State of Implementation Webinar Series

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IMPaCTing Meaningful Improvements in Primary Care Practices

May 5, 2014, 12:00-1:30 p.m. Eastern

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<td>12:00-12:10 pm</td>
<td><strong>Introduction and Overview of the IMPaCT Project</strong>&lt;br&gt;&lt;br&gt;• Bob McNellis, Agency for Healthcare Research and Quality (AHRQ)</td>
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<td>12:10-12:30 pm</td>
<td><strong>Overview of Extension Models from Four Lead IMPaCT Grantees</strong>&lt;br&gt;&lt;br&gt;• Darren DeWalt, University of North Carolina&lt;br&gt;• Jim Mold, University of Oklahoma Health Sciences Center&lt;br&gt;• Art Kaufman, University of New Mexico&lt;br&gt;• Robert Gabbay, Joslin Diabetes Center</td>
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<td>12:30–1:05 pm</td>
<td><strong>Role for State Agencies</strong>&lt;br&gt;&lt;br&gt;<strong>Moderator:</strong>&lt;br&gt;• Bob McNellis, AHRQ&lt;br&gt;&lt;br&gt;<strong>Panelists:</strong>&lt;br&gt;• Chris Collins, North Carolina Office of Rural Health and Community Care&lt;br&gt;• Marcela Myers, Pennsylvania Center for Practice Transformation and Innovation&lt;br&gt;• Garth Splinter, Oklahoma Health Care Authority</td>
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<td>1:05–1:25 pm</td>
<td><strong>Question and Answer</strong>&lt;br&gt;<em>Use the chat feature to submit your questions</em></td>
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Infrastructure for Maintaining Primary Care Transformation (IMPaCT) Overview

Bob McNellis
Senior Advisor for Primary Care
Agency for Healthcare Research and Quality
Why IMPaCT?

- A robust primary care system is the foundation for a health care system that delivers high-quality, affordable health care.
- In addition to payment reform, functional health IT and a dedicated workforce, AHRQ believes primary care also needs an infrastructure for practice transformation and quality improvement.
- Section 5405 of the ACA authorizes AHRQ to organize a national primary care health extension program.
What is IMPaCT?

- Cooperative Agreement Grant Initiative
  - Infrastructure for Maintaining Primary Care Transformation (IMPaCT)

- Purpose: To support model state-level initiatives that provide infrastructure to small and medium sized independent primary care practices in order to support practice transformation and ongoing quality improvement.

- Target: to support successful, established programs that are willing to serve as models to other states and the federal government.
What is IMPaCT?

- $500,000 per year for two years to:
  - Program enhancements
  - Sustainability planning
  - Evaluation
  - Dissemination activities

- All grantees are required to ‘package’ their efforts and lessons learned and create state-level collaborations with at least 3 other state-level coalitions to assist them with their own primary care transformation efforts.
Who is IMPaCT?

- **HEROs**: *New Mexico’s Health Extension as a Model for Primary Care Transformation* (PI: Arthur Kaufman, University of New Mexico Health Sciences Center)

- **North Carolina IMPaCT**: Advancing and Spreading Primary Care Transformation (PI: Darren DeWalt, University of North Carolina)

- **PA SPREAD**: PA Spreading Primary Care Enhanced Delivery Infrastructure (PI: Robert Gabbay, Penn State Hershey College of Medicine)

- **Primary Care Extension in Oklahoma**: An Evidence-Based Approach to Dissemination and Implementation (PI: James Mold, University of Oklahoma Health Sciences Center)
Related AHRQ Resources

- IMPaCT grants

- QI and Practice Facilitation resources
  - White papers on Building Capacity for Primary Care Quality Improvement
  - How-To Guide for Developing and Running a Practice Facilitation Program
  - Practice Facilitation Handbook
  - And much, much more…
Overview of Extension Models from Four Lead IMPaCT Grantees: North Carolina

Darren DeWalt
Associate Professor of Medicine
Division of Internal Medicine
University of North Carolina – Chapel Hill
Primary Care Practice Support Elements

- Quality improvement facilitation
- Practice systems (EHRs, PCMH, Meaningful Use)
- Collaboration across practices
Primary Care Practice Support Elements 2

- Informatics for Measurement
- Informatics to support care provision (population level and individual level)
- Care Management
Primary Care Practice Support Elements 3

