**American Board of Family Medicine Population Health Tool**– Bob Phillips

- Family Physicians (FPs) have to go through a recertification process. They are also required to go through a Practice Improvement Module every three years.
- As of 2011, 70% of FPs had an electronic health record, and now it’s closer to 80%. However, they don’t have a mechanism for getting information out.
- TRADEMaRQ (Trial for Adequate Data Exchange for Maintenance of Certification and Raising Quality) – Funded by AHRQ, they are working with Kaiser Permanente of Colorado, OCHIN, Group Health of Puget Sound and South East Texas Medical Associates to test the ABFM’s ability to receive whole-panel quality measures, present the data back to these institutions, and see whether it has an impact on their choices for quality improvement projects.
- DAIQUERI (Data Abstraction and Intelligence Quality Engine for Research Improvement) - Creating a Family medicine registry since most family physicians can’t get measures out of their EHRs. This tool will pull the data out of their EHR, run it through a quality measure engine, hand it back to them so they can make decisions at point of care, and they will be able to send data wherever they want to (i.e. to ABFM for MOC, or to CMS for meaningful use payment). Launching pilot in spring 2015.
- Population Health Assessment Tool – Take clinical data and turn it into population health information. Show FPs their service area and how deeply they are penetrating neighborhoods. Allow them to do hot spotting and produce a community vital sign – uses social determinant data of neighborhood to help physician make decisions for the patient based on their neighborhood characteristics. Goal is to empower FPs as leaders of community health assessments. This will enable them to be better partners with public health.
  - Developed this tool using UDS Mapper.
  - Mapping Service Area and Penetration – the geographies that a health center touches can be displayed, and you can look at unserved populations that are untouched as well.
  - Social Determinant data can be pulled through this tool.
- Trying to create a platform with FPs in mind so they can pull data from multiple sources based on how they want to work with their community. They are also developing practice performance modules to assist FPs in how to use the tool, and create a consult service that will provide additional guidance on how to use the tool.
• This tool should be useful for CDC as they write the recommendations for Hospitals around CHNAs, because now they’ll have coverage from primary care doctors in the community.

Discussion:
• This tool is important for Nurse Practitioners to learn about. ABFM has talked with pediatricians and internists already.
• **What is the strategy about how to integrate material coming from different EHR products?** Small solutions are happening: OCHIN (Oregon community health information network) is moving their folks to EPIC or getting those FQHCs into HIE. Most of outpatient world is solving that by joining health systems or pulling into hospitals. Cincinnati is doing it through data exchange at the HIE level. There is no good large solution yet.
  - Ohio CHCs working with OCHIN are pulling in NEXGIN practices to expand their capability. They are hoping to import public health data into clinical practices in Ohio in a usable format so that it can be available real time in the exam room.
• **How do we avoid doing this in silos?** i.e. there are parallels to tools on Community Commons website.
  - ABFM is actively thinking about how to create alignment of those data sources so you’re not flipping back and forth between public health and clinical tools. We’re going to need some real in vivo testing.
  - You might need a big need-use-case that lines up the data sets for other purposes, i.e. CHNA, and Shortage Designations (HPSA, MUA/MUP).
• Need to coordinate providing the tool with the underlying skills and knowledge required to use it.
• **Are the maps in the slide set a count or a rate? How do you know you have the right denominator?** They are looking at developing specific modules that guide physicians through the use of these data, and testing with physicians to make sure they are effective. They can be rates or numbers and the denominators are drawn from the American Community Survey (ACS) and from census data. Worked with HRSA to make sure the data was as good as it could be.
• **What is the payer’s role with this project?** They are interested in hot spotting to drive clinical and community behavior, i.e. focusing resources on areas where their costs are the highest. Physicians, nurses, PA’s and clinics can be part of that process, and payers should partner with those clinical entities to be partners in the community.
• They have talked with pediatrics and internal medicine extensively, and both are waiting to see how these pilots go before implementing.

**Workforce Development Expert Panel (ASPPH-ASTHO Collaboration)** – Donna Petersen
• As part of the Framing the Futures project, there was a desire to include a statement about the existing workforce, whereas the Framing the Futures Project focused on the future workforce.
• Put together an expert panel to look at what accredited programs and schools of public health could do. They have a responsibility to the workforce that exists within the state and local health department structure. The group identified key considerations, design elements of what training could look like, and critical content.
• The Draft is a first draft out of the committee and they welcome comments.

**Association of American Medical Colleges Annual Meeting (AAMC) Presentation**
• Yumi Jarris/Malika Fair/Sharon Moffatt/Denise Koo will be presenting at the AAMC meeting about the Workforce Committee, how they learn about other initiatives, and will share AAMC and CDC integration related initiatives.
• They will be distributing a paper form for people to submit initiatives that others are working on in this area. This will be posted on our website and we will ask committee members to distribute.

Curricular resources and tools to support the integration of primary care and public health
• We’re collecting curricular resources and tools from various disciplines that will be organized and housed on the ASTHO website.
• Groups to add: Pharmacists, Association of University Programs in Health Administration (AUPHA)

Other initiatives/updates
• Health Systems Integration Program (HSIP) - HSIP is an opportunity to build capacity within the health systems, specifically between public health and clinical care partners. The HSIP Fellowship will place public health practitioners with a background in epidemiology or informatics at health departments for a one year program to be involved in projects that address community epidemiologic surveillance to support community health needs assessments, the public health interface and use of electronic health records, and sharing lessons learned from successful public health and primary care professional partnerships. Host site applications will be accepted from state and local public health agencies: October 27-December 15, 2014. www.sign.fellow.org
• HRSA, in cooperation with CDC, has awarded the National Network of Public Health Institutes (NNPHI) a cooperative agreement to run the national coordinating center for the 10 new regional coordinating centers. They are already up and running working on Ebola information distribution.
• CDC, as part of the Legacy project funded by Pfizer, is transforming materials for medical students in epidemiology to make them more useful. Starting with a case study working with communities to improve health. If people are interested in reviewing the case study and giving feedback or participating in a small workgroup call they email Denise Koo.
• Interprofessional Leadership in Workforce Development - Leadership training institute in Denver with CHAMPS (PCA in Region 8). Working with NW Center for PH Practice. Materials and content may be of interest to this group.