

A Population-based Model for Patient-Centered Care to develop socially responsive physicians

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Acknowledgements

Additional Team Members:

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- ▶ Keri Frisch, MS
- ▶ John Meurer, MD, MBA
- ▶ Peter M Layde, MD, MSc
- ▶ Stephen Hargarten, MD
- ▶ Alan Wells, PhD

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Objectives

- ▶ Critique a set of Population Health competencies for medical education;
- ▶ Describe a conceptual model for incorporating a population health perspective to patient-centered care;
- ▶ Incorporate the model in the teaching of existing coursework; and
- ▶ Contribute to the generation of innovative new applications of the model to a variety of curricular elements across the spectrum of medical education.



Background

- ▶ Social Justice and medical professionalism
 - *“The medical profession must promote justice in the health care system, including the fair distribution of health care resources.”* (ABIM 2002)
- ▶ Gruen (2004): defined physician roles as advocacy for and participation in aspects of communities that affect health of individuals



AAMC: Population Health Objectives

- ▶ Define and describe a population:
 - demography, cultural and socioeconomic constitution
 - circumstances of living and health status; and
 - gather health information about a specific population;

- ▶ Understand the impact of local systems of health care on delivering care to specific patients; and

- ▶ Incorporate principles of disease prevention and behavior change appropriate for specific populations of patients within a community.



Project Aims

- ▶ To prepare population health oriented physician leaders and advocates with skills and attitudes necessary to influence health policy, promote community health and eliminate health disparities
- ▶ 4-year integrated curriculum
 - Built upon strengths of the current MCW curriculum, its faculty and community partnerships.

Integrated Curriculum in Population Health – Development

1. Comprehensive set of competencies
2. Conceptual model to frame curriculum
3. Curriculum audit
4. Pilot new instruction
5. Inform curriculum redesign process

Core Competencies

- ▶ Extensive review of existing sources
 - AAMC
 - MCW Global objectives
 - AMA Primer for Population-based Medicine
 - Healthy People Curriculum Taskforce
 - Assoc Teachers of Prev Med; Assoc Acad Health Centers
 - Institute of Medicine
 - Existing curricula
- ▶ Input from project team and Advisory board
- ▶ Distributed to educators for feedback
- ▶ Template for detailed curriculum audit



Comprehensive Objectives

- ▶ Quantitative Skills and EBM
- ▶ Clinical Prevention
- ▶ Health Systems and Policy
- ▶ Population and Community Health
- ▶ Professionalism

