An Extension Program for Primary Care

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Disclosures and Disclaimers

- I have no financial conflicts of interest to report.

- I will not be discussing medications at all.
Objectives

- Make the case for a statewide/national system to support CQI in primary care
- Make the case for decentralization and greater local control of health improvement resources
- Describe a model that combines those two concepts (IMPaCT)
- Discuss progress to date toward building IMPaCT in Oklahoma
“Burning Platform”

- Electronic health records and meaningful use
- Health information exchange
- Chronic care model
- Patient-centered medical home
- Care management, panel management, registries
- Guidelines
- Quality indicators
- Pay-for-performance
- ICD-10
- Accountable care organizations
- Genomics and “personalized medicine”
- Predicted demise of small independent practice

Did I succeed in raising your blood pressure?
Challenges Facing Primary Care

- Changing epidemiology of health/health problems
  - Infections and injuries to chronic illnesses
  - Chronic illnesses to environmental threats
- Rapid emergence of sophisticated information technologies
  - HIE, social media, information “clouds”
  - Decision support
- Rapidly expanding assessment and treatment options
  - Increasing need to prioritize
  - Increasing concerns about errors and quality
The Oklahoma Physicians Resource/Research Network (OKPRN)

www.okprn.org
The Oklahoma Physicians Resource/Research Network (OKPRN)

- Founded in 1994 as joint project of the OAFP and the OU Department of Family Medicine
- 246 primary care clinicians in 123 separate practices throughout Oklahoma
- 501c3, not-for-profit charitable organization
- Contracts with the OU Department of Family and Preventive Medicine for administrative and methodological support
- So far, > $13 in external funding to support network projects
- No membership fee
- www.okprn.org
OKPRN Mission

To improve the primary health services available to Oklahomans by developing and sharing resources and conducting relevant practice-based research.

Resources:

- Website
- Listserv
- Newsletters
- Meetings
- IT support, software
- Practice enhancement assistants
OKPRN Clinical Studies

- Use of e-mail and the internet by primary care patients in Oklahoma (1997 and 2007)
- Epidemiology, prognosis, and management brown recluse spider bites
- Prevalence, causes, and consequences of night sweats
- Prevalence and consequences of peripheral neuropathy in older primary care patients
- Reasons older Oklahomans change primary care physicians
- Reasons primary care clinicians don’t always follow ADA guidelines for BP control in diabetic patients
- Natural history and management of poison ivy
Best practices Research

- Almost every primary care clinician has discovered something that other clinicians would like to know about. (We are all researchers.)

- Identification, description, and combination of the most effective and efficient principles, techniques, and scripts being used effectively/efficiently in practice
Best Practices Projects

Best ways to:

- Make sure patients get pneumonia vaccinations
- Manage lab test results
- Manage patients with diabetes mellitus
- Manage prescription refills
- Reduce and manage no-shows
- Deliver adult preventive services
- Maximize rate and quality of well child care
- Help patient lose weight and keep it off
Software Development (Zsolt)

- Diabetes Patient Tracker
- Influenza-like Illness Reporting System
- DocSchedule
- OUHome Visits
- DartScreen (teen screening/decision support)
- Preventive Services Reminder System
- Wellness Portal
- Health Risk Appraisal Tool
- Interface with SMRTNet
The Need to Continually Improve

- PCMH – “Advanced primary care”
  - Incorporation of new information technologies
  - Adoption of Chronic Care Model components
  - Team-based care
  - Attempt to restore patient-centeredness

- Community-centered Health Homes
  - Unhealthy behaviors
  - Environmental hazards - the next major health care challenge

- Individualized care, risk prediction, genomics
  - Goal-directed health care
Innovations Awaiting Broader Dissemination and Implementation

- Care management embedded within primary care
- Collaborative care models: primary care and mental health
- Open access scheduling; cluster and group visits
- E-visits, e-consultations, HIE, and telemedicine
- Automated and internet-based health education, behavior change support, and decision support
- Social networking technologies
- Health risk appraisal – individualized and prioritized preventive services
- Community-based recall/reminder systems
Rapid Advances in Knowledge

It has been estimated to take an average of 17 years to move new 14% of new medical knowledge into routine clinical practice.
Clinical Knowledge and Skills that Need Broader Dissemination

- Diagnosis and management of chronic hepatitis B and C in primary care
- Screening, diagnosis, and management of obstructive sleep apnea (e.g. home sleep tests, AutoPAP)
- Earlier diagnosis of cognitive problems
- Primary care screening for osteoporosis
- Office pulmonary function testing
- Aggressive management of congestive heart failure
- Diagnosis and management of urinary incontinence
- Evaluation and management of chronic pain patients
- Management of patients with chronic kidney disease
OKPRN QI Research

