**IMPaCT Multi-State Conference**

**February 21-22, 2013**

**Final Progress Report**

**Award Information**

Principle Investigator: James W. Mold, MD, MPH

Grant Recipient: University of Oklahoma Health Sciences Center

Team Members: Daren DeWalt, MD (North Carolina), Arthur Kaufman, MD (New Mexico), Robert Gabbay, MD (Pennsylvania), Molly Bleeker, MA (New Mexico), Carolina Nkouaga, BUS (New Mexico), and Joy Mercer, MBA (Oklahoma)

Budget Period: 9/30/2012 – 9/29/2013

Project Period: 9/30/2012 – 9/29/2013

Federal Project Officer: Robert McNellis

Funding Agency: Agency for Healthcare Research and Quality

Funding Amount: $49,974

Grant Number: 1R13HS021932-01

**ABSTRACT**

**Purpose:** To convene a national meeting of the 18 states currently developing primary care extension programs in order to clarify concepts, exchange ideas, strengthen relationships, and build consensus around the Primary Care Extension Program authorized by the Affordable Care Act, Section 5405 and assigned to the Agency for Healthcare Research and Quality.

**Scope:** Discussions of general concepts, specific QI elements, additional support needs of primary care practices, the primary care-public/community health interface, data management needs, and sustainability.

**Methods:** A two half-day (one full-day spread across two days) conference with preconference readings and homework assignments. Nine facilitated entire group discussions, one breakout session for state clusters, and one optional topic-focused session over supper.

**Results:** Sixteen states sent a total of 62 representatives. Consensus was reached regarding the levels of functionality appropriate for a primary care extension system and the appropriate roles for Cooperative Extension, the public health system, and the Area Health Education Centers. Attendees left the conference with a better understanding of the tasks ahead and with new and/or stronger relationships with others within their state and from other states involved in the development of the extension system.

**Key Words:** Primary care, extension program, practice facilitation, quality improvement, patient-centered medical home

**PURPOSE (Objectives)**

The overarching goal of the conference was to enhance the Agency’s efforts to establish a national primary care extension system. The specific Aims were the following:

Aim #1: Make sure that all 18 states have a common understanding of the purpose and scope of IMPaCT and are well-prepared and positioned to disseminate this understanding to key constituents within their states and organizations.

Aim #2: Explore ways to strengthen the initiative, increase consistency across states to the extent that this is possible and desirable, identify challenges and opportunities, and generate new ideas and promising approaches to address them; and

Aim #3: Strengthen personal relationships between key leaders within and between the involved states that could hasten progress toward construction of the extension infrastructure.

Aim #4: Conceptualize and begin to create a national toolkit for primary care extension.

Aim#5: Begin development of a coordinated strategy for achieving sustainable funding to support primary care extension.

**SCOPE (Background, context, settings, participants)**

For more than a decade, researchers, policy makers, and professional organizations have recognized the need for a more effective way to disseminate and facilitate implementation and diffusion of evidence-based practices within primary care. Recently, the idea of an extension system similar to the Cooperative Extension Service in agriculture has gained considerable traction. Section 5405 of the Affordable Care Act (ACA) authorized the establishment of a Primary Care Extension Program (PCEP). Responsibility for the PCEP was assigned to the Agency for Healthcare Research and Quality (AHRQ). However, the Senate Appropriations Committee chose not to appropriate the requested funds for this section of the bill.

In 2011 AHRQ identified $4 million to invest in the development of a PCEP through a U18 grant funding mechanism. Two-year grants were awarded in late September of 2011 to North Carolina, Pennsylvania, New Mexico, and Oklahoma. The project was called Infrastructure to Maintain Primary Care Transformation (IMPaCT). Each of the IMPaCT grantees is expected to develop a statewide PCEP and to disseminate PCEP concepts and strategies to three additional states. Because NM also received funding through the Commonwealth Fund, and NC decided to accept 4 dissemination states, there are actually 18 states involved in this effort.)

The four principal investigators (PIs) have subsequently met monthly with the AHRQ project officer on conference calls to discuss progress and share ideas and lessons learned. As a result of these conference calls, it was clear that progress could be enhanced and dissemination facilitated by convening a meeting of all 16 participating states.

Because of its central location primarily, Oklahoma was selected to be the setting for the First National Primary Care Extension System Meeting. Dr. James Mold was the Principle Investigator for the small conference grant that funded the conference, which was held over a two-day period at the Samis Conference Center on the campus of the University of Oklahoma Health Sciences Center. Because of a snowstorm that hit eastern Oklahoma and western Arkansas, the Arkansas representatives were unable to attend, but everyone else who was invited attended and participated in the meeting.

