



PCC Quarterly Meeting Minutes

Wesley Woods Health Center – 5th Floor Conference Room

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

Attendees: Camille Vaughan, Chris Masi, Miranda Moore, Fred Turton, Danielle Jones, Sonya Green, Tina-Ann Thompson, Joel Shu, Ted Johnson, Ann Vandenburg, Maha Lund, Ambar Kulshreshtha, LeShea Turner, Luke Anderson, Jason Freiji, Leigh Partington, Mo Ali, Stacey Higgins, Carolyn Clevenger, Mary Pierre, Jenifer Lom

- I. Welcome and Introductions (2 minutes) **(Danielle Jones)**
 - a. Thanked Dr. Moore for her role(s) with us
- II. Update on Activities
 - a. Multidisciplinary Student Hypertension Clinic **(Michele Cellai, NP) (10 minutes) (See Slides)**
 - i. Discussion of physician reluctance to send patients to CD clinic/NP's
 1. Suggested adding this to research to determine “why” + solution(s)
 - ii. Highlighted the need for Emory to promote teamwork between providers
 1. Patient communication to providers has allowed for them to look at CD clinics positively
 - b. Official Welcome **(Dr. Mohammed Ali and Emily Chuba) (10 minutes)**
 - i. Dr. Ali has been at Emory for 11 years
 - ii. Consults with the CDC and has Vice Chair position
 - iii. Goal: to be in top 10 of DFPM in coming years
 - iv. Made great research discovery through NIDDK grant on partners developing diabetes
 - c. TEC GIM Faculty Development Grant Program & Population Health Update **(Dr. Chris Masi) (20 minutes) (See Slides)**
 - i. Has gotten first applicant and verbal interest
 - ii. Selection committee TBD
 - iii. 2 MA to 1 Provider started at 1525 Clifton (pilot)
 - d. Pipeline Committee **(Sonya Green, MMSc and Dr. Danielle Jones) (See Slides)**
 - i. Suggests adding practicing physicians and APPs
 - ii. Creating guidelines for learners
 - iii. Important to understand how many learners in marketplace? Pressure on demand. How many sites?
 - iv. Suggestion to add Pam Vohra
 - v. Suggested very focused/narrow group due to difficulty getting together
 - vi. Adding someone with experience with VA and Geriatrics → follow up with Dr. Vaughan
 - vii. What are ideas that would make taking a learner easier?
 - viii. Drs of Pharmacy model is an example to look at
- III. Financial Reports (5 minutes)
 - a. Budget Update **(Luke Anderson)**
 - b. Sponsorship Committee Report **(Antonese Wilson)**



- c. Grants Committee Report (**Antonese Wilson**)
- IV. New Business (5 minutes)
 - a. Member Updates
- V. Meeting Wrap-up (5 minutes) (**Danielle Jones**)
 - a. Next meetings: January 28, 1:30-3:00 pm; look out for the announcement on next year's dates
 - i. Next years dates: April 29th, July 29th and October 28th from 1:30-3:00pm

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
UNIVERSITY

Primary Care Consortium

Chronic Disease Management Clinic: Interprofessional Education

(Formerly hypertension clinic)

Internal Medicine

The Seavey Clinic

Michele Cellai, DNP
Lydia Newsom, Pharm D
Jason Higdon, MD
Jennifer Zreloff, MD

The Emory Clinic
Emory University School of Medicine
Mercer University College of Pharmacy
Emory University School of Nursing



Goals

- Achieve benchmarks for percent of patients at blood pressure goal
- Team Based Care-
PHARMACY, MEDICINE,
NURSING
- Research on
Interprofessional
Education



Who can be referred?

- ▶ Any patient requiring an appointment for blood pressure management
- ▶ Any patient requiring a follow-up appointment for blood pressure management



Why do it this way?

