HEALTH EXTENSION **Role in Primary Care** & Community Health





Presenters



Arthur Kaufman

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University of North Carolina School of Medicine



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University of Oklahoma Health Sciences Center



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Penn State College of Medicine (*Joslin Diabetes Center)



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University of New Mexico Health Sciences Center





Agenda

- Background & overview of health extension at a national level
- Program Highlights:
 - North Carolina
 - Oklahoma
 - Pennsylvania
 - New Mexico
- Overview of online health extension toolkit
- Q&A





Q&A

- Use the "chat box" function at the right of your screen to send in your questions
- Feel free to contact us (phone or email) after the webinar using contact information found on:

www.healthextensiontoolkit.org





Background







What is Health Extension?

- a method of helping both primary care practices & the communities they serve
- overcome barriers to transformation
- shared resources







How did Health Extension come about?









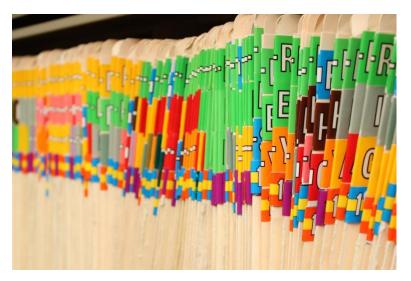
How does this apply to primary care & community health?





Primary Care Transformation

- Patient Centered
 Medical Home
 - Larger health systems
 - Challenges to small practices



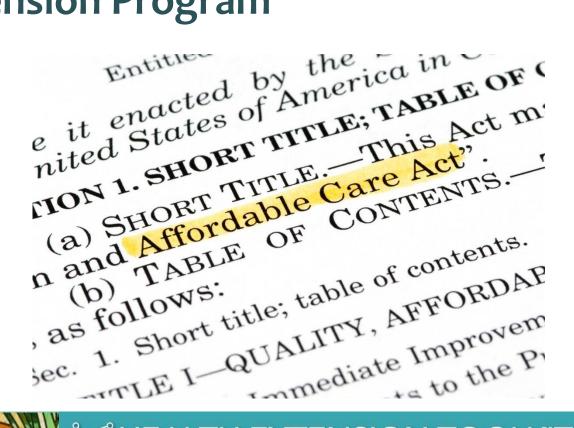
Advocates call for more and better primary care





Affordable Care Act

- Primary Care Extension Program
 - Section 5405







Health Extension Agents

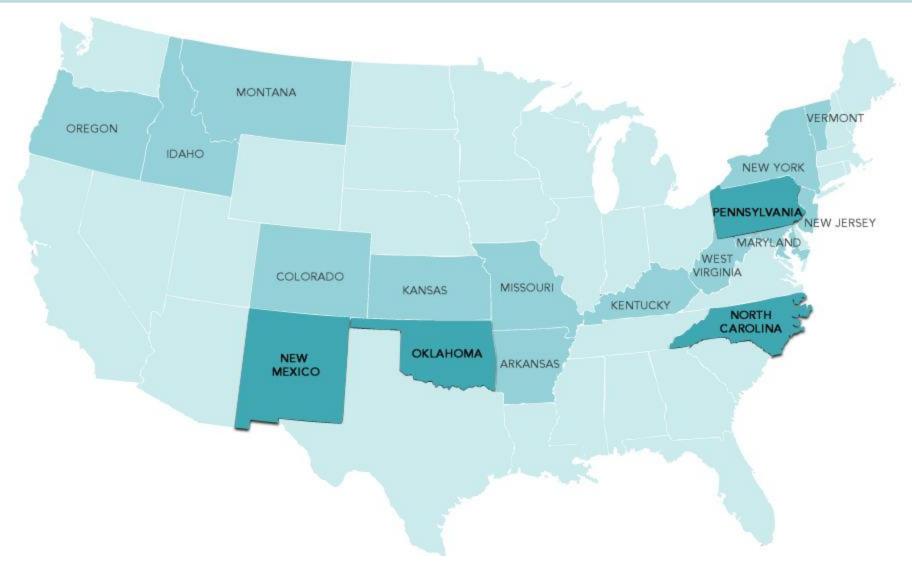
- Assist primary care
- Practice facilitation