Below is a complete list of the attendees.

**Participants**

|  |  |
| --- | --- |
| **Attendee Name** | **Organizational Affiliation** |
| **Arkansas** |  |
| N/A | Unable to attend due to weather |
| **Colorado** |  |
| Perry Dickinson, MD | University of Colorado School of Medicine, Department of Family Medicine |
| Edie Sonn, MPP | Vice President, Strategic Initiatives, Center for Improving Value in Health Care |
| Larry Green, MD | University of Colorado School of Medicine, Department of Family Medicine |
| Marjie Harbrecht, MD | Chief Executive Officer, HealthTeam Works |
| **Idaho** |  |
| Julie Wall | Idaho Medicaid |
| Larry E. Tisdale | Idaho Hospital Association |
| Tom Fronk | Idaho Primary Care Association |
| **Kansas** |  |
| Anthony Wellever | Research Assistant Professor, Center for Community Health Improvement, Department of Family Medicine, Research Division, University of Kansas Medical Center |
| Roberta Riportella | Kansas Health Foundation Professor of Community Health at Kansas State University |
| **Kentucky** |  |
| Jeanne Davis | Regional Coordinator, Kentucky Cooperative Extension Service, University of Kentucky |
| Chris Reams | Research Analyst, Kentucky Regional Extension Center, University of Kentucky |
| Rice Leach | Commissioner of Health, Lexington-Fayette County Health Department, Lexington, KY |
| **Maryland** |  |
| Niharika Khanna, MD | Department of Family and Community Medicine, University of Maryland School of Medicine |
| Linda Bartnyska | Maryland Health Care Commission |
| Russ Montgomery, MHS | Maryland Department of Health and Mental Hygiene |
| Donald Nichols, PhD | IMPAQ International, LLC |
| **Missouri** |  |
| Michele R. Jackson, RN, BSN | Pettis County Health Center |
| JoAnn Martin, MSN, APRN, CPNP | Pettis County Health Center |
| David R. Mehr, MD, MS | Department of Family & Community Medicine, University of Missouri |
| Shannon Canfield, MPH | Center for Health Policy, University of Missouri |
| Molly Vetter-Smith, PhD, MPH, RD | University of Missouri Extension, Department of Family & Community Medicine |
| **Montana** |  |
| Kristin Juliar, MA | Montana Office of Rural Health/AHEC |
| **New Jersey** |  |
| Arturo Brito, MD, MPH | Deputy Commissioner, NJ Department of Health |
| Robert Eidus, MD, MBA | Principal, Vanguard Health Solutions |
| **New Mexico\*** |  |
| Art Kaufman | Vice Chancellor for Community Health, University of New Mexico Health Sciences Center |
| Carolina Nkouaga | Director of Operations, Office for Community Health, UNM HSC and Coordinator of the Health Extension Toolkit |
| Elaine Luna | Montañas del Norte AHEC Director |
| Helene Silverblatt | Professor of Psychiatry and Family and Community Medicine, UNM HSC, and Director of Adult Programs, UNM Center for Rural & Community Behavioral Health |
| Juliana Anastasoff | Northern Region Health Extension Officer, Office for Community Health, UNM HSC |
| Molly Bleecker | IMPaCT Program Manager, Office for Community Health, UNM HSC |
| Sonja Koukel | Family Health & Wellness Specialist, NMSU Cooperative Extension Service |
| **New York** |  |
| Gregory Burke | Director, Innovation Strategies, United Hospital Fund |
| Shelley Hirshberg | Executive Director, P2 Collaborative of Western NY, Inc. |
| Ronda Kotelchuck | Executive Director, Primary Care Development Corporation |
| Marietta Angelotti, MD | Associate Medical Director, Office of Quality and Patient Safety |
| **North Carolina\*** |  |
| Darren DeWalt, MD, MPH | UNC Sheps Center for Health Services Research and UNC School of Medicine |
| Sam Cykert, MD | NC Area Health Educations Centers Program |
| Laura Brown, MPH | NC Area Health Educations Centers Program |
| Jennifer Cockerham, RN, BSN, CDE | Community Care of North Carolina |
| Carrie Hanlon, MA | National Academy for State Health Policy |
| Lawrence Hinkle | National Academy for State Health Policy |
| **Oklahoma\*** |  |
| Jim Mold, MD, MPH | Department of Family and Preventive Medicine, OUHSC |
| Stacie Pace | Director, Southeast Oklahoma Rural Health Network |
| Andy Fosmire | Director, Rural Health Projects, Inc., NW AHEC |
| Toni Frioux | President, Public Health Institute of Oklahoma |
| Becky Pasternik-Ikard, JD, MS, RN | Deputy State Medicaid Director, Oklahoma Health Care Authority |
| Garth Splinter, MD | State Medicaid Director, Oklahoma Health Care Authority |
| Joe Langley, D.Min | SwAHEC, Cameron University |
| Deanne Taylor | SE Regional Coordinator for IMPaCT |
| **Oregon** |  |
| Paul McGinnis | Community Health, Quality, and Practice Development Director at Oregon Rural Practice-based Research Network |
| Sally Bowman | Program Leader, Extension Family & Community Health and 4-H, and Professor, School of Social & Behavioral Health Sciences, Oregon State University |
| **Pennsylvania\*** |  |
| Robert Gabbay, MD, PhD | Director, Penn State Hershey Diabetes Institute, Penn State, COM |
| Marcela Myers, MD | Director of Chronic Care, PA Department of Health |
| David Kelley, MD | Chief Medical Officer, PA Department of Public Welfare |
| Bruce Block, MD | Chief Medical Informatics Officer, Pittsburgh Regional Health Initiative |
| Patricia Bricker, MBA | Research Coordinator, Penn State University College of Medicine |
| Alan Adelman, MD | Vice Chair for Academic Affairs and Research, Penn State University College of Medicine |
| **West Virginia** |  |
| Chris Clark, MBA RRT | Governor's Office of Health Enhancement and Lifestyle Planning |
| Joan D. Skaggs, RN, MSN | WVDHHR/BPH/OCHSHP/Division of Primary Care |
| **Vermont** |  |
| Craig Jones, MD | Executive Director, Vermont Blueprint for Health |
| Kara Suter | Payment Reform Director, Department of Vermont Health Access |

