The Department of Family & Community Medicine: We are on our way!

Christine Arenson, MD
Interim Chair
January 27, 2016
We Have Liftoff!
The Future Is NOW

- The American health care system has fundamentally changed
- Jefferson is moving faster than ever to define the future and improve the health of Philadelphia
- Jefferson, and the DFCM are doing the hard work to redesign the way we deliver healthcare and education, and how we do research to meet our ultimate goal.....
Optimize the health of our patients, families, and communities
And we are moving forward
Achieving The Triple Aim

- Better Health Care: Every patient will have access to and an exceptional experience of care
- Better Health: measurable impact on the health of individuals, communities, and the nation
- Lower Costs: Lower the cost of care by delivering the right care, at the right time, in the right setting
AT JEFFERSON, HEALTH IS...

Touching the lives of patients in amazing ways. Delighting the healthcare leaders of tomorrow. Relentlessly pursuing what could be.
Jefferson Continues to Undergo an Amazing Transformation and Revitalization.....
“We will reimagine healthcare, health education and discovery to create unparalleled value.”

**Patients and Families First**
Improve the health of our patients, families and community through comprehensive, personalized, cost effective, quality care

**One Jefferson**
Align clinical, educational and research missions to accelerate innovation

**Seamless Clinical Enterprise**
Define the future of medical care

**High-Impact Science**
Develop a research infrastructure and culture that incubates ideas and creates value

**Programs of Global Distinction**
Integrate our tripartite missions to distinguish ourselves in selected areas of focus

**Forward Thinking Education**
Reinvent health sciences education to meet the needs of future delivery models

**Foundational Enablers**
- Partnerships
- Diversity
- Technology
- Philanthropy

**iSCORE --> Innovation, Service Excellence, Collaboration, Ownership, Respect, Empowerment**
Securing Our Financial Foundation
Delaware Valley Accountable Care Organization (DV-ACO)

- Medicare Shared Savings Program
  - Year 3
  - >100,000 lives - one of the largest in the nation
  - DVACO achieved over $14 million in savings in 2014, half of which was distributed across the DVACO in shared savings
- Developing a growing portfolio of commercial ACO contracts
- Employee ACO launched in 2015
JeffCare Alliance - Jefferson’s Clinically Integrated Network

- Jefferson’s owned and affiliated practices - primary and specialty care
- Supports the new Jefferson Health System to achieve the Triple Aim by:
  - improved care coordination
  - Providing data to control costs and close gaps in care
- Initial focus is on supporting our primary care practices (including JFMA and JMC) with expanded resources
  - Nurses to assist with Annual Wellness Visits, patient education, care management
- Central resources to help with PCMH applications, dissemination of best practices for practice transformation
Special Shout-Out to the Jefferson Team Supporting Primary Care

- New partners:
  - Richard Kwei, Senior VP Payer Strategy & Network Performance
  - Therese Narzikul, MSN, MBA, VP for Care Coordination and Practice Transformation
  - Rich Bitting, VP Actuarial Informatics
- And thanks for ongoing support from:
  - Ellen Reuben, COO JeffCare and team at JeffCare Alliance
  - Ben Gerber, VP Population Health and Payment Innovation
- And many others
Partnering with JUP and General Internal Medicine

• Together we have created the Jefferson Advanced Primary Care Model that defines what the Jefferson primary care practice of the (NEAR) future must look like in order to deliver high quality, cost efficient, high value care
• Support hard-wired into our budget
• A down payment to support Our Ultimate Goal - then DFCM, Jefferson, and most importantly, the patients, families, and communities we serve ALL WIN!
Epic@Jeff

• Not just an IT project - we are using the Epic implementation as an opportunity to review and redesign our workflows from the bottom up

• THANKS for tremendous engagement from across DFCM - CRITICAL voice of primary care will inform every aspect of our new EHR, AND will improve our daily work and our patients’ care

• Wave 1 Go Live Monday November 28th
• Soft Go Live Saturday November 26th at JFMA
Progress on Leadership Development
Our Impact on Populations and Disparities
How do we ensure the Department delivers highest impact on health and reducing disparities for the populations we serve?