- ▶ Nurse-Driven HTN follow-up clinic was successful at improving BP control at Patient-Centered Primary Care (PCPC)
- ▶ Patient convenience
- ▶ Close follow up available
- ▶ Need for learners to participate in Interprofessional patient care
- ▶ Study impact of IPE on learners
- ▶ Value added service that enhances patient care

Benefits

- ▶ A care team solely focused on improving control of chronic health conditions
- ▶ An in depth review of medication and lifestyle
- ▶ Dedicated follow up time for providers that don't have time in their schedule
- ▶ Good learning experience for students- a nurse practitioner teaching MD, pharmacy, and NP students
- ▶ Peer-to-peer teaching among student



Restrictions

- ▶ VISIT WILL ONLY FOCUS ON ONE CONDITION



Barriers

- ▶ Patients want to see “their” doctor/ provider
- ▶ One half day per week may not be convenient
- ▶ Doctor/ Provider does not want to refer their patient
- ▶ Some patients may be resistant to seeing students
- ▶ Some patients may be resistant to seeing a nurse practitioner



Clinic Plan

- ▶ Two students per clinic: MD/Pharmacy, MD/ NP, NP Pharmacy
- ▶ Students rotate through, ideally participating in at least two clinics during their rotation
- ▶ Students are provided with preparatory materials:
 - ▶ Evidence based guidelines
 - ▶ Clinical resources
 - ▶ Subjective/ objective data to collect and assess

Clinic Plan (cont)

- ▶ Students pre-round on patients- chart review
- ▶ Students see patient together
- ▶ Students present to NP
- ▶ Full team sees the patient



Research

- Currently in pilot phase
- Formal data collection to commence later this quarter or next
- Plan is to have some “lessons learned” to work out kinks before starting data collection



Research

- ▶ Interprofessional Education
 - To evaluate the impact of an interprofessional patient care visit on student perceptions regarding other health professions and interprofessional collaborative practice.
 - To evaluate student perceptions of learning in an interprofessional environment
 - Characterize the student-defined roles of medical, nurse practitioner, and pharmacy professionals in the provision of patient care
 - Identify perceived barriers to interprofessional engagement of medical, nurse practitioner, and pharmacy students



Research

Patients

- ▶ Survey to evaluate satisfaction with care
- ▶ Evaluation of clinic metrics pertaining to blood pressure

Students

- ▶ I-TOFT: tool for instructor to evaluate students undertaking IPE
- ▶ SPICE-R2: survey of student attitude on IPE experience

Next Steps

- ▶ Start referring patients with diabetes that require close follow up
- ▶ Achieve benchmarks for percent of patients with A1c below established level (9%)*
- ▶ Any patient requiring an appointment for diabetes management or follow up



EMORY
UNIVERSITY

Primary Care Consortium



Questions?

GIM Faculty Development Program & Update on Primary Care Redesign

CHRISTOPHER MASI, MD
PRIMARY CARE MEDICAL DIRECTOR
GENERAL INTERNAL MEDICINE, 1525 CLIFTON RD.
OCTOBER 30, 2019



GIM Faculty Development Program

- ▶ GIM faculty receive funding every year for CME
- ▶ Requests from Primary Care faculty for additional funding to attend leadership and training conferences
- ▶ Question: Should we consider these requests as they come along or should we create a program to encourage best use of funds?

GIM Faculty Development Program

- ▶ GIM faculty receive funding every year for CME
- ▶ Requests from Primary Care faculty for additional funding to attend leadership and training conferences
- ▶ Question: Should we consider these requests as they come along or should we create a program to encourage best use of funds?





GIM Faculty Development Program

- ▶ GIM faculty receive funding every year for CME
- ▶ Requests from Primary Care faculty for additional funding to attend leadership and training conferences
- ▶ Question: Should we consider these requests as they come along or should we create a program to encourage best use of funds?



- ▶ "Create the damn program!"

Hospitalist Faculty Development Program

- ▶ Started in April 2019
 - ▶ Two rounds of funding per year
- ▶ Applications due in April and August
 - ▶ Indicate specific conference
 - ▶ Submit a detailed budget
 - ▶ CV in Emory faculty format
 - ▶ List SMART (specific, measurable, achievable, relevant, time-based) goals
 - ▶ Judged anonymously by panel of hospitalists
 - ▶ 4-5 awards per cycle
 - ▶ Average award is \$3,000 - \$4,000
 - ▶ Expectation of scholarly activity (regional or national poster or talk)



Reena Hemrajani, MD



Funding the GIM Program through SOUP

- ▶ Sharing Organizational Unit Performance
- ▶ Each division in the Department of Medicine chooses key quality metrics
- ▶ Additional Department funding shared with each division based upon achievement of goals

