

# PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

## *Awardee Profile: Montefiore Medical Center*

Organization	<b>Montefiore Medical Center</b> Department or Division: Family Medicine
Principal Investigator	<b>Mary Duggan, M.D.</b> mduggan@montefiore.org 718-920-4678
Partners	<ul style="list-style-type: none"> <li>• Family Health Center (FHC), a Federally Qualified Health Center (FQHC)</li> <li>• Williamsbridge Family Practice (WBFP), an FQHC</li> </ul>

### PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted	<ul style="list-style-type: none"> <li>• Residents: family medicine</li> <li>• Advanced degree students: behavioral science</li> </ul>
Primary project objectives	<ul style="list-style-type: none"> <li>• Establish an infrastructure within the family medicine teaching practices for co-training FM residents and PCP fellows to apply APC principles to improve care for patients with chronic respiratory illness, (asthma and COPD).</li> <li>• Develop a sustainable and replicable co-training model designed to build FM resident and PCP fellow competency in core APC skills of team work, population health using a risk stratified care management approach, and continuous quality improvement.</li> </ul>

### EVALUATION OVERVIEW

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HRSA Priority Outcomes	<ul style="list-style-type: none"> <li>• Rate of graduates/program completers practicing in primary care, at least 1 year after program completion.</li> <li>• Rate of graduates/program completers practicing in underserved areas, at least 1 year after program completion.</li> <li>• Patient service provided by graduates/program completers.</li> <li>• Quality of care provided by graduates/program completers.</li> <li>• Patient service provided by trainees and faculty at participating PCTE clinical training sites.</li> <li>• Quality of care provided by trainees and faculty at participating PCTE clinical training sites.</li> <li>• Cost of care provided by trainees and faculty at participating PCTE clinical training sites.</li> </ul>



## EVALUATION OVERVIEW

*Continued*

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### Measures and Tools

- Measure/tool EMR abstract of risk documentation risk stratification for 80-90% of shared resident/fellow panels.
  - PACIC, PAM, and CAHPS survey results.
  - Data on number of complex care plans made linked to ER visits and hospitalizations.
  - Alumni and employer surveys.
  - Annual evaluation of graduates who have elected to remain in the Montefiore-Einstein system.
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## ABSTRACT

*As submitted with proposal*

### Overview

This proposal describes a sustainable primary care workforce co-training program in the Bronx, NY to prepare Family Medicine (FM) residents and post-graduate Primary Care Psychology (PCP) fellows with the knowledge and skills needed to provide Advanced Primary Care (APC). It builds upon the long-standing, innovative tradition of the Family and Social Medicine biopsychosocial curriculum to co-train the next generation primary care physician and psychologist clinician-educator workforce. It advances on-going PCMH transformation activities in two urban FM training practices, Family Health Center (FHC) and Williamsbridge Family Practice (WBFP), both Federally Qualified Health Centers (FQHCs). These practices operate within the Montefiore Medical Center (Montefiore) integrated delivery system. This is a collaborative project with family medicine taking the lead in partnership with psychology. Specific Measureable Objectives: At the conclusion of this inter-professional collaborative project across the training continuum, we anticipate that 15 FM and 3 Behavioral Science faculty will master the skills needed to teach residents key APC competencies and 35 FM residents and 8 PCP fellows will become certified to work and lead in an APC environment. Of these graduates, who will continue to be from predominantly underrepresented or disadvantaged backgrounds, we anticipate 90% will elect to practice primary care in underserved communities.

### Goals, Objectives and Activities:

The proposed project will advance work already initiated and allow teams to further apply co-training and systematically inculcate the evolving processes consistent with Advanced Primary Care within patient-centered medical homes. The project focuses on two goals: 1) To establish an infrastructure within the family medicine teaching practices for co-training FM residents and PCP fellows to apply APC principles to improve care for patients with chronic respiratory illness, (asthma and COPD) and 2) To develop a sustainable and replicable co-training model designed to build FM resident and PCP fellow competency in core APC skills of team work, population health using a risk stratified care management approach, and continuous quality improvement (CQI). Each goal consists of a series of objectives that reflect inter-professional collaboration and include faculty development and resident and fellow co-training to achieve four core APC competencies and intended value based outcomes. We propose rigorous formative evaluation, process and outcomes measures of both our trainee workforce and program objectives. We will track residents and perform evaluation that will allow us to attribute our co-training efforts and their impact on the community.