Academic Medical Centers (AMCs) have been issued a “call to action” to prepare a new generation of providers equipped to address the crisis in complex care and related health disparities. Curricular models of complex care management have not been developed or implemented at an AMC, nor tested to demonstrate that interprofessional students can be value-added providers on collaboratively practicing care teams. While promising clinical pilots in caring for high-need, high-cost patients are emerging, these models lack an educational focus to adequately train the future workforce for the care of this vulnerable population. A comprehensive curricular roadmap and replicable training model built on core competencies of collaborative practice is urgently needed to meet the needs of our graduates, care systems, and patients.

We need healthcare teams that appreciate the diversity of our patients and understand how social determinants of health and unique socioeconomic factors impact health and wellbeing. To create a sustainable model, a new curriculum must create collaborative practice amongst a diverse group of students in order to acknowledge the cultural and contextual factors unique to each patient and institution, be seamlessly embedded into students’ existing coursework, draw on expertise of highly trained faculty and engage key academic, clinical and community stakeholders. This endeavor requires planning, implementation and evaluation of a curriculum that will transform complex care training across all health professions at Jefferson and beyond, reducing disparities experienced by those who use our health system the most.

Jefferson’s proposed Complex Care Curriculum (3Cs) will enable future healthcare professionals to serve as an extension of the care team, providing person-centered, low-cost interventions to patients and communities supporting our health system’s efforts to better serve our community and realize total cost savings. Our primary goal is to produce a “turn-key” model to train a diverse group of healthcare professionals for complex care by creating a longitudinal collaborative practice curriculum with associated training materials, best practices, lessons learned and assessment plan. Our project objectives are to:

1. Plan and design an advanced collaborative practice complex care curriculum (3Cs) addressing the intersection of complex patients and populations, interprofessional teams and complex healthcare systems.
2. Implement, refine and scale the 3Cs to create a sustainable program seamlessly integrated across the continuum of health professions training and encompassing a more diverse spectrum of learners at Jefferson.
3. Evaluate program outcomes and disseminate a replicable model for adoption by external institutions to better address health disparities in a more widespread and systematic manner.

**Practice Must Change Today.**

Embedding students and health care professionals into interprofessional, collaboratively practicing care teams in the field will effectively disseminate Complex Care Curriculum concepts in real-time, effecting larger scale change in collaborative practice. Distributing leadership amongst a diverse group of health professions, from nurse to occupational therapist, pharmacist to physician, and couple and family therapist to physician assistant, will benefit the patients these teams serve and lessen the disproportionate burden felt by vulnerable communities.

This work will emphasize diversity in the healthcare setting and recruit a racially/ethnically diverse group of students to participate in 3Cs; develop their teamwork skills; increase their knowledge of, comfort working with and empathy toward medically and socially complex patients; advocate for these patients; collaborate with community partners and address critical social determinants of health that are often missed in busy inpatient and outpatient healthcare settings. Enrolled patients will partner with student teams to set goals and create self-care plans, learn skills for accessing resources and experience an increased sense of control over their health and healthcare utilization, reducing disparities in their care. Jefferson will embed and integrate 3Cs across its curriculum, from orientation to graduation, deepening its commitment through increased funding. By Year 3, the longitudinal program will be successfully adopted by at least one external institution with future plans for expanded dissemination to multiple health professions training programs.

**PROJECT OBJECTIVES**

- **Design, Implement & Scale**
- **3Cs Curriculum**
- **Measure Impact & Increase Evidence Base**
- **Refine & Disseminate Model**
- **Sustain Expanded Model**