Our Infrastructure and Human Capital
What culture, skills, training, facilities, and technology does the Department require to serve our customers and constituencies?

Our Programs and Services
How should our programs and services be organized, prioritized, and implemented?

Our Financial Foundation
How will the Department resource its mission and vision now and in the future?

Optimize the health of all of our patients, families, and communities

engage, activate, and energize patients and families
embrace patient – family – and community centeredness
overcome barriers to eliminate health disparities
enhance relationships with partners serving vulnerable populations
educate the next generation of interprofessional healthcare professionals

provide safe, appropriate, and effective services
become the regional destination for transformational primary care

grow research programs
redesign practice care delivery model
transform education of healthcare teams

design and maintain efficient and flexible practice facilities

become regionally recognized as a "destination" employer

implement nimble and accountable administrative infrastructure
maximize faculty/staff fulfillment, satisfaction, and compensation
recruit and retain driven, talented faculty and staff

create a secure, stable, and flexible financial foundation to support our mission

prioritize external funding opportunities
obtain competitive federal grants
develop enhanced philanthropic support
maximize practice revenues

generate and disseminate new knowledge that improves patient care and community health

design and maintain efficient and flexible practice facilities

design and maintain internal and external communications

provide institutional and regional leadership in transitioning to a new health care delivery model

Implement nimble and accountable administrative infrastructure

Develop outstanding internal and external communications

Generate and disseminate new knowledge that improves patient care and community health

Maximize faculty/staff fulfillment, satisfaction, and compensation

Recruit and retain driven, talented faculty and staff

Prioritize external funding opportunities

Develop enhanced philanthropic support

Maximize Practice Revenues

Promote a culture of inquiry, reflection, evaluation and learning

Engage, activate, and energize patients and families

Obtain competitive federal grants

Maximize faculty/staff fulfillment, satisfaction, and compensation

Recruit and retain driven, talented faculty and staff

Prioritize external funding opportunities

Maximize Practice Revenues

Generate and disseminate new knowledge that improves patient care and community health

Maximize practice revenues
Our Newest Stars: Faculty

Andrew Dayneka, MD

Parham Khalili, MD

Josh Okon, MD

Marshal Miller, MD

Marie Kairys, MD
Our Newest Stars: Patient Registrars

Kimberly Merelan

Michelle Mattioli

Hanna Esposito

Lucille Jones
Our Newest Stars: Team Medical Associates (formerly known as Medical Assistants)

Jasmine Reyes
Ashley Lane
Debra O’Neill
Grace Mercado
Amanda Stevens
Claresa Ekiz
Nelcita Palmer
Our Newest Stars: Nursing

Helen Burke, RN
Our Newest Stars: Research

Alexis Silverio, Clinical Research Specialist
Jefferson Leadership Academy

- Marc Altshuler, MD, Associate Professor, Associate Residency Director, was selected as a member of the second class of the Jefferson Leadership Academy.
- His leadership project: Care of the Underserved in South Philadelphia.
Macy Faculty Scholar

• Lauren Collins, MD, Associate Professor and Associate Director, Jefferson Center for InterProfessional Education

• Very competitive national competition for faculty to build interprofessional education

• Her project: creating a VERTICAL IPE curriculum across Jefferson
American Geriatric Society Tideswell Leadership Program

- Brooke Salzman, MD - Associate Professor, Geriatric Fellowship Director, and Medical Director, Jefferson Geriatrics
- Competitive national program
- Project focus is improving the Jefferson Geriatrics outpatient practice
AAMC Diversity Leadership

- Traci Trice, Instructor and Assistant Dean for Diversity
- Year-long faculty development to enhance diversity efforts in medical schools
STFM Medical Student Education Faculty Development

- Marisyl de la Cruz, MD, Assistant Professor and Assistant Clerkship Director Gaining skills in curriculum development, education, and evaluation
Leadership Development

- Q-TIPS
- TeamSTEPPS
- Patient and Family Advisory Council
- Practice Workgroups

Each of these important activities has been successful because teams of individuals representing every aspect of our department have come together and demonstrated leadership in planning and implementing new strategies to achieve our Ultimate Goal.
Progress on New Models of Care
Our Impact on Populations and Disparities
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Organization and Delivery of Our Programs and Services
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Patient Relations Representative
Quality Improvement: Progress in 2015

