

# Building Primary Care Practices Through an Extension Model

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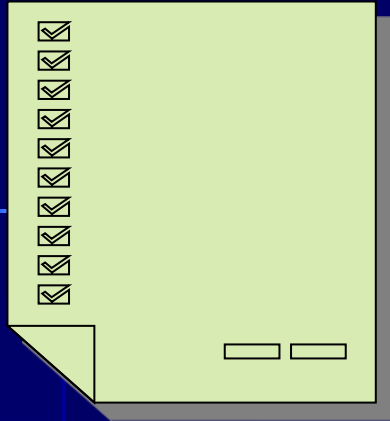
# Case

An obese 5 year-old boy has only been seen one two occasions by his primary care provider. He has received most of his immunizations at the county health department during WIC visits for siblings. Developmental and behavioral problems have been identified by his preschool teacher and mother but have not been fully evaluated. His asthma has been managed through the emergency department of the hospital. Follow-up visits with his primary care provider have been traditional 15 minute episodic visits. The family has not received asthma education, do not have an asthma action plan, and do not monitor the child's symptoms or pulmonary functions. His has never had complete pulmonary function testing.

# The Challenges

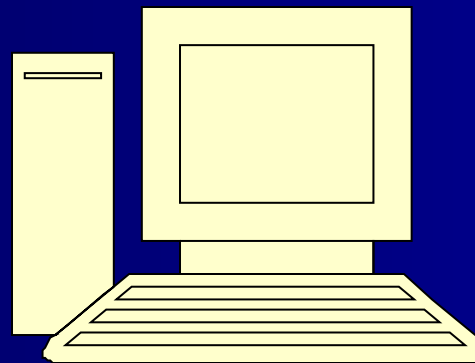
- **Coordination**
  - At the patient level
  - At the community level
- **Continuous quality improvement**
  - Transformation of primary care practices (into patient-centered medical homes)
  - Linkages between practices and community resources
  - Identification and development of missing resources
- **Innovation**
  - Identification and sharing of successful strategies
  - Dissemination and implementation of research discoveries
  - Initiation of needed research to address identified practice/patient/community needs

# Implementation of Innovations in Primary Care



**Academic  
Detailing**

**Performance  
Feedback**

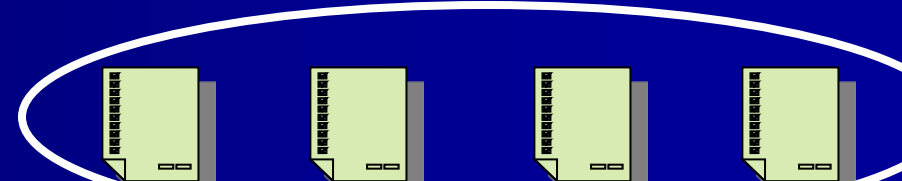


**IT Support**



**Practice Enhancement  
Assistant**

**Local Learning Collaboratives**



# Performance Distributions

- Virtually always present
- Wider than you would expect
- Within practices and between practices
- High performers are often not the usual suspects
- Highest performers in one area aren't necessarily the highest performers in other areas. Some true exemplars (quest for excellence)

# What Do Exemplars Know?

- Principles
  - Very generalizable
- Techniques
  - Often generalizable
- Scripts
  - Not particularly generalizable

