

# Preparing Physicians-in-Training to Succeed in Managing Care: Teaching Tools for Faculty

The roles and responsibilities of physicians are changing significantly. The essential shift under managed health care involves physicians assuming *accountability for both quality and cost of health care provided to individual patients as well as enrolled populations*. Medical education must prepare new physicians to practice effectively in this environment. Key national organizations are in agreement about the evolving nature of practice, the need to address these changes during training, and what the new curriculum content should be.

Tufts Managed Care Institute, through a national initiative with Partnerships for Quality Education and sponsored by The Pew Charitable Trusts, has developed an exportable managed care curriculum designed to address some of the deficits in the current system of medical education.

## AT-A-GLANCE

### FEATURES:

- PowerPoint slides for each unit included on disk (11 lectures)
- Supporting materials for each unit (handouts, bibliographies, articles, checklists, evaluation forms, etc.)
- Video of patient-care vignettes (Unit 3)
- One copy of CD-ROM (Unit 1)
- Approximately 428 pages

### BENEFITS:

- Helps comply with ACGME curriculum recommendations
- Fully-customizable content

Written by physicians, peer reviewed, and tested and proven in residency programs across the nation, *Preparing Physicians-in-Training to Succeed (PPTS)* teaches the fundamental principles of care management: meeting the needs of patients and populations for health care that is both high quality and cost-effective.

PPTS includes a CD-ROM, a video of patient care vignettes, and a collection of supporting materials for each unit. PowerPoint presentations are supplied on disk to allow faculty to customize the curriculum for individual program needs.

## OVERVIEW AND LENGTH OF UNITS

The overall program consists of four units—three modular classroom or self-study units, plus a block or longitudinal rotation in a managed care setting.

### Unit One: Understanding Managed Care: Learning the Essentials through Case Presentations; A Four-Module CD-ROM

- Module One: Managed Care Basics
- Module Two: Resource Allocation: Delivering Care within a Prepaid Budget
- Module Three: New Dimensions of Quality in Managed Care
- Module Four: Practicing Managed Care

### Unit Two: Model Managed Care Curriculum for a Rotation in a Community Practice and Managed Care Organization (MCO)

- Module One: The Community Practice
- Module Two: The Continuum of Care
- Module Three: The MCO

### Unit Three: Practicing Patient-Centered Care in the Managed Care Environment

- Module One: Introduction to Patient-Centered Care
- Module Two: Performing a Patient-Centered Assessment
- Module Three: Negotiating a Mutually Agreeable Plan
- Module Four: Involving the Family in Clinical Decision-Making
- Module Five: Exploring Common Reasons for Physicians' Ineffectiveness and Failure
- Optional: Quarterly Follow-up Precepting Sessions to Evaluate Progress

### Unit Four: Evaluating, Adapting, and Using Clinical Practice Guidelines

- Module One: Introduction to Clinical Practice Guidelines
- Module Two: Journal Club on Systematic Reviews
- Module Three: Evaluation of Clinical Practice Guidelines

## CONTENT DETAILS

### UNIT ONE: UNDERSTANDING MANAGED CARE: LEARNING THE ESSENTIALS THROUGH CASE PRESENTATIONS

This four-module, case-based CD-ROM places the primary care resident in a virtual ambulatory rotation in a fictitious practice that is adapting to managed care. The program establishes a framework for understanding the essential principles and practices of managed care, with emphasis placed on understanding the changing role of the physician, sharing financial risk, allocating budgeted resources, and improving quality to maximize health outcomes for the total health of individual patients and enrolled populations.

Module One, *Managed Care Basics*, gives residents an overview of the shift from fee-for-service to prepaid medicine, defines common concepts and organizational structures in managed care, and introduces the application of

financial risk sharing in the care of enrolled populations.

Module Two, *Resource Allocation: Delivering Care Within a Prepaid Budget*, provides residents with an understanding of capitation and utilization management, an introduction to the tools and techniques used to manage and monitor resource allocation within a practice, and an overview of the strategies for coordinating care for individuals and groups of patients when they are well and when they are sick.

Module Three, *New Dimensions of Quality in Managed Care*, reviews external measurement tools as well as internal resources a practice can use to measure and improve clinical quality and patient satisfaction. Emphasis is placed on establishing effective delivery processes, systems, and interdisciplinary teams to foster continuous improvement in providing high quality, cost-effective care.

In Module Four, *Practicing Managed Care*, residents apply the concepts and methods learned in the first three modules to a “day in the life” practice experience that simulates a physician's first job within a busy group practice. It is designed to ease the transition from training to full-time practice in the managed care environment.

Each module can be completed in approximately 45 minutes, with a total “seat time” of 2½ to 3 hours for the entire CD-ROM. It is expected that residents and medical students would complete the modules at home, in a preceptor's office, or hospital learning lab. Four versions of the CD-ROM are available for the following audiences: primary care residents, surgical residents, medical students, and primary care practitioners.

## **UNIT TWO: MODEL MANAGED CARE CURRICULUM FOR A ROTATION IN A COMMUNITY PRACTICE AND MANAGED CARE ORGANIZATION (MCO)**

In the rotation, the residents divide their time among a community practice with significant managed care experience, preferably including capitation contracts; an MCO; and other provider sites that comprise the continuum of care. The residents learn about the ways of managed care and how medical practice has adapted to meet its demands. The curriculum is comprised of three modules corresponding to the three settings, with each module made up of multiple sessions or units that can be “mixed and matched” depending upon the capabilities, preferences and requirements of a particular residency program.

The units in Module One, *The Community Practice*, include precepting with a primary care physician in a community group practice, plus sessions with other physicians, clinicians, managers and staff at this same practice. Each unit focuses on a specific topic, such as the impact of managed care on clinical and administrative operations in a community practice; the application of case management, disease management, and other service- and utilization-oriented initiatives; the relationship between primary care and specialty physicians; and other aspects of community-based practice.

