

National Primary Care Week
Programming & Events Menu
Prepared by the AMSA-PCP Visionary Team
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If you want to address the “**bad image**” of primary care, we suggest the “Impact of Messaging About Primary Care,” “Impact of Primary Care on Communities,” and “Careers in Primary Care” events.

If you want to increase or improve **mentoring relationships**, we suggest the “Impact of Messaging About Primary Care,” “Local Clinical Innovation Case Study Workshop,” or “Careers in Primary Care” events.

If you want to increase exposure to **innovative models of care delivery**, we suggest the “Local Clinical Innovation Case Study Workshop,” “Models of Care,” “Assessing Clinics for Patient-Centered Care,” “Identifying Innovation in Primary Care Residencies: A Guide for Medical Students” and “Evaluating Clinical Microsystems Workshop” events..

If you want to focus on effective **medical training and education**, we suggest “Identifying Innovation in Primary Care Residencies: A Guide for Medical Students,” “Quality and Safety in Primary Care,” and “Assessing Clinics for Patient-Centered Care” events.

The Impact of Messaging About Primary Care

Title: The Impact of Messaging About Primary Care

Name: Susan

Format: Workshop (facilitated discussion, presentation, breakout groups)

Target audience: Medical students, residents, faculty, in primary care or other fields.

Short description: This event will focus on the critical role that strategic messaging about primary care (ex. talking about how the field is reinventing itself) can play in influencing the way that trainees, clinicians, and the lay public think about primary care careers, providers and services. The event starts with a facilitated discussion about participants' experiences with negative messaging about primary care (ex. deriding the profession to colleagues and promoting myths) and the effects that has had on their career decisions and interest in the field. Participants will then have an opportunity to learn and practice methods of responding to misinformation about primary care that will make them an effective advocate for primary care.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives:

After this event, participants will be able to:

1. Identify positive and negative messaging about primary care
2. Understand the impact on morale, care delivery, and career choices in primary care communities
3. Advocate for primary care with a new tool box of data, strategic messages, and personal anecdotes

Challenges to primary care that it targets/benefits: This event addresses some of the harmful and outdated images of primary care by empowering participants with strategic responses to counteract negative messaging about primary care in real time. It also addresses the dearth of mentorship by educating participants about better ways to message primary care to trainees earlier in their career in order to create more welcoming opportunities for mentorship.

Local Clinical Innovation Case Study Workshop

Title: Local Clinical Innovation Case Study Workshop

Name: Susan

Format: Workshop

Target audience: Medical students, pre-meds, and residents with less experience in clinical innovation as participants; residents, faculty, and community providers who are working on clinical innovation projects as presenters.

Short description: This event will provide participants the opportunity to try out strategies for innovation planning. Local clinicians will present a challenge that their clinic is working on (including the process they want to change, who is affected, and why it is being changed) without revealing the solution they are implementing (if any so far). Participants will then breakout into groups to discuss the problem and potential solutions, including what measurements need to be taken to assess the problem, what a successful outcome would look like, and the nuts and bolts of how the solutions would be implemented. Afterwards, delegates from each group will present a summary of their suggestions to the full group of participants. To conclude, clinicians will explain what their own clinic/practice has done or plans to do to address the issue, report any results if found, and open the floor to discussion.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives:

After this event, participants will be able to:

1. Understand what “clinical innovation” means through learning about challenges and discussing potential innovations
2. Understand the basic steps of clinical innovation
3. Identify local clinician innovators, clinics that work on innovation, and innovation projects in place that they could contact to work with

Challenges to primary care that it targets/benefits: This event addresses the lack of exposure during medical training to new models of primary care delivery. The event gives participants the opportunity to ask questions and learn hands-on about the process of developing practical solutions to problems facing high quality, coordinated, continuous, and comprehensive care delivery. This event also addresses the dearth of mentorship by giving students, residents, and clinicians the opportunity to collaborate further.

