

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: University of South Alabama

Organization	University of South Alabama Department or Division: Department of Family Medicine
Principal Investigator	Allen Perkins, M.D., M.P.H. perkins@health.southalabama.edu 251-434-3482
Partners	University of South Alabama College of Medicine (students in years 1–4) University of South Alabama Counselor Education (pre-professional) Auburn School of Pharmacy (postdoctoral) University of South Alabama Family Medicine Residency Program (residency training)

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Advanced degree students: mental health, pharmacy
- Medical or predoctoral students
- Residents
- Faculty: family medicine, pharmacy
- Practicing physician

Primary project objectives

- Incorporate oversight that includes patients in practice governance to guide process, patient centeredness, and informed decision making for process of care.
- Combine electronic and personnel-driven assignments to improve health and well-being of all patients, with added attention to the 10% of patients characterized as complex.
- Determine optimal panel size for providers at each level of training and establish non-Relative Value Unit (RVU) based benchmarks for performance for physicians including physicians in training.
- Provide instruction for medical students in complex patient care using system-wide data.
- Encourage interactions between students and community faculty who are interested in care of the complex patient in a primary care environment.
- Develop, implement, and evaluate a track for students who are interested in leading a complex care team.
- Develop and implement instructional materials to train multi-disciplinary faculty in inter-professional care delivery.
- Implement inter-professional training in patient engagement and self-management skills-building at the family medicine center.
- Develop, implement, and evaluate fellowship for pharmacists and family physicians who are interested in developing and teaching in a population-focused manner.



EVALUATION OVERVIEW

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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.

Measures and Tools

- Questionnaires collected at 2-year intervals post-program completion to assess employment, engagement in complex patient care, and work with underserved communities.
- Optimal panel size (assessed via provider and patient questionnaires).
- Student proficiency in care of complex patients (assessed via student observation).
- Number of patients screened for substance abuse.
- Care delivered by graduates and learners as measured by well-being and other markers.
- Health care costs measured by unnecessary admissions and ED visits.

ABSTRACT

As submitted with proposal

Purpose of the project

The Residency Program at the University of South Alabama has a long history of preparing Family Medicine residents to be leaders in the provision of primary care to underserved populations along the Gulf Coast. We intend to improve the experience of our learners, provide value-added care for our underserved population, and increase the likelihood that upon graduation learners exposed to our programs will provide care to an underserved population.

PURPOSE: To improve the health of the population cared for in the USA Family Medicine Center and by extension the region through the incorporation of the enhanced use of data, population metrics, mental health access, and team based care into the family medicine, mental health and pharmacy training environment.

Goals:

- 1) Identify and engage high risk patients in their own healthcare leading to improvement in health status, reduction in health care costs, and improved provider wellbeing.
- 2) Develop, implement, and evaluate a four-year curriculum designed to provide medical students with specific skills in caring for the complex patient in a population focused manner in an underserved environment.
- 3) Build a sustainable program to train family medicine residents, mental health students, and doctor of pharmacy students to lead in an inter-professional patient centered medical home and neighborhood based environment characterized by exceptional quality and safety.

ABSTRACT

Continued

Scope of Work: We will accomplish these goals by developing an oversight panel that includes consumers to facilitate prioritization of tasks. We will risk stratify patients of the practice and target those identified as “at risk.” Optimize work flow to focus on value added care. We will develop instructional materials for learners on the health of the population being served. We will work to nurture interest in students and community faculty interested in providing care for complex patients. We will develop leadership training for students interested in providing care for complex patients. We will develop instructional materials in interprofessional care delivery, patient engagement, and self-management. Utilizing the assimilated workforce we will reduce readmissions and improve transitions for “at risk” patients. We will develop post-doctoral leadership training in population medicine.

Outcomes: 42 residents and up to 80 medical students learners trained to care for complex patients using a multidisciplinary team approach, 20 pre-professional mental health students trained in a multidisciplinary environment, 6 pharmacy and family medicine faculty trained, 10,000 underserved patients receive improved care and report improved wellbeing.