- Collaborate with community partners
- Identify community health priorities
- Identify local workforce needs
- Address social & primary determinants of health
- Eliminate health disparities













North Carolina







Primary Care Practice Support Elements

- Quality improvement facilitation
- Practice systems (EHRs, PCMH, Meaningful Use)
- Collaboration across practices







Primary Care Practice Support Elements

- Informatics for Measurement
- Informatics to support care provision (population level & individual level)
- Care Management





Primary Care Practice Support Elements

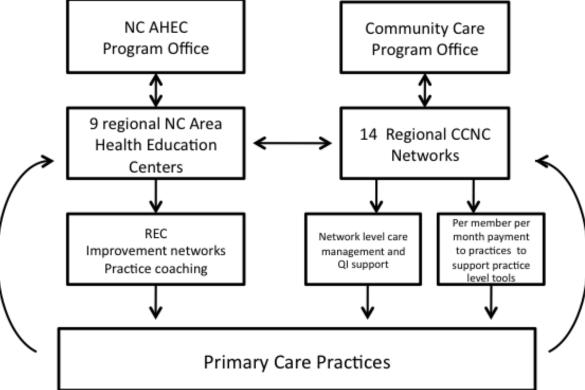
- Payment reform
- Leadership/collaboration/trust in integrating activities across organizations







North Carolina Primary Care Practice Support









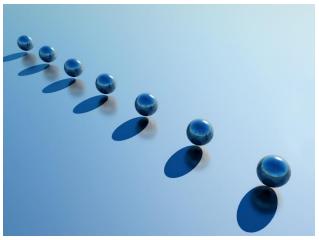
Oklahoma





Oklahoma PCEP

- A great deal of money and other resources are being spent on ineffective efforts to improve health and health care
 - Use of ineffective approaches
 - Lack of alignment of key stakeholders
 - Primary care
 - Public Health
 - Mental Health
 - Cooperative Extension
 - Community-based organizations







Oklahoma PCEP

- Most resources never make it to the groups in the best position to implement changes because they are not easily identifiable, well-organized, or effectively organized.
 - Lack of a cohesive, system-wide infrastructure
 - Lack of responsive fiscal entities







Oklahoma PCEP

 To address these challenges, we need a cohesive system that can identify, attract, and direct resources to visible and effective community-based health improvement organizations.







Primary Care Extension in Oklahoma

- Public Health Institute of Oklahoma (PHIO)
- AHECs as Regional Coordinating Centers and QI experts hiring and supervising practice facilitators and connecting practices to academic resources
- Affiliated non-profits in each county or county cluster called County Health Improvement Organizations (CHIOs) built from existing coalitions (e.g. Turning Point) through certification process
 - Mission: Improve the health of citizens of county