- Scales in each room
- New stethoscopes for MAs
- Manual BPs by MAs
- Falls risk screening by MAs
- Depression screening by MAs
- Floor nurse on Team 3
- Medicare Care coordinator
- Improved Care coordinator/physician communication
- Rise in post hospital discharge follow-up appointment
Quality Improvement: Plans for 2016

• Floor nurse for all teams
• Fill our full complement of MAs for “one-on-one” work
• Comprehensive chart prepping by the MAs
• Formalized MA training/ orientation/ refresher program within Family Medicine
• A better, more efficient registration process
• Referral desk open on evenings and Saturdays
• Care coordinators to cover other insurances
CCI2

- Not only did SEPA1 CCI2 transform how we think about Primary Care Delivery
  - We improved quality and decreased costs
- And achieved $200,000 in shared savings for 2014!
The Mission of Jefferson’s Department of Family & Community Medicine’s PFAC is to ensure that the point of view, perspective, and experiences of our patients and their families are not only heard, but integrated into quality improvements to ensure high-quality, patient-centered care.
PFAC Accomplishments

- Patient Greeter
- Volunteer Greeters
- New Brochure
- New signage at registration stations
- Looking at new patient informatics
- Patient Appreciation Week in May
- Suggestion box: “How are we doing?”
  - *Let’s take a look.....*
How Are We Doing?

Patient Feedback

+81

-9
Terrific !!

- Very, very, very good job.
- You guys are awesome.
- You’re doing great!
- Great-you guys rock.
- Love you guys-great <3
- Just wonderful.
- Awesome Sauce!
- Wow-staff is great.
- Super
- Great service with a smile.
- Excellent!

“Been with JFMA for over 10 years. The services are great. Doctors and staff are so friendly. Great job Jefferson.”

“Jeff staff-wonderful job. Always greet me with a smile. Excellent care! The doctor is great!”

“Great Jeff Family Med-fast, professional awesome staff”

“I love this office-been having the same doctor for the past 15 years-Love him.”
Fantastic !!

• I love my doctor-Jefferson is the best.
• Registration folks are awesome.
• They turned my bad mood into a good one.
• I Love Jefferson Hospital-you guys are great.
• Awesome! 😊
• Keep up the great work.
• 10
• I love coming in for my appointment and not having to wait to see my PCP.

“I love how helpful and patient the front desk and registration staff are. It makes a world of difference, especially when someone isn’t feeling well.”

“I encountered wonderful registration. She was patient and helpful. Treated me like a human being and not a number. She had empathy towards my illness and gave me encouragement.”

“Most excellent service, friendly, courteous, kind and respectful people.”
Opportunities for Improvement!!

- 15 minutes late, you can’t be seen.
- Need to have call ahead pick ups ready.
- Had to wait 20 minutes to see a doctor.
- Smile more.

“My Doctor visit was good but the bathrooms are the pits-need to be cleaned more.”

“You guys are great-just need to fix your automated systems-it hangs up on me all the time.”

“When the doctor is here but schedule is not open for the next week and you are trying to get an appointment for next week.”
Teamlets

Partnering one-on-one Medical Assistant and physician or NP
Annual Wellness Visits

- We have completed 211 annual wellness visits fiscal ytd
- Continuous quality improvement - working on new models
- Not just for Medicare anymore
  - Cigna Health
  - Aetna
TeamSTEPPS

- Liz Speakman, Laurie Collins, Alan Forstater, Michele Zawora, Brooke Salzman, Janis Bonat, Others
- 80 JFMA team members trained with 2 more training sessions in Spring 2016
- NEXT STEPS: Make sure we use the tools and skills from TeamSTEPPS every day
Telehealth

• Hospital Rounds
• Home visits
• JFMA

Thanks to Vibin Roy, Dawn Mautner & Tony Amoroso for creating the DFCM Telehealth Workflow - We Are Ready to Roll!
NCQA PCMH Certification

• JFMA was the 1\textsuperscript{st} Jefferson practice to achieve level 3 recognition by 2014 criteria
• Jefferson Geriatrics Jefferson’s 2\textsuperscript{nd} practice to achieve!
Jefferson Geriatrics

• Opening of Jefferson Geriatrics practice - January 4th was our opening day! 834 Walnut Street, Suite 110. 215-955-6664
• Thanks to all for accommodating them at JFMA and to those who made the move a success! ...especially Sue Parks, Brooke Salzman and Tony Amoroso
Jefferson Geriatrics
Palliative Care

• Growth of in-patient consult service on pace for highest # consults this year. Had highest monthly total of 94 consults in December 2015!

