

Advancing Integration of Population Health into Graduate Medical Education:

The CDC Milestones Project

August 21, 2013

Meeting Summary



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Purpose

On August 21, 2013, the Centers for Disease Control and Prevention's (CDC) Office for State, Tribal, Local and Territorial Support (OSTLTS) and the Division of Scientific Education and Professional Development (DSEPD) within CDC's Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) convened over 40 stakeholders in Atlanta, Georgia for a working meeting entitled *Advancing Integration of Population Health into Graduate Medical Education: The CDC Milestones Project* (the "Milestones Meeting"). The purposes of the meeting were to

- Engage key stakeholders and garner support for the systematic integration of population health competencies into graduate medical education (GME)
- Share lessons learned from related endeavors
- Discuss components of a framework for mapping population health milestones

Invited participants included stakeholders of the Accreditation Council for Graduate Medical Education (ACGME), residency program directors and faculty, residents, state and local health department leaders, and health systems transformation leaders. See Appendix A for a full list of participants.

Background

The National Network of Public Health Institutes (NNPHI) partnered with CDC to plan and support implementation of the meeting. Tina Foster, MD, MPH, MS (Program Director, Dartmouth-Hitchcock Leadership Preventive Medicine Residency; Director, Center for Leadership and Improvement; Associate Professor of Obstetrics and Gynecology and Community and Family Medicine, The Dartmouth Institute) served as the meeting facilitator.

Meeting Summary

The following summary provides an overview of the meeting and information about the sessions. See Appendix B for the meeting agenda.

Welcome and Opening Remarks

Judith Monroe, MD (Deputy Director, CDC; Director, OSTLTS) and Denise Koo, MD, MPH (Director, DSEPD) provided background on CDC's interest in the integration of population health into graduate medical education (GME) and described their collaborative efforts across CDC's units. Dr. Monroe noted that since publication of the Institute of Medicine (IOM) 2012 Report, *Primary Care and Public Health: Exploring Integration to Improve Population Health*, CDC has adopted integration of health care and public health as one of its three overarching priorities. The CDC Milestones Project was initiated by both offices in response to input from stakeholders and recognition that the ACGME milestones drive residency program curricula and assessments and therefore are essential to integration of population health principles and standards of practice into GME. Dr. Koo pointed to DSEPD's many training programs targeting health professionals, and especially to their Academic Partnerships to Improve Health cooperative agreement, through which OSTLTS and DSEPD are partnering with the Association of American Medical Colleges (AAMC) and Duke University to advance the integration of population health into GME. Results from the August 21, 2013, Milestones Meeting will be used to inform the work of this

new CDC-funded AAMC/Duke collaborative effort entitled *Advancing Integration of Population Health into Graduate Medical Education*.



Participants gathered at the Emory Conference Center for the August 21, 2013, Milestones Meeting



Dr. Lloyd Michener (Duke University Medical Center), Dr. Judith Monroe (CDC/OSTLTS), Dr. Joanne Conroy (AAMC), and Dr. Denise Koo (CDC/CSELS/DSEPD)

Why the Time Is Right, Now

Dr. Joanne Conroy (AAMC) presented [Systems Based Thinking and Practice](http://www.nnphi.org/uploads/media_items/systems-based-thinking-and-practice.original.pdf) (available on the NNPHI website at www.nnphi.org/uploads/media_items/systems-based-thinking-and-practice.original.pdf). The central theme of this presentation was “connecting the dots” between population health, systems-based practice, and systems thinking. Dr. Conroy described numerous efforts of AAMC and other organizations to increase capacity for systems thinking, within the broader context of changing payment models and the evolving vision for Academic Medical Centers (AMCs) from “islands of care” to “systems of care.” Key points included the following:

- The Patient Protection and Affordable Care Act (ACA) authorizes new payment models. AMCs can facilitate the care coordination that improves patient care quality and outcomes while maximizing the reimbursement under the new bundled payment models.
- Population health management requires new and different systems to allow physicians and other staff to follow a new mission, as well as new optics of caring for populations
- AAMC recently convened stakeholders to explore systems-based thinking and practice, and is creating actionable content to increase physicians’ understanding of systems thinking and their success in systems-based practice

Participants affirmed the time is right for this work. Their comments and suggestions included the following:

- AMCs may engage capstone students from engineering and business schools to add expertise in systems engineering to healthcare teams
- CDC and the Centers for Medicare and Medicaid Services (CMS) should consider including systems engineers in ongoing public health/health care collaboration efforts
- Health departments are well-positioned to take leadership for systems thinking and collaborative goal setting
- Current challenges include helping clinicians see their role in and impact on population health; overcoming timing and funding constraints for residents to get into the community; and increasing capacity for residency faculty to understand and teach systems thinking

