#### STFM’s National Clerkship Curriculum

**The Role of Family Medicine**

1. Title of Curriculum:

Primary Care as the Foundation for High-Performing Health Systems

1. Abstract

A strong primary care foundation is a core feature of high-performing health care systems and a critical bridge to public and community health. The United States health care system is the most expensive in the world, yet problems persist related to access, quality of care, and health disparities. These continuing challenges, compounded by the aging of the U.S. population and the increased number of people with chronic medical problems, demand realignment of our health care delivery system around care that is value-driven, well-coordinated, and patient-centered. Family Medicine is a critical leader and partner in this needed health care system transformation.

This four-session curriculum will provide medical students with a broad understanding of the U.S. health care system and the critical role played by primary care and family medicine. Each session will include background reading to prepare students for interactive discussions, providing an important framework for their clinical rotations and their careers as physicians. Topics include: Health Care Organization, Health Disparities and Health Equity, Primary Care and Family Medicine, and New Models of Care: Patient-Centered Medical Home and Accountable Care Organizations.

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1. **Has this Curriculum been published elsewhere?** No
2. **Curricular Focus**

Role of Family Medicine

1. **National Clerkship Curriculum Objectives addressed**

At the end of the family medicine clerkship, students should be able to:

***Role of Family Medicine***

• Compare medical outcomes between countries with and without a primary care base. (SBP)

• Compare the per capita health care expenditures of the United States with other countries. (SBP)

• Discuss the relationship of access to primary care and health disparities. (SBP)

***Contextual Care***

*Person in context of community*

• Discuss local community factors that affect the health of patients.

• Discuss health disparities and their potential causes and influences

***Continuity of Care***

*Barriers to access*

• Describe the barriers to access and utilizing health care that stem from personal barriers.

• Describe the barriers that patients encounter to accessing and utilizing health care that stem from their particular community.

• Describe the barriers stemming from the health care system that affect the ability of patients to obtain and use health care.

***Coordination/Complexity of Care***

*Team approach*

• Describe the value of teamwork in the care of primary care patients.

• Discuss the roles of multiple members of a health care team (eg, pharmacy, nursing, social work, and allied health).

1. Structure of clerkship in which curriculum has been used

The Family Medicine and Rural Health Clerkship at Morehouse School of Medicine (MSM) is a required six-week clerkship during the third year of medical school. The clerkship introduces the student to the concepts, values and skills of Family Medicine that are required to provide high quality, comprehensive, and culturally-competent health care with an emphasis on underserved and minority populations in both urban and rural settings. MSM has 64 medical students per class and they rotate through the Family Medicine Clerkship with an average of 7-10 students per rotation. The students have the opportunity to learn about and participate in the delivery of continuous comprehensive care, including health maintenance, disease prevention, and the evaluation and management of common acute and chronic medical problems through the following sites:

* 2 Hospital Sites
* 4 Local Sites and 10 Rural Sites
* Home Visits
* Community Outreach

To ensure adequate learning, we have two groups of students per rotation; group A goes to the rural sites for the first two weeks and group B goes to the local sites but they exchange clinical sites at the end of the third week.

1. Program Content and Instructional Strategies

 Overview:

The curriculum is designed for four one-hour sessions during the third year medical student Family Medicine Clerkship. Sessions are sequential, building a base of health system understanding and knowledge about the role of family medicine in the larger health system and the value of family medicine to advancing both health equity and health system transformation. These interactive sessions are held in the medical students’ conference room and facilitated by a faculty member using the session learning objectives. Students are encouraged to integrate and evaluate the content they are learning over the course of their clinical clerkship. See sample session agenda (Appendix E).

Schedule and Sessions (Refer to Appendix for the illustrated handouts and discussions)

 Clerkship Week 1: Sessions 1 & 2 on the Role of Family Medicine.

 Clerkship Week 3: Sessions 3 & 4 on the Role of Family Medicine

 Clerkship Week 6: Written and Oral Presentation on Role of Family Medicine

Clerkship Week 1: During the orientation week, the students are introduced to how the Role of Family Medicine in influencing two different aspects of the health system:

* **Session 1- Health Care Organization:** This session is designed to provide a broad overview of the health care system. Particular emphasis is on the relative high cost and low value achieved by the U.S. health care system relative to other industrialized countries as well as the significant variation in care—geographic and otherwise. A strong primary care foundation is a core feature of high performing health systems, improving care coordination and integration and providing better care at lower cost.
* **Session 2- Health Disparities and Health Equity:** Significant health and health care disparities exist in the U.S. Reducing disparities and advancing health equity requires both an awareness of the disparities and their causes and a commitment to their elimination.

Clerkship Week 3: This is the mid-clerkship week, when both groups A and B have completed two weeks of clinical experience through the different teaching formats. Our students would meet on the third Thursday for briefing on their observations of the Role of Family Medicine in relation to the two previously discussed aspects: Health Care Organization and Health Disparities/Health Equity. Furthermore, two new aspects would be introduced here in an interactive format which will be applied to the last two weeks of their patient encounters.

* **Session 3-Primary Care and Family Medicine:** Primary care plays a critical role in all high-performing health systems. The increasingly diverse U.S. population, with its growing older population and more people with chronic medical conditions, requires a robust primary care foundation to ensure patient-centered coordination and integration. For family medicine to be successful, the way care is organized and delivered needs to be transformed. The Patient Centered Medical Home offers a promising new approach.
* **Session 4- New Models of Care: PCMH and ACOs:** Primary care transformation needs to be aligned with broader health care delivery system reform. The Patient Centered Medical Home and Accountable Care Organizations are two promising new models of care. Both recognize the pivotal role played by primary care providers in providing an integrative framework for well-coordinated, high quality, patient centered care.

