WEBINAR ACCESS INFORMATION

Thank you for joining us!
We will begin shortly.

Please dial into the call using: 1-877-668-4493
Event Number: 645 845 544

We will not be streaming sound through your computer, so dialing in is critical to hear the audio portion of today’s presentation. Thank you!
NEED TODAY’S SLIDES?

Please refer to the URL in the chat box to download today’s presentation materials. It should be located on the right-hand side of your screen.

This webinar is being recorded –
Please check the learning network website tomorrow morning for the recording and corresponding materials.
PARTICIPANT INTERACTION

• All lines have been muted, but we still want to hear from you!

• Ways to interact:
  • Ask questions or make comments through the “chat area” located to the right of your screen
  • If you wish to speak telephonically, please “raise your hand” and wait for me to unmute your line before you begin talking
TODAY’S AGENDA

• Management and Improvement
• Management and Improvement processes
  • RWJBarnabas
  • University of New Mexico
• Discussion
• Next Steps
MANAGEMENT AND IMPROVEMENT

Population Health GME Curriculum

- Manage and Improve Program
- Create Shared Aim
- Identify Local Resources
- Develop Curriculum
- Create Practical Learning Opportunities
- Address Barriers
MANAGEMENT AND IMPROVEMENT

EVALUATE

LESSONS LEARNED
Redesigning Graduate Medical Education

RWJ Barnabas Health

Jersey City Medical Center
ACGME - Resident Scholarly Activities

• The faculty must establish and maintain an environment of inquiry and scholarship with an active research component
  ➢ The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences
  ➢ Some members of the faculty should also demonstrate scholarship by one or more of the following:
    1. Peer-reviewed funding
    2. Publication of original research or review articles in peer-reviewed journals, or chapters in textbooks
    3. Publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings
    4. Participation in national committees or educational organizations

• Faculty should encourage and support residents in scholarly activities
Core Entrustable Professional Activities (EPAs)

- Core EPAs are guidelines developed by AAMC and ACGME, considering the growing concern of the variability in readiness with some medical graduate transitioning to residency by residency program directors.

- The 13 core EPAs service to provide guidance for medical education to better prepare students to survive in Residency programs.

- Students/Residents are expected to be able to perform these EPAs without direct supervision on the first day of residency.
GME Program Overview at JCMC

• Jersey City Medical Center is a Non-profit, teaching hospital offering residency programs in
  ➢ Internal Medicine
  ➢ Orthopedics
  ➢ OB/GYN

• JCMC also provides affiliated programs in General Surgery, Ophthalmology and Dentistry
## Required Clinical Hours NP vs. PA vs. MD

<table>
<thead>
<tr>
<th></th>
<th>Clinical Hours in Program</th>
<th>Residency Hours</th>
<th>Total Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioner (MSN, DNP)</td>
<td>500 to 1,500</td>
<td>None required</td>
<td>500 to 1,500</td>
</tr>
<tr>
<td>Physician Assistant (MPAS)</td>
<td>2,000</td>
<td>None required</td>
<td>2,000</td>
</tr>
<tr>
<td>Physician (DO, MD)</td>
<td>6,000</td>
<td>9,000 to 10,000</td>
<td>15,000 to 16,000</td>
</tr>
</tbody>
</table>
GME Program Overview at JCMC

• Any resident’s achievements at JCMC are measured on all the following six core competencies:
  1. Patient Care
  2. Professionalism
  3. Medical Knowledge
  4. Systems-based Practice
  5. Interpersonal and Communication Skills
  6. Practice-Based Learning and Improvement
GME Program Overview at JCMC

Timeline

- Protocol writing
- Meet with faculty
- IRB submission
- Data collection
- Case report submissions
- Fellowship Applications
- Presentation/Manuscript

Non-Clinical Professionals

PGY-1

PGY-2

PGY-3
Healthcare Leadership and Innovation Course

Course Overview

• This 4-weeks elective course introduces medical students to several clinical projects and mentorship opportunities from Attending physicians, residents and physician executive leadership team.

• The main focus of the course is to provide an understanding of patient-centered and disease-focused medical education by imparting foundational knowledge, integrated clinical skills, professional development, scholarship and research skills.

