Teaching Methods

Our comprehensive longitudinal curriculum includes multiple teaching methods.

i) *PCMH 101*

During the Residents' First Year monthly evening 2 hour workshops on essential PCMH theory and practice will be presented by Core Faculty and Community Faculty with focused

1) **THE BASIC PRINCIPLES OF PCMH OFFICE PRACTICE**
    a. **Walt Mills, MD Director Ambulatory Care Curriculum**
2) **UNDERSTANDING AND USING YOUR PCMH PERFORMANCE REPORT CARD**
    a. **Bo Greaves, MD Medical Director, Vista Health Center and Walt Mills, MD**
3) **MOTIVATIONAL INTERVIEWING and FOUR HABITS OF EFFECTIVE PHYSICIANS REQUIRED IN A PCMH**
    a. **Lynn Mortensen, MD, MPH TPMG Chief, Health Education**
    b. **Mariah Hansen, PsD Assistant Director Behavior Medicine**
4) **BASICS OF WHOLE PERSON CARE IN THE PCMH-Functional Medicine, the Key to Opening the Door to the Medical Home**
    a. **Ben Brown, MD Director Integrative Family Medicine Program**
    b. **Wendy Kohatsu, MD Director Integrative Medicine Fellowship**
5) **QUALITY IMPROVEMENT-PCMH Powered by Performance Improvement**
    a. **Mike Haiman, MD TPMG APIC Performance Improvement**
    b. **Walt Mills, MD Director Ambulatory Care Curriculum**
6) **TEAM BASED CARE-Essentials to PCMH as your Patient Center for Medical Excellence**
    a. **Walt Mills, MD**
    b. **Bo Greaves, MD Medical Director, Vista Health Center**
    c. **RCHC Presenter**
7) **LEADERSHIP-Skills to optimize patient, staff, and physician experience in the PCMH.**
    a. **Jeff Haney, MD**
    b. **Walt Mills, MD**
8) **GROUP MEDICAL VISITS 101**
    a. **Ben Brown, MD and Wendy Kohatsu, MD**
9) **CHRONIC CARE MANAGEMENT**
    a. **Bo Greaves, MD Medical Director, Vista Health Center**
    b. **Patricia Padilla, MD APIC Chronic Conditions, Kaiser Santa Rosa Medical Center**
10) **ESTABLISHED MODELS-LESSONS LEARNED**
    a. **KAISER SANTA ROSA LATINO HEALTH CLINIC-**Patricia Padilla,
    b. **WEST COUNTY HEATLH CENTER-**Jason Cunningham
    c. **EISENHOWER MEDICAL CENTER-**Joe Scherger (Walt Mills)

ii) Preceptor Brief Presentations "Essentials of Ambulatory Care in the PCMH"

Each resident patient care session in the ambulatory care clinic will start with a fifteen minute mini-lecture on a core ambulatory care topic. (9-9:15 AM and 1:30-1:45 PM). With the session's "Huddle" following at 9:15 and 1:45 there is some "soft" time that can be used for questions, etc as determined by the learning team with the preceptor.

Each Rotation Coordinator in Medicine, OB, Women's Health, Pediatrics, Behavioral Medicine, Surgery, Emergency Medicine, Geriatrics, Subspecialty Medicine, Musculoskeletal and Sports Medicine will develop 15 minute "Essentials for Ambulatory Care in the PCMH" sessions on Core Topics based on the top 5 issues in that domain that each Family Physician Resident must master to lead and operate an effective PCMH.

There are 300-350 clinic sessions for each resident during their three year Ambulatory Care PCMH Curriculum. 75 topics will be designed with specific goals/objectives that align with Core Rotations. Topics will be monitored on New Innovations to ensure exposure to all at least once with five questions to be answered

Ambulatory Care Curriculum:
Daily Teaching PCMH Essentials for Ambulatory Care
Sample of Preceptor Brief Presentation Topics

Each Rotation Coordinator will develop 15 minute "Essentials for Ambulatory Care in the PCMH" sessions on Core Topics based on the top 5 issues each Family Physician must master to lead and operate an effective PCMH. Sessions are presented at start of PCMH Clinical Learning Session.

The Integrative Family Medicine Faculty will assure each topic comprehensively addresses cutting edge Functional Medicine thus maintaining the integrity of the essence of PCMH, "a continuous healing relationship providing whole person care".

