

Module 1: Introduction to Community- Oriented Primary Care (COPC)

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Winston Liaw, MD, MPH has reported no conflicts of interest relative to this program.

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Andrew Bazemore, MD, MPH has reported no conflicts of interest relative to this program.

Agenda

- Definitions
- History
- Why COPC?
- Steps
- Barriers
- Why now and why involve learners?

Objectives

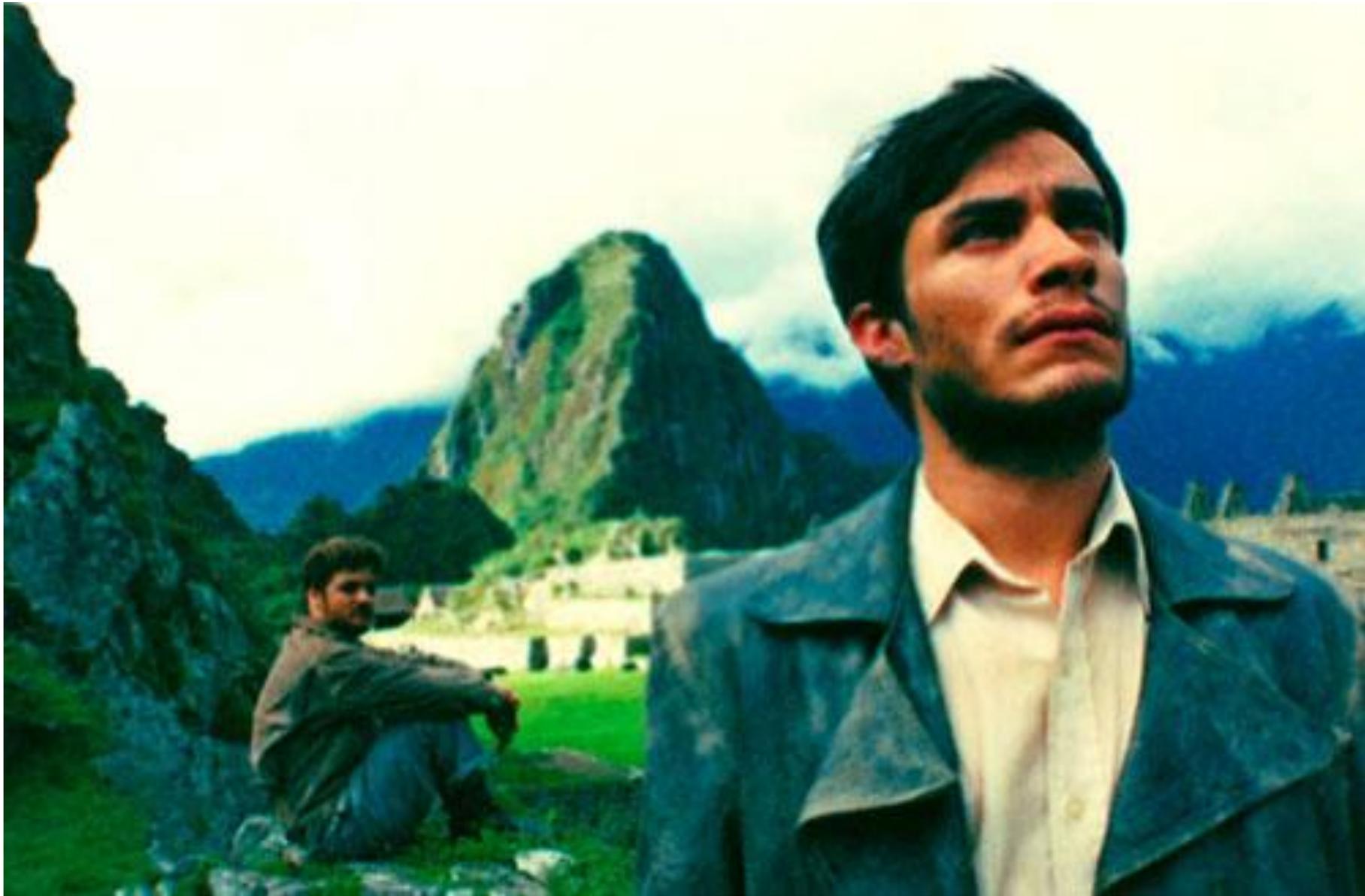
- Define COPC
- List 3 seminal figures in the history of COPC
- State the steps involved in the COPC process
- List the potential members of a COPC team
- State the barriers to initiating COPC activities
- Provide an example of a COPC activity

