Accelerating Primary Care Transformation

There is clear consensus that a robust primary care system capable of managing the health of populations is critical to the success of our healthcare system. Yet too few clinicians enter primary care practice based on projected need, and those in practice often lack key competencies to effectively manage populations. Although great strides have been made in recent years to ensure that our nationwide healthcare system is “more coordinated, quality-oriented, and patient-centered” than ever before, development of new models to lead innovation in primary care education and practice is critical to ensure a prepared and effective primary care workforce.

A new effort to better prepare the primary care workforce is currently underway at Jefferson as an interdisciplinary team of primary care leaders in the Department of Family & Community Medicine (DFCM), Division of Internal Medicine and Physician Assistant Program have been awarded a five-year grant from the Health Resources and Services Administration (HRSA). Led by Principal Investigator Christine Arenson MD, Professor and Chair of the DFCM and Co-Director of the Jefferson InterProfessional Education Center (JCPE), the overarching goal of Accelerating Primary Care Transformation at Jefferson (JeffAPCT) is to measurably improve the health of populations served, create an exceptional experience of care, and decrease costs across our entire population, with a particular emphasis on improving outcomes and decreasing disparities for traditionally underserved segments of our population.

More specifically, our main objectives are:

- To impact Triple Aim outcomes through improved/expanded primary care and population health curriculum across the continuum of primary care providers and trainees
- To create enhanced, sustainable models of primary care physician faculty development that support patient-centered medical home (PCMH) transformation
- To create a new, sustainable model of faculty development for community-based primary care preceptors (MD/DO, PA, NP, others).

These are big aims, requiring unique strategies, interdisciplinary partnerships, and ongoing evaluation to adapt plans to unforeseeable events.

To ensure that these actions complement system-wide initiatives, JeffAPCT is being integrated with and fully supports ongoing clinical transformation at TJU and in member community practices. JeffAPCT will develop, implement, and evaluate new curriculum and practice transformation strategies across the full continuum of primary care education, from medical and physician assistant students through primary care residents, practitioners, and faculty. The program will facilitate effective education of the next generation of primary care providers, encourage new graduates to pursue primary care careers and prepare primary care residents with the tools necessary to support population health and PCMH. The program will also support current primary care providers and practices undertaking the hard work of practice transformation through a robust series of Practice Learning Collaboratives, an annual workshop and a secure portal to access online educational materials. These resources will support academic faculty in primary care medicine and physician assistant studies and community primary care preceptors in acquiring new skills in primary care, population health, and quality and safety to support their professional practice. Community practitioners will be provided with tools to implement “plan-do-study-act” (PDSA) cycles and longer-term projects driven by Accountable Care Organizations (ACO) and Clinically Integrated Network (CIN) goals, pay-for-value metrics, and the needs of their individual patient populations. Additionally, JeffAPCT will create infrastructure to support enhanced recruitment of primary care clinicians from under-represented minorities, and to help recruit primary care clinicians to practice in underserved rural and urban areas.

At a year and a half into the five-year work plan, most of the initial preparation for our activities has been completed and we have made significant progress on longer-term objectives (Table 1).

The initial accomplishments outlined in Table 1 also provide a roadmap for the next few years of the grant, with a particular focus on evaluation. Our robust evaluation plan is led by Marianna LaNoue PhD, MS, Program Director for the doctoral program in Population Health Sciences at the Jefferson College of Population Health (JCPH) and Assistant Professor, DFCM, and is comprised of both process and outcomes evaluation. One example of the evaluation process from the first year of the grant was evident in the development of the leadership toolkit for residents. To ensure that plans matched the

<table>
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<tr>
<th>Table 1: Initial Accomplishments toward Goals</th>
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<tr>
<td>Developed and piloted a PCMH, population health, quality and safety curriculum for students, including online training activities</td>
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<tr>
<td>Developed and piloted a toolkit to walk students through completion of a QI project</td>
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<td>Added QI/safety projects into primary care rotations for medical and PA students</td>
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<td>Created a primary care track in the newly established PA program</td>
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<tr>
<td>Created a leadership curriculum for primary care residents to prepare them to lead interprofessional practice improvement/transformation teams in their future practices</td>
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<td>Supported regular meetings with primary care practices from the JeffCARE Alliance CIN as part of ongoing practice transformation/enhanced quality initiatives</td>
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needs of the residents, Dr. LaNoue led a focus group with Family Medicine residents to better understand their perceived abilities and potential barriers related to QI. Results from the focus group and concomitant survey using a modified Organizational Readiness to Change4 scale directed leadership development for Year 1; longitudinal assessment using the same scale will test impact of the toolkit.

The intended impacts of JeffAPCT are significant and require careful planning, implementation and evaluation. We are fortunate that JeffAPCT is being integrated within an academic health center and growing integrated care delivery system with a long-standing reputation for excellence in clinical care and primary care education that is rapidly transforming itself into a regional center of excellence for population health. JeffAPCT is being led by a seasoned, diverse team of clinicians, population health experts, educators and evaluation experts with a strong record of successful innovation in primary care, population health, geriatrics, and interprofessional education. Lessons learned at Jefferson will be translated across our network of 17 regional health center educational affiliates, and will be applicable to ongoing education and care transformation nationally.

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REFERENCES