Identifying Innovation in Primary Care Residencies: A Guide for Medical Students

Title: Identifying Innovation in Primary Care Residencies: A Guide for Medical Students

Name: Angela

Format: Workshop

Target audience: 3rd/4th year medical students, medical school faculty mentors

Short description: This toolkit prepares a student-facilitator to discuss residency training and the various types of programs offered within a primary care specialty such as family medicine, internal medicine, etc. Innovative topics of interest within the specialty are identified, as well as topics of interest in residency training in general. An example of criteria for evaluating residencies and a group of innovative primary care residency programs is identified according to these criteria as an example. A student-facilitator is encouraged to lead a workshop with students preparing to apply to this residency, to develop the group's own set of criteria, and to identify the group's own set of innovative residency programs according to their priorities.

Anticipated budget: \$50-150 for food; \$10-25 for flyers/handouts

Learning objectives:

After this event, participants will be able to:

1. Consider important experiences in primary care residency training, including both innovative topics and basic essentials.
2. Develop a set of criteria for evaluating the strength of a residency program as per one's own training priorities.
3. Identify a group of programs which one considers to be "best fits" as per his/her identified criteria.

Challenges to primary care that it targets/benefits: Participation in this workshop will empower students to seek primary care residency programs which fit their individual needs. With a greater sense of individualized discriminatory criteria, students will be able to ask more poignant questions of residency program directors during their residency application process, and enact improvements in their own residency programs once they have reached resident-status.

Assessing Clinics for Patient-Centered Care

Title: Assessing Clinics for Patient-Centered Care

Name: John

Format: Discussion

Target audience: Residents, medical school faculty mentors.

Short description: This event is intended to catalyze discussion about how residency or other clinics address issues of patient self-efficacy, self-knowledge, and agency to lead to patient-centered care. Residents, faculty or medical students will present what patient-centered care is and what the institutions do to assess or take into consideration patient self-efficacy and agency in delivering patient-centered care, including potentially the use of tools or scales. They will then lead a directed discussion on whether these methods, assessments, or tools meet the needs for creating patient-centered care, and how they might be improved. The event will end with an action plan for developing a method for improving the patient-centeredness of care.

Anticipated budget: \$50-150 for food; \$10-25 for flyers/handouts

Learning objectives:

After this event, participants will be able to:

1. Understand what the local residency or other clinics do to assess or take into account patient agency and self-efficacy in tailoring and delivering care.
2. Determine if these procedures are effective for creating a patient-centered care model
3. Plan for improvements in creating patient-centered care.

Challenges to primary care that it targets/benefits: This event will address lack of exposure to innovative models of care by highlighting what innovative measures the local clinics are doing for patient-centered care, and what models they could potentially implement. This may also address issues of curricular reform by mobilizing residents to affect change in their residency program.

Evaluating Clinical Microsystems Workshop

Title: Evaluating Clinical Microsystems Workshop

Name: Paul

Format: Presentation or workshop

Target audience: Medical students, pre-meds, residents, faculty, and community providers

Concept Overview: The term microsystem is originally a business concept, and can be described as the smallest replicable unit that contains all the necessary features for a group to function cohesively. In medicine, a clinical microsystem consists of the team of providers and staff that work together to care for a specific panel of patients. Focusing on the clinical microsystem model incorporates focusing on investment in improvement, interdependence of the care team, ongoing measurement of outcomes, and more. The event can take on various forms, from a PowerPoint guided talk including several opportunities for questions/discussion, to an actual evaluation of the strengths and weaknesses of a community clinic based on metrics that evaluate dimensions of successful clinical Microsystems.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives:

After this event, participants will be able to

1. Define and describe a clinical microsystem
2. Understand how clinical microsystem organization increases patient safety and care quality
3. Examine the relationship between the primary care microsystem and the larger healthcare macrosystem (ex. within the context of an accountable care organization)
4. Examine the role of the microsystem as a laboratory for clinical innovation and explore potential ways for them to pursue this

Challenges to primary care that it targets/benefits: This workshop addresses the dearth of exposure to innovative models of care by introducing participants to the clinical microsystems framework. This workshop exposes trainees to clinical delivery science and team based models of care and gets them thinking about ways to evaluate the quality of care they deliver. It also promotes a mindset conducive to success, one of constantly looking towards new venues for improvement.