SOUP Metrics	FY 2019	Desired Direction	FY '19 Threshold	FY '19 Target
BLOOD PRESSURE CONTROL IN HYPERTENSIVE PATIENTS	76.5%	↑	73.6%	74.7%
TIMELY ENDORSEMENT OF INBOX RESULTS - LAB/RADIOLOGY/CARDIOLOGY	95.4%	↑	92.2%	95.0%
FINAL FY19				
MEETS OR EXCEEDS TARGET (2 points) ■	FY19 SOUP Points		Total Possible Points	Potential Percentage of SOUP Points
MEETS THRESHOLD (1 point) ■				
DOES NOT MEET THRESHOLD OR TARGET (0 points) ■				
	8	8	100.0%	

GIM Faculty Development Program

- ▶ Modeled on Hospitalist program
- ▶ General Internists and Geriatricians
- ▶ Announced 10/18/19; initial deadline 11/15/19
- ▶ Indicate specific conference
- ▶ Indicate a mentor
- ▶ Submit a detailed budget
- ▶ CV in Emory faculty format
- ▶ List SMART goals; also indicate how this will boost attendee's leadership in a specific area and benefit GIM
- ▶ Judged anonymously by GIM panel
- ▶ 4-5 awards in FY20; each award \$4,000 - \$5,000
- ▶ Expectation of scholarly activity



Application

**The Emory Clinic (TEC) General Internal Medicine (GIM)
FY20 Faculty Development Awards Program**

Due Date: Friday, November 15, 2019

Please read the instructions (separate attachment in email) carefully.

SECTION I:

Faculty Member Name (Last, First): _____
 Clinic Site: _____
 Mentor (see instructions - please indicate whether they have reviewed and approved the application): _____

Planned academic focus (select as many as apply):
 Quality Improvement Education Leadership Other: _____

SECTION II:

Proposed Course:
 Course Dates: _____
 Course Location: _____
 Proposed Budget: Tuition: _____
 Travel (Flight & Ground) estimate: _____
 Lodging estimate: _____
 Food (max \$100/80-day) estimate: _____
 Deadline for early registration (if applicable): _____
 TOTAL: _____

SECTION III:

Please attach your updated CV (within 3 months), use the School of Medicine format
link.emory.edu/administration/faculty_affairs_documents/cv.html

SECTION IV:

1. On a separate sheet, please list 2-3 "SMART" goals (see instructions) that the proposed course will

Instructions

**The Emory Clinic (TEC) General Internal Medicine (GIM)
FY20 Faculty Development Awards Program**

Application Instructions

Section I:

A) We require all applicants to have a mentor for their project. If you currently do not have a mentor, we can help you find someone who fits your interests. Your mentor should review and sign-off on your application before you submit it.

B) Note that the award does NOT provide for additional time off - it is your responsibility to work out your clinical schedule with the appropriate person at your site.

Section II:

This section is relatively self-explanatory, but please research prices carefully. For example - let us know if there is a discount for early registration and the date that the rate expires. Find out in advance which meals are included (if any) and deduct from the food budget accordingly.

Section III:

Submit your CV with the application. Please make sure it has been updated within the last 3 months. The School of Medicine has a template that can be easily filled out and/or modeled from - the link is included in the application.

Section IV:

1) You should describe 2-3 SMART goals. One of the goals should include a plan for submission of an abstract, paper, or other scholarly work (in many cases, submitting an abstract to a regional/national conference will be acceptable).

SMART goals:

S: Specific (what exactly are you planning to accomplish?)
 M: Measurable (suggest an indicator of progress)
 A: Achievable (can be accomplished within a 3-12 month timeframe with available resources)
 R: Relevant (how will it benefit you and the Division?)
 T: Time-based (when will you achieve this?)

Examples of SMART goals:

SMART goal for an entry-level course: I will develop three 5-minute "chalk talks" by December 2020 and have a peer directly observe me while I give the talk to my residents and then provide feedback. The benefit to GIM will be through improving the quality of education for internal medicine trainees. Through this course and subsequent teaching, my skills as a medical educator will improve.

