The road to excellence in primary care teaching clinics

Creating high functioning environments to revitalize the primary care workforce

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“When I started in the clinic, there was chaos. There were too many patients and we couldn’t take good care of them. [The residents] always had someone sicker in the hospital they needed to go back to… Clinic was leftovers – the action was in the hospital. Now, for the first time, clinic is the most important place for the residents and that shows in how the clinic operates and the care we provide.”

- Faculty Preceptor at internal medicine teaching practice
Faculty physicians and residents often spend only 1 – 2 half-days in teaching clinic. Leads to challenges with:

- Continuity
- Access
- Team based care
Teaching clinic study

23 primary care family medicine, internal medicine, and pediatric residency practices
10 + 3 Building Blocks

- Engaged Leadership
- Data-driven Improvement
- Empannelment
- Team-based Care
- Patient-Team Partnership
- Population Management
- Continuity of Care
- Prompt Access to Care
- Comprehensive-ness and Care Coordination
- Template of the Future
Clinic First

1. Consistent resident schedules to prioritize continuity and eliminate inpatient/outpatient tension
2. Develop small core of clinic faculty
3. Create operationally excellent practices
4. Build cohesive and stable clinic teams
5. Increase resident clinic time to enhance learning and access
6. Engage residents as co-leaders of transformation
Resident scheduling

1. **Consistent resident schedules** to prioritize continuity and eliminate inpatient/outpatient tension

5. Increase resident clinic **time** to enhance learning and access

- Eliminate inpatient/outpatient tension
- Residents are scheduled in clinic
  - Regularly, predictably, far in advance – align with team member schedules
  - With short intervals between clinic time – eliminate absences from clinic longer than 2 weeks
Case: Baystate-Tufts Internal Medicine

• Consistent 2-week mini-block schedule separates inpatient and outpatient duties

• Residents not away from clinic more than 2 weeks

*Continuity* from patient perspective with team increased to 80%
(almost always with one of two providers)
Case: Group Health Cooperative
Family Medicine

• **One week blocks.** Residents are not absent from clinic for more than 7 days at a time. One week inpatient bursts.

Overall **clinic time** increased to 30% of total training time with 80% patient **continuity**
Case: University of Cincinnati Internal Medicine

- **Long outpatient block** – months 17-29 of residency fully dedicated to clinic. Aim to provide authentic 12-month experience of primary care.

Did not increase total clinic time for residents, but focuses that time during 12 months.

Enhanced *resident and patient satisfaction*, improved *preventive care and continuity*
Minimizing inpatient/outpatient conflicts

“It’s very difficult to focus on outpatient care when on the wards. Long block was a reprieve – and it was really nice to focus on outpatient. I felt like I could be a real primary care doc and prepare for the real world. It’s amazing how comfortable you get managing a panel independently after a year.”

- Resident at Cincinnati Internal Medicine
Small core faculty

Many sites have small core clinic faculty, with each faculty attending in clinic for at least 0.5 FTE.

Small, strong core clinic faculty important for:

- Engagement and leadership in the clinic
- Resident teaching
- Continuity
- Stable teams
Team-based care

4. Build cohesive and stable clinic teams
Traditional vs. teamlet model

Over the week:
Case: Crozer Keystone Family Medicine

- Three larger color teams (3 attendings, 2 MAs, 9-10 residents), each divided into teamlets

- Each teamlet in clinic consists of one resident, one MA, and one medical student

- Residents usually work with one of the two MAs on their color team
Case: Greater Lawrence Family Medicine

- 4 color teams, each divided into 2 mini-teams: 1 faculty, 2-3 residents, 1 MA, 1 RN

- Team members are rarely shifted away from their home team, with patients being seen on the same mini-team even when primary provider away, creating **continuity**

- While MAs work with several clinicians, residents and faculty work with the same MA 75-80% of the time.
Stable teams and teamlets

- Scheduling is fundamental
- Prioritize scheduling each resident with their MA
- Residents need fixed/predictable clinic schedules, made far in advance

Build cohesive and stable clinic teams
3. Training leaders in primary care requires experience with high functioning clinics
   Well functioning clinics lead to positive clinic experiences

4. Meaningful, experiential education in PCMH, QI
   Empowering residents as leaders in clinic
Case: Tufts/Cambridge Health Alliance Family Medicine

• Residents spend more time in clinic than most programs, and are almost always work on their home team

• Residents initiate clinic improvements and feel like full participants rather than occasional guests in the clinic
Case: Crozer Keystone Family Medicine

“The clinic is the curriculum”

- Learning about practice transformation through hands-on experience
- Resident involvement integral to clinic’s PCMH redesign
- “Medical home” class representatives
- “Teaching resident” role
Working in high functioning clinics

“It’s hard to find a place to work like this [clinic]… I feel like I’ve kind of been spoiled.”

- Resident at Crozer Keystone Family Medicine

“[This] is what I would want to do for patients in my practice.”

- Residents at Wright Center Internal Medicine
Clinic First

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6. Engage residents as co-leaders of transformation
Good education for tomorrow’s workforce requires excellent care for today’s patients

- Residency Program Director
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List of practices

- Baystate-Tufts Internal Medicine Residency
- Brigham and Women’s Hospital Internal Medicine Residency, South Huntington
- Crozer Keystone Family Medicine Residency, Center for Family Health
- Family Medicine Residency of Idaho
- Greater Lawrence Family Medicine Residency
- Group Health Cooperative Family Medicine Residency,
- Harlem Residency in Family Medicine, Institute for Family Health
- Massachusetts General Hospital Internal Medicine Residency Program
- Northwestern Family Medicine Residency Program at Erie Family Health Center
- Tufts University Family Medicine Residency Program, Cambridge Health Alliance
- UCSF Internal Medicine Residency at San Francisco General Hospital (SFGH)
- UCSF Internal Medicine Residency Veterans Administration Medical Center
- University of Colorado Family Medicine Residency
- University of Colorado Pediatrics Residency
- University of Cincinnati Internal Medicine Residency
- University of Kansas Family Medicine Residency
- University of North Carolina Family Medicine Residency
- University of North Carolina Internal Medicine Residency
- University of Rochester Family Medicine Residency
- University of Rochester Pediatrics Residency
- University of Utah Family Medicine Residency
- Virginia Tech Carilion Family Medicine Residency
- Wright Center for Primary Care Internal Medicine Residency, Pennsylvania