

Continuity Clinic Medical Home Curriculum

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There are two current training sites for the continuity clinic experience; both are Patient-centered Medical Homes. The Seifert and Ford site is used exclusively for the categorical program. Primary Care track residents will be randomly assigned to either site.

Seifert & Ford Community Health Center

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Orientation and Contact Information

Seifert and Ford Community Health Center

Location: 70 Main Street, Danbury, CT 06810

Operator (203)791-5000, fax 791-5055

Carla Fontes, *coordinator* 791-5034

Dr. Messina 791-5075

Dr. Delaney 791-5062

Attending cell phone 448-9008

Resident pager 739-7861

Answering service (404) 355-1555

Community Health Center of Greater Danbury

(203) 743-0100, ext #7

General Overview of Clinic Operations

Appointments begin at 1:30. Residents are expected to see patients at this time.

Preclinic conference begins at 1:15

Scheduling:

- Patient oriented, patients expect to see their resident physician
- Low tolerance for changes in the schedule, these can only be made for **emergencies, vacation, and away electives**. A resident cannot miss more than one month of clinic unless this involves vacation during which a resident may be excused for up to 6 weeks of time. The chief resident and the clinic director must approve changes in the schedule.
- Resident physicians are responsible for checking their schedules and identifying any conflicts and resolving them prior to clinic.

Late patients:

- Spend a minute or two with a late arriving patient to enhance the physician-patient relationship. If patients arrive 30 minutes late for their physical turn that visit into a routine follow up and reschedule the physical. If a routine patient arrives 20 minutes late then spend 5 minutes addressing their most important concern and reschedule another visit. Many of our patients have difficult transportation and social issues that we must consider.

Team effort:

- Resident physicians are expected to help each other see patients. The triage resident/group leader are available to help coordinate care. No one is permitted to leave clinic until all of the patients have been seen by all residents.

Documentation:

After each patient encounter several items need to be documented;

- Action each encounter to the attending on your EMR account. The attending will review each encounter and give you feedback
- Patient Instructions: this is the discharge form used for follow up appointments, and ordering tests and consultations
- Complete and update the problem and medication lists

Clinic pager

The helper night float intern will carry the clinic pager and be responsible for its use after hours and on weekends.

- All phone messages must be documented in healthlink, they are part of the patient's medical records. Remember these are medical legal issues.
- No narcotics or sedatives will be prescribed after hours. Patients must wait until the next day that the clinic is open for refills on these controlled substances.
- The Attending is always available for back up, 203-448-9008
- To contact the answering service call 404-355-1555 or call the clinic 203-791-5000 and press the physician option number.

Educational Purpose and Goals

The Medical Home Block is focused on training residents in the **Patient-centered Medical Home (PCMH)** practice model. The priority in this model is making sure our patient's have complete access. We can achieve this by forming teams to make certain patients are seen when they request an appointment, calling patients directly in a timely manner and eventually by development of an email portal. It is our intention to create a

better model of primary care than our existing one. We have revamped the organization of the continuity experience for the academic year 2011-2. The Department of Medicine faculty puts considerable effort into developing our resident physicians to become knowledgeable, well rounded and professional in their approach to patient care. Professionalism serves as the base upon which all other competencies are based. We expect our graduates to be competent, honest, compassionate, and respectful. We consider professionalism to reflect an ongoing process of self evaluation, humility and self improvement. We expect resident physicians to use these qualities to care for the outpatient needs of our patients at the medical home sites. Many patients seen at the clinic present with challenging socioeconomic and psychiatric issues. Our vision is to provide for comprehensive, culturally competent quality primary care.

The Patient Centered Medical Home:

The ACP 2006 monograph recommends that: “medical education and training will need to change to better prepare young physicians for practice under the advanced medical home model”.

PCMH objective	Program Specifics to Achieve Objectives
<p><u>Personal physician</u> - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous, and comprehensive care.</p>	<p>Each resident is teamed with one preceptor familiar with the patient panel. This ensures continuity for the patient and attending while providing a good framework for the trainee.</p>
<p><u>Physician directed medical practice</u> – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.</p>	<p>The Attending leads a team of residents to ensure continuity, urgent care and timely hospital following up.</p>
<p><u>Whole person orientation</u>- the personal physician is responsible for providing for all the patient’s healthcare needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and all end-of-life care.</p>	<p>Inherent in the structure of the program</p>
<p><u>Care is coordinated and/or integrated across all elements of the complex healthcare system</u> (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient’s community Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they</p>	<p>The program is set up to involve trainees directly in all aspects of patient care allowing them to develop an appreciation for the entire health care system. Cultural competency and literacy and important topics addressed in the program.</p>

