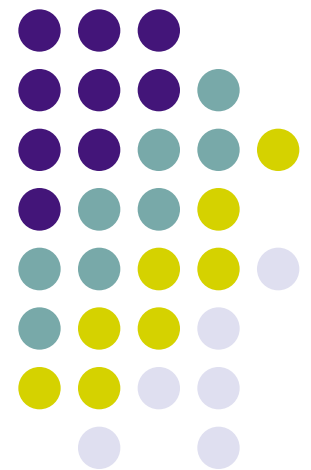
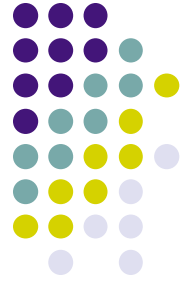


An Extension Program for Primary Care

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Disclosures and Disclaimers

- I have no financial conflicts of interest to report.
- I will not be discussing medications at all.

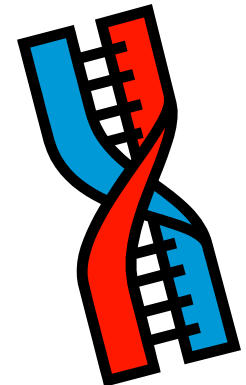
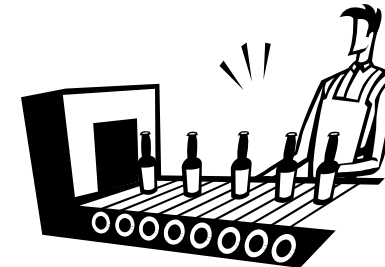


Objectives

- 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



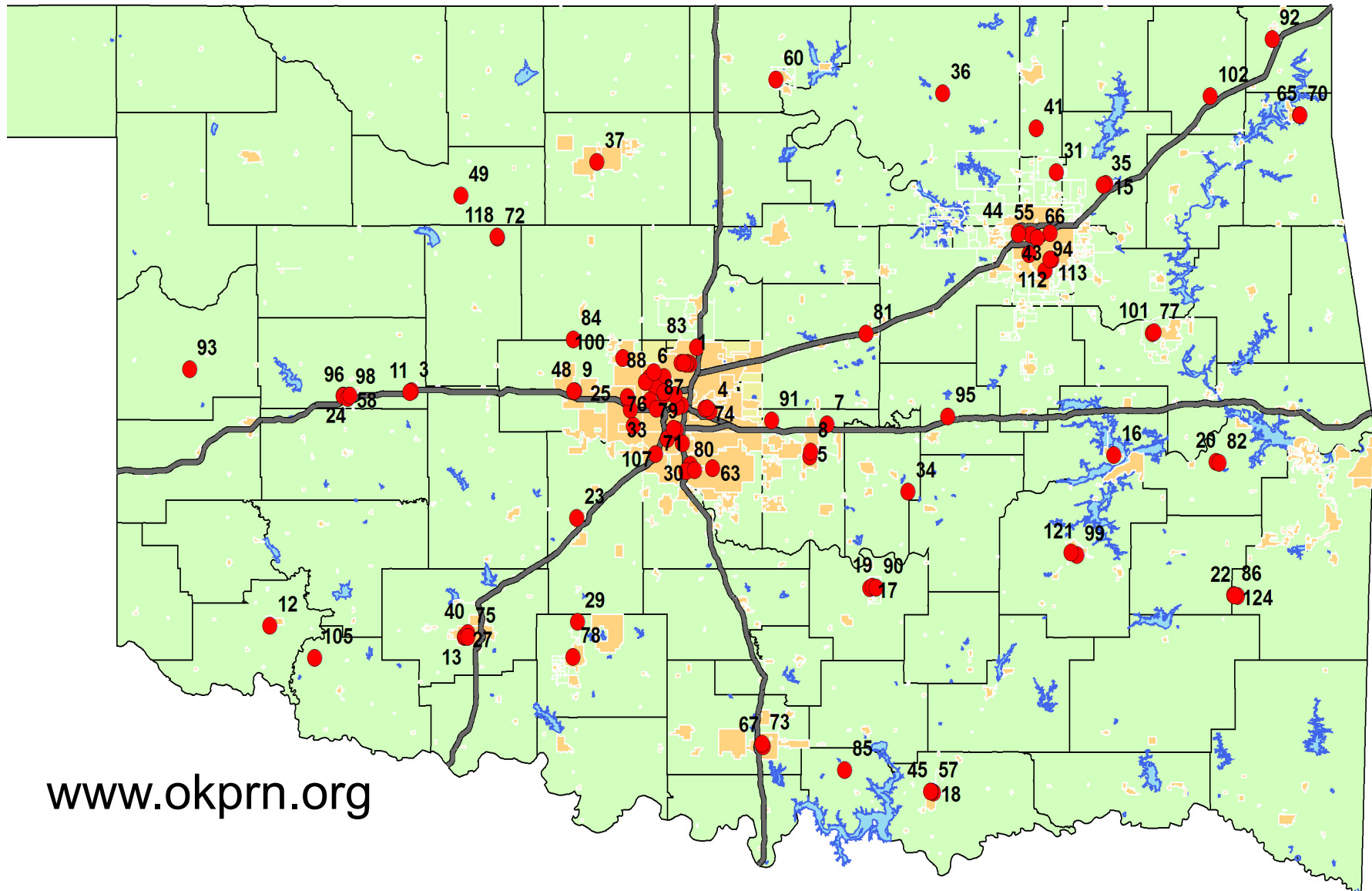
Did I succeed in raising your blood pressure?

