PRIMARY CARE TRAINING ENHANCEMENT PROGRAM
Awardee Profile: University of California, Davis

Organization	**University of California, Davis** Department or Division: Betty Irene Moore School of Nursing
Principal Investigator	**Debra Bakerjian, Ph.D., APRN, FAAN, FAANP, FGSA** dbakerjian@ucdavis.edu 916-734-2145
Partners	School of Nursing School of Medicine Clinical Pharmacy Residency Program Internal Medicine Residency Program Family and Community Medicine Residency Program Department of Pharmacy Residency Sacramento County Health Center (SCHC)

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted	• Faculty: nurses, physicians, pharmacists • Residents: internal medicine, family and community medicine, psychiatry • Medical or predoctoral students • Advanced practice students: nurse practitioner, pharmacy, physician assistant • Bachelor's students: nursing • Practicing primary care physicians • Other: medical assistants, social services students and staff
Primary project objectives	• Design the System-transforming, Patient-centered Longitudinal Interprofessional Community-based Education (SPLICE) curriculum and learning teams; • Transform the Sacramento County Primary Care Clinic by incorporating the 10 Building Blocks of High Performing Primary Care into the teaching practice; • Implement and scale SPLICE teams in transformed practice setting; • Evaluate and disseminate the SPLICE findings.

EVALUATION OVERVIEW

Evaluator contact information	**Ana Marin Cachu** anamarin@ucdavis.edu 916-734-7806

HRSA
Health Resources & Services Administration

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.
Measures and Tools	• Attitudes and perceptions of Interprofessional Education and Collaborative Practice survey • Consumer Assessment of Health Providers and Systems (CAHPS) survey. • Maslach Burnout Brief Inventory. • Building Blocks of Primary Care Assessment. • Number patient visits per 4 hour block. • Type patient visits (planned, drop in, emergency, behavioral health, other). • Waiting time for first and follow-up appointments. • Number of missed appointments. • Percentage follow-up visits by provider team. • Number of successful coaching calls made. • NQF 0028-Preventive Care and Screening: Tobacco Use: Screening/Cessation Intervention. • Percentage of antibiotics prescribed per 100 visits. • Percentage of patients 18 to 85 years of age with diagnosed hypertension whose blood pressure was less than 140/90. • Percentage of adult patients 18 to 75 years of age with a diagnosis of types I or II diabetes, whose hemoglobin A1c was less than or equal to 9 percent. • Percentage of patients age 12 and older screened for clinical depression using age-appropriate standardized tool and follow-up plan documented. • Emergency department and hospital use per 1,000 patients.\ • Number of quality improvement projects, number that improve, and sustainment of improvements.

ABSTRACT
As submitted with proposal

Despite increasing demand, the capacity of the primary care (PC) workforce continues to be insufficient to meet the needs of society. The University of California, Davis (UCD) Schools of Health (Nursing and Medicine) are leaders in training diverse, culturally competent PC professionals from disadvantaged backgrounds. Graduates of our School of Medicine (SOM), Physician Assistants/Family Nurse Practitioner (PA FNP) program, and PC Internal Medicine (PC-IM) and Family and Community Medicine (FCM) residency programs enter the PC workforce at high rates: >30% of SOM graduates choose PC residencies; and 60% of FNP/PA, 68% of PC-IM, and 90% of FCM graduates practice in primary care. Additionally, in 2014, 61% of FNP/PA, 52% of PC IM, and 40% of FCM graduates work in medically underserved communities. The overall goal of this application is to develop, test and disseminate a community-based collaborative PC practice model that improves the patient experience, advances population health, reduces costs, and enhances provider well-being. The SPLICE (System-transforming, Patient-centered Longitudinal Interprofessional Community-based Education) initiative is a collaborative practice curriculum for PA, FNP and medical students and PC residents. PC IM, FCM and pharmacy residents will lead inter-professional learner teams to provide data-driven high-quality care, including integrated behavioral health, to medically vulnerable communities at the Sacramento County Primary Care Clinic (PCC), a Federally Qualified Health Center. In addition, we will provide training to faculty and clinic staff

ABSTRACT
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to transform the PCC into a high performing primary care practice. The team was recently selected to participate in PACER (Professionals Accelerating Clinical and Educational Redesign), a 3- year faculty development program that educates high functioning interprofessional teams to transform their clinical practices and educational programs, positioning us to be successful in this SPLICE endeavor. UCD is located in Sacramento, the 2nd most racially and ethnically integrated major city in America (American Community Survey, 2013), and is surrounded by a Health Professions Shortage Area where nearly 22% of residents are foreign born, 27% are Hispanic/Latino, 23% are Black/African American, and 37% speak a language other than English at home (U.S. Census Bureau, 2010). Within the five-year grant period, SPLICE will transform practice and community health via the following objectives:

Objective 1: Design the SPLICE curriculum and learning teams.

Objective 2: Transform the Sacramento County PCC by incorporating the 10 Building Blocks of High Performing PC into the teaching practice.

Objective 3: Implement and scale SPLICE teams in transformed practice setting.

Objective 4: Evaluate and disseminate the SPLICE findings.