PCC Quarterly Meeting Minutes
Wesley Woods Health Center – 5th Floor Conference Room
Wednesday, October 30, 2019, 1:30-3:00 P.M. (lunch provided)

I. Welcome and Introductions (2 minutes) (Danielle Jones)
   a. Thanked Dr. Moore for her role(s) with us

II. Update on Activities
   a. Multidisciplinary Student Hypertension Clinic (Michele Cellai, NP) (10 minutes) (See Slides)
      i. Discussion of physician reluctance to send patients to CD clinic/NP’s
         1. Suggested adding this to research to determine “why” + solution(s)
      ii. Highlighted the need for Emory to promote teamwork between providers
         1. Patient communication to providers has allowed for them to look at CD clinics positively
   b. Official Welcome (Dr. Mohammed Ali and Emily Chuba) (10 minutes)
      i. Dr. Ali has been at Emory for 11 years
      ii. Consults with the CDC and has Vice Chair position
      iii. Goal: to be in top 10 of DFPM in coming years
      iv. Made great research discovery through NIDDK grant on partners developing diabetes
   c. TEC GIM Faculty Development Grant Program & Population Health Update (Dr. Chris Masi) (20 minutes) (See Slides)
      i. Has gotten first applicant and verbal interest
      ii. Selection committee TBD
      iii. 2 MA to 1 Provider started at 1525 Clifton (pilot)
   d. Pipeline Committee (Sonya Green, MMSc and Dr. Danielle Jones) (See Slides)
      i. Suggests adding practicing physicians and APPs
      ii. Creating guidelines for learners
      iii. Important to understand how many learners in marketplace? Pressure on demand. How many sites?
      iv. Suggestion to add Pam Vohra
      v. Suggested very focused/narrow group due to difficulty getting together
      vi. Adding someone with experience with VA and Geriatrics → follow up with Dr. Vaughan
      vii. What are ideas that would make taking a learner easier?
      viii. Drs of Pharmacy model is an example to look at

III. Financial Reports (5 minutes)
   a. Budget Update (Luke Anderson)
   b. Sponsorship Committee Report (Antonese Wilson)
c. Grants Committee Report *(Antonese Wilson)*

IV. New Business (5 minutes)
   a. Member Updates

V. Meeting Wrap-up (5 minutes) *(Danielle Jones)*
   a. Next meetings: January 28, 1:30-3:00 pm; look out for the announcement on next year’s dates
      i. Next years dates: April 29th, July 29th and October 28th from 1:30-3:00pm

*Vision*: Careers in primary care are viable, sustainable, and rewarding. Emory becomes a destination for training and working in primary care.

*Mission*: To promote a positive, diverse culture of collaboration and engagement that supports high value and quality patient-centered primary care, discovery and innovation.

*Goals*:
- To offer and sustain opportunities for excellence in clinical practice, scholarship, research, education, and leadership.
- To serve as a focal point for implementation and on-going integration of activities supporting primary care - across the departments, schools, health systems and communities.
- To support further growth of high-functioning, interdisciplinary, teams, and expand the pipeline of primary care leaders, clinicians, and researchers.
- To support learner focused initiatives.

*Activities*:
- Faculty Engagement, Promotion, Recruitment, and Retention
- Funding Support for Student Groups, Emory Primary Care Branding/Outreach (External and Internal Audiences), Individual Project Grants
- Cataloging and Promoting Emory’s Primary Care Activities/Projects/Efforts
Chronic Disease Management Clinic: Interprofessional Education
(Formerly hypertension clinic)
Internal Medicine
The Seavey Clinic

Michele Cellai, DNP
Lydia Newsom, Pharm D
Jason Higdon, MD
Jennifer Zrelof, MD

The Emory Clinic
Emory University School of Medicine
Mercer University College of Pharmacy
Emory University School of Nursing
Goals

- Achieve benchmarks for percent of patients at blood pressure goal
- Team Based Care - PHARMACY, MEDICINE, NURSING
- Research on Interprofessional Education

Who can be referred?

- Any patient requiring an appointment for blood pressure management
- Any patient requiring a follow-up appointment for blood pressure management
Why do it this way?