Each session must have a 3-5 slide PowerPoint with name of topic, specific learning objectives ("key take home points"), 1-3 slides on information, and final slide with 3-5 questions.
***<u>*Residents will log in to New Innovations to answer the questions and obtain credit for the session.*</u> ***

THE FOLLOWING ARE FOR <u>*EXAMPLE*</u> ONLY AND NEED FURTHER DEVELOPMENT BY FACULTY

Ambulatory General Medicine-Rick Flinders/Jack Trowbridge

1) hypertension
2) CAD

3) Hyperlipidemia
4) GI-GERD/PUD; diverticulitis, cholelithiasis
5) CKD

Ambulatory Endocrinology-Dave Schneider/Jerry Minkoff

1) thyroid disease
2) diabetes
    a. oral therapies
    b. insulin therapies
    c. chronic care model
        i. ADA
3) Adrenal insufficiency
4) Osteoporosis
5) Hypogonadism

Ambulatory Geriatrics-Walt Mills/Tim Geseike

1) CHF
2) COPD
3) Memory Disorders
4) Poly-pharmacy
5) Functional Assessment

Ambulatory Psychiatry-Ritch Addison/Mariah Hansen/John Mackey

1) Depression
2) Anxiety
3) Sleep Disorders
4) Psychosis
5) Chemical Dependency

Ambulatory Pediatrics-Cherie Green/Kevin Hamann/Adrienne Silver

1) Well Child Exam/Development
2) Immunizations
3) Obesity
4) Adolescent Medicine
5) Acne

Ambulatory Obstetrics-Deb Donlon/Lisa Ward/Panna Lossy/Tara Scott

1) Prenatal Care-Low Risk (what every FP needs to know who doesn't do OB)
    a. For the FP who wants to do prenatal care but won't be delivering
2) Prenatal Care-High Risk
3) Preconception Care
4) TABs
5) Red Flags-emergencies in ambulatory obstetrics

Ambulatory Gynecology-Tara Scott/Lisa Ward/Panna Lossy/Deb Donlon

1) Evaluation and treatment of abnormal vaginal bleeding
2) Office Contraceptive Management
3) Menopause Management
4) Pelvic Pain diagnosis and management
5) Sexual Dysfunction

Ambulatory Surgery-Dave Schneider

1) how to make procedures a part of your everyday practice
    a. cryosurgery; biopsies

2) when/how to refer-telederm
3) essentials of your procedure room and team (standardization)
4) vasectomy
5) lumps/bumps

Ambulatory Urology-

1) BPH management
2) Erectile Dysfunction
3) Prostate Cancer screening and treatment
4) Urinary incontinence
5) Acute and Recurrent UTIs

Ambulatory Pulmonology-Rick Flinders

1) Asthma
2) Sleep Apnea

Ambulatory ENT-Dave Schneider

1) Allergic Rhinitis
2) Sinusitis
3) Phayrngitis

iii) Team Based Care Modeling: The Resident is part of a model interdisciplinary care team throughout the three year curriculum which includes family physician access providers (Vista Health Center physicians), residency faculty in family medicine, nurse practitioners/physician assistants, RN/LVN, Case Managers, Social Workers, Behavioral Health Consultants, Medical Assistants, Flow Coordinators (Reception) and Community Health Workers.

Residents learn to be a part of high performing teams as members and leaders with the final year being *Chief of their Ambulatory Care Team* who partners with theVista Health Physician Team Lead for three of the 12 months. Module Team Meetings held twice a month will be led by the Chief Resident with performance metrics co-designed with the Vista Health Physician Team Lead.

Smaller functional team units ("teamlets") are part of everyday work with each resident working with a medical assistant as a Care Team providing coordination during patient visits, after care, planned care, chronic and preventive care, and other essentials of the PCMH. Daily "huddles" are structured as part of each clinical learning session.

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Resident Teamlets and Faculty coaches

Red Wing:
Ben Brown: Andrew, Christoph, Hana
Wendy Kohatsu: Annemieke, Kamin, Emily
Jerry Eliaser: Lucia, Alicia, Joanna, Parker
Walt Mills: Ele, Kari, Christine

Blue Wing:
Dave Schneider: Sharon Lin, Jenny Fish, Trang Vo
Dave Schneider: Allison, Lindsay, Colleen Harrison, Dave Stromberg Bo
Greaves: Dan, Natasha, Jared
Jeff Haney: Trina, Ellen, Mary

Green Wing:
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Erin Lunde: Anabel, Michele, Laura
Deb Donlon: Rachel, Jes, Anthony
Tara Scott: Heidi, Jimmy, Sarah
Enrique Gonzalez: Gabe, Katie, Cathryn

Teamlet responsiblilities:

- Coordinated care of panel of patients
- Daily shared management and triage of inbox
- Share coverage when teammates away from office
- Work with partner MAs and office staff to maximize care of patients
- Create an environment of effective practice management
- Integration of graded educational opportunities

