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Accelerating Primary Care Transformation at Jefferson (JeffAPCT): Reflections from a Five-Year HRSA Grant

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Accelerating Primary Care Transformation at Jefferson (JeffAPCT): Reflections from a Five-Year HRSA Grant

Christine Arenson, MD
Amy Cunningham, PhD, MPH
Samantha Kelly, MA
Randa Sifri, MD
Disclosures

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Grant number: T0BHP28581
Title: Accelerating Primary Care Transformation at Jefferson (JeffAPCT)
Total award amount: $350,000
Percentage financed with nongovernmental sources: 0%
JeffAPCT Overview

• Five year HRSA-funded grant (7/1/15-6/30/20)

• Leadership team from Family Medicine, Internal Medicine, Physician Assistant Program

• **Objective 1**: To improve/expand primary care and population health curriculum across the continuum of primary care providers and trainees (students, residents, and practitioners)

• **Objective 2**: To create an enhanced, sustainable model of primary care physician faculty development for PCMH Transformation

• **Objective 3**: To create a new, sustainable model of faculty development for community-based primary care preceptors (MD/DO, PA, NP, others)
Jefferson APCT Grant Team

- Christine Arenson, MD (PI)
- Bracken Babula, MD
- Rickie Brawer, PhD, MPH
- Allison Casola, PhD, MPH
- Lauren Collins, MD
- Denine Crittendon, MPH, PhD(c)
- Amy Cunningham, PhD, MPH
- Marisyl de al Cruz, MD
- Susan Dubendorfer, MS, PA/C
- Krys Foster, MD, MPH
- Mitchel Kaminski, MD, MBA
- Samantha Kelly, MA
- Katherine Land, MPH
- Erica Li, MD
- Marianna LaNoue, PhD, MS
- Fred Markham, MD
- Patrick McManus, MD
- Geoffrey Mills, MD, PhD
- David Nash, MD, MBA
- Jason Ojeda, MD
- Colleen Payton, PhD, MPH
- James Plumb, MD, MPH
- Randa Sifri, MD
- John Stoeckle, MD
- George Valko, MD
- Lawrence Ward, MD
- Lara Weinstein, MD
- Alex Wrem, MD
- Brooke Worster, MD
- Michelle Zawora, MD
- Finance and Administration team
Objective 1

- To improve/expand primary care and population health curriculum across the continuum of primary care providers and trainees (students, residents, and practitioners)
Quality Improvement (QI) Curriculum

- Flipped classroom
- Experiential learning
QI Toolkit: Multiple end users, similar content

<table>
<thead>
<tr>
<th>Participants</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine (FM) Residents</td>
<td>• Leadership Development</td>
</tr>
<tr>
<td>Internal Medicine (IM) Residents</td>
<td>• QI Training</td>
</tr>
<tr>
<td>Medical Students</td>
<td></td>
</tr>
<tr>
<td>Physician Assistant (PA) Students</td>
<td>• QI Training</td>
</tr>
<tr>
<td>FM Faculty, IM Faculty, PA Faculty, FM Fellows</td>
<td>• Mentoring</td>
</tr>
</tbody>
</table>
## The QI Toolkit

<table>
<thead>
<tr>
<th>Participants</th>
<th>Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine (FM) Residents Internal Medicine (IM) Residents</td>
<td>Leadership Development</td>
</tr>
<tr>
<td></td>
<td>QI Training</td>
</tr>
<tr>
<td>Medical Students Physician Assistant (PA) Students</td>
<td>QI Training (basics)</td>
</tr>
<tr>
<td>FM Faculty, IM Faculty, PA Faculty FM Fellows</td>
<td>Mentoring</td>
</tr>
</tbody>
</table>

### Quality Improvement - 5 Modules

<table>
<thead>
<tr>
<th>Goals &amp; Objectives</th>
<th>Course Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Pre and post Assessment of knowledge</td>
</tr>
</tbody>
</table>

- **QI Foundations Course**
  - Measurements
  - Navigating the IRB
  - Plan-Do-See-Act (PDSA) Cycle Introduction
  - What is Quality Improvement?