Module Two, *The Continuum of Care*, takes residents to such healthcare sites as an acute care hospital, rehabilitation hospital, skilled nursing facility, and home health agency. The residents learn the issues facing each setting in the managed care environment; the transformations they are experiencing; how they serve patients individually and collaboratively to achieve high quality and cost-effective care; and how they relate to community-based primary care physicians.

During Module Three, *The MCO*, residents meet with several managers and staff at an MCO, including medical directors, to become better acquainted with the goals, strategies, programs, and techniques for organizing and managing the services and costs for a population of enrollees. From the broad array of MCO activities, the units focus principally on functions that most directly impact physicians and the delivery system. In all three modules, the one-on-one sessions can be complemented by attendance at meetings addressing utilization management, quality assessment, and other critical areas. These experiences are framed by having residents use the Understanding Managed Care CD-ROM. They also can be reinforced further through an independent project.

The units within each module are approximately one hour in length, with options for more time through additional interviews or attendance at meetings. They are designed to be delivered by designated physicians and staff at a group practice, the medical directors and other managers at a local MCO, and a combination of physicians, managers and staff at the various locations and provider sites. Units dedicated to specific topics can be grouped into half and full day sessions. Note: the Rotation Resource Guide (RRG), a companion document with instructional materials for use in several sessions, will be available from TMCI in late 2001.

## **UNIT THREE: PRACTICING PATIENT-CENTERED CARE IN THE MANAGED CARE ENVIRONMENT**

Through lectures, role-play, precepting, and videotaped patient-trainee sessions, this five module program teaches residents and medical students patient-centered skills. These skills help physicians to improve disease-specific health

outcomes and overall patient satisfaction.

Module One, *Ethical Issues in the Patient-Physician Relationship*, addresses the conflicts of interest that arise in managed care practice and strategies for working through such conflicts.

Module Two, *Making a Patient-Centered Assessment*, teaches residents and medical students how to respond to patient cues and feelings about illness and treatment.

Module Three, *Negotiating a Mutually Agreeable Plan*, presents principles of negotiation, the change process, and patient education.

In Module Four, *Involving the Family in Clinical Decision-Making*, residents develop the basic skills to assess families, including community and cultural issues, and to mobilize family and community resources after negotiating a mutually agreeable plan.

The final module, *Exploring Common Reasons for Physician Ineffectiveness and Failure*, addresses common reasons for physician failure and ways to constructively respond to different physician-patient interactions.

Because of the emphasis on skill development, each module is two to three hours in length to allow sufficient time for practice.

### **UNIT FOUR: EVALUATING, ADAPTING, AND USING CLINICAL PRACTICE GUIDELINES**

Through two core sessions and a journal club, residents and medical students learn the appropriate role of clinical practice guidelines (CPGs) in clinical decision-making, how to critically evaluate guidelines for patient use, and

how to adapt guidelines and the measures derived from them to assess and improve their own practice patterns.

Module One, *Introduction to Clinical Practice Guidelines*, examines the purpose and history of CPGs, variation in health care practices and the roles of tradition, pathophysiology and evidence-based medicine in clinical decision-making.

Module Two, *The Journal Club*, examines important issues in combining data from multiple studies, describes the concept of heterogeneity, and presents a framework for assessing systematic reviews of the literature, including meta-analysis.

The final module, *Evaluation of Clinical Practice Guidelines*, explores the difference between reviews of the literature and clinical practice guidelines and defines a framework for evaluating guidelines using the who, why, what, valid, value and validation method. Each session includes an opportunity to practice evaluating and adapting guidelines to resident practice situations.

The modules are designed to fit into a typical noontime educational conference, preferably at 90 minutes per module, although 60 minutes is acceptable.

### **INTENDED LEARNERS**

The intended audiences for the PPTS curriculum are PGY2 and PGY3 residents in Primary Care, Family Practice, and Internal Medicine, as well as 3rd- and 4th-year medical students.

### **EDUCATIONAL TIME DURING RESIDENCY PROGRAM**

- *Understanding Managed Care* is intended for PGY2 residents approximately one to two

months into their second year.

- *Patient-Centered Care* and *Clinical Practice Guidelines* would follow in whatever order a residency director prefers, most likely extending into the third year of residency.
- The *Managed Care Rotation* is designed for PGY3 residents.
- Program directors may choose to implement these units at other times during training depending upon the requirements of their specialty and availability of existing time slots.

### LOGISTICAL AND MEDIA REQUIREMENTS

- As a self-paced computer-based program, *Understanding Managed Care* requires a multimedia computer with CD-ROM capability.
- In addition to a typical conference room, *Patient-Centered Care* requires an overhead projector, VCR and flip chart. If the follow-up precepting sessions are included, a video camera to record patient-physician interactions and a monitor and VCR for playback and evaluation are also needed. An exam room or teaching facility dedicated to this type of equipment would be ideal.

- *Clinical Practice Guidelines* requires an overhead projector, flip chart and a conference room suitable to the size of the resident group taking the modules.
- The *Managed Care Rotation* requires office and meeting space suitable to the numbers of residents taking each unit.

### FACULTY DEVELOPMENT

- Tufts Managed Care Institute offers onsite faculty development programs using the PPTS curriculum. For more information about a custom program, please contact Jennifer Coplon, PhD, at 617.636.1000.

### PRICING

- The complete four-unit curriculum is available for \$225. Individual units are \$75 each. First copy of Unit 1, *Understanding Managed Care: Learning the Essentials Through Case Presentations* CD-ROM is free.
- To order, or for more information, please call Tufts Managed Care Institute at 617.636.1000.

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## Course Map

