The Education Centered Medical Home: Final Data From the 2011-2012 Pilot

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The PCMH as Curricular Model: How the ECMH fulfills PCMH principles

- Continuity with a personal physician: Each ECMH patient has a student who serves as the "point-person" for that patient's care.
- Whole person care: The ECMH focuses on proactive, planned, and preventive care in addition to acute, symptom-based medicine
- Team-based care: ECMH students work in teams, coordinate patient care tasks, communicate with doctors, and teach one another.
- Care coordination and integration: Medical students ensure links between care teams; when able, they saw their patients in the hospital and followed them during procedures and tests.
- Quality and Safety: Work is ongoing to track the quality of care provided at each ECMH site.
- Enhanced Access: Students communicated frequently with their ECMH patients and served as a "follow-up coordinator."

Participants

Students:
- 112 students volunteered to participate
- 56 students (14 M1s, 13 M2s, 15 M3s, 14 M4s) randomly selected

Patients:
- Enrolled initially by preceptor
- Students encouraged to enroll patients they met while on clerkships
- Targeted "High-risk" patients:
  - Those who required at least 3-4 visits/year
  - Those wo had 2+ ER/hospital visits/year
  - Patients with "out of control" chronic illnesses

Sites and Preceptors:
- Children's Memorial Hospital
  - Dr. Mary Nevin

- Northwestern Memorial Faculty Foundation
  - Dr. Daniel Evans

- PCC Community Wellness Center – Austin
  - Dr. Alisha Thomas

- PCC Community Wellness Center – South
  - Dr. Rebecca DeHoek

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Results

All sites (means in brackets):
- 699 Clinics attended [12.9 per student]
- 273 Continuity patients [5 per student]

At the NMFF and PCC-A sites:
- 146 Continuity patients seen an average of 2.6 times each (range 1-11 visits)

Student Surveys: 49 of 56 (88%) of students responded to all questions

STUDENT CONFIDENCE WITH PCMH PRINCIPLES INCREASED

PCMH/ECMH Learning Objective	Pre-program confidence rating, mean (SD)*	Post-program confidence rating, mean (SD)*	p-value
Achieve continuity of care	3.3 (0.7)	4.2 (0.5)	<0.001
Manage a patient panel	2.9 (0.8)	3.7 (0.6)	<0.001
Provide care for "high-risk" patients	2.8 (1.1)	3.8 (0.8)	<0.001
Educate patients on self-care	3.2 (0.8)	4.1 (0.7)	<0.001
Track and coordinate care	2.8 (0.9)	3.7 (0.8)	<0.001
Measure health outcomes; improve performance	2.8 (1.0)	3.6 (0.7)	<0.001

* Likert rating scale of confidence: 1 = very poor, 2= poor, 3= neutral, 4= good, 5= very good

STUDENT CONTINUITY EXPERIENCE WAS HIGHLY POSITIVE

PCMH/ECMH Continuity Objective	Post-program rating, mean (SD)
I look forward to going to my ECMH clinic	4.5 (0.8)
I feel ownership for my ECMH patients	4.1 (1.0)
I am achieving continuity with my ECMH patients	4.2 (0.9)
I am enjoying having continuity with my ECMH patients	4.6 (0.9)
Continuity has affected my perspective on patient care	4.4 (0.9)
I am able to balance my class work with my ECMH responsibilities	4.1 (1.0)

* Likert rating scale: 1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree

Faculty Survey Results

- All preceptors strongly agreed that students were achieving continuity with patients
- All preceptors strongly agreed that they enjoyed participating
- ¾ agreed that they were able to balance ECMH workload with usual professional responsibilities while one preceptor was neutral.
- Faculty spent an average of 4.7 hours per week in addition to ECMH clinic time communicating with students, preparing teaching materials, and evaluating students.

*Used a Likert-type scale in which 1 = strongly disagree, 3 = neutral and 5= strongly agree

ECMH Grand Rounds 2011-2012

Held monthly, with participation from students, preceptors and guest faculty discussants
Topics:
1. Welcome to your "Education-Centered Medical Home"
2. Personal Physician: The Value of Continuity
3. Physician-Directed Medical Practice: Focus on Teamwork
4. Whole Person Orientation: High-risk patients
5. Quality of Care: How to measure it
6. Safe Care: How are we doing?
7. Care Coordination and Integration
8. Enhanced Access
9. Payment and Medical Economics
10. Medical Home Year-in-Review

Conclusions: The ECMH…

1. Enables students at multiple educational levels to work as a cohesive team, manage a complex patient panel, explore the core principles of the PCMH, serve as patient educators, and form meaningful relationships with peers, preceptors, and patients.
2. Is feasible and can be implemented in a variety of settings
3. Is highly regarded by students and faculty
4. Has the potential to improve patient care quality and outcomes for high-risk patient populations.

References

- Patient-Centered Primary Care Collaborative. Joint principles of the Patient-Centered Medical Home. Available at: http://www.pcpcc.net/content/joint-principles-patient-centered-medical-home. Accessed January 16, 2013.
- Baxley E, Dearing J, Esquivel M, et al. Joint principles for the medical education of physicians as preparation for practice in the Patient-Centered Medical Home. Available at: http://www.acponline.org/running_practice/delivery_and_payment_models/pcmh/understanding/educ-joint-principles.pdf. Accessed January 16, 2013.
- Henschen BL, Garcia P, Jacobson B et al. The Patient Centered Medical Home as Curricular Model: Perceived Impact of the "Education-Centered Medical Home." Provisionally accepted for publication in J Gen Int Med.

All preceptors and 39 of 42 non-graduating students desired to continue their ECMH clinics in the 2012-2013 academic year.