**OHSU Family Medicine Residency**

**Population Health and Leadership**

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**I. Course Goals:**

1. Prepare family medicine residents to be champions of population health\* through a combination of clinical, political, and advocacy skills.

Population health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group. These outcomes are influenced by many variables.

2. Enable residents to **engage with the community** to **influence the social determinants of health** and **sustainable approaches to population health improvement\*\*** utilizing skills that **integrate, and enhance, both primary care and public health systems.**

\*\* Population health improvement: Strategies for systematic change to enhance the well-being of defined groups of people in order to eliminate disparities and cultivate a healthy society.

3. To prepare residents for a variety of leadership positions upon graduation and give residents the confidence and the skills needed to be effective change agents in healthcare.

**II. Objectives and Skills**

**Foundations of population health**

1. Compare and contrast population health, public health, and primary care and describe potential roles for family medicine in each of these areas.

2. Demonstrate ability to locate demographic and healthcare data to define and compare various patient populations:

* Describe personal and clinic patient populations in terms of demographics and disease burden and health disparities.
* Describe the patient populations of the neighborhood surrounding their continuity clinic, the Portland metro area, County, and State in terms of demographics and disease burden and health disparities.
* Compare their personal and clinic patient population to that of neighborhood, state, and country.

3. Compare/Contrast different health systems’ approaches to population health (Kaiser, OHSU Family Medicine)

4. Summarize the process for selecting national quality measures and developing guidelines to promote health of populations.

**Learning strategies:**

Instructional:

Population Health Boot Camp Series (intro session and demographics and data session ) to address objective 1, 2

Experiential:

Population Management month with Kaiser population management department (addresses objective 3,4)

Independent/group exercises:

IHI open school: Triple Aim for populations – TA 101 and TA 102 to address 1,3

Practical Playbook Podcast to address objective 1

**Public Health**

1. Describe the importance of the integration of primary care and public health and identify the role of a family physician in this integration.

2. Identify and discuss the 10 essential functions the public health entities in the community and describe real examples of this in action in the tri-county area.

3. Compare and contrast various models of public health systems in different community types (i.e. urban, suburban, rural).

4. Describe the role of the Public Health Officer and other key public health officials and the process for contacting them.

5. Describe effective communication strategies to educate the public and the healthcare sector about various public health issues and concerns.

6. List reportable diseases in Oregon and describe the process for how to report these to the public health department.

7. Discuss the role of the public health in controlling emerging epidemics of chronic and infectious disease.

Learning strategies:

Instructional:

Population Health Bootcamp session led by Public Health Officers to address objectives 1- 5.

Experiential:

Public Health Orientation Experience

* Health Officers meeting (4)
* TB clinic/case review (7)
* Columbia county windshield tour and RN supervisor/Health administrator shadowing (3, 6)
* Environmental Health ride along (2)

Enrichment (not required)

[http://www.nwcphp.org/training](https://mail.ohsu.edu/owa/redir.aspx?SURL=SSItx9Sjt65cPbkqqtjhXSe3INCn3o_ZlPuKdQ6OY_EGteg5ISrSCGgAdAB0AHAAOgAvAC8AdwB3AHcALgBuAHcAYwBwAGgAcAAuAG8AcgBnAC8AdAByAGEAaQBuAGkAbgBnAA..&URL=http%3a%2f%2fwww.nwcphp.org%2ftraining)

* Integrating Public Health and Primary Care - 1 hour (1)

**Social Determinants of Health, Health Equity, and Community Engagement**

1. Develop awareness of commonly identified social determinants of health (SDH) and disparities in health equity and discuss strategies for influencing SDH and health equity at the population level.

2. Analyze various populations and identify health disparities at the following levels:

Personal patient panel, clinic population, Portland Metro Area, County and State.

3. Develop an awareness of principles of community engagement and community engaged scholarship.

4. Understand the process of conducting community strengths and needs assessment.

5. Analyze different local approaches for impacting social determinants of health and propose ways the primary care can partner with the community to make progress in these areas.

