MEDICAL HOME ROTATION CURRICULUM

REQUIREMENT

The Future of Family Medicine study concluded that the discipline needs to oversee the training of family physicians who are committed to excellence, steeped in the core values of the discipline, competent to provide family medicine's basket of services within the a new model of care, and capable of adapting to varying patient needs and changing care technologies. The Medical Home model has the following characteristics: a patient-centered team approach; elimination of barriers to access; advanced information systems, including an electronic health record; redesigned, more functional offices; a focus on quality and outcomes; and enhanced practice finance.

GOALS

1. Learners will articulate an evidence-based definition of "Patient-Centered Medical Home."
2. Residents will describe the four evidence-based components of a PCMH-based healthcare system capable of providing high value services
3. Residents will learn to distinguish the qualities of successful PCH practices by reading peer-reviewed literature and becoming familiar with NCQA guidelines.
4. Residents will demonstrate proficiency in the six core competencies while providing patient care, leading care teams, and participating in practice improvement activities.

INSTRUCTIONAL METHODS

1. <u>Patient Care</u>: Residents will provide care twice weekly on their assigned color teams as part of their continuity clinic experience.
2. <u>Quality Improvement</u>: Residents will learn about utilization review and quality improvement through both interactive models and small group sessions. They will demonstrate their understanding of PDSA cycles by choosing an individual quality improvement project that will help move the clinic closer to NCQA PCMH accreditation.
3. <u>Leadership</u>: Residents will complete a leadership inventory and have a session devoted to using their leadership styles to manage a practice. Residents will also read selections from The Leadership Challenge and complete assigned activities.
4. <u>Seminar discussion</u>: Learners will meet with core Practice Management faculty weekly to discuss their progress and current event topics relevant to the PCMH. Formal lectures will include:
   a. Basics of PCMH
   b. Healthcare delivery and insurance
   c. Navigating an office visit
5. <u>Clinic Operations and Teamwork</u>: Residents will observe the flow of clinic. They will meet with each section of clinic operations and identify strengths and Opportunities for Improvement in each area. This should be compiled individually

and will be discussed during a feedback session with faculty. When on site at SJMH, it is expected that residents attend the 8am and 1pm Clinic Lineup. Residents will observe the following clinic components:
   a. Scheduling
   b. Triage
   c. Front Desk Registration
   d. Medical Records
   e. Nursing/Rooming
   f. Unit Coordinator

In addition, residents will each spend a half day as "Doctor of the Day." They will report to the Clinic Manager and be the first line when clinic issues arise throughout the day. April Hagler and Amber Kean will supervise this portion of the rotation.

6. Informational Interviews: Residents will meet with a variety of managers who lead critical components of a practice. These will include but are not limited to:
   a. Human resources
   b. Billing and revenue management
   c. Credentialing
   d. Hiring/Recruiting
   e. Clinic Management
   f. Patient Access/Customer Satisfaction
   g. Executive Leadership
   h. Utilization Review

7. Tours of PCMH practices: Residents will visit with clinic sites that are modeling advanced delivery models. These will include meeting with the Medical Director of Kelsey-Seybold Clinic and another advanced delivery site.

8. Continuing Education: Residents will start an ABFM Part IV Module on a topic of their choosing. They will work together with their cohort to carry out the process improvement project and present it in time for the subsequent PCMH rotation residents. They will be given time during the rotation to start the module, do initial chart review, and meet as a team to plan their intervention. It is expected that they meet on their own throughout the subsequent 3 months and then at completion to submit the module and do the final chart review. Faculty will assist in helping make appropriate charts available to the residents.
http://www.aafp.org/online/en/home/cme/selfstudy/metric/residents.html

9. Professional Development: Residents will be required to prepare a CV. This will be reviewed on the last day of the rotation. Please use this AAFP resource as a starting point:
http://www.aafp.org/online/en/home/publications/otherpubs/strolling/prep/preparecv.html

10.   Coding: Residents will have a hands-on small group session with a certified coder to review the basics of outpatient coding. Each resident will do a chart review of 10 patient charts and review their coding with the coder after this session to improve their individual skills.