Careers in Primary Care

Title: Careers in Primary Care

Name: Nikita

Format: Panel

Target audience: Medical students, undergraduate students

Short description: This event is intended to increase exposure to the different facets of primary care and what can be done outside of delivering individualized care in the clinic. The format would include a panel of 3-5 primary care providers that have pursued other career options. Each provider would get a chance to speak briefly about their training, how they got to where they are, and how their training is used in their job. The floor would then be open to questions.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives (1-3 bullet points):

After this event, participants will be able to

- 1) Understand different career options in primary care
- 2) Have a plan for next steps in pursuing these options

Challenges to primary care that it targets/benefits:

The panel would really target some of the misconceptions (or fundamental lack of knowledge) people tend to have about primary care. Also since many of these doctors who pursue non-clinical careers contribute greatly to innovation in primary care, this will help educate the audience about what primary care is and what innovations are happening in it..

Quality and Safety in Primary Care

Title: Quality and Safety in Primary Care

Name: Sharon

Format: Workshop (facilitated discussion, presentation, breakout groups)

Target audience: Medical students, residents, faculty, in primary care or other fields.

Short description: This event will focus on the interplay between several factors now heavily impacting the day-to-day activities of the primary care physician. The importance of quality and safety in medical care, how they are measured, and how the ability to measure them affects the physician all converge on the ways the electronic health record (EHR) is changing primary care. The event begins with a facilitated discussion led by an expert on this topic, who can describe how quality measures work, how the EHR can facilitate measurement, the benefits and challenges this poses to the primary care physician, and how this information can be used to better patient care. Participants will then have an opportunity to ask questions and discuss the ways they have seen these issues play out in their experiences with primary care and what the future possibilities are to make this complex system achieve the goals of primary care.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives:

After this event, participants will be able to:

- 1) Identify ways the EHR can be used to measure quality and safety in primary care (overall quality scores for patients, chronic disease management scores for physicians, etc)
- 2) Describe how using EHR technology to measure and monitor quality and safety allows physicians to meet the goals of primary care
- 3) Describe some of the challenges and barriers that face the primary care physician or organization in implementing and maximizing the potential of an EHR by using it to achieve quality and safety goals

Challenges to primary care that it targets/benefits: This event provides participants with specific information about how EHR technology is providing primary care physicians with information and tools to monitor quality and safety and how these tools can be used to implement change in patient care. It highlights creativity, adaptability, and constant improvement as characteristics essential to the success of primary care.

FACT SHEET:

Quality

<http://qualitysafety.bmj.com/content/11/4/358.full.pdf+html>

“Indicators are explicitly defined and measurable items which act as building blocks in the assessment of care. They are a statement about the structure, process (interpersonal or clinical), or outcomes of care and are used to generate subsequent review criteria and standards which help to operationalize quality indicators...Quality indicators infer a judgment about the quality of care provided.”

- Most quality indicators have been developed in hospitals but they are increasingly being developed for primary care in Europe and the USA.
- Most research has focused on the development rather than the application of indicators.

- Quality indicators should be based on rigorous scientific evidence if possible. However, evidence in health care is often absent, necessitating the use of other methods of development including consensus techniques (such as the Delphi technique and the RAND appropriateness method) which combine expert opinion and available evidence and indicators based on clinical guidelines.
- “While it may never be possible to produce an error free measure of quality, measures should adhere, as far as possible, to some fundamental a priori characteristics— namely, acceptability, feasibility, reliability, sensitivity to change, and validity.”

Safety

<http://www.nejm.org/doi/full/10.1056/NEJMsa020847>

“Information technology can reduce the rate of errors in three ways: by preventing errors and adverse events, by facilitating a more rapid response after an adverse event has occurred, and by tracking and providing feedback about adverse events. Data now show that information technology can reduce the frequency of errors of different types and probably the frequency of associated adverse events.⁷⁻¹⁸ The main classes of strategies for preventing errors and adverse events include tools that can improve communication, make knowledge more readily accessible, require key pieces of information (such as the dose of a drug), assist with calculations, perform checks in real time, assist with monitoring, and provide decision support.”