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

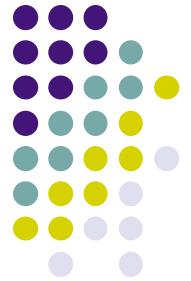


To improve the primary health services available to Oklahomans **by developing and sharing resources** and conducting relevant practice-based research.

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



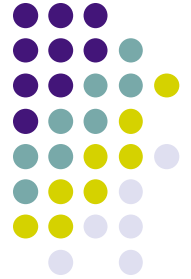
- PCMH – “Advanced primary care”
 - Incorporation of new information technologies
 - Adoption of Chronic Care Model components
 - Team-based care
 - Attempt to restore patient-centeredness
- Community-centered Health Homes
 - Unhealthy behaviors
 - Environmental hazards - the next major health care challenge
- 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



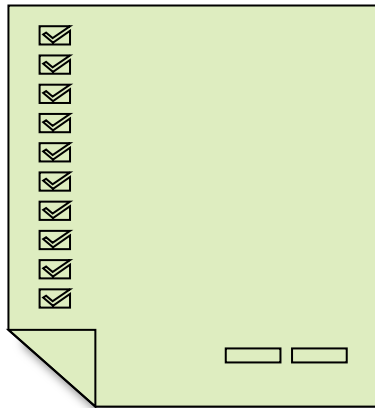
- Diagnosis and management of chronic hepatitis B and C in primary care
- Screening, diagnosis, and management of obstructive sleep apnea (e.g. home sleep tests, AutoPAP)
- Earlier diagnosis of cognitive problems
- Primary care screening for osteoporosis
- Office pulmonary function testing
- Aggressive 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

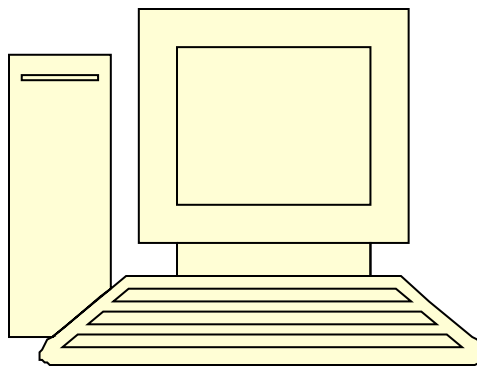


**Performance
Feedback**



**Academic
Detailing**

Facilitation

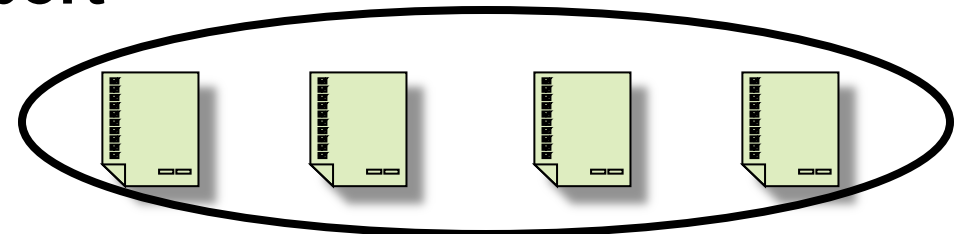


IT Support



Practice Enhancement
Assistant

Local Learning Collaboratives



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

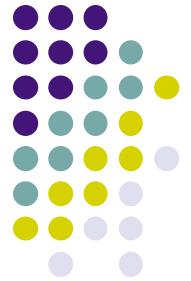
Rasmussen WD. Taking the University to the People, Iowa State University Press, 1989

