Following the Roadmap

*Guided by a strategic plan and a strong foundation in primary care, the College is enhancing its efforts to improve the health of communities*

by Leslie Zganjar

The College of Community Health Sciences this year enters the fourth of a five-year strategic planning process that seeks to improve the health of Alabama communities through the College’s strong foundation in primary care and its ongoing work in educating family medicine physicians, providing direct patient care and engaging in related research and scholarship.

The strategic plan, written in the 2012-13 academic year, provides a roadmap that is guiding significant progress in four key areas: build on the roots of The University of Alabama Family Medicine Residency, which CCHS operates; provide a community-oriented and innovative education experience for medical students; transform University Medical Center, the College’s multi-specialty clinical practice, to deliver exceptional, patient-centered care; and foster a passion for research and scholarship aligned with the College’s mission.

Below are highlights of strategic planning work accomplished in 2016, and work planned for this year.

**Strategy R**

*Enhance the quality of The University of Alabama Family Medicine Residency through expanded community-based practice and experience, with continued emphasis on rural communities, to prepare primary care physicians who will be equipped to meet the challenges of an ever-changing health care environment.*

Providing additional education and training opportunities for resident physicians was the focus of work in this strategic area in 2016.

Two new fellowships – one in geriatrics and one in emergency medicine – were created and join the College’s existing fellowships in behavioral health, hospital medicine, obstetrics, sports medicine and rural psychiatry. The fellowships provide an additional year of training in these various areas for family medicine physicians.

An outpatient teaching series was added to the residency curriculum, as were electives in nephrology and prenatal/newborn care.

Increased patient encounters were provided through the addition of a third night clinic at University Medical Center and an expanded resident presence at the Good Samaritan Clinic in Tuscaloosa, which provides free medical and dental care to uninsured and underinsured adults in West Alabama.

This year, work is ongoing to provide additional practice opportunities in nearby Pickens and Fayette counties, and the College will continue to integrate resident clinical experiences in communities and with underserved health care providers.

Since the strategic planning process began, the three-year Residency has grown to a 36-resident program (18 per year), making it the second largest family medicine residency in the US. Upward of a dozen practice-experienced family medicine physicians have been hired, improving residency staffing. Academics have continued to improve with 100 board passage rate by residents. A new resident
continuity clinic was successfully launched at University Medical Center-Northport, and 12 residents currently practice there. UMC on the UA campus and UMC-Northport make up the clinical practice of CCHS.

Strategy M

*Strengthen and focus medical student education at the college through adoption of innovative, community-oriented learning models, enhanced by primary care and population-focused learning opportunities.*

Enriching the clinical years of education for the cohort of University of Alabama School of Medicine students who spend their third and fourth years at the Tuscaloosa regional campus was the focus of efforts in this strategic area last year.

The Tuscaloosa Longitudinal Community Curriculum (TLC) began its second pilot year with seven students, an increase from two students in the first pilot year. TLC follows an innovative model of education that allows medical students to spend most of their third year of clinical education working with a community physician and following patients through diagnosis and treatment, covering specialty areas continuously and often simultaneously.

An in-house model was added to the TLC program, which allows for third-year clinical education to be done at the multi-specialty UMC with multiple preceptors.

Work is underway to extend the TLC program to the full cohort of third-year medical students on the Tuscaloosa campus, typically 35 students per year, in fall 2018. And efforts have begun to design and implement a Primary Care Track for medical students on the Tuscaloosa campus that will provide additional grounding in rural and community health care. CCHS is currently awaiting approval of the proposed track from the national Liaison Committee on Medical Education.

Third- and fourth-year medical students in Tuscaloosa now have the opportunity to take co-enrollment courses with other UA health professions students. One of the courses, a culinary medicine elective, is part of a CCHS collaboration with the Goldring Center for Culinary Medicine at Tulane University School of Medicine in New Orleans. The course teaches the fundamentals of cooking and how to share with patients the basics of preparing healthy and tasty meals.

The College’s Pediatrics Clerkship added opportunities for medical students to participate in an ADHD clinic with UA psychology students, in pre-Kindergarten health screenings with nursing students from UA and Shelton State Community College, and in the College’s interprofessional Grand Rounds at DCH Regional Medical Center.

Two new faculty-level positions were created and filled – a director of Learning and Program Evaluation and a director of Educational Technology and Continuing Education. The College hopes to soon create for medical students a patient simulation or standardized patient laboratory for interprofessional educational simulations.

