

# AHRQ Infrastructure for Maintaining Primary Care Transformation (IMPACT) Success Stories

## Oklahoma IMPACT: Catalyzing Primary Care Transformation in Colorado

A key goal of AHRQ's IMPACT grants is to learn strategies for spreading successful primary care transformation programs from State to State. Each IMPACT grantee State worked with three other States to share the models they developed and to support those States in launching improvement efforts. This story describes how Oklahoma (an IMPACT model State) helped Colorado (a partner State) build and sustain momentum for primary care transformation.



### The story at a glance:

- IMPACT funding established a partnership between Oklahoma and Colorado that amplified Colorado's existing primary care quality improvement efforts.
- Oklahoma, as well as New Mexico, provided consultation on Colorado's statewide primary care improvement infrastructure efforts.
- Colorado incorporated lessons from these IMPACT model States into new statewide partnerships, resulting in a statewide plan for enhanced primary care provision.

A longtime leader in health care quality improvement, Colorado has several organizations that are experienced in providing practice facilitation and primary care transformation support. Colorado began developing its State Healthcare Innovation Plan when it received a State Innovation Models (SIM) program planning grant in 2013 and a \$65 million SIM testing grant the following year from the Center for Medicare & Medicaid Innovation. These grants are being used to help these organizations forge new partnerships that realign them from sometime competitors to collaborators. The path toward this unprecedented statewide effort was aided by Colorado's involvement as an IMPACT partner State and the lessons learned from model State Oklahoma, as well as New Mexico.

### Providing the spark: how IMPACT helped Colorado keep its practice transformation wheels in motion:

*"Being an IMPACT partner State gave us the impetus to pull together all the different players in Colorado who were involved in practice transformation to explore how we could become collaborators—building off our strengths and resources to move things forward across the entire State."*

—Perry Dickinson, MD, Professor, Department of Family Medicine, University of Colorado

When Oklahoma issued a call for IMPACT partner States, Perry Dickinson, MD, a Professor in the Department of Family Medicine at the University of Colorado, saw a natural way to pull together the many organizations that were engaged in practice transformation throughout the State. It also seemed like a great way to further develop a [Colorado Health Extension Service](#)—an idea being explored by Dr. Dickinson and stakeholders from the Center for Improving Value in Health Care, the Colorado Area Health Education Center,



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • www.ahrq.gov



NATIONAL CENTER  
FOR EXCELLENCE IN  
PRIMARY CARE RESEARCH

## Oklahoma IMPaCT: Catalyzing Primary Care Transformation in Colorado

HealthTeamWorks, the Colorado Department of Public Health and Environment, and others. “When the opportunity came up to be a partner State with Oklahoma, we not only thought it was a good match, it also provided the spark and incentive to move forward together,” he explains.

Dr. Dickinson and his team were already very familiar with the extension service model, which had roots in Colorado. However, they still benefited tremendously from the national meeting of IMPaCT partner States, hosted by Oklahoma. “It was very useful to hear the lessons learned across the board, and in particular, to talk with the folks from Oklahoma and New Mexico about how they set up the extension model,” says Dr. Dickinson. “Every State is unique in its dynamics and the partners that are available, and we learned a lot of helpful strategies from all the other States, as well.”

IMPaCT funding also enabled Dr. Dickinson to add a program manager to his team to help shepherd their progress. This role has since been sustained by the University of Colorado Department of Family Medicine.

### **Credibility, relationships, and trust: how IMPaCT helped Colorado forge and sustain new partnerships:**

While a large team of Colorado stakeholders was developing the larger SIM testing proposal, IMPaCT funding also gave Dr. Dickinson the opportunity to bring Drs. Jim Mold and Art Kaufman—the Principal Investigators of the Oklahoma and New Mexico IMPaCT grants, respectively—to Colorado for a 2-day visit. In addition to providing consultation related to Colorado’s extension model and SIM application, Drs. Mold and Kaufman met with key stakeholders and partners.

“The larger group got to hear from two people who were experienced with the model and knew that it worked,” says Dr. Dickinson. “It helped to have someone come in to validate the model as something that could work for practice transformation in Colorado and could also help us achieve our broader public health goals, which were really aligned with New Mexico’s work in the community health arena.”

Through that meeting and ongoing discussions, Dr. Dickinson learned more about how Oklahoma and New Mexico developed their partnerships with community agencies, then applied those insights to develop other important partnerships in Colorado. “Hearing about Oklahoma’s success and challenges in developing relationships with their local County Health Improvement Organizations was so valuable,” he explains. “Some of how we field our extension agents will be influenced by that.”

He also learned more about New Mexico’s approach to building community partnerships and working on social determinants of health. “That really got me thinking a lot about the population health pieces of what we can accomplish,” he says. “Those conversations helped me connect with people at the Colorado Department of Health and Environment, who didn’t know much about the extension model. I was able to make a good case for how it would benefit them as well.”

### **Key goals in Colorado’s State Healthcare Innovation Plan:**

- Create a coordinated system of care with access to primary care and behavioral health.
- Leverage the public health system to achieve broader population health goals and support care delivery.
- Use outcomes-based payments to enable transformation.
- Engage individuals in their care.

### **Colorado’s strategies for reaching these goals include:**

- Implement a defined, evidence-based model of integrated primary care.
- Establish criteria to assess practices’ readiness to implement needed system changes. Provide technical assistance to enable the transition.
- Work with Medicaid and commercial insurers to develop outcomes-based, value-oriented payment models.



## Oklahoma IMPaCT: Catalyzing Primary Care Transformation in Colorado

Dr. Dickinson highlights the fundamental role of building credibility and trust in order to form effective relationships. Drawing from what he and his team learned from working with Oklahoma and New Mexico, they were able to present a shared vision for Colorado that helped convince organizations across the State that there was more power in collaborating than in competing.

### What's next for primary care transformation in Colorado?

The long-term vision in Colorado's State Healthcare Innovation Plan is to provide its residents with access to coordinated systems of care that integrate physical and behavioral health, public health, oral health, and long-term services and supports by 2024. To help achieve this ambitious goal, Dr. Dickinson and his team are pursuing two additional funding opportunities: an R18 grant from AHRQ, developed in partnership with New Mexico to test and disseminate patient-centered outcomes research findings, and a Transforming Clinical Practice Initiative grant to support Practice Transformation Networks.

#### Dr. Dickinson sums it up:

*"The trust and relationships we've built are the reason this work is moving forward."*

"SIM focuses on behavioral health integration, which involves some level of practice transformation," he explains. "What we want to do in the long run is have a broad set of initiatives so we can deal with the needs of practices, no matter what their level of readiness."