• Collaboration in out-patient palliative care with Medical Oncology in Kimmel Cancer Center.
The Palliative Care Program was re-certified by the Joint Commission for 2 years at our site visit on 1/20/16. There were no deficiencies. This was a huge amount of work by the entire team!!! Great job!!
Jefferson Geriatrics

Plans for 2016

• Expansion of palliative care and geriatrics across the continuum of care.
• Jefferson Geriatrics: Expand services, grow practice - to increase awareness about geriatrics, we are having a photography contest for all staff/employees at Jefferson. Photos should "celebrate aging" and top photos will be selected and will decorate the new office.
• Institute for Healthy Aging and Supportive Care
But....

• .....the more things change, the more some things MUST stay the same.
Caring relationships:
One patient, one family, one clinician at a time
Progress in Community Medicine and Community Health
Our Impact on Populations and Disparities
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Steven Klein Wellness Center
Community Medicine - 2015

• Opening of Steven Klein Wellness Center
• On-going Community Health Implementation Plan accomplishments
• College Within the College - Population Health - 5th Cohort - 240 students to date
• SAMHSA - 3 year training grant - Screening, Brief Intervention and Referral to Treatment - Medical, Pharmacy and PA students
• 100 SKMC students taking 4th year electives
• Pathways/Columbia - RO1 collaboration
Plans for 2016

- Achieve funding for Clinic in South Philadelphia - proposal submitted to State - partnership with Unity Clinic - targeting refugees and immigrants
- Integrating *Population Health* into Enterprise strategy, beyond *panel health*
- Open panels for Medicaid Insurers
- Integration and expansion of Global Health Program
- Exploring a partnership between Jefferson and Philadelphia WIC program
Planning Process for The Institute for Healthy Aging and Supportive Care

• Bringing Geriatric Medicine and Palliative Care together to provide Patient and Family-Centered Care:
  • *Provide coordinated care across the continuum for older patients and those with serious illness*
  • *Change culture around communication and establishing goals of care with our patients and their families*
• Working groups are forming this Spring to galvanize support, establish steering committee meeting, develop charter/mission/core values/milestones and business plan.
Progress in Education
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Residency Program

• Underserved track at Steven Klein Wellness Center up and running
• Kendig Clinic - embedded HIV care and training
• #15 in the USA!
• Hwang - geri fellow here
• Levy- sports med fellow at UCSD
• Soper- Community health centers- NHSC Ohio/PA
• Bass- FQHC Enid Oklahoma and Women's Health Center Western Oklahoma
• Babies due to Johnny Stoeckle and Jenny LaPorta
• Outstanding interview season with record interest and applications to our program from 50 different medical schools across the country
Residency Program

In year 5/5 of our HRSA RTG to eliminate health disparities and create a diverse workforce

In these 5 years We have:

• Created a longitudinal curriculum at Puentes de Salud for residents interested in working with Spanish speaking residents
• Developed an underserved care track at the SKWC FQHC where PG2 & 3s have a continuity panel they follow
• Expanded our center for refugee health to provide population health based care including home visits and targeted mental health services
• Recruited and retained an incredibly talented group of diverse residents
Sports Medicine Fellowship

Accomplishments

• Expansion of program with first new sports hire since 2010 - Dr. Josh Okon
• Co-sponsoring first educational event with cardiology on 1/28 - "The Student Athlete: Getting to the Heart of the Matter"
• Officially contracted with Phillies and PA Ballet
• Successful match Dr. Hannah Leahy and Dr. Adam Cooper
• Expansion of our not-for-profit work with the Athlete Health Organization - partnering with the city of Philadelphia
• Continue to build and serve our underserved student athletes in our region
Sports Medicine Fellowship