- Payment reform
- Leadership/collaboration/trust in integrating activities across organizations
North Carolina Primary Care Practice Support
Overview of Extension Models from Four Lead IMPaCT Grantees: Oklahoma

Jim Mold
Director of the Research Division
Department of Family and Preventive Medicine
University of Oklahoma Health Sciences Center
The Oklahoma Primary Healthcare Extension System

Oklahoma’s Academic Health Centers

Federal Funding

Oklahoma Universities

State Funding

Oklahoma Department of Health

Oklahoma State Department of Mental Health

Oklahoma Center for Healthcare Improvement

Oklahoma Foundation for Medical Quality

Community Service Council of Greater Tulsa

Public Health Institute of Oklahoma

Community Organizations/Coalitions

Local Public Funding

OPCA, OAFP, OACP, OAP, OOA, OSMA

Area Health Education Centers

Private Funding

Alignment Collaboration Visibility Credibility Innovation Resources
Academic Center

- Performance Assessment and Feedback
- Academic Detailing
- Practice facilitation
- Identification and Spread of Best Indigenous Practices

Practice

- Innovative Delivery System Experiments (Shared Resources)
- Learning Collaboratives

Practice

Practice
Counties with County Health Improvement Organizations
Overview of Extension Models from Four Lead IMPaCT Grantees: New Mexico

Art Kaufman
Vice Chancellor for Community Health
Distinguished Professor
Family & Community Medicine
University of New Mexico Health Sciences Center
New Mexico’s Health Extension

CORE FUNCTIONS

- Technical assistance
- Training & education
- Facilitation & coaching
- Addressing priority health needs
- Linking to shared resources
- Advocacy & informing policy
New Mexico’s Health Extension

PARTNERS
- Community hospitals
- Colleges
- Cooperative Extension
- Community health centers
- Civic organizations
- Medicaid Managed Care
- AHEC
New Mexico’s Health Extension

SOCIAL DETERMINANTS

- Poverty
- Low employment
- Low educational attainment
- Poor housing
- Inadequate nutrition
- Social isolation
From HEROs to Academic Hubs

Components of a UNM HSC Health Extension Hub

UNM HSC Resources
- Medical Library
- Patient Records System
- Access, AHECs, Locum Tenens
- Telehealth, CME, Physician Access Line Service, PBIN, Preceptorship

Local Community Resources
- Educational Institutions, Community Hospitals, Civic Organizations, FQHCs, and County Health Councils

External Partner Resources
- Aligning Forces for Quality, Envision NM, HMS Center for Health Innovation/Net Ctr for Frontier Communities, NM HIE and HTRIEC, Nurse Advice Line
- NM, NM Primary Care Association, NM DOH, NM HSD, Medicaid MCOs

IMPaCT-Enrolled Practices

Health Extension Coordinators
Overview of Extension Models from Four Lead IMPaCT Grantees: Pennsylvania

Robert Gabbay
Chief Medical Officer and Senior Vice President
Joslin Diabetes Center
PA SPREAD:
Pennsylvania Spreading Primary Care Enhanced Delivery Infrastructure
General Contractor Model
What Types of Services Do Providers Want?

Provider Survey Results

Top 5 Rated Services

1. Identifying and coordinating referrals to mental health services.
2. Improving office efficiency (workflow).
3. Increasing overall revenues.
5. Helping patients set self-management goals.

Pennsylvania Statewide Survey (2012)
PA SPREAD Activities

- Provider Survey
  - What primary care providers want/need

- Provider Direct Practice Transformation Services
  - Learning collaboratives
  - Practice coaching
  - Data analysis

- Training Programs
  - Care management training
  - Practice facilitator training

- Convening Stakeholders
  - DOH, DPW, professional societies, REC, payers, hospital systems

- Multi-State Stakeholder Meetings
  - New Jersey, New York, Pennsylvania, Vermont
Developmental Model

- Clearinghouse/Convener
- Technical Assistance
- Shared Services
Today’s Panel

**Moderator: Bob McNellis**
Senior Advisor for Primary Care
Agency for Healthcare Research and Quality

**Chris Collins**
Director
Office of Rural Health and Community Care
North Carolina Department of Health and Human Services

**Marcela Myers**
Director
Center for Practice Transformation and Innovation
Pennsylvania Department of Health

**Garth Splinter**
Medicaid Director
Oklahoma Health Care Authority
1. Briefly, what is the history of state involvement in this work, and why would health departments or Medicaid want to participate?

