

PACER Team Report Summary
Palmetto Health/University of South Carolina (PH/USC)

Team Mission Statement:

Our Mission: *The Palmetto Health/University of South Carolina (PH/USC) PACER Team will work to improve resident training & delivery of care in our three PH/USC PACER sites Family Medicine, Internal Medicine & Pediatric (Children's Hospital Outpatient) Clinics – to be increasingly patient oriented and integrated in our care delivery.*

Our Vision: *To be a learning lab for patient centered medical care*

What They Did:

As our team reflected on our journey, we agreed that the greatest gains and the driver for improvements are the interprofessional and interdepartmental relationships built among a dedicated group of medical professionals. These relationships impacted far more than team meetings and were the core of collaboration.

Educational Transformation Accomplishments

- Interpersonal Medicine – Accelerating Patient Activation & Practitioner Wellbeing
 - Inter-professional faculty development sessions in motivational interviewing (MI) completed to include our PACER team members, and additional Pediatrics, Family Medicine and Internal Medicine faculty (including 60% of our general Internal Medicine faculty).
 - Residents from all 3 residency programs are completing initial MI training along with pharmacy residents. In our second year of incorporating MI training across programs, we have been able to schedule sessions to be cross-disciplinary in both the attendees and facilitators.
 - Certified medical assistants (CMA's) joining PH/USC Medical Group have MI training as part of their on-boarding, which has been in place 18 months and continues with each round of new hires to the Medical Group.
 - Care managers, the majority of whom are RN's at Palmetto Health, are being trained in motivational interviewing
 - The MI Assessment process includes: pre-post survey, self-reflection processes, post-training assessments at multiple intervals and direct observation tools for supervisors and faculty to verify utilization of MI techniques and coach for further skill development.
- Joint PH/USC PACER Grand Rounds
 - October 2016 PACER – an overview of the national program & local efforts
 - January 2017 Improving Care through Patient Empowerment (Session delivered with our Coach Steve Crane, MD)
 - Future - Optimizing Our Partnerships with Pharmacists, and more...
- PCMH Criteria Workshop
 - Piloted in Family Medicine, 2016 as part of practice management series
 - Updated with current NCQA criteria (2017) and ready for delivery
- "QUEST" IPE – This quality education and systems training effort provides an elective hands-on mentored experience doing quality improvement and patient safety work.
 - Pilot in 2017-18 with 9 medical & pharmacy students recruited through the USC Chapter of the Institute for Healthcare Improvement (IHI) Open School.
 - Supervising faculty also represent multiple professions.
 - 2018 -19 cycle – 18 students from pharmacy & medicine, 1 biomedical engineering student as well as a resident from pharmacy, Family Medicine and Internal Medicine for a total of 23 who have joined multiple teams, mostly in multidisciplinary pairs and branching to our USC SOM Florence Regional Campus
 - Current QUEST Advisory Team includes leaders from pharmacy, medicine, nursing and education and students

Clinical Transformation Accomplishments

Family Medicine Center

- Recertified as NCQA – PCMH; the first PCMH in South Carolina, the PH/USC Family Medicine Center again excelled in NCQA ratings
- Readmission/Emergency Department Utilization Project
 - Part of I3 Regional Value Collaborative work, reduction in utilization and readmissions were significant
 - Project was a focus of resident improvement activity as part of PH Resident Incentive Program
 - Participating Physicians also earned Maintenance of Certification (MOC) Part IV through PH Portfolio Program
- Re-established Patient Council

Internal Medicine Clinic

- Clinic Improvement Team reinvigorated
- Weekly Case management Conference
- Team-based special population care

Pediatric Clinic – CHOC

- QTIP National Collaborative participation was aligned with PACER efforts
- USC School of Law Medicolegal partnership has been developed
- Carolina Collaborative In SC/NC for SDOH provided synergy with our broad efforts to screen for food insecurity

Patient Engagement Project

- Collaboration with USC Education department, graduate class for customized survey process for assessing patient perspectives on care and needs.
- Graduate students collaboratively developed project with Clinic Medical Directors, implemented project and presented data for class and stakeholders
- Tools developed for survey and focus group utilization can be used for further data collection
- Customization allowed for inclusion of items such as impacts of Adverse Childhood Events (ACEs) in pediatric patients and families, for example

Joint Clinical Initiatives (across all three clinical sites)

- Resident Incentive Program, Optional Goal – Quality Improvement Projects
 - Sponsored by Palmetto Health Graduate Medical Education, for the past 2 cycles, added PACER and IPE language and guidance
 - 6 residency programs completed for added incentive payments in 2017
 - PH/USC PACER team provides peer review & coaching
- Interpersonal Medicine – Accelerating Patient Activation & Practitioner Well-Being

These “process groups” are detailed further under educational transformation; We are integrating motivational interviewing into the clinical training for multiple professions and exploring potential for team training with simulation in the future.
- SC FoodShare Collaboration – As an initial step in broadening screening for social determinants of health (SDOH) and building on pilot work in Pediatrics, all three clinics are screening for food insecurity
 - Using FDA 2-question screen,
 - Sharing resources with patients and families
 - Enrolling appropriate patients/families in FoodShare study (Purple Beat Project, PI, Mark Humphrey) to measure health impacts of fresh food availability on specific health conditions; Grant application under review.
- Clinic walk-through visits for patient-centered care – Tool developed from Palmetto Health Patient Centered Medical Home handbook, the Patient Centered Environmental Audit Tool, the Interprofessional Education Collaborative (IPEC) and the Institute for Family Centered Care, as well as the PACER PCMH Monitor Survey; anticipate additional small team visits including residents and students as part of clinical training experience and for greater awareness of patient perspectives
- PH Patient & Family Advisory Council (PFAC) - Early stage of collaboration with Palmetto Health “Patient Experience” leadership to align Clinic PFACs with overall system initiatives.