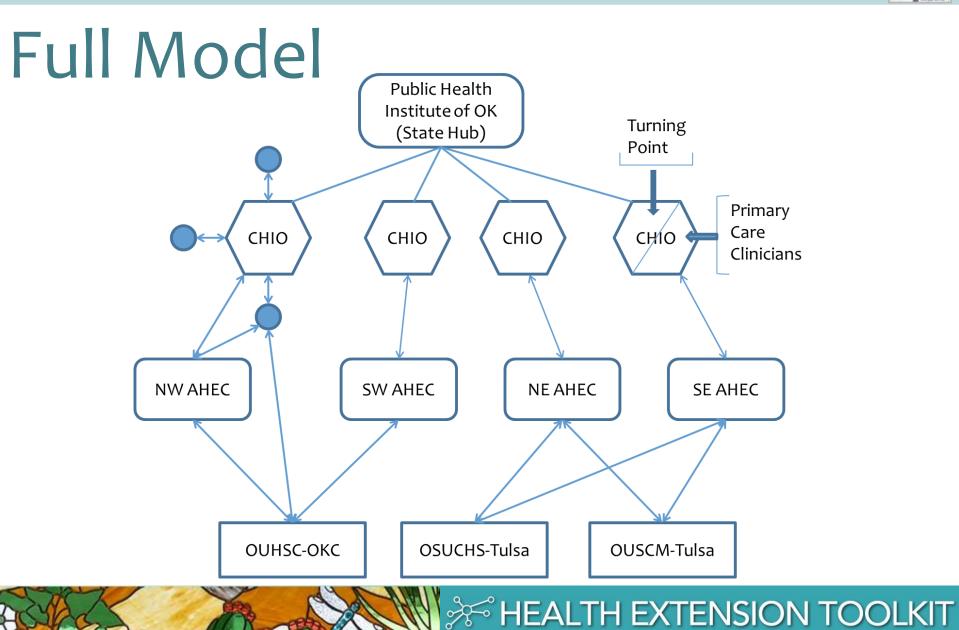














HEALTH

Patient-Centered Medical Homes

- Primary health care with greater incorporation of **Chronic Care Model principles**
 - Systems
 - Teamwork
 - **Population** management
- More effective use of advanced information technologies
 - EHRs, PHRs, HIE





Examples of QI Projects

- Reducing hospital readmission rates
- Increasing physical activity
- Establishment of countywide HIE systems
- Countywide adult immunization campaign
- Reducing narcotic abuse and diversion
- Addressing the human trafficking
- Communitywide preventive services recall and reminder system
- Exploration of primary care mental health collaborative care options
- Exploration of closer collaborations between primary care and pharmacists







Pennsylvania









Robert A. Gabbay, MD, PhD

Joslin Diabetes Center, Harvard Medical School

Alan M. Adelman, MD, MS

Penn State University College of Medicine





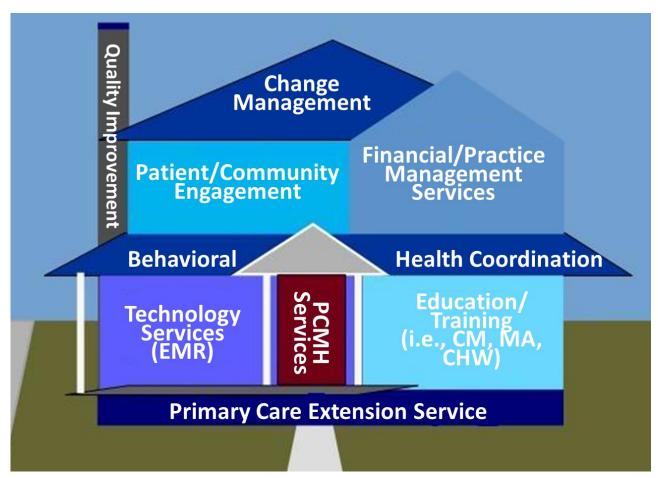
PA SPREAD Activities

- 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
- Provider Survey
 - What primary care providers want/need





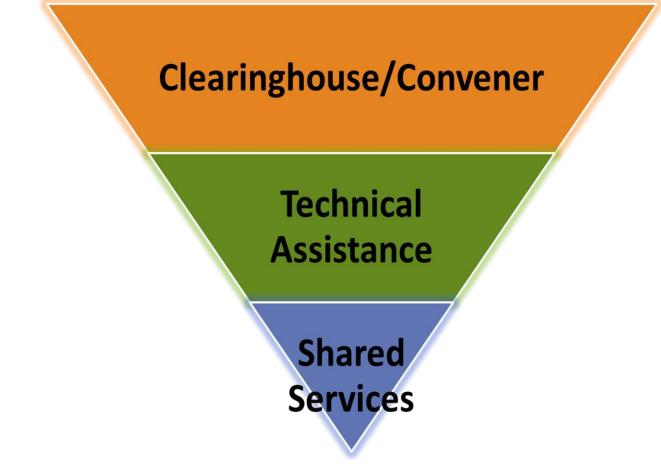
General Contractor Model







Developmental Model







www.paspread.com

PASPREAD@hmc.psu.edu



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New Mexico



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New Mexico's Health Extension



CORE FUNCTIONS

- Technical assistance
- Training & education
- Facilitation & coaching
- Addressing priority health needs
- Linking to shared resources
- Advocacy & informing policy

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New Mexico's Health Extension