- **QI Methods**
  - Designing a Research Question
  - Choosing a Project
  - Presenting Your Research Data
  - Types of QI Interventions

- **QI Tools**
  - Data Collection & Analysis
    - Core Readings
    - Data Presentation
    - How to Work with Preceptors
    - Developing Your Project

### Leadership Training - 2 Modules

<table>
<thead>
<tr>
<th>Leadership Overview</th>
<th>Define QI Leadership role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emotional intelligence quiz</td>
</tr>
<tr>
<td></td>
<td>Readings on physician leadership²</td>
</tr>
<tr>
<td></td>
<td>Self-reflection on Leadership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leadership Skills and Competencies</th>
<th>Review of FM resident leadership competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IHI Leadership Course 101</td>
</tr>
<tr>
<td></td>
<td>IHI videos</td>
</tr>
<tr>
<td></td>
<td>Leadership Pearls</td>
</tr>
</tbody>
</table>
Medical Student / PA Student QI Projects
Implementation V1

• Self-directed learning

• ½ day assigned for team meeting to make practice observations, speak with key stakeholders and make process map

• Presentation to faculty / residents and practice leadership
The Shark Tank itself...

- Practice leadership / stakeholders
- Hypothetical seed funding for limited projects
- “How will you know if you are successful”
- “Is this feasible? How large of an impact do you expect?”
<table>
<thead>
<tr>
<th>Topic</th>
<th>Intervention</th>
<th>Quadruple Aim</th>
<th>Intervention Targets</th>
</tr>
</thead>
</table>
| **Improve workflow**                       | **Tdap vaccination**  
  JUP Medical History Questionnaire converted to electronic form; Patients provide vaccination history through MyChart before visit; MA confirm immunizations when rooming patient; Stock one Tdap vaccination that is pre-filled; Pre visit planning by physician | Better outcomes | Patient; medical assistant; provider |
| **Flu shots**                              | Medical students will do flu shots and some discharge paperwork                                                                                                                                                                                                                                                                         | Lower costs    | Medical student                   |
| **Order board**                            | Create big board type notification system at MA desks to streamline notification of tasks                                                                                                                                                                                                                                             | Better outcomes | Medical assistant                  |
| **Enhance the producer-customer relationship** | **Health maintenance - Pap smears**  
  Medical assistant can screen for health maintenance when patient is roomed and schedule wellness visit for health maintenance | Better outcomes | Medical assistant                  |
| **Preventative care**                      | Patient checklist form for preventative care to be filled out while waiting                                                                                                                                                                                                                                                               | Better outcomes | Patient                           |
| **Swinging computer stands**               | Change room layout through swinging computer stands to improve patient satisfaction                                                                                                                                                                                                                                                | Improved patient experience | Administrator; Provider           |
| **Change the work environment**            | **Streamlining the Dipstick Urinalysis**  
  Empower medical assistant and medical students to make decision and collect UA                                                                                                                                                                                                                                                   | Improved clinician experience | Medical assistant; medical student |
| **Manage time**                            | **Chief complaint form**  
  Form to focus patient concerns                                                                                                                                                                                                                                                                                                     | Improved patient experience | Patient                           |
| **Patient scheduling and wait times**      | Schedule 3 patients per hour; Stagger scheduling; Students room patients                                                                                                                                                                                                                                                               | Improved patient experience | Scheduler; Patient                |
| **Delays in patient check out**            | Medical assistants and/or medical students hand patients a brief questionnaire to identify question/issue                                                                                                                                                                                                                               | Improved patient experience | Medical assistant; medical student; patient; physician |
| **Design systems to prevent errors**       | **Vitals**  
  Change the collection of vitals by having the MA flip the pulse oximeter to be placed sideways for those wearing nail polish to ensure that the finger pulse oximeter is correctly measuring heart rate and oxygen saturation                                                                                                                                 | Better outcomes | Medical assistant                  |
| **Home monitoring log**                    | Have patients enter their data points for glucose/BP log into MyChart, and be sent automated reminders to bring in/update their forms                                                                                                                                                                                                  | Better outcomes | Patient                           |
| **POC testing**                            | Point of care (POC) HbA1c completed by the medical assistant for those indicated                                                                                                                                                                                                                                                      | Better outcomes | Medical assistant                  |
| **Focus on the design of products and services** | **Organizing chronic conditions/ health maintenance in Epic**  
  Streamline patient data gathering on Epic for improved chronic disease management                                                                                                                                                                                                                                          | Better outcomes | Epic team                          |
Implementation V2: “QI Boot Camp”

Focused students on the *clinical decision making process* as a process in need of improvement in primary care.