SMART goal for a medium-level course: Over 12 months, I will work with GIM leadership and colleagues to reduce the rate of uncontrolled diabetes (defined as A1c > 9%) from 4% to 3%. The benefit to the



List of Conferences

The Emory Clinic (TEC) General Internal Medicine (GIM) FY20 Faculty Development Awards Program

Association of American Medical Colleges Leadership Courses

- > See <https://www.aamc.org/members/leadership/catalog/>

Education

- > UGA Teach Certificate
- > AAMC Medical Education Research Certificate (MERC)
- > Harvard Macy Institute**
- > Association for Medical Education in Europe (AMEE) Annual Conference
- > McMaster University EBOP Workshop: Improving Your Teaching Through Evidence-Based Clinical Practice
- > Duke University Teaching and Leading EBM: A Workshop for Teachers and Champions of Evidence-Based Medicine
- > American Academy on Communication in Healthcare (AACCH): Research and Teaching Forum
- > Ottawa Conference on the Assessment of Competence in Medicine and the Healthcare Professions

Quality

- > Emory Healthcare Quality Academy*
- > Clinical Documentation Improvement Boot Camp
- > ACP: Three Faces of Quality
- > American Academy on Communication in Healthcare (AACCH): International Conference on Communication in Healthcare
- > Institute for Healthcare Improvement: Multiple Courses/Programs Available

Leadership

- > Leadership Certification Program**
- > ACP: Masters in Medical Management**
- > ACP Leadership Enhancement and Development (LEAD) Program & Certificate
- > AAMC Early Career Women Faculty Professional Development Seminar
- > AAMC Mid-Career Women Faculty Professional Development Seminar
- > AAMC Executive Leadership Program**

Questions?

cmasi@emory.edu



Update on Primary Care Redesign

Quadruple Aim

- ▶ Improve the health of the population
- ▶ Improve patient experience
- ▶ Control costs
- ▶ Improve the work life of health care clinicians and staff



Primary Care Population Management Plan

	30 Days (September 2019)	60 Days (October 2019)	90 Days (November 2019)
Advance Care Planning	<ul style="list-style-type: none"> IT build & approval process 	<ul style="list-style-type: none"> Provider training 	<ul style="list-style-type: none"> Roll-out advance care planning across primary care (tentative) Potential roll-out in additional primary care practices
Healthy Start Visits (Healthy Advantage Exams)	<ul style="list-style-type: none"> Roll-out in LaGrange (Saturday clinics) 	<ul style="list-style-type: none"> Continue LaGrange pilot & determine next steps 	<ul style="list-style-type: none"> Potential roll-out in additional primary care practices
Depression	<ul style="list-style-type: none"> Define billing requirements IT build & approval process. 	<ul style="list-style-type: none"> IT build continued 	<ul style="list-style-type: none"> Roll-out of depression billing across all PC practices
Care Coordination	<ul style="list-style-type: none"> Training & standardization with current care coordinators Hire additional care coordinators 	<ul style="list-style-type: none"> Hire additional embedded care coordinator for FY20 budget 	<ul style="list-style-type: none"> Hire additional embedded coordinators AWV & TCM
Behavioral Health Integration	<ul style="list-style-type: none"> Kick-off BH and PC workgroups 	<ul style="list-style-type: none"> Behavioral Health & Primary Care meetings LCSW positions posted 	<ul style="list-style-type: none"> Continue program development Continue to recruit LCSW (Jan/Feb start)
2 MA: 1 Provider	<ul style="list-style-type: none"> Continue to develop model Delineate activities of second MA 	<ul style="list-style-type: none"> Implement 2 MA: 1 Provider in 3 pilot sites (MOT, 1525, PH) 2 MAs hired at 1525 	<ul style="list-style-type: none"> Implement 2 MA:1 provider in 3 pilot sites
Pre-visit Planning	<ul style="list-style-type: none"> Continue to develop pre-visit planning process 	<ul style="list-style-type: none"> Implement pre-visit planning standardization Develop scorecard with defined measures 	<ul style="list-style-type: none"> Continue scorecard development All sites to working on defined measures
Gap Closure	<ul style="list-style-type: none"> Hire and train gap closure staff 	<ul style="list-style-type: none"> Post gap closure staff positions Hire gap closure staff 	<ul style="list-style-type: none"> Gap closure staff to focus on mammography and colorectal screening for multiple sites
Annual Wellness Visits	<ul style="list-style-type: none"> Outreach to United Healthcare Medicare Advantage patients 	<ul style="list-style-type: none"> Focus on all patients eligible for AWVs 	<ul style="list-style-type: none"> Focus on all patients eligible for AWVs
Scorecard	<ul style="list-style-type: none"> Work on standardized population health scorecard 	<ul style="list-style-type: none"> Design scorecard 	<ul style="list-style-type: none"> Design scorecard with Nov/Dec rollout
Transitional Care Management	<ul style="list-style-type: none"> IT build and approval process 	<ul style="list-style-type: none"> Implement TCM in 3 pilot sites 	<ul style="list-style-type: none"> Continue TCM roll-out with focus on high hospital discharge sites