PARTNERS

- Community hospitals
- Colleges
- Cooperative Extension
- Community health centers
- Civic organizations
- Medicaid Managed Care
- AHEC

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New Mexico's Health Extension



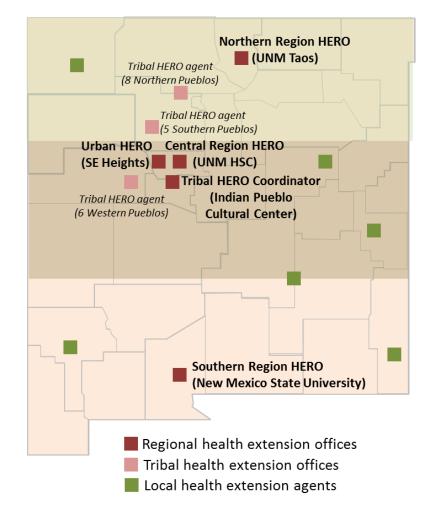
SOCIAL DETERMINANTS

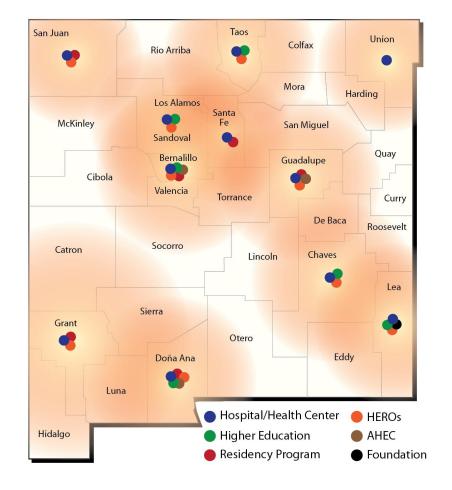
- Poverty
- Low employement
- Low educational attainment
- Poor housing
- Inadequate nutrition
- Social isolation

NEW MEXICO **Presenter:** Art Kaufman, MD University of New Mexico Health Sciences Center



From HEROs to Academic Hubs









The Health Extension Toolkit

www.healthextensiontoolkit.org







WHAT IS HEALTH EXTENSION?

Health Extension is a method of helping communities, and the primary care practices that serve them, to overcome barriers to transformation by sharing common resources including local expertise coupled with the technical resources of universities, health departments and social services agencies available during and after the transformation process. Health Extension has developed over the last five years and is built on the agricultural Cooperative Extension Service model which was successful in the transformation of rural America through the modernization of agriculture and the diffusion of innovation. Click on the video at right for a quick introduction to the development of health extension:

WHY CREATE A TOOLKIT?







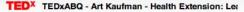




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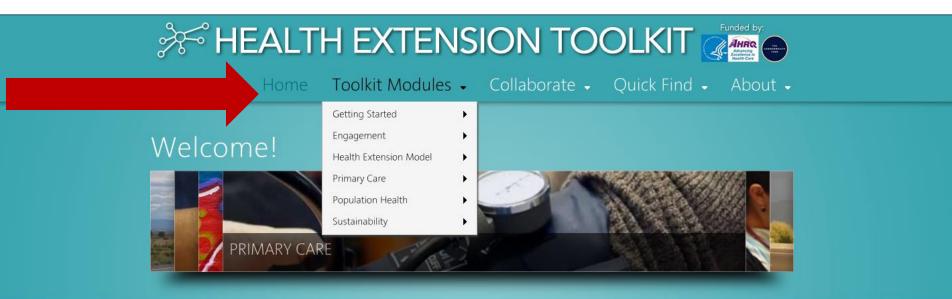
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TED^X TEDxABQ - Art Kaufman - Health Extension: Lea









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WHY CREATE A TOOLKIT?











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WHY CREATE A TOOLKIT?









might adopt aspects of health extension's transformational learning relevant to their own purpose and objectives. This Toolkit was put together from the experiences of 18 states- rural and urban, from all regions of the country- that are pioneering this new concept.

Click on any of the toolkit chapters below to get started:



GETTING STARTED: Overview & How to Use theToolkit

What is the purpose of this toolkit? How do I navigate it? What is "health extension"? How can we begin implementing this innovative model in our state?



