AMERICAN ACADEMY OF FAMILY PHYSICIANS

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Recommended Curriculum Guidelines for Family Medicine Residents

Physician Leadership in the Patient-Centered Medical Home

This document was endorsed by the American Academy of Family Physicians (AAFP), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), and the Society of Teachers of Family Medicine (STFM).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

Management of health systems (practice management) training is a vital part of the residency curriculum, regardless of the mode of medicine or setting the resident chooses after graduation. Residency graduates are faced with an increasingly complex spectrum of opportunities for medical practice, and their understanding of the choices involved is crucial for their future careers as family physicians. Furthermore, most new physicians will experience practice changes as the health care environment evolves, and a broad knowledge of practice management issues in a variety of settings will be needed for the duration of their medical careers.

Practice management is defined as the body of knowledge, attitudes, and skills necessary to efficiently lead and continuously improve the multiple elements of care delivery within a medical practice, including compliance with external regulatory agencies and accreditation requirements. Management of health systems integrates these practice elements into the context of health system organization, administration, communication, marketing, and, more importantly, the establishment of a patient-centered medical home for patients.

Although the future family physician may delegate many aspects of practice management to other staff and consultants or may, in fact, be a salaried employee of a large organization, an understanding of management of health systems (practice management) is still critical. This knowledge will assist future family physicians when making appropriate personal choices and when fulfilling the ethical responsibility to advocate for the highest standards in delivery of patient care. Furthermore, legal liability for many aspects of patient outcomes continues to remain with physicians even if they are part of a larger organization.

Competencies

At the completion of residency training, a family medicine resident should:

- Demonstrate physician leadership as an uncompromising advocate for patient-centered care of the highest value within the constraints of a viable and sustainable business model for the Patient-Centered Medical Home (PCMH), Patient-Centered Medical Neighborhood (PCMN), and the Health Home (Healthy Community) for the patient's welfare while balancing the business realities of practice management and financial success. (Patient Care and Professionalism)
- Actively conduct a practice search, interviews, contract negotiations, and successfully enter practice. (Interpersonal and Communication Skills)

- Demonstrate knowledge of the legalities and ethics of hiring, promoting, and firing of employees in a practice setting. (Professionalism)
- Identify the structure and operations of health organizations and systems, and the role of the family physician in this structure. (Systems-based Practice)
- Identify the measures of health, including determinants of health, health indicators, and health disparities. Advocate for the development of value metrics which will optimize Meaningful Use reporting and payment for value in the healthcare system. (Practice Based Learning and Improvement)
- Identify and foster partnerships that maximize achievement of public health goals. (Systems-based Practice)

Attitudes

The resident should develop attitudes that encompass:

- Effective leadership and collaborative participation in multidisciplinary teams with other health professionals.
- Adaptive reserve manifested as modeling and leading highly adaptive care teams.
- An understanding and endorsement of The Improvement Model as developed by the Institute for Healthcare Improvement (http://www.ihi.org/ihi) and its application to Quality Improvement within the medical home, the medical neighborhood, and the community.
- An understanding of structured peer review within the medical home and medical neighborhood.
- Competencies for effective participation and leadership in outcomes research in the community and academic setting.
- A professional approach to job interviewing and contract negotiation.
- Flexibility in responding to interviewing and contract negotiation.
- Respectful participation in multidisciplinary teams with other health professionals.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Practice opportunities
    a. Location
        i. Part of the country
        ii. Size and type of community

b. Mode of practice
    i. Traditional solo or group practice
    ii. Urgent care or emergency department
    iii. Staff and group model health maintenance organization (HMO)
    iv. Managed care contracting
    v. Administrative
        1). Private industry
        2). Government-based Systems of Care (safety net, VA)
        3). Education
    vi. National Health Service Corps and Indian Health Service
    vii. Federally Qualified Health Center-based practice

c. Configuration
    i. Solo
    ii. Partnership
    iii. Group
    iv. Salaried employee
    v. Corporate management
    vi. Educator

d. Employment agreements/contracts
    i. Compensation and benefits
    ii. Workload and performance expectations
    iii. Professional liability coverage
    iv. Legal provisions
    v. Ethical issues

2. Practice facilities
    a. Location and market analysis
    b. Design and regulations
    c. Financing
    d. Equipment and services
    e. Inventories and supplies
    f. Rent, lease or own
    g. Laboratories and government regulations
    h. Radiology and ultrasonography
    i. Special office-based procedures

3. Office organization
    a. Lean Method of organizational leadership and management.
    b. Chain of command
    c. Schedules

d. Number and type of support staff

e. Health Information Technology and Exchange infrastructure including
   i. Practice Website design
   ii. Practice Management Systems (scheduling, empanelment, billing)
   iii. E-Prescribing
   iv. Electronic Medical Record
   v. Risk Stratified Patient Registries and Risk-Based Intervention Bundles
   vi. Virtual Patient Care (e-mail, phone)
   vii. Practice Website-based care and social media if appropriate.