How They Did It:

Key Elements

- Relationship building – time and effort to select and recruit team members and build a cohesive team was viewed as a critical investment; identification of commonalities and opportunities through appreciative inquiry was incredibly helpful.
- Meeting regularly and having steady and regular access to the various professions (medicine, nursing, social work, pharmacy, behavioral health and medical education)
- Growing the team members' understanding and skills as change agents was also a key to success; PACER was not “just a project” but, rather, a “movement” requiring sustained effort to fully succeed.
- PACER allowed information sharing across departments and disciplines of what works well and potential challenges so that each group didn't have to make their own mistakes in isolation. (Synergy)
- The clinics have always been good about being connected across professions since it's hard to provide patient care without this model. They are trying to operate one step up from this on their PACER team –all members of the team know what's happening in all professions and have open lines of communication regarding health systems changes.

Enablers

- Building relationships has been very important – getting themselves together as a group by traveling and spending time together was so helpful. They do not see the end of PACER as severing their relationships – they are united by the patients they care for in their communities. They will continue to share and learn from each other – this will continue as mandates come from above or if they have their own ideas.
- Medical School Dean (USCSOM) and our Designated Institutional Official (Palmetto Health) were supportive of this endeavor from the beginning and helped us to build and sustain our team.
- Being a part of a large organization means having to deal with top-down decisions without input. Through PACER, we have a group that can process these systems-level decisions together and the opportunity to be more unified in response. They are optimistic about navigating these waters more effectively than has occurred in the past.
- Supportive leaders in IPE at USC had established track record
- Existing efforts

Barriers/challenges

- A unified “primary care voice” is still aspirational rather than actual –they understand the need for a forum to work together across the primary care disciplines but are struggling with creating the right structure for this. They view PACER as a stepping stone toward this primary care forum, since PACER is helping them build foundational relationships.
- Competing priorities, such as clinical care provision, remained a factor in our work, but paying attention to aligning our work to system priorities continues to be helpful.

Overall Insights:

- Put together a team of people who are passionate about patient care and who are open to learning from each other. Focus on building relationships early in the process. Selection of the members of the team is very important – the team can energize others if the core group works well together.
- Appreciative inquiry approach to assess current state and identify opportunities can provide such a boost in terms of energy for the work, belief that change is possible and reminders of past success.
- Identify opportunities to build upon work that is already started.
- Choose individuals with the capacity and strengths to do the work and it's helpful to choose individuals who have some influence.
- The team leader should be humble, inclusive and passionate.

Future Plans:

- Dissemination – promote PACER concepts, invite others to join in transformational efforts, spread to other residencies and to rural programs near us & connected through Palmetto Health or USC SOM
- Collaborative efforts for regional growth of patient-centered care and interprofessional education and care delivery with I3 Regional Collaborative and EVMS.
- Continue to gather data for assessment of our learners and overall program evaluation
- Adolescent to Adult transitions of care for all 3 clinics
- Expand group visit model, including follow up for newborn care for participants who had been involved in group visit models during pregnancy
- Explore funding mechanisms to support ongoing change efforts locally and regionally
- Plan for ongoing team recruitment/renewal, recruit new representative from nursing discipline

Publications or Presentations related to your PACER work:

Presentations

(Accepted) May 2018, Association for Hospital Medical Education
Aligning ACGME CLER and PACER
Panel, PH/USC PACER Team

Association for Hospital Medical Education – May 2017
Interprofessional Education & Practice Applying the PACER Model
Renee Connolly, PhD, Donna Ray, MD

I3 Collaborative Learning Session III – Oct 2017
PACER: Preparing the Primary Care Workforce Together
Patrice Eiff, MD, Donna Ray, MD, Bruce Britton, MD

Current Team Members:

Name	Title
Donna Ray, MD (Team Leader) (803) 434-4211	Clinical Assistant Professor, Internal Medicine; Director, Faculty Development, OCPDSA
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Renee Connolly, PhD (Site Evaluator / Team Leader)	Director of Education Development, Graduate Medical Education
Christopher W. Goodman, MD	Clinical Assistant Professor, Internal Medicine Internal Medicine Director for IPE
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Jennifer Porth, MSW, MBA	Director, Ambulatory Case Management
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Special thanks to former team members: Scott Carney, MD, Cynthia A. Wilson, RN, MA, BSN, Kim Humphries, RN and Jocelyn Harmon, MD. You will always be “PACER” to us.