The Jefferson Health Care College

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One of the principle challenges facing an integrated health care delivery system is how to improve quality by reducing variability in care. The Jefferson Health Care College (JHCC), created in 1998, (see May 1997 Health Policy Newsletter, “The Jefferson Health System Primary Care College: A New Beginning”) is a continuing medical education (CME) vehicle with the goal of impacting physician behavior to improve quality of care.

Co-directed by the author and Geno Merli, MD, FACP, Ludwig A. King Professor and Director, Division of Internal Medicine, and Vice Chairman for Primary Care, Department of Medicine, the JHCC completed its first semester of courses in June, 1999. Over 350 hospitals attended one or more of the courses offered from January through June 1999: Hospital Medicine; Primary Care Approach to Colorectal Diseases; Primary Care Approach to Office Gynecology; Dermatology; Disease State Management; Asthma; Congestive Heart Failure; Diabetes; and the week-long Eastern Shore Medical Symposium in Rehoboth Beach, Delaware.

Several key concepts underlie the development of the JHCC. Unlike the development of many CME courses, the JHCC courses are chosen by a steering committee. These selections are based on an assessment of managed care data, as well as traditional needs assessment. All courses are planned by a collaborative team of primary care and specialist physicians. Emphasis is given to development of specific skills that improve efficiency and quality of care. Accordingly, virtually all the courses include interactive case discussions and skills workshops in such areas as flexible sigmoidoscopy, skin biopsy, and patient education.

Course faculty are drawn from primary care and specialty departments with coordination by the JHCC workgroup. Tim Brigham, PhD, and Jeanne Cole, MSEd, of Jefferson Medical College’s Department of Continuing Medical Education, supervise course development and obtain CME accreditation. A primary care physician can meet his or her entire CME requirements by attending the JHCC.

Although evaluations of JHCC courses have been strongly favorable, assessment of their impact on practice behavior changes is premature. In order to increase the likelihood of altering physician behavior, participation in the JHCC will need to be complemented by feedback on current practice behavior and creation of incentives to reduce variability of care. Thomas Jefferson University anticipates that JHCC can be one key component of the Jefferson Health System’s strategy to improve quality of care.

Notice of the 1999-2000 curriculum for the JHCC has been mailed to regional physicians. Courses include Primary Care Approach to Vascular Diseases, Dermatology, Preventive Health Care, Infectious Diseases, Management of the Symptomatic Patient, and the Eastern Shore Medical Symposium. For more information about the JHCC and course registration, call Donna Barton, 215-955-6993.

About the Author

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