Consistent with Healthy People Curriculum Framework

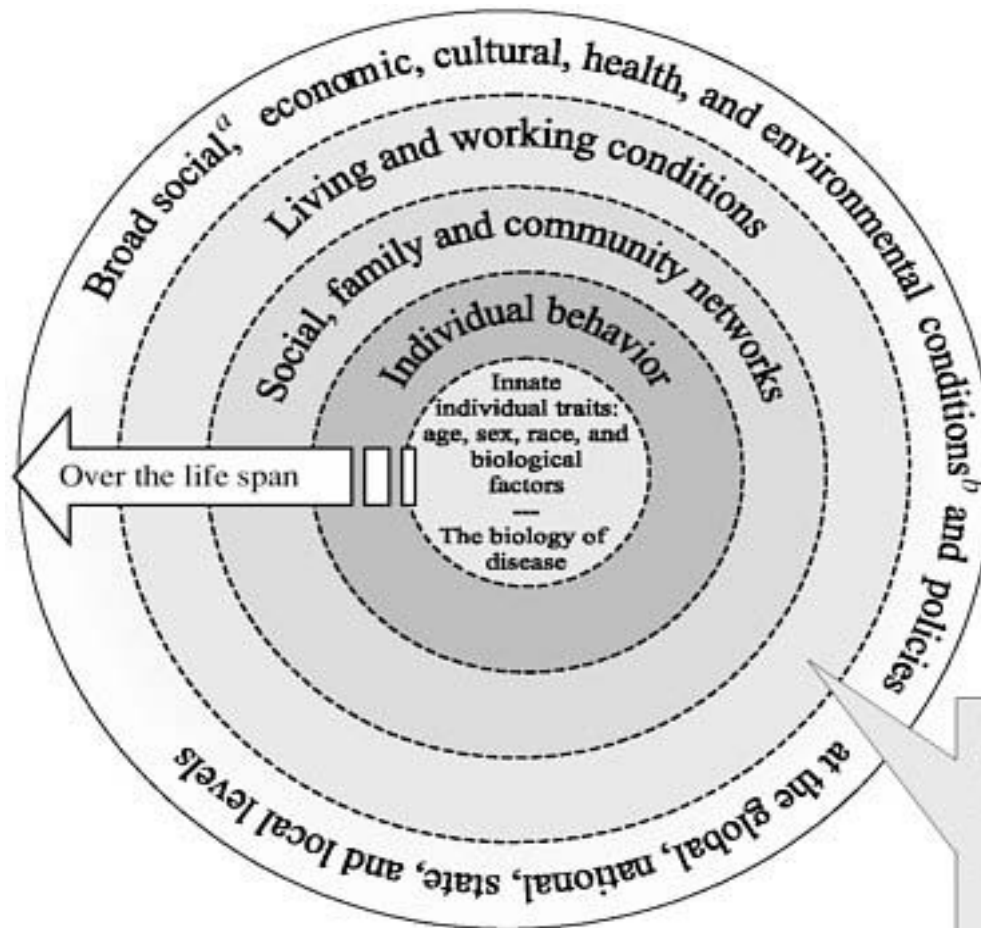
Conceptual Model

- ▶ Needed to help frame competencies
- ▶ Mini-retreat of core working group to review collected frameworks and models from literature, other courses
- ▶ Strengths/ Weaknesses of each model
- ▶ Final model combination of desired features



