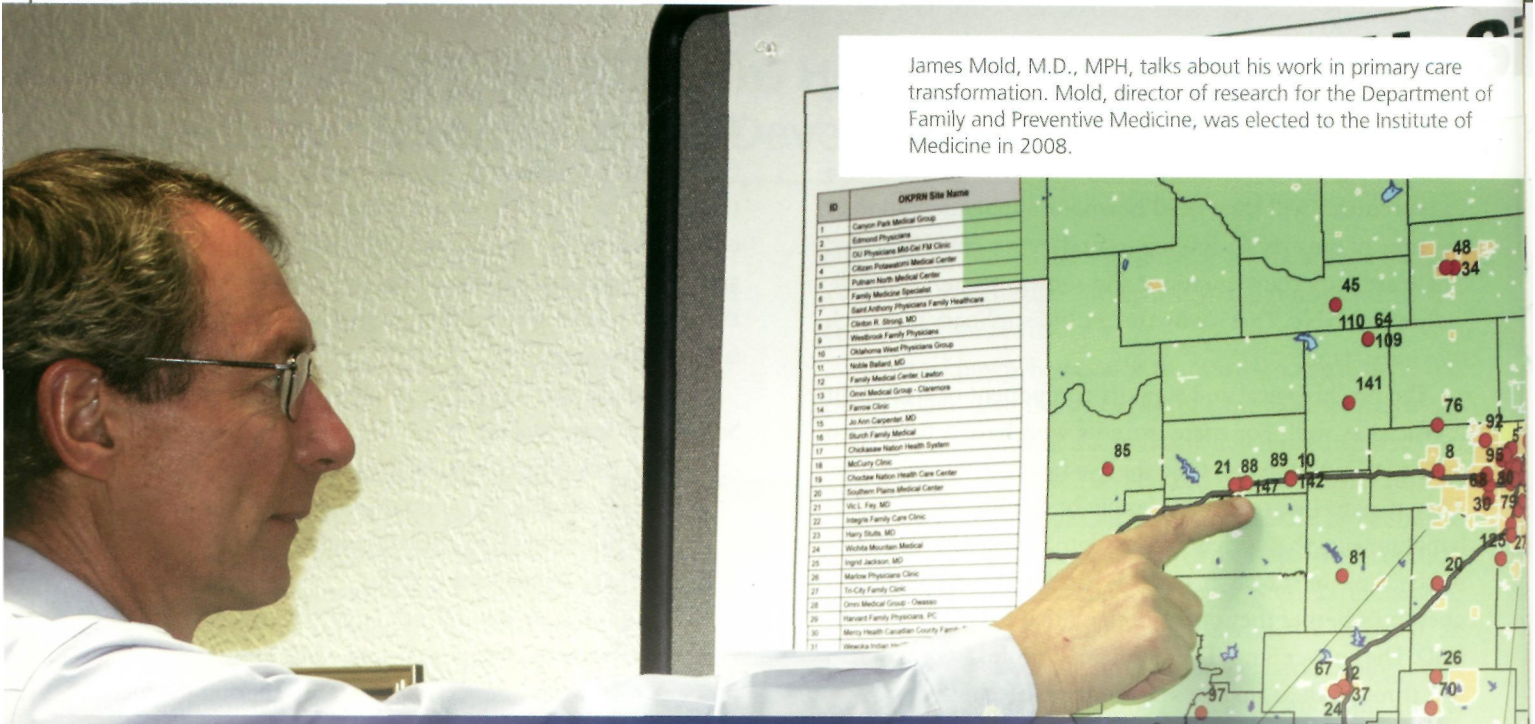


James Mold, M.D., MPH, talks about his work in primary care transformation. Mold, director of research for the Department of Family and Preventive Medicine, was elected to the Institute of Medicine in 2008.



Primary Care Transformation

Family medicine physician James Mold is taking a lesson from the agriculture industry to help small, rural clinical practices across Oklahoma.

James Mold, M.D., MPH, became a family physician because of his belief in primary care — its ability to foster relationships with individuals and to guide them through a lifetime of health challenges and opportunities.

But now, more than 30 years later, after spending time in community practice, teaching and practice-based research, Mold defines himself as a community organizer. In this new

role, he is trying to develop ways to improve primary care itself and the alignment of primary care and public and community health.

Mold's current work in primary care transformation has been built largely upon research done in practices across Oklahoma. The results of this work have created ripples of improvement that have spread to the national stage. Mold's

voice became part of policy in the Affordable Care Act, and he joins others across the nation who are establishing a framework for primary care not only to survive a changing health care landscape, but to thrive.

"You hear a lot about the growth of large health systems around the country, but the fact is that most patients still get their primary care from small practices of five clinicians or less," said Mold, who is director of research for the Department of Family and Preventive Medicine in the OU College of Medicine. "In fact, I believe that may be the best way to deliver primary care because relationships with patients are so strong, and because small practices can make improvements in their processes of care very rapidly. But a lot of the changes happening in health care are frightening to small practices and not always affordable. I'm trying to create a system that supports small practices as well as larger health systems by providing shared resources at the community level and helping them to make the changes that need to be made."

The Foundation

The ongoing groundwork for Mold's efforts is the Oklahoma Physicians Resource/Research Network, begun in 1994 as a collaboration between the Department of Family and Preventive Medicine and the Oklahoma Academy of Family Physicians. The organization, which now has more than 240 clinician members at more than 140 locations around the state, has seen significant success in its mission: to support primary care physicians through a professional network for peer learning and sharing of resources for best practices and practice-based research.

