



PCC Quarterly Meeting Agenda

Wesley Woods Health Center – 5th Floor Conference Room

Wednesday, April 24, 2019, 1:30-3:00 P.M. (lunch provided)

Attendees: Antonese Wilson, Bonnie Proulx, Danielle Jones, Frederick Turton, Leigh Partington, LeShea Turner, Miranda Moore, Luke Anderson, Cathi Durham, Emily Herndon, Kennard Hood, Kimberly Rask, Tina-Ann Thompson, Ann Vandenberg, Kristina Lundberg, Melissa Stevens, Allison Leppke, Carolyn Clevenger

- I. Welcome and Introductions (5 minutes) **(Danielle Jones, MD)**
- II. Financial Reports (5 minutes)
 - a. Budget Update **(Luke Anderson)**
 - i. Currently working through FY20, initial asks reduced by around 30% for everyone
 - ii. Recruitment package set up for Mo Ali—he has great ideas and plans
 - iii. Other finances are good!
 - b. Sponsorship Committee Report **(Miranda Moore, PhD)**
 - i. 2 LIPD requests, encouraged attendees to mention to students
 - ii. No ASE so far
 - c. Grants Committee Report **(Miranda Moore, PhD)**
- III. Update on Activities (40 minutes)
 - a. Pipeline Committee **(Allison Leppke, FNP)**
 - i. We need preceptors! People encouraged if available
 - ii. Announced Sonya Green, gave thanks to Allison Leppke and Erica Webb for doing amazing work
 - iii. Discussed HB287
 - b. Speaker Bureau **(Danielle Jones, MD)**
 - i. Write into Leigh if you have speakers
 - ii. If interested in speakers to co-sponsor we are interested, contact Leigh
 - iii. Leigh represented for us at Betty Rose lecture
 - c. Emory Trainee Recruitment Workgroup **(Miranda Moore, PhD)**
 - i. Setting up time to have first meeting
 - d. Emory Population Health Management and PC Redesign **(Chris Masi, MD, Fred Turton, MD and LeShea Turner)**
 - i. Working to develop workable quality measures
 1. There are models that will be looked at
 - ii. Have hired data analyst, sr. manager and interviewing engineer
 - iii. Goal is 2 MAs to 1 provider, hopefully FY20
 - iv. Care coordinator meeting to make sure work is standardized
 - v. Behavioral is still searching for clinical staff
 1. Can reach out to LeShea Turner, Fred Turton, Chris Masi, Kristina Lundberg
 - e. Emory Clinical Recognition/Awards Program **(Fred Turton, MD)** *see slides*
 - i. Revisited to ensure everyone has same understanding
 - ii. Referenced NCQA 2017 for how they do performance measurements



- iii. Generating program we want with standards we've previously mapped
 - iv. How to evaluate, recognize and elevate providers
 - v. Tina Ann: how will recognition work, specifically for public opinion → requires marketing
 - 1. We have to figure out incentives, make sure not perceived as punitive or judgmental
 - a. How to account for inequities between practices
 - vi. Kimberly: promote levels > "stars", continually working towards the highest level, avoiding judgement that comes with the alternative
 - vii. Danielle: Make sure our system does not affect money/bonuses
 - viii. Goal is to have everyone involved—not just individual providers
 - ix. Tina Ann: Make it practice level to start so providers don't feel overwhelmed and burdened by this
 - 1. Danielle: Will providers be motivated by practice level incentives?
 - x. Durham: critical to make sure mission is clear and everyone knows what/why
- f. Reports from Funded Groups
- i. Primary Care Progress (**Erica Webb, FNP**)
 - 1. In recruitment stages
 - ii. STFM/ABFM Preceptor QI Pilot (**Emily Herndon, MD**) *see slides*
 - 1. Presented at SGAA and will again soon at a conference
 - 2. The study decided to look at feedback
 - a. Teachingphysician.org → can earn credits
 - i. \$900 for 20 preceptors
 - ii. Can divide the costs
 - 3. Just MDs in study, not PAs, NPs, etc.
- IV. New Business (35 minutes)
- a. Branding Activity (**Danielle Jones, MD**)
 - b. Member Updates
- V. Meeting Wrap-up (5 minutes) (**Danielle Jones, MD**)
- a. Next meetings: July 31, 1-2:30 pm; October 30, 1-2:30 pm; January 28, 1-2:30 pm

Vision: Careers in primary care are viable, sustainable, and rewarding. Emory becomes a destination for training and working in primary care.