Clerkship Week 6: During the final week of the rotation, students report their patient projects through oral and written presentations during the departmental noon conference. This is facilitated by faculty to ensure there is an interactive discussion. Their 20 minute presentation focuses on the social determinants and psychosocial circumstances that contribute to the patient’s presentation and that must be considered in the approach to the patient, including but not limited to their social and neighborhood environment, socioeconomic and insurance status, family, employment/career, health behaviors, patient’s level of health literacy and knowledge of his/her disease, and related factors. Lessons learned from the Role of Family Medicine sessions must also be incorporated into their presentations. These include identifying system level factors as well as strategies and practices that support and create barriers to the delivery of high quality, patient-centered, coordinated care. This presentation is graded and makes up 10% of the final grade.

1. Assessment of Learner Outcomes

Each session is designed to engage learners in active discussion about the relevant topics. Students will be assessed both based on their level of participation and their demonstrated ability to apply the information learned to their clinical experiences over the course of the six week clerkship.

Students will be expected to share examples from their experiences across a range of clinical settings and patient populations. At the end of the rotation, each student will be required to write a one -page essay discussing the following question.

*“Describe one of the current challenges with the U.S. health care system that you have seen through your clinical encounters. How can new models of care, like the Patient Centered Medical Home or Accountable Care Organization, help to address this?”*

See Written Project Evaluation Rubric (Appendix F).

In addition, they will incorporate what they have learned during these sessions into their final patient project presentations that account for 10% of their final clerkship grade.

1. Lessons Learned

Curriculum is currently being implemented. We anticipate the following:

* Students might not appreciate the relevance of information about the health care system to their clinical work. This can be addressed by presenting data on the importance of achieving a High-Performing Health Systems and the relatively poor value we get from our current system. The requirement to incorporate the information into their written project and patient presentation, both of which contribute to their final clerkship grade, will also help to motivate engagement.
* Students will have a greater appreciation for the challenges in our health care system, particularly with regard to health disparities, poor care coordination, and poor overall value achieved and the potential role for family medicine in helping to lead health system transformation.
* This curriculum will generate new and different discussions, relevant teaching practices, and new opportunities for scholarly work, such as posters and presentations conducted at local, regional, and national conferences.
1. Explanation of Appendices

Lesson plans with session rationale, objectives, required and optional readings, and discussion questions are included as appendices:

Appendix A: Session 1: Health Care Organization

Appendix B: Session 2: Health Disparities and Health Equity

Appendix C: Session 3: Primary Care and Family Medicine

Appendix D: Session 4: New Models of Care: PCMH & ACOs

Appendix E: Sample Agenda for Implementation of Lesson Plans

Appendix F: Evaluation Rubric for Written “Role of Family Medicine” Project

1. **References**

American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, & American Osteopathic Association. (2007). Joint Principles of the Patient Centered Medical Home. (Online at <http://www.aafp.org/dam/AAFP/documents/practice_management/pcmh/initiatives/PCMHJoint.pdf> )

Beal. A. et al. (2007). Closing the Divide: How Medical Homes Promote Equity in Health Care. Commonwealth Fund.

Berwick, D. (2009). What ‘Patient-Centered’ Should Mean: Confessions Of An Extremist. *Health Affairs.*w555-w565.

Bodenheimer, T and Pham, HH. (2010). Primary Care: Current Problems And Proposed Solutions. *Health Affairs.*29 (5): 799-805.

Bodenheimer, T. (2006). Primary Care—Will It Survive? *NEJM.* 355 (9): 861-864.

CDC Health Disparities and Inequalities Report Fact Sheet 2011.

Fisher, E. et al. (2009). Dartmouth Atlas Brief: Health Care Spending, Quality, and Outcomes: More Isn’t Always Better.

Hebert, PL, et al. (2008). When Does A Difference Become A Disparity? Conceptualizing Racial And Ethnic Disparities In Health. *Health Affairs*, 27(2): 374-382.

Institute of Medicine. (2012). Best care at lower cost: The path to continuously learning health care in America.

Macinko, J, Starfield, B, and Shi, L. (2003). The Contribution of Primary Care Systems to Health Outcomes within Organization for Economic Cooperation and Development (OECD) Countries, 1970–1998. *HSR: Health Services Research* 38 (3): 831-865.

Margulis, D and Bodenheimer, T. (2010). Transforming Primary Care:

From Past Practice To The Practice Of The Future. *Health Affairs.*29 (5): 779-784.

National Center for Health Statistics. (2013). Health, United States, 2012: With Special Feature on Emergency Care. Hyattsville.

National Research Council and Institute of Medicine. (2013). *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. The National Academies Press, Washington, DC.

Patient-Centered Medical Homes. Health Policy Brief. (2010). *Health Affairs*, September 14, 2010.

Rittenhouse, et al. (2009). Primary Care and Accountable Care — Two Essential Elements of Delivery-System Reform**.** *NEJM* **.** 361 (24): 2301-2303.

Shih, et al. (2008). Organizing the U.S. Health care Delivery System for High Performance. Commonwealth Fund Commission on a High Performing Heath System.

Smedley, BD, Stith, AY, Nelson, AR. (2003). *Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare.* Institute of Medicine. The National Academies Press, Washington, DC.

Starfield, B. (1994). Is primary care essential? Lancet. 344:1129-1133.