

Health Policy Newsletter

Volume 13 Number 3

September, 2000

Article 4

Emerging Opportunities in the Healthcare Environment: The UME21 Program

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Suggested Citation:

Veloski JJ. Emerging opportunities in the healthcare environment: The UME21 program. *Health Policy Newsletter* 2000; 13(3): Article 4. Retrieved [date] from <http://jdc.jefferson.edu/hpn/vol13/iss3/4>.

Emerging Opportunities in the Healthcare Environment: The UME21 Program

The federal Employee Retirement and Security Act of 1974, which introduced new regulations for private retirement funds and employee health benefits, set the stage for managed care by permitting employers to finance their own health insurance plans. Correspondingly, as individual employers abandoned the traditional indemnity insurers, including the Blues, and moved aggressively to forge their own health insurance plans, the ensuing marketplace brought about unprecedented changes in physician autonomy and clinical decision-making that have challenged clinicians and presented new opportunities for medical educators.¹

Medical schools soon recognized the implications of these forces and began to experiment with curricular changes in the 1970s and 1980s.² Nevertheless, industry leaders as well as students and young physicians expressed dissatisfaction and have criticized new graduates' preparation for practice in the new environment of managed care.

In 1998 the Health Resources and Services Administration (HRSA) conceived an innovative program to foster changes in selected medical schools to strengthen medical students' preparation for careers in the evolving healthcare environment. HRSA invited proposals from medical schools to develop novel partnerships with health plans, insurers, community health agencies or other types of managed care organizations, to provide innovative and relevant clinical experience for third-year medical students in the program dubbed UME-21, or Undergraduate Medical Education for the Twenty-first Century.³

The nine content objectives of the UME-21 Medical School Curriculum are : health economics, organization and delivery systems; evidence-based medicine, Epidemiology and population-based medicine; ethics in individual patient care and health care organizations; patient-provider communication and relationships; leadership and teamwork with other health professionals; measurement and improvement of quality, patient satisfaction and cost; delivery of care in integrated systems; medical informatics; and wellness and prevention.

A national panel of physicians, including Howard K. Rabinowitz, MD, Professor of Family Medicine at Thomas Jefferson University (TJU), selected eight of the 50 medical schools that applied for three years of funding. Ten proposals , including one from Jefferson developed by Susan L. Rattner, Associate Dean for Academic Programs at TJU, were also given special recognition and partial funding for three years. Jefferson's Center for Research in Medical Education and Health Care Research, in partnership with the Undergraduate Medical Education Division of the American Medical Association (AMA), was selected to conduct the national, external evaluation of the UME-21 program in the eight schools.

Evaluation of the UME-21 program by the Jefferson/AMA team will focus on program outcomes. At the level of each individual medical school, an important outcome will be the survival of the managed care partnership and the longevity of the curricular change. For example, it is expected that durable partnerships will be established between medical schools and managed care organizations, and that these marriages

will spawn enduring curricular change that will better prepare graduates for the current environment. Similarly, the evaluators will look for success in faculty development that is linked to the new curriculum and managed care partner.

Another important measure of the ultimate effectiveness of the UME-21 will be the reports of the graduates themselves. One universal benchmark of curricular effectiveness in US medical schools includes seniors' responses to the Graduation Questionnaire administered annually to seniors by the Association of American Medical Colleges. Students' responses to items in this questionnaire will provide the UME-21 leadership with feedback about the impact of the program on the graduates of the eight schools. A supplemental questionnaire will also capture students' experiences and opinions related to the specific UME-21 objectives.

Finally, the evaluation includes a survey of the residency program directors that will supervise the graduates of the eight UME-21 schools. These physicians will be asked to rate the graduates' abilities in the nine UME-21 content areas such as their awareness of cost implications, ability to use practice guidelines and ability to manage ethical conflicts in complex health systems.

In summary, the changes that have taken place in healthcare over the past three decades continue to present immense challenges to clinicians and medical educators. Jefferson is one of 18 medical schools involved in the national UME-21 program that was designed to enhance students' abilities to practice in the volatile health care environment. Jefferson faculty play key roles in this national initiative, including the evaluation of program outcomes.

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