- Students review patient chart records assigned from a registry of patients with poorly controlled diabetes. Students are randomly assigned patients by MRN to review in pairs.
- Students complete forms to track provider behavior and select from a list of patient, provider, and system-level factors for treatment intensification.
- Develop process map and pitch ideas in shark tank.
<table>
<thead>
<tr>
<th>Problem Addressed</th>
<th>Aim</th>
<th>Intervention</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Adherence</td>
<td>To increase the number of new diabetic patients fill rate at pharmacy by 10% over 6 months</td>
<td>MA call to pharmacy to confirm fill, as needed case management call to patient</td>
<td>Fill rate for selected patients Time for MA efforts Number CM calls</td>
</tr>
<tr>
<td>Timely A1c Testing</td>
<td>To increase % of visits with PCP with recent A1c available</td>
<td>Process to call patient 2 days prior to the visit to get lab done, work list in EMR and POC A1c for eligible patients</td>
<td>% visits with A1c available % completed A1c orders</td>
</tr>
<tr>
<td>Home Glucose Monitoring Documentation</td>
<td>To increase frequency of home BG logs available at visits</td>
<td>Automated call day prior to visit to remind about log</td>
<td>% visits with log documented # messages sent MA time to tend list for automated message</td>
</tr>
<tr>
<td>Podiatry and Ophthalmology Visit Adherence</td>
<td>To increase the % of patients with up-to-date consultant visits</td>
<td>Risk assessment, paper communication from PCP to consultant, individual barriers addressed (transportation, etc.)</td>
<td>Types of interventions performed % completed podiatry and ophthalmology visits</td>
</tr>
<tr>
<td>Poorly Controlled A1c</td>
<td>To improve A1c control in patients with persistent poor control – overall improve A1c by 1% in 6 months</td>
<td>“FA1cTIME&quot; telemedicine visits for select patients focused on education, self-care</td>
<td>Multiple balancing measures Overall practice A1c control Average practice A1c</td>
</tr>
<tr>
<td>Diabetic Smokers and Elevated CVD Risk</td>
<td>To decrease the # of DM patients who smoke by 25% in 1 year</td>
<td>EMR alert and targeted interventions (all evidence-supported) including NRT, quit-line, referrals to local programs</td>
<td># patients with DM who smoke over time No balancing or process measures</td>
</tr>
</tbody>
</table>
Medical Student QI - Evaluation

- Not currently graded but comments in subjective evals
- # students participating
- Project type, target, quad aim, change concept
- # projects implemented in practice
- Knowledge assessment pre/post
Knowledge Assessment Results

Pre (N=389) and Post (N=242)

JeffAPCT Survey Instrument (Pre/Post, unmatched)

1. I can explain the differences between research and QI.
2. I can identify the ways that clinicians are involved in QI on a daily basis.
3. I understand the role of system change in QI.
4. I can describe the stages of a Plan Do Study Act (PDSA) cycle.
5. I can identify the key elements of an effective aim statement for a QI project.
6. I can understand and study the process related to caring for patients.
7. I can explain how to use change concepts to come up with good ideas to test.
8. I can implement a QI project.
I can describe the stages of a Plan Do Study Act (PDSA) cycle.

I understand the role of systems change in QI

I can identify the key elements of an effective aim statement for a QI project
I can implement a QI project

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Don't know / NA

Pre (N = 389)
Post (N = 242)
Student comments

I had previously taken this course through the Healthcare improvement club this past spring. I thought the toolkit was very informative and helpful. This was a great learning experience for someone like me who never had any exposure to QI before. QI lectures were well put together. Actually struck a new interest for myself as a career goal and plan to do the rest of the IHI modules. QI activity was a good team building skill and provided good insight into JFMA system.

The ICE modules were awesome - informative, like the different modalities. Watching practice was a very valuable experience. Group work was fun, felt useful.

The modules were great and effective learning tool

Thoroughly enjoyed the modules, exercises and lectures. I thought it covered a topic thoroughly and efficiently that is often not taught in med school. Great to see that not everything has to be an RCT.

I enjoyed being able to see other aspects of the office, ex: registration desk, etc.
"It is valuable as a student to understand how we can identity where quality improvement measures can be implemented and how even as students, we can propose ideas that may lead to big changes."

"It is one thing to have a great idea about how something can be fixed, but there are a lot of logistics and planning that need to go into bringing that project to completion. Having the toolkit that we have acquired from this course will put us in a much better position to be able to act on those ideas and ultimately help to improve patient care."

