

ABSTRACT: 2014 ELAM Institutional Action Project Poster Symposium

Project Title: Primary Care Fast Track: Increasing the Pipeline of Primary Care Physicians

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Collaborators: Valerie Montgomery Rice, MD

Background, Challenge or Opportunity: There is a critical need to increase the number of primary care physicians in the US, especially in the state of Georgia, to address the growing health issues of individuals, families, and communities. Currently 32% of the national physician workforce is in primary care specialties. The Council on Graduate Medical Education recommends a minimum of 40% of the workforce be primary care physicians to fill the need. At the current rate, it is unlikely that the number of primary care physicians that are needed will be accomplished without increasing the pipeline at a faster rate.

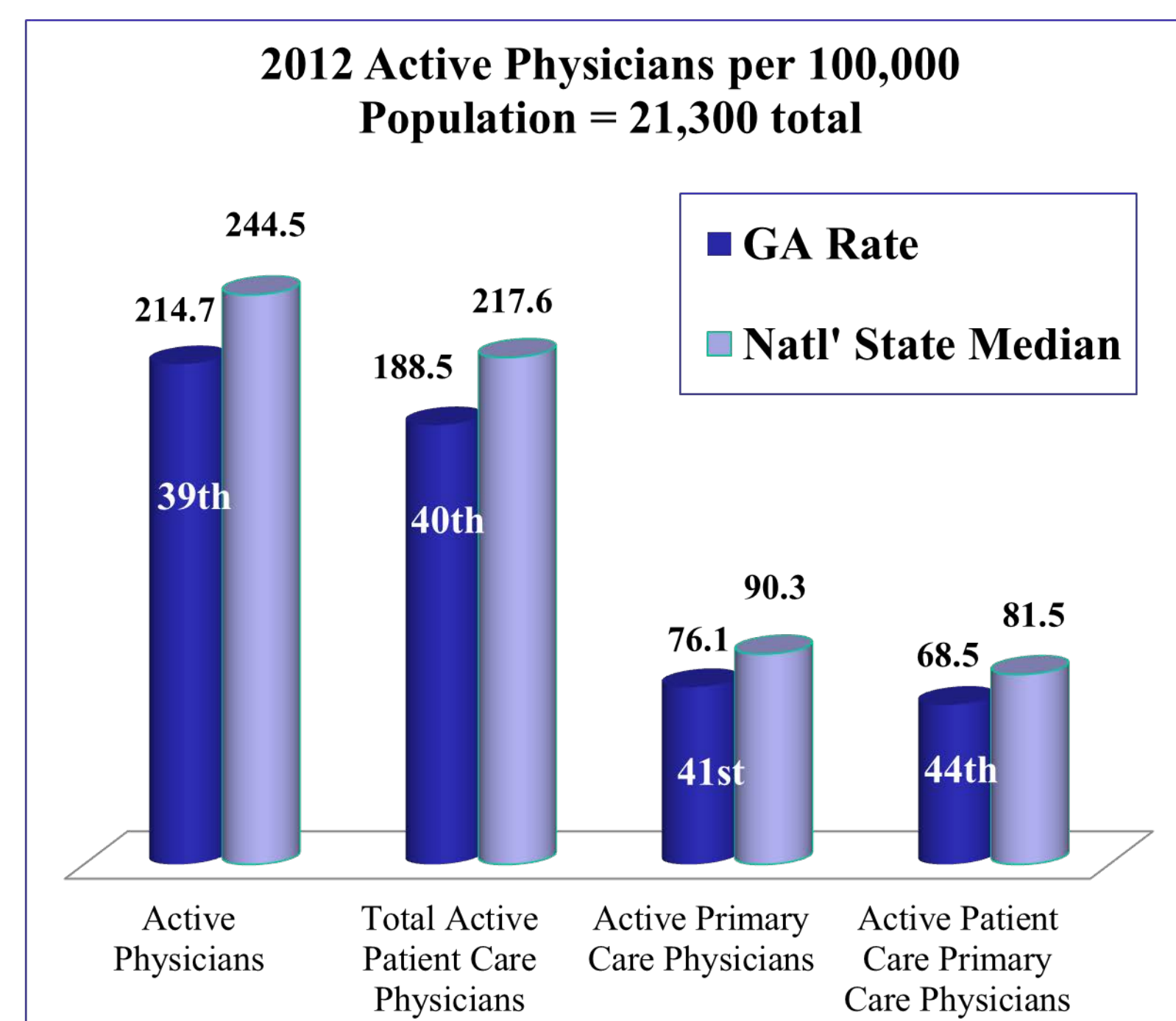
Purpose/Objectives: Medical schools have been traditionally two years of preclinical science and two years of clinical science. The academic establishment must consider changing this timeframe; hence the objective of this project is to propose implementing a 3:3 program at Morehouse School of Medicine (MSM). This program would identify medical students interested in primary care- pediatrics, family medicine and internal medicine. Moving to the 3:3 model may increase the physician workforce by shortening the pipeline with a reduction of one year of training, increase the number of primary care physicians, and decrease the cost of medical education.

