

## **Curriculum on Medical Home Rotation Danbury Hospital Primary Care Residency Program**

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### **A. 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 to provide access for the patient to be seen when necessary by their provider. We have organized the clinic schedule to accommodate urgent care, and timely post hospital/ER visits and residents are organized into specific preceptor-lead teams. Many patients seen at the clinic present with challenging socioeconomic and psychiatric issues. During this block rotation residents will see patients under the direct supervision of a preceptor. This experience will vary according to the site. Spending consecutive mornings in the office/clinic setting with one preceptor allows residents to build their practice panel. Trainees will also spend time with various medical home activities including reviewing patient data for chronic disease management and quality improvement, learning to track no shows and improve follow up care, perform home visits with the Visiting Nurse Service, work with our case manager to minimize frequent hospitalizations for patients with various chronic conditions such as congestive heart failure, diabetes, COPD among others. Improving the care of patients with chronic pain to minimize frequent emergency room visits. There is an additional option to pursue an independent study with our Integrative Medicine program in conjunction with the University of Arizona during the PGY-3 year. The following year-specific schedule is provided to give you a breadth of experience in different NCQA designated medical homes:

PGY-1 year	1 block at your continuity site
PGY-2 year	2 blocks, each at a different medical home site in the community
PGY-3 year	7 blocks

**AM sessions:** Patient Care M-F 9-12

**PM sessions:** will vary according to your regularly scheduled clinic day.

**Wednesday afternoons;** small group sessions, home visits and special activities that include educational talks within the community.

One day per week will be your regularly scheduled continuity clinic.

The other afternoon sessions will be devoted to either patient care, meeting with case management, VNA-guided home visits, chronic disease management activities such as chart audits, performance-improvement projects and integrative medicine modules..

## **B. Teaching Methods.**

Supervised direct patient care with progressive independence. A significant proportion of direct observation by your preceptor in the form of daily chart reviews with feedback, mini-CEX activity, multisource feedback from nursing and patients, supervision of Quality Improvement projects in the form of the ACP Practice Improvement Modules (PIMS) and chart audits, internet-based independent study modules (both the Johns Hopkins Ambulatory Care modules and the University of Arizona Integrative Medicine Modules, and independent reading assignments.

**Small group sessions:** Dr. Robert Carr will lead small group discussions on the following topics: introduction to the medical home, principles of patient-centered care, effective communication approaches, strategies for medical home care, the role of the medical home provider, QI/PI in the Medical home

### **1. 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).

### **2. 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.

### **3. 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, Orthopedics, Rheumatology, Allergy, Neurology, Dental, and Endocrine

### **4. Educational Resources/Required Reading**

## **PGY-1**

### **PGY-1 Medical Home Curriculum Primer\***

The Medical Home Curriculum is designed to help our primary care track residents acquire the specific knowledge and skills they will need to work in a Patient-centered Medical Home (PCMH) health system. Chronic disease management is a key skill to master when providing longitudinal care to patients with chronic conditions. Satisfactory completion of this curriculum is

a required component of the Primary Care residency track in Internal Medicine at Danbury. The curriculum is PGY-level specific, this primer is designed for the PGY-1 level. Acquiring Patient Centered Medical Home (PCMH) experience is considered essential to successfully impact health needs for all patients with chronic disease.

### **Skills Needed to work in a PCMH**

- Working in practice teams
- Using integrated care models to treat chronic disease
- Applying systems- based approaches to disease populations
- Using EBM decision support at point of care
- Effectively using facilitative leadership skills
- Understanding how to manage changes in an adaptive health system
- Patient partnering
- Thinking outside the exam room

### **Week 1:**

#### **Core Concepts Guide Materials**

You can learn the core concepts of the PCMH by reading the materials provided here during your PGY-1 block. You will receive a paper handbook on the first day of your block from Ariana, the program coordinator. But you can get started with completing the Guide now by downloading each resource on this page. Supplemental materials are provided at the bottom of the page.

#### **Institute of Medicine Quality Report 2001: *Crossing the Quality Chasm***

**To understand the targets for delivery system redesign and the Six Aims of Patient Centered Care**, read this 8 page brief from the original IOM report. You will gain a much better understanding of the aims we have set for the IMC transformation, and begin to think about what you want for your future practice.

Read the [IOM Crossing Chasm Brief.pdf](#). (PDF)

#### **ACP Monograph on the Patient Centered Medical Home**

This 2006 monograph defines and describes an integrated delivery system designed to meet the standards set by the IOM report. As you read the monograph, you will find some of the evidence for changes we have made in the residency ambulatory clinic and why we have applied for certification as a Level 3 Patient Centered (Advanced) Medical Home by the AHRQ (Federal Agency for Healthcare Research and Quality). These qualities are guiding a transformation in health care that you should become familiar with.

