

Department of Family and Community Medicine

State of the Department - 2024

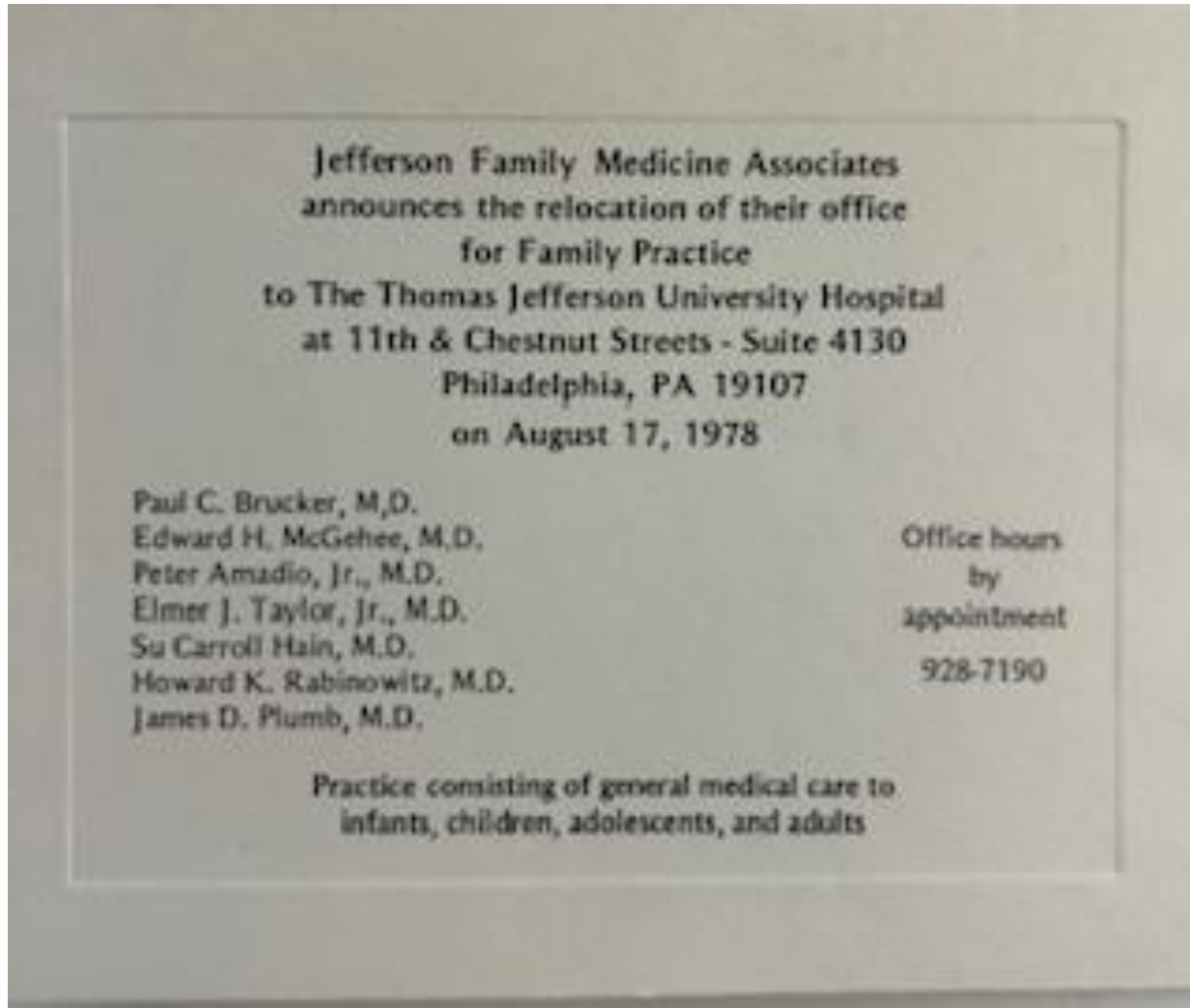
Anna Flattau, MD, MSc, MS, FAAFP
Alumni Professor & Chair
March 20, 2024



Jefferson

Thomas Jefferson University
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

50 Years on the Move



Opportunities...