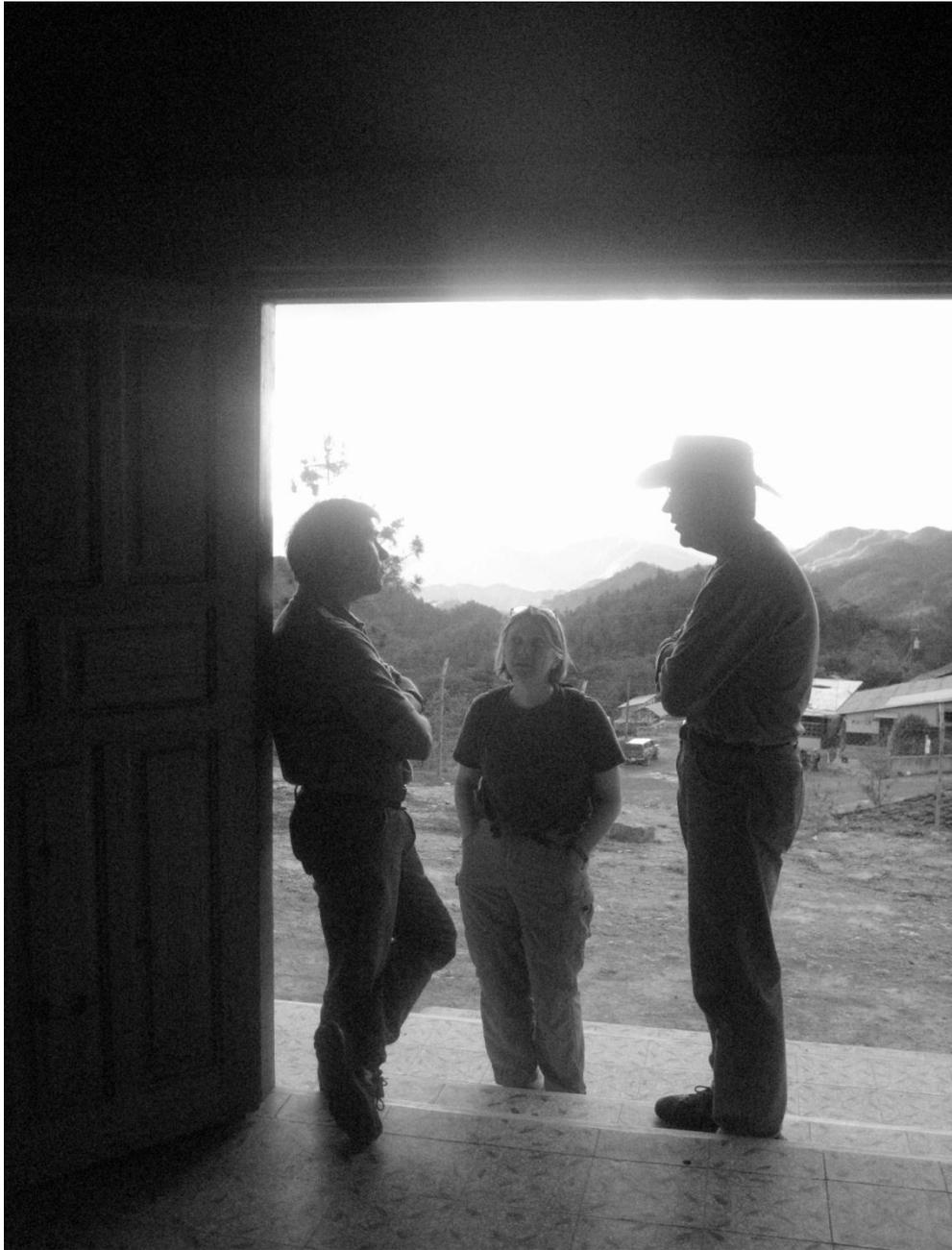




**Public
health**

**Primary
care**







COPC defined

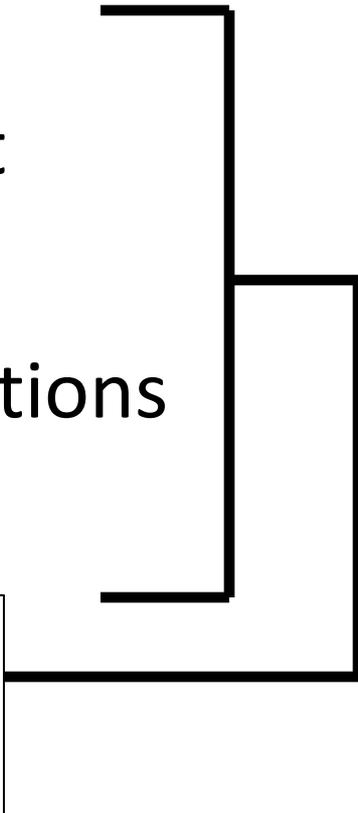
- A continuous process by which primary health care is provided to a defined community on the basis of its assessed health needs by the planned integration of public health with primary care

Mullan F, Epstein L. Community-oriented primary care: New relevance in a changing world. Am J Public Health 2002; 92(11): 1748-55.