- Nurse-Driven HTN follow-up clinic was successful at improving BP control at Patient-Centered Primary Care (PCPC)
- Patient convenience
- Close follow up available
- Need for learners to participate in Interprofessional patient care
- Study impact of IPE on learners
- Value added service that enhances patient care

Benefits

- A care team solely focused on improving control of chronic health conditions
- An in depth review of medication and lifestyle
- Dedicated follow up time for providers that don’t have time in their schedule
- Good learning experience for students- a nurse practitioner teaching MD, pharmacy, and NP students
- Peer-to-peer teaching among students
Restrictions

- VISIT WILL ONLY FOCUS ON ONE CONDITION

Barriers

- Patients want to see “their” doctor/ provider
- One half day per week may not be convenient
- Doctor/ Provider does not want to refer their patient
- Some patients may be resistant to seeing students
- Some patients may be resistant to seeing a nurse practitioner
Clinic Plan

- Two students per clinic: MD/Pharmacy, MD/ NP, NP Pharmacy
- Students rotate through, ideally participating in at least two clinics during their rotation
- Students are provided with preparatory materials:
  - Evidence based guidelines
  - Clinical resources
  - Subjective/ objective data to collect and assess

Clinic Plan (cont)

- Students pre-round on patients- chart review
- Students see patient together
- Students present to NP
- Full team sees the patient
Research

- Currently in pilot phase
- Formal data collection to commence later this quarter or next
- Plan is to have some “lessons learned” to work out kinks before starting data collection

Research

- Interprofessional Education
  - To evaluate the impact of an interprofessional patient care visit on student perceptions regarding other health professions and interprofessional collaborative practice.
  - To evaluate student perceptions of learning in an interprofessional environment
  - Characterize the student-defined roles of medical, nurse practitioner, and pharmacy professionals in the provision of patient care
  - Identify perceived barriers to interprofessional engagement of medical, nurse practitioner, and pharmacy students
Research

Patients
- Survey to evaluate satisfaction with care
- Evaluation of clinic metrics pertaining to blood pressure

Students
- I-TOFT: tool for instructor to evaluate students undertaking IPE
- SPICE-R2: survey of student attitude on IPE experience

Next Steps
- Start referring patients with diabetes that require close follow up
- Achieve benchmarks for percent of patients with A1c below established level (9%)*
- Any patient requiring an appointment for diabetes management or follow up
GIM Faculty Development Program & Update on Primary Care Redesign

CHRISTOPHER MASL, MD
PRIMARY CARE MEDICAL DIRECTOR
GENERAL INTERNAL MEDICINE, 1525 CLIFTON RD.
OCTOBER 30, 2019
GIM Faculty Development Program

- GIM faculty receive funding every year for CME
- Requests from Primary Care faculty for additional funding to attend leadership and training conferences
- Question: Should we consider these requests as they come along or should we create a program to encourage best use of funds?
GIM Faculty Development Program

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  - “Create the damn program!”

Hospitalist Faculty Development Program

- Started in April 2019
  - Two rounds of funding per year
- Applications due in April and August
  - Indicate specific conference
  - Submit a detailed budget
  - CV in Emory faculty format
  - List SMART (specific, measurable, achievable, relevant, time-based) goals
  - Judged anonymously by panel of hospitalists
  - 4-5 awards per cycle
  - Average award is $3,000 - $4,000
  - Expectation of scholarly activity (regional or national poster or talk)
Funding the GIM Program through SOUP

- Sharing Organizational Unit Performance
- Each division in the Department of Medicine chooses key quality metrics
- Additional Department funding shared with each division based upon achievement of goals

<table>
<thead>
<tr>
<th>SOUP Metrics</th>
<th>FY 2019</th>
<th>Desired Direction</th>
<th>FY ’19 Threshold</th>
<th>FY ’19 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLOOD PRESSURE CONTROL IN HYPERTENSIVE PATIENTS</td>
<td>76.5%</td>
<td>↑</td>
<td>75.6%</td>
<td>74.7%</td>
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<tr>
<td>TIMELY ENDORSEMENT OF INR/RESULT-LAB/RADIOLOGY/CARDIOLOGY</td>
<td>95.4%</td>
<td>↑</td>
<td>95.2%</td>
<td>95.0%</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>FY19 SOUP Points</th>
<th>Total Possible Points</th>
<th>Potential Percentage of SOUP Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEETS OR EXCEEDS TARGET (2 points)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MEETS THRESHOLD (2 point)</td>
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</tr>
<tr>
<td>DOES NOT MEET THRESHOLD OR TARGET (8 points)</td>
<td></td>
<td></td>
<td>100.0%</td>
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GIM Faculty Development Program

- Modeled on Hospitalist program
- General Internists and Geriatricians
- Announced 10/18/19; initial deadline 11/15/19
- Indicate specific conference
- Indicate a mentor
- Submit a detailed budget
- CV in Emory faculty format
- List SMART goals; also indicate how this will boost attendee’s leadership in a specific area and benefit GIM
- Judged anonymously by GIM panel
- 4-5 awards in FY20; each award $4,000 - $5,000
- Expectation of scholarly activity
List of Conferences

The Emory Clinic (EFC) General Internal Medicine (GIM) FY3 Faculty Advancement Awards Program

Association of American Medical Colleges (AAMC)

- https://www.aamc.org/comp...

