

# PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

## Awardee Profile: University at Buffalo

Organization	<b>The Research Foundation of SUNY on behalf of the University at Buffalo</b>
Principal Investigator	<b>Andrew B. Symons, M.D., M.S.</b> symons@buffalo.edu 716-829-3800
Partners	<ul style="list-style-type: none"> <li>• D'Youville College Collaborators: Physician Assistant and Helping Veterans Become PAs programs, Department of Health Services Administration, Interprofessional Education Steering Group</li> <li>• HEALTHeLINK (Regional Health Information Exchange)</li> <li>• Jericho Road Community Health Center</li> <li>• UB academic collaborators: Medical School, Department of Family Medicine, Division of Internal Medicine, and Nursing School.</li> </ul>

### PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Bachelor's students: nursing
- Advanced practice students: nurse practitioner, physician assistant
- Medical or predoctoral students
- Residents: family medicine, internal medicine

Primary project objectives

- Establish an IPE Exposure Pipeline to the APC Track Program, jointly engaging preclinical students from the Medical School, Nursing School and Physician Assistant Program. Activities include:
  1. Social Determinants of Health Module inserted into introductory courses;
  2. IPE day for health profession students;
  3. Simulation in longitudinal primary care for all 3rd year medical students and PA students interested in primary care;
  4. IPE service learning initiatives; and
  5. Formation of IPE Student Interest Group.
- Establish the IPE Advanced Primary Care Training Program (APC Track Program). Interprofessional APC learning teams at the clinical teaching sites will be established to experientially teach students about APC; and improve access, quality, patient experience and cost of care in the clinical training environment.
- Increase diversity & capacity in the primary care workforce in underserved areas by developing two programs to facilitate career choice and post-residency training in primary care jobs in underserved areas.



## EVALUATION OVERVIEW

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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 trainees and faculty at participating PCTE clinical training sites.
- Quality of care provided by trainees and faculty at participating PCTE clinical training sites.
- Cost of care provided by trainees and faculty at participating PCTE clinical training sites.

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Measures and Tools

- APC track student focus groups (annual).
- # of students entering APC track for clinical placement (by discipline and learner level).
- Trainees- comprehensive attitudes survey addressing career intention; IPE attitudes (IPAS- Interprofessional Attitudes Scale); attitudes towards addressing social determinants of health] (annual).
- Based on state-level Medicaid Claims Data:
  - Access: Two week follow up visit rates after emergency department discharge; increase in primary care visits.
  - Quality in total study populations: ED/ Hospital utilization among cohorts of patients with complex chronic disease profiles
  - Cost: Cost savings related to reductions in ED/ Hospital utilization
- Based on clinical practice data and LOINC codes
  - Quality: clinical outcomes for patients with selected priority chronic diseases (determined by practice site)
- Patient experience- Patient Centered Medical Home PCMH version of the CAHPS survey (annual; PCMH Std. 6C).
- Number of student graduates or residency completers by discipline, by diversity (URM, ethnicity, disadvantaged status), primary care placement/ MUC and veteran status (at 1 year, 2, 3, 4, & 5 years post-training).

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## ABSTRACT

*As submitted with proposal*

Overview: The overall purpose is to strengthen the Primary Care Workforce by supporting enhanced interprofessional education (IPE) models for future primary care providers in underserved areas of the region, state, and nation. We will transform clinical training environments in primary care settings by creating an advanced primary care (APC) curriculum that incorporates interprofessional education across the training continuum and primary care disciplines. The curriculum will be designed to transform health care systems based on the Triple Aim of improving quality and population health while reducing unnecessary cost. We will also develop collaborations to ensure integrated delivery systems are tied to the advanced primary care teaching model.

Objectives: Designed to align with this purpose, we will: Objective 1. Establish an IPE Exposure Pipeline to the APC Track Program, jointly engaging preclinical students from the Medical School, Nursing School and the D'Youville PA Program. Activities include: 1) Social Determinants of Health Module inserted into introductory courses; 2) IPE day for health profession students; 3) Simulation in longitudinal primary care for all 3rd year medical students and PA students interested in primary care; 4) IPE service learning initiatives; and 5) Formation of IPE Student Interest Group.

## **ABSTRACT**

### *Continued*

Objective 2. Establish the IPE Advanced Primary Care Training Program (APC Track Program). We will establish interprofessional APC learning teams at the clinical teaching sites to experientially teach students about APC, and improve access, quality, patient experience and cost of care in the clinical training environment. Objective 3. Increase diversity & capacity in the primary care workforce in underserved areas by developing two programs to facilitate career choice and post-residency training in primary care jobs in underserved areas.

Evaluation: Mixed methods will be streamlined to match the rapid cycle improvement feedback needs of the project team and teaching sites. The evaluation will assess patient, educational and workforce outcomes, with particular focus on Triple Aim impacts of better health, better care, lower unplanned cost, and better patient experience. It will track completers and graduates to measure primary care workforce impacts in underserved areas.