Gawande A. *Testing, Testing*. In The New Yorker, Dec 14, 2009

Farmers Market



Dissemination and Implementation of Innovations



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

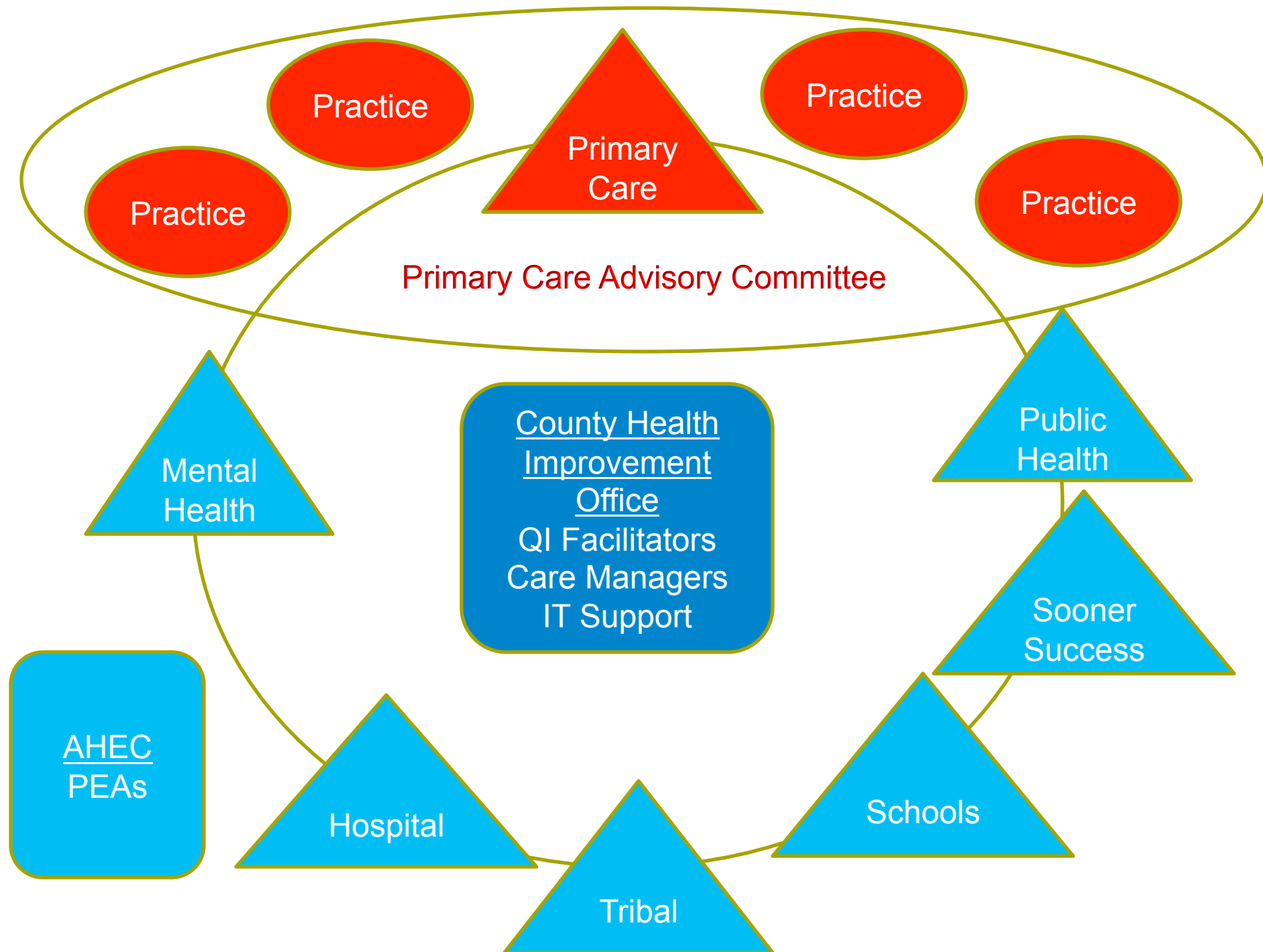


- Leadership
 - OKPRN research and development activities have had a major influence
- Practice Facilitation
 - There are now at least 21 PEAs currently working in OK
- Academic Detailing
 - 3 academic medical centers
 - Approximately 12 FM residency programs in OK
- Turning Point Partnerships