**METHODS (Design, data sources/collection, interventions, measures, limitations)**

The conference was planned by the four IMPaCT grant principal investigators (PIs) and their support staff.

**Homework Assignments**

Attendees were given the following homework assignments, which were submitted to the PI prior to the conference and distributed electronically just prior to the conference and in printed form at the conference. During introductions, each attendee was asked to highlight one item from its state’s homework assignments.

1. Draw an organizational chart that includes all relevant components of your state’s developing Primary Care Extension Program (PCEP; primary care support program). We recognize that for some states this will not yet be possible. However, we would like for you to go ahead and speculate, even if you aren’t yet sure which organizations will be involved. Feel free to draw more than one possible model.

2. Make a list of the terms (see examples below) that you use in your primary care practice support work with brief definitions for each.

3. Generate a list of challenges you are facing currently that you would like to discuss with the group.

4. Programs may have evolved and expanded their approaches beyond their initial intentions. Please describe new insights, changes in approach, new partnerships or other significant changes you’ve undertaken since the start of your work on PCEP.

5. Make a list of any resources that you have developed that you would be willing to share with others. Provide a brief description of each resource and how others can gain access to it.

The homework products were provided electronically to all attendees as “airplane reading” one week prior to the conference and in printed form at the conference. They were also analyzed and reorganized into thematic categories as part of the conference evaluation (see below).

**Additional Information and Resources**

A large amount of background material was also provided to all attendees at the time of the conference on memory sticks. This material included a bibliography of important journal articles, some full-length journal articles (with permission), copies or summaries of relevant national and state legislation, and a variety of other resource materials (business plans, brochures, press releases, etc.).

**Conference Schedule and Syllabus:**

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| --- | --- |
| **DAY 1** | |
| **12:15-1 PM** | **Lunch (Provided)** |
| **1:00-1:15 PM** | **Setting the Context: The Primary Care Extension Program**  Review and discussion about the history, purpose, and scope of primary care extension, progress to date  **Moderator:**  AHRQ Representative (Bob McNellis and/or David Meyers) |
| **1:15-2:00 PM** | **Welcome and Introductions**  Review the purpose of the meeting and its agenda.  Participant introductions. Summaries of homework assignments.  Decide on affinity groups (supper)  Options: Multi-payer initiatives, federal funding options, HIT/HIE, strategies for engaging large health systems, AHEC and Cooperative Extension roles  **Moderator:**  Jim Mold |
| **2:00 – 2:30** | **Conceptualization of a Primary Care Extension Toolkit**  Intended Outcome:  Agreement regarding the structure and format for a national primary care extension toolkit.  **Moderator:**  Carolina Nkouaga  Arthur Kaufman |
| **2:30-3:30 PM** | **Primary Care Quality improvement support components**  Introduction to and discussion about 1) performance assessment/feedback; 2) identification and spread of best practices; 3) academic detailing; 4) practice facilitation; 5) learning collaboratives; and 6) learning communities, and potential roles for academic health centers, AHECs, QIOs, health departments, community coalitions, etc.  Intended Outcome:  A set of best practices/lessons learned summaries for each component to be added to the toolkit.  **Moderator:**  Jim Mold |
| **3:30 – 3:45** | **Break** |
| **3:15-5:00 PM** | **Regional Brainstorming and Coordination**  This is an opportunity for the four clusters of states to meet, gather additional ideas and input, and continue their PCEP development activities. |