Lessons Learned from ACGME’S Milestones Project

Dr. Susan Swing (ACGME) presented [ACGME Expert Panel Milestone Development: Results and Lessons Learned](http://www.nnphi.org/uploads/media_items/acgme-expert-panel-milestone-development-results-and-lessons-learned.original.pdf) (available on the NNPHI website at www.nnphi.org/uploads/media_items/acgme-expert-panel-milestone-development-results-and-lessons-learned.original.pdf). Dr. Swing shared a brief history of ACGME’s development of general competencies, the integration of those competencies into curricula, and the progression towards identification of competency milestones for graduate medical residents. Dr. Swing reflected on the development and adoption of expert panel milestones across different specialties. She shared the following key points and recommendations based on ACGME’s experience with their Milestones Project:

- Expert panels introduced skills and knowledge at the leading edge of the field
- Adoption of the expert panel milestones was mixed
- Keeping milestones high level provides more flexibility for achievement
- It will be important to involve GME educators in the AAMC/Duke project, *Advancing Integration of Population Health into Graduate Medical Education*
- AAMC and Duke should stay in touch with ACGME regarding the timing of milestone revisions

Participants affirmed it would be vital for AAMC and Duke University to engage with ACGME as the project progresses. Other comments and suggestions included the following:

- Evaluating individual milestones is challenging, as is standardizing evaluation across the specialty milestones
- Outcome analysis should focus on the continuum from medical school, to resident, to attending physician
- As there are windows of opportunity to ask specialty milestones developers to emphasize population health in future revisions, representatives from ACGME are available to offer connectivity and assistance
- As ACA implementation progresses, there is a potential for increased patient and public involvement in defining the quality of resident physicians' education

A Framework for Population Health Milestones: A Discussion

Dr. Lloyd Michener (Duke University) presented [Improving and Teaching Population Health](#) (available on the NNPHI website at www.nnphi.org/uploads/media_items/improving-and-teaching-population-health.original.pdf). The goal of this work is to educate physicians on how to care for patients in the context of their communities. Key points from Dr. Michener's presentation included the following:

- There are many drivers toward population health, including growth of clinical networks and practice-based research networks, big data, and national health initiatives
- The population health competency map (see presentation) includes competencies in public health, community engagement, critical thinking, and team skills
- The population health curriculum learning methods incorporate readings, discussions, access to data, and also projects in the office and in community agencies
- The population health curriculum has grown in popularity at Duke University and is now a requirement for family medicine, and is offered in internal medicine

Participants' comments included the following:

- Some specialties might not recognize the relevancy of a population health perspective, thus inhibiting adoption. However, the new healthcare system and evolving healthcare delivery models make population health relevant to all specialties. These specialists will play a key role in helping patients and communities interpret data and other population-based roles (e.g., linking to medical homes).
- Health system chief financial officers might have interest in population health as a way to minimize future costs of care within their systems
- Social workers and care coordinators are strong allies in the population health approach and can assist hospitals in their efforts to reduce readmission rates
- Expertise in how to apply and teach population health principles within the context of some specialties may not exist yet

Key Themes from the Milestones Meeting

Participants voiced strong support for incorporating population health into GME, commenting that "the time is right" and the "window of opportunity is open" for this work.

A discussion of opportunities and obstacles to integrating population health into GME yielded the following comments from the group.

Opportunities

- Adopt “population” into institutional missions
- Connect with the Association of Academic Health Centers, because chancellors are increasingly thinking about the social determinants of health
- Look for commonalities across milestones and take those commonalities to undergraduate medical education (UME); reflect population health throughout the education continuum, not just within GME
- Reach out to employers of physicians to discuss need for physicians with population health competencies
- Develop and share toolboxes, libraries, and web-based modules of best practice integration models
- Use the Clinical Learning Environment Review (CLER) model, which creates a vocabulary and is informed by chief executive officers
- Create a learning community around cascading from a set of core milestones to actual practice
- Announce a bold population health goal and conduct a campaign through which public health and primary care professionals can understand their role, their impact, and how to engage others
- Document examples of community-based projects addressing multiple milestones in a single project, to have as efficient a curriculum as possible
- Tie hospital’s mandatory community health needs assessments to educational efforts