Faculty coach job description:

- Supervise the coordinated care of a panel of patients
- Provide longitudinal support of the care of patients with chronic and sub-chronic disease
- Be the faculty go-to person
- Embrace the idea of education by inquiry
- Chart Review
- Jelly bean review/audit
- Coordination with the evaluation team

iv) Group Medical Visits modeling: Each resident will co-facilitate adequate Group Medical Visits to be able to confidently organize and execute in practice upon graduation.

v) Objective Structured Clinical Evaluation (OSCE): Each resident will complete one OSCE representative of each Core Department (Medicine, OB, Gyn, Peds, Psych, Geriatrics, Musculoskeletal Medicine, Derm, Minor Surgery)

vi) Quality/Performance Improvement: Each Resident will complete a QI project in their model PCMH during their time as Chief. A formal QI/PI Curriculum includes general didactics for all residents several times per year and specific coaching 1:1 while Chief.

vii) Chronic Care Model: Each Resident will learn how to monitor their patient panel using the electronic disease registry, the *PCMH Report Card*, and their chronic care team for Diabetes, Cancer Screening (Colorectal, Cervical, and Breast Cancer Screening), and Asthma as a minimum. (Depression, CHF, Anti-coagulation, Chronic Pain, and other possible disease states may be included as appropriate for the resident patient population).

Each Clinical Learning Session has a 30 minute *Panel Management Time (PMT)* during which up to date monitoring of the resident's panel is done with action planned with the MA to address identified patient's needs to improve their chronic care.

viii) Chronic Care Workshops: There are 6-13 Thursday Afternoon Conference Workshops per year. Each focuses on one Chronic Condition residents are working on. There is a lecture, then actual supervised outreach to patients by scheduled phone visit by the resident/MA followed by de-briefing with faculty. (For example: Two Diabetes; One Asthma; One Depression, etc) This repeating 12 month curriculum will combine resident panel management with teaching the core clinical and chronic disease topics.

CHRONIC CARE AND POPULATION HEALTH TEACHING METHODS

Chronic Care Workshop Sample Agenda
Thursday Afternoons 6-13 Sessions/year

Workshop for Directors of Family Medicine Residencies

Curriculum Design

Block	Teaching Topic	Clinical Review
1	DM	DM
2	DM	DM
3	HTN	HTN, Psych Dx
4	Cancer screening	Cancer screening, CHF
5	Chronic Pain	Chronic Pain, immunizations
6	COPD	COPD, DM
7	CHF/HTN	CHF, Med. Mgmt
8	Depression/anxiety	Psych Dx,
9	Subst abuse: etoh/tobacco	Substance abuse, Chronic Pain
10	CAD	CAD, DM
11	Immunizations	Immunizations
12	End of Life Care	Cancer Screening, CHF
13	Quality review	Misc prevention, panel transfers

Workshop for Directors of Family Medicine Residencies

TIC Sessions: Structure
Sample agenda

1:00-2:00 COPD Overview

1. Case-based discussion
2. Review of chronic disease care plans
3. Review care management tools: PCER
4. Review of DM work

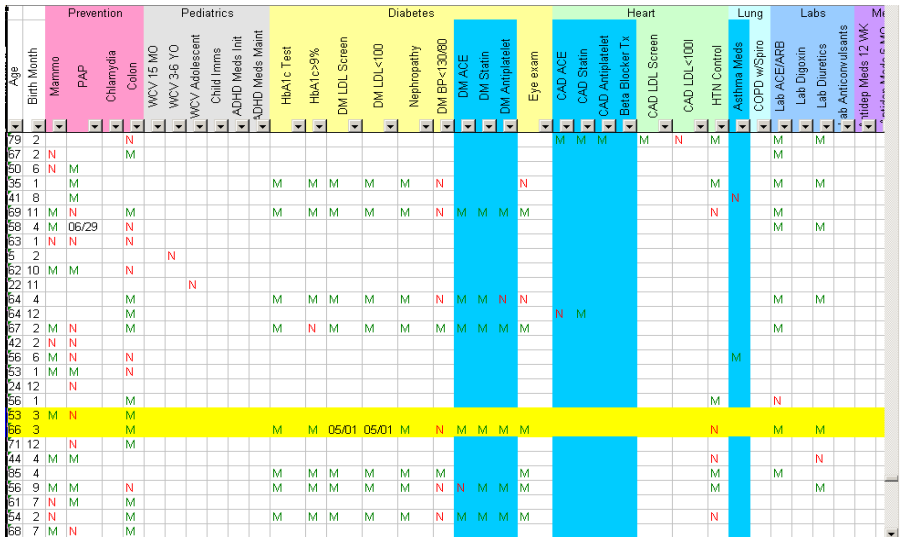
2:00-4:45 TIC work on COPD and DM

1. Review PCER for COPD unmet care
2. Review care of COPD patients
3. Review/create chronic care plans
4. Outreach to patients
5. Help practice partner
6. Outreach for DM: focus on Hgba1c>9.0
7. Review PCER for all unmet care needs

