



PCC Quarterly Meeting Minutes

Wesley Woods Health Center – 5th Floor Conference Room

Wednesday, January 30, 2019, 12:00-2:00 P.M. (lunch provided)

I. Welcome and Introductions (5 minutes) **(Danielle Jones, MD)**

Meeting started with brief introductions of attendees. In attendance: Antonese Wilson, Leigh Partington, Miranda Moore, Danielle Jones, Melissa Stevens, Ted Johnson, Chris Masi, Fred Turton, Ebonee Harris, Maha Lund, Luke Anderson, Camille Vaughan, Bonnie Proulx, Cathi Durham, Jason Freiji, Allison Leppke, Tina Ann Thompson, Anne Tomolo, Britt Marshall, Stacy Higgins, Eva Rimler, Kristina Lundberg, Erica Webb, Carolyn Clevenger, Kim Rask, Deena Gilland, and Joel Shu.

II. Financial Reports (5 minutes)

- a. Budget Update **(Luke Anderson)**
- b. Sponsorship Committee Report **(Miranda Moore, PhD)**
- c. Grants Committee Report **(Miranda Moore, PhD)**

There were no new sponsorship and no new grant submissions to report. See Financial Report after Meeting Minutes.

III. Primary Care Track within the Emory Internal Medicine Residency (25 minutes) **(Stacy Higgins, MD)**

**See slides after the Meeting Minutes.*

Dr. Higgins presented the details of the recruitment and curriculum of the Internal Medicine Residency – Primary Care track program. Highlights: 24 residents on PC track – “family feel” of smaller program within larger program. Grady and its underserved population is a huge draw. Over 70% of graduates stay in internal medicine/primary care. Share curriculum with standardized track, supplemented with curriculum in health policy, social determinants of health, patient centered medical home).

Afterwards there was a discussion on ways to increase graduate’s desires to stay at Emory for employment.

The possibilities include:

- *Have individual faculty work with candidates*
- *“Recruit like an insider”*
- *Offer early loan repayment as an incentive*
- *Build bridges with social events between PC & FM*
- *Have 2nd year conferences and events*
- *Form a work group to formulate pipeline strategy*
- *Partnering with FM residents to throw events (i.e., dinner) and recruit to primary care physician or educator; “Career in GIM” series*
- *Use mentors*
- *Invite recruiters to meet with PGY1 and PGY2 residents*



IV. Update on Activities (10 minutes)

a. Pipeline Committee (**Erica Webb, FNP**)

i. *Had their initial meeting March 2018. Goal to track what needs are and what's being done, recommend small projects to improve. Their last meeting focused on proposal projects. Looking at ways to mitigate decreased productivity when working with learners. Also, looking at other institutions and modeling after them. How to use technology that is more student friendly (EMR).*

b. Speaker Bureau (**Danielle Jones, MD**)

i. *Reminded everyone that Leigh Partington is still collecting information from all areas.*

c. Reports from Funded Groups

i. Primary Care Progress (**TBD**)

National PCP is sponsoring Scrubs, Spirits, and Stories: Tales from the Trenches of Healthcare to Atlanta on January 31.

V. New Emory Population Health Management Awards (30 minutes) (**Fred Turton, MD**)

**See slides after minutes.*

Dr. Turton presented the idea of an incentive and evaluation program for non-faculty members to build community, incentivize providers and site leaders, and offer possibilities for mentorship and goal-setting. Half of our PCPs are non-faculty and those working hard should get recognition. The consensus was that this is worth pursuing. It was stressed that it would need to be branded very carefully and it would not be monetary. Possible options include panel size compensation or a track type system. It was suggested that we start with population health and move on to other areas (i.e., research, education, quality, etc.) The APP is also working on this (Dr. Tina-Ann Thompson, Dr. Bonnie Proulx, Allison Leppke). Could help with recruitment. Summary: Dissolve but honor silos. Design a practice and individual system of recognition. VA does have recognition system.