Socioecologic Model

Influences on Health as described by the Institute of Medicine

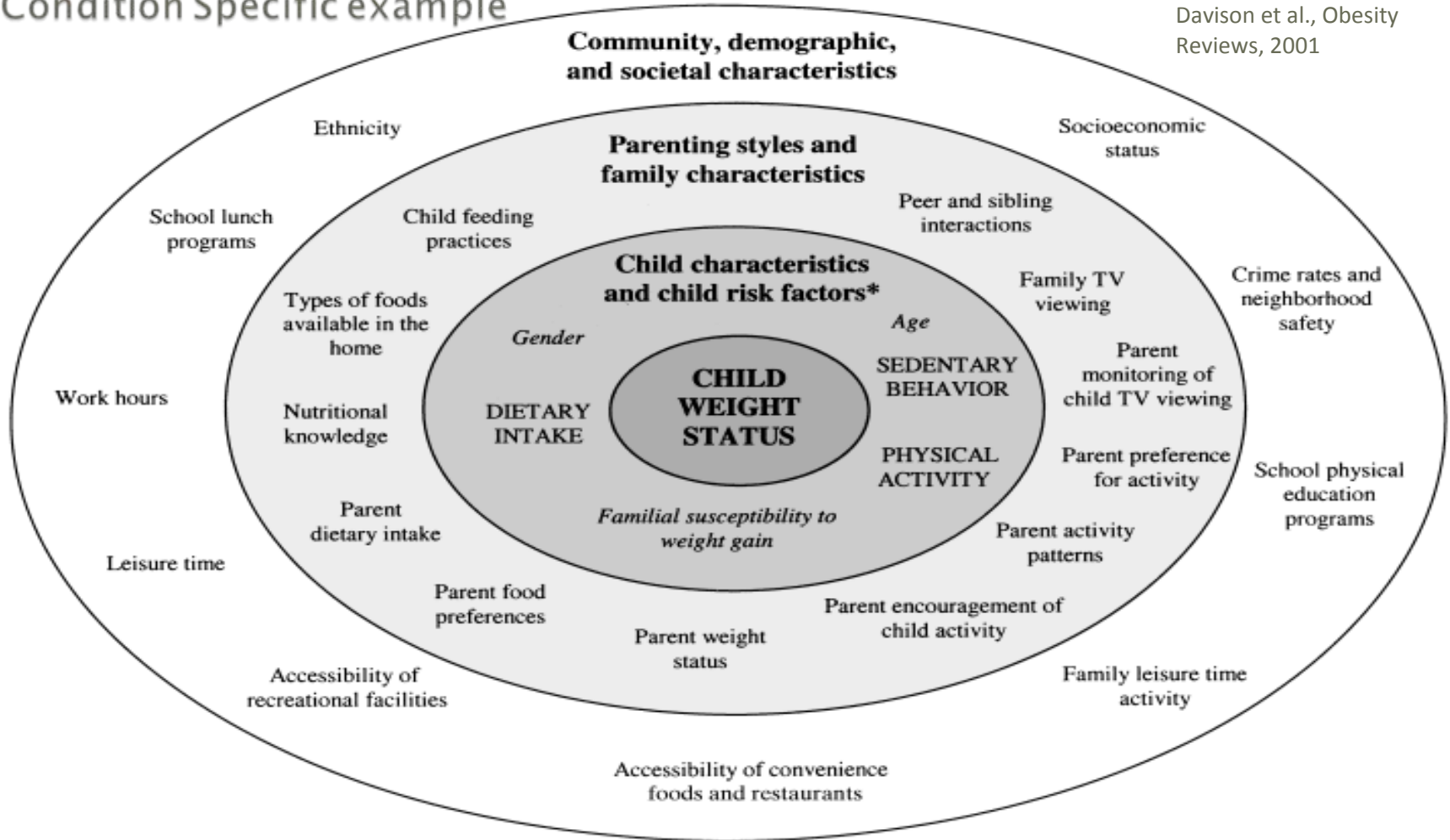


- Living and working conditions may include:
- Psychosocial factors
 - Employment status and occupational factors
 - Socioeconomic status (income, education, occupation)
 - The natural and built^c environments
 - Public health services
 - Health care services

