

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: East Carolina University

Organization	East Carolina University
Principal Investigator	Chelley Kaye Alexander, M.D. alexanderch14@ecu.edu 252-744-2600
Partners	<ul style="list-style-type: none">• ECU Department of Pediatrics• ECU Department of Physician Assistant Studies• ECU Nurse Practitioner program• ECU Clinical Health Psychology program• North Carolina Area Health Education Center• Community partners

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Advanced practice students: nurse practitioner, physician assistant, clinical psychology
- Medical or predoctoral students
- Residents: family medicine

Primary project objectives

- Establish a coordinating council for transformative care focusing on new and revised curricula and recruitment of a diverse student body, across all primary care disciplines and levels, and with practices.
- Develop, test, implement, evaluate, refine, and disseminate new and revised curricula for medical, NP, PA, and clinical psychology students, primary care residents (fam med and peds), faculty, and preceptors on the knowledge and skills necessary to practice and lead the transformation of care delivery in CMS-articulated priorities in underserved rural primary care settings, including development of patient-centered medical homes using team-based integrated care.
- Assess practice transformation milestones and evaluate care outcomes in targeted practices that are preceptor sites and serve underserved minority patients who have chronic disease.

EVALUATION OVERVIEW

Evaluator contact information

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EVALUATION OVERVIEW

Continued

HRSA Priority Outcomes	<ul style="list-style-type: none">• Rate of graduates/program completers practicing in primary care, at least 1 year after program completion.• 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.
Measures and Tools	<ul style="list-style-type: none">• Percentage change in clinical outcomes and racial disparity ratios for patients with conditions selected by local practices/preceptors• Percent achievement of agreed upon milestones and care outcome targets• Change in annual practice readiness measure and relationship to changes in patient clinical outcomes/cost and racial disparity ratios for each clinical outcome

ABSTRACT

As submitted with proposal

At the national level, many efforts are underway to transform the health care delivery system from a traditional volume-driven, quality-indifferent system of care to a system that has new priorities around quality, population health, and patient-centered health homes. While progress is occurring in larger metropolitan communities, rural communities caring for underserved and minority populations have often lagged behind in transformational efforts. We posit that transformation of the health care system in our rural region has been hampered by the lack of local and regional leadership and by an existing health workforce that has been trained in the context of volume-dependent care delivery models. Current curricular objectives within health professions schools insufficiently address these priorities, are not shared across disciplines, schools, and programs, and do not adequately engage early adopters/practice champions as mentors to train learners in the skills needed for transformative practice. To address this compelling need, the proposed project will develop, implement, and evaluate innovative longitudinal curricula for Medical (students & residents), Nurse Practitioner, Physician's Assistant, and Behavioral Health learners and their faculty preceptors – providing the clinical, operational, and leadership skills necessary to deliver data-informed collaborative care in patient-centered health homes that are part of a transformed rural health care delivery system. The overall goal is to revise and restructure our curricula/practice across the continuum of learning in primary care disciplines to insure that our graduates enter the workforce with the knowledge and skills necessary to not only practice in evolving health care systems but also to lead in practice and system transformation. Longitudinal curricular changes will focus on population health, quality improvement, patient safety, and leadership development.

The present project will provide an estimated 750 current and future learners with new skills and ability in health system leadership that will impact thousands of underserved citizens. The project is organized as follows: the first objective defines the development of a transdisciplinary infrastructure to facilitate broad-based curricular change, including the role of community partners. The second objective describes the continued development, pilot testing, implementation, and evaluation of transformative care curricula for medical (student & resident), PA, NP, and Clinical Psychology learners, and includes leadership development for faculty and learners. The third objective examines the effect of these new skills on population health/care outcomes among our vulnerable patient population.

The present project is centered in a nationally renowned institution with a strong commitment to primary care education, to rural underserved citizens, and to enrollment of underrepresented minority students. The project addresses national needs, builds on a history of success, and has great potential to impact not only learners, but also practitioners, and patients by providing well trained health professionals who can help to transform rural primary care.