

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Meharry Medical College

Organization	Meharry Medical College Department or Division: School of Medicine
Principal Investigator	Patricia Matthews-Juarez, Ph.D. pmatthews-juarez@mmc.edu 615-327-6718
Partners	<ul style="list-style-type: none">• School of Dentistry• School of Graduate Studies and Research

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted	<ul style="list-style-type: none">• Advanced practice students: dentistry• Medical or predoctoral students• Residents: family medicine, medicine, general practice, dentistry
Primary project objectives	<ul style="list-style-type: none">• Develop and establish a patient-centered medical home (PCMH) steering committee in years 1-5 to design and implement a comprehensive PCMH training program for 420 medical students, 200 dental students, and 72 residents (18 family medicine, 45 medicine, 9 general practice);• Design and integrate five components of the PCMH into existing curriculum in years 1-2;• Implement the PCMH module in the medical and dental schools training in years 3-5.

EVALUATION OVERVIEW

Evaluator contact information	Paul Juarez, Ph.D. pjuarez@mmc.edu 615-327-6992
HRSA Priority Outcomes	<ul style="list-style-type: none">• 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.
Measures and Tools	<ul style="list-style-type: none">• The Ambulatory Care Quality Alliance Recommended Starter Set• AHRQ Patient Safety Indicators for Ambulatory Care Sensitive Conditions• Time until patient assigned to health care provider.• Number of patients per provider.



EVALUATION OVERVIEW

Continued

Measures and Tools

- Number of patients and their family members assigned to the same team or health care provider with expertise in disease management, behavior change, and nutritional counseling.
 - Numbers and rates of patients who are off target (e.g., obese, hypertensive, hyperlipidemia (LDL) or in poor glycemic control as per evidence-based definitions).
 - Monitoring and follow-up will be assessed and compared to desired benchmarks (e.g., those for LDL, BMI, BP and HBA1c).
 - 1-year post-graduate follow-up survey.
 - Number of new urban and rural primary care clinical sites that agree to accept trainees, as measured by signed memoranda of understanding.
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ABSTRACT

As submitted with proposal

Recent studies have shown that medical students are familiar with a few concepts of the Patient Centered Medical Home (PCMH) model. However, many academic health science centers do not provide the framework for understanding how those concepts fit into the overarching PCMH model. A survey conducted among family medicine departments in 2011 by the Association of Departments of Family Medicine examined how PCMH was taught to medical students and residents. The study revealed 41% of departments implemented a specific PCMH curriculum for medical students and 65% had developed a PCMH curriculum for residents. The curricular components that are often taught include utilization of Electronic Health Records, defining and implementing appropriate access, e prescribing, implementation of group visits, care management programs, utilization of chronic disease registries, rapid cycle quality improvement methods, email/other asynchronous communication, and referral tracking. To date, there is no national standard for curricular implementation of PCMH for medical students and residents. It has been suggested that PCMH education be linked to clinical experience already familiar to students to build on their current knowledge. Inclusion of PCMH concepts into medical student and resident education is essential in preparing future physicians for work in transformed practice settings with a focus of providing high quality, coordinated, patient-centered care. This project addresses this gap by developing the infrastructure for training all students and residents in the primary care departments in medicine, the general dentistry students and residents across both schools. **Goals** are 1: Create the infrastructure for transforming the existing curriculum in the School of Medicine (SOM) and the School of Dentistry (SOD) by integrating the PCMH model as a module to expand and enhance the PCMH training; 2) Integrate the PCMH model in the training of residents and students by using an interprofessional curriculum; and 3: Implement the PCMH model across all schools at Meharry. **Objectives** are: 1) Develop and establish a PCMH Steering Committee in Years 1-5 to design and implement a comprehensive PCMH training program for 420 medical students, 200 dental students and 72 residents (18 family medicine/45 medicine/9 general practice); 2) Design and integrate 5 components of the PCMH into existing curriculum in Years 1-2; and 3) Implement the PCMH module in the medical and dental schools training in Years 3-5 for 420 medical students, 200 dental students and 72 residents (18 family medicine and 45 medicine and 9 general practice residents). **Methodology:** Using a collaborative/inter-professional approach, the project will establish a steering committee and a curriculum transformation committee to guide the implementation of the PCMH module. The committee will meet regularly to build the transformation infrastructure necessary to integrate this new module into the existing curriculum in both the school of medicine and dentistry. This will foster and support the PCMH model integration that will improve health care quality and population health over time. Trainees will be exposed to access and continuity of care; team-based care and care coordination; care management using evidence-based practice; patient self-care support and community resources; population health management; continuous quality improvement; and electronic medical record data management/informatics with clinical metrics and measures of chronic disease management. **Evaluation:** Qualitative and quantitative evaluations will be conducted monthly, quarterly, and annually and will assess all components of the PCMH project including trainees, faculty, staff and trainees, curriculum, and agency affiliations by performance indicators and outcomes as defined by the program from the outset. Expected Outcome: Students and residents will use the PCMH model in their practice as a matter of routine. A preference is requested for high rate/placing of graduates in Medically Underserved Communities (MUC).