



Innovative federal program can help improve health outcomes

By Amber Hollingsworth | February 2023

In a new viewpoint published in *JAMA Health Forum*, authors Deborah Cohen, Ph.D.¹, Kevin Grumbach, M.D.², and Robert L. Phillips Jr., M.D., M.S.P.H.³ make the case for the federal government to fund and implement the Primary Care Extension Program to help improve declining health outcomes in the U.S.

The article, [The Value of Funding a Primary Care Extension Program in the United States](https://jamanetwork.com/journals/jama-health-forum/fullarticle/10.1001/jamahealthforum.2022.5410?utm_source=For+The+Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=022423) ([https://jamanetwork.com/journals/jama-health-forum/fullarticle/10.1001/jamahealthforum.2022.5410?utm_source=For The Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=022423](https://jamanetwork.com/journals/jama-health-forum/fullarticle/10.1001/jamahealthforum.2022.5410?utm_source=For+The+Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=022423)), is part of a [larger effort](https://mydigitalpublication.com/publication/?m=24633&i=764165&p=8&pre=1&ver=html5) (<https://mydigitalpublication.com/publication/?m=24633&i=764165&p=8&pre=1&ver=html5>). OHSU Family Medicine and partners across the country are making to transform primary care at the federal level. A [2021 report](https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care) (<https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care>) from the National Academies of Sciences, Engineering, and Medicine identified that a coordinated national primary care strategy is needed to strengthen the nation's fragile health care infrastructure. A Primary Care Extension Program would be one part of the strategy.

This program, modeled after the Department of Agriculture's Cooperative Extension program of the 1900s, would establish local "extension agencies" that understand the regional healthcare market, share knowledge, create connections among practices and community-based organizations, and facilitate practice improvement. From the article:

"Rather than focus on one disease-focused outcome at a time, extensions should work on the foundational building blocks of primary care. This effort would include helping practices develop the teams, tools and resources needed to assure access, comprehensiveness, coordination, and continuity, as well as the relationships and whole-person care that are the real value-add of primary care."

Dr. Cohen was the lead evaluator on a pilot Primary Care Extension Program called [EvidenceNOW](https://www.ahrq.gov/evidencenow/index.html) (<https://www.ahrq.gov/evidencenow/index.html>), which funded seven regional cooperatives spanning New York City and 11 states: Virginia, North Carolina, Oklahoma, Illinois, Indiana, Wisconsin, Washington, Oregon, Idaho, Colorado, and New Mexico. These cooperatives recruited primary care practices with fewer than 10 physicians – practices that play an important role in rural and medically underserved areas – and provided support for improving their capacity and clinical outcomes.

The *JAMA* article shares the pilot program's successes, and presents findings for how a national Primary Care Extension Program could have an even greater impact. "We believe that national implementation would need to be led by the U.S. Department of Health and Human Services, as it will require a national platform, collaboration among federal agencies guiding health care, and long-term funding," the authors write.

The Primary Care Extension Program – alongside payment reform, workforce development, and advanced electronic infrastructure – can help the nation's vitally important smaller practices remain viable in a tumultuous health care environment.

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