Read the [Advanced Med Home Monograph.pdf](#).

#### **Self Management Support Tools**

**You should be aware of the important impact of the Flinders Model of self management support.** A fuller understanding of this model will improve the clinical outcomes you achieve in your interactions with patients who are managing a chronic disease. You can access the Flinders web site [here](#) or download a white paper that will give you a clear overview here: [Hand out Flinders Model June 2006.pdf](#).

### **Learning to Work in Teams**

There is real concern among the non-medical public that physicians have not been trained to work well in team settings, such as those that are critical in the care of patients with chronic disease. In this review article, you will learn there is a new push to train health care professionals to understand the fundamentals of team based care. What are the critical elements we need to learn from other industries, such as airline and military operations?

Download and Read the teamwork article:

[Baker Salas Teamwork and education JQualPtSafety 2005 \[1\].pdf](#)

### **Leading a team huddle to improve care**

We have initiated several team huddles in the IMC. Learn about their use by reviewing these resources.

[HealthTeamWorks | Huddle up!.pdf](#)

### **Week 2:**

- **Chronic Disease Management:** Meet with your clinic preceptor to develop your measurement of outcomes project. You will start by performing chart reviews of the patients on your team and enter the data on the form provided. Reflect on the data collected and consider systems-based measures to address any deficiencies. Think in terms of goals and barriers to achieve those goals. Discuss your findings with your preceptor.

### **Week 3**

- **Transitions of Care:** During this time period you will learn about the hospital discharge process and the transition to home. Some patients will transition to a skilled nursing facility or rehabilitation facility and are not the focus of this discussion. You will accompany the VNA to see recently discharged patients in their homes. Prior to the visit review the patients discharge summary and bring with you the home visit check list to become familiar with important issues that impact this very important process.
  - **Reading assignment:** In the Clinic Series: Annals of Internal Medicine. March 5, 2013. "Transitions of Care". (click link) [ITC Transitions of Care](#)

### **Week 4**

- **Providing self-support to patients:** During this time period learn how to think in terms of providing self-support to patients. To become certified as a PCMH, practices need to

meet a certain number of standards from the National Committee for Quality Assurance (NCQA). A key “must pass” element of the 2011 standards is support the self-care process. The practice must “provide educational resources or refers at least 50 percent of patients/families to educational resources to assist in self-management” and “counsels at least 50 percent of patients/families to adopt healthy behaviors”. We have developed a “health coach” approach to the care of patients with high blood pressure for our medical home block trainees. You will assist our nursing staff to help patients understand the need for good blood pressure control. A questionnaire will be given to patients and literacy-based materials provided along with a blood pressure cuff to provide self-support mechanisms.

- Reading assignment: In the Clinic Series: Annals of Internal Medicine. December 2, 2008. “Hypertension” (click link) [ITC Hypertension](#)

\*A special thanks given to Ron Jones, MD at Summa Health System for sharing much of his material and thoughts to help make this curriculum possible.

## **PGY-2**

Read the following Hopkins modules for this 8 week block

*Home Visits*, there are 4

*Evidence-based Medicine*, there are 2

*Palliative Care in the Outpatient Setting*, there are 2

*Preoperative Assessment*

*Prescription Drug Abuse*

### **C. Method of Evaluation of Resident and Faculty Competence**

After the 4 week Medical Home rotation faculty will provide a review of the resident’s competency based performance electronically using New Innovations. In turn the resident evaluates the faculty’s performance as well as the rotational experience. Preceptors will evaluate the Resident’s performance using competency based milestones objectives.

At the beginning of each rotation the preceptors will review the goals and objectives of the rotation with the resident. A meeting at the end of the rotation to review the resident’s progress will also take place. It will be the resident’s responsibility to schedule the final review with the MD preceptor. Formal electronic evaluations will be completed and are incorporated into the semiannual performance reviews for each trainee.

How learning Objectives are met:

- Direct observation of patient care including mini-CEX evaluations, daily chart reviews of each encounter, updating the problem list and medications. Discussions of residents and attending regarding patient presentation and management issues
- Review of boards question performance and completion
- Work on completion of QI projects
- Work on research projects

- Coordination of care assessment with our case manager and VNA
- Multisource feedback from staff and peers

#### **D. Rotation Specific Competency Milestone Objectives**

##### **PGY-1**

- **Patient Care**

By the end of the first block 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 first block, 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
- Pass the boards questions assigned for this block
- Exhibit self-motivation to learn.

- **Practice-Based Learning and Improvement**  
By the end of the first block, 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 first block, 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 program, 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 block, 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.

