Innovations in Family Medicine Education: Early Learnings from the P^4 Initiative

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In Behalf of 14 Innovating FM Residencies
May 17, 2011
Overview

• What is P⁴ and why does it exist?
• Major Themes being tested
• Early Learnings from the Initiative
• Where’s P⁴ going?
What is P⁴?

• A 5-year comparative case study of 14 diverse family medicine residencies testing their ideas about how to best prepare **Personal Physicians** for the **Patient Centered Medical Home**

• The central task of P⁴ is **Evaluation**.

• The crucial deliverable is exportable knowledge to **invigorate widespread change** in all family medicine residencies.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Innovation</th>
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<tr>
<td>Lehigh Valley</td>
<td>Move residents and continuity populations into active community practices. No more Family Medicine Center.</td>
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<tr>
<td>Tufts University</td>
<td>Competency-based, longitudinal curriculum with information mastery and organizational effectiveness training.</td>
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<td>Middlesex Hospital</td>
<td>Four-year curriculum with emphasis on prevention and chronic disease management.</td>
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<tr>
<td>Baylor University</td>
<td>Four-year curriculum with MPH and 4th year emphasis on either international health or inpatient and maternity care.</td>
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<td>West Virginia University Rural</td>
<td>MS-4 Rural Scholars Program with early start of R-1 role and longitudinal curriculum in chronic disease management.</td>
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<td>Christiana Care</td>
<td>Residents will be teamed with faculty “mentors” in an ambulatory focused curriculum with areas of emphasis.</td>
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<td>University of Rochester</td>
<td>“Ideal Micro Practice” within the FMC. Faculty partnering with residents to provide New Model in a focused experiment.</td>
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<td>Waukesha FMR</td>
<td>“Majors and Masteries” model of 4-year curriculum with areas of emphasis.</td>
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<td>Cedar Rapids</td>
<td>Non-rotational format for R-2 and R-3 years with more time in continuity of care setting.</td>
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<td>University of Missouri</td>
<td>Four-year curriculum beginning with MS-4 year of medical school for a select population of learners.</td>
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<td>Loma Linda University</td>
<td>Four-year curriculum with integrated MPH and emphasis on care of the under-served.</td>
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<td>John Peter Smith</td>
<td>Four-year curriculum with integrated fellowship training.</td>
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<td>University of Colorado</td>
<td>Curriculum extends back into MS-4 year, and continuity of care for only R-2 and R-3 years.</td>
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<td>Hendersonville</td>
<td>FMC replaced with a network of rural family medicine practices.</td>
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Why These Programs?

- RWJF-style, 2 stage application, invited of any FM residency—84 proposals—44 chosen for second stage.
- NIH-style review of 40 detailed proposals.
- 14 Top scored programs invited (no grant award!) to proceed in collaboration with each other. (FM RRC informed)
- ABFM affirmed residents eligible for Board IF program participates fully in evaluation.
- 14 of 14 Signed Up.
Current Categories of Innovations in P^4 Programs

- Individualized Curriculum
- Longitudinal Curriculum
- 4 year Curriculum
- Use of Educational Learner Portfolios in Competency Assessments
- Team-based Care & Training in Teams
- PCMH Practice Re-design
- Chronic Disease Management
- Community Practices as Training Sites
- Community/Population Health Focus
- Small Group Learning Labs
- Decreased Inpatient Time & Increased Clinic Time
4 Year Curricular Models

- **Early Commitment**
  - Residency begins with 4th year med school
  - West Virginia, Missouri

- **Optional Mastery Experience**
  - Integrated fellowship, optional degree
  - Waukesha, JPS

- **Optional Integrated Track with Degree**
  - Combined preventive medicine residency with MPH
  - Loma Linda

- **Fully Integrated**
  - Middlesex - Mandatory 4 years with focused tracks
Customized Curriculum Models

- **Defined Tracks**
  - e.g. Maternity Care, Sports Med, Hospitalist, Faculty Development, Geriatrics, Global Health
  - Middlesex, Waukesha, JPS

- **Areas of Concentration**
  - Cedar Rapids, Tufts

- **Flexible, tailored to learner needs**
  - “Intentional Diversification”
  - Christiana, Hendersonville
Incorporate Principles of the PCMH

- Use of *practice learning teams*
- Implementation of *cutting edge technologies* to allow for more customized evaluations, scheduling, feedback and ability to measure patient outcomes
- Develop systems for *Chronic Disease Management and Prevention*
- Focus on the patient’s needs
P⁴ Evaluation Design

- Independent/imbedded Evaluation Team at University of Oregon lead by Dr. Patricia Carney
- Observational case series assessment of the selected residency programs
- NOT designed as an intervention trial
- Each residency program systematically enrolled cohorts of learners who were exposed to curricular content and learning approaches that were innovative
- Quantitative and qualitative methods
Early Learnings

PCMH Practice Re-design

- There is inherent struggle between *innovation* and *standardization* when you have multiple teams within a residency.
- Residents are farther along than faculty in adopting new information technology & the EMR.
- Faculty experience difficulty teaching the features of the PCMH when *the concept is emerging and changing* and they themselves are relative novices in practicing within a medical home.
Early Learnings

PCMH Practice Re-design

- New skills required for the PCMH
  - Working in teams
  - Change Management and Leadership training
  - Managing chronic care
  - Population management
  - Quality Improvement skills

- Getting meaningful data out of the EHR is a universal problem
Early Learnings - General

- Innovation is *attractive* to applicants
- Students *will do* a fourth year
- Residency re-design requires additional financial support
- Value of Collaboration
- Faculty are *ill-prepared*
- Family Medicine is local
  - Must allow for local variation
Faculty Development Needs

- Practice Transformation Skills
- Teaching Skills
- Curriculum Skills
- Research Skills
- Leadership and Change Management
Challenges to Innovation

- Difficult to innovate beyond the box the FM-RC currently builds
- Critical need for new Measurement Tools
- Significant Fiscal and Administrative obstacles
- Faculty may be the most difficult thing to change
Important Issues that need more Exploration

- PCMH – What is it and how does it impact training?
- Competency – How do we measure it?
- Identity – Who are we?
- Teams – Function & Relationships?
- Continuity – What does it mean to be a Personal Physician?
Next Steps

- Continue to follow current P4 Innovators
- Inform FM-RC and ACGME
- Faculty Development Summit
- CAFM Residency Innovation Task Force
- Creation of Primary Care Educational Research Network (PCERN)
How You Can Learn More:

• www.transforMED.com

• David, AK. Preparing the personal physician for practice (P4): Residency training in family medicine for the future. JABFM 2007; 20:332-341

• Leach, DC, Batalden PB. Preparing the personal physician for practice (P4): Redesigning family medicine residencies: New wine, new wineskins, learning, unlearning and a journey to authenticity. JABFM 2007;20:342-347.

• Scherger, JE. Preparing the personal physician for practice (P4): Essential skills for new family physicians and how residency programs may provide them. JABFM 2007;20:348355.

• Whitcomb ME. Preparing the personal physician for practice (P4): Meeting the needs of patients: Redesign of residency training in family medicine. JABFM 2007;20:356-364.


• Watch for presentations and publications for next 2-3 years—and then track PCERN..