Possible incentives:

- *Center of Excellence designation*
- *Resources like student scribes, REAL students, CME, travel*
- *Education on billing and coding, using Medical Assistants*

VI. PCC Grants: Evaluation of Patient Communication Content and Format (15 minutes)

**See slides after agenda.*

VII. New Business

a. Member Updates (15 minutes)

- i. *Drs. Moore, Masi, Turton, Shu (with others) are scoping an NIH grant to evaluation the Emory Primary Care Redesign.*
- ii. *The PCC adjunct faculty policy was so good it was adopted by the SOM.*



- iii. *Joel Shu was appointed Emory Healthcare Network Chief Medical and Quality Officer*
- iv. *School of Nursing recently made a huge transition, their clinical placements are now in centralized office.*
- v. *DeKalb Medical is excited to continue with their integration.*
- vi. *The Emory Population Health Taskforce is up and going.*
- vii. *The VA is in a leadership transition. Tom Price was appointed the acting Chief of Primary Care at the VA.*

b. Branding Activity (10 minutes)

Elevator speech task, plus revisiting mission/vision statement.

VIII. Meeting Wrap-up (5 minutes) (Danielle Jones, MD)

- a. Next meeting: Wednesday, April 24, 1-2:30 pm; Wednesday, July 31, 1-2:30 pm; Wednesday, October 30, 1-2:30 pm; Tuesday, 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



Primary Care Consortium

Financial Report
As of: 1/30/2019

Fiscal Year 2019 Budget

FY19 Budget	Budget	Actuals (Projection)	Variance
Salary	\$87,707	\$56,288	\$31,419
Fringe	\$23,900	\$13,445	\$10,455
Salary + Fringe	\$111,607	\$69,734	\$41,874
Food & Catering	\$6,069	\$5,430	\$639
Consulting Services	-	\$4,500	(\$4,500)
Travel Expenses	\$4,000	\$2,820	\$1,180
Employee Programs	-	\$1,440	(\$1,440)
PCC Development/Scholarship	\$20,000	\$20,000	-
Mktg, Comm & Mail Services	-	\$5,170	(\$5,170)
Misc. Operating Expenses	\$4,000	\$4,480	(\$480)
Total Non-Salary Expenses	\$34,069	\$43,840	(\$9,771)
Total Expenses	\$145,676	\$113,574	\$32,103

Funded Items

September 1, 2018 – August 31, 2019 (to date)

Advocacy, Scholarship, and Education

- Primary Care Progress Emory Chapter
 - Chapter meetings and student orientation fairs
 - Primary Care Week 10/2018
 - Dr. Graham, Dr. Stern, Dr. Rabinovitz and Dorothy Jordan DNP. "Mental health in the community"
 - Dr. Lisa Flowers. "Women's health and screening barriers in the community"

Learner Initiated Professional Development

- NAPCRG Annual Conference, Eileen Dilks



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J. Willis Hurst Internal Medicine Residency Program- Primary Care Track

Mission Statement

Our mission is to train the next generation of **healthcare leaders** who are committed to **clinical excellence** and **intellectual curiosity**, with enduring dedication to service and **the privilege of patient care**.



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Clinical
Excellence



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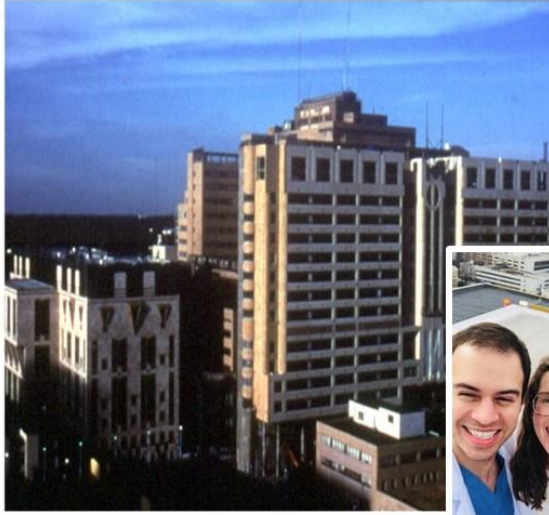


