University of South Alabama Family Medicine Residency PCMH curriculum

The Residency Program at the University of South Alabama has a long history of preparing Family Medicine residents to be leaders in the provision of primary care to underserved populations along the gulf coast. HRSA funding has transformed the Program's residency from a suburban program to one with an emphasis on care of the underserved in Mobile Alabama. Through previously funded projects recruitment of minority residents has been increased, emphasis has been placed on community medicine, and the program's curriculum has been improved. Driven in part by the Patient Protection and Affordable Care Act (PPACA), multiple agents of change are exerting tremendous pressure on the traditional practice of medicine across the U.S. Electronic Health Records (EHR), new evidence-based practice models such as the PCMH, changes in compensation and reimbursement structures, and a far greater emphasis on preventive care and clinical outcomes, are the subjects of intense discourse among practitioners, educators, and students, alike. With the support of the Health Resources and Services Administration, Bureau of Health Professions, the University of South Alabama College of Medicine (USACOM) and the Department of Family Medicine (DFM) would like to markedly improve the experience of our learners as the learner by caring for an underserved population.

We have developed a formal curriculum in PCMH, patient safety and quality of care to augment existing practicum experiences. In addition, we are improving instruction through allowing the residents to directly participate in high quality and safe care while caring for the underserved. We are doing this by reorganizing the care delivery, taking advantage of our EHR and patient portal to improve care delivery through a team based approach. Lastly, we created interdisciplinary teams and offered physician directed as well as instruction in self-management support in an elderly apartment complex and an independent senior center.

The department seeks to develop leaders in the field of Family Medicine who will be able to comfortably provide care to an underserved population in multiple settings while leveraging technology to provide high quality and safe care. In order to achieve this, we proposed and are moving towards accomplishing the following:

1) Create a Patient Centered Medical Home as well as a Patient Safety and Quality of Care curriculum: We have reorganized the curriculum to offer explicit instruction in the elements of the patient centered medical home as well as Patient Safety and Quality of Care by introducing a conceptual framework, developing and implementing case-based learning, and incorporating concepts in a practical team-based exercise leading to improved patient care as well as enhanced scholarly output

*2) Use PCMH Principles, specifically a team based approach, to improve chronic illness care and preventive service delivery in the FMC***.** Specifically, we improved the use of chronic illness protocols and preventive service protocols using a team based patient and improve patient portal use in an underserved population. We are working to improve the care of patients who have transportation difficulties or other access problems which preclude in-person visits or sustained provider continuity. We are doing this through training modules, team based care, and linkages to the electronic health record. We have introduced team based care and are working tol introduce the use of community resources through the portal. Residents are working both as team members and team leaders to improve care

3) Partner with a community agency to deliver care in the non-office setting, with a focus on improving chronic illness outcomes, sociability, and maintain independence for a geriatric population. Specifically we have created training modules which will offer instruction in the home care of the frail elderly patient. There are or will be modules on improved care of the patient with chronic illness which will utilize electronic health record, introduce the use of remote data entry and monitoring and will use the concept of the Patient Centered Medical Home "without walls." Through a new partnership with the University of South Alabama Center on Generational Studies, the physicians in training are learning a multidisciplinary team based approach to improving social engagement and maintaining independence when working with elderly patients.

Visual representation of the curriculum transformation

Figure 4 - Visual representation of proposed residency transformation for a prototypical resident