achieve economies of scale.

ADVISORY

Advisory bodies are groups convened to provide an organization in one sector (such as a government agency or research entity) with input or support from other sectors. Advisory bodies may deliberate independently in constructing recommendations, but they do not have the authority to make operational or policy decisions.

COALITION

Coalitions are formal groups that bring together representatives of autonomous organizations to address a common problem or objective. The authority, responsibility, and capacity to take action lies with the coalition itself rather than with any one partner or external agency. Coalitions are particularly useful in collaborations that benefit from a broad range of community partners, particularly if they do not require equal or consistent involvement on the part of all partners or close coordination of partner activities.

CONTRACT

Contractual agreements are binding agreements (e.g., legal documents, memoranda of understanding, or verbal agreements) that commit one partner in a collaboration to carry out a function or to provide a service for another partner. Contracts are used in collaborations that depend on certain interactions between partners—usually the delivery of various health services to individuals. These agreements clarify partners’ roles in critical interactions and assure that they are carried out.

INFORMAL

Informal arrangements are any of a variety of ad hoc relationships among partners, which are generally dependent on personal, rather than structured, interactions.

INTRAORG

Intraorganizational platforms are structural arrangements that allow a single organization to expand its perspective by bringing in professionals with the skills and expertise of another sector. Examples include a managed care organization that establishes a clinical epidemiology branch to assess quality or outcomes, or a section on public health within a medical society.

Key 5 Acronyms [in Case Abstracts] (listed alphabetically)

AAHC	Association of Academic Health Centers
AAHP	American Association of Health Plans
AAMC	Association of American Medical Colleges
ACHE	Association of Community Health Educators
ACPM	American College of Preventive Medicine
AFDC	Aid for Families with Dependent Children
AHCPR	US Agency for Health Care Policy Research
AMA	American Medical Association
ANA	American Nurses Association
APEX/PH	Assessment Protocol for Excellence in Public Health
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officials
ATPM	Association of Teachers of Preventive Medicine
AZT	Zidovudine (drug to treat HIV/AIDS)
CBO	Community-Based Organization
CCN	Community Care Network Demonstration Partnerships
CDC	US Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CME	Continuing Medical Education
COPC	Community-Oriented Primary Care
DHHS	US Department of Health and Human Services
EPA	US Environmental Protection Agency
EPSDT	Early Periodic Screening, Diagnosis and Treatment
HCFA	US Health Care Financing Administration
HEDIS	Health Plan Employer Data and Information Set
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Disease Syndrome
HMO	Health Maintenance Organization
HOP	Health of the Public Program
HRSA	US Health Resources and Services Administration

■ Pocket Guide to Cases of Medicine & Public Health Collaboration

HUD	US Department of Housing and Urban Development
IHS	US Indian Health Service
JAMA	Journal of the American Medical Association
MCH	Maternal and Child Health
MCO	Managed Care Organization
MDR-TB	Multiple Drug Resistant Tuberculosis
NACCHO	National Association of County and City Health Officials
NIH	US National Institutes of Health
NIMH	US National Institute of Mental Health
NYAM	The New York Academy of Medicine
OB/GYN	Obstetrics and Gynecology
RWJF	The Robert Wood Johnson Foundation
STD	Sexually Transmitted Disease
TB	Tuberculosis
USPHS	US Public Health Service
WIC	Special Supplemental Food Program for Women, Infants, and Children
WKKF	W. K. Kellogg Foundation