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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

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A New Model for Integrating Clinical Preventive Medicine into Patient Care

By Kevin L. Bowman, MD, MBA, MPH

The General Preventive Medicine Residency (GPMR) Program of the Johns Hopkins Bloomberg School of Public Health is one of the oldest and largest preventive medicine (PM) residency programs in the country. The mission of the residency program is as follows¹:

To prepare physicians in the theoretical, practical, and clinical knowledge and skills essential to leadership roles in the design, management, and evaluation of population-based approaches to health.

Basic to this mission are 5 key goals:

- To instill in residents the ability to synthesize clinical and population-based approaches to disease prevention and health promotion
- To view health issues on a broad continuum that ranges from local to international in perspective
- To discover and apply knowledge toward the protection of the public's health
- To provide residents with the management and epidemiologic skills needed to address the overall health needs of underserved populations

- To provide residents with the clinical skills needed to treat specific diseases that disproportionately affect underserved populations.¹

Each year, approximately 10 resident physicians enter the GPMR Program after completing at least 1 year of clinical training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited program. One student is accepted directly from medical school through the match process and completes the required clinical training at Basset Healthcare Hospital in Cooperstown, NY. Approximately half of the other 9 residents who enter the program each year have completed a partial clinical residency in another specialty (eg, internal medicine, radiology, neurosurgery) and have been in practice for some time prior to entering the program. The remaining residents have completed full clinical residencies (eg, pediatrics, family medicine, internal medicine).

Like most PM residencies, the GPMR Program is 2 years of specialty-specific training that includes graduate level course work and hands-on rotation experiences. Although some PM residencies spread the graduate

course work and rotation experiences throughout the 2-year period, the GPMR Program has separated the 2 disciplines into an academic (graduate course work) year and a practicum (rotation experience) year.

During the academic year, residents have been full-time graduate students in the Master of Public Health (MPH) program at the Johns Hopkins Bloomberg School of Public Health. The school offers hundreds of classes in a wide variety of areas, and residents are encouraged to design a personalized curriculum that meets their interests and career goals. The MPH course work has constituted about 60% to 70% of their time. The remaining time has been dedicated to typical residency activities such as journal clubs, grand rounds, and numerous educational seminars/classes on various topics (eg, problem-solving skills in public health, health advocacy, public health preparedness, quality assessment/quality improvement, budgeting and financial management, conflict management and negotiation, strategic leadership principles).

Residents have spent all 12 months of the practicum year doing elective rotations at a variety of sites to fulfill the core competencies of the residency

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(ie, biostatistics/epidemiology, health care management and administration, clinical preventive medicine, occupational/environmental health). The rotation sites have ranged from industry to academia to government (local, state, federal, and international) and include hospitals, managed care organizations, health departments, nongovernmental organizations, community-based organizations, pharmaceutical companies, and consulting firms.

The following are examples of recent resident rotation sites:

World Health Organization
 Pan American Health Organization
 Centers for Medicare and Medicaid Services
 Food and Drug Administration
 Office of the National Coordinator on Health Information Technology
 Office of the Surgeon General
 Agency for Healthcare Research and Quality
 Maryland State Health Department
 Maryland General Assembly
 Baltimore City Health Department
 Capitol Hill
 GlaxoSmithKline
 Booz Allen
 Discovery Channel
 The Dr. Oz Show

Until recently, the GPMR Program had no formal requirements for direct patient care in the hospital or in any outpatient setting. This policy changed as of July 1, 2011, when new ACGME requirements for PM went into effect. PM residents now are required to have a

Figure 1. ACGME Program Requirements for Graduate Medical Education in Preventive Medicine

ACGME Program Requirements for Graduate Medical Education in Preventive Medicine
 Effective July 1, 2011

IV.A.6. Curriculum Organization and Resident Experiences

IV.A.6.a.(2) Residents must have educational experiences within a patient care environment that address direct clinical issues relevant to their area of concentration.

IV.A.6.a.(2).(a) Each resident must have progressive responsibility for direct patient care.

IV.A.6.a.(2).(b) Each resident must have progressive responsibility for the management of health and provision of health care for a defined population, as specified for their area of preventive medicine.

IV.A.6.d.(2) Residents must have a minimum of two months of direct patient care experience during each year of the program.

Source: Preventive Medicine Residency Review Committee. Preventive Medicine Program Requirements. http://www.acgme.org/acWebsite/downloads/RRC_progReq/380_preventive_medicine_PRs_07012011.pdf. Accessed September 18, 2011.

minimum of 2 months of direct patient care during each year of their residency (Figure 1).²

We sought to implement this patient care experience in an innovative way, keeping in mind 3 critical goals:

- (1) Provide value to the GPMR residents, the Johns Hopkins health care system, and our patients
- (2) Focus on prevention/chronic care rather than acute care (eg, counseling individuals on health promoting behaviors such as diet, exercise, and tobacco use)
- (3) Leverage our training in both clinical medicine and population health.

To meet these requirements while accomplishing our goals, we created a new curriculum (clinical program) that will expose residents to the different

ways preventive care can be delivered and integrated throughout an entire health care system.

Beginning in September 2011, GPMR residents will spend one half day per week for 2 years in a Johns Hopkins Community Physicians (JHCP) clinic, the primary care outpatient clinics at Johns Hopkins. Residents also will work with Johns Hopkins HealthCare, the health plan of Johns Hopkins that administers health care services across several different product lines. Through didactic sessions, online modules, and working directly with physicians, health coaches/educators, and care managers, residents will learn how to assess disease risk, practice evidence-based behavioral counseling and risk factor reduction, apply shared decision-making strategies to generate self-management tools for patients, set up collaborative referrals to health care professionals, and utilize team-based management skills for lifestyle-related conditions.

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Residents also will learn about broader concepts of health care delivery and population management such as Patient-Centered Medical Homes (PCMHs), Accountable Care Organizations, meaningful use of electronic health records, disease registries, and performance measurement/outcomes evaluation (eg, utilizing health risk assessments and administrative, pharmacy, and laboratory claims data). Residents will spend a portion of their time seeing patients and providing preventive care, and a portion of their time working on projects to improve safety, quality, population management, and/or operations in a JHCP clinic, multiple clinics, or across the entire Hopkins health care system. Some residents

will work in a National Committee for Quality Assurance-recognized PCMH.

Indeed, the landscape of medicine is changing and, at Johns Hopkins, we want to be ahead of the curve. We used the new ACGME requirements as an opportunity to create a new model that better integrates preventive medicine into patient care. We wanted this new model to provide value for the residents, value for the Johns Hopkins health care system, and above all, value for the many patients through our planned interactions. We believe this new model does that because of its focus on promoting healthy behaviors through preventive care at multiple levels of the health care system.

We look forward to sharing our experiences in the future and welcome questions and feedback from readers.

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