- In growth and innovation
- In scale and partnership
- In synergy
- In strengthening our core and reaffirming our values



Our work is....

Creative

Fearless

Clear-sighted

Person-
Centered

Innovative

Collaborative

Evidence-
based

Evidence-
generating

Built to
sustain and
scale



Chapter One: Growth and Innovation



7 new clinical
care models

4 new major
federal grant
awards

1 community-
owned health
center

5 new medical
student
experiences

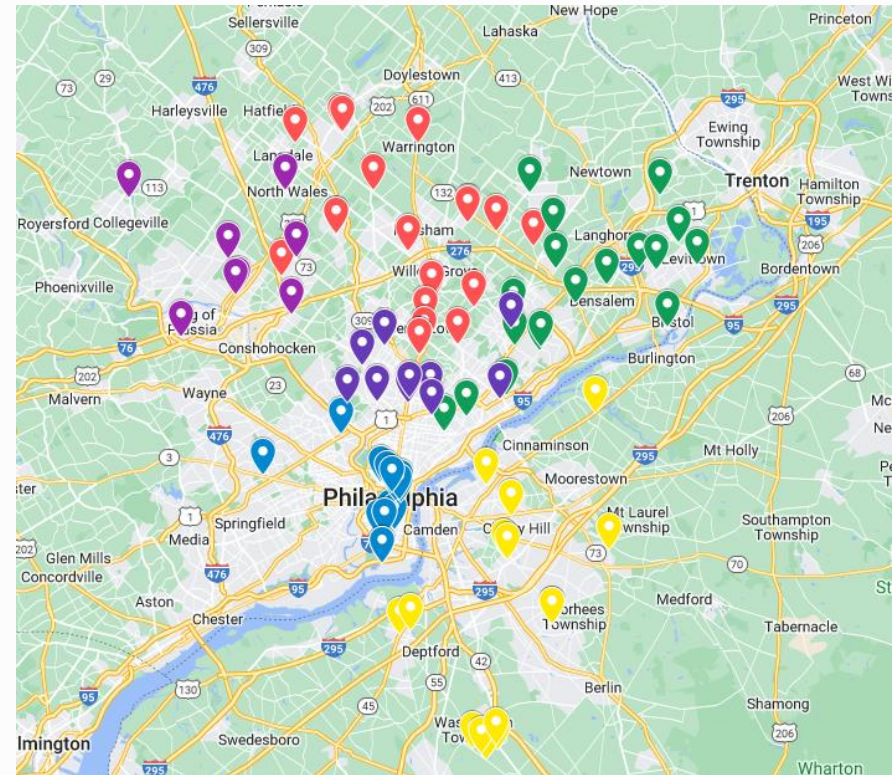
1 new business
line to support
health plan
members

1 new Research
Lab

Chapter Two: Scale and Partnership

Jefferson Primary Care Overview

- Jefferson Primary Care provides **continuous, person-centered, relationship-based care in 98 practice sites** across diverse communities, to over half a million people
- As the largest primary care system in the Philadelphia area, we are a **major driver of individual, community, and population health, and of health equity**
- **Transformation to value-based care** requires intensified focus on Jefferson Primary Care and unleashes our ability to advance clinical system redesign in service to our patients, including Health Plan integration
- **Growth engine** for Jefferson Health as driver of ambulatory care, specialty care, and attribution



Jefferson Primary Care



Jefferson Primary Care – Community Medicine

- 101,157 Medicaid patients in 98 practices
- 81,524 (81%) in 35 practices with at least 1,000 each
 - 4 in CC
 - 11 in Einstein Philadelphia
 - 6 in New Jersey
 - 3 in Abington
 - 7 in Montgomery
 - 4 in Northeast
- 62,327 (62%) in top 20
- 42,400 (42%) in top 10

Jefferson Primary Care is the largest provider of primary care to low-income people in Philadelphia

FQHC /Community Health Clinic Network	Primary Care Locations in Philadelphia
Project HOME	4
Spectrum	4
Health Center Controlled Network (City of Philadelphia Health Centers)	11
DVCH	9
Family Practice & Counseling Network	5
Public Health Management Corporation	6
Greater Philadelphia Health Action, Inc.	5
Philly FIGHT	4
Esperanza	3