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Grady Memorial Hospital

Grady Health System



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EUH and EUHM

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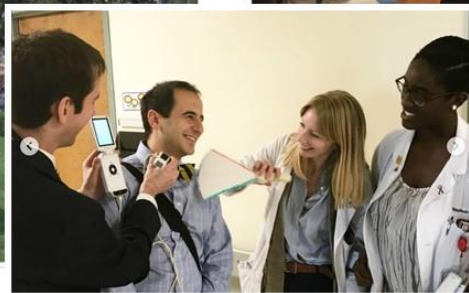
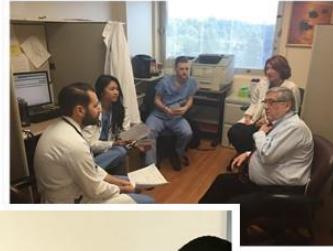
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Atlanta VA Medical Center



VA Defining
HEALTH **EXCELLENCE**
CARE in the 21st Century



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Our Training Program

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Our Training Programs

- Categorical Track
- Primary Care Track
- Research Track
- Med-Psych Track



Emory Primary Care Track

- HRSA funded program
- Clinical training diversity
- Small & large program
- Mentoring
- Service





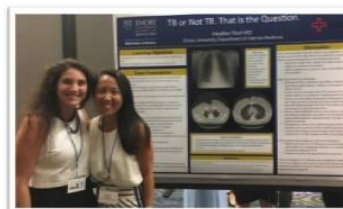
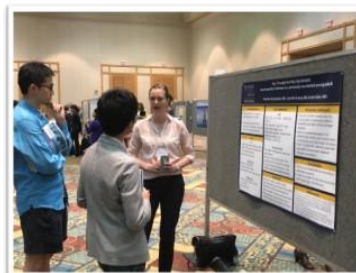
Primary Care Curriculum

- PCMH
- Health Policy/Advocacy
- HVCC
- Longitudinal QI
- Integrated Behavioral Health
- Social Determinants of Health
- Responsible Opioid Prescribing and OUD
- Patient-Physician Communication



Primary Care Scholarship

- 2nd and 3rd year residents are funded to attend National SGIM meeting
- **11 PC residents** had posters or oral presentations at the meeting
- 2nd year residents attending SSGIM
- Opportunities to network with faculty and peers from General Medicine divisions across the country





Extraordinary outpatient settings



Grady Ponce de Leon Center

A Publicly Funded, Tertiary HIV Care clinic



The Emory Clinic at 1525



The Emory Clinic at EUHM



- International Clinic
- 24h Sickle Center
- Diabetes Clinic
- Liver Clinic



Ambulatory Experience



Full-day continuity clinic twice monthly

- Separates the inpatient and outpatient experience but allows patient-MD continuity

New clinic site at EUHM, restarted at 1525

- One resident chose clinic at 1525
- All residents rotate through 1525

Ambulatory Blocks

- Continuity clinic and walk in clinic
- Didactics
- PC specialty experiences: liver clinic, injection clinic, women's clinic, HF clinic
- One month of Geriatrics

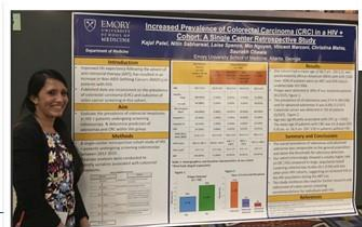




Preparing Healthcare Leaders

Distinction Programs

- Global Health
- Medical Innovations
- Teaching and Leadership
- Social Medicine
- Inpatient Medicine
- HIV Medicine
- Quality Improvement





Where do our Residents go?