Mission: To promote a positive, diverse culture of collaboration and engagement that supports high value and quality patient-centered primary care, discovery and innovation.

Goals:

- To offer and sustain opportunities for excellence in clinical practice, scholarship, research, education, and leadership.
- To serve as a focal point for implementation and on-going integration of activities supporting primary care - across the departments, schools, health systems and communities.
- To support further growth of high-functioning, interdisciplinary, teams, and expand the pipeline of primary care leaders, clinicians, and researchers.
- To support learner focused initiatives.



Activities:

- Faculty Engagement, Promotion, Recruitment, and Retention
- Funding Support for Student Groups, Emory Primary Care Branding/Outreach (External and Internal Audiences), Individual Project Grants
- Cataloging and Promoting Emory's Primary Care Activities/Projects/Efforts

Emory Primary Care Incentive and Evaluation Structure

Primary Care Collaborative
April 24, 2019

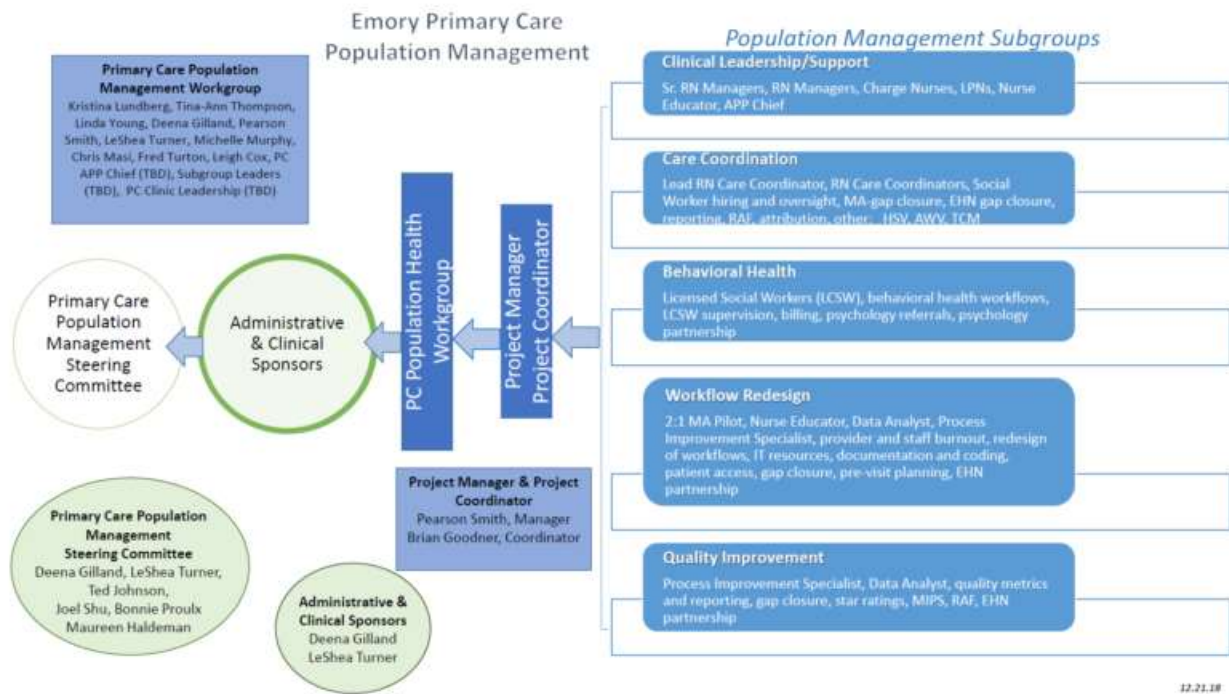
Can an Incentive & Evaluation Structure Be Built?