Plans for 2016

• Additional expansion
• Co-hiring research assistant with Rothman and Athlete’s Health Organization
• Expanded ultrasound services.
Geriatric Fellowship

• Geriatric Fellowship: while >80% programs don't fill, we filled 4 spots again with amazing fellows, Patrick Doggett, Dae Jeong, Kathryn McGrath and Adam Perry

• Our fellows for 2017: Christopher Hwang - Jefferson Family Medicine, Christina Talerico - Crozer Family Medicine, Lilia Lakhtman - Jefferson Internal Medicine, Michael Liquori - Jefferson Internal Medicine
SKMC LCME Site Visit

- March 2015
- SKMC received a full 8 year accreditation
- Some issues to address:
  - Expand active learning
  - How we interview MD-PHD and some other “special” groups of applicants
Medical Student Education: 2016

By the Numbers

• 26 students matching in Family Medicine in 2015
• 10 new UUP students:
• 8 new PSAP students:
• 12 4th year courses in Fam med in 15-16 academic year taken by students:
• 276 3rd year clerkship students took Fam Med clerkship:
  • 117 at JFMA
  • 159 at one of our 9 affiliate sites
Interprofessional Education at JFMA

• Nurse practitioner students
• Pharmacy students
• MPH students
• **NEW as of September: Physician Assistant students**
Jefferson Interprofessional Student Hotspotting

- Sponsored by the AAMC, Camden Coalition and Primary Care Progress
- Jefferson was 1 of 10 teams selected across the country in 2014, and 1 of 20 teams selected in 2015, to help identify, support, and manage high-utilizing patients
- Current team, made up of 2 medical students (going into Family Medicine), 1 pharmacy student, 1 OT student, 1 nursing student, 1 social work student, and 1 MPH student
- Faculty included Brooke Salzman, MD, Maria Hervada-Page, SW, and Karen Alexander, Nursing
- Dawn Mautner, MD helped with national program evaluation
Speaking of those PA students...

- Our own Michele Zawora, MD, is a star educator in the Jefferson School of Population Health and is now the Chair of the Department of Physician Assistant Studies.
- She has successfully led the program through provisional accreditation and is recruiting her 3rd class of outstanding students!
Medical Student Education: 2016

Personnel
• **NEW** Assistant Clerkship Director Maria Syl delaCruz...

SKMC
• Medical College curriculum transformation project: new curriculum is called Jeff MD. Will begin in August 2017. Chris Jerpbak is on the Jeff MD steering committee, which is guiding this process.

Presentations
• STFM Conference on Medical Student Education
Medical Student Education: PSAP

- 2015 had 9 entering first year PSAP students
- Of 2015 PSAP graduates, 5/10 (50%) matched in Family Medicine
- So far for entering class of 2016 we have admitted 11 new PSAPs to date
Jefferson is embarking on a **medical school curriculum transformation project**. The new curriculum is entitled the Second Century Curriculum (SCC) and is scheduled to begin in 2016. Jim Plumb and Chris Jerpbak are leading 2 of the 7 Design Groups (Learning Communities and Logistics).

- The **Learning Communities** (Affinity Groups) would build on the College Within the College and Learning Societies and deliver longitudinal content, reinforce learning and provide additional/augmented clinical exposure.
- Create innovative learning opportunities for medical students and other learners in our ambulatory practices which support and teach PCMH.
- Build strong relationships with our new academic affiliates: Abington, AtlanticHealth, Aria.
Proportional representation of foundational science, clinical medicine, scholarly inquiry, and professional development over time

Phase 1

- Fundamental Science in Clinical Context

Phase 2

- Advanced Science in Clinical Context
  - Clinical Core
  - Longitudinal Integrated Curriculum
  - Career relevant Clinical Core

Phase 3

- Professional Persona/Scientific Inquiry
  - Career relevant activities
  - Traditional
  - Longitudinal Integrated Curriculum

Generalist Core

Career Core
Progress in Scholarship and Research
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Clinical Trials 2015-2016

- **Pneumococcal Vaccine in Infants:**
  - JFMA enrolled 5 (1 scheduled); Nemours has enrolled 2 (2 scheduled)
  - Nationally 62/250 infants have been enrolled as of January 20, 2016.
  - *JFMA: first site to enroll an infant in the large cohort in 2016!*