 - 76 multi-stakeholder partnerships, organized by county with support from the OSDH

CHIO Certification Process



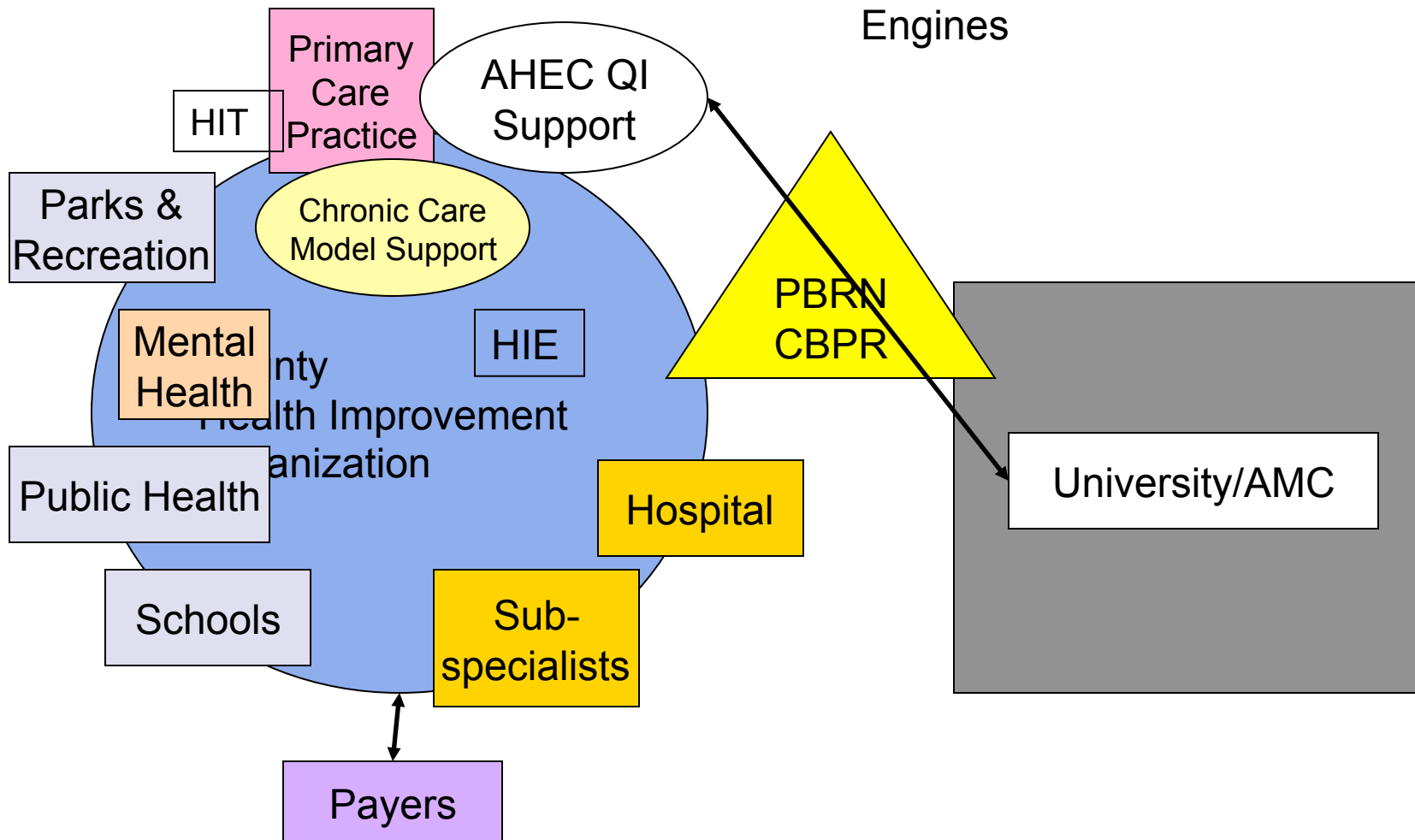
- Non-profit (501c3) or affiliated with one
- Usually one/county, and no more than one/county
- Mission: To improve the health of the citizens of the county
- BOD widely representative of the county's population and sub-populations and of local primary care, hospitals, public health, mental health, social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