How does health extension relate to primary care practices? How can health extension help small, independent practices in their path towards transformation into patient-centered medical homes?



What is true community engagement? How does the concept of university "extension" relate to engagement? What is the role of different kinds of institutions in the community?



What are the components within health extension? What does a health extension agent do? What are the outcomes from implementing health extension?



What really makes us sick? How can addressing the so-called "social" determinants of health improve community health outcomes? What is the role of community health workers in improving population health?



How are movements created? What kind of financing exists for implementing health extension? How will we know we are being effective?

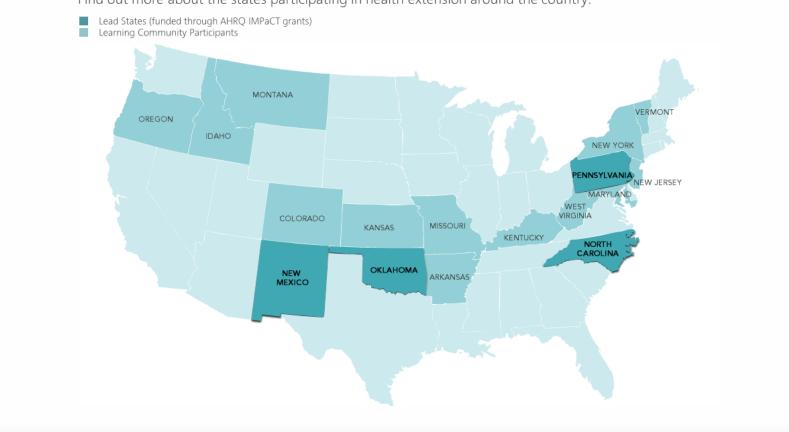
Strension Toolkit

Find out more about the states participating in health extension around the country:

Lead States (funded through AHRQ IMPaCT grants) Learning Community Participants







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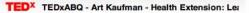




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We hope you will find the Health Extension Toolkit easy to use, with all the resources within just a pointand-click away! We have created a short video to help users take advantage of all the elements on the site:



- Who is the Health Extension Toolkit for?
- How is the toolkit presented?
- How can I get technical assistance from experts?
- How can I give feedback or contribute content?
- What about a glossary of terms?
- Related Literature & Tools







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The Health Extension Toolkit has been developed as a mechanism for states to begin collaborating around ever better ways to improve quality of care within their primary care practices while improving community health. Its intended audience is broad, including academic health centers, land grant universities, primary care divisions, community hospitals, Area Health Education Centers (AHECs), community health workers, departments of health, or Medicaid agencies, as a method of disseminating a model of health extension.

How is the toolkit presented?







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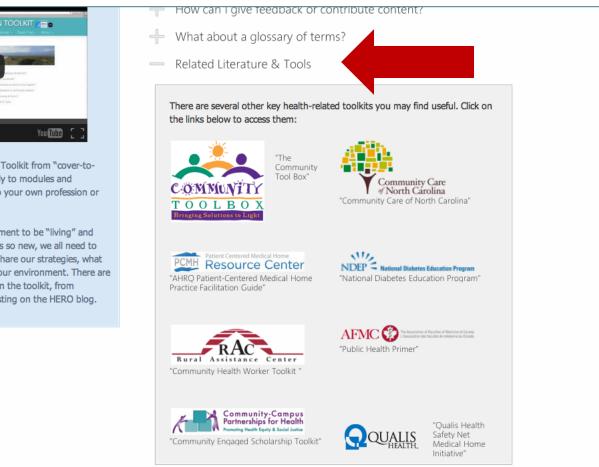
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Strension Toolkit



You don't need to read the Toolkit from "cover-tocover," but can jump directly to modules and subheadings of relevance to your own profession or geographic circumstance.

Finally, we intend this document to be "living" and growing. Health Extension is so new, we all need to learn from each other and share our strategies, what works and what doesn't in our environment. There are many ways to collaborate on the toolkit, from contributing material to posting on the HERO blog.







