



Pathway To Transformation: Population Health Fellowship

The challenges of attracting and retaining high quality primary care physicians in the Inland Empire should not be underestimated.

While numerous California physician retention strategies are in play, perhaps an even greater challenge lies not in increasing physician density, but rather in assuring exemplary training for providers who will take the lead to positively transform the future of quality care delivery in our region.

Based on the premise that primary care residents enter private practice without the foundational knowledge and skillset required to effectively manage their patients in a rapidly evolving healthcare system, we strongly contend that such does not have to be the case.

We support the notion that the insights required for Quadruple Aim objectives should not be assimilated toward the end of a provider's career when an often-overwhelming sense of practice burnout has great potential to thwart meaningful progress. Rather than simply expecting alignment between primary care practice behaviors and healthcare quality/financial outcomes to develop insidiously, why not instill a sense of transformational interdisciplinary culture, connection, and synergy early on?

This Population Health Fellowship program serves as the foundational element of a first of its kind fully integrated population health fellowship program in our nation.

Riverside County Medical Association (RCMA) and Inland Empire Foundation for Medical Care (IEFMC) partners with IEHP in taking a leadership role in setting the pace of healthcare transformation regionally. The Fellowship prepares primary care physicians from the start to lead interdisciplinary teams that challenge the status quo by developing and testing new strategies and workflows for optimizing the health and well-being of our communities.

A comprehensive 12-month curriculum is included that covers key population health topics as well as structured assignments with measurable outcomes designed to transform provider and practice performance during the fellowship year.

Introduction

The future of quality healthcare delivery in our region depends to a great extent upon successfully attracting and retaining quality primary care physicians.

While the present drive to grow the number of in-state medical students and residents serves as a rational starting point for meeting a rapidly expanding need, the real challenge is developing an effective workforce of primary care physicians with the comprehensive skillset and commitment required for positively transforming California's healthcare system.

This Fellowship program supports two Fellows each year. It has five key objectives:

- Improved attraction and retention of high-quality primary care physicians

- Practice-based exemplary health outcomes and patient/family experiences for all patients
- Improved overall healthcare cost management
- Seamless integration across a healthcare delivery continuum without silos
- Reduced physician burnout

Education VS. Knowledge/Skillset Gaps

Substantial time and energy are expended trying to align primary care practice behaviors with healthcare quality and financial outcomes essential for ensuring healthcare efficiency and sustainability.

While the resultant friction that often develops within this system is typically explained by misaligned incentives, such actually is not the case. More often it is characterized by the fact that primary care residents enter private practice without the foundational knowledge and skillset required to effectively manage their patients in a rapidly evolving healthcare system. In most cases, once a resident enters a practice, the push for volume tends to take precedence over the assimilation of the knowledge/skillset required to ensure and sustain high quality practice performance.

The success of this fellowship program to a great extent depends upon the selection of the most appropriate host practices. Several selection factors are considered that include the following:

- overall practice organization
- practice leadership
- inclination and readiness for transformation
- potential for widespread impact
- population health focus
- number of providers
- number of Medi-Cal patients

Practice Preparation

Properly onboarding each practice prior to beginning the fellowship is considered essential to the success of the demonstration project. Willingness to work toward positively transforming the entire practice is critical. The two selected practices will agree to preparatory instruction covering all sections of the program prior to the fellowship.

Curriculum

A comprehensive detailed population health curriculum has been developed (Appendix B) that includes monthly sections or modules focusing on the following topics:

Section 1: Population Health – *breaking down the walls*

Section 2: Healthcare spending – *beginning at the practice level*

Section 3: Analytics – *challenges and opportunities*

Section 4: Collaborative care and follow-up – *true patient centrality*

Section 5: Annual Wellness Visits – *a missed quality outcomes opportunity*

Section 6: Care Coordination: *the whole picture*

Section 7: Practice management: *innovation begins here*

Section 8: Value-based Care: *steps in the right direction*

Section 9: Two-sided Risk: *the advantage remains to be seen*

Section 10: All-Payer Global Budget Healthcare System: *a unifying solution*

Section 11: Public Health Challenges: *vaccinations*

Section 12: Changing the course of local healthcare: *a leadership role*

Each original section has been designed to progressively engage the fellow on many levels. Detailed areas of focus are presented along with references and structured practicum assignments to be carried out each month. Each practicum assignment focuses on implementing key insights for improving both the provider's and the practice's performance in the context of stated outcomes.

Training Structure

1. Monthly Seminars
2. Monthly Individualized Sessions
3. Support Sessions
4. Monthly Practicum Outcomes Sessions
5. Care Coordination Oversight Sessions

Seminars: The fellowship curriculum is intended to support weekly scheduled group seminar sessions that includes both fellows learning and sharing insights together.

Individualized Sessions: These sessions are conducted individually with each fellow. Each session focuses on applying section insights to respective practicum assignments and practice workflows.

Support Sessions: These are non-structured individually requested meetings held between the fellow and Barry Bittman, M.D., IEFMC's Chief Population Health and Quality Officer. The purpose of these meetings is to advance past perceived roadblocks that surface during practicum assignments.

Monthly Practicum Outcomes Sessions: Practicum results/outcomes are to be presented to practice partners, an IEHP representative and Dr. Bittman during scheduled monthly meetings held the first week of each month. The primary focus of these meetings is to generate key insights for implementing and sustaining transformational practice workflows in an interdisciplinary manner.

Population Health Fellowship Financial Support

Recognizing that after completing Medical School and Residency Training, new physicians are eager to begin practicing medicine and financial constraints may be a consideration when electing to continue their education or immediately begin working in a medical practice. Our Fellowship program offers the following financial assistance:

1. **Fellow Sign-On Bonus.** To be paid to the Fellow 30 days following the beginning of their Fellowship.
2. **Salary.** The program contributes to the practice to cover a portion of the salary and overhead. The fellow will spend 12 hours/week exclusively on fellowship assignments (12/40 = 30%) practice time.
3. **Loan Forgiveness.** Funding support toward loan forgiveness.

Practice selection will take place in the early Fall each year for a start date of July the following year. If you are interested in being considered for participating in our Population Health Fellowship Program, please contact:

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