Socioecologic Model

Condition Specific example

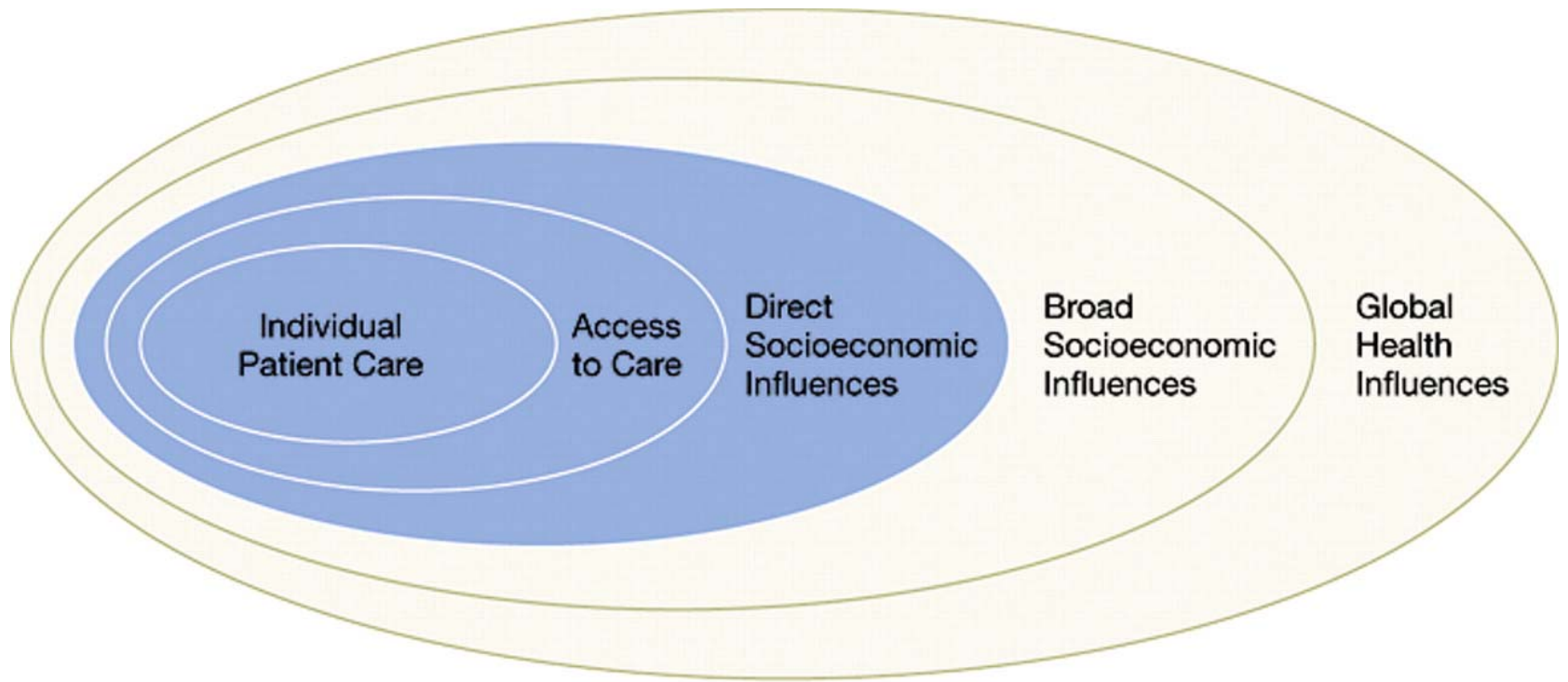
Davison et al., Obesity Reviews, 2001



Could use to describe/ explore broad influences on any number of conditions, illnesses, injuries



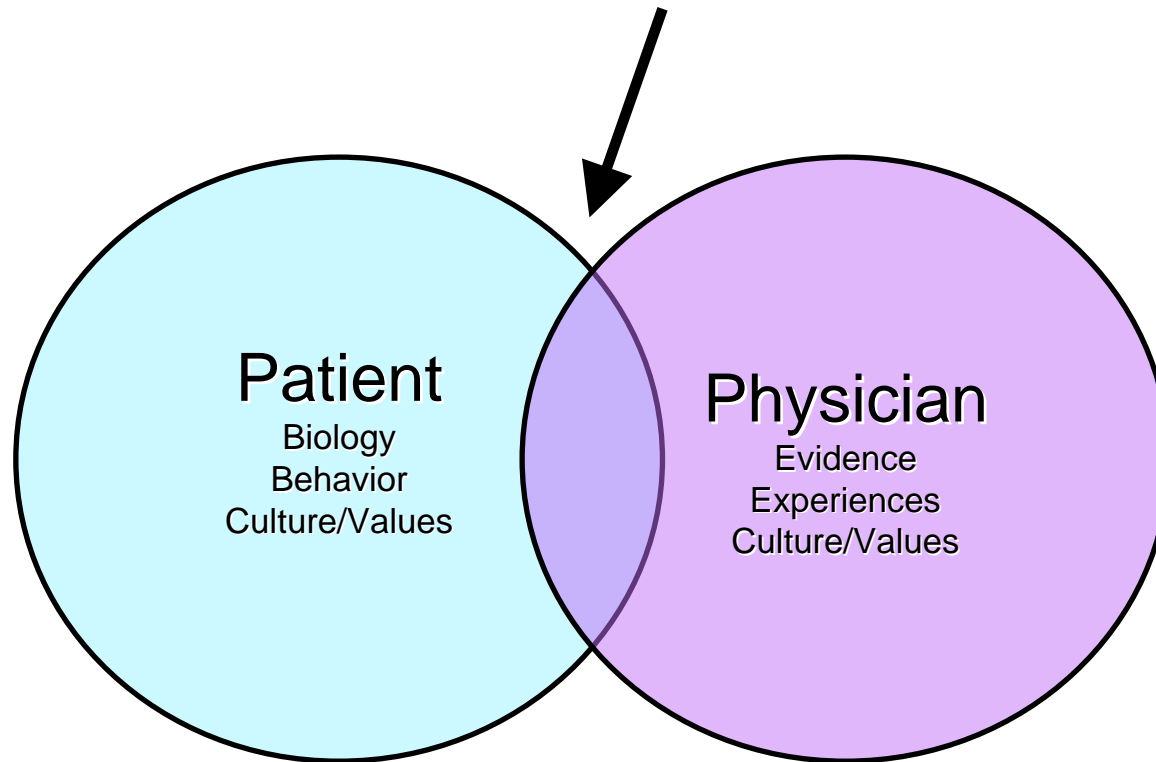
Gruen: Model of Physician Responsibility in Relation to Influences on Health



