


The Primary Care Extension Program

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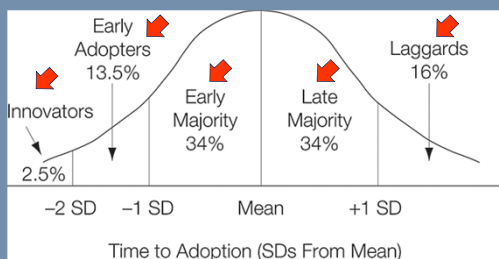
USDA Agriculture Extension Cooperative Service

- Partnership between USDA, land grant universities, farmers since 1914
- Extension agents in every US county
- Regional hub Ag department at a land grant university
 - resource for research, best practice and promising innovations
- Extension agents and farmers work collaboratively to solve problems identified by the farmers
- Berwick: "one of the most successful innovation-spread programs ever seen in this country"

Predecessor Agencies:

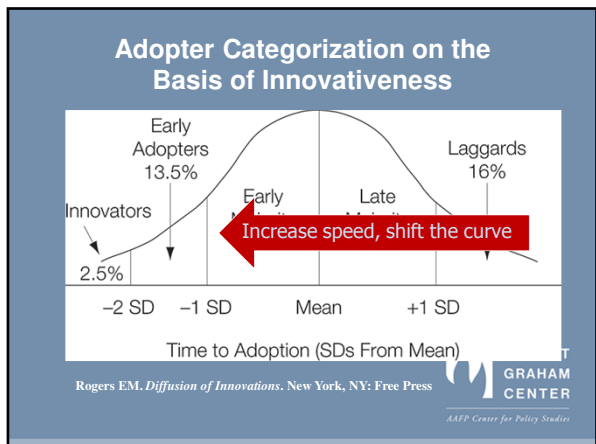
- **Department of Agriculture:** Office of Experiment Stations (1888-1915)
- **Bureau of Plant Industry:** Offices of Cooperative Demonstration Work (1904-14) and Farm Management (1906-15)
- **States Relations Service:**
 - Extension Work in the South and North (1915-21)
 - Cooperative Extension Work (1921-23)
 - Extension Service (1923-53)
 - Federal Extension Service (1954-70)
 - Extension Service (1970-78)
 - Extension Staff, Science and Education Administration (1978-81)

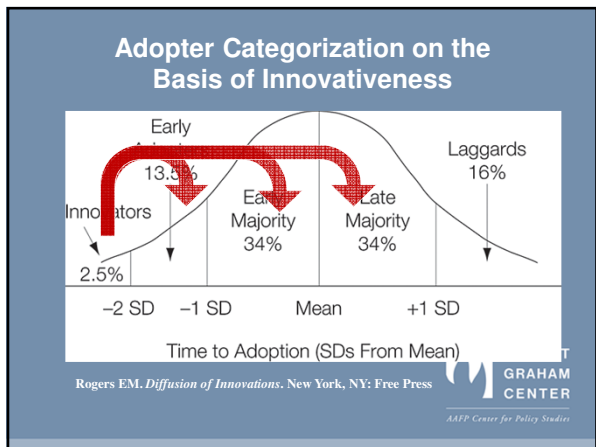
Adopter Categorization on the Basis of Innovativeness