Methods/Approach: A prospective cohort study design will be used to implement a mixed method approach to assessing the feasibility and effectiveness of the proposed 3:3 primary care training model. Morehouse School of Medicine (MSM) will post a 3:3 primary care track to recruit students who seek primary care residency programs; and wish to complete both medical school and residency training at MSM. MSM will select five students per year for this track- 2 in Family Medicine, 2 in Pediatrics, and 1 in Internal Medicine. Students will have a year round curriculum, longitudinal clinical experience in the second year, and the third year will include five clerkships and a primary care course. Data collection will include quantitative methods (i.e., student/resident surveys and evaluations test scores, GPA etc.) and qualitative methods (i.e., focus groups and key informant interviews) to track and monitor student and program outcomes. This evaluative assessment will help delineate pertinent educational issues regarding challenges, barriers, concerns and opportunities to improve an enhanced trajectory for success. Quantitative analysis of demographic variables and identified predictors of academic success will be conducted to compare performance of cohort participants compared to traditional pathway students selecting primary care and entering other specialties. A logic model will be devised to discern the framework, outcomes and impact of the proposed investigation.

Outcomes and Evaluation Strategy: Expected outcomes: 1) # of students that successfully matriculate and practice primary care medicine; 2) comparable objective measures of academic performance as traditional fourth year students- NBME, USMLE and GPA. 3) self-report of positive experiences 4) In-training exam scores 5) positive resident evaluations 3) milestone achievement and 5) acceptance and entrance into primary care post residency program.