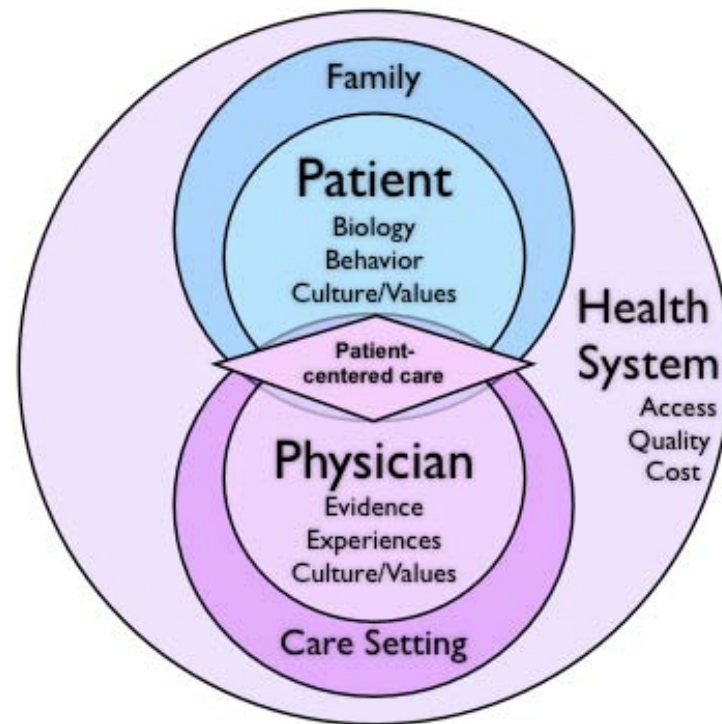
 Domains of Professional Obligation	 Domains of Professional Aspiration
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Bower et al. Model of Patient-centered Care