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2. General Overview	2. Academic Health Centers	2. Engagement Perspectives	2. Small Practices	2. Critical Health Literacy	2. Message Mapping
3. Health Extension	3. Cooperative Extension	3. Core Functions	3. Health Systems	3. Diverse Populations	3. Financing
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			5. Beyond PCMH		





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global resource for free information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement. The Community Tool Box was created to help leaders bring about the changes they envision. While the power of one is tremendous, that one needs help. He or she needs the knowledge, information, and tools to bring about those changes. The Community Tool Box was developed to fill that gap and help thoughtful, informed citizens make their communities what they dream they can be.

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				al Health Literacy	
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Edit









Carolina Nkouaga Director of Operations Office for Community Health University of New Mexico Health Sciences Center

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carolinankouaga@gmail.com

Carolina Nkouaga serves as the Director of Operations at the Office for Community Health at the University of New Mexico Health Sciences Center. Ms. Nkouaga designed and



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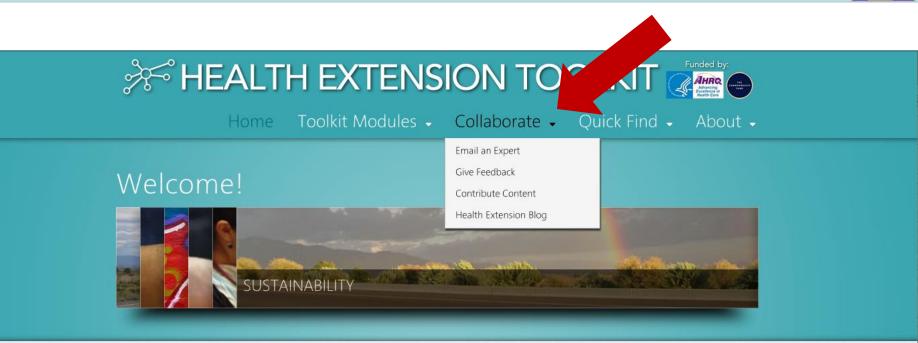




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COLLABORATE







contacts for your specific questions

HEALTH EXTENSION BLOG



let us know what you think!



share your expertise



post your experiences







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EMAIL AN EXPERT FOR TECHNICAL ASSISTANCE

Understanding the Health Extension Model



Art Kaufman, MD

Vice Chancellor for Community Health Distinguished Professor, Family & Community Medicine

