

Robert Phillips, MD MSPH American Board of Family Medicine

Education and Training for a Transformed Delivery System

Summary

- What competencies and skills are needed in an era of increasing transparency and accountability with new payment and delivery models? (For example, cost conscious care, managing population health, use of data analytics)
 1. **Fundamental: Operating a personal medical home—how to operate in new models of care**
 2. **Practice-Based Learning and Improvement**
 3. **Systems-Based Practice**
 4. **Managing the Health of Populations**
- How are you currently training and educating the next generation of health professionals for the next generation of care delivery models/settings? How are you educating practicing clinicians for the evolving health care system?

The American Board of Family Medicine has committed more than \$4 million to the redesign and transformation of family medicine residency training

1. **P4: Preparing the Personal Physician for Practice**
 2. **Length of Training Pilot**
 3. **ABFM/ABIM/ABP faculty development initiative with the Macy Foundation and HRSA**
 4. **Family Medicine-General Surgery rural co-training programs**
- How can we partner together to ensure training and education is evolving in parallel with the changing payment and delivery landscape?
 1. Commit to meeting with the training and certifying boards who are supporting training transformation to learn more about these efforts and figure out how to remove hurdles, support evaluations, and disseminate lessons
 2. Recommit to Title VII Primary Care Training Funding as you did in the 1970's when HHS supported workforce and primary care expansion
 3. Create accountability measures for Medicare GME
 4. Continue the Administration's effort to carve out part of Medicare Indirect Medical Education payments to speed training transformation (President's 2013 proposed budget)
 5. Make movement of training into community-based and safety net settings a priority
 6. Better coordination of Affordable Care Act transformation elements to training
 7. Support better training innovation evaluation and translation functions within HRSA
 8. Create leadership and community health training/fellowships for National Health Service Corps participants

9. Align new Medicare and Medicaid payment models to training competencies—what you will pay for is highly correlated with how new health care professionals are trained
- What competencies and skills are needed in an era of increasing transparency and accountability with new payment and delivery models? (For example, cost conscious care, managing population health, use of data analytics)

Fundamental: Operating a personal medical home—how to operate in new models of care

1. Capacity to use new technologies that facilitate evidence-based principles and process-oriented care while actively measuring patient outcomes
2. Fully understand how to utilize a biopsychosocial model to create successful physician-patient relationships within the context of communities and families
 - a. Tom Graff, Medical Director Geisinger—two roles for physicians: 1) manage complex patients; 2) manage *relationships*
 - b. Need to learn how to maintain personal doctoring (continuity, longitudinality of patient relationships) while also doing population health management
3. Capacity to monitor and manage population health – in practice and in the community and become an agent of change
 - a. Dartmouth-Hitchcock Leadership Preventive Medicine Residency
 - b. Oregon Health Sciences University (includes Health Management and Policy MPH)
 - c. Loma Linda University (LLU) Family and Preventive Medicine Residency
4. Leadership—ability to lead and work within teams
5. Practice-based learning and improvement that, among other things, apply principles of patient safety to the care of individual patients; ; how to be innovators comfortable with plan-do-study-act cycles

New Competencies for Pilot 4-year Family Medicine Programs, ACGME

http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/120_LoT_Second_Call_for_Proposals.pdf

Practice-Based Learning and Improvement

1. A. Identify gaps in medical knowledge, clinical skills (including communication skills), and professionalism, and develop a strategy for self-improvement.
2. B. Demonstrate skills in retrieving, critically assessing, and integrating biomedical information into clinical decision-making.
3. C. Critically evaluate the validity and reliability of scientific studies related to the practice of family medicine.
4. D. Apply principles of patient safety to the care of individual patients and patient cohorts.
5. E. Understand the basic principles of basic, clinical and translational research and how this research is applied to patient care.

Systems-Based Practice

6. A. Demonstrate use of electronic and other information tools [e.g., including electronic health records and computer order entry] for systems-based patient care.
7. B. Identify necessary elements for coordinated care of patients with complex and chronic diseases.
8. C. Understand the principles underlying the delivery of high quality patient care and effective patient care systems.
9. D. Appreciate the roles of the various members of the healthcare team and demonstrate how these roles can be integrated for optimal patient care.

Managing the Health of Populations

10. A. Understand and apply principles of population health improvement for specific populations with attention to access, cost and clinical outcomes including quality of care, morbidity and mortality, functional status and quality of life.
11. B. Identify factors that place populations at risk for disease or injury, and select appropriate strategies for risk reduction within your residency training program.
12. C. Identify disparities across populations served by your residency training program, and discuss physician roles in reducing these disparities.
13. D. Identify community resources available to patients and demonstrate the integration of these resources into the management of patients.

- How are you currently training and educating the next generation of health professionals for the next generation of care delivery models/settings? How are you educating practicing clinicians for the evolving health care system?

