

The Feinberg "Education-Centered Medical Home:" Organizing Principles, Program Evaluation to Date, and Future Directions

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Foundations

PCMH: Patient Centered Medical Home

- PCMH model of care seeks to achieve patient-centered care, lower costs, and improved outcomes
- Medical students have not been meaningfully included in the PCMH model

Medical Education

- Currently 2+2 plan (2 years of basic science, 2 years of clinical) produces practitioners who view bench and bedside separately
- Few opportunities for continuity exist with four week clerkship blocks
- Students are given few opportunities to track patient data and lead interventions to improve clinical outcomes

ECMH

- The FSM ECMH seeks to bring principles of the PCMH to medical students, while addressing issues of educational integration, continuity, and information management.

ECMH Blueprints

Organized around continuity of:

Care: longitudinal patient relationships)

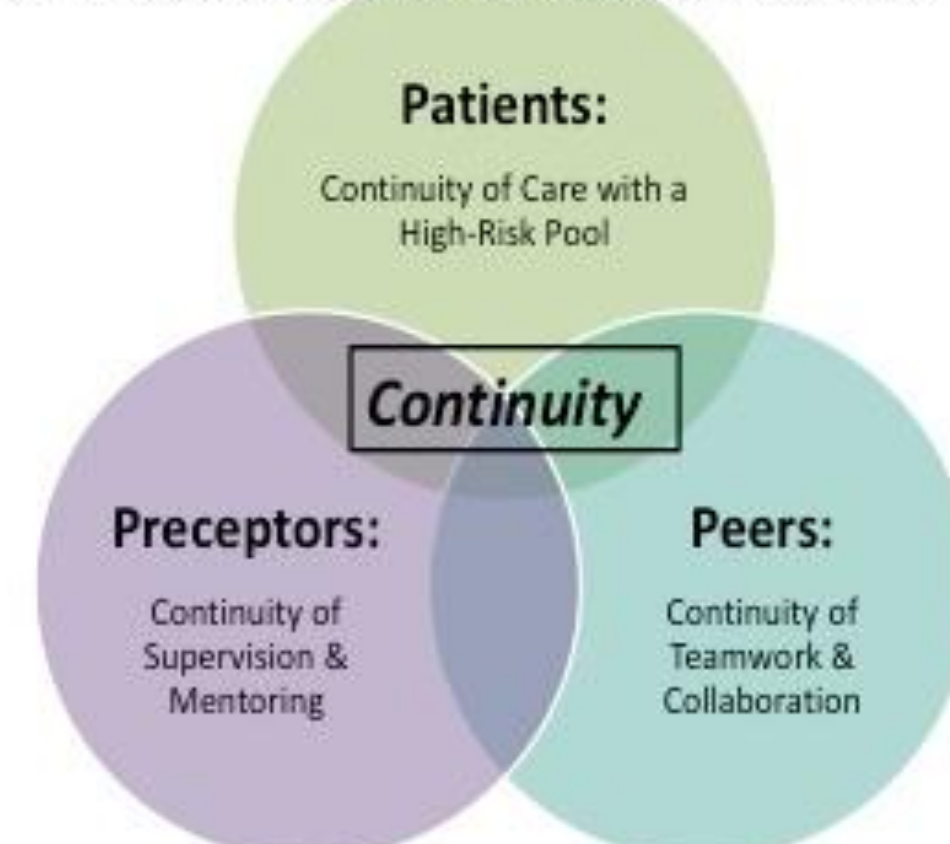
Supervision (preceptors and clinic staff)

Teamwork (stable peer group/team)

Data (stable team working with a defined population enables outcome measurement)

Education-Centered Medical Home

Students as Health Coaches & Care Coordinators



The ECMH is a four-year, longitudinal, ambulatory experience based in existing primary care clinics.

Multi-level student teams (4 from each class) work collaboratively to care for "high-risk" patient panels.

Didactics (monthly Grand Rounds) focus on nationally endorsed Patient-Centered Medical Home principles.

Each student deliberately practices clinical care in accordance with nationally endorsed PCMH principles.

