PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Harvard University

Organization	**President and Fellows of Harvard College** Department or Division: Harvard Medical School for Primary Care
Principal Investigator	**Russell Phillips, M.D.** Russell_Phillips@hms.harvard.edu 617-432-8239
Partners	• Massachusetts League of Community Health Centers • Kraft Center for Community Health Leadership

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted	• Bachelor's students: nursing, pharmacy, social work • Advanced degree students: dentistry • Medical or predoctoral students • Residents: internal medicine, family medicine, pediatrics, psychiatry
Primary project objectives	• Catalyze the transformation of practices to high-functioning, team-based primary care practices serving the most disadvantaged Massachusetts citizens. • Achieve measureable improvement in projects that focus on priorities articulated by the community health centers themselves: mental health integration, oral health integration, and the use of patient navigation/ community health workers to improve care for patients with complex medical and social needs. • Recruit and retain primary care providers in underserved communities. • Develop a pipeline of trainees in health professions who plan to focus their work in this area.

EVALUATION OVERVIEW

Evaluator contact information	**Erin Sullivan, Ph.D.** erin_sullivan@hms.harvard.edu 617-432-2358
HRSA Priority Outcomes	• Rate of graduates/program completers practicing in primary care, at least 1 year after program completion. • Rate of graduates/program completers practicing in underserved areas, at least 1 year after program completion. • Patient service provided by graduates/program completers. • Quality of care provided by graduates/program completers.

EVALUATION OVERVIEW

Continued

	• Patient service provided by trainees and faculty at participating PCTE clinical training sites. • Quality of care provided by trainees and faculty at participating PCTE clinical training sites.
Measures and Tools	• Qualis Health PCMH-A assessment to measure implementation of change concepts for practice transformation • Improvement in outcome measures intended but to be determined • Non-resident trainees, at least 1-year after program completion, stating an intent to work in a MUC • Non-resident trainees, at least 1-year after program completion, stating an intent to work in primary care • Non-resident trainees' professional growth by tracking awards, publications, academic programs • Non-resident trainees' self-perceived confidence in contributing to improvement projects, after program completion and at least 1-year after program completion

ABSTRACT

As submitted with proposal

The Primary Care Team Training Program (PCTTP), a partnership between the Harvard Medical School Center for Primary Care, Massachusetts League of Community Health Centers, and the Kraft Center for Community Health Leadership, is designed to create a strong and sustainable foundation for the medical home model of care in Community Health Centers (CHCs) in Massachusetts' medically underserved communities (MUCs) that leverages team-based care, supportive leadership teams, community input and a robust improvement infrastructure to advance care coordination, enhance patient outcomes, and increase provider, staff, and trainee satisfaction. The program purpose is to 1) catalyze the transformation to high functioning, team-based primary care practice, 2) achieve measureable improvement in projects that focus on CHC priorities including mental health integration, oral health integration, and the use of patient navigation/community health workers to improve care for patients with complex medical and social needs, 3) recruit and retain primary care providers in underserved communities, and 4) develop a pipeline of trainees who plan to focus their work in this area. Over the 5 years of the program, we will train 720 leaders, providers, and trainees from 48 CHC teams across the state. Our collaborative program spans the professions of primary care and includes both trainees and providers. We meet the funding preference for a new program by meeting 5 of the required 7 criteria, as our partners' mission statements all commit to preparing health providers to serve underserved populations; the curriculum includes content to support practitioners serving underserved populations; clinical training in MUCs is required; all clinical faculty spend their time providing and supervising care in MUCs; and a substantial portion of the program is physically located in a MUC.

We will recruit CHCs from MUCs in Massachusetts to participate in a 10-month program that will include in-person Learning Sessions, site-based improvement work, and support through regular webinars and practice coaching. Each CHC will recruit an interprofessional and interdisciplinary team to participate in this program and will select a specific and well-scoped improvement project that will address social determinants of health identified in their patient population.

The PCTTP curriculum will be drawn from the Qualis Health Safety Net Medical Home Change Concepts for Practice Transformation and AHRQ TeamSTEPPS Strategies and Tools to Enhance Performance and Patient Safety. In-person Learning Sessions will establish a shared understanding of the evidence-base around team-based care, principles of effective team structures and management, communication strategies, the role of quality improvement and the unique challenges of health-critical, non-medical factors (i.e. social determinants of health) influencing CHC team processes and projects. Monthly webinars and coaching by the PCTTP Core Team will supplement in-person learning with additional content and structure. The practice team

ABSTRACT

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at each site will spend the majority of their time testing and adapting “classroom” principles to their “real-life” improvement project, as the CHC team builds and refines its team skills. Teams will report monthly on their progress and receive coaching from their peers and faculty; and we will use our assessment of their progress to improve the program and curriculum to better support them in real time. Our evaluation will include a pre and post-program administration of the PCMH-A, pre and post-program teamness survey, evaluations of each Learning Session and team-reported process and outcome measures aligned with the team improvement projects. Additionally we will follow up with trainees one year post-program completion to understand the environment in which they currently practice.

Dissemination of the curriculum and the evaluation, as well as findings from team projects, will occur through presentations at academic and community health meetings and publication, and will be facilitated by local, regional and national partners. Program impact and sustainability will be assured by the alignment between team projects and CHC priorities and by the retention of PCTTP participants by CHCs.