<p>need and want it in a culturally and linguistically appropriate manner</p> <p><u>Quality and safety are hallmarks of the medical home:</u></p> <ul style="list-style-type: none"> • Practices advocate for their patients to support the attainment of optimal, patient-centered outcomes that are defined by a care planning process driven by a compassionate, robust partnership between physicians, patients, and the patient’s family. • Evidence-based medicine and clinical decision-support tools guide decision-making. • Physicians in the practice accept accountability for continuous quality improvement through voluntary engagement in performance measurement and improvement. • Patients actively participate in decision-making and feedback is sought to ensure patients expectations are being met. • Information technology is utilized appropriately to support optimal patient care, performance measurement, patient education, and enhanced communication. • Practices go through a voluntary recognition process by an appropriate non-governmental entity to demonstrate that they have the capabilities to provide patient-centered services consistent with the medical home model. 	<p>Trainees are responsible for collecting data and assessing outcomes of their patient panel. This is a core medical home component. A continuous environment of quality improvement activities are incorporated in the training program. Patient surveys are obtained. Attendings and residents share test results through the EMR system (currently we use Healthlink). This gives the trainee an opportunity to be involved in patient care between clinic visits. Trainees learn what the specific qualifications are for NCQA recognition</p>
<p><u>Enhanced access to care</u> is available through systems such as open scheduling, and expanded hours, and email access</p>	<p>The patient care schedules provide for timely visits the ensure that the patient is seen by their PCP or urgently by a member of the team if the PCP is not available.</p>
<p><u>Payment</u> appropriately recognizes the added value provided to patients who have a PCMH.</p>	<p>Residents are not directly involved in this process.</p>

Principle Teaching Methods

a. Mixture of Diseases

There will be a variety of primary care disease topics that the resident physician will become well versed in treating. This includes the following: addiction medicine, adolescent medicine, alcoholism, anemia, anxiety, asthma, back pain, bioterrorism, cancer screening, dementia, depression, dermatitis, diabetes, dizziness, primary care gynecology, headaches, hypertension, common orthopedic issues (shoulder, hip and knee pain), immunizations, obesity, primary care ophthalmology, preoperative assessments, preventive cardiology, smoking, thyroid disease, upper respiratory tract infections, common foot problems (plantar fasciitis, Morton's neuroma, metatarsalgia, tarsal tunnel syndrome, etc), the red eye, urinary tract infections, STD's, common ENT problems (tinnitus, sinusitis, pharyngitis, otitis externa/media, Eustachian tube dysfunction, etc) men's health (prostatic issues, erectile dysfunction, etc), women's health (menopause, osteopenia, osteoporosis, etc)

b. Patient Characteristics

The patients seen at the CHC are culturally diverse. We have a mixture of patients from the U.S., Central and South America as well a variety of other countries. We see many patients with significant socioeconomic challenges as well as psychiatric and substance abuse issues. Many of our patients are either uninsured or underinsured. Residents are expected to work with patients drawn from various backgrounds to provide for a well-rounded experience.

c. Procedures and Services

We are able to provide general primary care services for our patients including laboratory and radiology testing. We administer immunizations, IV fluids/medications, and arthrocentesis. Minor abscess incision and drainage and wound care is performed. In addition to the General Medicine clinic we also provide the following clinic services: HIV, Podiatry, Breast, Urology, Orthopedics, Rheumatology, Allergy, Neurology, Dental, and Endocrine.

d. Educational Resources

1. Monthly Primary Care Conference Series and Associated Preclinic conference based on the Johns Hopkins Teaching Modules for Ambulatory Care. This site can be accessed on the Danbury Hospital intranet, or directly, <http://www.hopkinsilc.org>
2. The Guide to Clinical Preventive Services. U.S. Preventive Services Task Force. Free downloads are available to all residents. Go to www.preventiveservices.ahrq.gov
3. The Annals of Internal Medicine monthly series, In the Clinic provides for Evidence-based Primary Care topics of interest
4. ACP Pier. <http://pier.acponline.org/index.html>
5. Up-to Date. Located on the library website
6. Visual Dx, A unique and useful dermatologic online atlas. Located on the library website