ECMH Structure

A Typical Day in the ECMH

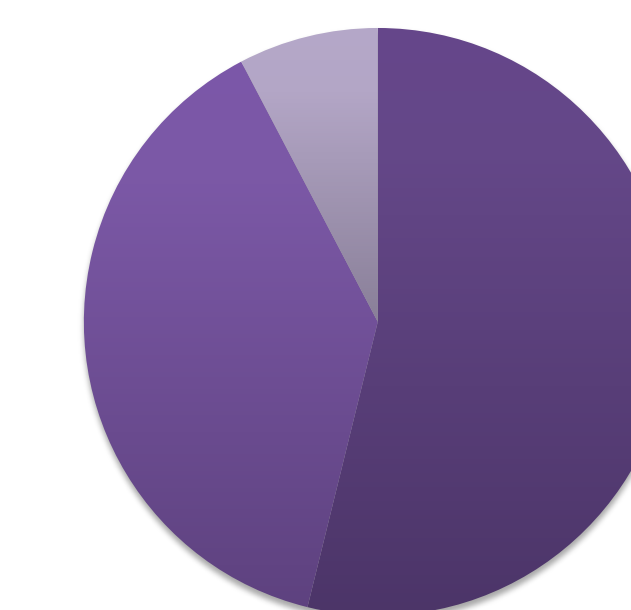
	M1/M4 Student Pair	M2/M3 Student Pair	M1/M3 Student Pair
1:30	Patient A 41 y/o female Leg ulcer	Patient B 56 y/o male HTN, new leg swelling	Patient C 9 mo/o female Well child care
2:30	Patient D 39 y/o female Fibroids and anemia	Patient E 25 y/o male Knee Pain	Patient F 35 y/o female DM2 check-up
3:30	Patient G 32 y/o female Uncontrolled IDDM	Patient H 25 y/o female Hypocalcemic seizures	Patient I 8 y/o male Blood in stools
1:30-4:30, Conference Room	M2 Student Educator: researches side effects of amlodipine related edema, medication in diabetes, and management of hypocalcemic seizures M4 Panel Manager: reviews 9 charts for quality deficits, makes outreach calls to patients seen in past 2 weeks, organizes team to do list, assigns follow ups		
Throughout the month:	M1 students in 5 ECMHs serve as health coaches, calling patients to assist with lifestyle management goals (Coaching for Control)		



The Basics:

- Number of students accommodated to date: **202** students, ~50 from each class (~30% of all Feinberg medical students)
- Number of ECMH student teams/preceptors: **13** teams, working across 9 clinical sites in Chicago
- Total 2012 -2013 ECMH Program Budget for AY2013: **\$1,905** per ECMH student (not including IT resources) or \$385,000 for AY2013
- Students currently working in federally defined primary care health professions shortage areas / medically underserved communities: **80** students

