HCDS Curriculum Enhancement for TWC-NFMR

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**Concept:** To enhance the training experience for NFMR residents for COPC curriculum delivery by increasing elements of interprofessional education (IPE) and health care finance within the existing curriculum framework.

**Elements:**

-9 didactic modules to be developed for integration to COPC scholarly activity time.

Modules will consist of:

1) 1 hour lecture

2) Reading assignments

3) Interactive activity in SOMA Virtual CHC

-Modules will be due at the end of each COPC block and will total 3-4 hours of study during the block.

-Residents will progress through the modules from the perspective of three different key personnel within the community health center setting as outlined below:

Year 1: Staff Physician  Year 2: Physician Leader  Year 3: Senior Administrator

**Year 1 Outline:**

**Introduction to Health Care Delivery Science**

**Module 1:**

-**How to run a community health center**

+ ***Basic Structure: Including IPE***

-Review of typical departments within a health center. Review of interaction among departments and how COPC is an essential aspect of CHC function.

+***HRSA Health Center Program***

-Detailed review of requirements for 330 grantees. Comparison of FQHCs, RHCs, Migrant centers, and look-alikes.

+***Health Center Finance***

-330 grant requirements.

-340b medication program

-Prospective payment system

-Pay for performance

-Capitation

-Sliding fee scale

**Concepts for Virtual Case:**

Patient is a recent immigrant on an agriculture work visa. Pt develops acute illness involving multiple organ systems and needs to see multiple specialties. Symptoms of illness then spread to children and patient is either husband of, or is an expectant mother. Patient cannot afford medications and has no means of transportation either to health center or to pharmacy to pick up medications. How can the residents use knowledge gained in lecture to treat the patient in this case?

**Module 2:**

**-What is an EHR?**

**+ Data Entry and Data Tracking**

-Review of common EHRs within health centers (eClinical, Epic, NextGen, Centricity)

**+ Data Sharing**

-How EHR use can be maximized for IPE within a health center setting.

**+ Meaningful Use Program**

-Financial incentives for using EHRs both by reimbursement and cost saving for health systems.

**+ Comprehensive Review of HIPAA**

**Concepts for Virtual Case**

A team of clinicians is treating the patient described in case 1. The dermatologist that comes to the health center once per month makes a mistake in processing the family’s prescriptions on paper forms used in their record keeping system. Since the family is migratory, they have moved to another working camp and cannot be found by the pharmacy delivery and mobile care team. Health center staff works with the community health department to investigate the groups migration stream and finds where the patient may be. How do the residents use the knowledge base from lecture one and lecture two to effectively, and legally, 1) locate the patient 2) refer the patient to the nearest health center 3) transfer the patient’s health information to the new health center 4) establish follow up care once the patient either again migrates or returns to the area?

**Module 3:**

-**Quality Assurance:**

+PDSAs and CQI

+Commonly used methods for health centers

-**Value of Accrediting Bodies**

+Joint Commission: National Patient Safety Goals

+NCQA: HEDIS

-**UDS Reporting**

+Detailed review of UDS program and metrics

**Concepts for Virtual Case**

The previously discussed family has returned to the health center and is now receiving routine medical care. The children in the family are well behind on their immunization status and each are on different catch up plans. Furthermore, they have not received routine dental care and their BMI is too low for three children and too high for two children. (We can insert other issues as well.) The residents are to develop a plan for tracking and reporting these metrics for the health center as this is the center’s first year participating in the health center program and they want their UDS report to be accurate.

NOTE: Concepts for virtual cases will change based on review of and ability of existing cases within the virtual CHC. These revisions will come as cases are finalized.

A written deliverable will be required for each module. Such deliverable will include the following elements:

1. The resident will write a new page for the assigned case. This will include the addition of a scene as well as one test item. The resident will provide a written summary and teaching point discussing how addressing this aspect of the case will improve outcomes.
2. Keeping in line with COPC principles, the resident will engage a team member at their CHC who’s practice specialty would be needed for this case. The team member must be a provider other than a family medicine physician and it is encouraged for the team member to be from and ancillary or integrated service such as, but not limited to, behavioral health, oral health, pharmacy, or social services.

1. A summary relating this case to a real scenario they have experienced in their clinical setting. The residents will compare and contrast the virtual case with their real case. Cite literature supporting it.
2. The written deliverable must include literature citations.