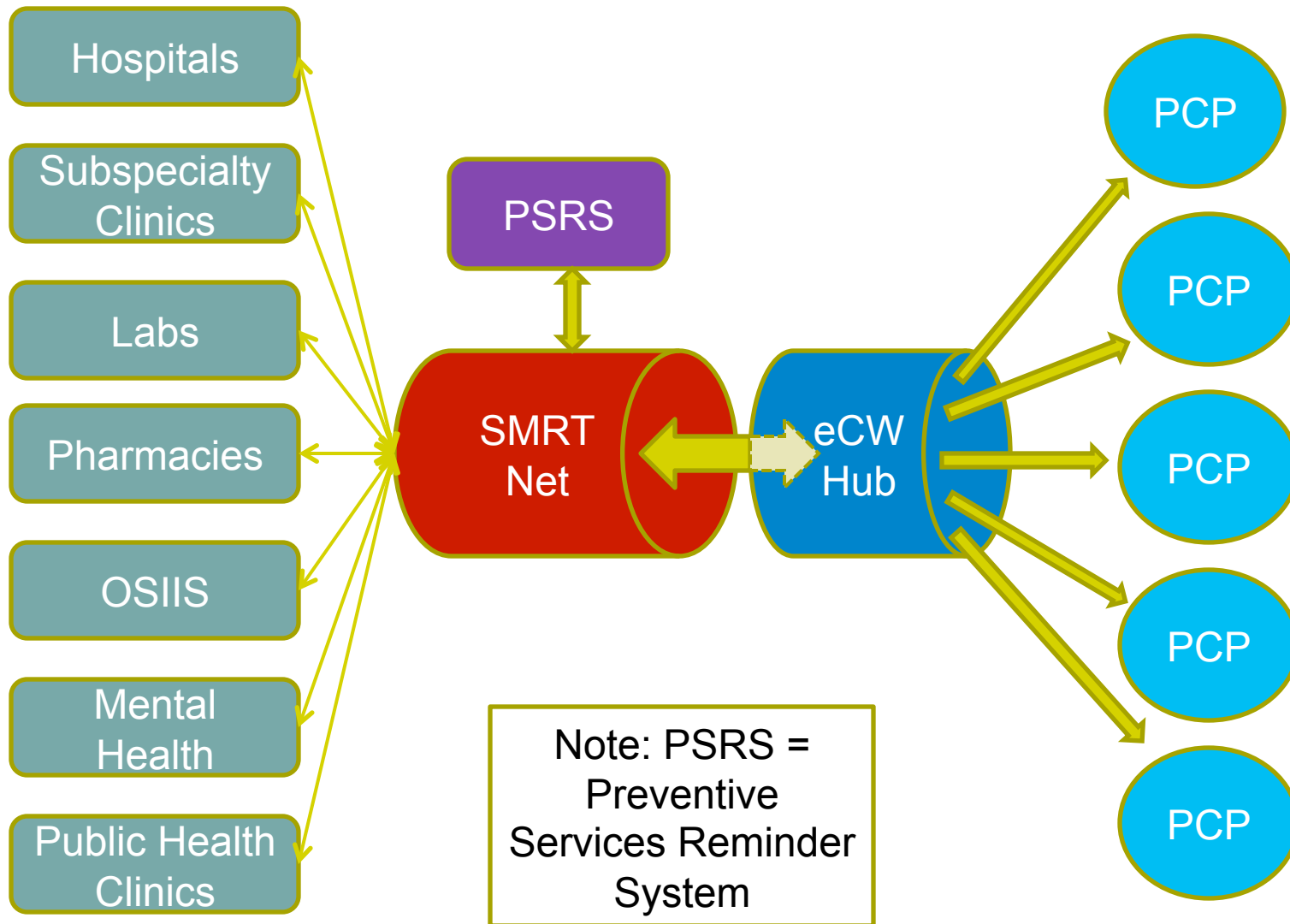
The Big Picture



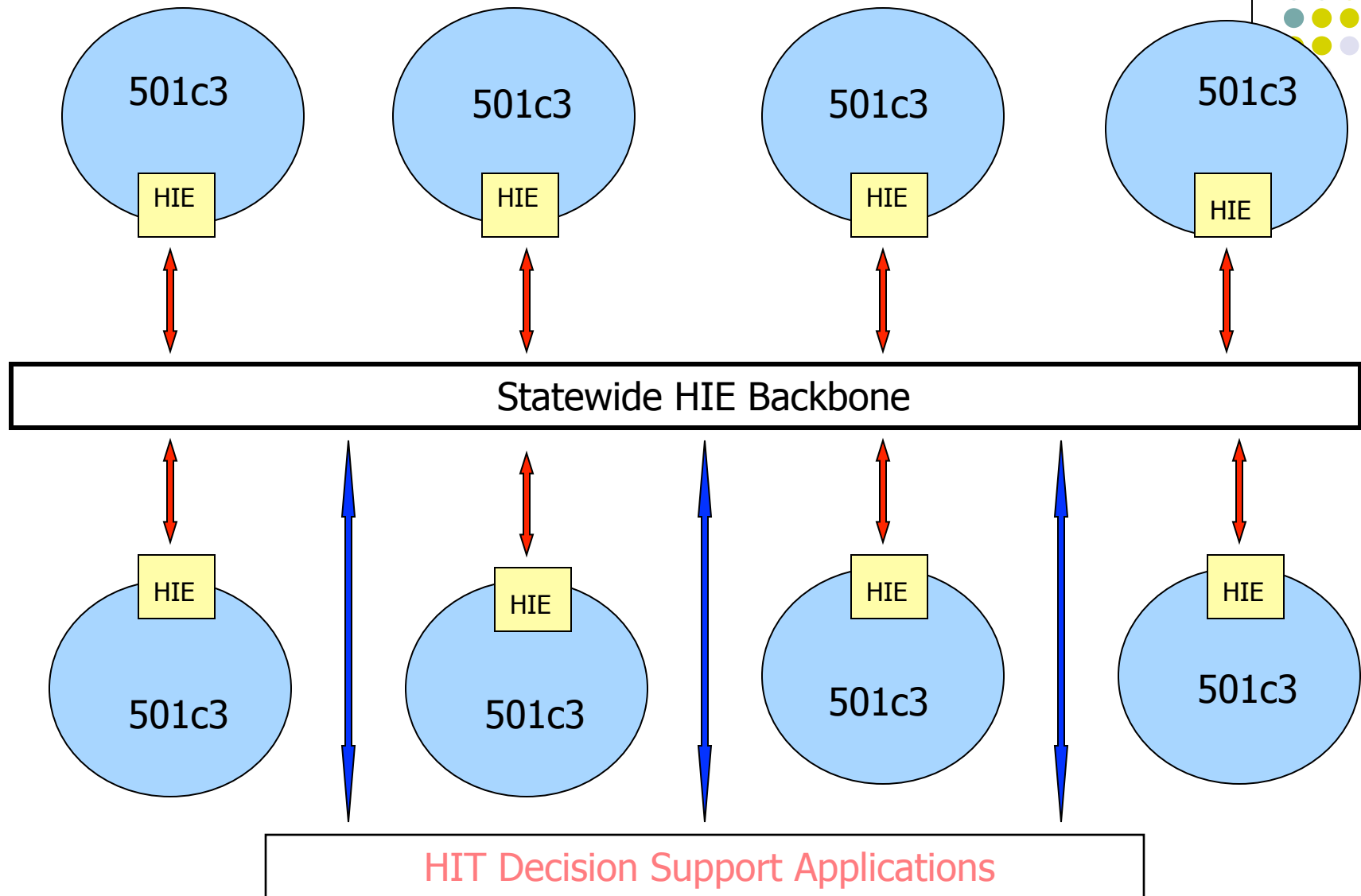
1. Patient-Centered Medical Home
2. Primary Care Extension (QI)
3. [Accountable Care Organization]
4. Health Improvement Organization
5. Research and Development Engines