• Usually, the learning schedule for this includes emphasis on:
  ➢ Shared decision making and QALY: including the patients, families and communities
  ➢ Team Medicine: role of paraprofessionals, telemedicine and communities
  ➢ Healthcare data and technology: such as stratification and efficient use of scarce resources
  ➢ Socioeconomic perspective of Healthcare
  ➢ Community Health Trust and Edifice Complex addressing Population Health
  ➢ Clinical Innovation Programs
  ➢ Leadership in Training
Healthcare Leadership and Innovation Course

Course Overview

Students also participate actively in the following on-site, in-the-field activities for enriched practical experience:

- Patient Home Assessment Visits/Ambulatory Care Visits
- Patient visits at JCMC’s Patient Navigation Program office
- Community Outreaches and Health Fairs
- Patient Simulation Exercise- Clinical simulations at EMS Department/Pre-hospital Medicine Program in collaboration with Paramedic Science School
- Weekly Journal Club discussions/Debate Sessions to discuss the ‘for’ and ‘against’ points related to various topics on changing dynamics of healthcare industry (e.g. cost-quality analysis, Healthcare IT, Payment models in the healthcare and their impact)
- Weekly Administrative Conference
- Hospital Leadership Council Meetings
Healthcare Leadership and Innovation Course

Course Outline

Week One: Innovating in Healthcare
- To identify healthcare problems in need of a solution
- Focused on systems thinking within complex healthcare environments

Week Two: Prioritizing Needs
- To identify the currently available solutions in the industry
- Focused on research and in-depth analysis of remaining unmet needs

Week Three: Designing an Innovation
- To focus on building ability to develop solutions within existing constraints
- Constraints may include regulatory, legal, organizational policies etc.

Week Four: Implementation Plan
- To address real-world deployment of an innovative solution
- Common issues may include financial, business strategy, sustainability etc.
Healthcare Leadership and Innovation Course

As a part of the course, students also get to learn about:

- Hospital Operations
- Hospital Finance
- JCMC EMS Operations
- Center for Comprehensive Care (CCC) at Greenville site
- Case Management
- Emerging Leadership Projects at JCMC
- Behavioral Health Interventions
- Medical And Social Services for the Homeless (MASSH)
Healthcare Leadership and Innovation Course

Course Assignments/Projects Portfolio (Examples)

2. Behavioral Health/Substance Abuse Assignment
   - CMS assigned over 34,000 lives to JCMC as part of Delivery System Reform Incentive Payment (DSRIP) Program

   - Course assignment goal: to assess the initiative and provide recommendations for following key areas

     - Potential barriers to enrollment
     - Best approach to manage the population
     - Potential key partners
     - Social determinants of Health
     - Tools that can be utilized
     - Approaches to engage the population and physician practice
Healthcare Leadership and Innovation Course

Additional Learning Opportunities

1. Patient Office Visits
2. Patient simulation Exercise
3. Weekly Administrative Conference
4. Weekly Executive Leadership Meetings
5. Hospital Leadership Council Meetings
6. Weekly Journal Club
7. Healthcare Leadership and Innovation Presentations
8. Guest Speaker Series
Healthcare Leadership Curriculum Redesign

Defining the Problem

• Recent and emerging trends, such as an aging and growing population, exponential growth in medical discovery, and increasing reliance on technology, are demanding rapid and simultaneous changes in medical education and health care delivery

• It is essential to redesign graduate medical education under the umbrella of Population Health
Healthcare Leadership Curriculum Redesign

Outlining the Goals

- Have residents and students lead a quality improvement project with measurable outcomes
- Reduce cost of care for patients by 10%
- Improve the HCAPH scores by 10%
- Reduce the use of unnecessary diagnostic and screening test through the use of evidence based medicine
- Improve physician satisfaction and Optimizing the environment for learning, care, and discovery
Healthcare Leadership Curriculum Redesign