- Multiple projects to figure out the best ways to help primary care practices improve their processes of care.
- Randomization of practices
- Studies of various kinds of assistance
  - Performance evaluation, feedback, benchmarking, characterization and spread of methods used by highest performing practices
  - Academic detailing
  - Practice facilitation and IT support
  - Local learning collaboratives
Implementation of Innovations in Primary Care

Research Results and Local Best Practices

Academic Detailing

Performance Feedback

Facilitation

IT Support

Local Learning Collaboratives

Practice Enhancement Assistant
Challenges

- Little infrastructure other than in OKPRN and other networks or large health systems
- Somewhat expensive ($7,500 per practice/year)
  - Time to develop necessary relationships between academic detailers and facilitators and practices
  - Travel
- Disconnected
  - Availability of assistance may not correspond with readiness
  - Too little long term follow-up and reinforcement
- Non-strategic
  - Involved practices may not be “opinion leaders” so innovations may not diffuse well to other practices
Cooperative Extension
Farming in 1800
[Health Care Today]

- Inefficient production and soil exhaustion
  - [high costs, suboptimal outcomes, tired clinicians]
- Poor coordination leading to overproduction of some items and underproduction of others
  - [Treatment rather than prevention, no patient left behind rather than individualized/prioritized care]
- High costs and variable quality
  - [high costs and variable quality]
Cooperative Extension

- 1796: George Washington proposed an office to promote evidence-based farming; encouraged farmers to organize/form clubs
- 1810: First agricultural journals
  - Few farmers read them
- 1862: Land-Grant College Act
  - Enrollment slow
  - Farmers thought their children could learn better by doing than by studying, and they were needed on the farms
  - Little to teach because little relevant science; mostly taught farm operations
- 1882: Hatch Act established funding for “experimental farm stations” [something like PBRNs]
  - Locally relevant and visible research and demonstration projects
Cooperative Extension

• 1889: Dept of Agriculture began issuing Farmers’ Bulletins and the Yearbook of Agriculture; experimental farms issued research and “popular” bulletins
  • Publications reached small proportion of farmers, many of whom distrusted “book farming”
• 1880 -1911: Establishment of “farmers institutes” and “mobile institutes” to reach more farmers
  • Still very little progress made
• 1906: S. A. Knapp (Terrell, TX) hired the first county extension agent to demonstrate evidence-based methods and spread them throughout the county through personal relationships and direct assistance

Rasmussen WD. Taking the University to the People, Iowa State University Press, 1989
Farmers Market
If an important discovery/innovation occurred in agriculture, virtually every farmer would know about it within a few months and would have local, on-the-ground assistance with implementation.
The Importance of Local Control

- Health and health care improvement initiatives are more likely to be successful if they are managed locally.
  - Local variations in challenges, resources, relationships, personalities and politics
- Centralized QI efforts are inefficient and largely ineffective.
  - E.g. letters and printed guidelines that go in the circular file
- Requires visible, capable, representative community-based organizations
Preparing for Pandemic Influenza

- In 2006 and 2007, the CDC distributed around $200 million to state departments of health to prepare for pandemic influenza.
- Guidelines and toolkits were prepared to help primary care practices.
- However, practically none of the money and no assistance made it into primary care offices where most of the action will take place in an epidemic.
Care Management

- When Medicare decided to fund 15 care management experiments across the country, they couldn’t figure out a way to collaborate with primary care practices.
- Instead, they funded private care management companies (e.g. Life Masters).
- Largely because of the lack of integration with primary care, 13 of the 15 the experiments failed to improve quality or reduce cost
Delaware County Influenza Initiative

- One PCP identified all county providers of flu vaccine
  - Agreed to a common start date and to share vaccine if necessary
  - Tracked numbers of patients immunized
  - Multi-media public awareness campaign

- Results
  - Dramatic reduction in phone calls to practices in September
  - Clearer picture of numbers of vaccine doses given
  - Led to school-based programs the next year
Canadian County Coalition

- Multi-stakeholder group invested $10,000 for a case manager
  - Matched through Medicaid – so $20,000
  - OHCA contract with OUHSC-DFPM brought in additional $90,000 worth of QI resources
  - OUHSC-Dpeds obtained Commonwealth Fund grant for $100,000 to support additional QI

- Result
  - Canadian County received OHCA contract to establish a Health Access Network worth about $320,000 per year
Oklahoma Building Blocks

- **Leadership**
  - OKPRN research and development activities have had a major influence

- **Practice Facilitation**
  - There are now at least 21 PEAs currently working in OK

