

PACER Team Report Summary UCSF Fresno

Team Mission Statement (if applicable):

To transform IM, FCM, and Pediatrics resident continuity clinics at UCSF Fresno into patient-centered medical home models of primary care excellence made of high-functioning inter-professional teams.

What They Did:

Educational Transformation Accomplishments

Joint

- **Primary Care IP Diabetes Quality Improvement Symposium (9/5/17)** - Co-sponsored by UCSF Fresno and Community Regional Medical Center (CRMC); This was the first ever conference of its kind, was led by PACER team members and included many perspectives and professions (physicians, nurses, NPs, pharmacists, social workers).
- **Primary Care/QI Grand Rounds** – To be included in UCSF Fresno GME ENgage Series (institution-wide continuing education series)
- **IM, FCM, Pediatrics and other learners invited to Departmental Grand Rounds when related to PCMH** – Examples: 10/24/17 FCM Grand Rounds on Team Huddles; 9/4/18 Pediatrics Grand Rounds on Improving Care for Mexican Indigenous Populations in the San Joaquin Valley; 9/18/18 IM Grand Rounds on Disparities in Young Adult Health and Healthcare
- **Annual Intern Orientation to ACC Primary Care Patient Experience** - “Scavenger Hunt” -PGY-1s FM, IM, Pediatrics, and Psychiatry interns and Pharmacy residents meet in ACC during Orientation Week prior to start of residency. Interdisciplinary teams “hunt” for key services and team-members including registration, clinics, pharmacy, radiology, lab. Photo documentation & contest for Best Team Effort. This activity helped us to get to know each other, understand the clinic layout, meet more staff involved in patient referrals, and led to better relationships among providers and staff.
- **IM and Pediatrics learners invited to FCM Annual Primary Care Career Job Fair** – coordinated by FCM and sponsored by community-based practices and FQHCs.

Family Medicine

- July 2016: Implementation of UCSF Double Helix Practice Transformation curriculum, a Continuous Quality improvement program that includes QI didactics in R1 year, CQI projects developed in R2/R3 years, and presentations at annual UCSF Fresno Family Medicine QI forum.
- Residents receive longitudinal training in patient registries and panel management and one-on-one faculty mentoring to review patient panels, optimize care, discuss QI projects.
- Integration of practice transformation and team-based care concepts into R1 clinic orientation
- Teaching of principles of 10 building blocks of high performing primary care to residents, faculty, staff
 - National presentation: I. Naeni co-presented workshop with UCSF FCM faculty C. Mooney “Primary Care Transformation: A Comprehensive Shared Curriculum Based on the 10 Building Blocks”, IHI Summit, April 26-28, 2018, San Diego

Clinical Transformation Accomplishments

Integrated Mental Health in Primary Care (IMPACT)

- Saw positive “impact” of IMPACT on mental health at ACC
- All three primary care departments advocate for mental/behavioral healthcare as a unified voice.
- Early in the PACER grant period, we lost many behavioral health staff in the ACC except for psychiatrist and LCSW due to budget cuts.
- As of July 2018, IMPACT is no longer in place in large part due to changes in operations of ACC to Family Healthcare Network (FHCN, one of largest federally-qualified health clinic systems in the state) and the resignation of IMPACT lead psychiatry faculty. However, the “PACER” philosophy remains alive as ACC medical directors meet weekly with FHCN leaders to establish models of care that meet the social-behavioral health needs of ACC patients.

Family Medicine

- All clinic teams huddle before each clinic. FM was already doing huddles, but this was the MA and provider only. PACER helped them notice who was missing, and they have since included social worker to make sure patient issues and referrals are more effective (e.g., facilitating warm handoff to social worker).

Pediatrics

- Pharmacist was integrated to assist with methadone dosing and education on home administration (July 2017). This practice was discontinued in July 2018 with the change in operations to FHCN.
- RN was established as care manager for patients with complex needs (9/2017). This practice was discontinued in July 2018 with the change in operations to FHCN. We will continue to partner with FHCN leaders to establish new model of team-based care with MA and patient-navigator staff.

Internal Medicine

- The roles of clinical pharmacists in IM Heart Failure clinic (assisting physicians with management of coumadin) were strengthened because of PACER. This strong interprofessional partnership of Pharmacy and IM in delivering comprehensive primary care services to adults with complex medical needs was a critical factor to FHCN's decision to hire Clinical Pharmacists in ACC (a new model for FHCN).

