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The USQA Managed Care Fellowship at Jefferson: Promoting Quality Improvement through Multi-Faceted Learning

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In the January 1995 issue of the Newsletter (Vol. 8, No. 1), readers were introduced to the US Quality Algorithms (USQA) Managed Care Fellowship, a unique program under the direction of Jefferson Medical College faculty and US Healthcare, one of the nation's largest and fastest-growing managed care organizations. The Fellowship has evolved from a dynamic vision to an operational reality, with two fellows, Robin Smith, MD, and Ralph Bischof, MD, in the spotlight of this pioneering endeavor. Both fellows received their residency training at Jefferson.

The Fellowship is designed as a one-year, full-time program and aims to train physicians in the theory and practice of quality management, measurement. Its goal is to prepare the fellows for leadership roles in the formation, conduct, and evaluation of health care-related policy in a variety of health care settings. The Fellowship is the first such collaboration nationally between an academic medical center and a managed health care provider for the express purpose of creating a "managed care fellowship."

The Fellowship educational experience focuses on formal course work and research. The fellows' are at Jefferson two days a week, at U. S. Healthcare (located in suburban Blue Bell, PA) two days a week, and pursue patient care responsibilities one day a week.

The formal coursework is comprised of 10 topic modules relevant to managed care, ranging from biostatistics and applied epidemiology, to medical informatics and risk management. Several modules taught by multiple faculty run simultaneously within each of four quarters.

The Fellowship requires the completion of a graduate level research project (with an emphasis on quality management) a formal presentation at a national meeting, and preparation of a manuscript suitable for publication. To say that Drs. Smith and Bischof are involved in only one research project each, however, is an understatement. Dr. Smith, for example, is spearheading educational programs at U. S. Healthcare, and the Advance Directives project. The idea for the Advance Directives program was spurred by her observation that studies typically find only 20% of patients receive information on advance directives. The program, in providing patients with information on potential outcomes and treatment options for various states of illness progression, aims to help improve their quality of life. It also offers patients assistance with creating a living will.

Dr. Bischof is a team leader in a major Jefferson interdisciplinary study whose goal is the development of educational intervention programs and benchmarks for physician performance designed to improve adherence to CHF treatment guidelines. As part of the study, he is helping to study ways to apply existing clinical guidelines to ambulatory care patients, involving retrospective chart review on 100 patients. He is also assessing ACE inhibitor utilization rates.

Only five months into the Fellowship, Drs. Smith and Bischof are receiving the kind of intensive experience they maintain is more rewarding than grueling, and "the chance of a lifetime," says Smith. David Nash, MD, MBA, director of the Department of Health Policy and Jefferson's Fellowship program director, along with Daniel Louis, MS, managing director of the Center for Research in Medical Education and Health Care, agree that we have a responsibility to prepare them not only for the reality of medical practice today, but to foster leadership that can help the profession navigate the inevitable challenges ahead.