Cleveland County



Health Information Exchange





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

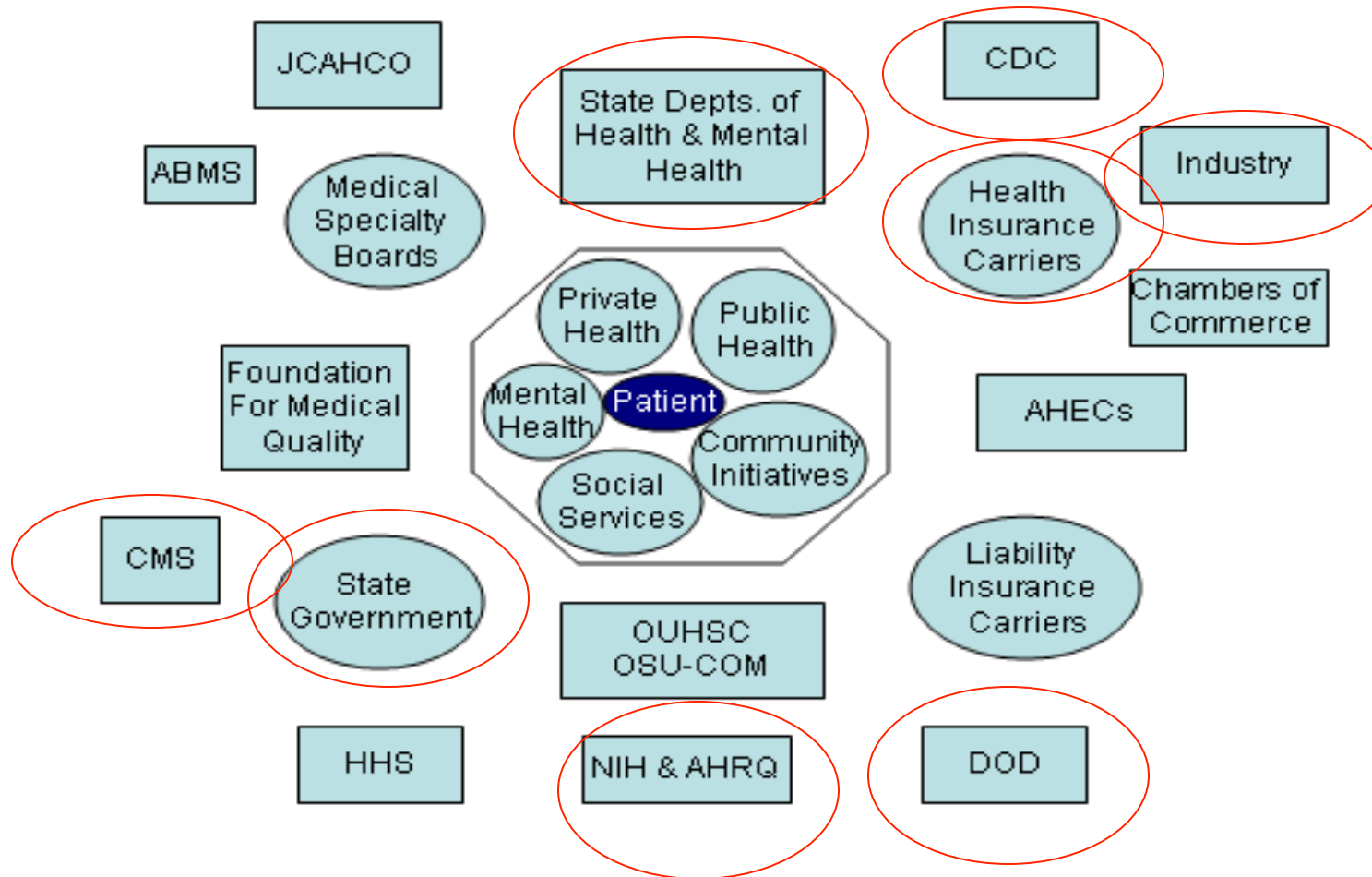
Muskogee County



- 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



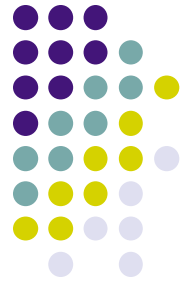
Few Receptor Sites

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).