The American Board of Family Medicine is very involved in the redesign and transformation of family medicine residency training

P4: Preparing the Personal Physician for Practice

Sponsored by the American Board of Family Medicine (\$2 million), the Association of Family Medicine Residency Directors, and TransforMED, P⁴ has used a rigorous scientific approach to study and measure innovations in search of the most effective ways to educate the country's future family physicians. The aim of P⁴ is to spur innovation in all family medicine residencies so they can better prepare family physicians to be the excellent personal physicians every American deserves

In February 2007, fourteen [residency programs](#) from across the country were selected to participate in a 6-year comparative case study. How the residency can experience better alignment with the Patient Centered Medical Home

1. How to better assess and assure competency
2. How to incorporate evidence-based medicine into daily clinical practice
3. How residents can learn to work effectively in teams
4. More evidence to select training experiences that are effective in producing skilled personal physicians
5. More about what teaching methods are effective
6. More about what educational outcomes measures are meaningful
7. More about how to finance new residency experiences and innovations

Length of Training Pilot

The ABFM is supporting an ACGME demonstration of four-year family medicine residency curriculum and pledged up to \$2 million. Begins July 2013 and ends June 2019. A total of 20-25 residencies will be selected to participate with an equal number of residencies serving as the control group. Four are already testing via the P4 program and using 4th year to expand competencies.

ABFM/ABIM/ABP faculty development initiative with the Macy Foundation and HRSA

The ABFM, American Board of Internal Medicine, and American Board of Pediatrics are each contributing \$80,000 in partnering with HRSA and the Josiah Macy Jr. Foundation to a faculty development initiative to prepare the teachers who will prepare the trainees to work in new models of care.

Family Medicine-General Surgery training pilots in rural settings

- How can we partner together to ensure training and education is evolving in parallel with the changing payment and delivery landscape?

1. Commit to meeting with the training and certifying boards who are supporting training transformation to learn more about these efforts and figure out how to remove hurdles, support evaluations, and disseminate lessons
2. Recommit to Title VII Primary Care Training Funding as you did in the 1970's when HHS supported workforce and primary care expansion, see

Phillips RL, Jr, Turner BJ. The Next Phase of Title VII Funding for Training Primary Care Physicians for America's Health Care Needs. Annals of Family Medicine. 2012;10:163-168

Table 1. Strategic Title VII Expansion for Support of Health Reform

Specific Area of Strategic Funding	Annual Funding Level	Focus Within Strategic Funding Area
Investment in community-based training and longitudinal experiences ^a	\$200 million	Residency position creation and maintenance, 2000 residency positions in community-based sites and Teaching Health Centers
	\$100 million	Expansion of undergraduate medical education training to create longitudinal experiences, financially support those relationships in the community, and create school-based or AHEC resources to support them
	\$30 million	Support for Rural Training Tracks; undergraduate and graduate level
Expand primary care faculty	\$50.5 million	50 faculty development fellowships annually (\$200,000 each to offset salary, benefits, fellowship support, travel), support for a full FTE faculty position at each medical school (150 schools, \$270,000 salary, benefits, overhead)
	\$100 million	\$500,000 in ongoing support, 200 sites; to support infrastructure and team-based training
Establish high-functioning academic ambulatory practice models for training	\$50 million	Grants to involve trainees and faculty in community evaluation, description, priority-setting, intervention, and evaluation
Reconnect training hospitals to their communities	\$25 million	10-20 grants annually to test new models of training, population management, and community engagement; support rigorous evaluation
Innovation grants	\$4.5 million	Funding for evaluation and analysis of Title VII outcomes, data platforms to support impact assessments, and accountable transparency
Evaluation, analysis, data management		
Total	\$560 million	

AHEC = Area for Health Education Center; FTE = full-time equivalent.

^a The primary care residency expansion program requires about \$50,000,000 annually to maintain at current levels; likewise, the Teaching Health Center Program requires about \$50,000,000 annually to maintain at current levels. This estimate seeks to double the expansion.

3. Create accountability measures for Medicare Graduate Medical Education funding for medical and nursing programs
4. Continue the Administration's effort to carve out part of Medicare Indirect Medical Education payments to speed training transformation (President's 2013 proposed budget)
5. Make movement of training into community-based and safety net settings a priority for HHS Agencies
6. Better coordination of Affordable Care Act transformation elements to training
 - a. Link nonprofit Community Health Needs Assessment requirements (IRS) to training competencies and accountability (See innovative new Urban Health Initiative organized by AAMC and funded by NIH <https://www.aamc.org/newsroom/reporter/october2011/262406/viewpoint-nivet.html>)
 - b. Link CDC efforts, like Community Transformation Grants, to training programs in the same region

7. Support better training innovation evaluation and translation functions within HRSA
8. Create leadership and community health training/fellowships for National Health Service Corps participants
9. Align new Medicare and Medicaid payment models to training competencies—what you will pay for is highly correlated with how new health care professionals are trained

**George Thibault, MD, President of the Josiah Macy Jr. Foundation
Six Challenges in Health Professions Education 2012 IOM Annual Meeting (offered by
Dr. Thibault since he could not attend)**

1. To align health professions education with contemporary needs to fulfill our social contract
2. To prepare learners for teamwork and collaborative practice
3. To include social science, business, systems improvement, population health, professionalism
4. To develop new models for clinical education that are longitudinal and community-based
5. To invest in the careers of the next generation of educational leaders and innovators and support faculty as mentors and role models
6. To make greater use of on-line learning, simulation, and asynchronous learning to accomplish all of our educational goals