# PCC Quarterly Meeting Agenda

Wesley Woods Health Center – Conference Room

**Tuesday, January 30, 2018, 1:30-3:30 P.M. (lunch provided)**

**Participants:** Ted Johnson, Miranda Moore, Jason Freiji, Leigh Partington, Maha Lund, Loni Davidson, Jose Villalon-Gomez, Allison Leppke, Erica Webb, Kimberly Rask, Tiffany Wang, Cathi Durham, Frederick Turton, Christopher Masi, Eva Rimler, Hasan Shabbir

1. Welcome and Introductions (10 minutes) **(Ted Johnson, MD, MPH)**

*Everyone introduced themselves with their name, Emory affiliation, and primary care role at Emory. We had new members Jason Freiji (PCC finance officer), Jose Villalon-Gomez (FM Residency Program Director), Frederick Turton (Medical Director for Emory Primary Care), Christopher Masi (Medical Director for Emory Primary Care), and Hasan Shabbir (Chief Quality Officer).*

1. Financial Reports (5 minutes)
   1. Budget Update **(Luke Anderson)**
   2. Sponsorship Committee Report **(Miranda Moore, PhD)**

*Sponsorship applications will go through the Sponsorship Committee from now on. The committee consists of 5 voting members and the PCC Assistant Program Director (non-voting).*

* 1. Grants Committee Report **(Miranda Moore, PhD)**

*New grant call for applications can be found: http://www.fpm.emory.edu/research/research\_resources/index.html. The Grants Committee consists of 3 voting members and 2 alternates.*

1. Update on Activities (10 minutes)
   1. Pipeline Committee Report **(Erica Webb, FNP)**

*Erica will be convening this committee in the near future.*

* 1. Communications **(Miranda Moore, PhD; Leigh Partington, PhD)**
     1. Newsletter/Website – coming soon

*The website is in the process of being built.*

* 1. Reports from Funded Groups
     1. Primary Care Progress **(Tiffany Wang, M4/Miranda Moore, PhD)**

*Primary Care Progress held a series of successful events to celebrate Primary Care Week Oct 1-7, 2017: Panel discussion "Taking an Interdisciplinary Approach to patient Empowerment," dinner with Dr. McKenzie-Brown, and a social at Wild Haven.*

* 1. Adjunct Faculty Appointment Process **(Ted Johnson, MD, MPH)**

*The PCC will be processing applications for Adjunct Faculty Appointments going forward. The SOM approved our recommended process and implemented a term of February 1 – January 31. Any current or new applicants for adjunct faculty appointments will receive a term that ends February 1, 2019.*

* 1. New PCC Administrative Positions **(Ted Johnson, MD, MPH)**

*The PCC is hiring a VA Lead to help coordinate primary care activities between Emory and the VA. The PCC is also hiring a new Director to take Ted Johnson’s current role. Ted will remain affiliated with the PCC as an Executive Sponsor in the future.*

* 1. Emory PCMH Transformation Update **(Cathi Durham and Hasan Shibbir, MD)**

*There are 3 practices currently working on NCQA recognition. The Dunwoody Family Medicine clinic just renewed under 2014 standards. Emory has decided not to require NCQA recognition going forward and will be working instead on developing their own model of ‘patient-centered care.’*

1. Emory Learner Access (90 minutes) **(Ted Johnson, MD, MPH; Allison Leppke, FNP, MSN, MPH; Danielle Jones, MD; Loni Davidson)**

*The group had a lively discussion centered on information presented by Allison Leppke, Danielle Jones (via Ted Johnson), and Loni Davidson. There were questions asked around who is compensated for teaching/precepting Emory learners (medical students, NP students, PA students, residents, fellows) and how they are compensated.*

*The group discussed the ‘leakages’ in our pipleline – i.e. Emory trained PA/NP students wanting to become PA/NP career professionals at Emory but not being able to be hired. What is the availability of slots at Emory for our learners as they graduate.*

*The group discussed the need to increase the number of preceptors and the number of students/rotations/hours each preceptor provides to the departments.*

*The group discussed the physician limitations of having additional learners, i.e. patient care requires an exam room be available. Emory could look at other methods of optimizing use of exam rooms. There are also financial considerations as physicians are required to precept and each preceptor needs to oversee at least 2 interns or they are losing out on revenue for the clinic.*

*The group discussed looking for examples of locations where each of these aspects of learners/teaching is currently being executed well. For example Dr. Phillip Rogers makes exceptional use of his students. How does he do this? What does he do exactly? Can it be replicated?*

*There was discussion that the perception of the preceptor/teacher is that student teaching takes time and money from themselves. How can the PCC / Emory change this perception to “Learners add VALUE to the practice.”?*

*Several of the attendees discussed how they were compensated for teaching/precepting as faculty at other institutions.*

*The group discussed the barrier of clinical faculty who are not interested in promotion or teaching.*

*The group decided on the following action items to undertake on this topic:*

1. *Survey GIM faculty to determine what they are passionate about and their individual interest in precepting. Translate the survey results into education for faculty / create directionality for compensating precepting.*
2. *Craft messages that emphasize the VALUE of the learner in a clinical setting.*
3. *Monetize the production of a learner and calculate the ‘replacement cost’ to Emory of having to replace an NP/PA/MA/nurse/physician – i.e. benefit to increasing retention.*
4. *Find out if the APPs have access to the EMR to write patient notes*
5. *Create grids of competencies of each type of students (NP/PA/med student/residents) at each year (Year 1, etc).*
6. *How do we apply these ideas to non-Emory preceptors/teachers?*
7. *Explore how to offer “Best Tips” for things like how to use the EMR.*
8. Meeting Wrap-up (5 minutes) **(Miranda Moore, PhD)**
   1. Review any task assignments
   2. Next meeting: March 2018 / April 2018

***Vision***: Careers in primary care are viable, sustainable, and rewarding. Emory becomes a destination for training and working in primary care.

***Mission***: To promote a positive, diverse culture of collaboration and engagement that supports high value and quality patient-centered primary care, discovery and innovation.

***Goals***:

- To offer and sustain opportunities for excellence in clinical practice, scholarship, research, education, and

leadership.

- To serve as a focal point for implementation and on-going integration of activities supporting primary care - across the departments, schools, health systems and communities.

- To support further growth of high-functioning, interdisciplinary, teams, and expand the pipeline of primary

care leaders, clinicians, and researchers.

- To support learner focused initiatives.

***Activities***:

- Faculty Engagement, Promotion, Recruitment, and Retention

- Funding Support for Student Groups, Emory Primary Care Branding/Outreach (External and Internal Audiences),

Individual Project Grants

- Cataloging and Promoting Emory’s Primary Care Activities/Projects/Efforts