Outpatient Milestones Evaluation Process

Introduction

We have created a set of developmental milestones for you to use as a roadmap for your three year tenure here in our program. These have been developed to provide you with a transparent pathway to success as a primary care physician and will be the basis for your evaluations. These are essential in meeting an ACGME mandate as well as for your own personal benefit as you develop your skills as a primary care physician trainee. Try not to think of yourself as a PGY level trainee but as a physician in training along a continuum. **Professionalism** serves as the building block on which all other competencies rest. A resident must treat all patients with dignity and respect. This means dressing and behaving appropriately and maintaining appropriate relationships with patients and staff. We expect you to be honest and to exhibit integrity and humility. These qualities that will serve you well and provide the basis for a successful career in primary care. We expect each trainee to take ownership of their patient panel.

Goals and Objectives

Residents begin their training as a learner and progress through various stages of development to become competent in their ability to care for patients independently as a doctor. Beyond basic competency a physician becomes proficient and ultimately acquires expertise in patient care. We expect that you will attain certain landmarks by the end of your training termed Essential **Professional Activities (EPAs)**. The Patient-centered Medical Home training you have received during your continuity clinic experience relates to many of these EPAs. Please see the list below that relates to the following NCQA Standards:

1. Enhance Access and Continuity
 - a. Learn to identify, accommodate and customize care for patients with language, cognitive, functional or cultural barriers
 - b. Participate in the Home Visit Program (Primary Care Track) to enhance access to care for those patients who have transportation difficulties
 - c. Learn to work in teams to accommodate urgent care visits for patients who are members of your team
2. Identify and Manage Patient Populations
 - a. Promote the health of vulnerable populations (functional impairment, cognitive impairment, multiple chronic diseases, substance abuse, victims of domestic violence, those with health care literacy issues)
3. Plan and Manage Care
 - a. Manage the care of patients in a general medicine continuity clinic
 - b. Independently discharge a patient from the clinic
 - c. Provide general internal medicine consultation to nonmedical specialties
 - d. Access, document and share patient information via an Electronic Medical Record
 - e. Use Evidence-based guidelines to provide acute care and for chronic disease management
 - f. Perform comprehensive medication review and reconciliation using an EHR that allows electronic prescribing
4. Provide Self-care and Community Support

- a. Counsel and support a patient in her/his self-management of a chronic disease with documentation of goals and associated barriers to achieving these goals
 - b. Engage patients in advance care planning
 - c. Orchestrate community resources to meet patient's needs
5. Track and Coordinate Care
 - a. Safely transition patients among team members with adequate communication and documentation
 - b. Participate in the home visit program (Primary Care Track) to make certain a safe transition from the hospital to home has taken place
 - c. Coordinate care between visits ensuring follow up on messages, test results, consults and care at other facilities
6. Measure and Improve Performance
 - a. Participate in data collection and analysis of performance for various chronic diseases
 - b. Improve patient care through feedback of performance data analysis and documentation of goals and barriers to goals for individual patients
 - c. Use the HER to detect and prevent medical errors

How Milestone Objectives are Met:

- Supervised Direct Patient Care Activities - residents are supervised directly by their assigned Attending. We use the validated mini-CEX tool to assess patient care .
 - PGY-1: 6 miniCEX (mandatory; breast exam and pelvic exam, professionalism, communication, physical exam skills)
 - PGY-2: 4 miniCEX
 - PGY-3: 4 miniCEX
- Learning Modules - each resident will complete the on-line [Johns Hopkins Internet Learning Center \(JHILC\) modules](#) assigned for the longitudinal ambulatory lecture series. There are 10-12 per year, 30-36 per 3 year cycle. You must pass these modules and your rank score will provide an objective measure of your knowledge
- Multisource Feedback-each residents performance will be assessed by the nursing staff, case managers, patients and a self-assessment with reflective feedback. Each resident will be responsible for 5 patient care evaluations in the outpatient setting per biannual review
- Chart Stimulated Recall and Chart Review – during the Triage rotation a formal review of a randomly chosen patient encounter will take place with your preceptor. This is a form of direct observation that will provide a detailed analysis of your patient care, medical knowledge and practice-based learning. On a daily basis a resident's clinic notes will be reviewed by your preceptor. Feedback will be provided.

- Quality Improvement Projects - every resident will participate in clinic quality improvement projects. This exercise will involve a biannual review of your patient panel (chronic disease management) and a follow up data-based action plan.