Overall ACC Transformation

- Throughout the PACER grant period, UCSF Fresno/CRMC team members worked toward PCMH recognition (NCQA) for the ACC. PACER gave them a forum to make real changes in clinic rather than just "checking the boxes" for NCQA recognition. In July 2018, operations of ACC turned over from CRMC to FHCN, an NCQA-recognized PCMH.
- Fresno PACER committee (Primary Care Interprofessional Redesign PCIR Committee) formed 4/2016
 - **PCIR Goal:** For providers and staff to work at "top-of-their-license" to optimize patient care & learning in a model of collaborative, team-based primary care
 - March 2017: Began transforming ACC Ambulatory Provider Policies and Procedures (APPP) that cover expectations and licensure requirements of providers and staff, policies on documentation of visits and procedures, billing, RN/MA to provider ratios, monitoring of quality measures. Will extend some specific point of care testing (POCT) ordering to RN/MA; historically, POCT have been limited to MD/NP/PA.
 - As of July 2018, PCIR committee disbanded, with members leading transformation work in weekly meetings with FHCN leadership.
- Overall changes in ACC attributable to PACER
 - More intentional partnership among all primary care clinics for clinical care and education
 - Solutions reached through interprofessional input/consensus
 - PACER as catalyst for change in ACC for team-based, "top-of-license" approach to high-performing primary care
 - Clinics started doing morning huddles. Nurses did higher level work; MAs took over some of RN activities to free up nurses to reach highest level of practice. As of July 2018, RNs were replaced by LVNs and MAs, as per FHCN operations model.
- **Ambulatory Epic Optimization Committee** formed May 2017 as interprofessional forum to tackle EMR issues in primary care. Members: clinic medical directors, chief residents, clinic coordinators, clinical pharmacists, midlevel providers, Epic/IT builders and programmers, CIO

How They Did It:

Key Elements

- Being able to advocate for primary care as a unified group has had an impact. This is the first time we could problem solve as an interprofessional group and the non-MD centric perspective resulted in more robust solutions.

Enablers

- With a "PACER mindset", members of our original PCIR committee continue to meet with FHCN leaders and staff on a weekly basis to work toward high-functioning primary care teams in the IM, FCM, and Pediatrics resident continuity clinics.

Barriers/challenges

- The ACC is now going through major changes -- operations transitioned from CRMC to FHCN in July 2018. In this transition, our 3 primary care clinics have struggled with the loss of all RNs and most MAs of the original teams, compounded by the loss of integrated behavioral health services (psychiatry faculty, SW, and therapy on-site). Residents and faculty are adjusting to the FHCN model of LVNs and MAs working to the top of their license. FHCN leaders and staff are learning about the GME model of primary care training (FHCN previously only had experience with UME learners) and about the staffing needs in caring for a population in Fresno County with complex medical, behavioral, and social needs. FHCN is one of the largest provider systems of healthcare for Tulare and Kings Counties, and now with ACC in their network, has expanded to Fresno County.

Overall Insights:

- It is not easy to get everyone together, including physician and non-physician partners. However, we cannot imagine going back to the way we were doing alone it before, especially given our resource-limited environment. We find strength in working together and problem-solving interprofessionally.
- You need the right leader to do it to get buy in and commitment from the group. Having great team leaders is essential to spearheading the initiative and inspiring others. It can't be perceived as just another meeting – there has to be passion behind the reason to meet.
- Members needed on the team are those who are more inclusive from the start. Involving residents from the beginning also would have been helpful. Always think, with each meeting, who is NOT present who should be invited to join next time?

Future Plans:

Clinic Transformation

- Continue to transition ACC as a site of FHCN, a large FQHC system serving the Tulare, Kings, and Fresno counties of California's Central Valley, recognized as PCMH by NCQA
- Improve pharmacy integration
- Strengthen local partnership with Fresno County Behavioral Health, re-establish model of integrated behavioral health in primary care

Educational Transformation

- Improve coordination of IPE for learners, esp. in QI
- Improve integration of nursing/staff, pharmacy in IPE
- Faculty development in QI & IPE
- Continual improvements in annual interprofessional intern orientation to ACC and evaluation

Dissemination priorities

- Present ACC PCMH QI projects at UCSF Fresno/CRMC Annual QI Symposium
- Strengthen regional partnership with UC Davis PACER program and UCSF Center for Excellence in Primary Care

Team Members:

Name	Title
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Roger Mortimer, MD	Clinical Professor of Family and Community Medicine, Interim Chief of Department of Family and Community Medicine; Medical Director of Family Health Center at ACC; Medical Director of ACC Diabetes Medical Home
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Erica Kasper, MD	Assistant Clinical Professor of Medicine; Director of Internal Medicine Residents' Continuity Clinic at ACC
Karen Kraus, MD	Assistant Clinical Professor of Psychiatry; Child and Adolescent Psychiatry Attending Physician
Dominic Dizon, MD, MBA	Clinical Professor & Division Director of General Medicine (Ambulatory), UCSF Fresno Medical Director of Ambulatory Care, CRMC Ambulatory Medical Director of Quality and Informatics, CRMC
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