"Studying health disparities is integral to understanding the patient’s decision-making process. The indicated first-line therapy might not be the best choice for everybody. We should dig deeper when we see that the patient has been “non-compliant” with treatment. I learned that I can conduct these mini studies in everyday practice."
Marisyl de la Cruz, MD Career Development Award

Five-year HRSA career development award

Objectives:
1) Implement a project that will train medical students at Thomas Jefferson University on how to use quality improvement projects to improve the health outcomes of our vulnerable patient populations
2) Develop skills to prepare the Project Director to take on the role of the Clerkship Director in Family & Community Medicine
3) Become a clinical and educational leader nationally in medical student education.

Project Team:
Allison Casola, PhD, MPH
Erin Kelly, PhD
Alexis Silverio, MPH
Rashida Smith, MPH
PA Primary Care Curriculum

• Piloted in year 1
• 3 PA track students recruited each year
• Students meet with MD students regularly for interprofessional seminars and journal clubs related to continuous quality improvement
Residents and QI Training

- Team-based (PGY1-3)
- 1 year 1 Aim/Topic area
- Multiple PDSA Cycles
- PGY3 Leadership in QI Training

- 3 early workshops / IHI leadership and QI modules
  - Aim setting
  - Brainstorming/prioritization
  - Run charts and datasources
- Regular protected time and meetings with project advisors (PD/APDs) and QI team
- 2-3 “changes” per year

- Evaluation:
  - Poster session judging
  - QIKAT score
  - Project outcomes/Practice change
  - Leadership reflections
Resident QI Projects

• 2015-2016
  • Office-wide Depression Screening with PHQ2
  • Improving Hospital Discharge Follow-Up Appointment Show Rates
  • Improving Pediatric Lead Screening Rates in an Urban, Outpatient Family Medicine Practice

• 2016-2017
  • Addressing Barriers to Mammogram Completion
  • Video-based Colorectal Cancer Screening Provider Education
  • Feasibility Study of Point-of-Care Hemoglobin A1c Testing

• 2017-2018
  • Improving After-Visit Summary Printing
  • Increasing MyChart Enrollment
  • Improving Follow-Up after Hospital Discharge
Resident QI Projects (Cntd.)

• 2018-2019
  • Increasing quality scores for diabetic nephropathy
  • Improving cervical cancer screening rates
  • Improving retinopathy screening rates

• 2019-2020
  • Increasing cervical cancer screening documentation for new patients
  • Improving statin prescribing adherence in diabetic patients
  • Improving hypertension control rates
Housestaff QI poster winners

2018

• The Effects of Office-based Interventions to Increase Patient Enrollment in an Online Medical Record Portal
  Lionel McIntosh, MD Allison Rague, Claire Thesing, Amy Lachewitz, Gillian Love, Daniel Sizemore, Zachary Klock, Aimee McMullin, Zeynep Uzumcu, Patrick McManus, Geoff Mills

2019

• Improving diabetic nephropathy screening through increased urine microalbumin testing in an ambulatory family medicine clinic
  Amy Lachewitz M.D., Gillian Love M.D., Daniel Sizemore M.D., Zachary Klock M.D., Aimee McMullin M.D., Zeynep Uzumcu M.D., Sara Ancona M.D., Olivia Seecof M.D., Graham Stratton M.D., Alexa Waters M.D., Geoffrey Mills M.D. PhD

• Capturing cervical cancer screening in an ambulatory primary care setting
  Miranda Aragón MD, Sunny Lai MD, MPH, Jessica Deffler MD, Barbara Cymring MD, Anna Woods MD, Kyle Bardet MD, Michael Danielewicz MD, Emma de Louw MD, Kali Graham MD, Michael Haines MD, Geoffrey Mills MD, PhD
EMR-Based Intervention Improves Lead Screening at an Urban Family Medicine Practice

Kathryn McGrath, MD; Krys Foster, MD, MPH; Patrick Doggett, MD; Marc Altshuler, MD; Jewel Osborne-Wu, MD; Christine Castellan, MD; Kelly Lopez, MD; Pheobe Askie, MD, MPH; Daniel Chung, MD; Laura Parente, MD; Yury Parra, MD

BACKGROUND AND OBJECTIVES: Elevated blood lead levels have well-described detrimental effects to growth and development in children, yet screening rates remain low. We sought to determine if a reminder within the electronic health record (EHR) could change provider behavior and improve blood lead level (BLL) screening test ordering rates in an urban academic family medicine practice.

METHODS: Baseline BLL test ordering rates were calculated for children ages 9–72 months. An update adding reminders to screen was made to the electronic note template used during pediatric well and sick visits at the practice. Data from the 10-week periods both before and after the change was made were compared through a retrospective chart review.

