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\textsuperscript{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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