Phone: (505) 272-6453 Email: AKaufman@salud.unm.edu



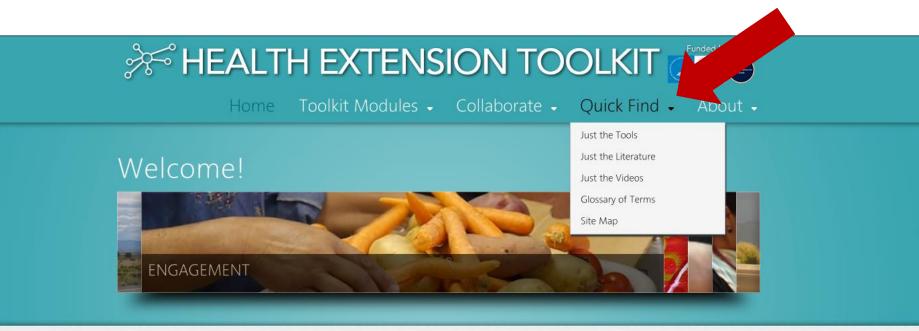
Juliana Anastasoff, MS

Regional Health Extension Manager, Northern NM

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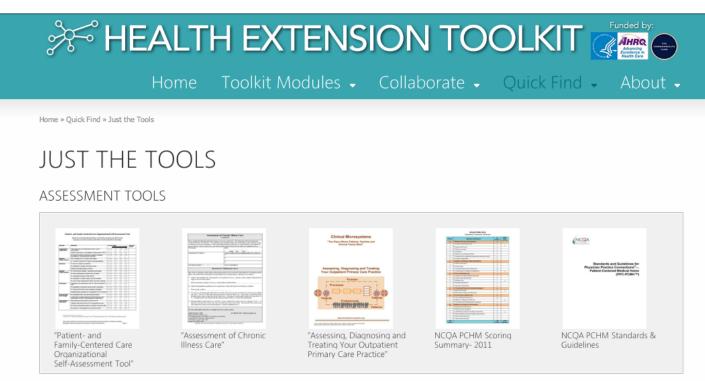
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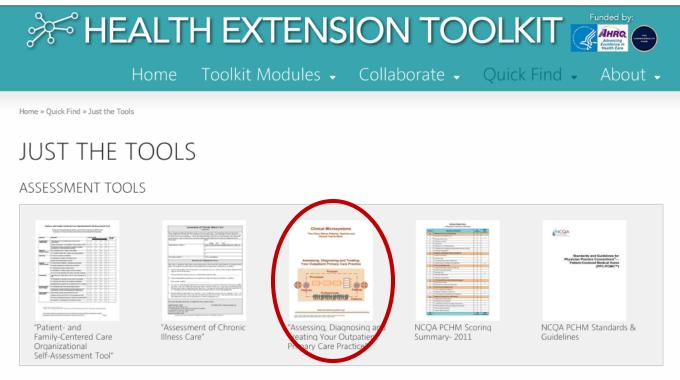


HEALTH REPORT CARDS







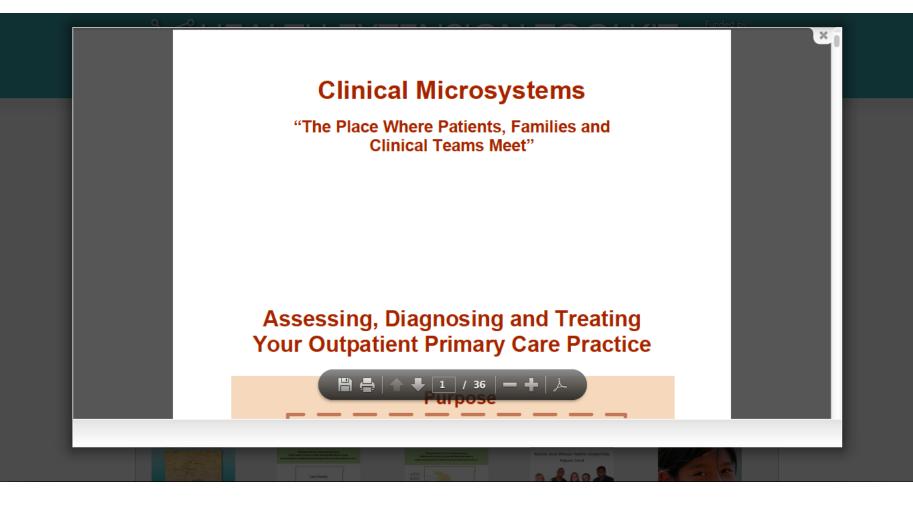


HEALTH REPORT CARDS









State Note Note Health Extension Toolkit







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Home » Quick Find » Glossary of Terms

GLOSSARY OF TERMS

The following definitions of key terms related to health extension were compiled by the 18 participating states for the 1st National IMPaCT Conference in Oklahoma.

А

ACADEMIC DETAILING: Face-to-face education and training of clinicians or staff members by an "expert" in a particular area, typically pharmacists, physicians, nurses or community health practitioners. The goal of academic detailing is to change the delivery of health services to be consistent with medical evidence, support patient safety, be cost-effective and improve patient care. Academic detailing can be effective in the initial recruitment and education of practices to participate in practice transformation efforts and thus can be used effectively in conjunction with practice facilitation and collaborative learning sessions.

В

BEST PRACTICES: Specific strategies or methods used by practices to accomplish improvements in care. Identification and dissemination of best practices is a major goal of an extension service.







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ACKNOWLEDGEMENTS

Development of the Health Extension Toolkit was made possible through funding from:



The Commonwealth Fund



Agency for Healthcare Quality and Research

CREDITS





Presenter: Art Kaufman, MD University of New Mexico Health Sciences Center



Q&A

- Use the "chat box" function at the right of your screen to send in your questions
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THANK YOU!