- **Zoster Vaccine in Adults 65+:**
  - JFMA enrolled 23 subjects
  - *Enrollment (800 subjects) closed after only 2 weeks!*

- **MCI/Early AD study in Adults 55-79:**
  - JFMA has not enrolled any subjects
  - We are pre-screening subjects and scheduling screening appointments
  - JFMA/Geriatrics goal: 12 subjects

- **Paragon-HF study in patients with CHF pEF**
  - JFMA has enrolled 1 patient
  - Open to enrollment

- **HPV 9-valent study in young girls**
  - In 7.5 year extension

Clinical Trials - Accomplishments

Growth:
- Five active studies
- Nine faculty serving as PIs or Co-Is on various studies
- Active participation/recruitment by residents (>> faculty)
- Collaborative relationship with Nemours pediatrics

The Future
- Create an environment for medical staff and patients for participatory research, the “academic learning center”
- Research “manifesto” for all registered patients
- Stable funding for clinical trials infrastructure:
  → Full time coordinator staff (2) and flexible tech staff
New Grant Funding: January 2014-January 2015

1. Camden Coalition Associate Clinical Director of Mixed-Methods Research and Evaluation (Camden Coalition grant funding) (Mautner)
2. Efficacy and Safety of LCZ696 compared to Valsartan in Heart Failure Patients with Observed Injection Fraction (Novartis) (Chambers)
3. Flu Vaccine Research Study for Children 6 to 35 months (GlaxoSmithKline) (Chambers)
4. Hotspotting Educational Grant (AAMC) (Salzman)
5. Improving Medication Adherence in Older African-Americans with Diabetes (NIDDK) (Salzman)
6. Increasing CRC Screening Among Hispanic Primary Care Patients (PCORI) (Sifri)
7. Peer-Led Healthy Lifestyle Program in Supportive Housing (NIMH) (Weinstein—site PI)
8. Strengthening Surveillance for Diseases Among Newly-Arrived Immigrants and Refugees (CDC renewal) (Scott)
New Grant Funding: January - October 2015

9. Accelerating Primary Care Transformation at Jefferson (JeffAPCT)(HRSA) (Arenson)

10. Concept Mapping as a Scalable Method for Identifying Patient-Important Outcomes (PCORI) (LaNoue)

11. Creating a VERTICAL Interprofessional Education and Collaborative Practice Curriculum (Macy Foundation)(Collins)

12. Minnesota Center of Excellence Network for Training and Epidemiology in Refugee Health (CDC-subawardee) (Scott)

13. Validation of the Jefferson Scale of Empathy (Gold Foundation) (LaNoue)

14. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Health Professions Student Training (SAMHSA) (Plumb)
Publications: 2015

32 peer-reviewed publications


Palinkas LA. Peer led healthy lifestyle program in supportive housing: Study protocol for a randomized controlled trial. Trials. 2015 Sep 2;16:388.


Sidney Kimmel Medical College
at Thomas Jefferson University


Zawora MQ, O'Leary CM, Bonat J. Turning team-based care into a winning proposition. J Fam Pract. 2015 Mar;64(3):159-64.
The health mentors program: three years experience with longitudinal, patient-centered interprofessional education

Christine Arenson1, Elena Umland2, Lauren Collins3, Stephen B. Kern4, Leigh Ann Hewston5, Christine Jerpbak1, Reena Antony6, Molly Rose7 and Kevin Lyons8

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Abstract

Increased emphasis on team care has accelerated interprofessional education (IPE) of health professionals. The health mentors program (HMP) is a required, longitudinal, interprofessional curriculum for all matriculating students from medicine, nursing, occupational therapy, physical therapy, pharmacy, and couple and family therapy. Volunteer lay health mentors serve as educators. Student teams complete four modules over 2 years. A mixed-methods approach has been employed since program inception, evaluating 2911 students enrolled in HMP from 2007 to 2013. Program impact on 577 students enrolled from 2009–2011 is reported. Two interprofessional scales were employed to measure attitudes toward IPE and attitudes toward interprofessional practice. Focus groups and reflection papers provide qualitative data. Students enter professional training with very positive attitudes toward IPE, which are maintained over 2 years. Students demonstrated significantly improved attitudes toward team care, which were not different across programs. Qualitative data suggested limited tolerance for logistic challenges posed by IPE, but strongly support that students achieved the major program goals of understanding the roles of colleagues and understanding the perspective of patients. Ongoing longitudinal evaluation will further elucidate the impact on future practice and patient outcomes.