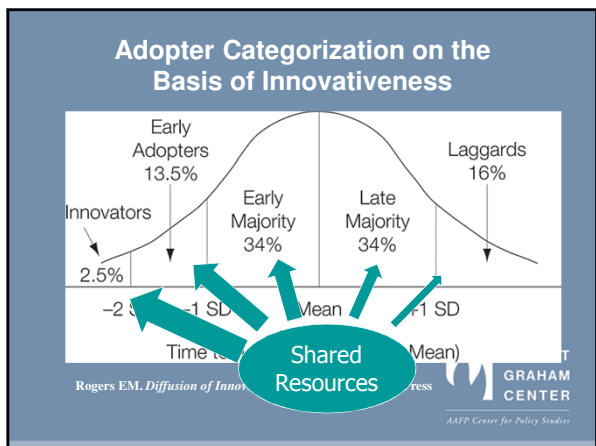


Rogers EM. *Diffusion of Innovations*. New York, NY: Free Press

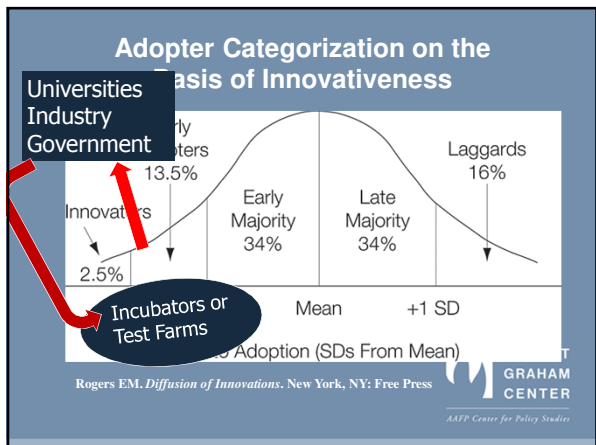


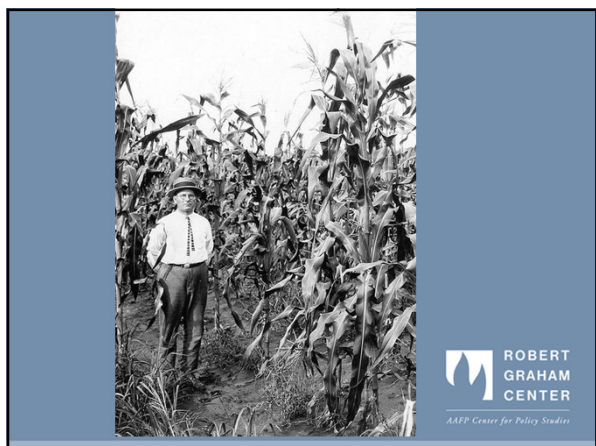


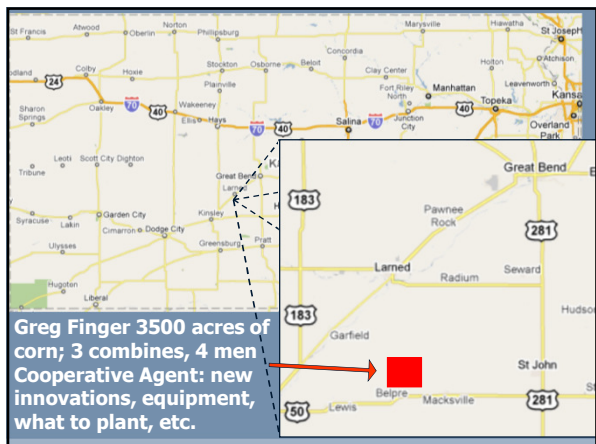













Cooperative Extension Financing

- President's proposed budget 2009 was \$432 million
 - \$62,280 for Expanded Food & Nutrition Education
 - \$0 of Rural Health and Safety (\$1.78 million in 2008)



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Moving Extension into Health

- Agents are working on community health projects
- Nutrition and exercise in farm communities
- Partnering and embedding in Departments of Family Medicine (Missouri)




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How Do We Move Health into Extension?



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Primary Care Extension Program



JAMA
A Health Care Transforming Primary Care

Health Extension in New Mexico: An Academic Health Center and the Social Determinants of Disease
AnnFamMed

ABSTRACT
The Agricultural Cooperative Extension Service model offers a unique health extension model for community engagement that can address the social determinants of disease. The University of New Mexico Health Sciences Center developed the Health Extension Program (HEP) at a public health center in the state of New Mexico. The HEP is a community-based extension program that provides primary care services to underserved populations. The HEP is supported by a variety of funding sources, including the National Institutes of Health, the National Center for Chronic Disease Prevention and Control, and the National Business Group on Health. The HEP has been successful in providing primary care services to underserved populations and in addressing the social determinants of disease.



JAMA April, 2004
Donald M. Berwick, MD, MPP
Advocate for Evidence-Based Health System Reform

THE LEARNING HEALTHCARE SYSTEM
Workshop Summary

Robert L. Phillips, Jr.
James Mold
Kevin Peterson
Lessons from Practice Based Research Networks

ARRA of 2009

■ Health Information Technology Extension Program:

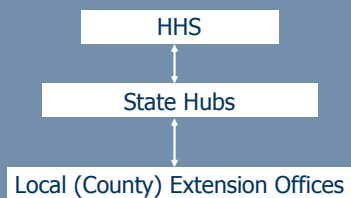
"To assist health care providers to adopt, implement, and effectively use certified EHR technology..., the Secretary, acting through the Office of the National Coordinator, shall establish a health information technology extension program to provide health information technology assistance services to be carried out through the Department of Health and Human Services."

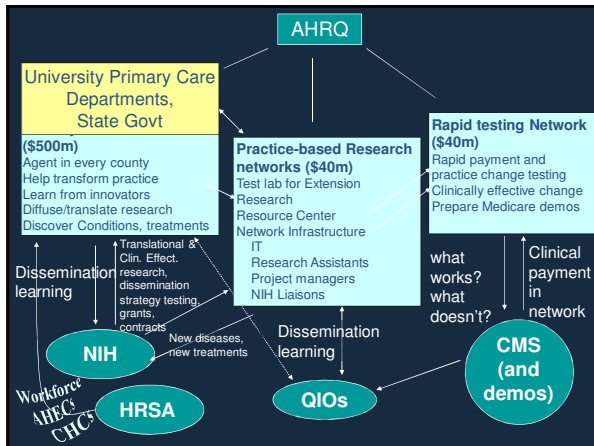
Advocacy effort

- Kevin Grumbach and Senate HELP Cmte
- Art Kaufman, Paul James, Jim Mold, Wayne Powell
- AHEC, QIO, Fam Med Leaders
- AAFP