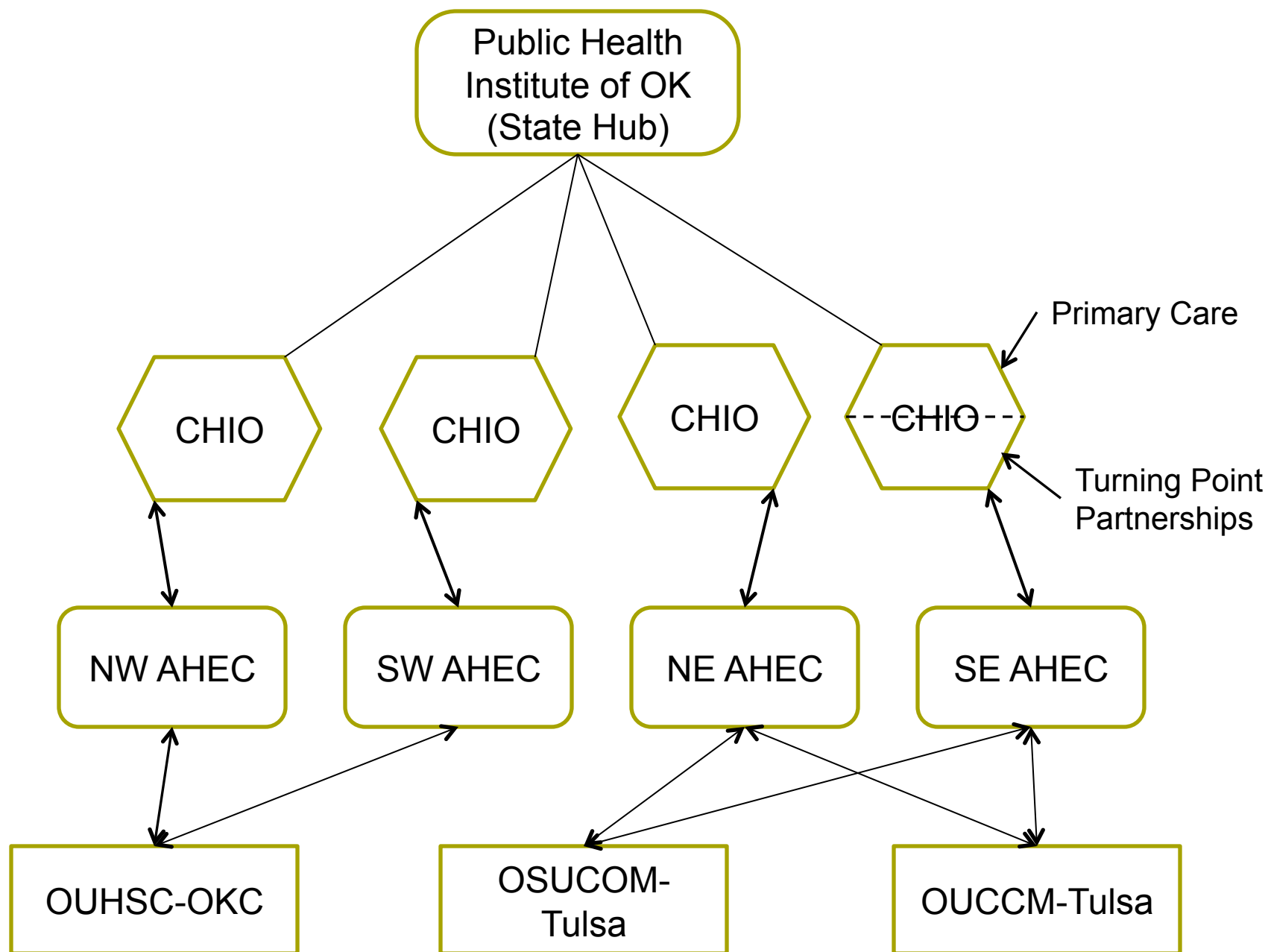
Could it Really Happen?



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!





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
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- Discuss progress to date toward building IMPACT in Oklahoma

Are there any questions?