Since 2014, 75% of graduates have careers in
General Internal Medicine:

- Academic GIM: 6
- PC practice: 17
- Geri/Palliative: 4
- Public Health: 1
- Sports Medicine: 1
- Hospital Medicine: 2
- Subspecialty: 7



PC Class of 2018

- Geriatrics fellowship (Yale)
- ACR- Atlanta practice
- EUHM CR- Atlanta practice
- Laureate group
- Kaiser, Washington State
- Grady
- 2017 ACR- Kaiser






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How to Help

- Streamline recruitment process
- Make them feel wanted
- Timely offers



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Preparing Healthcare Leaders

A Look at Current Resident Scholarship

71 Residents supported

232 National Conference Presentations

24 Accepted Presentations at the 2017 GA-ACP Conference

Publications in **High Impact Factor** journals:

- NEJM
- The Lancet
- JAMA
- Nature
- JACC
- Circulation
- Heart
- Gastroenterology
- American Journal of Gastroenterology
- Journal of the National Cancer Institute
- Journal of Clinical Oncology



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Emory Primary Care Incentive and Evaluation Structure

Primary Care Collaborative

January 30, 2019



- Use recognition to leverage an enormous amount of expertise:
 - Governors
 - Regents
 - Committees
 - Task forces
 - Special advisors
- Largest specialty medical association in US
- Successful since 1915



ACP: Intentionally Built Recognition Structure

- Focus on:
 - Big ideas
 - Professional values
 - Activities essential to organization
 - Activities essential to profession
 - Cultivation of community
- Benefits to participants:
 - Honors
 - Participation in scholarly activity
 - Skills
 - Friends
- Benefits to organization:
 - Governance
 - Development of policy
 - Delivery of expertise
 - Reputation building
 - Political clout

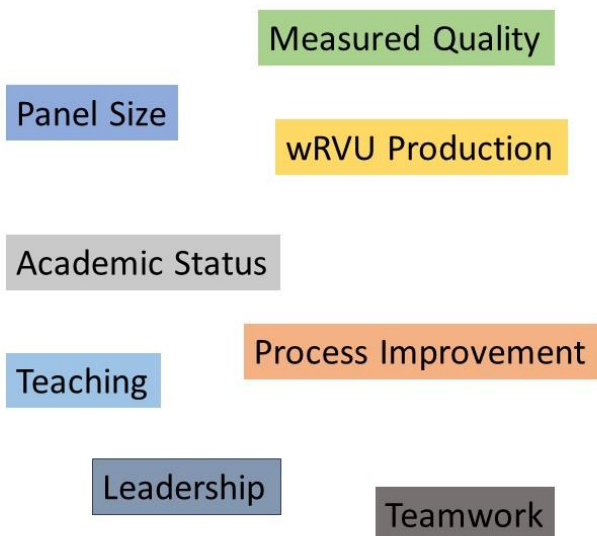


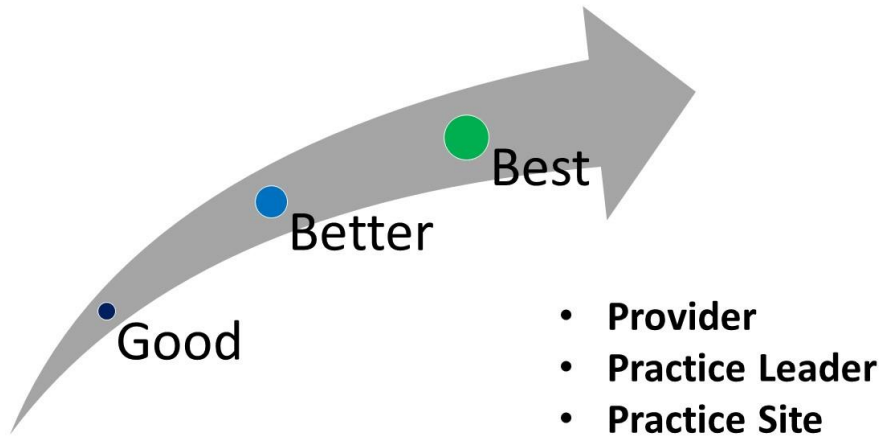


Can an Incentive & Evaluation Structure Be Built?

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

Primary Care at Emory is driven by a variety of factors. Is it possible to develop a way of tying all these together?