Proposal for a US Primary Care Extension Program





- ### Primary Care Extension Program Goals
- Create and sustain local learning communities
 - Facilitation of primary care practice redesign
 - Technical assistance in the application of HIT
 - Staff training for team-based practice
 - Generate and disseminate research evidence
 - Support local primary care workforce development
 - Shared resources across practices (e.g., case managers)
 - Engage with local public health agencies, community agencies, patients and the public to address local health needs and primary determinants of health



What we Got ACA 2010

- Authorized but NOT FUNDED
 - Lives at AHRQ
 - 6 year program grants
 - 2 year planning grants
 - \$120,000,000 2011, 2012
 - Such sums as may be necessary 2013, 2014
 - 10% cap on administration

The Primary Care Extension Program shall

- provide support and assistance to primary care providers
- educate providers about
 - preventive medicine, health promotion, chronic disease management,
 - mental and behavioral health services (including substance abuse prevention and treatment services), and
 - evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice
- improve community health by working with community-based health connectors (referred to as 'Health Extension Agents')

HEALTH EXTENSION AGENT

any local, community-based health worker who facilitates and provides assistance to primary care practices by

- implementing quality improvement or system redesign,
- incorporating the principles of the patient-centered medical home to provide high-quality, effective, efficient, and safe primary care and
- to provide guidance to patients in culturally and linguistically appropriate ways, and
- linking practices to diverse health system resources

HUBS

A Hub established by a State shall consist of, at a minimum:

- The State health department;
- The entity responsible for administering the State Medicaid program;
- State-level entity administering the Medicare program, and
- The departments of 1 or more health professions schools in the State that train providers in primary care

State & Local Activity


- Assist primary care providers to implement a patient-centered medical home
- Develop and support primary care learning communities
 - dissemination of research findings for evidence-based practice
 - assess practice improvement
 - share best practices
 - community clinicians = generation of new knowledge and identification of important questions for research
- Participate in a national network of PCEP Hubs
- Develop a plan for financial sustainability

Existing Progenitors of Extension Programs: 4 Case Studies

The Oklahoma Physicians Resource/Research Network (OKPRN)


The Center for Excellence for Primary Care, the University of California, San Francisco

The New Mexico Health Extension Regional Offices (HEROs)


Oklahoma Physicians Resource/Research Network 


<http://www.okprn.org/>

- 501(c)3 formed in 1994 as a collaboration between the Oklahoma Academy of Family Physicians & the University of Oklahoma Department of Family & Preventative Medicine; now add'l partners
- Director, James W. Mold, MD, MPH
- > 235 clinicians, 110 sites
- Evolved from a traditional PBRN to assume a more proactive role in practice improvement
- Mission:
 - “to provide community physicians with access to information, education, research and technology in ways that enhance their practices and to generate new knowledge through practice-based research”

Oklahoma Physicians Resource/Research Network 

- OKPRN extension agents:
 - “Practice Enhancement Assistants” (PEAs)
 - Sustained relationship with a group of practices in a locality
 - PEAs facilitate
 - practice audits and feedback
 - patient satisfaction surveys
 - staff training
 - “cross-fertilization” of ideas among practices
 - coordination of quality improvement initiatives
 - provision of specific materials and resources
 - practice based research studies



UCSF 

<http://familymedicine.medschool.ucsf.edu/ucsf/>

- Founded 2005 as partnership between UCSF Dept of Family & Community Medicine and Permanente Medical Group
- Director, Tom Bodenheimer, MD, MPH
- Mission:
 - “to transform primary care at the regional level and create a model for nationwide reform...[through] a campaign to boldly reform the delivery of primary care across health systems in the San Francisco Bay Area”
- Emphasis safety net clinics in SF Bay Area
- Links with UCSF CTSA Community Engagement Program for translational research and implementation science


CENTER FOR
EXCELLENCE
IN PRIMARY
C A R E


CEPC extension agents

- "Clinic Coaches"
- Sustained relationship with clinics to facilitate practice improvement
 - Collaborative model
 - Training in team-based care
 - Audit and feedback
 - Sharing of best practices

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**New Mexico Health
Extension Regional Offices
(HEROs)**

<http://hsc.unm.edu/community/och.html>



Recently established

Community Oriented Primary Care and Population Health emphasis

Builds on existing USDA Extension Program offices

What do we Need?

- Illinois to become next pilot state!
- Pull together PBRNs, AHEC, QIO, FamMed Depts, Cooperative Extension
- Keep communicating with AHRQ about your progress and options for funding
- Tell Illinois' elected officials why this program is so important and should be funded