Top 20 Medicaid volume = 62,327

Top 10 = 42,400
Medicaid patients

Einstein Philadelphia	Pennypack Pediatrics	8,191
Center City	Jefferson Family Medicine Associates	5,853
Einstein Philadelphia	Elkins Park Pediatrics	5,285
Einstein Philadelphia	Holland Pediatrics Fankford Avenue	4,373
Einstein Philadelphia	Mayfair Family Medicinee	3,763
Einstein Philadelphia	Holland Pediatrics Center One	3,560
Einstein Philadelphia	Germantown Professional Associates	2,910
Einstein Philadelphia	PCM - Yorkhouse Family	2,866
Einstein Montgomery	Montgomery Family Practice	2,864
New Jersey	Jefferson Health Cherry Hill Primary & Specialty Care	2,734
Einstein Philadelphia	Einstein Primary Medicine at Front and Olney	2,383
Abington	Internal Medicine Associates of Abington	2,275
New Jersey	Jefferson Health Woodbury Primary & Specialty Care	2,247
New Jersey	Jefferson Health Fish Pond Primary & Specialty Care	2,073
Einstein Montgomery	King of Prussia Family Medicine	2,035
Einstein Montgomery	Norristown Family Physicians	1,953
Abington	Abington Family Medicine	1,947
Einstein Philadelphia	Holland Pediatrics Buck Road	1,791
Einstein Philadelphia	Center One Family Medicine	1,632
New Jersey	Jefferson Health Pennsauken Family Care	1,593

Chapter Three: Synergy

Enterprise Strategic Plan: the Health Plan Venn

We exist to
(MISSION)

Improve Lives

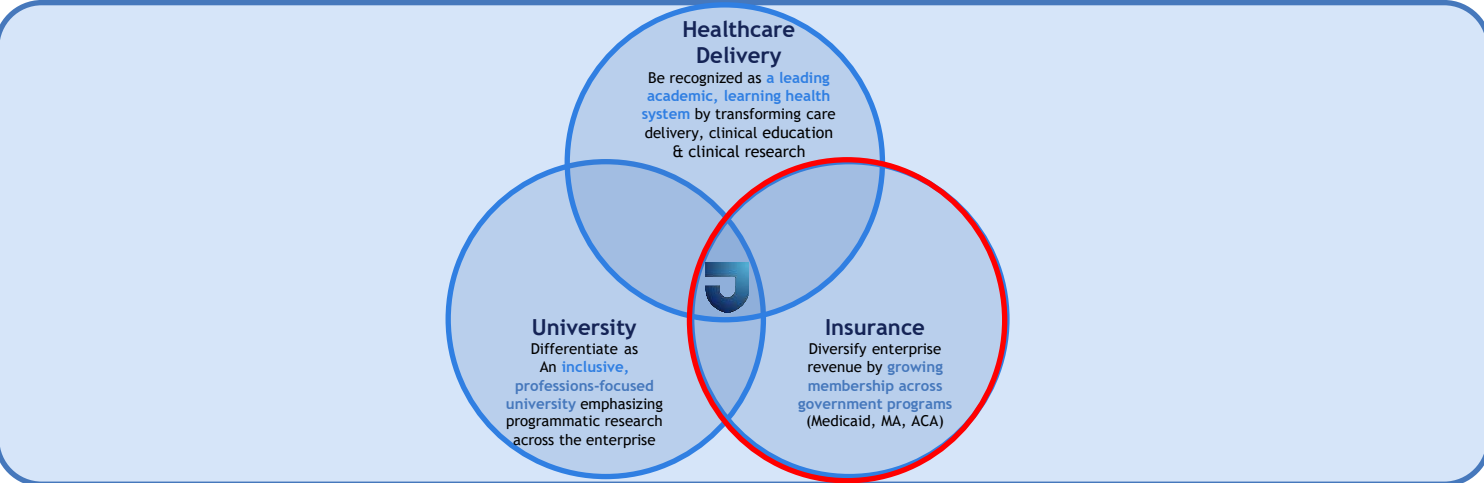
Which is why we
(VISION)

Reimagine health, education and discovery to create unparalleled value

We succeed when we
(ADAPTED ENTERPRISE PRIORITIES)