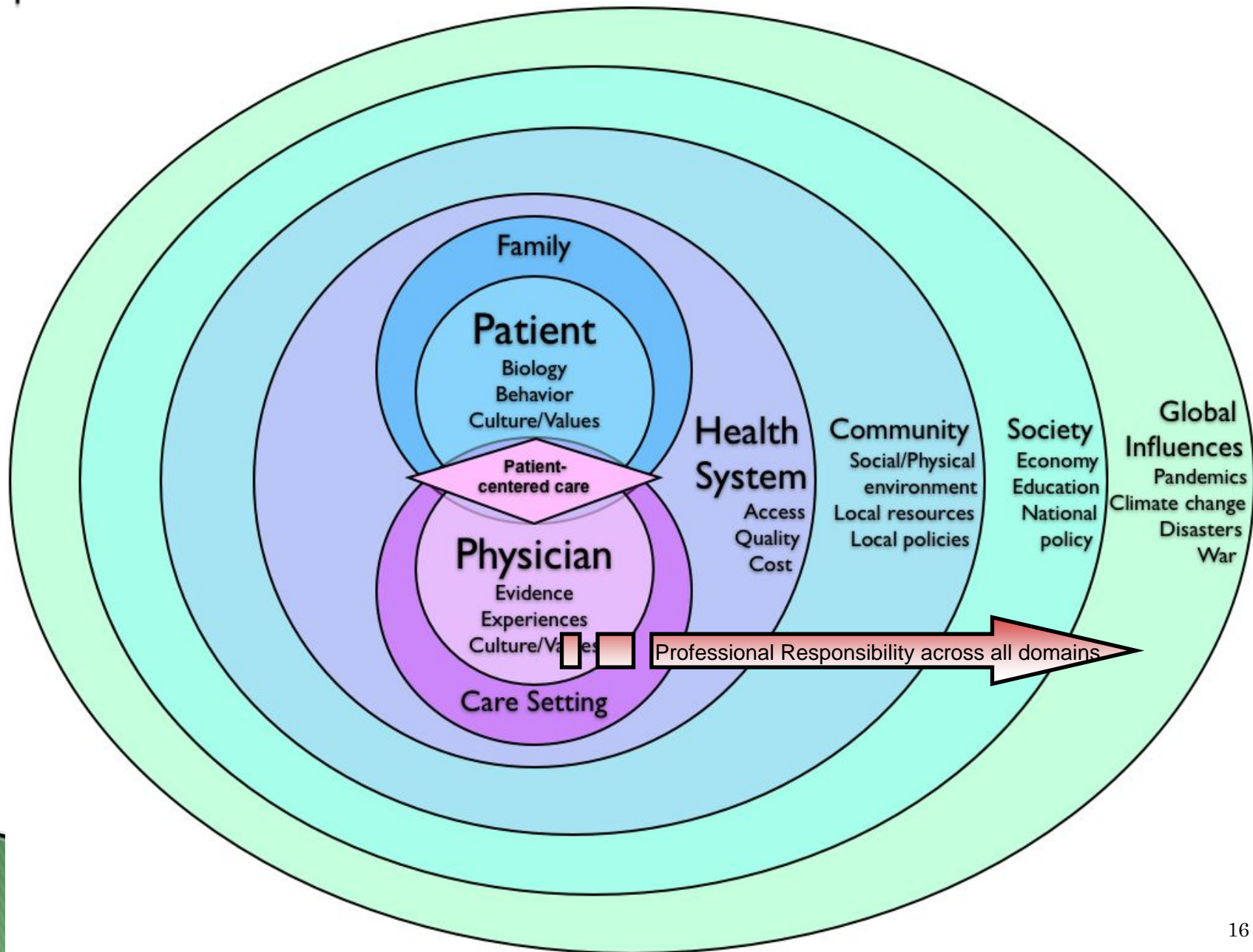
Optimum
Patient Centered Care
When perspectives overlap