Physician Performance

<http://www.nbch.org/Physician-Performance-Measurement-Reporting-Introduction>

“As a value-based purchasing strategy implemented by health care payers and purchasers, physician performance measurement and reporting complements the four pillars of value-based purchasing:

- 1) Standardizing measurement and collecting data on performance. Performance measurement is typically based on nationally approved quality and efficiency measures developed by organizations such as the American Medical Association or the National Committee for Quality Assurance (NCQA) and endorsed by NQF. Although specific measures may vary by initiative, most initiatives evaluate claims data to determine adherence to the measure set. In general, the goal is to select measures that are technically valid and meaningful to a range of stakeholders. The NQF endorsement process includes multi-stakeholder review.
- 2) Reporting the results of measurement efforts publicly. Results of physician performance are typically reported by health plans to employers and consumers through websites, report cards, member resources, and targeted mailings. Consumers are encouraged to use the quality and efficiency performance information from public reporting initiatives like Aligning Forces for Quality to make informed health care decisions.
- 3) Reforming the payment system. Physician performance measurement serves as the foundation for incentives and rewards programs and value-based purchasing strategies, such as pay-for-performance. Physicians receive financial and non-financial rewards based on performance achievements established by the program. The linkage of performance and reimbursement represents a new platform for an improved, reformed health system.
- 4) Fostering informed choice for consumers. Performance information, including quality data and cost information, is often reported to consumers as a result of a focus on health care transparency and consumerism. Consumers can access data online through various provider performance resources, such as HealthGrades, in addition to health plans’ websites. Studies support reporting performance information to consumers to help encourage informed health care decision-making.”

A Myriad of Models of Primary Care

Title: A Myriad of Models of Primary Care

Name: Sharon

Format: Workshop (facilitated discussion, presentation, breakout groups)

Target audience: Medical students, residents, faculty, in primary care or other fields.

Short description: This event will focus on the evolving models of care that are changing the face of primary care. Ideally, the event starts with a facilitated discussion led by physicians who have transitioned to a new model of care and their experiences with the traditional care model that motivated the transition, their experiences with the transition, and with working in the new model. If no such physicians are available, a discussion leader can briefly describe some of the new models of care. Participants will then have an opportunity to ask questions and discuss the range of models of primary care, including what issues they were intended to address, how they work, how successful they are in achieving their goals, and what barriers exist to implementing them or working within them.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives:

After this event, participants will be able to:

- 1) Describe new models of care in which the primary care provider can thrive, including
 - a) Patient-Centered Medical Home
 - b) Pay-for-Performance
 - c) Ideal Medical Practice
 - d) Per-patient Fee System
- 2) Identify differences between several newer models of primary care and a more traditional primary care model, and discuss what specific issues these new models were designed to address
- 3) Describe some of the challenges and barriers that face the primary care physician or organization in transitioning to a new model of care

Challenges to primary care that it targets/benefits: This event addresses the myth that primary care is a monolithic and monotonous specialty that has not evolved to face the modern challenges of medicine. It also addresses the commonly discussed issue of burn-out among primary care physicians, as several of the new care models have been designed to address this problem. It can give participants a richer palate to paint a picture of themselves as future primary care physicians.

FACT SHEET:

Patient-Centered Medical Home

<http://www.ncqa.org/tabid/631/default.aspx>

“The Patient Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.”

Pay-for-Performance

<http://www.ahrq.gov/qual/pay4per.htm>

“Pay-for-performance (P4P) programs are designed to offer financial incentives to physicians and other health care providers to meet defined quality, efficiency, or other targets. There are five key design elements of pay-for-performance programs that are important determinants of their influence: (1) deciding on an individual vs. group focus for payment; (2) paying the right amount; (3) selecting high-impact performance measures; (4) having payments reward all high-quality care; and (5) making quality improvement for underserved populations a priority.”