COPC Steps

- Four process steps:
- 1) Define the community of interest
- 2) Identify the health problem
- 3) Develop and implement interventions
- 4) Conduct ongoing evaluation

**COMMUNITY INVOLVEMENT IS
CRITICAL TO EACH STEP**



Community-oriented primary care: A practical assessment. Institute of Medicine. Washington, DC: National Academy Press; 1984.

Five COPC Principles

- Responsibility for the health and health care of a defined population
- Health care based on identified health needs at the population level
- Prioritization
- Intervention covering all stages of the health-illness continuum
- Community participation

Gofin J, Gofin R. Essentials of global community health. Sudbury, MA: Jones and Bartlett Learning, 2011.

COPC Team

- Must incorporate the community perspective
- Diverse



History – The Data Consumer

- William Pickles
- 1885-1969
- The only physician for 7 rural English towns
- Blended concepts of primary care and epidemiology to improve his care of patients



Longlett SK, Kruse JE, Wesley RM. Community-oriented primary care: Historical perspective. *J Am Board Fam Pract* 2001; 14(1): 54-63.

History – The Pioneers

- Sidney and Emily Kark
- Sidney Kark: 1911-1998
- Ran the Pholela Health Center in South Africa
- Coined the term – “Community-oriented primary health care” (now community-oriented primary care)



Longlett SK, Kruse JE, Wesley RM. Community-oriented primary care: Historical perspective. J Am Board Fam Pract 2001; 14(1): 54-63.

History – The Birth of Health Centers

- H. Jack Geiger
- “A central tenet [of COPC] is that primary care should be rooted **in** communities, **for** communities, and **with** communities”
- Director of the Mound Bayou Community Health Center



Longlett SK, Kruse JE, Wesley RM. Community-oriented primary care: Historical perspective. *J Am Board Fam Pract* 2001; 14(1): 54-63.

Geiger HJ. Community-oriented primary care: The legacy of Sidney Kark. *Am J Public Health* 1993; 83(7): 946-7.

History – The Birth of Health Centers

- “The need is not for the distribution of services to passive recipients, but for the active involvement of local populations in ways which will change their knowledge, attitudes, and motivation.”

Geiger HJ. Community-oriented primary care: A path to community development. *Am J Public Health* 2002; 92: 1713-6.

Geiger HJ. Community-oriented primary care: The legacy of Sidney Kark. *Am J Public Health* 1993; 83(7): 946-7.

Lefkowitz B. *Community health centers: A movement and the people who made it happen*. New Brunswick, NJ: Rutgers University Press, 2007.

Why COPC?

- COPC can help make what you are already doing better
 - Community definition
 - Needs assessment
 - Quality improvement
 - Uniform Data System reporting
 - Meaningful use
 - Primary care medical home applications

Why COPC?

- Address upstream factors and get past band-aids
- More comprehensive grants

Why COPC?

- Equity: reach those that really need the resources
- Marketing

Why COPC?

- Changing funding environment

J Ambulatory Care Manage

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Case Study of a Primary Care–Based Accountable Care System Approach to Medical Home Transformation

Robert L. Phillips, Jr, MD, MSPH; Svetlana Bronnikov, MS;

Stephen Petterson, PhD; Maribel Cifuentes, RN;

Bridget Teevan, MS; Martey Dodoo, PhD;

Wilson D. Pace, MD; David R. West, PhD

Why COPC?

- It's the future of medicine
 - Affordable Care Act
 - Community Health Needs Assessment
 - Section 9007
 - CMS Health Care Innovation Awardees
 - Institute of Medicine