Expanded Patient-Centered Care Model

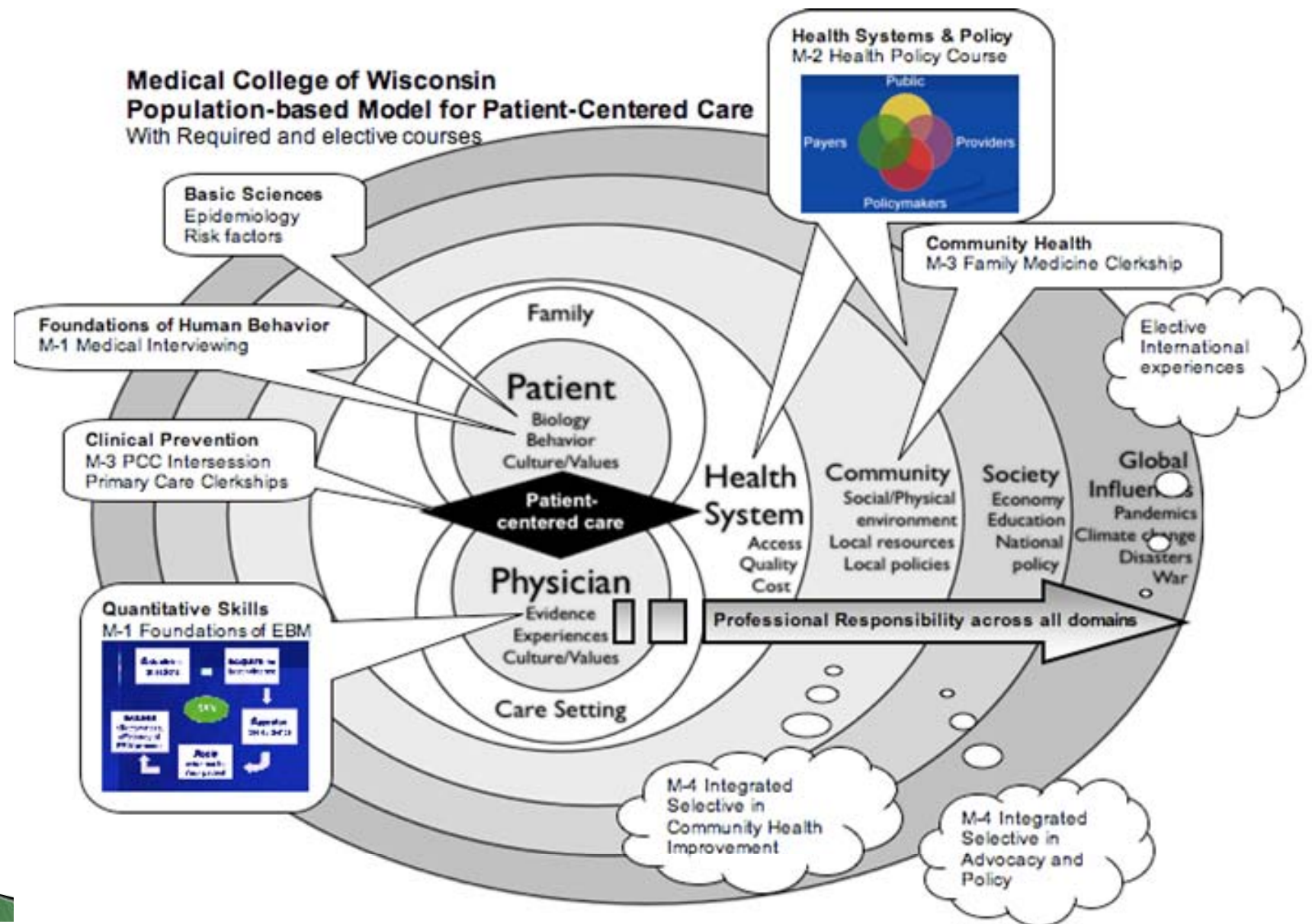


Population-based Model of Patient-Centered Care





Medical College of Wisconsin
Population-based Model for Patient-Centered Care
 With Required and elective courses