Specific Milestones Objectives: Progressive Responsibility and Independence

PGY-1

- **Patient Care**

By the end of the training year, the resident will be able to:

- Perform a problem-focused history and physical examination, and develop a management plan in accordance with national guidelines (as available) for patients presenting to ambulatory settings with common acute medical problems such as musculoskeletal pain and upper respiratory tract infections.
- Perform a problem-focused history and physical examination, and develop an evidence-based management plan for ambulatory management of common chronic diseases, such as hypertension, diabetes mellitus, depression, hypothyroidism, and atherosclerosis.
- Develop longitudinal plans of care for patients with acute or chronic medical problems in accordance with national guidelines.
- Identify pertinent United States Preventative Services Task Force guidelines for individual patients and provide patient-centered counseling in ambulatory settings.
- Demonstrate integrity, respect, compassion and empathy for patients and their families, including respect for personal preferences and patient rights.
- Avoid iatrogenic injuries related to medication allergies and drug-drug interactions.
- Give patients accurate instructions regarding medications and follow up care.
- Refill prescriptions at each visit.
- Throughout the year, the resident will ensure that patients have been given a personalized resident business card listing the telephone numbers for appointments and after-hours emergency care.

- **Medical Knowledge**

By the end of the training year, the resident will be able to:

- List differential diagnoses for common acute complaints seen in general internal medicine clinics.
- Describe the risks and benefits of diagnostic and therapeutic strategies for common acute and chronic conditions.

- List ambulatory quality of care indicators for common chronic diseases.
- Exhibit sufficient content knowledge of common, non-urgent conditions to provide care with minimal supervision in the office or by phone.
- Complete all assigned JHILC ambulatory modules
- Exhibit self-motivation to learn.
- **Practice-Based Learning and Improvement**

By the end of the training year, the resident will be able to:

 - Admit to errors and seek help in remedying them.
 - Identify personal areas of weakness in medical knowledge of ambulatory care, ask for help when needed, and perform focused reading for self improvement throughout the rotation as demonstrated through patient care discussions with preceptors.
 - Deliver care that reflects learning from previous experiences.
 - Assess patient adherence to treatment regimens and accordingly modify prescribing practices.
 - Complete assigned portion of the clinic quality improvement project.
 - Use the electronic health record's decision support tools to enhance patient care as demonstrated within visit documentation.
- **Interpersonal and Communication Skills**

By the end of the training year, the resident will be able to:

 - Demonstrate proficiency in the use of oral and nonverbal skills in interactions outside of the context of patient care.
 - Establish therapeutic doctor-patient relationships in ambulatory settings with patients from a variety of backgrounds
 - Effectively communicate uncomplicated diagnostic and therapeutic plans to patients or their advocates.
 - Counsel patients regarding lifestyle behaviors.
 - Provide clear, concise oral presentations to preceptors.
 - Complete patient charting including an update of histories, problem lists, and medication lists at each visit.
 - Work as a productive member of the team with preceptors, nurses/medical assistants, and other office staff.
- **Professionalism**

Throughout the course of the training year, the resident will/will be:

 - Honest and trustworthy.
 - Punctual, as demonstrated in the completion of assigned tasks and patient care responsibilities, and responding promptly to staff needs (i.e. pages and abnormal lab results).
 - Demonstrate respect and compassion for all patients.
 - Compassionately respond to issues of culture, age, sex, sexual orientation, and disability in patient care.
 - Maintain patient confidentiality.
 - Demonstrate an interest in providing high quality care.
 - Access and use informed consent.
 - Acknowledge errors when they are made and reveal them promptly to the preceptor.

- Demonstrate that his/her prime concern is the patient's interest and not his/her own.
- Recognize personal responsibility for the safety and well-being of patients, colleagues, and staff.
- Honest and accurate in coding and referral practices.
- Arrange patient coverage for all issues before leaving the hospital for continuity clinic
- Remain in clinic until the end of each session to assist in the evaluation of any Quick Check or walk-in patients
- Engage in self directed learning
- **Systems-Based Practice**

By the end of the training year, the resident will be able to:

 - Prescribe medications and order additional testing in compliance with patients' insurance coverage and medical standards of care.
 - Identify sources of support or alternative, lower cost regimens for patients with financial concerns regarding medications.
 - Incorporate fundamental cost-effective analysis into care approaches, minimizing unnecessary care.
 - Order ancillary services such as home health care, physical therapy, and occupational therapy as medically necessary.
 - Communicate with primary care physicians, consultants or referring physicians to improve continuity and quality of care.
 - Work well within the core clinic team, including other residents, attending physicians, nurses and pharmacists.