Health Care Innovation Award Profiles

REPORT BRIEF  MARCH 2012

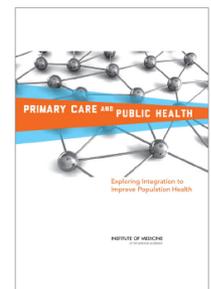
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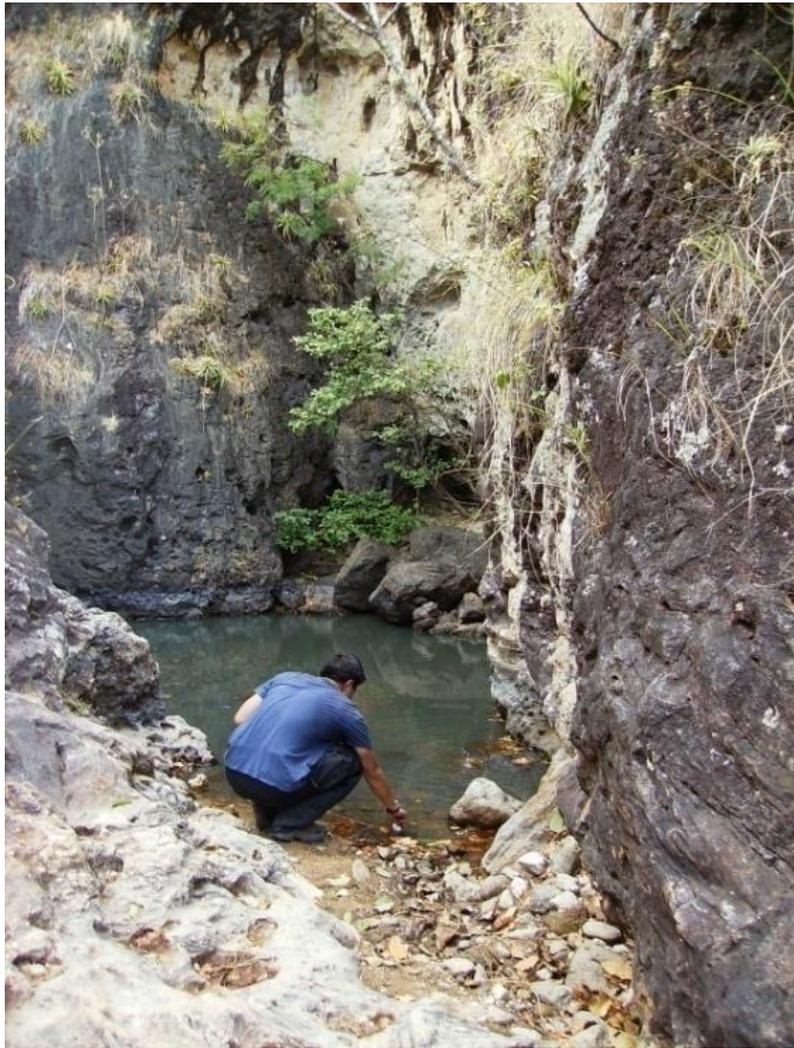
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Primary Care and Public Health