Obstacles

- Population health integration generates neither relative value units nor funding. The current system of supporting GME is going to be difficult when transitions from inpatient to outpatient care occur.
- Resident work and learning hours are a challenge: no room exists in the curriculum for population health
- Scaling engagement at all levels, including with the community is challenging. Milestones need to reflect that good medicine is not practiced alone. The whole medical community has to change from a hierarchical operating structure to a team approach with respect for all members of the team.
- Governmental health departments have declining resources, so expanding into medical education is a huge leap
- Residents are patient-focused such that they don’t see the whole picture, yet the examination room can be a catalyst for population projects. Reinforce that residents are not on their own.
- Defining the “community” for the residency program is challenging
- Busy faculty cannot be everything to all people, and do not have opportunities, for example, to go to meetings about population health statistics
- Population health should not be trivialized by engaging residents or trainees in “pilots”; population health should be more than a pilot

Next Steps

The CDC Milestones Project will help stakeholders “connect the dots” on a range of existing and future activities with the goal of incorporating population health into GME via the development or identification of population health oriented milestones. Participants were invited to join in the CDC-funded efforts of AAMC and Duke by contacting Dr. Conroy to get involved in the AAMC-led GME/Health System group and Dr. Michener to join the Duke-led Milestones/Curriculum group.

GME/Health System Group

Dr. Conroy noted that a straw model will be developed from what was heard in the meeting, and then a series of conference calls will be convened for interested participants to define the GME system. That group will identify additional organizations with whom to consult.

Milestones/Curriculum Group

Lloyd Michener invited participants to join a learning collaborative group to look at trainings, tools, and practices (both existing and in development) related to better integration of health care and population health. Feedback from this group will complement and align with the CDC Milestones Project and another Duke-led project developed with CDC/DSEPD and the de Beaumont Foundation, an online tool called *The Practical Playbook for Integrating Primary Care and Public Health*, which is set to launch in early 2014.

General

Other suggested specific next steps from participants included the following:

- Determine how residency programs might produce aggregate data for the population they serve (e.g., state and local health departments might deliver grand rounds on the state of health in that location)
- Develop an elevator speech to convey the following points: we are trying to change the lens (optics) through which people see the health system; the care of the individual patient is incomplete without the population context; and we are modernizing the training of our health workforce to achieve the Institute for Healthcare Improvement’s Triple Aim
- Involve additional organizations and stakeholders

For more information about the CDC Milestones Project, please contact Dr. Andrea Young, OSTLTS, acy2@cdc.gov and Dr. Larry Cohen, DSEPD, cbu1@cdc.gov.

**Advancing Integration of Population Health into Graduate Medical Education:
The CDC Milestones Project
August 21, 2013**

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CDC Stakeholder Meeting
Advancing Integration of Population Health into Graduate Medical Education:
The CDC Milestones Project

Emory Conference Center, Oak Amphitheater
Wednesday, August 21, 2013
8:30 am–4:00 pm

Facilitated by Tina Foster, MD, MPH, MS
 Associate Professor, Obstetrics and Gynecology and Community and Family Medicine
 Geisel School of Medicine at Dartmouth
 Director, Center for Leadership and Improvement, The Dartmouth Institute for Health Policy and Clinical Practice

TIME	SESSION / TOPIC	SPEAKER
7:30 am	Registration	
8:30 am	Welcome and Opening Remarks	<i>Judith Monroe, MD</i> Deputy Director, CDC Director, Office for State, Tribal, Local and Territorial Support (OSTLTS), CDC <i>Denise Koo, MD, MPH</i> Director, Division of Scientific Education and Professional Development (DSEPD), CDC
8:45 am	Introductions	<i>Tina Foster, MD, MPH, MS</i>
9:15 am	Why the Time Is Right, Now: A Discussion	<i>Joanne M. Conroy, MD</i> Chief Health Care Officer, Association of American Medical Colleges (AAMC)
9:45 am	Lessons Learned from ACGME’s Milestones Project	<i>Susan Swing, PhD</i> Vice President, Outcomes Assessment, Accreditation Council for Graduate Medical Education (ACGME)
10:15 am	BREAK	
10:30 am	A Framework for Population Health Milestones: A Discussion	<i>Lloyd Michener, MD</i> Professor and Chair, Dept. of Community and Family Medicine, Duke University Medical Center <i>Tina Foster, MD, MPH, MS</i>
12:00 pm	LUNCH	
1:15 pm	Brainstorming Obstacles and Opportunities	Facilitated Session
2:15 pm	Discussing a Strategy for Future Adoption and Application	Facilitated Session
3:00 pm	BREAK	
3:15 pm	The Way Forward	<i>Joanne M. Conroy, MD</i> <i>Tina Foster, MD, MPH, MS</i>
3:45 pm	Wrap-up and Closing Remarks	<i>Denise Koo, MD, MPH</i>
4:00 pm	Departure	



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