PGY-2

Please note that learning objectives are cumulative and progressive. Therefore, a PGY-2 resident must meet the expectations for an end-of-year PGY-1 resident in addition to those listed below.

- **Patient Care**

By the end of the training year, the resident will be able to:

 - Perform a problem-focused history and physical examination
 - Develop a management plan in accordance with national guidelines (as available) for patients presenting to ambulatory settings with complex, acute medical problems, such as abdominal or chest pain, or neurological complaints.
 - Perform a problem-focused history and physical examination, and develop an evidence-based management plan for ambulatory management of less common chronic diseases.
 - Implement patient care contracts for patients using narcotic or other controlled medications on a chronic basis.
 - Utilize electronic databases for patient educational materials.

- Remain vigilante for changes in recommendations from federal and professional societies and apply recommendations to their patient population.
- **Medical Knowledge**
By the end of the training year, the resident will be able to:
 - Develop well-formulated differential diagnoses for multi-problem patients evaluated in the office or calling with questions/problems.
 - Demonstrate understanding and responsiveness to socio-behavioral issues.
 - Demonstrate knowledge of statistical principles when reviewing the scientific literature.
 - Independently present up-to-date scientific evidence to support hypotheses.
- **Practice Based Learning and Improvement**
By the end of the training year, the resident will be able to:
 - Use self-assessments of knowledge, skills and attitudes to develop plans with insight and initiative for addressing areas for improvement in ambulatory care.
 - Seeks guidance from attending or scientific literature when unclear on best course of action.
 - Uses interactions with nursing staff and other professionals as two-way educational opportunities.
- **Interpersonal and Communication Skills**
By the end of the training year, the resident will be able to:
 - Engage patients in shared decision making for ambiguous or controversial scenarios,
 - Successfully negotiate most “difficult” patient encounters, such as the irate patient.
 - Ensure successful inpatient-outpatient provider communications to maintain appropriate continuity of patient care.
- **Professionalism**
In addition to the expectations for a PGY-1 resident, the PGY-2 resident will be able to:
 - Deliver bad news.
 - Counsel patients regarding advanced directives and DNR status.
 - Deliver high quality care to all patients.
 - Demonstrate intellectual curiosity.
- **Systems Based Practice**
By the end of the training year, the resident will be able to:
 - Work with staff to assess, coordinate, and improve multispecialty patient care across inpatient and outpatient settings
 - Identify additional resources for caring for ambulatory patients, such as home health care agencies, support groups, outpatient treatment centers, and medication assistance programs.
 - Guide patients through the complex health care environment.

- Regularly and effectively work with managed care/utilization review personnel, office managers, and other providers within the larger health care system.
- Demonstrates dedication to high quality patient care.

PGY-3

Please note that learning objectives are cumulative and progressive. Therefore, a PGY-3 resident must meet the expectations for an end-of-year PGY-1 and PGY-2 resident in addition to those listed below.

- **Patient Care**

By the end of the training year, the resident will be able to:

- Perform a problem-focused history and physical examination, and develop a management plan in accordance with national guidelines (as available) for patients presenting to ambulatory settings with most acute and chronic medical problems.
- Demonstrate appropriate reasoning in ambiguous situations, while continuing to seek clarity.
- Establish monitoring procedures and demonstrate the ability to change therapeutic programs for ineffectiveness or adverse side effects.
- Use patient education as a form of intervention and partnering.

- **Medical Knowledge**

By the end of the training year, the resident will be able to:

- Regularly display self-initiative to stay current with new medical knowledge.
- Regularly demonstrate knowledge of the impact of study design on validity or applicability to practice.

- **Performance Based Learning and Improvement**

By the end of the training year, the resident will be able to:

- Utilize ambulatory practice data to actively improve practice and patient management when compared to larger populations and Healthy People 2010 goals.

- **Interpersonal and Communication Skills**

By the end of the training year, the resident will be able to:

- Successfully negotiate nearly all “difficult” patient encounters with minimal direction.

- **Professionalism**

- The objectives are the same as for a PGY-2 resident.

- **Systems Based Practice**

By the end of the training year, the resident will be able to:

- Practice independently in accordance with external regulations and expectations such as E&M coding.
- Allocate resources appropriately to control health care costs while maintaining high quality care.
- Partner with other clinic team members to improve the health care system.
- Assume leadership role in management of complex care plans.

