

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: University of Kentucky

Organization	University of Kentucky Department or Division: College of Medicine
Principal Investigator	William Elder, Ph.D. welder@uky.edu 859-257-9569
Partners	College of Nursing

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Faculty: physicians, nursing, social work
- Residents: family medicine
- Medical or predoctoral students
- Advanced practice students: nurse practitioner
- Other health professions students

Primary project objectives

- Incorporate new content on health disparities, team-based care, and population health analytics methodologies into our existing Quality Health Care Curriculum;
- Embed doctor of nursing practice (DNP) training into a collaborative practice model so that DNP trainees can practice at the top of their license;
- Improve quadruple aims outcomes for health disparity populations.

EVALUATION OVERVIEW

Evaluator contact information

David Sacks, Ph.D.
david.sacks@uky.edu
859-323-6711

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.



EVALUATION OVERVIEW

Continued

Measures and Tools

- Assessing Team Attitudes & Functions Survey
 - Attitudes Toward Caring for the Underserved Survey – brief version
 - Percentage of patients for which provider received information from community referral sources.
 - Percentage of patients who receive evidence based and recommended assessments.
 - Percentage of provider-patient discussion about quality of life and health determinants.
 - Percentage of patients who participate in an intentional provider-patient discussion including patient's goals (e.g., shared decision making or brief motivational interventions).
 - Population health outcomes in the form of CQS Dashboard changes.
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ABSTRACT

As submitted with proposal

This application is in response to the Primary Care Training and Enhancement Program (HRSA-16-042) program to enhance training to produce primary care providers to practice in and lead transforming healthcare delivery. As recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry, trainees will learn to address health disparities through clinic and population based analysis and to apply transformational methodologies to improve clinical services accordingly. We will focus on the quadruple aims of enhancing patient experience, improving population health, reducing costs, and improving the work life of health care providers, including staff. This collaborative project with the UK College of Nursing will train medical students, family medicine residents, Doctor of Nursing Practice (DNP) and other health professions students, and will prepare faculty to teach these learners. Training will prepare trainees for care for underserved populations in urban and rural areas in Lexington and Hazard.

Kentucky faces the double burden of some of the nation's worst health (47th in overall health status) concurrent with poor health care access. The eastern region of Kentucky known as Appalachia is even more health-challenged. It is plagued with high levels of poverty (25.2% for 2009-13, compared with 15.4% for the U.S.) and dramatic health disparities. This marked geographic variation appears to a large degree to be socially determined, creating a tremendous need for regionally sensitive training and intervention.

Objectives are: 1) Incorporate new content on health disparities, team-based care, and population health analytics methodologies into our existing Quality Health Care Curriculum. 2) Embed Doctor of Nursing Practice (DNP) training into a collaborative practice model in our DFCM Family Practice Clinics, to facilitate inclusion of the DNP trainees in practice at the top of their license. 3) All trainees will collaborate to apply newly acquired knowledge about transformative care through existing quality improvement and patient centered medical home (PCMH) processes for health disparity populations. 4) Create and evaluate an innovative residency training selective on transgender health (TransTrack) for FM residents, 5) evaluate new medical student curricular elements including piloting a Transformation of Care Curriculum (TCC) for 10 first-year medical students that is centered around a clinically-based, interprofessional experience, then continues a population health focus across the next three years.