Incorporation into courses

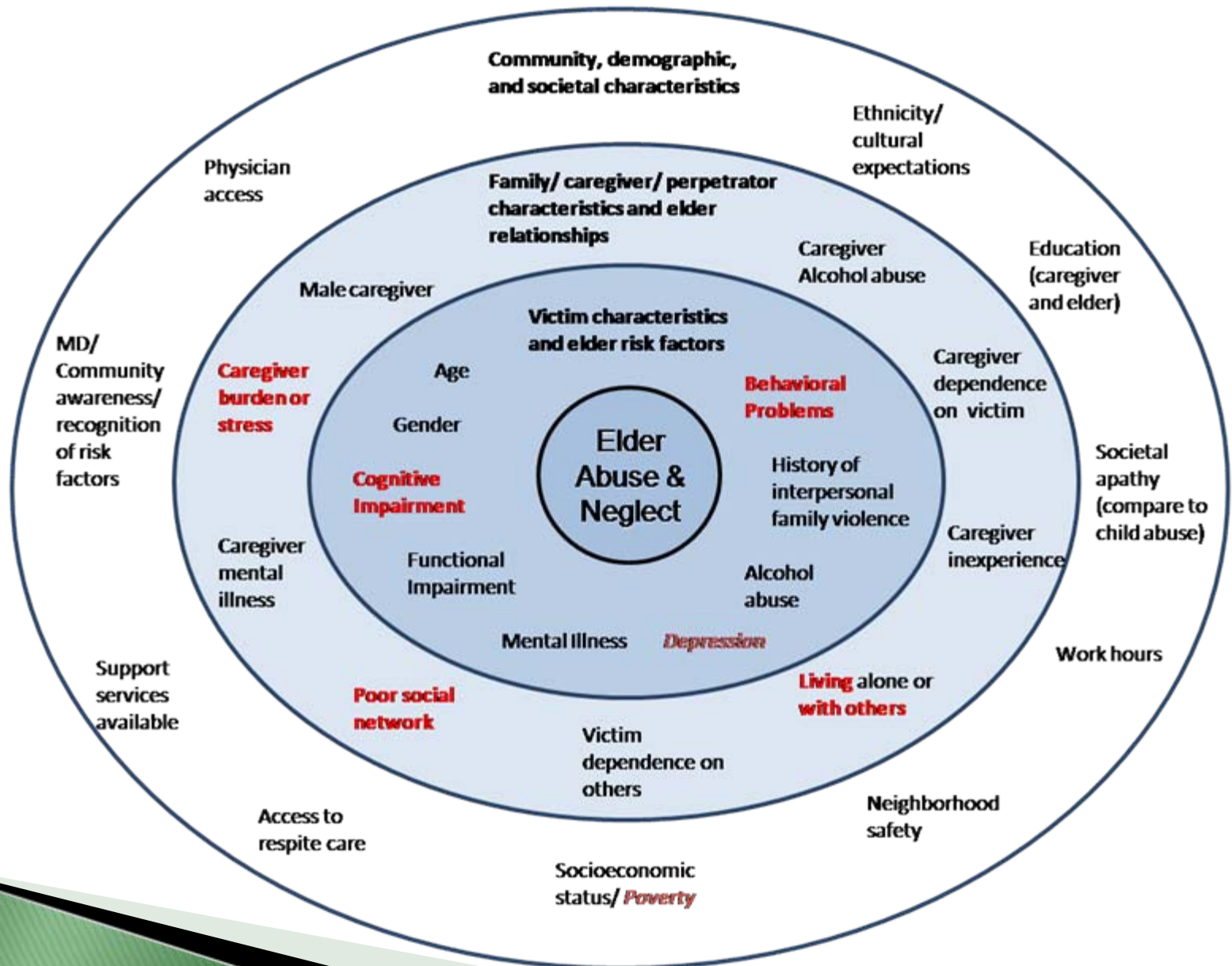
- Evidence-based Medicine (M-1)
- Patient-centered care lecture in Clinical Exam and Reasoning course (M-2)
- Systems of Care (M-2)
- Family and Community Medicine Clerkship (M-3)
- Health Policy and Advocacy (M-4 elective)



Example #1 : Risk factors for Elder Abuse

- ▶ Summer Research between M1 –M2
- ▶ Detailed Literature Review
 - Multiple risk factors
 - Struggle to summarize/ grasp interrelationships
- ▶ Box and arrow diagram
 - *“Ahh! It looks like Biochemistry!”*

Example #1: Risk factors for Elder Abuse





Example #2: The Spirit Catches You

- ▶ Family and Community Medicine M3 clerkship
 - culturally competent care
 - team based learning (TBL) approach
- ▶ 8 mo old Hmong girl brought to ER with a seizure disorder of unknown etiology
- ▶ Family and community members had different explanatory models of disease → distrust of the medical system



Example #2: The Spirit Catches You

- ▶ Student team assignment: What are the individual, family and community level issues that are affecting Lia's health?
- ▶ Model aided in a facilitated discussion of:
 - Global influences alongside the clinical perspective
 - Health literacy and patient education
 - Understanding the family's perspective on health and illness

Group Brainstorming Activity: 3 Groups

How might we integrate model into curricula?

- ▶ Condition-specific examples: integration with basic/clinical sciences
- ▶ Doctor-patient relationship building: communication, history taking, counseling
- ▶ Evidence-based medicine: population health examples, advocacy

Report

Thank You!