Potential Benefits

- Improve clinical quality
- Inspire professional behavior
- Promote leadership
- Develop teamwork
- Build primary care community
- Promote provider competition
- Recognize outstanding individuals and sites
- Provide evaluation tool for individuals and sites



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Department of Family
and Preventive Medicine

Evaluation of Patient Communication Content and Format

Ebonee Harris

Primary Care Consortium General Body
Meeting

January 30, 2019

THANK YOU

Funder: PCC Grants

Research Mentor: Miranda Moore, PhD

Research Team: Susana Alfonso, MD; Oluyinka
Ajirotutu, MHA; Carlos Flores, MBA, MHA;
Belinda Stewart, MBA, BSN-RN; Blair Funk, MD



Department of Family
and Preventive Medicine



BACKGROUND

- 39 million with Diabetes → 48.9 million by 2050 (American Diabetes Association, 2006)
- Diabetes mellitus and timely care
- Communication with diabetic patients at Emory Family Medicine Clinic (EFMC): Team Review



PURPOSE

Participants were asked 4 main questions and followed up with prompts:

- In general, how do you think patients with diabetes would prefer to be contacted by the Clinic?
- Now think about the recommendations you have received as a patient with diabetes. In general, how do you think our patients with diabetes view these recommendations?
- Outside of face-to-face, one-on-one visits to your primary care provider, what are the resources to help diabetic patients manage their disease, which are available either through our clinic or through the community?
- In general, how do you think our patients with diabetes view these resources?





SAMPLE

- 175 Team Review Patients
 - Current EFMC diabetic patient
 - A1C >9 or missing
 - Received communication: Jan-Mar 2017
 - Phone call, portal message, or mailed letter
 - English speaking

METHODS

- Random sampling
 - Recruited patients via phone calls until we reached target number of confirmations, allowing for an assumed no-show rate
- Participant incentives
- Consent and post evaluations
- Focus group discussion
 - Moderator, note-taker, participants
 - Transcription
- Thematic coding
 - Primary and secondary coders



RESULTS

Demographic	Category	Totals	Percentage
Marital Status	Single	13	61.9%
	Unmarried	1	4.8%
	Married	7	33.3%
Education	High School	1	4.8%
	Some College	6	28.6%
	Bachelor Degree	8	38.1%
	Advanced Degree	5	23.8%
Income	<30K	9	42.9%
	30K-60K	7	33.3%
	60K-100K	3	14.3%
	over 100K	2	9.5%
Age	>50 years	13	61.9%
	<50 years	6	28.6%
Years w/diabetes	>10 years	15	71.4%
	<10 years	4	19.0%



PREFERENCE FACTORS

- Age
 - Seniors prefer printed mailings
 - Younger prefer electronic messages (portal, email, text)
- Privacy
- Recordkeeping
 - Senior patients find printed references helpful





PREFERRED METHOD OF COMMUNICATION: FORMAT

- Portal
- Email
- Mail
- Phone Call
- Phone Text

PREFERRED METHOD OF COMMUNICATION: TIMING

- Time of day
- Weekends
- Tied to visit



PREFERRED METHOD OF COMMUNICATION: CONTENT

- Lab-test results
- Seriousness of content
- Reminders

BARRIERS TO COMPLIANCE

- Convenience
- Food choices
- Accountability
- Overwhelmed



BARRIERS (CONT.)

- Cost
- Location/transportation
- Miscommunication
- Business of Medicine

FACILITATORS TO COMPLIANCE

- Education/contextualization
- Enhanced provider/patient relationship
- Community resources
- PC functions
- Motivation/reinforcement/accountability



ADDITIONAL RESOURCES DESIRED

- Peer support
- Technology/telehealth/telemedicine
- Reminders
- Home visits
- Alternative therapies
- Testimonials
- Printed media

CONCLUSIONS

- Unaware of resources
- More support desired
 - Longer and more frequent visits
 - Peer support
 - Contextualization of information
- Portal doesn't work for all, although it is heavily advertised by Emory as a whole



RECOMMENDATIONS

- Printed media for clinic resources
- Newsletters
- Peer support intervention
- providers mention resources in room with pt.

QUESTIONS?

THE END

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