Exploring Integration to Improve Population Health

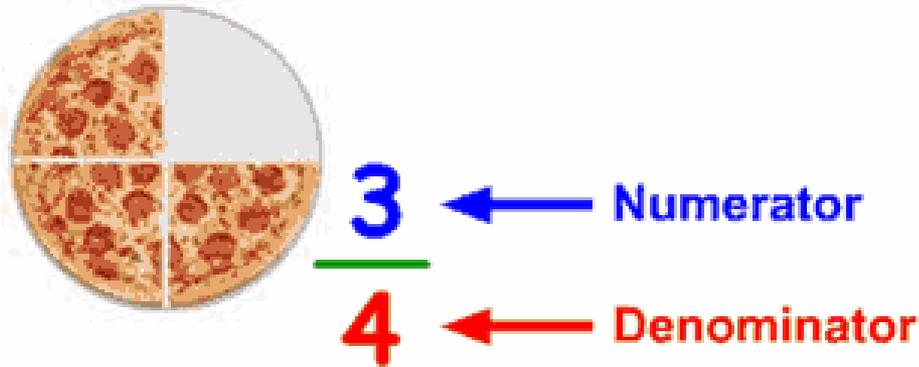


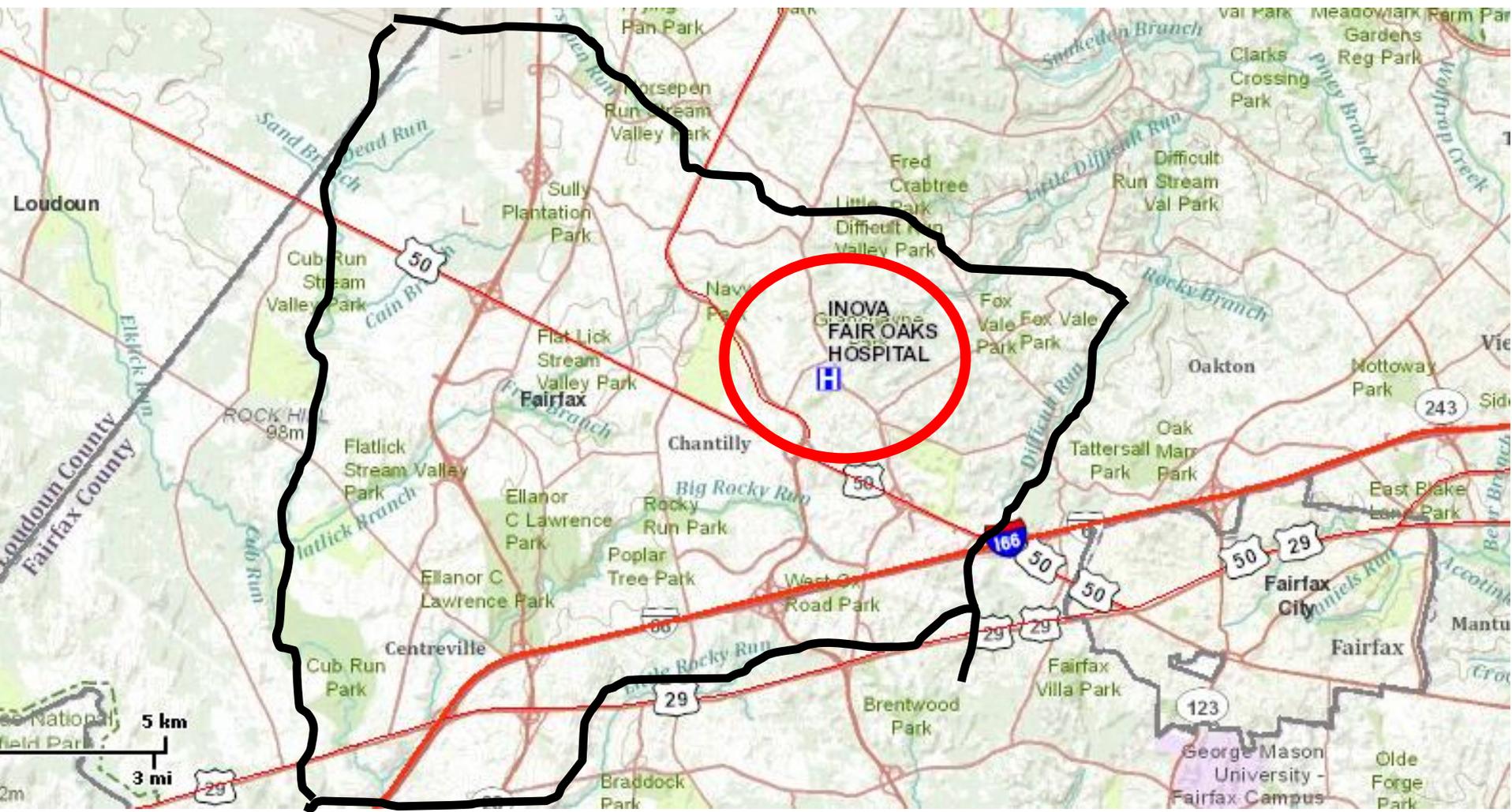


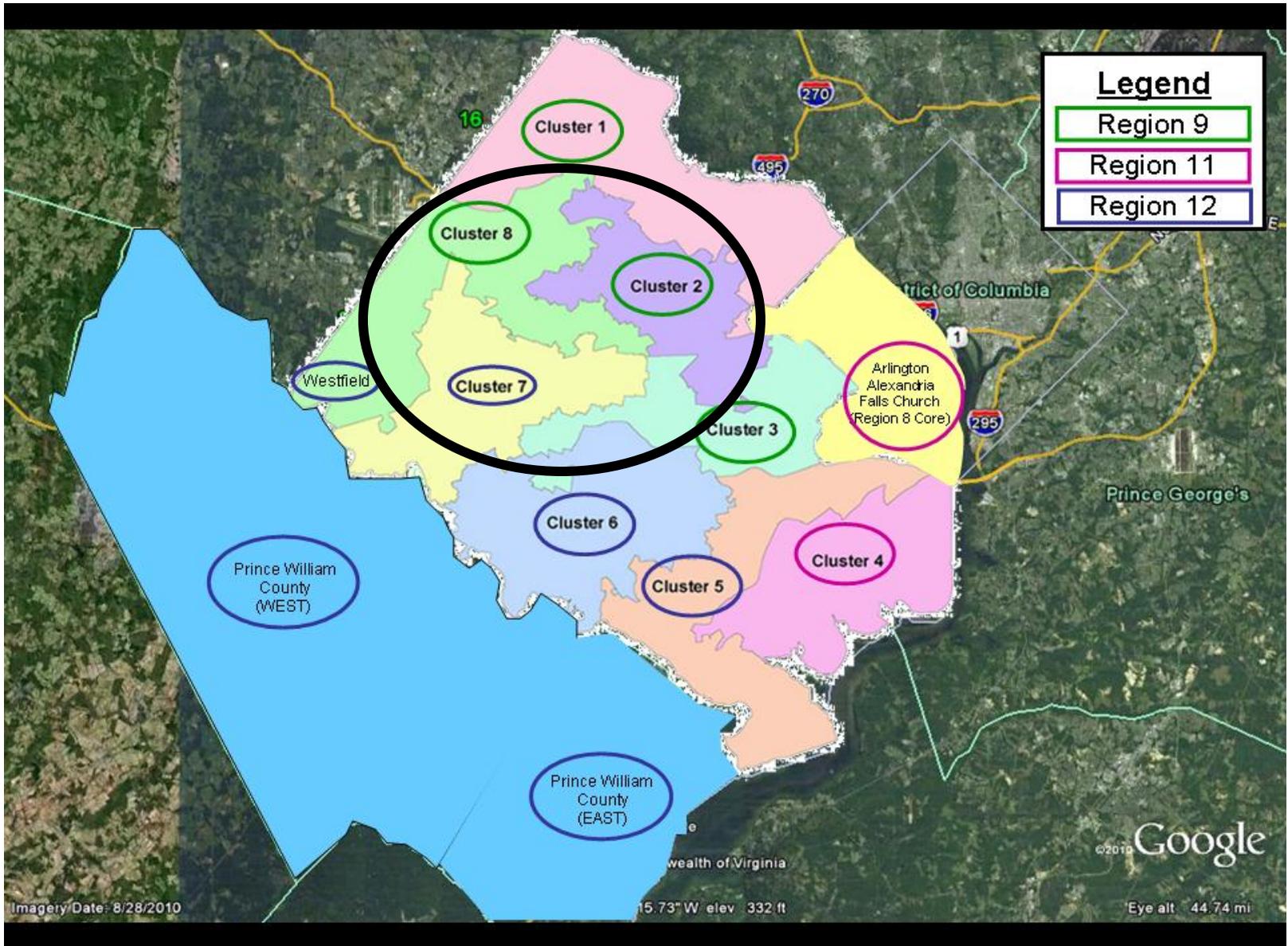
Responsibility for the health of a defined population – not just the people coming to your office regularly