Keywords

Interprofessional education, mixed-methods evaluation, patient-centered practice, person-centered care

History

Received 18 July 2013
Revised 11 June 2014
Accepted 9 July 2014
Published online 31 July 2014
Primary Care Physicians’ Experience and Confidence with Genetic Testing and Perceived Barriers to Genomic Medicine

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Abstract

Purpose: Genetic testing is progressing towards use of patients’ genomes for personalized medicine. Primary care physicians (PCPs) may use genetic tests to screen and assess risk. However, PCPs’ current preparedness for the expanding integration of genetics into practice is uncharacterized. We examined primary care physicians’ perceptions of and experience with genetic testing.

Methods: An anonymous survey was mailed to PCPs across three regional health networks querying opinions of, experience with, confidence in, and perceived barriers to genetic testing.

Results: The survey response rate was 37.8%. Respondents believed learning about new genetic advances was important to clinical practice (67.0%). A minority (19.0%) had ordered genetic testing in six months, with cancer risk testing the most frequently ordered. Respondents were not confident in the skills required for using genetic testing in practice. Few respondents felt that they had time to counsel about genetic risk (9.5%) or that most patients could comprehend the concept of risk (27.0%).

Conclusions: Primary care physicians had a high opinion of using genetic testing in medicine, but reported little experience or confidence incorporating genetic testing into practice. A majority perceived time constraints and patient comprehension as barriers. These data demonstrate a need for genetics educational resources for physicians and patients.

Keywords: Genetics; Primary care; Family medicine; Personalized medicine; Genomics
How Multidimensional Health Locus of Control predicts utilization of emergency and inpatient hospital services

Dawn Mautner¹, Bridget Peterson¹, Amy Cunningham¹, Bon Ku², Kevin Scott¹ and Marianna LaNoue¹

Abstract
Health locus of control may be an important predictor of health care utilization. We analyzed associations between health locus of control and frequency of emergency department visits and hospital admissions, and investigated self-rated health as a potential mediator. Overall, 863 patients in an urban emergency department completed the Multidimensional Health Locus of Control instrument, and self-reported emergency department use and hospital admissions in the last year. We found small but significant associations between Multidimensional Health Locus of Control and utilization, all of which were mediated by self-rated health. We conclude that interventions to shift health locus of control may change patients' perceptions of their own health, thereby impacting utilization.
Does Telephone Scheduling Assistance Increase Mammography Screening Adherence?

Published Online: November 30, 2015

Colleen A. Payton, MPH; Mona Sarfaty, MD; Shirley Beckett, AAS; Carmen Campos, MPH; and Kathleen Hilbert, RN

ABSTRACT

Objectives: The 2 objectives were: 1) describe the use of a patient navigation process utilized to promote adherence to mammography screening within a primary care practice, and 2) determine the result of the navigation process and estimate the time required to increase mammography screening with this approach in a commercially insured patient population enrolled in a health maintenance organization.

Study Design: An evaluation of a nonrandomized practice improvement intervention.

Methods: Women eligible for mammography (n = 298) who did not respond to 2 reminder letters were contacted via telephone by a navigator who offered scheduling assistance for mammography screening. The patient navigator scheduled appointments, documented the number of calls, and confirmed completed mammograms in the electronic health record, as well as estimated the time for calls and chart review.

Results: Of the 188 participants reached by phone, 112 (59%) scheduled appointments using the patient navigator, 35 (19%) scheduled their own appointments independently prior to the call, and 41 (22%) declined. As a result of the telephone intervention, 78 of the 188 women reached (41%) received a mammogram; also, all 35 women who had independently scheduled a mammogram received one. Chart documentation confirmed that 113 (38%) of the cohort of 298 women completed a mammogram. The estimated time burden for the entire project was 55 hours and 33 minutes, including calling patients, scheduling appointments, and chart review.