- **Academic Detailing**
  - 3 academic medical centers
  - Approximately 12 FM residency programs in OK

- **Turning Point Partnerships**
  - 76 multi-stakeholder partnerships, organized by county with support from the OSDH
CHIO Certification Process

- Non-profit (501c3) or affiliated with one
- Usually one/county, and no more than one/county
- Mission: To improve the health of the citizens of the county
- BOD widely representative of the county’s population and sub-populations and of local primary care, hospitals, public health, mental health, social services, schools, etc.
- Responsible for developing and/or endorsing the county health improvement plan
The Big Picture

1. Patient-Centered Medical Home
2. Primary Care Extension (QI)
3. [Accountable Care Organization]
4. Health Improvement Organization
5. Research and Development Engines

- Parks & Recreation
- Public Health
- Schools
- mental Health
- HIT
- Payers
- Chronic Care Model Support
- AHEC QI Support
- PBRN CBPR
- Hospital
- Sub-specialists
- University/AMC
- Health Improvement Organization
- Primary Care Practice
Cleveland County

Hospitals
Subspecialty Clinics
Labs
Pharmacies
OSIIS
Mental Health
Public Health Clinics

SMRT Net
PSRS
eCW Hub

PCP
PCP
PCP
PCP
PCP

Note: PSRS = Preventive Services Reminder System
Funding

- **Stable infrastructure funding**
  - Insurance companies
  - Federal government (also state, local govt.?)
  - Miscellaneous (contributions, local industries, etc.)

- **Project-specific funding**
  - Public health (CDC, OSDH, etc.)
  - Dept. of Defense (preparedness, surveillance, obesity, etc.)
  - Foundations (demonstration projects)
  - Research (NIH, AHRQ)
  - Manpower development (HRSA, etc.)
Health Insurance Companies

- Vermont Blueprint for Health
  - Multi-payer investment in community health teams
- North Carolina Community Care Networks
  - Medicaid and Medicare funded networks
  - Care management shared across practices
- OHCA Health Access Networks
  - OU-Tulsa, OSU-COM, Canadian County
  - Care management, HIT/HIE, and QI (PCMH, etc.)
- Center for Medicare and Medicaid Innovations
  - Contracts to CBOs to reduce hospital readmissions
  - Support provided by OFMQ
Muskogee County

- New Medicare Advantage product
  - Insurance company wants to promote product and improve care and reduce costs
  - Will pay clinicians an enhanced fee for service plus a care coordination fee
  - Willing to invest in a County Health Improvement organization to address care management, community-based initiatives, and to subcontract with AHECs for QI support for practices
  - Requirements would include clinician participation in community-based initiatives, care management, and QI
Plenty of Project-Specific Funding

Few Receptor Sites
Tobacco Endowment Settlement Trust

- Tobacco settlement funds must, by state law, be put into a trust and only used for health improvement projects (thanks to OAFP and others)
- “Organizations Working Toward a Tobacco-Free Oklahoma”
  - 40+ grantees
- “Communities of Excellence in Nutrition and Fitness”
  - 15 grantees
Dissemination/Implementation of Asthma Guidelines

- We just received a $1.7 million grant from the National Heart, Lung, and Blood Institute to study ways to implement their most recent asthma guidelines in 48 practices in Oklahoma and western New York.
- We have received more than $10 million in grants and contracts for similar projects (limited mainly by manpower to write grant applications and run projects).
Could it Really Happen?
Evidence for “Traction”

- Payer Initiatives
  - Community Care of North Carolina
  - Oklahoma Health Access Networks (Medicaid)
  - Vermont’s Community Health Boards (all payers)

- HIT Extension
  - Oklahoma Foundation for Medical Quality

- Affordable Care Act, Section 5405: Primary Care Extension Program
  - Assigned to the Agency for Healthcare Research and Quality
  - Infrastructure for Maintaining Primary Care Transformation (IMPaCT) grants (NC, PA, NM, OK)
Potential Benefits for Primary Care Clinicians

- CHIOs would hire (or contract with) personnel that could serve the needs of more than one practice (free to practices)
  - Case managers
  - QI coordinators (practice facilitators/PEAs)
  - Population registry management
- CHIOs could help practices attain Tier 3 PCMH status, increasing insurance reimbursement rates
- System would result in closer connections to academic centers through AHECs (consults, education, R&D support)
Potential Benefits for Primary Care Clinicians

- Community-based initiatives could develop resources and public education programs to support clinical recommendations (e.g. exercise, diet, smoking, alcohol)
- CHIOs could off-load low profit activities from practices
  - Reminders/outreach/referrals for screening tests
  - Adult immunizations
- More useful and timely public health information
Let’s go for it!
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Are there any questions?