   (See HIPAA/Billing Compliance requirements below as well as Risk Management issues relating to HIT/HIE).

f. Supply and inventory management

4. Practice operations
   a. Patient flow and scheduling
   b. Vendors
   c. Electronic medical records (EMRs) and chart documentation
   d. Written office policies and procedures
   e. Front desk duties
   f. Insurance and other third-party billing
   g. Management of pharmaceutical representatives and samples
   h. Management of phone calls, emails, social media-based messaging, and practice website-based communications
   i. Telephone, social media, and paging systems
   j. Advanced planning and timetable for entering practice
   k. Chart and filing options, retention of records
   l. Consultation referrals
   m. Management of patient education
   n. Clinical tracking systems and preventative services
   o. 360 degree evaluations of self and staff
   p. Patient satisfaction surveys
   q. Quality Assurance/Improvement and Patient Safety
   r. Risk Management

5. Office and business management
   a. Systems-based practice and analysis

b. Taxes and insurance
    i. Estate planning and investment
    ii. Pension plan and/or profit sharing
    iii. Tax considerations and social security payments
    iv. Payroll systems
    v. Insurance needs
        1). Personal, e.g., life, disability, health, well-being
        2). Practice, e.g., employee benefits, premises liability, overhead, fire, Memorandums of Understanding with learner sponsors (Medical Schools, other Professional Schools)

c. Monitoring the business
    i. Reading financial reports
    ii. Cash flow and lines of credit
    iii. Accounting systems
    iv. Billing and collection principles and policies
    v. Accounts receivable management
    vi. Financing and capital
    vii. Overhead management

d. Personal financial planning
    i. Budgeting, debt consolidation
    ii. Retirement

e. Billing
    i. Billing Compliance Issues: Coding and documentation
        1) how to
        2) importance of inpatient and ambulatory coding
    ii. Fee for service
    iii. Third-party payers

f. Contracting
    i. Medicare
    ii. Medicaid
    iii. Capitated contracts
    iv. Fee for Service
    v. Care Network Contracts (ACO, PPO, HMO)

6. Medical records
    a. Storage and filing systems
    b. Indexing and coding
    c. Release of information
    d. Confidentiality
    e. Audits and tracking
    f. Types of records including EMRs

g. Structure of records

h. Legal issues including HIPPA

7. Staff and personnel policies

   a. Employee relations / Human Resources
      i. Mutual respect
      ii. Salaries and benefits
      iii. Motivation
      iv. Training / personal development
      v. Recruitment and retention
      vi. Terminations
      vii. Evaluation / Maintenance of Competencies
      viii. Accountability
      ix. Job descriptions

   b. Labor laws (Sexual Harassment, ADA, etc.)

   c. Workers Compensation, Employee Assistance Programs

   d. Personnel records
      i. Confidentiality

8. Legal issues
   Refer to Curriculum Guideline on Risk Management and Medical Liability (AAFP Reprint No. 281).

9. Computer utilization
   Refer to Curriculum Guideline on Medical Informatics (AAFP Reprint No. 288).

10. Hospital issues

    a. Selection of hospital

    b. Staff appointments and privileges
       i. Hospitalist
       ii. Community Partner Physicians

    c. Medical staff and departmental responsibilities

    d. Systems Management

    e. Care Transitions and Service Linkage

11. Marketing

    a. Marketing strategy, ethical marketing goals

    b. Patient-retention techniques (such as patient satisfaction surveys)

c. Patient centeredness
    i. Barbara Starfield's 4 Pillars of Primary Care
        1) Personal Relationship over time with MD / Care Team
        2) Access
        3) Comprehensive Services
        4) Care Coordination / Linkage
    ii. Patient Support Groups

12. Resources
    a. AAFP
    b. Residency to Reality 2011 Edition
    c. Practice management consultants
    d. Accountants
    e. Lawyers
    f. Financial planning consultants
    g. Bankers
    h. Marketing consultants
    i. Administrative support
    j. Compliance officers
    k. Billing consultants

13. Professional relations
    a. Medical and specialty society involvement
    b. Community and government
    c. Interdisciplinary, multidisciplinary and transdisciplinary

14. Health care risk contracting
    a. Metrics
    b. Patient registries
    c. Risk stratification
    d. Risk-based intervention bundles.

15. Quality metrics and reimbursement – relationships with payers and reimbursement.

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. Balance personal and professional goals
    a. Effective leadership skills
    b. Professionalism
    c. Determining personal and professional goals
2. Selection of type of practice (involves decisions about lifestyle, residence location, and professional interrelationships)
    a. Position application
        i. Career goal setting
        ii. Curriculum vitae development
        iii. Letter of interest (cover letter)
        iv. Identification of available position, recruiters
        v. Interviewing skills
        vi. Culture and politics of the practice
    b. Practice configuration
        i. Single vs. multispecialty
        ii. Associations
3. Contract negotiation
    a. Employment agreements
        i. Sexual harassment
        ii. Confidentiality
        iii. Requirements as an employee
        iv. Productivity/bonuses
        v. Teaching opportunities
4. Prudent selection and utilization of advisors and vendors
5. Personnel management and delegation of responsibilities
6. Computer competency, including information technologies
7. Time management
8. Personal and public (oral and written) communication, including advocacy
9. Resources management
10. Leadership of health care teams

11. Adapting to changes in the health care environment (team building and teamwork)

12. Networking and collaboration: Linkage is connecting patients to the services they need while staying connected to the patient

Implementation

This Curriculum Guideline should be taught during both focused and longitudinal experiences throughout the residency program, with increasing emphasis in the latter half of the residency. These guidelines should be integrated into the schedule of conferences and other teaching modalities, such as monographs, group discussions and case examples. The resident should gain hands-on experience by being involved in on-site practice management in a family medicine center or similar environment. Residencies whose clinical activities are limited to only one model of practice should make special efforts to expose residents to other practice types. Physicians and others who have demonstrated expertise in the skills of practice management should be available to the residents. Appropriate clinical and business systems, coordinated by a family physician, are a useful structure for providing experience in this area. Each family medicine resident should be able to demonstrate the ability to work with various individuals involved in practice management. This ability includes an understanding of their relationships to practice needs, office personnel, practice management systems, consultants and various other resources available in the community.

Resources

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Website Resources

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