Health System Science: Advancing Social Medicine Curriculum

AMA Accelerating Change in Medical Education Initiative

Beyond Flexner Conference 2016

Isaac Kirstein, Rosa Lee, Joy Lewis, Christine Matson, Susan Skochelak, Valerie Terry
Health System Science:
Advancing Social Medicine Curriculum: Health System Science

- Introduce AMA Accelerating Change in Medical Education Initiative
- Showcase 5 exemplar schools
- Discuss key questions
Accelerating Change in Medical Education Initiative

• RFP process: $13.5 million in grants to medical schools
  – 11 schools in 2013
  – 21 schools in 2015
  – 19,000 students ~ 33 million patient visits each year

• Consortium formed to jumpstart and speed dissemination of ideas
  – Meets twice a year (150 people)
  – Thematic meetings and focused interest groups

www.changemeded.org
Health System Science: A New Core Domain for Health Professions Education

Supporting the Triple Aim

Patient Centered, Culturally Sensitive Care
Patient Safety, Quality & Value Based Care
Population Medicine
Social Determinants of Health
Health Disparities and Health Equity
Health Care Structure, Policy and Financing
Leadership, Teams and Community
A.T. Still University
School of Osteopathic Medicine in Arizona

Joy H. Lewis, DO, PhD
Community-Oriented Primary Care

PUBLIC HEALTH

PRIMARY CARE

COPC

THE COMMUNITY
Sophie Davis Program in Biomedical Education
CUNY School of Medicine
Rosa Lee, MD
Sophie Davis Program in Biomedical Education/ CUNY School of Medicine

• 7-year BS/MD Program at City College of New York
• Mission driven institution: to increase diversity of physician workforce and encourage medical students to pursue careers in primary care and provide care to medically underserved areas
• Early clinical curriculum developed to support institutional mission: Practice of Medicine (POM) Courses – longitudinal pre-clerkship clinical curriculum through Community Health Centers (CHCs)
# POM Curriculum: Creating Value-Added Experiences at Community Health Centers

<table>
<thead>
<tr>
<th>POM 1 (SD year 2)</th>
<th>POM 2 (SD year 3)</th>
<th>POM 3 (SD year 4 and 5)</th>
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<tbody>
<tr>
<td><strong>Lifestyle Medicine: Nutrition, Exercise, Sleep, Stress. Substance Abuse</strong></td>
<td>Health Coaching; Basic Medical Interviewing and Physical Examination; Longitudinal Clinical Experience at CHC</td>
<td>Advanced Medical Interviewing and Physical Diagnosis, Clinical Reasoning, Longitudinal Clinical Experience at CHC</td>
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<tr>
<td>Value-Added Experience: Health Coaching, Patient Education, Literacy Promotion (Reach out and Read)</td>
<td>Value-Added Experience: Proposed Quality Improvement Projects (in Collaboration with CHCs and Regional Medicaid Managed Care Provider)</td>
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Which health disparities are you addressing in your health professions education curriculum?

Why and how?
OHIO UNIVERSITY HERITAGE COLLEGE OF
OSTEOPATHIC MEDICINE
TRANSFORMATIVE CARE CURRICULUM

Isaac J. Kirstein, DO
Dean, Cleveland Campus
Integrated Development:
Alignment around the patient & the community

Population-based integrated care model

Community-healthcare partnership

PCP education/training model
Transformative Care Curriculum

The Evaluation of the Patient

- H&P Skills

The Experience With the Patient

- Interprofessional Care Course (Summer)
- Transitions of Care
  - Patient Navigation
  - Center for Connected Care
  - Telehealth and Technology
  - Pharmacy
  - Med/Surg Care Coordination

Year 1

Year 2

Year 3
Eastern Virginia Medical School

Christine Matson, MD
Virtual patients & families in EVMS’ new CareForward curriculum

• Exemplify the CONTEXT of patients’ lives, including BARRIERS and RESOURCES for health, not just focused on disease state
• Include the human experience of illness in case presentations
• Engage learners in discovering limitations of disease- and health care delivery focus, enhancing shift to patient-centered care
2 major themes:
Cost-conscious/HVCare & Pt with MCC

- Educational level and effect on health literacy
- Finances & access to health care, material insecurities
- Pt’s perspective, ideas, values interaction with physician’s perspective, ideas values in shared decision-making
- Mental & emotional impact on costs
- Physician’s role in lowering costs (e.g., Choosing Wisely, low cost meds, decision-making tools)
- Role of interprofessional teams in addressing SDOH
- Centrality of patient experience & population health measures in measuring outcomes of investment
What are potential unintended outcomes of including social determinants of health and health equity in health professions curriculum?

How might these be mitigated?
University of Texas Rio Grande Valley School of Medicine

Valerie Terry, PhD
UNIVERSITY OF TEXAS-RIO GRANDE VALLEY
SCHOOL OF MEDICINE

• **Project title**: Using Technology to Enhance the Pedagogy of Interpersonal Communication in Medicine - PI’s: Dr. Arden Dingle, Dr. Valerie Terry

• **Key focus**: Incorporating *Communication discipline-grounded* theories and concepts seamlessly throughout a new undergraduate medical school integrated curriculum, to advance teaching and learning of essential communication skills as *enhanced by technology*.

• **Secondary focus**: Extending the approach for student work in *serving the medically underserved* in the South Texas border region.
COMMUNICATION CURRICULUM GOALS

• Introduction to **Basic Techniques** (emphasis on medical practice)
  • Interviewing
  • Presenting
  • Working in groups
  • Giving feedback to others, including peers
  • Storytelling
  • Communication models

• Introduction to **Uses of Technology** (emphasis on medical practice)
  • To obtain, exchange, analyze information and ideas
  • To **facilitate** ongoing interactive dialogue and interpretation of shared experiences
What are advantages and challenges of introducing this curricular content into new schools just starting out?

Into established schools with well-defined curricula?