|  |  |
| --- | --- |
| **5:00-6:00** | **Additional Primary Care Practice Resource Needs**  A discussion of support functions that will likely be needed, particularly by small practices to become patient-centered medical homes (e.g. care management, registry support, patient educators, community health workers, administrative/financial support, IT support, pharmacy consultants)  Exploration of which traditional primary care functions could be taken on by community-based organizations (off-loading).  Intended Outcome:  A set of best practices and lessons learned to be added to the toolkit  **Moderators:**  Darren Dewalt |
|  |  |
| **7:00-8:30** | **Supper**  Each participant is responsible for the cost of his/her meal. Attendance at these organized discussions is optional.  We have reserved quiet rooms at 5 local restaurants, all within walking distance from the Sheraton Hotel along the River Walk, for optional topic-oriented discussions as follows:  Bourbon Street (Cajun)  Abuello’s (Mexican)  Nonna’s (Continental)  Mickey Mantle’s (Steak, etc.)  Melting Pot (Fondue) |
|  | **DAY 2** |
| **7:15-8:00 AM** | **Breakfast (Provided)** |
| **8:00-9:00 AM** | **The interface between primary care and public/community health**  An introduction and case-based discussion of the extent to which primary care quality improvement supports can/should intersect with public health and communitywide health improvement efforts and how to achieve this including an introduction to Cooperative Extension and its potential contributions to PCE.  Intended Outcomes:  Define the essential interfaces required for primary care to be effective.  Contribute best ideas and practices to the toolkit  **Moderator:**  Arthur Kaufman |
| **9:00-10:00 AM** | **How to Manage a Population of Practices: Organizational Structures, Data Needs, and Communication Issues**  Discussion of organizational issues, data collection/analysis/management systems, and communication methods needed for primary care extension.  Best practices/lessons learned/current thinking  **Moderator:** Jim Mold |
| **10:00-10:30 AM** | **Break** |
| **10:30 – 11: 30** | **Sustainability**  Introduction and broad general discussion of sustainable and project-specific funding options to support primary care extension. Discussion of state initiatives. Initiation of a conversation regarding potential local, state, and federal funding possibilities.  Intended Outcomes:  A collection of best practices/lessons learned/best current ideas  Formation of working group to address national legislation/policy  **Moderator:**  Bob Gabbay |
| **11:30 – 12 noon** | Final thoughts, Q&A, feedback. Completion of evaluation surveys.  **Moderator:**  Jim Mold |

Notes:

1) Facilitators for each session were limited to 5 slides or less and no more than 15 minutes of introduction prior to facilitation of large group discussions.

2) Detailed notes of the large group discussions were captured electronically, projected during the sessions, and distributed to attendees following the meeting.

3) Optional topical dine-arounds were arranged at local restaurants. These were well-attended, with between 6 and 10 people attending each of the 5 dine-arounds.

**RESULTS (Findings, outcomes, discussion, conclusions, significance, implications)**

**Attendance Summary**

We invited each of the 16 states to send 4 representatives, anticipating 64 attendees. The Arkansas contingent was unable to come because of weather, but some states sent more than 4 people. An additional state affiliated with North Carolina’s IMPaCT project was able to attend. Total attendance was therefore 62 people representing 16 states plus the AHRQ Project Officer, Bob McNellis. Attendees represented a wide variety of organizations as shown above.

**Themes and Conclusion**

Functional Levels of Extension

*Level 1: Convener/Clearinghouse/”General Contractor”*

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*Level 2: QI Coordination and Data Monitoring*

Functions at this level could include:

1) data collection, monitoring, feedback, and benchmarking

2) identification and spread of best indigenous practices

3) “academic detailing”

4) practice facilitation

5) learning collaboratives

*Level 3: Broader Community Integration/Shared Resources*

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Alignment/Collaboration with Existing Systems

*Public Health*

Key collaborator

*Cooperative Extension*

Collaborator

Model

*Area Health Education Centers*

Major role in many/most states

*Health Systems*

Purchaser

Data Management and Communication Systems

*Tracking Systems*

Electronic practice records

Practice registries

*Resource repositories*

Toolkit(s)