RESULTS: A total of 210 children were seen during the pre-intervention period. Forty-eight percent (n=101) had already been screened. Of the 109 eligible for screening, 23 had tests ordered, and 18 of those had tests completed. Eighty-four children were eligible for screening in the post-intervention period. Forty-one of those children had tests ordered, and 15 had tests completed. Provider ordering rates increased from 21% of eligible patients to 49%. Test completion rates only increased from 17% to 18%.

CONCLUSIONS: An electronic note-based reminder system significantly improves provider ordering rates of BLL tests. Researchers are currently investigating how the use of point-of-care BLL sample collection can improve test completion rates and therefore increase the frequency of successful screening.
EMR-Based Intervention Improves Cervical Cancer Screening Rate in a Primary Care Office

To the Editor:

Cervical cancer screening is an important quality measure in primary care and an important aspect of prevention. Cervical cancer screening has decreased the rate of cervical cancer by more than 50% over the past 30 years.\(^1\) Still, national rates of screening range from 53.8% to 85.5%.\(^2,3\)

In our primary care office at Jefferson Family Medicine Associates, we conducted an electronic medical record (EMR) review of cervical cancer screening. Up-to-date screening was defined as normal cytology result within the last 3 years (ages 21-29); normal cytology within 3 years or normal co-testing within 5 years (age 30-65); or abnormal results with appropriate follow-up as outlined by the American Society for Colposcopy and Cervical Pathology.\(^4\) At the beginning of our investigation, we found that our EMR reflected that only 66% of our approximately 14,500 female patients aged 21 to 65 had been appropriately screened.

appropriate follow-up, and inaccurate data, all exposing patients to possible risk.

We used a systematic approach to increase the rate of up-to-date cervical cancer screening in our primary care office by optimizing health information exchange and documentation. Future interventions could focus on a standardized approach to accessing external cervical cancer screening results for all new patient visits for females ages 21 to 65 years.

Miranda Aragón, MD
Sunny Lai, MD, MPH
Jessica Deffler, MD
Anna Woods, MD
Barbara Cymring, MD
Kali Graham, MD
Amy Cunningham, PhD
Geoffrey Mills, MD, PhD

Thomas Jefferson University Hospital, Philadelphia, PA
Organizational Readiness to Change Assessment (ORCA)

- New family medicine physicians face unique challenges as practice quality improvement (QI) leaders.

- Our residency curriculum includes experiential learning:
  - Team-based contexts
  - QI leadership curriculum
  - Facilitate practice transformations across healthcare organizations

- Organizational level readiness to change was evaluated to determine:
  - Effectiveness of a team-based QI curriculum designed to augment physician leadership and spur organizational change
ORCA

• 2016-2019, 73 (n=76) current and former family medicine residents
  • Postgraduate years 1-3

• Surveys captured QI and leadership readiness responses among 5 subscales:
  • Empowerment (action)
  • Management (facilitation)
  • QI (problem-solving)
  • QI leadership (skills)
  • QI leadership (ability)
ORCA Results: 2016-2018

• A marked increase in disagree or strongly disagree responses occurred in 2018 for PGY3s.
  • Negative responses were specific to subscale, question type, and resident year
  • “Strongly disagree” responses most often related to empowerment, influencing others, clinical staff communication, and defining goals and roles in a collaborative setting

• One-on-one debriefs were conducted with four 2018 residency graduates
ORCA Results: 2017-2019

• Qualitative analysis identified 3 emergent themes; miscommunication, team collaboration, and practice site functioning.
  • Aligned with quantitative results.

• Results from each year’s ORCA informed curriculum updates and influenced learner responses, starting in 2017
  • Overall, scores trended upward between 2017-2019
These courses are designed for primary care community preceptors and other healthcare professionals interested in learning about population health principles in practice.

