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Championing chronic illness management through practice based learning in primary care

Mary Pickett, MD and Sharen Azar, MD

Department of Medicine Oregon Health & Science University, Portland, OR., United States

Keywords

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Abstract

Population health management is an important part of comprehensive primary care. Internal Medicine resident trainees oversee care for a panel of continuity clinic patients for the duration of their three-year training program. During that time, residents must develop mastery in care of a diverse array of important chronic illnesses. This is a curriculum with vast content learning expectations, so facilitating retention of new learning is critical. Retention of new clinical learning can be solidified when didactic learning is linked to real patient and provider interactions: we identified panel-based population management as a potential keystone in our ambulatory teaching for residents.

Emphasizing these real patient-care relationships, we developed an innovative 3-year curriculum that engages residents in learning guideline-based, comprehensive care for chronic illness in the context of panel-based chart review. OHSU's EpicCare Medical Record system made it feasible to provide illness registry reports, personalized to the provider, that display an array of relevant data for resident-empaneled patients, specific to a featured condition. Approximately 30 different core chronic illnesses or chronic clinical concerns are featured over the 3-year curriculum (one session every 4 weeks for each resident), including diabetes and diabetes complications, heart failure, obesity, alcohol misuse, hypertension, cancer screening, cancer surveillance, pain management, depression, anxiety, ADHD, gender health issues, asthma and COPD, hepatitis and cirrhosis care, care of immunocompromised patients, contraception, osteoporosis, dementia, polypharmacy, disability and mobility concerns, atrial fibrillation, management of anticoagulation, and smoking.

We start each 90-minute session with a brief tutorial designed to expand resident awareness about primary care management for a common chronic disease. A typical tutorial might cover guideline recommendations, screening and immunization needs, awareness and prevention of complications, relevant clinic-based resources, and applicable electronic health record (EHR) tools. Residents are then guided to their subgroup listing of empaneled patients with that chronic illness diagnosis, typically using an EpicCare Reporting Workbench report or a SlicerDicer report. Relevant lab, treatments, risk scores, and care gaps are highlighted in an accessible display. Time is provided for targeted chart review, patient-specific improvement planning (frequently, a deeper charting activity for 1 to 3 patients), and reflection. A faculty champion is available for mentorship and troubleshooting. Time spent in panel management engages learners in proactive planning, setting of chart reminders, and outreach to patients, with a goal to close gaps in care. We store our curriculum notes in an easily accessible curriculum repository, within Microsoft Teams. During months of pandemic that required this, we were successfully able to pivot the practice-based learning curriculum to a virtual format.

By incorporating outreach to patients who have not reliably accessed care, this curriculum has helped to close care gaps for patients with trust barriers or socio-economic barriers to accessing care. The sessions have felt meaningful both to faculty champions and to residents, and many residents identify it as their most important structured learning received in ambulatory training. The program has encouraged the use of charting tools and reminders to enhance effective care. It has also fostered peer teaching and camaraderie, and has enhanced team-based care. We offer this curriculum as an example of a population-health training that can encourage learning through engagement at a level appropriate to advanced (MD and DO or APP provider-level) licensure.

Learning Objectives

1. Recognize impact on retention of learning that can come from connecting didactic learning to real patient care
2. Identify value of outreach for improving care of patients with trust barriers or socio-economic barriers to accessing care
3. Learn feasible ways to generate panel reports using EpicCare's Reporting Workbench and SlicerDicer tools
4. Highlight the enthusiasm that our learners have for teaching that cultivates mastery of guideline-based, evidence-based care
5. Promote team-based care that engages workers at their highest level of licensure

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