

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Medical University of South Carolina

Organization	Medical University of South Carolina Department or Division: College of Medicine, Department of Family Medicine
Principal Investigator	Vanessa Diaz, M.D., MSCR diazva@musc.edu 843-876-2923
Partners	MUSC Primary Care Residency Programs MUSC Physician Assistant Studies Program Care Coordination Institute MUSC Department of Public Health Sciences Tidelands-MUSC Family Medicine Residency

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Faculty: physician assistant, family medicine, internal medicine, pediatrics, public health sciences
- Fellows: family medicine, internal medicine, pediatrics
- Residents: family medicine, internal medicine, pediatrics
- Advanced practice students: physician assistant

Primary project objectives

- Develop skills necessary to implement, evaluate, and teach practice transformation and population health in fellows and faculty who will educate future primary care providers through completion of a two-year Practice Transformation Fellowship that includes the completion of an MPH degree;
- Develop family medicine, general internal medicine, and general pediatrics resident skills in implementation and evaluation of practice transformation and population health through an improved curriculum and enhanced clinical training environment;
- Develop PA skills in implementation and evaluation of practice transformation and population health through an improved curriculum and enhanced clinical training environment; and
- Evaluate quality and cost of care within the clinical training environments used by the interprofessional group of trainees and faculty involved in this program.

EVALUATION OVERVIEW

Evaluator contact information

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EVALUATION OVERVIEW

Continued

- 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.
 - 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
- Relational Coordination Survey
 - 5-point Likert Scale
 - Other Metrics
 - Percentage of fellowship completers that perform a practice transformation or population health project.
 - Percentage of fellowship completers that present findings from a practice transformation or population health project at a national meeting.
 - Percentage of fellowship completers that receive an MPH degree.
 - Percentage of fellowship completers that improve at least one nationally-recognized quality measure within their respective practice.
 - Percentage of fellowship completers that demonstrate knowledge of practice transformation and population health.
 - Percentage of fellowship completers that have an original research paper on practice transformation or population health published in a peer-reviewed journal.
 - Percentage of fellowship completers that practice in medically underserved communities.
 - Percentage of residents that provide care to a diverse, underserved patient population using a team-based approach.
 - Percentage of residents that participate in a practice transformation or population health project within two years of completing the program.
 - Percentage of residents that present findings from a practice transformation project at a local or national meeting within two years of completing the program.
 - Percentage of resident training practices that improve in at least one nationally-recognized quality measure.
 - Percentage of residents that demonstrate knowledge of practice transformation and population health.
 - Percentage of family medicine graduates that work in primary care one year after completing residency.
 - Percentage of general pediatrics graduates that work in primary care one year after completing residency.
 - Percentage of general internal medicine graduates that work in primary care, excluding hospitalists, one year after completing residency.
 - Family medicine, general pediatrics and general internal medicine will include physician assistant students in their practices.
 - Percentage of physician assistant students that demonstrate knowledge of practice transformation and population health.
 - Percentage of physician assistant students involved in team-based care during their clinical rotations.
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EVALUATION OVERVIEW

Continued

Measures and Tools

- Percentage of physician assistant students that work in primary care one year after completing the physician assistant studies degree.
 - Nationally-recognized quality measures will be assessed in all clinical training sites involved in this program.
 - Improve practice-level measures for at least five nationally-recognized quality measures over a 5 year period for select clinical training sites.
 - Patient satisfaction measures for clinical training sites involved in practice transformation initiatives.
 - Percentage of clinical training sites that complete at least one practice transformation project that involves evaluation of cost.
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ABSTRACT

As submitted with proposal

The purpose of this program is to enhance training in practice transformation and population health for an **interprofessional group of trainees** (PAS students and primary care residents) and their teachers (faculty and fellows). This **collaborative proposal** has four primary objectives:

- (1) Develop skills necessary to implement, evaluate and teach practice transformation and population health in fellows and faculty who will educate future primary care providers through completion of a two-year Practice Transformation Fellowship that includes the completion of an MPH degree;
- (2) Develop family medicine, general internal medicine, and general pediatrics residents' skills in the implementation and evaluation of practice transformation and population health through an improved curriculum and enhanced clinical training environment;
- (3) Develop physician assistants' skills in the implementation and evaluation of practice transformation and population health through an improved curriculum and enhanced clinical training environment;
- (4) Evaluate quality and cost of care within the clinical training environments used by the interprofessional group of trainees and faculty involved in this program.

This proposal is in response to the **funding preference** as described in the **Medically Underserved Communities "High Rate"** preference, since 100% of the fellowship completers are practicing in MUCs. Additionally, although the lead applicant, the Family Medicine Academic Generalist Fellowship, is a long established program, this funding application involves the participation of a new program. A **new, rural Family Medicine residency program** at Tidelands Hospital will launch and start participating in this program beginning in 2017. The project will be led by experienced generalist educators in primary care medical specialties along with participating faculty from the PAS program and the Department of Public Health Sciences (DPHS). The proposal builds upon the strengths of an existing academic generalist fellowship, and the rapid growth of faculty in the newly established DPHS (founded January 2013) presents an exciting new opportunity for research mentors and degree options for our trainees. A new collaboration with the PAS program at MUSC, along with the fact that all 3 primary residency training sites are now NCQA-recognized PCMH sites (all Level 3), enables our resident and PAS student trainees to truly focus on team-based care that can lead to practice transformation. Finally, the collaboration with the Care Coordination Institute, along with the quality metrics they measure and report for trainee and community practices, will ensure our trainees gain skills in leveraging technology to manage populations of patients rather than focusing on caring just for the patients they see. Our trainees will gain skills through our proposed program that will allow them to be active leaders and participants in transforming the US healthcare system.