Closing the Gaps: A Population Health Curriculum Personalized for Internal Medicine Residents

Emily K. Hadley Strout
estrout@uvm.edu

Elizabeth Wahlberg

Amanda Kennedy
*University of Vermont College of Medicine*

Halle Sobel

Follow this and additional works at: [https://scholarworks.uvm.edu/comfac](https://scholarworks.uvm.edu/comfac)

Part of the Medical Education Commons

**Recommended Citation**


[https://scholarworks.uvm.edu/comfac/10](https://scholarworks.uvm.edu/comfac/10)

This Poster is brought to you for free and open access by the Larner College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Larner College of Medicine Faculty Publications by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Personalizing Population Health Education in Residency: Panel Management Curriculum in an Internal Medicine Resident Clinic

Emily K. Hadley Strout MD, Elizabeth A. Wahlberg MD, Amanda G. Kennedy, & Halle G. Sobel MD
Larner College of Medicine at the University of Vermont

Background

• Panel management (PM) is a proactive approach to managing attributed populations by identifying patients who have unmet preventive and/or chronic condition needs and performing outreach or coordinating care.1
• A care gap is a disparity between health care needs and services.
• Residency panel management curricula have shown: statistical improvements in quality measures2,3 completion of metrics4 improved sense of patient ownership5.
• To our knowledge, no previous curricula have allowed resident autonomy to choose an individualized topic or care gap of interest with interval feedback every clinic week utilizing electronic medical record (EMR) data tools.

Goals & Objectives

To implement a personalized population health curriculum for internal medicine residents in an ambulatory clinic that provides the following:
• Meets the core Academic Council for Graduate Medical Education (ACGME) competencies: practice-based learning improvement (PBLI) and system-based practice (SBP) milestones
• Individualized feedback with direct access to panel registry and care gap data using Epic reports
• Evidence-based guidelines for chronic disease management and preventative care
• Promotes interprofessional or a team-based approach to care
• Allow residents autonomy to choose topics or care gaps of interest specific to their given panel

We will survey residents with a pre and post survey as well as weekly surveys to:
• Identify successes and barriers of the curriculum
• Assess care gap completion rates and resident experiences, behavior change, and comfort with PM

Methods

Design:
1. Qualitative and descriptive analysis of resident responses from surveys to assess:
   a) Themes in learning and care gap goals
   b) Curriculum reception/feedback
   c) Additional barriers/successes not previously identified
   d) Measures of success (i.e. improved metrics, teamwork, patient outreach/in-reach, confidence in practicing PM, care gap completion rates)
2. Pre-post comparison of quality metrics

Setting: Annual panel management curriculum implemented at an academic internal medicine resident clinic in Vermont, US Residency panel management curricula have shown: statistical improvements in quality measures2,3 completion of metrics4 improved sense of patient ownership5.

Participants: 35 IM residents, PGYs 1-3

Curriculum Overview

WEEK 1: July – August
Introduction to PM/population health and orientation to the curriculum; Review of EMR tools; complete pre-survey

WEEK 2: August – September
Receive 1st care gap report and set a learning and care gap goal to focus on the report shows quality metrics or "care gaps" from the previous clinic week

SUBSEQUENT CLINIC WEEKS: September – May
Continue to set goals, complete weekly surveys, and receive and review care gap reports every clinic week

May – June
End of 1st year of the curriculum; Complete post-survey

Example of a Care Gap Report Summary

<table>
<thead>
<tr>
<th>Metric</th>
<th>Total Visits</th>
<th>Due at Visit</th>
<th>Care Gap Closed</th>
<th>% Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVANCE DIRECTIVE</td>
<td>3</td>
<td>1</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH SCREEN</td>
<td>2</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>COLON CANCER SCREENING COLONOSCOPY</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>FOOT EXAM</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B VACCINE</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>HIGH BLOOD PRESSURE</td>
<td>2</td>
<td>1</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>MICROALBUMIN/CREATININE RATIO</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>PILL COUNT</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>PREVENTIVE CARE VISIT</td>
<td>4</td>
<td>1</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>SHINGLES IMMUNIZATION</td>
<td>4</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Socio-Economic Determinants of Health</td>
<td>5</td>
<td>1</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>URINE DRUG SCREEN</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>VERMONT PRESCRIPTION MONITORING SYSTEM</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

WEEK 2: August – September
Complete pre-survey

WEEK 2: August – September
Complete pre-survey

Discussion

Our curriculum was integrated into resident curriculum July 2019 and will tentatively run annually over the next three years. We expect to have data from the first year at the end of the academic year in 2020 that addresses:
1. Successes and barriers of the curriculum
2. Resident experiences and care gap completion rates
3. Pre and post quality metrics
4. Ease of use of EMR tool and care gap reports

Curriculum Overview (continued)

References