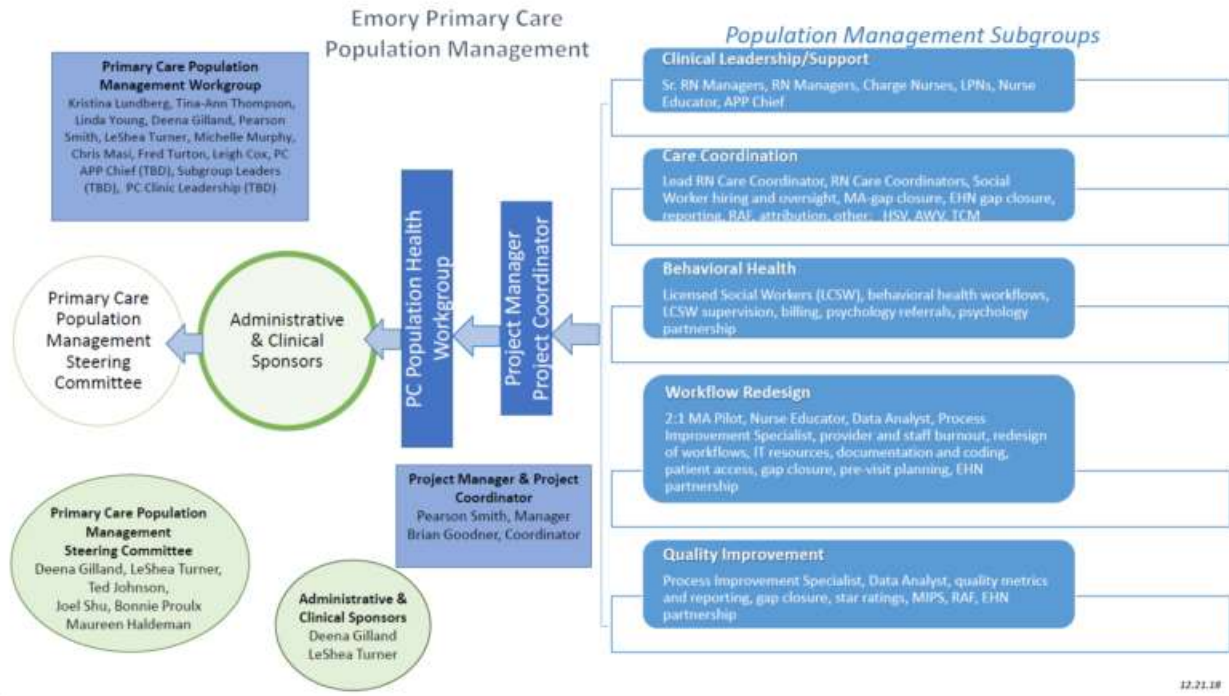
- Unifies (Standardizes) disparate parts of Emory Primary Care
- Builds community
- Incentivizes the provider, site leader and practice
- Recognizes outstanding performance
- Performs as an evaluation tool



NCQA PCMH 2017

- Team Based Care & Practice Management
- Knowing & Managing Your Patients
- Patient-Centered Access & Continuity
- Care Management & Support
- Care Coordination & Care Transitions
- Performance Measures & Quality Improvement





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Emory Primary Care Population Management

- Clinical Leadership/Support
- Care Coordination
- Behavioral Health
- Workflow Redesign
- Quality Improvement



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Quality Improvement Competencies

PRACTICE EXAMPLES

- Pre-visit questionnaires
- Pre-visit checklist
- Scanning procedures
- Monthly quality meetings
- ...

PROVIDER EXAMPLES

- Attains pre-defined quality measures
 - Disease screening
 - Disease management
 - Vaccines
 - ...
- Participation in quality improvement efforts
- ...