Ideal Medical Practice

<http://www.aafp.org/fpm/2007/0900/p20.html>

<i>IDEAL MEDICAL PRACTICES</i>	<i>TYPICAL PRACTICES</i>
Care is driven by the patient's needs, goals and values.	Care is driven by the practice's priorities.
Access is 24–7.	Access is 9–5.
The care team uses technology to its fullest (e.g., electronic health records, e-mail, Internet scheduling).	The care team avoids new technology.
Patients can see their own physician whenever they choose.	Patients must see whoever is available.
The majority of the office visit is spent with the physician.	The majority of the office visit is spent waiting.
Overhead is low.	Overhead is high.
Patients are seen the same day they call the office.	Patients typically wait for an appointment.
Physicians are able to see fewer patients per day.	Physicians must generate high numbers of visits per day to cover overhead.
Practices measure themselves regularly.	Practices have little or no performance data.
Practices are proactive in their care of patients with chronic illnesses.	Practices are reactive in their care of patients with chronic illnesses.
Physicians are satisfied and feel in control.	Physicians feel harried and overbooked.

Per-patient Fee System

http://www.nytimes.com/2011/04/30/your-money/30wealth.html?_r=1&pagewanted=all

“A growing subset of medicine where patients pay doctors anywhere from \$1,500 to \$25,000 a year to receive personalized attention and care.”

<http://economix.blogs.nytimes.com/2012/08/31/from-physician-glut-to-physician-shortage/>

“Professor Weiner noted that, in 1992, well-managed, clinically integrated, staff- or group-model health maintenance organizations that were compensated by prepaid capitation (an annual lump-sum fee per patient) required an average of only about 120 or so physicians per 100,000 enrollees, while the overall ratio of patient-care physician per 100,000 population in the United States was as high as 180 (about 220 in 2011; see Table 2 in this publication). It appeared that the H.M.O. had pushed task delegation to nonphysician personnel further than had the rest of the health system. Furthermore, H.M.O.'s freed clinicians substantially from many administrative chores that physicians elsewhere must perform. Such H.M.O.'s, incidentally, would be the ideal form of the accountable care organizations called for in the Affordable Care Act of 2010.”

The Impact of Primary Care on Communities

Title: The Impact of Primary Care on Communities

Name: Sharon

Format: Workshop (facilitated discussion, presentation, breakout groups)

Target audience: Medical students, residents, faculty, in primary care or other fields.

Short description: This event will focus on the evolving body of research focusing on the positive impact of primary care medicine on morbidity, length and quality of life. The event begins with a facilitated discussion led by an expert on this topic, someone who has either conducted or studies research on this topic, who can present the data showing the ability of primary care physicians to alter the health care disparities wrought by the social determinants of health. Additionally, the discussion leader will outline the research regarding factors that determine whether an individual, either before, during or after medical school, may decide to pursue a career in primary care. Participants will then have an opportunity to ask questions and discuss the ways in which primary care access can influence individuals and communities, and how we in the primary care community can encourage continued and increased interest in primary care among those pursuing a medical career.

Anticipated budget: \$50-150 for food, \$10-25 for flyers advertising the event and handouts

Learning objectives:

After this event, participants will be able to:

- 1) Identify several specific ways that adequate access to primary care physicians can improve the morbidity, quality and length of life of individuals in a community
- 2) Identify several factors that may influence an individual to become a primary care physician
- 3) Describe ways that the medical community can encourage an increase in the number of medical students who choose to pursue a career in primary care

Challenges to primary care that it targets/benefits: This event provides participants with concrete evidence about the potential good they will be able to do in the communities they will serve as primary care physicians. This is an important bank of information for students to have as they think about the benefits of a career in primary care. It allows participants to better understand the qualities and characteristics of students who are likely to enter a career in primary care, and thus focuses where additional energy can most efficiently be spent in attracting increasing numbers to the primary care community.