Tell us what your state is doing at statereforum.org
North Carolina
Office of Rural Health and
Community Care

- Providing value added services leads to trusting relationships
- Results in buy in from the provider community
- Government resources are limited and shrinking
- Moving providers forward in an uniform way is anything but easy
- Coordinated efforts & government resources can fill in gaps or test new innovations
Health Access Network (HAN) Service Locations: March 2014

HAN Service Locations: 76 total locations
- OU HAN – 64 locations
- OSU HAN – 6 locations
- Central Communities HAN – 6 locations

Updated 03.26.2014
CPCi Choice Service Location

- 46 service locations
- 96 individual participating providers
Community Health Improvement Organization (CHIO) Counties: March 2014

CHIO Approved Counties: 18 CHIOs serving 20 counties

Updated 03.26.2014
SoonerCare Choice Locations with a Health Coach: September 2013

Choice Service Locations with a HMP Health Coach Present
- 37 total service locations

Updated 9.24.2013
HAN, CPCi, CHIO, and HMP
Health Coach Choice Locations

Choice Service Locations with a HMP Health Coach Present
HAN Service Locations (9 counties)
CPCi Choice Service Location (4 counties)
HAN and CPCi Service Locations (7 counties)
CHIO Approved Counties: 18 CHIOs serving 20 counties

Updated 03.26.2014
Pennsylvania Department of Health

“I expect you all to be independent, innovative, critical thinkers who will do exactly as I say!”
Pennsylvania Department of Health

- Transformation task is critical
- We cannot do this alone
- Partnerships are the key to innovation
- State-wide coordination
- Facilitate conversation among innovators
- Support new ideas
- Support current transformation efforts
2. How does this work fit in with broader state reform?

Tell us what your state is doing at statereforum.org
In order to assist NC Medicaid’s proposed Accountable Care Organizations, we are tasked with:

- Providing financial support for the infrastructure
- Using the infrastructure to test innovation and evaluate the results, and
- Transforming the under resourced primary care system from multiple directions
3. What suggestions do you have for engaging partner agencies? How do you make the case to get agencies involved?

Tell us what your state is doing at statereforum.org
Oklahoma Health Care Authority

- State agency has long-term interest in IMPaCT services

- IMPaCT needs to have value to compete in marketplace and maintain sustainability, especially when state is looking at budget cuts
New Mexico agencies are very connected with Medicaid Managed Care

Received HIE grant and shared/partnered with AHEC because of overlap in getting uninsured get access to enrollment.
4. What is the value of state agency/university partnerships?

Tell us what your state is doing at statereforum.org.
Academic-State Partnerships

- Spreading Evidenced-based care
- Learning collaboratives faculty
- AHEC
- Develop training programs – care management, practice facilitators, medical assistants
- Convening thought leaders and spreading innovation
- Research and analysis

IT IS ALL ABOUT PARTNERSHIPS!
Academic Partnerships

- The Commonwealth Medical College
- Penn State University
- University of Pittsburgh
- University of Pennsylvania
- Drexel University
Transformation Support Center

- Coordination
- Facilitation
- Support current efforts
- Promote collaboration
- Promote Standardization
- State-wide approach
University of Oklahoma Health Sciences Center

- Academic centers must be heavily involved to get innovation and research findings into practice
Question and Answer

Submit your questions in the chat box on the left.
What’s next from AHRQ?

- Accelerating the Dissemination and Implementation of PCOR Findings into Primary Care Practice (R18)
- $5,000,000 per year for three years for up to 8 cooperatives to:
  - Disseminate and implement PCOR findings into primary care practices
  - Build primary care practices’ capacity to incorporate future PCOR findings
- Applications due July 3
Knowledge Network

Experts will be available to answer your questions!
Post them now on State Refor(u)m in our
Primary Care discussion

Bob McNellis
Agency for Healthcare Research and Quality

Darren DeWalt
University of North Carolina – Chapel Hill

Jim Mold
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Oklahoma Health Care Authority

https://www.statereforum.org/node/9713
See you online!

- Webinar Q&A continues online at: https://www.statereforum.org/node/9713
- Find resources on the topic at:
  - https://www.statereforum.org/primary-care-extension-chart
  - http://healthextensiontoolkit.org/
- Find webinar recording and slides at: http://www.statereforum.org/webinars
- Visit and register to participate: http://www.statereforum.org/user/register
- Questions? Email us: statereforum@nashp.org

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