Improvement Methodologies

- Provide overview of 13 core Entrustable Professional Activities (EPAs)
- Evidence-based practice and competency for process audits and measurement outcomes
- Develop curriculum improvements and address areas of interest
- Implement targeted teaching for sub-internship students
- Involve 4th Year Medical Students and Residents on DMAIC teams
- Promote Inter-disciplinary Grand Rounds and Journal Clubs
- Develop comprehensive research portfolio
- Developing community partnerships and multidisciplinary collaborative relationships
- Provide competency for performance improvement tools
Healthcare Leadership Curriculum Redesign

Improvement Methodologies

- Provide overview of changing health care delivery landscape
- Leadership skills needed in healthcare environment
- Competencies needed to provide the highest quality, most affordable, cost effective and patient-centered care
- Equip 4th Year Medical Students and Residents to focus on systems thinking, population health, health equity, continuous improvement, and interprofessional collaboration
- Concerted efforts to align medical education to current and future health care and societal needs
- Demonstrating professional and respectful interactions with patients, caregivers and members of the interprofessional team
- Communicating effectively with patients and caregivers
- Risk Stratifying patients and ability to assess patient barriers
Healthcare Leadership Curriculum Redesign

Improvement Methodologies
Healthcare Leadership Curriculum Redesign

Data Driven Approach (Measurement)

Entrustable Professional Activities (EPAs)-1

EPA 1: Gather a History and Perform a Physical Examination

<table>
<thead>
<tr>
<th>Key Functions with Related Competencies</th>
<th>Behaviors Requiring Corrective Response</th>
<th>Developing Behaviors (Learner may be at different levels within a row)</th>
<th>Expected Behaviors for an Entrustable Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain a complete and accurate history in an organized fashion</td>
<td>Does not collect accurate historical data</td>
<td>Gathers excessive or incomplete data</td>
<td>Obtains a complete and accurate history in an organized fashion</td>
</tr>
<tr>
<td>PC2</td>
<td>Rates exclusively on secondary sources of documentation of others</td>
<td>Does not deviate from a template</td>
<td>Seeks secondary sources of information when appropriate (e.g., family, primary care physician, living facility, pharmacy)</td>
</tr>
<tr>
<td>Demonstrate patient-centered interview skills</td>
<td>Is disrespectful in interactions with patients</td>
<td>Uses a logical progression of questioning</td>
<td>Adapts to different care settings and encounters</td>
</tr>
<tr>
<td>ICS1 ICS7 P1 P3 P6</td>
<td>Disregards patient privacy and autonomy</td>
<td>Questions are prioritized and not excessive</td>
<td>Adapts communication skills to the individual patient’s needs and characteristics</td>
</tr>
<tr>
<td>Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care</td>
<td>Communicates unilaterally</td>
<td>Responds effectively to patient’s verbal and nonverbal cues and emotions</td>
<td>Responds effectively to patient’s verbal and nonverbal cues and emotions</td>
</tr>
<tr>
<td>KP1</td>
<td>Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit</td>
<td>Does not respond to patient verbal and nonverbal cues</td>
<td></td>
</tr>
<tr>
<td>PC2</td>
<td>Fails to recognize patient’s current problem</td>
<td>Does not prioritize or filter information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Questions are not guided by the evidence and data collected</td>
<td>Questions reflect a narrow differential diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does not prioritize or filter information</td>
<td>Is able to filter signs and symptoms into pertinent positives and negatives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does not consider patient’s privacy and comfort during exam</td>
<td>Performs basic exam maneuvers correctly</td>
<td>Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning</td>
</tr>
<tr>
<td></td>
<td>Incorrectly performs basic physical exam maneuvers</td>
<td>Does not perform exam in an organized fashion</td>
<td>Incorporates secondary data into medical reasoning</td>
</tr>
<tr>
<td></td>
<td>Relies on head-to-toe examination</td>
<td>Performs an accurate exam in a logical and fluid sequence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Misses key findings</td>
<td>Targets the exam to areas necessary for the encounter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identifies and describes normal findings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explains exam maneuvers to patient</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Uses the exam to explore and prioritize the existing differential diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can identify, and describe normal and abnormal findings</td>
<td></td>
</tr>
</tbody>
</table>
Needs Assessment

Data Driven Approach (Measurement)

