

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Loma Linda University

Organization	Loma Linda University Department or Division: Family Medicine Residency
Principal Investigator	Kelly R. Morton, Ph.D. kmorton@llu.edu 909-558-6515
Partners	<ul style="list-style-type: none">• Loma Linda University Department of Psychology• SACHS FQHC

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Advanced degree students: psychology
- Medical or predoctoral students
- Residents: family medicine
- Faculty: family medicine

Primary project objectives

- Family medicine faculty, family medicine resident, and medical/psychology student training and experiences in quality improvement through a 1st and 2nd year QI activity and a 3rd year extensive QI team based project to address FQHC UDS measures (HIV screening), continuity of care, and high-risk population health via lifestyle change visits and via screening and referral for patients assessed as at risk for misuse of opioids. Medical students will work on a CQI project during the Path to Service course requirements at the FQHC.
- Family medicine faculty and residents, as well as medical/ psychology students will receive training on both teamwork/communication and leadership skills applied in IP teams and within IHI online module completion.
- Family medicine faculty and residents and medical/psychology students will receive training on population health and participate in CCI (Complex Care Initiative) to manage patients with the IMPACT care manager.
- Create parallel primary care service learning tracks: one for medical students, and one for psychology doctoral students with didactics and mentoring as well as FQHC placement.

EVALUATION OVERVIEW

Evaluator contact information

Kelly R. Morton, Ph.D.
kmorton@llu.edu
909-558-6515

HRSA Priority Outcomes

- Rate of graduates/program completers practicing in primary care, at least 1 year after program completion.



EVALUATION OVERVIEW

Continued

- Rate of graduates/program completers practicing in underserved areas, at least 1 year after program completion.
 - Patient service provided by graduates/program completers.
 - Quality of care provided by graduates/program completers.
 - Patient service provided by trainees and faculty at participating PCTE clinical training sites.
 - Quality of care provided by trainees and faculty at participating PCTE clinical training sites.
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Measures and Tools

- Number of patients who receive integrated behavioral health services
 - Number of patients who receive targeted care management in the population health initiatives that include FM residents, FM physician faculty, psychology doctoral trainees and supervisors, as well as the IMPACT care manager within lifestyle risk behavior and chronic opioid use panels.
 - Pay for Performance metrics from IEHP
 - Process evaluation measures of the trainee rotations
 - TeamStepps Team Functioning (30 item scale assessing attitude, foundation, function, performance, skills, leadership, climate, identity)
 - PCOF (Patient Centeredness Observation Form) in a simulation and later in recorded patient interactions
 - APA Competency Benchmarks addressed in a new Primary Care Psychology Concentration Developed with IMPACT grant funds (SCIENCE: Biopsychosocial Approach, Research/Evaluation; SYSTEMS: Leadership/administration, Interdisciplinary Systems, Advocacy; PROFESSIONALISM: Professional values and attitudes, Individual/Cultural/Disciplinary Diversity, Ethics in PC, Reflective Practice/self-assessment/ self-care; RELATIONSHIPS: Interprofessionalism, Building and Sustaining Relationships in Primary Care; APPLICATION: Practice Management, Assessment, Intervention, Clinical Consultation; SUPERVISION)
 - Medical students who are the in underserved track will be assessed on: percentage placed in an underserved clerkship site, ACGME competency ratings by preceptor at underserved rotation site, and, medical student rating of underserved rotation site.
 - IHI module completion and quiz scores and certifications in residents, faculty, and students.
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ABSTRACT

As submitted with proposal

In San Bernardino, California, numerous challenges lead to poor health outcomes and health disparities that the IMPACT project will address with integrated behavioral health for population management, increased care quality and access for improved health outcomes in an FQHC. Challenges faced by our community include social determinants of health such as 47% non-English speaking, 68% H.S. graduates, low median household income, and a third living below the poverty line. Our FQHC Family Medicine Residency clinic is located in SB within the “Inland Empire” (IE) that includes 2 of only 17 counties in the U.S. that had a decline in physician: patient ratio because the populace grew more rapidly than physician supply. San Bernardino has 20 HPSA (Health Physician Shortage Area) designated facilities and many designated MUA/Ps. We have worse health outcomes related to chronic illness and health disparity domains including obesity, diabetes, and cardiovascular diseases as well as higher exposures to violent crime, trauma, and poverty. IMPACT will address these issues with integrated behavioral health programs within a primary care residency clinic setting of a multispecialty FQHC facility that will be located near mass transit in downtown San Bernardino.

ABSTRACT

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IMPACT will address these challenges with a sustainable approach to develop a primary care pipeline of family physicians and psychologists to serve underserved communities by co-locating and integrating the two disciplines on a care team with supportive care management, population health outreach, as well as, CQI/ QI projects to improve the workflows and close the loop on treatment plans. IMPACT will use program funds to achieve sustainable Specific Aims: (1) Family Medicine Faculty, Family Medicine Resident, and medical/ psychology student training and experiences in Quality Improvement through a 1st and 2nd year CQI teams and a 3rd year extensive QI project to address FQHC UDS measure of HIV screening, continuity of care, lifestyle interventions, or opioid risk of misuse screening. Medical students and psychology students will work on a CQI project; (2) Family Medicine Faculty and Residents, as well as, medical/psychology students will receive training on both teamwork/communication and leadership skills applied in IP teams; (3) Family Medicine Faculty and Residents, as well as, medical/psychology students will receive training on Population Health and participate complex care teams with the IMPACT care manager; (4) Two Primary Care Service Learning Tracks will be created that operate in parallel – one for medical students and one for psychology doctoral students with didactics and mentoring as well as FQHC placement.