

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Wright Center for Graduate Medical Education

Organization	Wright Center for Graduate Medical Education
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Partners	A.T. Still University's School of Osteopathic Medicine in Arizona

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Medical or predoctoral students
- Residents: family medicine, internal medicine
- Faculty: family medicine, internal medicine
- Advanced practice students: nurse practitioner, pharmacy
- Practicing ambulatory nurses
- Practicing pharmacists
- Other: PCMH/CHC care teams

Primary project objectives

- Prepare patient-centered medical home (PCMH) champions for CHC care team development.
- Implement CHC-based model for health care delivery science training.
- Determine feasibility of extending NFMR to other CHC sites.
- Evaluate/disseminate outcomes.

EVALUATION OVERVIEW

Evaluator contact information

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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 graduates/program completers.
- Quality of care provided by graduates/program completers.
- 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.



EVALUATION OVERVIEW

Continued

Measures and Tools

- Pre-/post-PCMH clinician assessment (35-question, 5-point Likert scale self-report, focusing on 9 knowledge, skill, attitude, and behavior domains- KSABs)
 - COPC project evaluation
 - Surveys on primary care residency intentions/match and practice placement rates
 - Surveys on practice rates/intentions in underserved areas
 - Patient surveys on experiences with PLP and HDS trainees in CHC sites
 - QI metrics for care provided by PLP and HDS trainees in CHC sites
 - Trainee observations and exams/quizzes
 - Virtual care coordination lab scores (digital footprints)
 - PEC assessments aligned with the curriculum to measure associated KSABs
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ABSTRACT

As submitted with proposal

The proposal aims to enhance primary care (PC) workforce education by motivating and better preparing increased numbers of trainees toward satisfying careers in the provision of high-quality, team-based care for the nation's underserved. Wright Center for Graduate Medical Education (WCGME), in partnership with A.T. Still University's School of Osteopathic Medicine in Arizona (ATSU-SOMA), will augment training across the primary care continuum by integrating authentic, team-based, patient-centered health professions education within nationally distributed CHC training sites (i.e., El Rio in AZ, HealthPoint in WA, HealthSource in OH, and Unity in Washington, DC) seeking to ultimately improve access to quality healthcare for highly vulnerable and underserved populations. WCGME operates the highly innovative National Family Medicine Residency, which is part of HRSA's Teaching Health Centers for Graduate Medical Education initiative. WCGME's public service mission is to continuously improve education and patient care in a collaborative spirit to enhance outcomes, access, and affordability. Via this project, WCGME and ATSU-SOMA seek to create enhanced primary care didactics, contextual clinical learning activities/assessments, and leadership tracks to prepare trainees for practice in changing health care systems.

Needs to be addressed: Access to primary care in medically underserved areas is a persistent challenge. The changing nature of healthcare delivery has transformed the PC physician from an independent contractor to a team leader, who must embrace and lead with collaborative skills in care coordination and fellow practitioner skill support (assisting clinicians to practice at the top of license), working toward achievement of the Quadruple Aim. Care team members must evolve to work together in a new system with new metrics, payment models, and expectations; however, the medical education paradigm has not kept pace with these increasing expectations. The proposed project will fill this critical training gap, offering strategies that are executable as stand-alone scalable and sustainable development opportunities regardless of discipline or experience level.

Approach/Resources: As designed, the project prioritizes innovative educational approaches for an evolving health care workforce, strategic partnerships, diversity, and IPE education. An experienced team of innovators in medical education will lead the project. Ambulatory training sites operated by the 4 CHC partners will provide additional capacity.

Population groups to be served: Targeted populations are thousands of medically underserved and vulnerable patients who are cared for by WCGME and ATSU-SOMA graduates. Patient panels to benefit most are those newly insured and those with health disparities, chronic disease management challenges, and lack of patient engagement and/or health literacy.