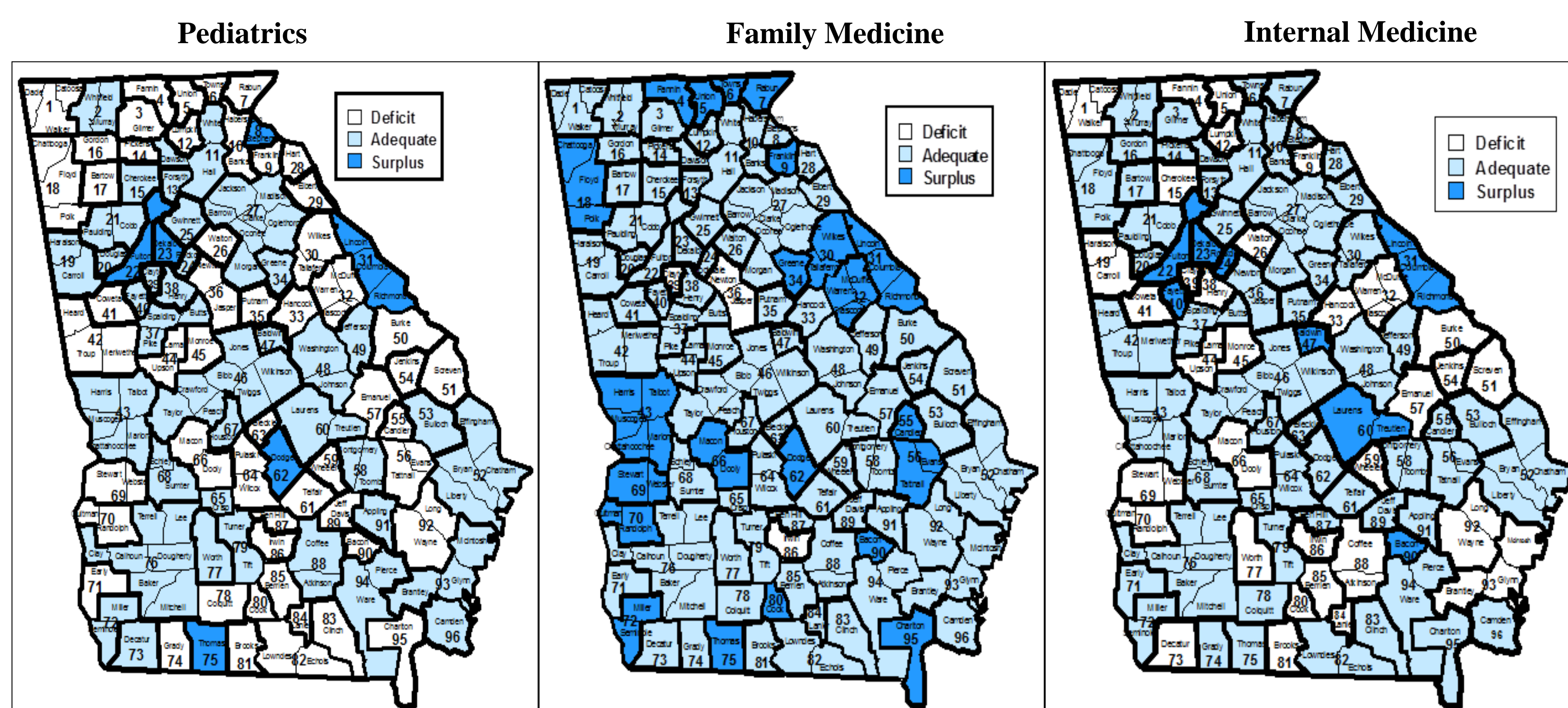
Challenge

There is a critical need to increase the number of primary care physicians in the US, especially in the state of Georgia, to address growing health issues. Currently, 32% of the national physician workforce is in primary care specialties. The Council on Graduate Medical Education recommends a minimum of 40% of the workforce be primary care physicians to fill the need. The projected shortage nationally is about 40,000 physicians and 1,022 for Georgia. At the current rate, it is unlikely that the number of primary care physicians that are needed will be accomplished without increasing the pipeline at a faster rate.



	National # & rate (per 100,000)	# of physicians in GA and rate	GA # needed to meet national mean	# of counties in GA with type of physician	# of counties in GA without type of physician
Family Medicine	98,365 (32.9)	2,629 (27.8)	482	153	6
Pediatrics	80,822 (32.1)	1,598 (16.5)	1511	96	63
Internal Medicine	170,705 (57.8)	2,693 (27.1)	3051	128	31

Data Sources:
 -2010 GBPW Data Book
 -AMA Physician Characteristics and Distribution in the US 2014 Ed. p.67 and 343 [total patient care]*



Objective

The objective of this project is to implement a Primary Care Fast Track program. This program would identify medical students interested in primary care- pediatrics, family medicine and internal medicine. This model may increase the physician workforce by shortening the pipeline with a reduction of one year of training, increase the number of primary care physicians, and decrease the cost of medical education.

Methods

A prospective cohort study design will be used to implement a mixed method approach to assessing the feasibility and effectiveness of the proposed Primary Care Fast Track program. Morehouse School of Medicine (MSM) will post the program and recruit students who seek primary care residency programs; and wish to complete both medical school and residency training at MSM.

MSM will select five students per year for this track- 2 in Family Medicine, 2 in Pediatrics, and 1 in Internal Medicine. Students will have a year round curriculum, longitudinal clinical experience in the second year, and the third year will include five clerkships and a primary care course.

Data collection will include quantitative methods (i.e., student/resident surveys and evaluations test scores, GPA etc.) and qualitative methods (i.e., focus groups and key informant interviews) to track and monitor student and program outcomes.

Approach/Outcomes/Evaluation Strategy

This evaluative assessment will help delineate pertinent educational issues regarding challenges, barriers, concerns and opportunities to improve an enhanced trajectory for success. Quantitative analysis of demographic variables and identified predictors of academic success will be conducted to compare performance of cohort participants compared to traditional pathway students selecting primary care and entering other specialties. A logic model will be devised to discern the framework, outcomes and impact of the proposed investigation.

Expected outcomes:

- 1) # of students that successfully matriculate and practice primary care medicine.
- 2) comparable objective measures of academic performance as traditional fourth year students- NBME, USMLE and GPA.
- 3) self- report of positive experiences.
- 4) In-training exam scores.
- 5) positive resident evaluations.
- 6) milestone achievement.
- 7) acceptance and entrance into primary care post residency program.