Education

- ULCM Dean Certificate
- AAMC Mental Education Research Certificate (MERC)
- recent ASHE initiatives
- Association for Medical Education in Europe (AMEE) Conference
- Midwestern University (MID) Pathway to Physician Faculty Pathway
- Emory University Teaching and Leading Award: A Workshop for Teachers and Leaders of Undergraduate Medicine
- Emory Leadership Academy in Healthcare Management (EHLA) Research and Teaching Focus
- Emory Conference on the Empowerment of Young Physicians and the Healthcare Workforce

Health

- Emory Healthcare Quality Academy
- Clinical Documentation Improvement Best Practice
- AAMC: Role of Faculty Diversity
- Emory Leadership Academy in Healthcare Management (EHLA) Research and Teaching Focus
- Institute for Healthcare Improvement: Multiple CME Programs Available

Leadership

- Emory Healthcare Quality Academy
- AAMC: Roles in Institutional Management
- Emory Leadership Academy in Healthcare Management (EHLA) Program & Certificate
- Emory Healthcare Quality Academy: Professional Development Series
- Emory Healthcare Quality Academy: Professional Development Series
- Emory Healthcare Quality Academy: Multiple CME Programs Available

- https://www.emory.edu/cmasi/
Update on Primary Care Redesign

Quadruple Aim

► Improve the health of the population
► Improve patient experience
► Control costs
► Improve the work life of health care clinicians and staff

Bennett et al. Health Aff (Millwood) 2008;27(3):757-65
## Primary Care Population Management Plan

<table>
<thead>
<tr>
<th>30 Days (September 2019)</th>
<th>60 Days (October 2019)</th>
<th>90 Days (November 2019)</th>
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</thead>
<tbody>
<tr>
<td><strong>Advance Care Planning</strong></td>
<td>Train &amp; approval process</td>
<td>Provider training</td>
</tr>
<tr>
<td><strong>Healthy Start Visits</strong></td>
<td>Roll-out in 10 regions (Saturday clinics)</td>
<td>Continue 10; pilot; determine next steps</td>
</tr>
<tr>
<td><strong>Healthy Advantage Fevers</strong></td>
<td>Define billing requirements</td>
<td>IT build continued</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>TRT build &amp; approval process</td>
<td>IT build continued</td>
</tr>
<tr>
<td><strong>Care Coordination</strong></td>
<td>TRT build &amp; approval process</td>
<td>Hire additional care coordinators</td>
</tr>
<tr>
<td><strong>Behavioral Health Integration</strong></td>
<td>Kick-off BH and PC workgroup</td>
<td>Behavioral Health &amp; Primary Care meetings</td>
</tr>
<tr>
<td><strong>2 Ma, 1 Provider</strong></td>
<td>Continue to develop model</td>
<td>Implement 2 MA, 1 Provider in 3 pilot sites (NPR, 1925, PH)</td>
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<tr>
<td><strong>Pre-visit Planning</strong></td>
<td>Continue to develop pre-visit planning process</td>
<td>Implement pre-visit planning standardized</td>
</tr>
<tr>
<td><strong>Gap Closure</strong></td>
<td>Hire and train gap closure staff</td>
<td>Post gap closure staff positions</td>
</tr>
<tr>
<td><strong>Annual Wellness Visits</strong></td>
<td>Outreach to United Healthcare Medicare Advantage patients</td>
<td>Focus on all patients eligible for AWVs</td>
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<tr>
<td><strong>Scorecard</strong></td>
<td>Work on standardized population health scorecard</td>
<td>Design scorecard</td>
</tr>
<tr>
<td><strong>Transitional Care Management</strong></td>
<td>IT build and approval process</td>
<td>Implement TCM in 3 pilot sites</td>
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### 2 MA: 1 Provider Model

- **Co-location**

### 2 MAs: 1 Provider

- **2 MA: 1 Provider**
Our Mission

“To encourage students across our spectrum of learners to enter primary care, especially at Emory.”
Pipeline Committee
Invited Members

Chair
• Sonya Green

Medical School
• Porsha Clayton
• Emily Herndon
• Mary Pierre
• Eva Rimbier

Residency Programs
• Stacy Higgins
• Jennifer Lom
• Miranda Moore

APP Programs
• Carolyn Clevenger
• Maha Lund
• Katrina Singh
• Practicing APP(s) TBA

Goals
Our Potential Projects

1. Starting a multidisciplinary APP residency
2. Enhancing PC rotations: increasing the percentage of students learning at Emory Healthcare sites
3. Brainstorm of ideas?

Discussion
Questions?