

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Georgetown University

Organization	Georgetown University Department or Division: Family Medicine
Principal Investigator	Michelle Roett, M.D., M.P.H., FAAFP michelle.roett@georgetown.edu 202-687-1600
Partners	<ul style="list-style-type: none"> • Georgetown University Department of Psychiatry • Georgetown University School of Nursing & Health Studies Department of Nursing • Robert Graham Center for Policy Studies in Family Medicine and Primary Care

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Advanced practice students: nurse practitioner, Clinical Nurse Leaders
- Medical or predoctoral students
- Residents: family medicine, psychiatry

Primary project objectives

- Increase primary care workforce capacity for implementation of integrated behavioral health and primary care (IBH-PC) by improving learner knowledge on IBH-PC, social determinants of health, at-risk populations, population health, and community-engaged research.
- Improve learner clinical skills and provide experiential learning opportunities in IBH-PC and addressing psychological comorbidities in underserved, at-risk patient populations.
- Increase learner experience with interprofessional team-based care for primary care, psychological, and psychiatric visits for at-risk patient populations and increase team-based quality improvement to improve outcomes-based research skills.

EVALUATION OVERVIEW

Evaluator contact information TBD

HRSA Priority Outcomes

- 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 trainees and faculty at participating PCTE clinical training sites.



EVALUATION OVERVIEW

Continued

- Quality of care provided by trainees and faculty at participating PCTE clinical training sites.
 - Cost of care provided by trainees and faculty at participating PCTE clinical training sites.
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Measures and Tools

- Competencies as assessed by ACGME FM milestones related to patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, and communication.
 - Clinical skills in IBH-PC in PCMH with at-risk populations (e.g., geriatric, refugee, asylee, chronic disease, psychological comorbidity) as assessed via self-evaluation, one-on-one clinical observation, video feedback by faculty, evaluations by patients and faculty, etc.
 - Patient satisfaction surveys addressing psychological comorbidities.
 - Patient clinical outcomes related to diabetes, coronary artery disease, hypertension, depression screening, BMI, etc.
 - ER visits and hospitalizations as proxy variables for cost of care.
 - Placement of program completers in MUC settings as determined by surveys of program completers.
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ABSTRACT

As submitted with proposal

This project focuses on the development of an innovative integrated behavioral health and primary care (IBH-PC) curriculum combined with the patient-centered medical home (PCMH) transformative model of team-based, coordinated care and interprofessional training to teach residents how to address the needs of multiple at-risk patient populations in the District of Columbia. The IBH-PC curriculum will include online interactive case-based modules and video-feedback for residents on cultural competency and communication skills. It will be complemented by experiential and didactic training in important public health and PCMH principles including population management, social determinants of health, community-oriented primary care, cultural competence and interprofessional team-based care. Learners will include family medicine and psychiatry residents, and nursing and medical students. The at risk patient populations served will include: low income, African American patients with diabetes, hypertension, obesity, and psychological comorbidities; refugee and immigrant populations affected by psychological trauma; and geriatric patients across multiple settings and transitions of care, including those affected by chronic diseases and psychological comorbidities. This project will address the need to improve primary care workforce capacity for implementation of IBH-PC in the PCMH for at risk patient populations by: 1) improving learner knowledge on social determinants of health, psychological comorbidities, population health and practice-based research; 2) improving learner clinical and communication skills in primary care visits, and increasing experiential learning opportunities in population health and practice-based research; and 3) improving learner experience in interprofessional team-based care for primary care, psychological and psychiatric visits for at risk patient populations, and team-based quality improvement and outcomes research. Primary data will be derived from three sources: 1) residents, faculty, interprofessional team and patients will evaluate IBH-PC clinical processes, resident clinical performance and communication skills, curricular initiatives and video-recorded patient interactions; 2) baseline and annual resident knowledge and clinical skill assessments will be collected to determine curricular effectiveness and identify improvements in residents' clinical, communication and cultural competency skills and impact on student learners; and 3) residents, faculty, inter-professional team members and patients will evaluate individual and group visits to identify improvements in residents' communication skills, and collaborative team-based skills. Patient clinical and satisfaction outcomes will be assessed from quality improvement and practice-based research network projects for at risk patient populations. This project will feature collaboration between our Family Medicine residency program as lead collaborator, Georgetown University Department of Psychiatry, Georgetown University School of Nursing & Health Studies Department of Nursing, as well as community partners, including the Robert Graham Center for Policy Studies in Family Medicine and Primary Care.