4:45-5:00 Discussion

Workshop for Directors of Family Medicine Residencies

Pre-visit Work: The PCER
(Patient Care Exception Report)



		Prevention				Pediatrics					Diabetes									Heart					Lung		Labs			
Age	Birth Month	Mammo	PAP	Chlamydia	Colon	WCV 15 MO	WCV 3-6 YO	WCV Adolescent	Child Imms	ADHD Meds Init	ADHD Meds Maint	HbA1c Test	HbA1c>9%	DM LDL Screen	DM LDL<100	Nephropathy	DM BP<130/80	DM ACE	DM Statin	DM Antiplatelet	Eye exam	CAD ACE	CAD Statin	CAD Antiplatelet	Beta Blocker Tx	CAD LDL Screen	CAD LDL<100	HTN Control	Asthma Meds	COPD w/Spiro	Lab ACE/ARB	Lab Digoxin	Lab Diuretics	Lab Anticonvulsants
79	2				N																	M	M	M		M	N	M			M		M	
67	2	N			M																										M			
50	6	N	M																															
35	1		M									M	M	M	M	M	N			N								M			M		M	
41	8		M																										N					
69	11	M	N		M							M	M	M	M	M	N	M	M	M	M							N			M			
58	4	M	06/29		N																										M		M	
63	1	N	N		N																													
5	2						N																											
62	10	M	M		N																													
22	11							N																										
64	4				M							M	M	M	M	M	N	M	M	N	N										M		M	
64	12				M																	N	M											
67	2	M	N		M							M	N	M	M	M	M	M	M	M	M										M			
42	2	N	N																															
56	6	M	N		N																								M					
53	1	M	M		N																													
24	12		N																															
56	1				M																							M			N			
53	3	M	N		M																													
66	3				M							M	M	05/01	05/01	M	N	M	M	M	M							N			M		M	
71	12		N		M																													
44	4	M	M																									N					N	
85	4											M	M	M	M	M	M			M								M			M			
56	9	M	M		N							M	M	M	M	M	N	N	M	M	M							M					M	
61	7	N	M		M																													
54	2	N			M							M	M	M	M	M	N	M	M	M	M							N						
68	7	M	N		M																													