Needs Assessment for Incoming New Residents/Medical Students

- Orthopedic Exam
- Oral Presentations
- Power Point
- Patient Handoff
- Office Aseptic Technique
- Infant Physical
- Deliver a Baby
- Prostate/Rectal
- Delivering Bad News
- Breast Exams
- Pap Smears
- Suturing
- Dictating H&Ps
- EMR Use
- Computer Use

- Well experienced
- Comfortable but need more Practice
- No experience at all
- Find it Scary
Needs Assessment

Data Driven Approach (**Measurement**)

**Needs Assessment for Incoming New Residents/Medical Students**

- **Percentage of Participants Who Answered**
  - ACLS
  - PALS
  - BLS

- **Not Certified...**
  - ACLS: 28%
  - PALS: 22%
  - BLS: 0%

- **Not Certified...**
  - ACLS: 50%
  - PALS: 3%
  - BLS: 6%

- **Certified...**
  - ACLS: 25%
  - PALS: 16%
  - BLS: 13%

- **Certified...**
  - ACLS: 9%
  - PALS: 9%
  - BLS: 69%
Healthcare Leadership Curriculum Redesign

Data Driven Approach *(Measurement)*

JCMC Graduate Medical Education Quarterly Program Revenue

<table>
<thead>
<tr>
<th>Time (In Weeks)</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 Q3</td>
<td>11200</td>
</tr>
<tr>
<td>2015 Q4</td>
<td>14400</td>
</tr>
<tr>
<td>2016 Q1</td>
<td>22400</td>
</tr>
<tr>
<td>2016 Q2</td>
<td>5200</td>
</tr>
<tr>
<td>2016 Q3</td>
<td>35200</td>
</tr>
<tr>
<td>2016 Q4</td>
<td>25600</td>
</tr>
<tr>
<td>2017 Q1</td>
<td>27600</td>
</tr>
<tr>
<td>2017 Q2</td>
<td>11200</td>
</tr>
<tr>
<td>2017 Q3</td>
<td>12000</td>
</tr>
<tr>
<td>2017 Q4</td>
<td>34400</td>
</tr>
<tr>
<td>2018 Q1</td>
<td>51600</td>
</tr>
</tbody>
</table>
Healthcare Leadership Curriculum Redesign

Data Driven Approach (% Analysis)

An Analysis of Broad-Spectrum Antibiotic Usage at JCMC

PEOPLE
- ED Physician
- Medicine Physician
  - ID Physician
  - Pharmacy
  - Patients

ENVIRONMENT
- Hospital acquired infection
- Use of personal protective equipment
- Proper hand hygiene
- Isolation rooms

EQUIPMENT
- Central lines, foleys, ventilators → timely removal/replacement
- Xray, CT, MRI → identify/track resolution of foci

METHODS
- Treatment despite negative culture/no source
- Early broad spectrum coverage
- Escalation/De-escalation Based on susceptibilites
- Non-standardized duration of therapy
- Chasing daily CBCs

Antibiotic Overuse
Antibiotic Resistance
Costs
Healthcare Leadership Curriculum Redesign

Data Driven Approach *(Analysis)*

The Feasibility of Telepsychiatry at JCMC
Healthcare Leadership Curriculum Redesign

Data Driven Approach (Analysis)

Root Cause Analysis for Cost and Utilization of Hospital Services
Didactic Content

Interventions focused on

Achieving Enterprise Operational Excellence

- To train the medical students and residents for ongoing dynamics of value-based reform, ACO and bundled payment initiatives for innovative health system designing through strategic planning and management methodologies

Closing the Physician-engagement gaps in a Value-Based Environment

- To emphasize on best practice medical staff structures, new care delivery models, patient safety, and financial and resource management while stressing the importance of strong interrelationships between clinical and administrative leaders
Didactic Content

Interventions focused on

Breakthrough thinking for Complex Healthcare Environments

- To use the successful approaches of diverse business leaders for problem solving, working on creative solutions to healthcare challenges, generate new and innovative ideas and to inspire the team to facilitate sustainable improvements

Improving Communication to Optimize Healthcare Outcomes

- To emphasize on importance of clear communication to eliminate errors, false operating assumptions and beliefs, for leading to a better understanding between interdisciplinary care teams
Didactic Content