6. Influence SDH and health equity at the population level by employing key concepts of community organizing

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Learning strategies:

Instructional:

Boot camp Sessions – address objectives 1-4

MACG Community organizing curriculum to address objectives 1, 5, 6

Experiential:

Access to Food/Food Security Experiences at the Oregon Food bank to address objective 5

Independent:

Online modules to address Access to Food as social determinant of health: (1,5)

Childhood Food Insecurity: Health Impacts, Screening & Intervention - http://www.childhoodhunger.org/

Enrichment

NW Center for Public Health Practice training webinars:  [http://www.nwcphp.org/training](https://mail.ohsu.edu/owa/redir.aspx?SURL=SSItx9Sjt65cPbkqqtjhXSe3INCn3o_ZlPuKdQ6OY_EGteg5ISrSCGgAdAB0AHAAOgAvAC8AdwB3AHcALgBuAHcAYwBwAGgAcAAuAG8AcgBnAC8AdAByAGEAaQBuAGkAbgBnAA..&URL=http%3a%2f%2fwww.nwcphp.org%2ftraining)

Life Course Nutrition: Maternal and Child Health Strategies in Public Health (75 minutes) ( addresses essential functions, sdh/health equity, and population approach)

**Health Policy:**

Demonstrate knowledge of the basics of health services organization, financing and delivery necessary to engage in the policy process.

Understand the context(s) in which health policies are created, implemented and sustained at the local, state, and federal levels.

Frame and analyze complex health policy challenges that support population health, synthesize and effectively communicate ideas through written and oral work.

Identify key stakeholders in the Portland/Oregon/U.S. political and practice landscape, and understand the roles they play in policymaking.

Demonstrate basic policy analytic skills, and apply these skills to engage in current policy debates in local social, public health, and health care issues through presentation of an issue brief for a selected health policy.

Learning strategies:

Instructional sessions:

Boot Camp

Didactic work

Group activities

**Leading diverse teams**

Analyze team dynamics and employ strategies to improve team performance towards a common goal.

Utilize unique and complementary abilities/scope of practice of different team members to delegate tasks and responsibilities that optimize team performance.

Demonstrate the ability to make constructive feedback an effective, welcome, and routine part of team dynamics.

Demonstrate the ability to reflect on difficult conversations and identify ways to improve communication skills of self and team in the future.

Demonstrate the ability to effectively negotiate and manage conflict between various team members.

Learning strategies:

Instructional sessions: community organizing curriculum

Experiential learning:

R4 team coleader in clinic

FMIS teaching R4 – communication, teaching, transitions of care, feedback, goal setting, sharing vision

Med Director/Clinic manager shadowing experience

**Change Management**

Demonstrate an ability to effectively share a vision with members of their team to inspire successful change.

Demonstrate ability to get stakeholder input when leading through change.

Describe the advantages and disadvantages of various leadership styles used in the midst of change and employ different leadership styles as needed to inspire successful change.

Learning strategies:

Instructional sessions:

Community organizing curriculum during Triple Aim Tuesdays

Experiental:

R4 clinic team co-leader

FMIS leadership role

Capstone project

Med Director/Clinic Manager shadowing

Stakeholder analysis as part of capstone proposal

**Advocacy and activism**

Develop and maintain relationships with key legislators and thought leaders in the community to advocate for policy and regulations that support public health and primary care.

Understand the process of becoming a thought leader and why this could be important in their career.

Develop awareness of current advocacy efforts in primary care and public health at the local and state level.

Develop awareness of existing resources and platforms for utilizing/improving advocacy skills for family medicine physicians.

Develop an awareness of and employ key concepts of community organizing.

Learning strategies:

Instructional sessions:

Elizabeth Steiner – advocacy half day during boot camp

Community organizing curriculum during Triple Aim Tuesdays (TAT)

Independent study:

STFM online modules/toolkit

AAFP toolkit/congressional conference

Experiential:

3-4 sessions with Elizabeth Steiner if schedules allow

**Practice Management**

1. Demonstrate the ability to interpret clinic and department financial reports.

Participate in the process of creating a clinic budget with the medical director of their clinic.

1. Develop an awareness of the various payer types (Medicare, Medicaid, capitated contracts, fee for service, CCO’s, PPOs, HMOs) and how payer mix affects clinic budget and revenue.
2. Develop an awareness of malpractice laws and risk management strategies.
3. Develop awareness of key practices in hiring, training, promoting, and firing personnel and gain experience in recruiting and retaining star performers.
4. Develop awareness of various practice models and identify which models are appealing to them in their future career.
5. Develop awareness of key regulatory issues that affect clinical practice in family medicine: Meaningful Use, HIPPA, Physician Quality Reporting system, etc).
6. Demonstrate skills in job search, interview, and acquisition.
7. Demonstrate skills in compensation, benefits, and contract negotiation.