Strategy C

*Organize clinical quality teams and tools to lead the process of transformation of the clinical practice to improve outcomes through better quality, safety and standardization at lower cost.*

Work continued in 2016 toward patient-centered medical home accreditation for UMC’s
Family Medicine Clinic, with the goal of submitting an application for accreditation this year. The PCMH model results in care that is patient-centered, accessible, continuous, comprehensive and coordinated, and that focuses on quality and safety.

A core PCMH group meets bi-weekly and a number of required PCMH components are in place, including new patient processes for referral tracking and testing and imaging, and development of patient information and education materials. Once certification is obtained for the Family Medicine Clinic, work will begin to expand certification to UMC’s Internal Medicine and Pediatrics clinics, UMC-Northport and possibly UMC’s specialty clinics, such as geriatrics and sports medicine.

UMC patient care services experienced significant growth last year. Dr. Jimmy Robinson joined the Sports Medicine Clinic full time, and was joined by a second full-time sports medicine physician. Two full-time fellows were added, bringing the number of sports medicine fellows practicing at the clinic to three, and a medical assistant joined the team.

A Transitional Care Clinic was added to assist patients transitioning home after being discharged from the hospital. The clinic is an interprofessional collaboration among CCHS family medicine, pharmacy and social work departments and DCH Regional Medical Center, and provides services for patients who face medical or social issues requiring special attention as they transition from hospital to home, including follow-up appointments, transportation and medication reconciliation.

UMC’s Pediatrics Clinic expanded services to unassigned newborns at the hospital, and a neurologist and neurology clinic were added to UMC. Two weekly interprofessional geriatrics clinics were created and include resident physicians as well as pharmacy, social work, geriatric psychiatry and nursing providers. Social workers, information technology specialists and a medical librarian now provide support to UMC clinics and at UMC-Northport.

Since the strategic planning process began, CCHS has opened UMC-Northport, a second location of the clinical practice that, in addition to family medicine, provides obstetrical and mental health care. Approximately 1,000 patients are seen monthly at this location. A third night clinic was added to UMC on the UA campus, enabling established patients to receive routine care with scheduled appointments. A Patient Advisory Council is now in place and members work closely with the clinical practice to improve telephone service and create patient information materials.

Plans for 2017 include recruiting a chief nursing officer, a chief information officer and a human relations manager for UMC; enhancing UMC’s patient portal online system; adding a travel clinic and dentistry and ophthalmology services; expanding pharmacy services and home visits; and influencing UA’s strategic plan to coordinate health professions and services on campus and develop UA Health as a brand.

**Strategy S**

*Create the infrastructure and support systems that enable rigorous and relevant scholarship, with a focus on advancing knowledge and research regarding population health and medical education.*

Creating a supportive infrastructure for research and scholarship was the centerpiece of work in this strategic area last year.

New faculty and staff were hired to assist with research and scholarly activity, two Scientific Writing Group sessions were held and a database was created to record and store all CCHS research and scholarly activity.

The College’s Institute for Rural Health Research was awarded the Alabama Medicaid
Evaluation Project, making vast amounts of data available to CCHS faculty, residents and medical students for research and scholarly activity. IRHR obtained use of the University of Alabama’s Center for Clinical and Translational Science database at UAB, and research data is also now available from UMC’s electronic medical record.

Five writing groups formed and submitted grant applications for funding: Alabama Department of Public Health/Diabetes Self-Management Education Program (funded); ADPH/Quality Improvement Initiatives Addressing Hypertension and Diabetes (funded); HRSA/ Primary Care and Training Grant (pending); DHHS/Reducing Child Obesity and Asthma Disparities in the Rural Black Belt of Alabama (pending); and HRSA/Rural Child Poverty Telehealth Network Grant Program (not funded).

CCHS submitted a record number of applications to UA’s Research Grant program – seven, up from one in 2015 – and three were funded. Dr. Karen Burgess, chair of the Department of Pediatrics, was a President’s Faculty Research Award winner at UA Faculty Research Day. There was an increase of published articles and research and poster presentations at national and international meetings, and new advancement, promotion and tenure guidelines incorporating scholarly activity were developed.

For the second year, state funding was received for The University of Alabama-Pickens County Partnership. First-year funding was used to hire a partnership coordinator, four fellows and to fund eight community projects. The partnership, led by CCHS, seeks to provide additional health care resources for the rural county and real world training for UA students in medicine, nursing, social work, nutrition, psychology and health education – and potentially others.

Going forward in 2017, the College will continue to enhance research support for faculty by hiring graduate research assistants and a coordinator for a proposed primary care research network, and by integrating grant support personnel from UA’s Center for Proposal Development. Faculty research teams will be created to focus on specific research topics and apply for grants and develop presentations and publications. And work will get underway to develop a Master’s in Population Health degree for the College.