Interventions focused on

Leadership and Accountability

- To understand the strategic initiatives and operations around finding ways to reducing costs and errors, improving quality and process while producing effective and efficient outcomes including community engagement
- To assess the hospital infrastructure by learning about High Reliability Organization (HRO) measures, legislative measures, IRS scrutiny, insurers, and the impact of increased media outreach in order to build meaningful relationships between healthcare leaders and their boards

Partnerships between Physicians and Executives

- To enhance focus on understanding the hard realities of healthcare environment and practice soft-skill strategies for building trust and find ways to reconcile the business objectives of healthcare with implementation and execution of clinical services
New Innovations

Clinical Simulations at EMS Dept./Pre-Hospital Medicine Program: Paramedic Science School

- Airway Management by the application of Oropharyngeal Airway (OPA) Nasopharyngeal Airway (NPA), Ventilations with Bag Valve Mask (BVM), Tracheal intubation and Supraglottic devices
- Insertion of Intraosseous (IO) needle in distal tibial tuberosity and head of humerus bone, and treatment of hypovolemia/shock
- Managing dynamic Bradycardias and Bradyarrythmias by 1st, 2nd and 3rd degree blocks, and simulating treatment process via transcutaneous pacing with Zoll defibrillation/pacing device
JCMC Initiatives

New Innovations

Clinical Simulations at EMS Dept./Pre-Hospital Medicine Program: Paramedic Science School

Managing dynamic tachycardia and tachyarrhythmia through extended learning about Supraventricular Tachycardia (SVT), atrial fibrillation (AFib), Ventricular Tachycardia (VTach), Ventricular Fibrillation (VFib), and their treatment simulations for synchronous cardioversion and defibrillation using Life-Pack-12 device.

Student participation in case scenario filing in the roles of leaders, airway, compression, IV/medications, monitor/defibrillation and recording.

Student participation in debriefing the case scenario as per their roles or observance.
Population Health, Policy and Scholarship: UNM FM Residency Experience

DAN WALDMAN, MD
KAREN ARMITAGE, MD, FAAP
Twists and Turns

Department: strong community-based focus and research

Public Health faculty partners

“Community Projects”

5 years ago: doubled down on curriculum with some tweaks:

- Move away from prescribed credits/classes
- Organized “roadmap” for projects
- Direct mentorship (not our research faculty)
- Stronger expectation of dissemination
Population Health, Policy and Scholarship

Population Health 1 & 2
- Unique structured curriculum
- Physicians and Public Health Faculty
- Direct Mentorship
- Legislature Experience
- Community Asset Mapping

Some Current Projects
- Breastfeeding in Vietnamese mothers
- Health needs of incarcerated youth
- Prism Clinic @ TGRC
- IHS Women’s Circle
- Community-engaged DM group visits
Community Involvement

One Hope
PRISM Clinic
Pajarito Mesa
Tensions

What are the specific skills important to FM physicians? Will they use them?

Varying resident pre-exposure (e.g. MPH)

Focus on “measurables” vs “community engagement”

Faculty: not just any faculty can mentor

UME/GME Focus on QI

Resident Schedules

High expectations
Where Next for Us?
“Bloom Where You’re Planted”
Growing the Next Generation of Community-Engaged Physicians

Karen Armitage, MD, FAAP
Karmitage@salud.unm.edu
Interim Dean, College of Population Health
Associate Clinical Professor
Department of Family and Community Medicine
University of New Mexico, Albuquerque, NM
Example: "Legislative Action and Public Health" rotation is an innovative model within a rural 1+2 UNM residency program. This residency program is located in the state capital, with state government and the Legislature. We directly engage residents in the work of law-making during the legislative session, and introduce them to physician roles in the front line of the public health system through orientation to the NM Department of Health.

❖ Use resources and contacts in your community to give residents a unique experience.
❖ Customize the experience to align with residents' areas of strong interest and career aspirations.
❖ Tie strong interests and career aspirations to related population health outcomes.
❖ Help residents build a skill set to improve population health outcomes through shaping health policy--"the medicine for population health ills".
DISCUSSION
NEXT STEPS

- Custom GME population health plans delivered in July
- Evaluation survey for the GME Population Health Learning Network
THANK YOU