FIRST NATIONAL PRIMARY CARE EXTENSION PROGRAM CONFERENCE

Dry and Sunny Oklahoma City

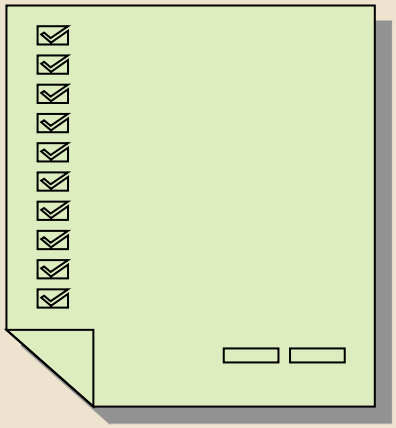
Oklahoma

February 21 – 22, 2013

History (Brief/Sketchy/Selective)

- 1982: Practice facilitation was born in England
- 1990's: Allen Dietrich (Dartmouth) Ca screening
- 1999: Hogg and Baskerville (Canada) NAPCRG prevention RCT presented at NAPCRG
- 1999: AHRQ PBRN Infrastructure grants (David Lanier)
  - 2000's: PBRNs picked up on facilitation model
  - 2007 STFM plenary
- National Programs
  - Improving Performance in Practice
  - TransforMed National Demonstration Project
  - HIT Regional Extension Centers
- PCEP in ACA (Section 5405) leads to IMPaCT grants

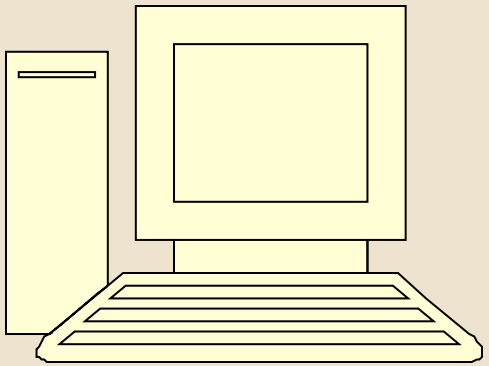
Effective Implementation of Innovations in Primary Care



Academic Detailing

Performance Feedback

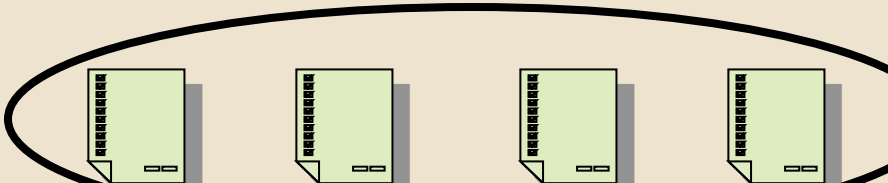
Facilitation



IT Support

Practice Enhancement Assistant

Local Learning Collaboratives



Realizations and Discoveries

- Both engagement and QI depends upon strength of relationship between the practice and the facilitator
- Cost could be reduced substantially by embedding facilitators within communities
  - Longitudinal relationships
  - Less travel time/cost
- That's Cooperative Extension!!

Other Realizations

- Primary care practices acquire and store large amounts of practical wisdom and are the first to notice when odd things occur
- Academicians are involved in the discovery of potentially important diagnostic and management tools
- The two groups rarely have a chance to exchange information. As a result, research is not well grounded in practice and practice is inadequately informed by research.

- That's also Cooperative Extension!!

Additional Considerations

- Patient-centered medical homes need additional human resources (could be shared across practices)
  - Care managers
  - Community health workers
  - Mental health professionals
  - Health educators
  - Pharmacy consultants
- Some aspects of primary care could be done more efficiently and effectively at a community level
  - Adult immunizations
  - Recalls and reminders for preventive services

Additional Considerations

- 34% of deaths are the result of four unhealthy behaviors
  - Overeating and unbalanced diets
  - Insufficient physical activity
  - Use of tobacco products
  - Abuse of alcohol
- These behaviors can only be modified by the coordinated efforts of primary care, public health, mental health, and community partners.
  - These groups are most likely to collaborate when working from a common budget

Other Realizations

- A great deal of money is being spent on ineffective efforts to improve health and health care
  - Use of ineffective approaches
  - Lack of alignment of key stakeholders
- Most of the money never makes it to groups in the best position to implement changes because they are not easily identifiable to the funders
  - Lack of a cohesive, system-wide infrastructure
  - Lack of responsive fiscal entities
- We need a system of hubs and spokes that can attract and channel money to effective community-based health improvement organizations
- **We need credible receptor sites for funders/funding**

The Tipping Point (Malcolm Gladwell)

- The Law of the Few
  - Mavens
  - Salesmen
  - Connectors
- Stickiness
- Context

An Extension System for Health and Health Care

- Key People
  - Bob Phillips
  - Kevin Grumbach
  - Art Kaufman
  - Larry Green
- "Extension" was a sticky concept
  - HIT Regional Extension Centers (HITREC)
- Affordable Care Act
  - Section 5405: Primary Care Extension Program
  - Authorized but funding not appropriated
  - Assigned to the Agency for Healthcare Research and Quality
- AHRQ RFA: IMPaCT
  - 4 awards: NC, PA, NM, and OK
  - Dissemination to 12 additional states (3 each)