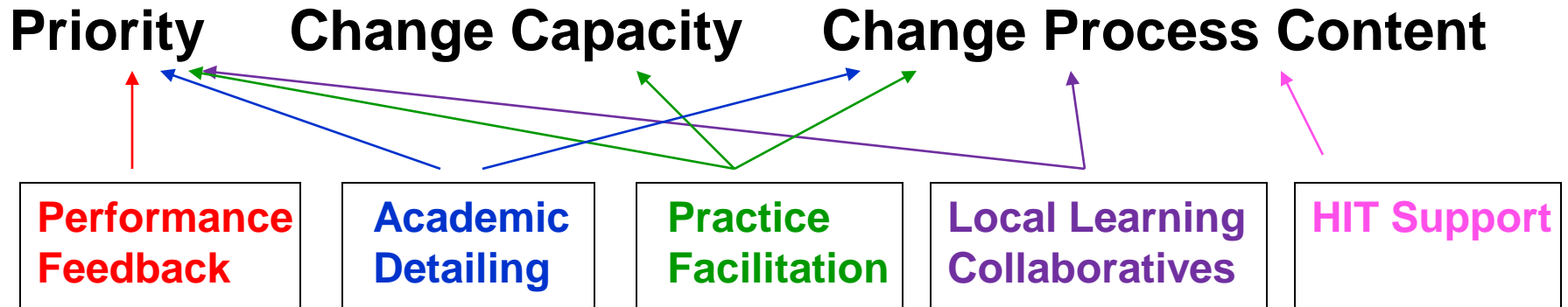
# Practice Facilitation

- One-half day per week for about 6 months
- Relationship with clinicians and staff is key; takes several months
- Key functions include: assessment and feedback, coaching, team-building, technical and hands-on, assistance, training, coordination of PDSA cycles, and cross-pollination

# Local Learning Collaboratives

- One-hour lunch meetings every 1 – 2 months
- Review performance data from all practices
- Share successes and failures
- Share anecdotes
- Share effective methods

# Proposed effects of the QI Interventions on Change Elements



# CQI Requires Local Infrastructure

- Longitudinal relationships
  - Between facilitators and practices
  - Between practices
- Knowledge of local factors
  - Politics, personalities, resources, history
- Travel time/cost
  - Cost to deploy academic detailers, facilitators, auditors

Cells

Diseases

People

Practices

# Research Pipeline

Guidelines Development

Dissemination Research

Basic Research

T1

Human Research

T2

Practice- and Community-Based Research

T3=QI

Practice and Community

T=Translation

Meta-analyses; Systematic Reviews

Implementation Research

Not ready for humans

Not ready for patients

Not ready for practice

# Bi-directionality

- Researchers
  - Responsive to needs of communities
  - Knowledgeable about practice- and community-based research methods
- Communities
  - Knowledgeable about value of research
  - Familiar with research methods
- Translators, brokers, “experimental farms”  
(e.g. practice-based research networks)

# Asthma

- How effective is dust proofing in the home and car and which children are most likely to benefit?
- What can be done to safely and effectively reduce cockroach antigens in the homes of asthmatic children and how can we figure out which children would likely benefit?
- How can we do a better job of differentiating asthma from bronchiolitis in young children?
- Which children benefit from allergy testing and injections, and how much do they benefit?
- How can we identify children with salicylate sensitivity significant enough to warrant salicylate restricted diets?

# It Takes a Community

- Primary care can no longer be practiced in isolation from public health, mental health, social services, and community organizations
- Obesity, lack of exercise, smoking, and abuse of alcohol account for 37% of all premature deaths.
- Attachment disorders resulting from early childhood experiences having adverse health impacts that last throughout life.
- Failure to graduate from high school is one of the best predictors of poor health outcomes.