Links

Catalogues of best indigenous practices

*Communication systems*

Listservs

Wikis

Newsletters

Sustainability

*Types of Funding*

Bridge funding to build value

Sustainable funding (value based)

*Sources of Funding*

CMMI

HRSA

Private Payers

Health systems

Employers (e.g. state)

**Post-Conference Survey**

1. How well do you understand primary care extension at this point in time?

1. Completely
2. Very well 27
3. Somewhat 15
4. Not so much
5. Not all

Comments:

* The conference presented/offered points of view from various organizations that broaden my understanding.
* Confusion about what it “could” be rather than what it “is”
* Still confused about purpose – health of primary care/community health/both
* I know more about what I need to learn which makes me feel better about grasping the concept thereby creating some movement
* Seems primary care still struggling to see how to partner w/CES/others in community health. Primary care will have difficulty using the CES model if they didn’t understand it
* At zero when I arrived
* It sounds like public health departments before Medicaid categorized grants with the shift from community to clinic for PH
* None of those options capture my learning curve – I understand it better than I did, but it’s not yet totally clear.
* Still need some shared definitions since the views vary. This meeting helped with identification of shared understanding of some of these issues.
* Anyone who checks “a” is lying
* Need for more unified position on practice based work vs. public health work
* I think the concept of primary care extension may well be impossible for anyone to completely understand
* Continuing to learn
* I have a good sense of this idea and controversies –It’s not a finished idea
* Have been working with/NM for over 1 year from ground floor of funding
* The concept continues to evolve and these discussions were helpful in thinking about how to implement
* The concept is still in development for our state but it seems much more clear. Before the conference I would have chosen “e” “not at all”

2. How confident are you in your ability to educate others in your state and organization about primary care extension?

1. Completely 2
2. Very well 16
3. Somewhat 24
4. Not so much
5. Not all

Comments:

* It is difficult to describe as it is still conceptual for our pilot.
* Again much better since I arrived
* More conversations need to occur. I am not even sure where we are in our state.
* I would have a hard time giving the S.O.C. and 3 main points in 27 words
* Better, more concise and refined language for this
* Differing motives between states=room for confusion
* Definitely more so than I was prior to meeting
* With documents I have, I think I have tools
* Even the way I felt then was not consensus. I intend to convene a group back in our state for additional discussion
* Have a good grasp of the situation but will adjust as more information becomes available
* Will take a lot more conversations and collaboration
* Again see answer above

3. Did you meet someone new from another sate with whom you intend to continue to communicate about primary care extension?

A. Yes 38

B. No 3

C. Maybe/Possibly 2

Comments:

* Yes, lot of people I plan to collaborate with and learn from
* As with many evens, best part is personal interactions
* Yes, met many others
* Yes and I believe I will help to visit partners to learn the nuts and bolts about implementation ideas
* The networking opportunity is great
* One of the benefits is hearing what others contribute to this entire process. We have a lot of work to do
* Actually, not necessarily someone new, but this really enhanced connections with some folks I already knew ha we will follow-up on
* I have hope for the future!
* Very helpful and definitely needed to be included
* Excellent learning what my counterparts in other states are doing with PCE
* Excellent networking opportunities
* Had several useful contacts – I know the players better now
* Possibly – several I already knew so this will be a good entry in further discussions

4. As a result of this conference, were you able to strengthen relationship(s) with colleagues from within your state, which could be important to primary care extension?

A. Yes 41

B. No

Comments:

* Meet others from sate who I had never met before
* We recognized some concrete ways in which we can collaborate with cooperative extension
* TBD – Consider having next conference collocated at a large national meeting. Timed before/after or as a sub-topic
* Lots of questions to discuss for our state
* Dr. Mold did a great job articulating summary. Thanks to those who made all the logistical arrangements – great job!
* Sparked interest in how we can relate to extension as partner in other areas
* Continue to build on links to county extension agent relationships
* The opportunity to stimulate thoughts and reflecting develop shared language and then process it all together was priceless. We need more at these meetings and they need to be longer for team level discussions to happen.
* Also very important to continue relationship building
* Our state could only send one person – will follow-up when I get home
* We (NM) are doing grant work - Hotel was great – excellent service, friendly considerate staff, great food/drinks – thank you!
* Super important time together
* Thanks for all your efforts
* One of the most beneficial parts of this conference is bringing together colleagues from the same state. Time will tell, but I think this will prove to be invaluable as our state moves forward with the development and implementation of PCEPs
* Plan to connect on a more regular scheduled basis
* Helpful to all be together in one place for 36 hours

**PUBLICATIONS/PRODUCTS**