



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).*

## Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Attitudes, behaviors, 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), [www.acgme.org](http://www.acgme.org). The family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the 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 website. Current AAFP Curriculum Guidelines may be found online at [www.aafp.org/cg](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

The concept of the patient-centered medical home (PCMH) has grown over the last decade and is now recognized by a large number of primary care organizations, which include the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Osteopathic Association (AOA), American Medical Association (AMA), and American College of Physicians (ACP). Organizations such as the Patient-Centered Primary Care Collaborative (PCPCC) have been formed in an effort to promote progression of this concept. In 2007, the *Joint Principles of the Patient-Centered Medical Home* emphasized the need for comprehensive and coordinated care; quality and safety; access; and a personal physician. Knowledge of guidelines from each of these large organizations is a vital aspect of the family medicine residency curriculum.

Residency graduates are faced with an increasingly complex spectrum of medical practice opportunities. Furthermore, most new physicians will experience practice changes as the health care environment evolves. Within each practice setting, physicians may be faced with accreditation and regulatory requirements, personnel decisions, quality metrics, and access standards. New physicians need to possess the leadership skills, attitude, adaptive capacity, and knowledge to help create a health system that embodies the concept of the PCMH. Physician leadership is crucial to seeing this concept succeed.

## Competencies

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

- Demonstrate an understanding of basic physician leadership attributes necessary to effectively lead a comprehensive care team (Interpersonal and Communication Skills, Professionalism)
- Demonstrate a basic understanding of PCMH guidelines and concepts, to include the National Committee for Quality Assurance (NCQA) PCMH accreditation

requirements and the Institute for Healthcare Improvement's (IHI) Triple Aim (Systems-based Practice)

- Demonstrate the ability to advocate for patient-centered care and the physician-patient relationship, while also having a solid understanding and appreciation for staffing requirements, full-time equivalent (FTE) measurements, empanelment methods, and quality metrics (Interpersonal and Communication Skills, Systems-based Practice)
- Demonstrate a basic understanding of the administrative, legal, and financial processes required to run a clinic (Professionalism)

## **Attitudes**

The resident should develop attitudes that encompass:

- The importance of physician leadership
- The cost benefits of retaining a wide scope of practice as a family physician
- The importance of professionalism
- The importance of collaboration with and empowerment of one's support staff and clinical care team to meet patient needs
- The importance of integrating patient-centered care with quality care metrics
- The importance of innovative approaches to patient care in an increasingly complex health care environment
- The importance of lifelong learning and the pursuit of improved quality care with ever-evolving evidence-based best practice standards

## **Knowledge**

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

1. PCMH guidelines and resources
  - a. AAFP PCMH checklist
  - b. PCPCC *Joint Principles of the Patient-Centered Medical Home*
  - c. NCQA PCMH standards
  - d. ACP PCMH resource website
  - e. The Joint Commission PCMH accreditation standards
  - f. IHI Triple Aim

- g. Agency for Healthcare Research and Quality (AHRQ) patient-centered medical neighborhood
2. Clinic leadership
- a. Crafting of a vision of patient care for the clinical care team
  - b. Creation of an environment of trust within the clinical care team
  - c. Development of emotional intelligence (EQ) and connection with support staff
  - d. Empowerment of clinic support staff
  - e. Development of oneself as an expert in practice management and the PCMH
    - i. PCMH practice management
  - f. Empanelment
    - i. Determination of proper panel sizes
    - ii. Models of population profiling used to determine patient complexity
  - g. Access/template management
    - i. Determination of types and ratio of appointment types
    - ii. Determination and management of demand as it relates to patient access to care
  - h. Team-based care
    - i. Definition and expansion of roles and responsibilities of team members, including mid-level providers and support staff
    - ii. Utilization of team members to the top of their abilities and licenses
    - iii. Establishment of standard operating procedures (SOP)
    - iv. Evaluation of team members and feedback from team members
    - v. Routine meetings and daily huddles
  - i. Complex care management
    - i. Determination of patients who are high utilizers
    - ii. Referral and test tracking
    - iii. Care coordination and transitions of care
  - j. Health information technology (IT) and new innovative approaches to health care delivery
 

*Refer to Curriculum Guideline on Medical Informatics (AAFP Reprint No. 288).*

    - i. Electronic health record (EHR) options and impact on practice
    - ii. Meaningful use measures
    - iii. E-prescribing, virtual patient care, practice website design, and online patient education
  - k. Productivity and financial management
    - i. Relative value unit (RVU) generation and coding
    - ii. Pay for performance and Centers for Medicare & Medicaid Services (CMS) meaningful use measures
    - iii. Capitation and sub-capitation models
    - iv. Cash flow (see “d. Finances” under “3. Administrative and legal background” below)

- v. Basic business case analysis for PCMH
  - l. Developing methods for process and/or quality improvement
  - m. Quality metrics
    - i. Access, continuity, outcomes, and patient experience measures
    - ii. Healthcare Effectiveness Data and Information Set (HEDIS)
    - iii. CMS Physician Quality Reporting System (PQRS) Group Practice Reporting Option (GPRO)
3. Administrative and legal background
- a. Legal
    - Refer to Curriculum Guideline on Risk Management and Medical Liability (AAFP Reprint No. 281)*
    - i. Quality assurance and risk management
  - b. Personnel management
    - i. Employment contracts, to include performance expectations, compensation, benefits, and liability coverage
    - ii. Estimation of staffing requirements
    - iii. Recruitment, retention, and termination
  - c. Facilities
    - i. Rent, lease, or own
    - ii. Location and marketing
    - iii. Inventories and supplies
    - iv. Special services: office-based procedures, immunizations storage, radiology, lab, and relevant government regulations
    - v. Medical records
      - 1). Health Insurance Portability and Accountability Act (HIPAA)
      - 2). Chart audits
  - d. Finances
    - i. Cash flow to include billing, accounting, and overhead management

## **Skills**

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately assign to another individual within the practice:

1. Basic leadership: ability to communicate a vision for the practice, empower teams and individuals to develop, and create a system to ensure the practice is on target to fulfill the vision as systems-based practice requirements change
2. Management of clinical care teams
3. Communication with support staff and colleagues

4. Analysis of quality and patient experience metrics
5. Development and execution of clinic quality/process improvement projects
6. Fostering of innovative approaches to health IT and clinical care
7. Analysis of coding and RVU
8. Cash flow analysis, accounting, reimbursement, and billing skills

## 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 with clinical activities that 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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