# The Silos

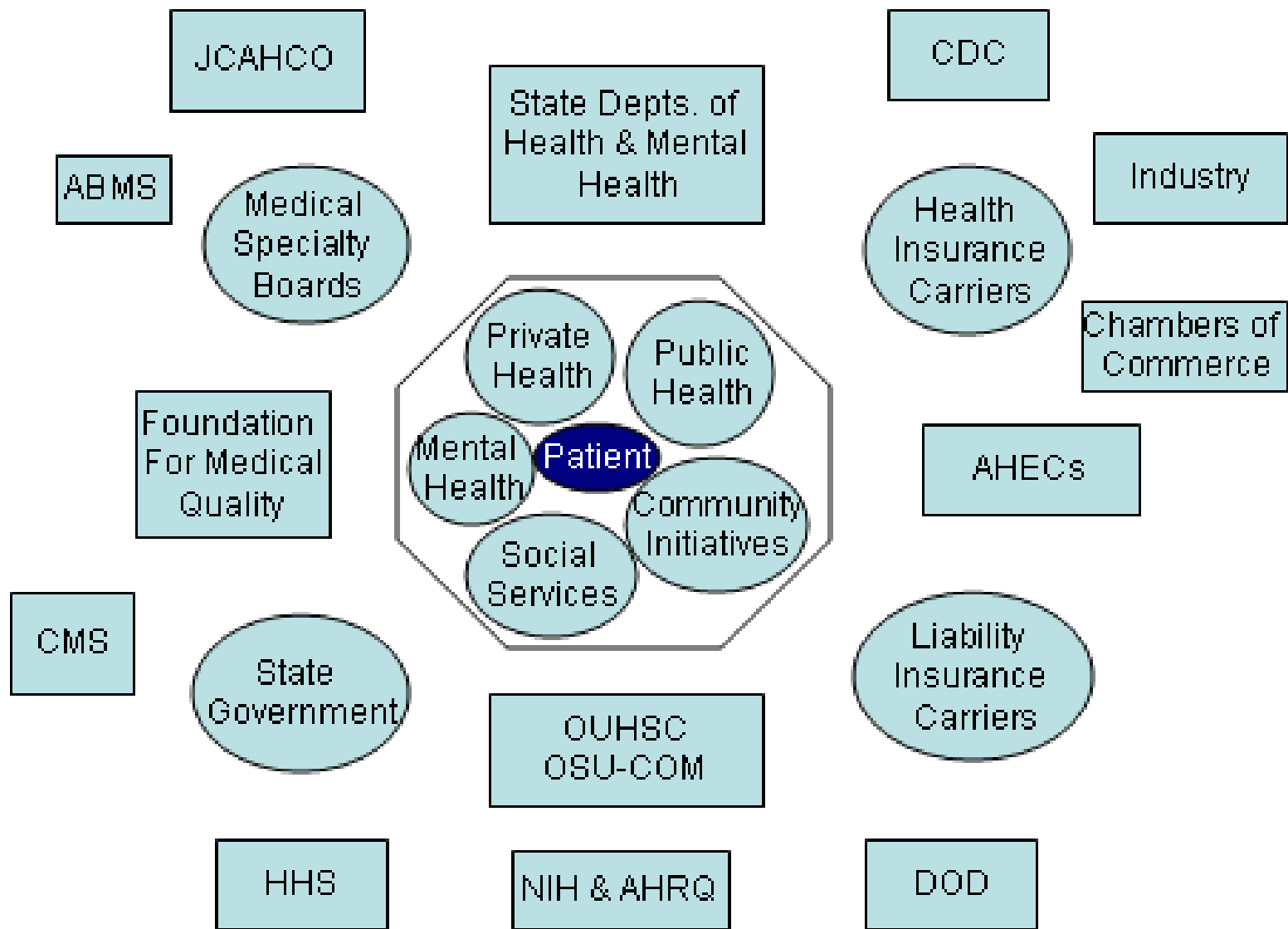
- Medical care
  - Primary care (MD, DO, NP, PA, etc.)
  - Subspecialty care
  - Rehabilitative services (PT, OT, ST, etc.)
  - Hospital care
- Public health
- Mental health
- Social services

# Requirements for Coordination

- Unified budget (501c3)
- Health information exchange (HIE)
- Care management
- Policy/regulatory changes (e.g. mental health)
- Personal relationships\*\*\*\*\*
- Common goals and metrics
  - Accountability with flexibility
  - Rewards for improvements in quality, health metrics

We need to create a health care system in which cooperation is rewarded.

# Community Extension



# County Health Care Collaboratives