Learning Strategy:

Instructional –

Didactic session during TAT with Karen Aiello and Megan McGhean for objectives 1 and 2

CV building, interviewing, and negotiation workshosp to address objective 5, 7, 8

Independent study: practice management modules 3,4, 6

Experiential:

Meeting with clinic manager/director and contrasting sister clinic to address objectives 3-6

When at home clinic, consider participating in semi-regular staff evaluation process, hiring process, regulatory process as time and opportunity allow

**III: Format**

This is curriculum will be delivered in a longitudinal way over the 4th year of residency. There are 3 main components of the curriculum.

1. Boot camp – This is a series of didactic ½ day sessions held in the beginning of the year to review foundational material in the content areas described above in the Objectives section.
2. Triple Aim Tuesdays – These are ½ days sessions held throughout the year to deliver new didactic material and reinforce learning around above objectives by reflecting on experiences that residents have rotated through.
3. Experiences – Residents will rotate through experiences with the Public Health Department, Kaiser’s Population Management Department, a Legislative Advocacy experience with Dr./Senator Elizabeth Steiner, and with their Medical Directors. We will enjoy an experience looking at social determinants of health together as a class as well.

**IV: Course Schedule**

Sessions will be held on Tuesday afternoons throughout the academic year. See Spot/weekly newsletter for week to week specifics.

**V: Course Requirements and Assignments**

### Residents are expected to come to the course sessions prepared to participate in the discussion. They are expected to attend all scheduled experiences. If you are unable to attend residents should notify the Residency Administrative team at buckwalb@ohsu.edu and Holly Hofkamp at hofkamp@ohsu.edu in advance. This syllabus can be found on MedHub on the home page under:

1. Resources/ Documents (on the left hand side of your screen towards the bottom of the page.)

Independent Study Assignments

1. IHI open school Population Health Modules

Total anticipated time 60-90 minutes

**To be completed before 7/19/16**

Go to <http://www.ihi.org/education/ihiopenschool/courses/Pages/default.aspx>

Click on the "In the field " box for professionals, gme faculty, and residents

Click on log in/register in the top right hand corner

Click on register now and follow directions to register to get an account (it is free)

Once registered, click on the online learning tab

Scroll down the page to Triple Aim for Populations and click on TA 101: Introduction to Population Health

Please complete the 3 lessons and send Brittany and I a copy of the certificate of completion

2. Practical Playbook: Population Health for the Clinician - A podcast series

Anticipated time: 120 minutes

**To be completed by 7/19/16**

Listen to podcast: Population Health for the Clinician

<https://www.nhms.org/phpapps/html/cme_PodCast_Home.php#cme5>

This series consists of eight episodes.  Each episode will take approximately 15 minutes.  Complete 2 survey questions at the end of each episode and send CME certificate to Brittany and I.

3. IHI open school TA 102: Improving Health Equity Lessons 1-3

Anticipated time: 60-90 minutes

**To be completed before 7/26/16**

Go to <http://www.ihi.org/education/ihiopenschool/courses/Pages/default.aspx>

Log in with your IHI registration

Scroll down the page to Triple Aim for Populations and click on TA 102: Improving Health Equity

Please complete the 3 lessons and send Brittany and I a copy of the certificate of completion

4. Online modules to address Food insecurity as a social determinant of health:

Childhood Food Insecurity: Health Impacts, Screening & Intervention - <http://www.childhoodhunger.org/>

Anticipated time: 60 minutes

**To be completed before 7/26/16**

Send CME certificate to Brittany and I

Optional (but awesome!)

