THE PATIENT CENTERED MEDICAL HOME ROTATION: PREPARING RESIDENTS FOR PRACTICE?

Christopher Furey MD
Rabin Chandran MD
David Ashley MD
Gowri Anandarajah MD

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Family Medicine Residency started the PCMH rotation in 2011

Why was it created?

What is the rotation?

Is it preparing residents for practice?
I Have No Financial Disclosures
What is a PCMH?

- A model of care
  - Multi-disciplinary team based approach to care
  - Emphasizes constant data-driven improvement
  - Focus on complex patients
  - Prompt Access to care
Why Does This Matter?

- Improves Patient Experience
- Improving the Health of Populations
- Reducing the per capita cost of Health Care
Why Else Does This Matter?

- Incentives for meeting quality measures, certification (NCQA)
- Reimbursement increasingly tied to performance
Background: Before the Rotation

- A scattered approach
  - Clinical experiences
    - FCC, NH, Practice Mgmt.
  - Significant PCMH faculty as role-models
- Lectures
  - Annual ½ day workshop
  - Noon-conferences
Background: Needs Assessment

- Exit interviews of 2011 Grads
  - 50% Had never heard of NCQA
  - 25% felt prepared to lead a PDSA Cycle
  - Only 25% had completed a chart audit
  - Only 50% felt prepared to lead a GMV
The PCMH Rotation

- Our solution: The PCMH Team Block Rotation
  - Create a month long team based rotation
  - Team composed of first year, second year and third year resident
The Structure

- Early am: hospital patient search
- Multidisciplinary team meeting to review census, discharges, phone notes, plan acutes/day.
- Patient care responsibilities in FCC and NH
- A month-long PDSA Cycle
- Weekly didactics and projects
  - PCMH Basics, Patient Safety, GMVs, Documentation/Chart Audits and Coding
Is it Making a Difference?

The Questions We Asked
- Are residents getting more PCMH Experiences?
- Are they more prepared to practice in a PCMH?

Our Data Sources
- Data from exit interviews of 2011 grads
- Compared with exit interviews of 2012 grads
Are Residents Getting More Experience?
PDSA Cycles

**PDSA Cycles Completed by 2011 Grads**

- Number of Residents
- # Of PDSA Cycles
- N: 11
- Median: 1.0

**PDSA Cycles Completed by 2012 Grads**

- Number of Residents
- # Of PDSA Cycles
- N: 11
- Median: 2.0

P Value: 0.093
Using Mann-Whitney U Test
Chart Audits

**Chart Audits by 2011 Grads**
- Number of Residents: 12
- Median: 0.0

**Chart Audits by 2012 Grads**
- Number of Residents: 11
- Median: 5.0

P Value: 0.008
Using Mann-Whitney U Test
P Value: 0.052
Using Mann-Whitney U Test

Group Medical Visits

GMVs Participated in by 2011 Grads

- N: 12
- Median: 0.5

GMVs Participated in by 2012 Grads

- N: 11
- Median: 1.0
Group Medical Visits

**GMV's Lead: 2011 Grads**
- Number of Residents: 12
- Median: 0.0

**GMV's Lead: 2012 Grads**
- Number of Residents: 11
- Median: 1.0

**P Value: 0.001**
Using Mann-Whitney U Test
Are Residents More Prepared?
Preparedness to Implement PCMH Principles

P-Values Calculated using Fishers Exact Test
Discussion

- Are the residents getting more PCMH Experiences?  
  - Yes

- Are the residents more prepared to practice in a PCMH  
  - Yes
Limitations

- Not a RCT
- Focused only on key concepts
- Subjective reports
- Data after only one year
The Future

- **Rotation goals:**
  - Continue to study the effect of the rotation
  - Use data to improve the rotation

- **System Goals:**
  - Continue to improve patient centered care in FCC
  - Serve as a model of Transitions in Care for MHRI/CNE
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References

- Willard, R., Bodenheimer, T., 2012, The Building Blocks of High Performing Primary Care: Lessons from the Field, California HealthCare Foundation