- **Learning Objectives & Target Audience:**
  - Population Health and Social Policy:
    - Define the Triple and Quadruple aims of the Institute for Healthcare Improvement
    - Discuss how to implement these aims in practice to improve healthcare.
    - Define population health.
    - Describe the variations in populations based on social determinants of health
    - Discuss how public policies can affect population health.
    - Identify strategies to incorporate public health perspectives into primary care practice.
  - Integrated Behavioral Health in Primary Care
    - Define Integrated Behavioral Health (IBH) and models of IBH
    - Review the statistics of behavioral health issues encountered in primary care, the barriers to managing these issues.
    - Identify concrete steps to incorporate an integrated behavioral health models in your practice.
Learning Objectives & Target Audience

- Interpret the stages of a PDSA cycle that one could apply to one's own practice as demonstrated by improvement in select quality metrics
- Evaluate the results of PDSA cycles to inform ongoing quality improvement efforts in their own practices
- Prepare physicians to engage stakeholders in process mapping, brainstorming changes, and prioritizing QI efforts in their own practices
MAT Supplement CME

- **Learning Objectives & Target Audience (applicable to JeffAPCT: Medication-Assisted Treatment in Opioid Use Disorders Parts I, II, III)**
  - Illustrate a framework for approaching opioid use disorder addiction and treatment options that could be applied to your practice.
  - Discuss the basics of medication assisted treatment (MAT) for opioid use disorder.
  - Identify concrete steps for addressing chronic pain in the context of medication assisted treatment.
  - Define the steps to be trained in combined buprenorphine and naloxone therapy and medication assisted treatment.
  - Recognize patients who need methadone maintenance therapy and refer them using local and national resources for your practice.
  - Describe relationships between opiates and anxiety, depression and sleep disorders, which would impact patient care.
Objective 2

- To create an enhanced, sustainable model of primary care physician faculty development for PCMH Transformation
Population Health Fellowship

For clinicians who want additional training in population health and QI, preparation for academic medical career

- One-two years
- Research projects
- Mentorship from DFCM faculty, Dr. David Nash from JCPH
- JCPH coursework in QI and patient safety
- Clinical work
Rhea Powell, MD, MPH

**Fellowship research topics:**
Vaccines, telehealth

**Publications:**


**Currently:**
Senior Health Researcher, Mathematica
Assistant Professor, Internal Medicine
John Stoeckle, MD

Fellowship research topics:
Quality improvement, integrated behavioral health

Publications:

Currently:
Associate Medical Director of Population Health for Valley Preferred and the Department of Family Medicine, Lehigh Valley Health Network
Geoffrey Mills, MD, PhD

Fellowship research topics:
Quality improvement, cardiovascular risk assessment

Publications:


Currently:
Associate Medical Director, Jefferson Family Medicine Associates;
Associate Professor, Department of Family and Community Medicine
Fellowship research topics:
Quality improvement, MAT, prediabetes

Publications:


Li E, Nash D. Are We Any Safer After 20 Years? P&T. 2019, 44(11) 649-650.

Currently:
Completing first year of fellowship
Postdoctoral Fellowship

- Began in 2016; partially funded by JeffAPCT
- Two-year fellowship for recent PhD graduate
- Shared faculty/mentoring meetings with Population Health Fellow
- Training in health services research
Amy Cunningham, PhD, MPH

Fellowship research topics:
Diabetes, practice transformation

Publications:


Currently:
Research Assistant Professor, Thomas Jefferson University
Allison Casola, PhD, MPH

**Fellowship research topics:**
Sexual and reproductive health, women's health, medical education and training

**Publications:**


**Currently:**
Completing first year of fellowship
Objective 3

- To create a new, sustainable model of faculty development for community-based primary care preceptors (MD/DO, PA, NP, others)
Objective 3 Accomplishments

- Conducted community preceptor needs assessment
- Implemented annual community preceptor workshop
- Developed toolkit for student QI projects
- Established monthly primary care summit
Monthly Primary Care Summit

- Drs. Arenson and Ward developed a monthly forum to support practice transformation across all TJUH/Methodist affiliated Jefferson primary care practices (IM and FM)
- Meet in person quarterly, via Zoom between
- Address new roles/ responsibilities of team members, new Epic workflows, quality and safety initiatives
- Attended by interprofessional practice leadership teams - physicians, nurses, administrators, behavioral health leaders
- Opportunity for engagement across practices, sharing of best practices, and coaching practice teams
- Has created a shared culture and increased comradarie and shared learning across our primary care network
Continuing Our Work

- Medical student and resident QI curriculum
- PA primary care track no-cost extension
- CME
- Fellowship/Postdoc
- Community preceptor resources
Ongoing Medical Education and Training Grants

- JeffPCC: Five-year HRSA grant; supports one-year fellowship for primary care physicians and PAs for training in QI, leadership and precepting.

- JeffBeWell: Five-year HRSA grant; enhances integrated behavioral health, MAT, and primary care provider and staff wellness.

- HRSA residency training grant under review