One of the early American adopters of practice-based research networks, Mold launched OKPRN with initial funding from the U.S. Department of Health Resources and Services Administration. The Agency for Health Care Research and Quality has since become a major funder and enthusiastic proponent of PBRNs.

OKPRN members have participated in a variety of research projects over the years: the epidemiology and treatment of brown recluse spider bites by family physicians; the epidemiology of night sweats; best ways to manage lab test results, prescription refills and no-shows; the development of a sophisticated preventive services registry and wellness portal; and many more.

A key element of OKPRN's success has been its use of "practice facilitators" — health care professionals who work with individual practices on quality improvement,

especially in the area of prevention. Practice facilitators get to know the staff of their practices and work as guides and encouragers in enhancing a practice. Mold knows those practice facilitators have established good relationships "when they have the combination to the back-door lock and can walk in without knocking."

Building on the Foundation

If OKPRN is the foundation for Mold's current work, his efforts represent the construction of a sturdy building that could stand for years to come. Mold is in the second year of a \$1 million federal grant from the Agency for Health Care Research and Quality called IMPaCT — Infrastructure to Maintain Primary Care Transformation. At its heart is the premise that primary care must change to meet the needs of a population that struggles with unhealthy behaviors and chronic illness, and that change must involve a focus on people rather than diseases.

Much of that change will come through the transformation of primary care practices into "patient-centered medical homes," in which the focus is on patient-oriented outcomes rather than just identification and correction of abnormalities. Care management, population management and patient self-management support become increasingly important in patient-centered medical homes.

However, those changes are incredibly difficult to make for individual practices that are already strapped by full patient loads and small staffs. That's where Mold's community organizing mindset — as well as his experience with OKPRN — comes into play. Through the IMPaCT grant, he is creating the health care equivalent of agriculture's Cooperative Extension program — county health improvement organizations across Oklahoma that will help local clinical practices meet the health care needs specific to their areas.

"In many ways, primary care still looks very much like farming did 100 years ago," Mold said. "There is something nice about the small family farm. You feel good about supporting the family farmer, and there's a reason for that. Family farms are local. They're operated by hardworking people who care about what they do. But farmers also needed help to change and adapt to new technologies, and that's where the Cooperative Extension services came in. I guess you could say I'm re-creating that same system for health care."

The conversation about creating "primary care extension programs" was getting underway as the Affordable

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Care Act was being drafted. Mold and several other thought leaders brought their ideas to the U.S. Senate, and the result was Section 5405 of the final bill, which authorizes the establishment of a primary care extension program that would "provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services, and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practices and to improve community health by working with community-based health connectors."

Mold is well on his way to making such a program reality in Oklahoma. His efforts have created or expanded partnerships with other health care stakeholders, and development work is underway in about 24 Oklahoma counties.

The Oklahoma Primary Care Extension Program will have three components: a state hub, four regional quality improvement centers, and a network of county health improvement organizations. Mold isn't seeking to duplicate programs that exist or efforts that are already under way: Each of the components already exists, but will be strengthened and better connected through this work.

The Public Health Institute of Oklahoma, a nonprofit organization established in 2004 to support community health improvement efforts, will serve as the state hub for the extension program. The four regional Area Health Education Centers will become experts in primary care quality improvement and will hire, deploy and supervise practice facilitators who work with primary care practices in each county, as well as living in that county. Finally, the 77 Turning Point partnerships and other community coalitions will become the county health improvement organizations through a certification process.

Meanwhile, Mold is pursuing a funding strategy that would keep the extension program healthy for the long term.

"This is what can actually help small primary care practices continually improve," Mold said. "People have tried lots of things to help practices change, and so far they haven't been terribly effective. And change is not going to stop. Once we get practices up to speed on patient-centered medical homes, that's still just the beginning. There is a huge backlog of medical advances that haven't made their way into practice, and many more are on the way."

Mold's belief in the program is strongly tied to the farm-

ing analogy. Farmers didn't adapt to changes in agriculture by heeding a decree from someone at the state or national level; they adapted because they had guidance from someone in their county who knew and cared about them.

"Each community's needs, personalities, politics and resources are quite different," Mold said. "We have smart people out in our counties who can make this work. I also believe that even though some aspects of the patient-centered medical home are difficult to implement, small physician practices are nimble. The clinicians are invested in the practice so they tend to be more innovative."



James Mold, M.D., MPH

As a mostly rural state, Oklahoma stands to benefit from a primary care extension program. And the need is great: Oklahoma has a high incidence of chronic illness and insufficient numbers of primary care physicians.

The Oklahoma Primary Care Extension Program is not strictly an OU College of Medicine project, but it is befitting of the mission of an academic medical center: to improve the health of people across the state. Mold said the extension program also will benefit medical students and residents by providing them more exposure to rural practices and perhaps enticing them to consider such a place for their future careers.

Oklahoma is among four IMPaCT grant recipients, along with North Carolina, Pennsylvania and New Mexico. Each of those states must disseminate its results to three other states; that makes a total of 16 states working on the primary care extension concept.

Even though small-farm operations, like small-town doctors' offices, have struggled, Mold still has faith in both. When he buys produce from his local farmer's market on a Saturday morning and sits with a grateful patient during the week, there is no doubt as to why.