Defining the Community

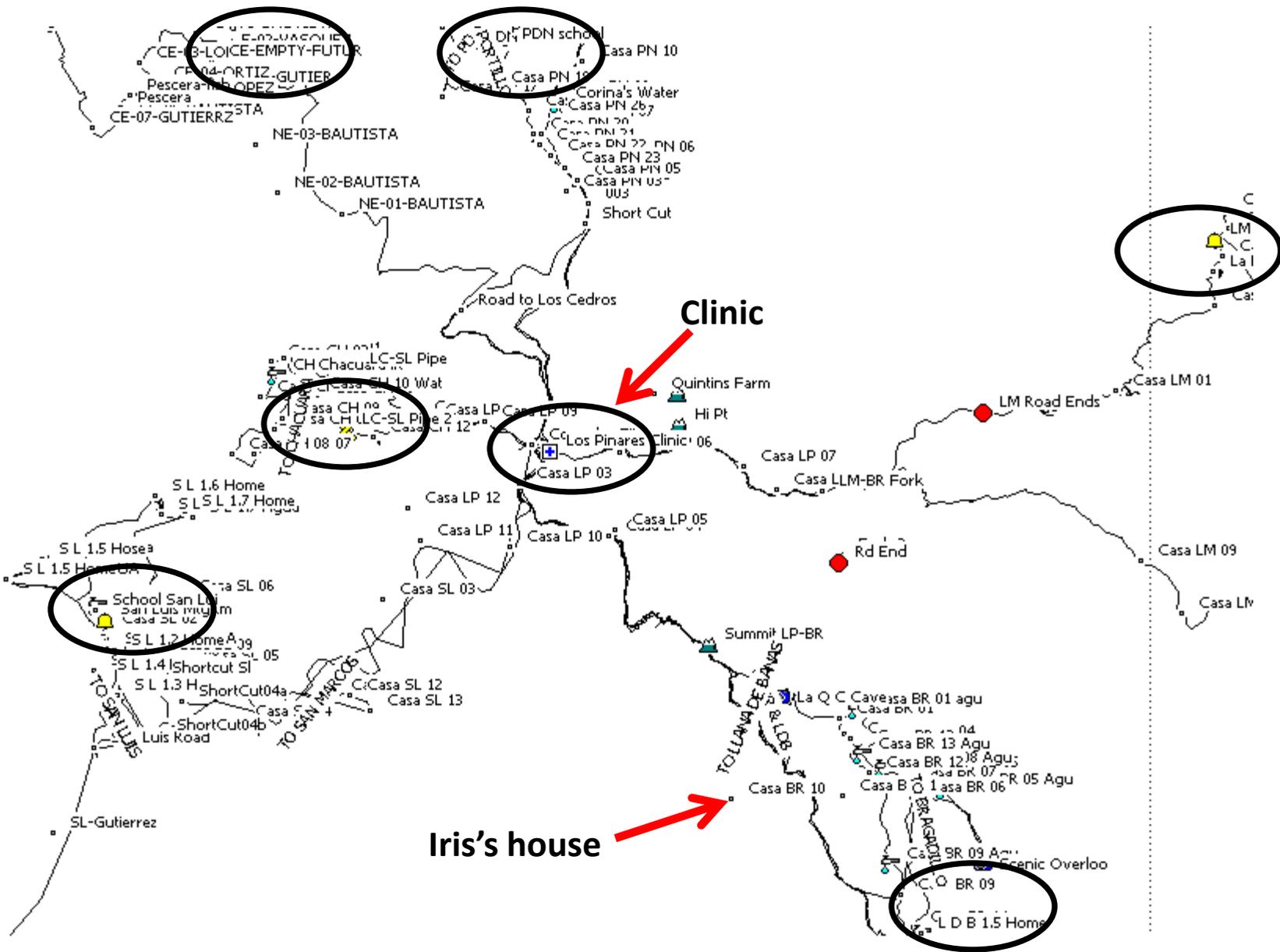
- Denominator
 - Geography
 - Pre-defined boundaries
 - Specific problems
- Numerator
 - Active users
 - The elderly
 - Diabetics