2 MA: 1 Provider Model



Co-location



2 MAs: 1 Provider



Pre-visit Planning

Pre-Visit Planning Document Emory at 1525 Last Refresh Date: 10/16/19

Age: 71 years	Gender: Female
Location: GIMCF6	Appointment: Oct 14, 2019 8:00 AM
Provider: Christine O'Rourke-Austin	MARA Risk: 1.45

Registry: Diabetes

Measure Name	Status	Due Date	Source Type
Blood Pressure - NGM6 mm Hg	Not Achieved	6/11/19	EMR
Body Mass Index	Not Achieved	6/11/19	EMR
Eye Exam	Achieved	6/5/20	CLAM
Eye Exam	Achieved	6/5/20	EMR
Foot Exam	Not Achieved	6/11/19	EMR
HbA1c - Poorly Controlled - HbA1c > 9.0%	Not Achieved	Due Now	EMR

Registry: Senior Wellness

Measure Name	Status	Due Date	Source Type
Body Mass Index	Not Achieved	6/11/19	EMR
Breast Cancer Screening	Achieved	6/11/21	CLAM
Breast Cancer Screening	Achieved	6/11/21	EMR
Colonial Cancer Screening	Achieved	4/4/24	EMR
Depression Screening	Data Missing	Due Now	
Lipid Panel	Achieved	6/10/21	CLAM
Lipid Panel	Achieved	6/10/21	EMR

MA/LPN PVP Activities

MA/LPN Workflow for Key Quality Measures at 1525 (10/25/19)

PVP Report Indicator Measure Not Achieved or Data Missing	MA/LPN Action
1. Depression Screening	Standard part of rooming
2. Body Mass Index	Standard part of rooming
3. Blood Pressure 140/90 mm Hg	Repeat BP if 140/90 or higher, record both measures. Goal is to make AOBP measure the stabilized when patient BP is 140/90 or higher.
4. MA/Asi Footwear Control (HbA1c > 9%)	POC A/L, physician will intensify therapy.
5. Seniors At Risk Monitoring	POC A/L if due
6. Foot Exam	Shoes and socks off. MA/LPN or provider performs and completes Report/Notes
7. Hypertrophy Monitoring	Provider orders MA/LPN prepares order & provider signs.
8. Lipid (Cholesterol & Triglyceride)	Provider orders
9. Lipid Panel	Provider orders MA/LPN prepares order & provider signs.
10. Colorectal Cancer Screening	To find prior colonoscopy reports, select patient record in Power Chart Go to Clinical Notes and look in Endoscopy → Colonoscopy If prior colonoscopy is found, print the report, STAMP it and give to provider to review & send. If record is not found in endoscopy, go to Outside Records and Releases → Outside Records and search for report in other folders. If report still not located, prepare A/L for patient to sign during visit Also, check Results Reviewer → Lab-18 Orders for Test Studies, Check Blood, Equal, Inequality. If result is negative, update health Maintenance/Recommendations. If positive the PT result does not automatically update Health Maintenance/Recommendations. This process should be standardized and explained in detail to the staff MA and provider use the same steps. We may need to create new Expectations in Health Maintenance.
MA activity during rooming	Discuss Report with patient. If patient states colonoscopy was done outside Emory, have patient sign the ROR to obtain the report. If patient has not had colonoscopy or had PVL, notify provider. Provider to review benefits of colonoscopy or PVL and order what patient agrees to. Fax ROR to appropriate office to request a copy of the Colonoscopy
MA activity to request report	For ROR to appropriate office to request a copy of the Colonoscopy
MA action when report rec'd	MA passes it to an LPR receiving team
MA action to update Health Maintenance/Recommendations	LPR receives form, applies STAMP and puts in provider box for review. Go to the Recommendation tabs in Power Chart Select measure Document according to disposition of measure (Proposed, Refuse, Declined, Power Form, Satisfied Elsewhere). This process should be standardized and explained in detail so that each MA and provider uses the same steps. We may need to create new Expectations in Health Maintenance. Add Additional comment if needed to comment box Press Green Check mark at top left when complete
11. Breast Cancer Screening	To find prior mammogram reports, select patient record in Power Chart Go to Clinical Notes Look in Outside Records → Outside Records and search for report in other folders. If report still not located, prepare A/L for patient to sign during visit