5. NW Center for Public Health Practice training webinars:  <http://www.nwcphp.org/training>

Life Course Nutrition: Maternal and Child Health Strategies in Public Health (75 minutes) ( addresses essential functions of public health, sdh/health equity, and population approach)

6. NW Center for Public Health Practice training webinars:  <http://www.nwcphp.org/training>

Integrating Public Health and Primary Care - 1 hour (1)

**VI: Evaluations**

## Learner Evaluation:

### Pre and post curriculum self-assessment of knowledge/confidence of key concepts

### Faculty review and evaluation of individual residents, which must include completion of at least 80% of assignments in order to pass

## Curriculum Evaluation:

### Analysis of pre and post curriculum learner self-assessment

Analysis of resident feedback gathered informally and formally

### Biennial review of curriculum by the Curriculum Committee

**VI: Milestones addressed in this curriculum**

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| --- | --- | --- | --- | --- | --- | --- |
| Competencies | Sub-Competencies | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Patient Care | PC-2 Cares for patients with Chronic Conditions |  | Uses quality markers to evaluate the care of patients with chronic conditions .Understands the role of registries in managing patient and population health  |  | Facilitates patients’ and families’ efforts at self-management of their chronic conditions, including use of community resources and services  | Continually uses experience with patients and evidence-based medicine in population management of chronic condition patients  |
| PC-3Partners with the patient, family, and community to improve health through disease prevention and health promotion | Collects family, social,and behavioral historyDemonstratesawareness ofrecommendations forhealth maintenanceand screeningguidelines developedby variousorganizations | Identifies the roles ofbehavior, socialdeterminants of health, andgenetics as factors in healthpromotion and diseasepreventionIncorporates diseaseprevention and healthpromotion into practiceReconcilesrecommendations forhealth maintenance andscreening guidelinesdeveloped by variousorganizations | Explains the basis of healthpromotion and diseaseprevention recommendationsto patients with the goal ofshared decision makingDescribes risks, benefits, costs,and alternatives related tohealth promotion and diseaseprevention activitiesPartners with the patient andfamily to overcome barriers todisease prevention and healthpromotionMobilizes team members andlinks patients with communityresources to achieve healthpromotion and diseaseprevention goals | Tracks and monitorsdisease prevention andhealth promotion for thepractice populationIntegrates diseaseprevention and healthpromotion seamlessly inthe ongoing care of allpatients | Integrates practice andcommunity data toimprove populationhealthPartners with thecommunity to improvepopulation health |
| Medical Knowledge | MK-2Applies critical thinking skills in patient care |  |  | Recognizes the effect of an individual’s condition on families and populations | Uses experience with patient panels to address population health | Collaborates with the participants necessary to address important health problems for both individuals and communities |
| Systems Based Practice | SBP-3Advocates for individual and community health | Recognizes socialcontext andenvironment, and how policy decisions affectindividual andcommunity health | Recognizes that familyphysicians can impactcommunity healthLists ways in whichcommunity characteristicsand resources affect thehealth of patients andcommunities | Identifies specific communitycharacteristics that impactUnderstands the process ofconducting a communitystrengths and needsassessment | Collaborates with otherpractices, public health,and community-°©‐basedorganizations to educatethe public, guide policies,and implement andevaluate communityinitiativesSeeks to improve thehealth care systems inwhich he or she practices | Role-°©‐models activeinvolvement incommunity educationand policy change toimprove the health ofpatients and communities |
| Practice-based learning and improvement | PBLI-3Improves systems in which the physicans provide care |  |  | Uses an organized method, such as a registry, to assess and manage population health |  |  |
| Professionalism | PROF-3Demonstrates humanism and cultural proficiency |  |  | Identifies health inequities and social determinants of health and their impact on individual and family health  |  |  |
| Communication | C-2Communicates Effectively with patients, families, and the public |  |  |  | Educates and counsels patients and families in disease management and health promotion skills  | Role models effective communication with patients, families, and the public Engages community partners to educate the public  |

**VII. Accommodations for students with disabilities**

Our program is committed to all students achieving their potential. If you have a disability or think you may have a disability (physical, learning, hearing, vision, psychological) which may need a reasonable accommodation please contact Student Access at (503) 494-0082 or e-mail studentaccess@ohsu.edu to discuss your needs. You can also find more information at [www.ohsu.edu/student-access](http://www.ohsu.edu/student-access). Because accommodations can take time to implement, it is important to have this discussion as soon as possible. All information regarding a student’s disability is kept in accordance with relevant state and federal laws.

For further information, contact Holly Hofkamp at hofkamp@ohsu.edu