World's Greatest Clinic - Ward 8

The screenshot displays the HealthLandscape website interface. At the top left is the HealthLandscape logo. A navigation bar contains links for Home, About, and Help. A search bar at the top center contains the text "Washington, DC". To the right of the search bar are buttons for Tools and Print. Below the search bar is a "Drawing Tools" panel with a search icon and a close button. The main map area shows a detailed view of Washington, DC, with various neighborhoods and landmarks labeled. A black outline highlights a specific area in the center of the city, identified as Ward 8. The map includes a scale bar at the bottom left showing 10 km and 5 mi. On the right side, there is a sidebar with several sections: "Drawing Tools" with a search icon and a close button; "QuickMaps" with a search icon and a close button; "Basemaps and Optional Layers" with a search icon and a close button; "Basemaps" with six map style thumbnails (Topographic, Street, Terrain, Terrain with Labels, Canvas, Canvas with Labels); "US & Census Geography" with a list of map layers (States, Counties, Metro Areas, ZIP Codes, Census Tracts (2000), Census Block Groups (2000)) and checkboxes; and "Layer Controls" with a search icon and a close button. At the bottom right of the sidebar, there is a section for "My Recent Maps" with the text "Coming Soon".

Demographic Data:

Data from DC Department of Health – State Center for Health Statistics Administration 1999

*Census data from Census 2000

	US	DC	Ward 8	Ward 3	Combined Census Tracts*
Total population	272,690,813	523,124	60,485	68,093	51,696
% of city		100%	11.56%	13.02%	9.88%
% Population<18	25.80%	18.40%	33.50%	18.60%	33.7%
% Population Black	12.80%	61.90%	89.60%	4.20%	95.20%
% Population White	82.40%	34.60%	8.30%	89.50%	2.8%
% Population Hispanic	11.50%	7.60%	2.30%	13.00%	0.80%

Births and Deaths

Data from DC Department of Health- State Center for Health Statistics, 1999

	US	DC	Ward 8	Ward 3
Live Births	3,959,417	7513	1237	854
Rate (per 1000 population)	14.5	14.5	20.40	12.5
Infant Mortality (per 1000)	7.1	15	27.5	5.9
% of infant deaths in city		100%	30.1%	4.4%
Deaths (all ages- per 100,000)	877	1162	952.1	925.2
# of deaths to children (1-19yo)	Not Avail	81	17	2
% of child deaths in city		100%	21%	2.50%

	Individual	Community
Subjective	Symptoms Explanatory model Perception of resources	Symptoms Explanatory model Perception of resources
Objective	Physical findings Laboratory tests Diagnostic tests	Observations of barriers, hazards, and resources Findings from photographs, maps, data sets
Assessment		
Plan	Patient education Medications Interventions	Community education and advice Working with communities to develop appropriate interventions

Identifying Health Problems

- Key informants and focus groups
- Primary data collection
- Prioritization of health problems

Mullan F, Focht C, Hayashi S, Gofin J, Gofin R, Neumark Y, Epstein L. Community oriented primary care: An implementation guide.



← The health committee drives the agenda

Community engagement is essential



**Cisterns that need
repair**

Selecting an Intervention

- “If I have seen further, it is by standing on the shoulders of giants”
- Obtaining community specific information
- Examining the literature for existing interventions
 - AHRQ Innovations
 - Healthmattersinsf.org
- Selecting the intervention

Evaluation

- Reasons to evaluate
 - Provide feedback
 - Uncover areas of future intervention
 - Obtain funding

Evaluation

- Misconceptions about evaluation
 - Must be complex
 - Requires complicated statistical methods
 - Begins after the completion of the project

