



**National AHEC
Organization**

Connecting students to careers,
professionals to communities,
and communities to better health.

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PRIMARY CARE EXTENSION AND AHECS

Section 5405W of the recently signed *Patient Protection and Affordability Act* gives the basic language for the creation of the Primary Care Extension Program (PC Extension). Seven pages that describe the purpose and establishment of a program whose main purpose is it “shall provide support and assistance to primary care providers to educate providers about preventative medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (referred to in this section as ‘Health Extension Agents’). Early on in the writing of this section Area Health Education Centers (AHECs) were featured prominently and it is very evident that the role for AHEC’s remains as strong as ever.

This paper illustrates those roles by demonstrating where AHEC interfaces with language directly from the act:

1. Under the “Purpose” of the PC Extension, the Act clearly states program will provide support, assistance and education to primary care providers with community based health connectors.
2. Under “Definitions”, the term ‘Health Extension Agent’ means any local, community-based health worker who facilitates and provides assistance to primary care practices.
3. Under “Grants to States to establish Hubs”, the hubs shall include “one or more health professions schools”.
4. Under activities of the Hub: “submit a plan to coordinate functions with quality improvement organizations and Area Health Education Centers; contract with a county- or local-level entity that shall serve as the Primary Care Extension Agency to administer the services; organize and administer grant funds to county- or local-level Primary Care Extension Agencies that serve a catchment area, as determined by the State; and organize State-wide or multistate networks of local-level Primary Care Extension Agencies to share and disseminate information and practices.
5. Under Local PC Extension Agent Activities is delineated what the local agents duties will include such as: assist primary care providers to implement a patient-centered medical home; develop and support primary care learning communities; share and disseminate lessons learned and best practices and; develop a plan for financial sustainability.
6. Under discretionary activities: provide technical assistance, training, and organizational support for community health teams; collaborate with local health departments, community health centers, tribes and tribal entities, and other community agencies to identify community health priorities and local health workforce needs, and participate in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities; and develop measures to monitor the impact of the proposed program

These basic requirements of the PC Extension program walk hand in hand with the mission and, in many cases, the skill set of the 56 AHEC Programs and 235 AHEC Centers across the country. Each program is



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tied to a health professions school and AHECs are built on collaboration and cooperation with other groups to leverage resources to meet program needs.

The extensive infrastructure needed by the PC Extension Program currently exists within AHEC programs. This structure can provide the regional administrative and technical support to county agents. Using the AHEC network will reduce costs through shared administrative and support personnel, and, in many regions, primary care providers are accustomed to working with AHECs for programming purposes. These prior relationships will reduce start up time for the PC Extension. The AHEC's national association, the National AHEC Organization, is a common thread that provides a conduit to share innovation and best practices from state to state and region to region.

The mission, work, and structure of the national AHEC Program are consistent with, and complementary to, the stated purpose of the Primary Care Extension Program. In 1971 when the AHEC program was created, its development was based on the Agricultural Extension model. At this point there is not an appropriation for grants for this program but there will be funding opportunities in the future. As your states consider participating in the PC Extension program, NAO suggests you be proactive in obtaining collaboration with AHEC, and strongly recommends that AHEC be a member of the Extension "HUB." The Primary Care Extension Program will be successful when paired with the Area Health Education Centers.