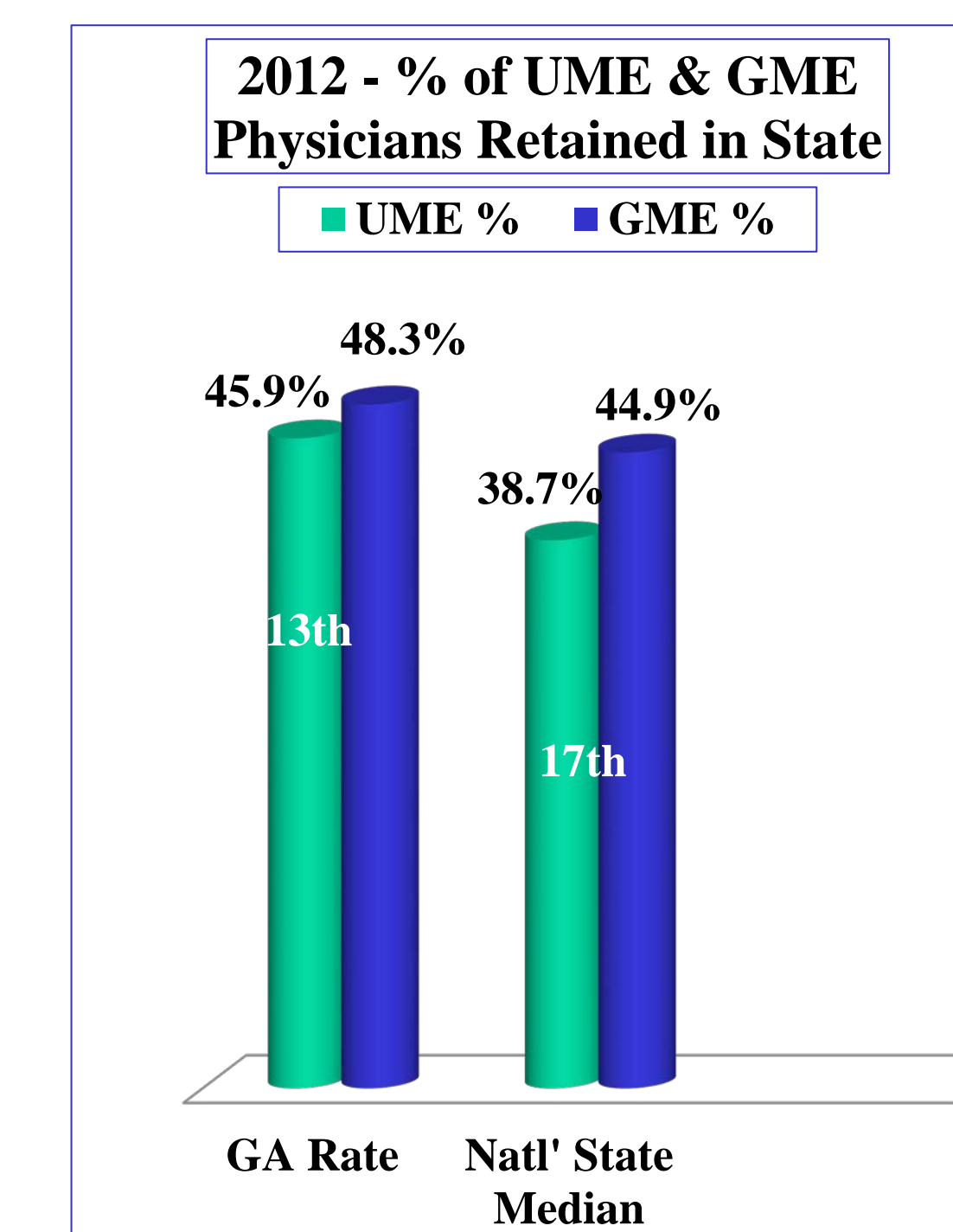
My IAP focused on the following:

1. Literature Review and Assessment of Interest: Performed a literature review and met with administration to gauge interest and feasibility .
2. Curriculum Modifications
3. Identifying Project Director
4. Marketing and Implementation

Discussion

Interpretation of Results: This model may increase the physician workforce by shortening the pipeline with a reduction of one year of training, increase the number of primary care physicians, and decrease the cost of medical education. MSM has strengths in producing primary care physicians and retaining them in Georgia.

Description of Impact: Increase the number of primary care physicians who practice in the state of Georgia.



	US	GA	MSM
Family Medicine	96,552 (9.4%)	1,384 (8.7%)	200 (24%)
Pediatrics	59,413 (5.8%)	1,128 (10.2%)	164 (19%)
Internal Medicine	118,504 (11.5%)	1,636 (7.1%)	156 (19%)

Summary

This concept has been implemented at a few schools across the country with success. This particular project includes the following unique elements: internal medicine and pediatrics as part of the program and being based at a community based medical school. .

Next Steps

Develop a curriculum and identification of faculty mentors, marketing and implementation of program.

Acknowledgments

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