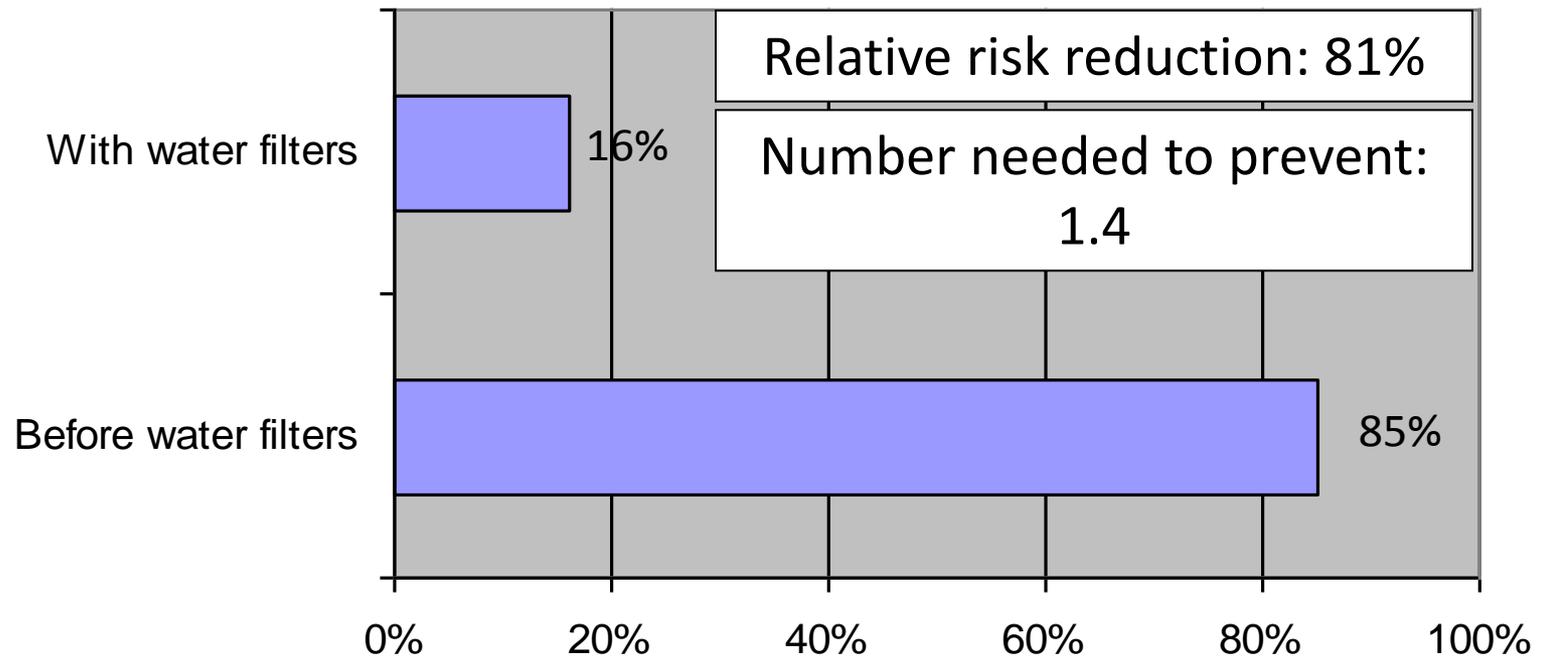
REDUCING DIARRHEA THROUGH THE USE OF HOUSEHOLD-BASED CERAMIC WATER FILTERS: A RANDOMIZED, CONTROLLED TRIAL IN RURAL BOLIVIA

THOMAS F. CLASEN, JOSEPH BROWN, SIMON COLLIN, OSCAR SUNTURA, AND SANDY CAIRNCROSS

Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, United Kingdom; Department of Environmental Sciences and Engineering, University of North Carolina, Chapel Hill, North Carolina; First Water, Ltd., Bristol, United Kingdom; Fundación Sumaj Huasi, La Paz, Bolivia



Percentage of Families with Any Diarrhea



Chi-squared = 16.01, $p < 0.0001$



Community engagement can compound

Barriers

- Lack of:
 - Time
 - Expertise
 - Contacts
 - Financial incentives

Why Is the Time Right for COPC?

- Developments that address lack of time and expertise:
 - Electronic medical records
 - Online tools

Why Involve Learners?

- Idealistic
- Have to do quality improvement and scholarly projects
- Will prepare them for future funding changes
- It's part of their CHC heritage

Woloschuk W, Harasym PH, Temple W. Attitude change during medical school: A cohort study. *Med Educ* 2004; 38: 522-34.

Smith JK, Weaver DB. Capturing medical students' idealism. *Ann Fam Med* 2006; 4(suppl 1): S32-7.

Take Home Messages

- COPC is the marriage of public health and primary care
- The 4 steps of COPC are: 1) define the community, 2) identify the health problem of interest, 3) develop and implement interventions, and 4) conduct ongoing evaluation
- COPC can improve the health of your community, help you write stronger grants, and improve the things you are already doing.
- To do big, meaningful things, it often takes a village
- Team engagement and community involvement are critical to successful programs

Thank you for completing the module.

Please complete this evaluation survey to help us make it better!

<https://www.surveymonkey.com/s/5BP3MT6>

To obtain, CME credit, you must complete these two additional surveys (complete CME instructions are on the next slide):

1) Continuing Medical Education Form:

<https://www.surveymonkey.com/s/53NGY5S>

2) Module 1 Quiz:

<https://www.surveymonkey.com/s/5G27GP2>

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 - Complete the module(s) or case study.
 - Complete the post-activity quiz (There are quizzes for each module and case study).
 - The last question of the quiz provides a prompt to indicate your email address. **If you want to receive CME credit, you must provide your email address so that we can document the score of your quiz appropriately.**
 - Score at least 75% on the quiz (For quizzes with 4 questions, you must answer at least 3 questions correctly. For quizzes with 5 questions, you must answer at least 4 correctly).
 - Complete the CME certification form.
 - **In order to match the CME certification form with your quiz, you must provide the same email address that you provided during the post-activity quiz.**