Practice Settings for ECMH



- Internal Medicine
- Family Medicine
- Pediatrics

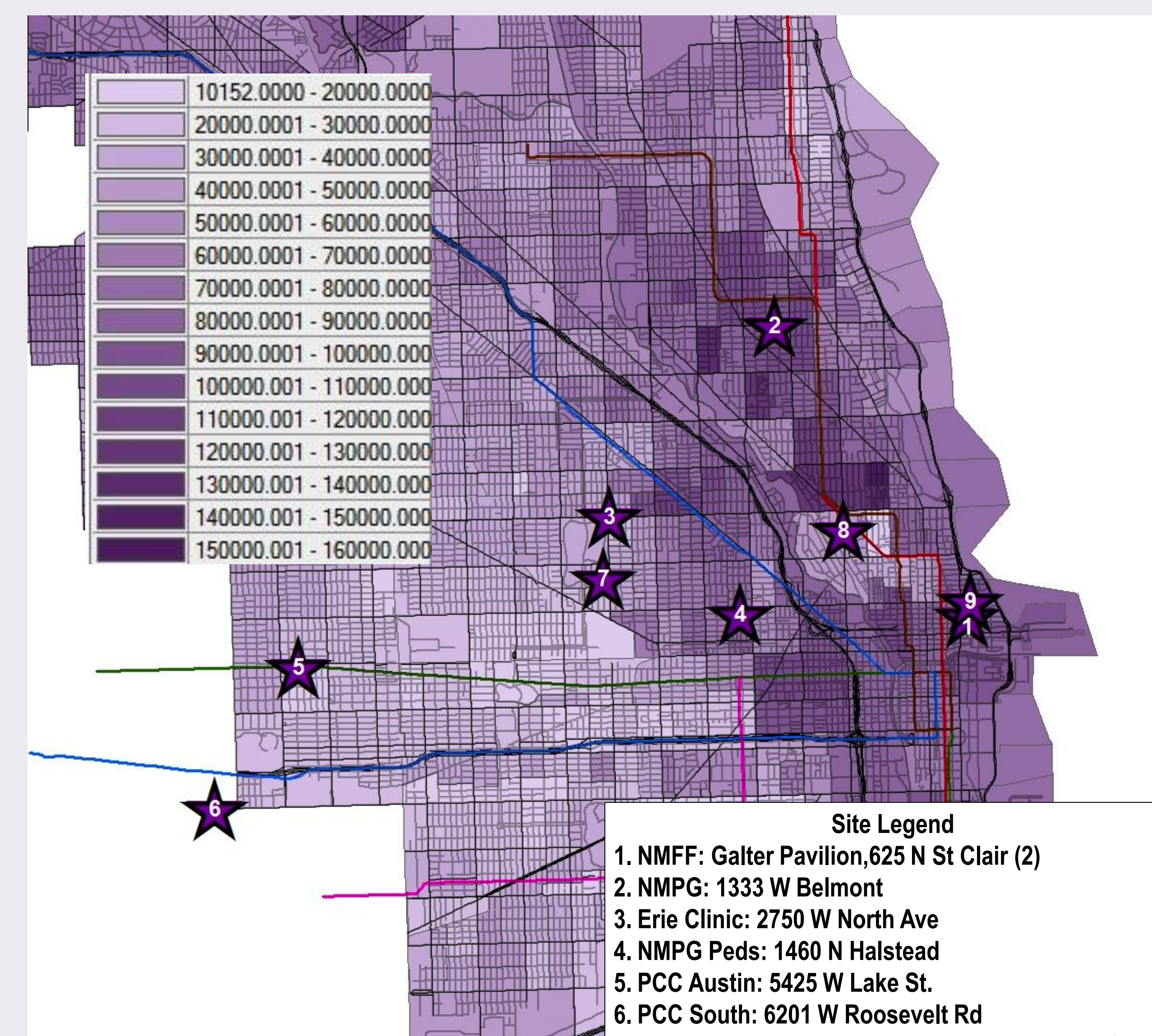
ECMH versus PCMH:

The ECMH is an educational model aimed at training future physicians capable of delivering care according to PCMH principles. All ECMH clinics will adopt the 7 pillars of the PCMH chronic care model.

However, we recognize that our student clinics do not YET meet the definition of a PCMH according to NCQA standards

Initial Reactions

Table 1 and 2: Results from Final Student Assessment (N=52) from 2011-2012 ECMH Pilot



MIDYEAR STUDENT SURVEY:

70% participation: % of students who "agreed" or "strongly agreed"

- "I feel welcomed at my ECMH clinic" **99%**
- "Team morale at my clinic is positive" **97%**
- "I look forward to going to my ECMH clinic" **95%**
- "I am able to balance my courses/clerkships with ECMH responsibilities" = **77%**
- Continuity with patients: "I am achieving continuity with my ECMH patients" = **91%** [returning students at YR2 sites]
- Continuity with patients: "I am achieving continuity with my ECMH patients" = 37% for YR1 students (33% were neutral)
- Continuity with peers: "I am benefiting from having M1's through M4's working together in the same clinic" = **97%**
- Continuity with preceptor: "My preceptor knows what I am capable of and is able to help me develop my skills" = **84%**

MIDYEAR PROVIDER SURVEY:

Conducted Oct. 2012, 92% response; number of providers who "agree" or "strongly agree"

- "The student moral in my clinic is positive" 100%
- "Preceptor moral in my clinic is positive" 92%

Looking Forward

- Assessment of patient reaction to the model is currently underway
- Quality metric data are currently being assembled, with 304 patients logged to date
- Student outcomes including OSCE performance, clerkship grades, and board scores will be evaluated in comparison
- Clinics are beginning to generate report cards for tracking health outcomes, which will serve as platforms for meaningful improvement projects in the future.
- We plan to further expand the ECMH in 2014 to include additional clinical sites, and eventually the entire Feinberg School of Medicine Student body

References

- Cooke M, Irby DM, O'Brian BC. Educating Physicians: A Call for Reform of Medical School and Residency, San Francisco, Calif: Jossey-Bass-Carnegie Foundation for the advancement of Teaching, 2010.
- American Academy of Family Physicians. Primary care physicians call for medical school curricula that prepare graduates of patient-centered medical home. January 18, 2011. <http://www.aafp.org/online/en/home/media/releases/2011newsreleases-statements/medical-school-curricula-pcmh.html>