Training Family Physicians for Tomorrow

Patient-Centered Medical Home Residency Education Program

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What I'm Going to Tell You

- Explain the importance of making transformational change to the PCMH model of care in Family Medicine Residency Program clinics.
- Identify some of the inherent strengths Family Medicine Residency Programs have in becoming a PCMH.
- Identify common challenges that Family Medicine Residency Programs face in becoming a PCMH.
- Share examples of how one Family Medicine Residency Program has overcome some of those challenges, improving education and patient care.

Background Information

- Smoky Hill Family Medicine Residency Program
  - 4-4-4 Rural Family Medicine Residency Program
- Salina Family Healthcare Center
  - Federally Qualified Health Center
  - Residency program's Family Medicine Center
- Hired TransforMED^{SM} in 2009 to facilitate transformation to PCMH model

Motivation for Change

- Wanted a better clinic experience for residents
- Belief that the PCMH model is the future of Family Medicine
- Train residents for future practice by immersion into a patient-centered medical home

Inherent Strengths

- ACGME requirements, already doing a lot of it
  - Tracking outcomes and other data, quality measures, patient satisfaction, EMR, broad array of services, after-hours coverage
  - Teaching concepts like SBP, PBLI, ICS
- Work force that is (to a degree) unbiased
- Evidence-based medicine foundation
- Established physician leadership

Common Challenges

- System set up to be resident-centered, not patient-centered
- Work force that is primarily part-time
  - Access and Continuity issues
- Getting and keeping residents engaged and involved

Resident vs. Patient Centered Care

- Not mutually exclusive
- Requires re-evaluation of resident learning objectives
- Example: Childhood Immunizations

Pre-PCMH Immunization Program

- **Didactics**: Indications/contraindications; types of; schedules for; etc.

- **Clinical Practice**: reactive process whereby resident discusses with parents as part of well child visit and orders immunizations, nurse draws and gives shots at end of visit

Pre-PCMH Results

- **Clinical Outcome**: Childhood immunization rates <1/2 national rate
- **Educational Competencies Addressed**: Medical knowledge; patient care; ICS
- **Overall**: Substandard care and questionable educational benefit

Post-PCMH Immunization Program

- **Didactics**: Similar, less emphasis on schedule, more on process
- **Clinical Practice**: Proactive process using patient registry, nurse identifies needed immunizations 1/2 day before, resident is notified before entering the room, shots given at end of visit per standing protocol; registry used for recall; rates reviewed quarterly; PDSA cycles when problems arise

Post-PCMH Results

- **Clinical Outcome**: childhood immunization rates greater than local, state and national rates
- **Educational competencies addressed**: patient care; medical knowledge; PBLI; SBP; ICS
- **Overall**: Improved care and education

Part-Time Providers

- Part-time providers = challenging scheduling
  - Residents worse: part-time with erratic schedule
- Access suffers if continuity emphasized
- Continuity suffers if access emphasized

Pre-PCMH, Continuity vs. Access

- All providers with assigned patient panel
- Continuity primarily for planned care:
  - WCC, WWE, Prenatal care, Chronic disease follow-up, etc.
- Access for acute care scheduled with disregard for continuity
- **Result**: schedule full weeks in advance; poor patient and provider satisfaction; 60% continuity (patient perspective)

Post-PCMH, Continuity and Access

- Patients still assigned to specific provider panel
  - Panels "right-sized" to balance capacity and demand
  - Panel size= # total appts/yr ÷ avg # visits/patient/yr
    - PGY-1 Example: 450 appts ÷ 3.5 visits/pt = 129 pts
- Providers assigned to teams
  - 4 teams in 2 clinic "pods"
  - Dedicated staff for each team and each pod
  - Team integrity maintained

Post-PCMH, Continuity and Access

- Advanced access scheduling
  - Mix of pre-scheduled and same day appts
- Attempt to reach one of two levels of continuity in scheduling
  - Assigned provider first
  - Assigned team second
  - Any open provider as last resort
- **Result**: Improved access; improved patient and provider satisfaction; >85% continuity

Resident Engagement

- Somewhat ethereal concept
- Can't be "just one more thing" to do
- Easier of there are resident champions

Resident Engagement

- Involvement, involvement, involvement
  - Leadership team
  - Project teams
  - Staff retreats
  - Orientation of new residents
- Communicate, Communicate, Communicate
  - Meetings
  - Precepting
  - Evaluations

What I Told You

- To truly train tomorrow's family physicians, they must be trained in a patient-centered medical home or we are doing them a disservice.
- Family Medicine residency programs have inherent strengths that enable transformational change.
- Overcoming the challenges facing residency programs in transformation improves patient care and education.
- Once residents get it, they will be engaged.

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