Conclusions: A patient navigator can increase mammography adherence in a previously nonadherent population by making the screening appointment while the patient is on the phone.
Reminder Cards Improve Physician Documentation of Obesity But Not Obesity Counseling

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BACKGROUND AND OBJECTIVES: Physicians frequently fail to document obesity and obesity-related counseling. We sought to determine whether attaching a physical reminder card to patient encounter forms would increase electronic medical record (EMR) assessment of and documentation of obesity and dietary counseling.

METHODS: Reminder cards for obesity documentation were attached to encounter forms for patient encounters over a 2-week intervention period. For visits in the intervention period, the EMR was retrospectively reviewed for BMI, assessment of “obesity” or “morbid obesity” as an active problem, free-text dietary counseling within physician notes, and assessment of “dietary counseling” as an active problem. These data were compared to those collected through a retrospective chart review during a 2-week pre-intervention period. We also compared physician self-report of documentation via reminder cards with EMR documentation.

RESULTS: We found significant improvement in the primary endpoint of assessment of “obesity” or “morbid obesity” as an active problem (42.5% versus 28%) compared to the pre-intervention period. There was no significant difference in the primary endpoints of free-text dietary counseling or assessment of “dietary counseling” as an active problem between the groups. Physician self-reporting of assessment of “obesity” or “morbid obesity” as an active problem (77.7% versus 42.5%), free-text dietary counseling on obesity (69.1% versus 35.4%) and assessment of “dietary counseling” as an active problem (54.3% versus 25.2%) were all significantly higher than those reflected in EMR documentation.

CONCLUSIONS: This study demonstrates that physical reminder cards are a successful means of increasing obesity documentation rates among providers but do not necessarily increase rates of obesity-related counseling or documentation of counseling. Our study suggests that even with such interventions, physicians are likely under-documenting obesity and counseling compared to self-reported rates.

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Using Concept Mapping to Explore Barriers and Facilitators to Breast Cancer Screening in Formerly Homeless Women with Serious Mental Illness

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Abstract: Women with serious mental illness (SMI) have disproportionately worse breast cancer profiles than those of other women. The purpose of this project was to examine barriers to and facilitators of breast cancer screening, specifically in formerly homeless women with SMI using the participatory methodology of concept mapping. A series of three concept mapping focus groups were held with 27 women over the age of 40 with a diagnosis of a SMI who live in supportive housing programs, and with 16 housing program staff. Data from the focus groups were combined through multidimensional scaling to create a visual cluster map. Barriers and facilitators to mammography screening generated by the participants clustered into eight categories. Participants rated addressing educational issues as most important and feasible. Interventions designed to improve mammogram screening in this population should address patients’ perception of personal risk and should target education and support systems as modifiable factors.
Presentations: January-December 2015

44 conference presentations/posters:

- American Geriatrics Society
- American Medical Society for Sports Medicine
- American Public Health Association
- Association of Academic Physiatrists
- Association of Schools and Programs of Public Health
- Collaborating Across Borders V: The Interprofessional Journey
- Consortium of Universities for Global Health
- Delaware Health Sciences Alliance Global Health Symposium
- Global Health & Innovation Conference, Yale University
- Hotspotting Learning Collaborative
- International Society for Pharmacoeconomics and Outcomes Research
- North American Primary Care Research Group
- North American Refugee Health Conference
- Pediatric Academic Societies
- Population Health Colloquium
- Reimagining Health in Cities: New Directions in Urban Health Research and Action
- Society for Teachers of Family Medicine
DFCM Grant Portfolio

Department of Family and Community Medicine
Directs and Indirects by Funding Source FY 2005 - FY 2016 Projected

- STATE LOCAL
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- OTHER
- INTERNAL SHARE
- INDUSTRIAL
- FEDERAL
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We Are Moving Fast....

...and that is going to continue in 2016
Our team is ready
We have the skills
To create a new health universe
Failure is not an option
So stock up on duct tape
Because our department is strong, and we are on our way.....
To Realizing Our Ultimate Goal:

To improve the health of our patients, families, and communities