MA activity during rooming	If report is not found, go to Outside Records and Releases → Outside records and search for report in other folders. If report still not located, prepare A/L for patient to sign during visit. Discuss Report with patient. If patient states mammogram was done outside Emory, have patient sign the ROR to obtain the report. If patient has not had mammogram notify provider. Provider to order mammogram or reinforce need to complete mammogram
MA activity to request report	For ROR to appropriate office to request a copy of the mammogram
MA action when report rec'd	MA passes it to an LPR receiving team
MA action to update Health Maintenance/Recommendations	LPR receives form, applies STAMP and puts in provider box for review. Go to the Recommendation tabs in Power Chart Select measure Document according to disposition of measure (Proposed, Refuse, Declined, Power Form, Satisfied Elsewhere). This process should be standardized and explained in detail so that each MA and provider uses the same steps. We may need to create new Expectations in Health Maintenance. Add Additional comment if needed to comment box Press Green Check mark at top left when complete
12. Eye Exam	Select patient record in Power Chart Go to Clinical notes Look in Examinations by Specialty Ophthalmology → Ophthalmic MTC In the note, look for Ophthalmology Exam of Vision and Report by MD or DO. If record is found, print the report, STAMP and give to provider to review & initial If record is not found, go to Outside Records and search for report in other folders If report still not located, prepare A/L for patient to sign during visit
MA activity during rooming	Discuss Report with patient. If patient states eye exam was done outside Emory, have patient sign the ROR to obtain the report. If patient has not had eye exam notify provider. Provider to be able ordering to right settings, or reinforce need to complete eye exam
MA activity to request report	For ROR to appropriate office to request a copy of the eye exam
MA action when report rec'd	MA passes it to an LPR receiving team
MA action to update Health Maintenance/Recommendations	LPR receives form, applies STAMP and puts in provider box for review. Go to the Recommendation tabs in Power Chart Select measure Document according to disposition of measure (Proposed, Refuse, Declined, Power Form, Satisfied Elsewhere). This process should be standardized and explained in detail so that each MA and provider uses the same steps. We may need to create new Expectations in Health Maintenance. Add Additional comment if needed to comment box Press Green Check mark at top left when complete
13. Pneumonia Vaccination	Select patient record in Power Chart Look in Immunizations Check primary orders for previous order (this is the start)
MA activity during rooming	Ask patient if they received pneumonia Request ROR or documentation if patient received outside Offer to patient if they have not received and fill within the parameters



EMORY
UNIVERSITY

Primary Care Consortium

Questions?

Pipeline Committee

Sonya Green
Danielle Jones

 **EMORY**
UNIVERSITY | Primary Care Consortium





EMORY
UNIVERSITY

Primary Care Consortium

Our Mission

“

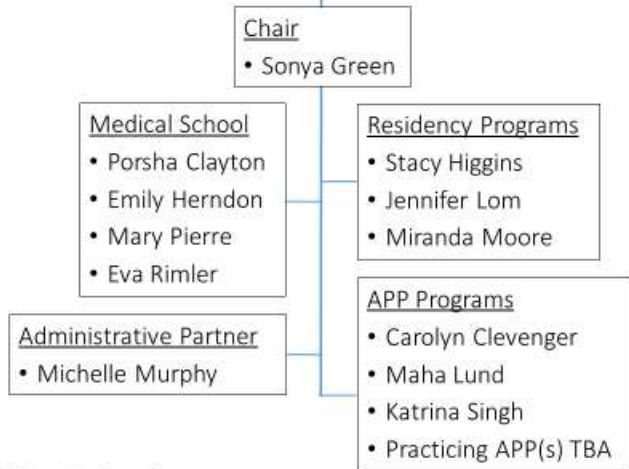
To encourage students across our spectrum of learners
to enter primary care, especially at Emory

EMORY UNIVERSITY | Primary Care Consortium








Pipeline Committee Invited Members





Our Potential Projects

 <p>Starting a multidisciplinary APP residency</p>	 <p>Enhancing PC rotations: increasing the percentage of students learning at Emory Healthcare sites</p>	 <p>Brainstorm of ideas?</p>
---	---	---