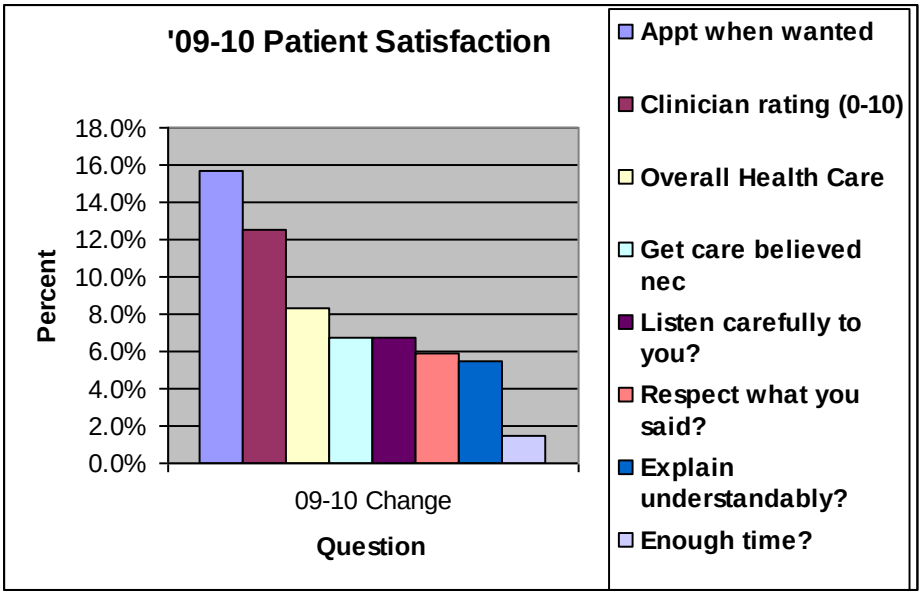
2009-2010 HEDIS Measures

Workshop for Directors of Family Medicine Residencies

	Mar 09	Mar 10	Trend
ABX Adult Acute Bronchitis	65.4%	36.4%	**29.0%**
Well-Child 3-6 YO	50.0%	75.0%	**25.0%**
Screen: Colorectal Cancer (NEW)	38.3%	60.1%	**21.8%**
Postpartum Care	56.7%	78.2%	**21.5%**
DM: HbA1c>9.0	51.5%	32.5%	**19.0%**
ASA: Ace for CAD	63.0%	75.6%	**12.6%**
DM: HbA1c Test	78.8%	88.3%	**9.5%**
Well-Care Adolescent	27.3%	36.1%	**8.8%**
ASA: Ace for DM	68.4%	75.4%	**6.9%**
IET: Engagement	9.8%	16.7%	**6.9%**
Screen: Breast Cancer Total	50.3%	56.1%	**5.9%**
DM: BP <140/90	54.5%	59.7%	**5.2%**
CAD: Chol Mgt-LDL Screen	85.7%	90.0%	**4.3%**
DM: LDL Screen	72.7%	76.6%	**3.9%**
ASA: Statin for CAD	77.8%	80.5%	**2.7%**
Prenatal Care	83.3%	85.9%	**2.6%**
High Blood Pressure	50.6%	52.4%	**1.8%**
Screen: Cervical Cancer	75.5%	76.9%	**1.3%**
Asthma Appropriate Meds	83.3%	84.6%	**1.3%**

Patient Satisfaction

Workshop for Directors of Family Medicine Residencies



viii) The Chief of Ambulatory Care Experience is a centerpiece of the New Model curriculum. The Checklist describes the main domains and activities of the Chiefs, of which three months of the PGY3 year is dedicated to. This rotation is scheduled during elective, selective, and other months without call responsibilities.

Chief PCMH Ambulatory Care Curriculum Check List

What	When	Who	Where	How
Orientation Session	First Week 7:30-8 on Mon, Wed or Friday (1)	Walt	Walt's Office	30 min review of Chief's Vision Goals/Objectives; Meeting Schedules, Roles, Desired Outcomes (3)
Leadership Development	Weds 8-9	Jeff, Walt, Bo,		PCMH Leadership Modules
Self Assessment (2)	First Week	Walt		Complete Self Evaluation prior to 1:1 meeting w Walt
Transformed MHIQ Wing Self Assessment	First Week	Chiefs		On own (or with Wing Mgr)
QI Module		Mike Haiman		QI model didactic in July for all PGY3's; done as Team Chiefs
QI Project	Third Week	Walt, Bo		Identify QI project and process for Team
Myers-Briggs Personality Inventory	Second Week	Walt		Take test in advance-review interactive 1 hr session
Learning Styles	Third Week	Walt		Small Group Learning
See Topics	Fourth Week			
Teaching	Fourth Week	Walt, Jamie		Precepting
Teaching		Dave		-Conference PCMH Presentation-2nd, 3rd, 4th Thursday 8-8:30 is done by a Chief (Red, Green, Blue). You will do three lectures in third year, ie, once each month you are Chief! (4) - Develop 1 PCMH Mini-Didactic/OSCE for Clinic over the three months; may be with the team or individual by the end of the third month "Daily Teaching PCMH Essentials for Ambulatory Care" -Ambulatory M and M-do one session together as the three chiefs of the month. (5)
Self Evaluation	Start/end of month (3)	Walt		Each month is evaluated to ensure Chief's personal goals are met.
Work Flow		Bo		Patient Experience Map in Clinic-2 hours with tools

Leadership Experience(s)	All month	Bo		Partner with Clinical and Admin Lead for Wing—lead bi-monthly meetings; attend Vista Leaderhip mtg Wed noon
QI Poster (6)	Final Month	Bo/Walt		Present QI/PI Poster. "Winner" to be chosen Cycle 13 for the year. Each Chief presents in June Final team project.

(1) **Heike** schedules 30 min orientation for each Chief the first week 7:30-8 on Mon, Wed, or Friday; meets fourth week as well. 1:1 with Walt Mills (see (3)

(2) Each Chief Completes Self Evaluation at start of rotation, brings to Orientation with Walt; This is done for *each of the three months the Chief is on Amb Care* to track progress.

(3) Last Week meet with Walt 30 minutes for summary 7:30 on Mon, Wed or Friday

(4) Each Chief prepares one presentation for a Thursday 8-8:30 presentation (see red second Thursday; green third Thurs, blue fourth Thurs template) *Meet with Dave Schneider to coordinate topics*

(5) Each Team of Chiefs prepares one Ambulatory Care M and M (Week Four) :)

(6) Each Chief will do a Poster on their Team's QI project by graduation and present at end of year in "competition" ☺