11.   Self-Study: Residents will complete readings in core topics of PCMH including payment models and financing
   a. IHI Modules: The IHI Open School Offers a series of online modules.

http://www.ihi.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx
   i. Quality Improvement 101: Fundamentals of Improvement (1h15min)
   ii. Quality Improvement 102: PDSA Cycles (1h)
   iii. Quality Improvement 105: What Motivates People to Change, Personality Type (1h15 min)
   iv. Patient Safety 100 (1h30min)
   v. Patient Safety 101 (1h15min)
   vi. Patient Safety 103: Teamwork (1h)
   vii. Patient Safety 104: Root Cause Group Activity (1h20min)
   viii. Patient Safety 105: Adverse Events (1h30min)
   ix. Leadership 101 (1h30min)
b. Delta-Exchange: https://www.delta-exchange.net/ Residents will subscribe to Delta Exchange and become familiar with the resources offered.
c. MHIQ: (1.5 hours) Residents will work together to complete the Transformed MHIQ assessment. This will be discussed as a group after completion with the supervising faculty. http://www.transformed.com/MHIQ/welcome.cfm
d. AMA Workflow videos: (30 minutes) www.ama-assn.org/go/workflow-videos This series of videos looks at best practices for increasing quality and safety and explain the link between workflow redesign and the effective use of health information technology (IT)
   i. E-Prescribing
   ii. Pre-visit planning
   iii. Point-Of Care Documentation
e. AAFP Videos (1.5 hours) http://www.aafp.org/online/en/home/membership/initiatives/pcmh/aafpleads/aafppcmh/pcmhvideos.html
   i. Patient Registries (13 minutes)
   ii. Patient Self-Management Support (14:57 minutes)
   iii. Team-based Care Model (13:14 minutes)
   iv. Data to Improve Your Practice (10:56 minutes)
   v. Patient Experience (13:06 minutes)

READINGS

WEEK 1

1. FP Essentials, Issue 395: Practice Improvement. Pages 13-34.
2. Barbara Starfield, Leiyu Shi and James Macinko. *Contribution of Primary Care to Health Systems and Health.* The Milbank Quarterly, Volume 83, No. 3, 2005. Pages 457-490.
3. Nutting PA, et al. Initial Lessons From the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home. Annals of Family Medicine. 2009; 7:254-260.
4. Scherger JE. Preparing the Personal Physician for Practice (P4): Essential Skills for New Family Physicians and How Residency Programs May Provide Them. J Am Board Fam Med. 2007: 20:348-355.
5. The Future of Family Medicine. Annals of Family Medicine.

6. Joint Principles of the Patient-Centered Medical Home
http://www.aafp.org/online/etc/medialib/aafp_org/documents/policy/fed/jointprinciplespcmh0207.Par.0001.File.tmp/022107medicalhome.pdf
7. Anton Kuzel and John Engel. Restoring Primary Care: Reframing Relationships and Redesigning Practice. Radcliffe Publishing: New York, 2011.

    vi. WEEK 2
1. NEJM Articles
    a. Sharing the Care to Improve Access to Primary Care
    b. The Evolving Primary Care Physician
    c. Primary Care Update
    d. From and Ethics of Rationing to an Ethics of Waste Avoidance
2. FPM Articles
http://www.aafp.org/online/en/home/publications/journals/fpm/fpmtoolbox.html#Parsys61582
    a. The State of Family Medicine
    b. Back to the Future: The Way Forward in Health Care Reform
    c. Clinical Decision Support (Registries)
3. Contracting and Payment http://www.ama-assn.org/resources/doc/psa/payment-options.pdf
    a. Introduction, Pages 1-6
    b. Chapter 4, Capitation, Pages 1-15

    vii. WEEK 3
    a. FPM Articles
http://www.aafp.org/online/en/home/publications/journals/fpm/fpmtoolbox.html#Parsys61582
    a. 8 Steps to Chart Audit (Determining Sample Size)
    b. Making Every Minute Count (Flow Map, Cycle Time, Cause and Effect Diagram)
    c. Building a Mindset of Service Excellence (PDSA ideas)
    d. Panel Size

    viii. WEEK 4
1. Kouzes & Posner. The Leadership Challenge, 4th Edition.

Websites:
www.medicalhomeforall.com
www.fmdrl.org
https://www.delta-exchange.net/
http://www.aafp.org/online/en/home/practicemgt/mgmt.html?navid=practice+management