

From Classroom to Curriculum: Population Health Onboarding in the Real World

Newly hired clinicians transitioning into roles that independent practicing primary care providers must absorb a great deal of new information while assuming responsibility for their patient panels. Acclimating to the variety of payer programs, organizational accountabilities, and patient care activities can be a considerable challenge for newly minted providers and requires network support. The onboarding of new physicians into an ambulatory care network is a critical time for imprinting the organization's cultural norms and priorities as well as nurturing their confidence. In an effort to facilitate this transition and foster a learning environment, the Jefferson Community Physicians (JCP) division of Jefferson Health developed a

hybrid population health overview course with problem-based learning as part of the onboarding process.

Jefferson College of Population Health's (JCPH) doctoral program in Population Health includes course work in Teaching and Learning principles and execution, which laid the groundwork for developing the Population Health Overview Program described here. Congruent with JCPH's encouragement of students to incorporate real-world experiences into learning opportunities, the need for a pragmatic population health onboarding program was identified through this connection. The program was developed utilizing the

resources and support provided by JCPH faculty in collaboration with the local clinical leadership team.

The Population Health Overview Program employs adult learning principles and techniques to convert theoretical concepts and knowledge into actionable steps for busy practitioners. Lindvang & Beck (2015) summarize four categories of learning: First Order, which is factual knowledge; Second Order, which is reflexive knowledge to solve concrete problems; Third Order, which is the creative form of problem solving where new perspectives and questions are assimilated; and Fourth Order, which is 'world' knowledge at a social evolution

Table 1.

Learning Principle	Defined	Application in program (activity)	Learner Feedback
First Order	Factual knowledge	Each module's lecture and reading materials target acquiring the foundational knowledge of each topic Example: Week 1 contained readings about the National Quality Strategy (NQS) and the Week 1 lecture described all of the payer programs we currently are participating in.	"Week 1's lecture was a great overview of the material. I had attended a meeting earlier about CPC +, but this presentation was much more effective and easier to understand."
Second Order	Reflexive knowledge to solve concrete problems	Each of the modules had assignments and activities that required the synthesis of facts in order to complete the activity. Example: Patient case vignettes were introduced in the second module and used during the third module. During the in-person session, Population Health Jeopardy also aided in cementing key learning objectives.	"I think it would be helpful to have a concise list of the care gaps we at JCP are being asked to close. This would be useful for providers and staff and promote closure of those gaps."
Third Order	The creative form of problem solving where new perspectives and questions are assimilated	Each of the online modules contained a discussion board whereby attendees were asked to respond to reflective questions about their practice in relation to these population health topics. Example: In module 1, providers were asked to consider how, individually, they could advance the national population health agenda in their community.	"I learned the most during week 2's quiz and practical application; consider adding more of these vignettes and less of the long readings which I found difficult to incorporate in to practice. 100% of learners rated their proficiency in describing to a colleague the variety of payer programs in place at JCP as Very Good or Outstanding on the final course evaluation.

CONTINUED ON PAGE 2

level. Curriculum in the Population Health Overview Program builds upon each level and culminates with problem-based learning exercises (Table 1). For instance, learners in the program complete a patient case vignette assignment from a reflexive knowledge perspective in Module 2 and build upon this during Module 3 from a more experiential perspective. This holistic application of knowledge and skills aims to guide more interconnectedness between providers' workflows and patients' outcomes while enabling them to take ownership of population health care delivery with each subsequent case vignette.

The Population Health Overview Program kicks off with a learner self-assessment in order to gauge their level of familiarity and confidence in the material about to be presented. The Program itself is divided into three separate modules and aims to accomplish three learning objectives. Module 1 familiarizes learners with the current national health care climate and describes key components of the various payer programs in which JCP is participating. Module 2 answers the question 'how are we evaluated' by reviewing quality metrics for which all network primary care providers are held accountable. Fourteen electronic clinical quality measures (eCQMs) are reviewed in depth, along with

metrics to track the successful achievement of payer and enterprise goals. Both of these modules are facilitated through narrated PowerPoint presentations and by directing learners to readings that underscore the key theoretical underpinnings. This content review aims to illustrate the scope and diversity of population-based health care delivery to prepare clinicians for what they will experience at JCP. Module 3 is a demonstration of how to properly document the population health assessments and interventions using vendor-established, certified workflows in the electronic medical record (EMR). This live, in-person session builds on the patient vignettes to mirror clinical scenarios learners will face in their respective practices, while the course leaders demonstrate how to accurately document that patient encounter.

To date, the Population Health Overview Program has been piloted with the Jefferson Community Physicians at the Abington campus with the intention of rolling this curriculum out next at the Aria campus. Learners in the pilot group have completed course evaluations, and have provided feedback on content, structure, and activities, which will be used to help shape future iterations of this program (Table 1). Recognizing that this program could benefit

the entire primary care interprofessional team, the pilot group recommended expanding the target audience and modules to encompass other disciplines such as Medical Assistants, Office Managers, and Care Managers. Additional opportunities for growth of this program are also being explored including using an abbreviated version as a continuing education module for seasoned providers, in an effort to help keep them abreast of fluctuations in payer program requirements and EMR changes. Holding true to the initial focus of this program, subsequent iterations will continue to be learner-centric and utilize problem-based learning techniques.

**Special acknowledgement to Juan Leon, PhD, Director Online Learning, Jefferson College of Population Health for his guidance and mentorship in learner-centric curriculum development.*

Lori Merkel MSPH, RN, CPHQ
Population Health Business Analyst
Jefferson Community Physicians
Lori.Merkel@Jefferson.edu