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Primary Care Consortium

PROPOSAL: Have each Population Health Subgroup develop practice level and provider level competencies in their area of expertise that can be used to recognize excellence and promote improvement throughout Emory primary care.



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SCHOOL OF
MEDICINE

Department of Family
and Preventive Medicine

Improving Preceptor Feedback at the Point of Care

STFM/ABFM Precepting
Performing Improvement Pilot



Preceptor Crisis and MOC



STFM/ABFM Precepting Performance Improvement Program

This program offers Performance Improvement credit for certification (previously MOC Part IV) to ABFM diplomates who provide personal instruction, training, and supervision to a medical student or resident and who participate in a teaching improvement activity. ABFM is piloting the program before opening it up to all academic units/preceptors

<http://www.stfm.org/Resources/ResourcesforMedicalSchools/PreceptorExpansionInitiative/Tactic5>



Pilot Requirements

1. Identify a need
2. Create an aim for improvement
3. Conduct an Intervention
4. Measure Improvement

Pilot Program Team



- Emily Herndon MD, Clerkship Director, Adult Primary Care
- Porsha Clayton, Clerkship Coordinator, Adult Primary Care
- Jose Villalon-Gomez MD, MPH, FM Residency Program Director
- Miranda Moore, Research Coordinator, FM Residency Program



Emory Adult Primary Care Clerkship



- 6 week rotation
- 31 sites with 55 preceptors (37 FM, 18 IM)
- 4 Rural sites
- 7 preceptors are core faculty
- All of our non-core faculty preceptors are volunteers (unpaid)



Improve Preceptor Feedback at the Point of Care

- Intervention: Teaching Physician Subscription
- 5 Feedback Modules
- Allowed participating preceptors 4 months to complete (July-Oct.)



Assessment: Pre and Post survey of preceptors and their learners.

Survey Questions (Learners)

- My preceptor gave me both positive and negative feedback (verbal or written) frequently.
- My preceptor gave me feedback in real time.
- My preceptor's feedback was based on their observations of my performance.
- My preceptor provided feedback on my medical/clinical knowledge.
- My preceptor provided resources or suggestions for improvement.
- My preceptor's feedback was given in a respectful way.
- I found my preceptor's feedback to be valuable.





Tracking/administrative requirements



- Tracking the required 180 hours of direct preceptor: student interactions: already being done (Georgia Preceptor Tax Incentive)
- Administrative Time (by clerkship coordinator): about 100 hours/year
- Team met twice (2 hours each)
- 2 required webinars by ABFM/STFM (2 hours each)

Results

- 16 physicians participated (6 core, 10 community)
- Number of Learners impacted: M2(4), M3(72), M4(8), Residents (28)
- Learners who responded to survey: Pre-intervention (55); Post-intervention (45)





Did it work?

Preceptor Self Assessment: Sample size (N=16) too small to show any statistical significance

Learner Evaluation of Preceptor Feedback showed statistical improvement in the following areas:

- My preceptor provided resources or suggestions for feedback ($p=0.08$)
- I found my preceptor's feedback to be valuable ($p=0.05$)



Impact on recruitment/retention

- FM Preceptors overwhelming liked obtaining ABFM MOC Part IV credit through Emory (we took on all the administrative burden).
- Although we did not recruit any *new* preceptors during this time frame, we were able to re-engage less active preceptors
- Added this as a bullet point in our recruiting brochure, and potential preceptors are very interested in both this and the GA preceptor tax incentive



Lessons Learned/Moving Forward

- Plan on continuing the subscription to the Teaching Physician*
- Better job of advertising to all primary care preceptors (FM, IM, Peds, OPEX, NP and PA) that this subscription is available and can earn up to 40 hours of CME.
- Administrative burden on our department should be improved now that we have done this and have templates in place.
- Future QI projects include other FD topics (Bedside teaching, evaluation, teaching strategies, difficult learners, etc.)