Throughout our enterprise
(ENTERPRISE UNITS)

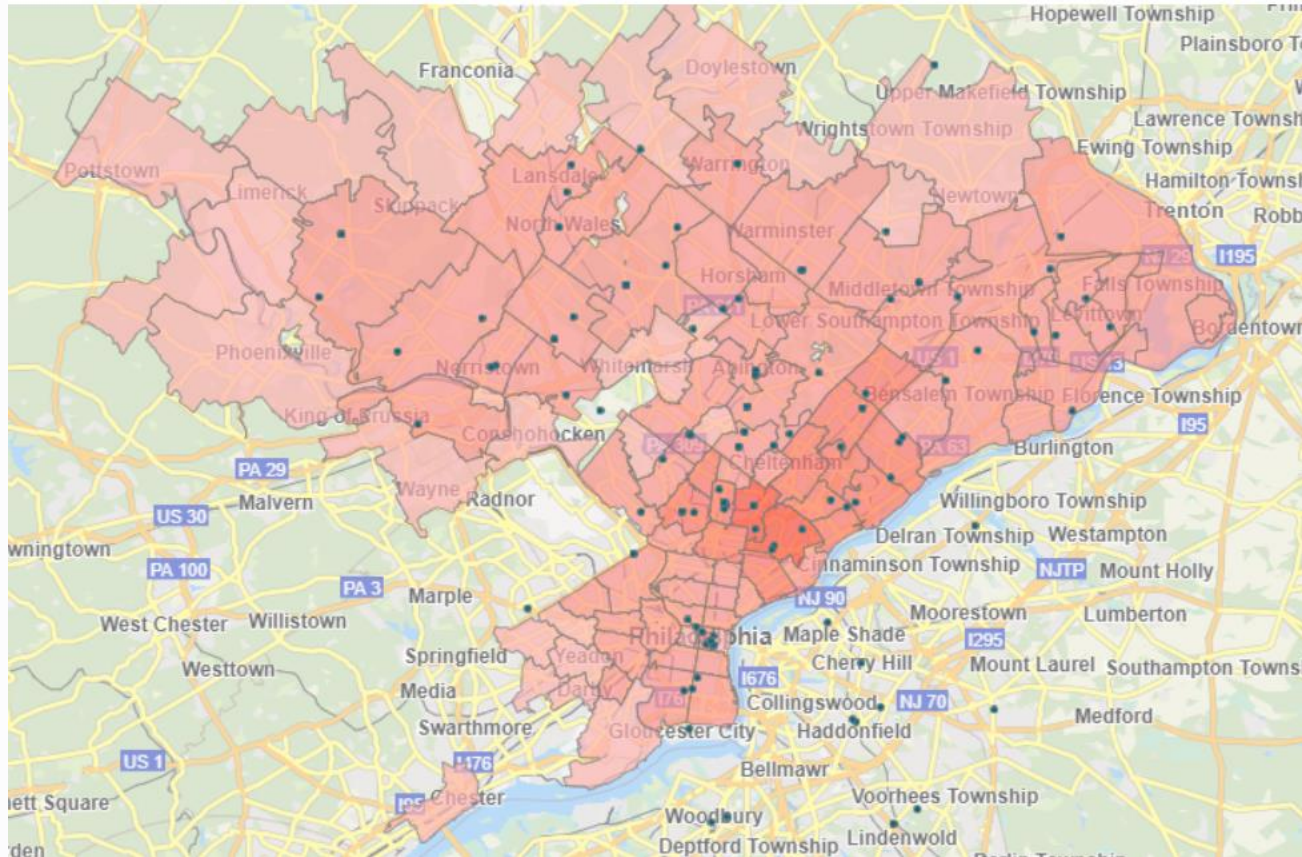


Our filters for action
(VALUES)

Put People First, Be Bold & Think Differently, Do the Right Thing

Current “Venn” patients

- Jefferson Primary Care empaneled patients who are JHP members
- A function of JHP community penetrance + historical contracting patterns



Multiple areas of Health Plan collaboration

Clinical Care

- Clinical Risk Assessments

Education

- Medical student elective with Health Plan
 - (Dr. De La Cruz)

Research

- Partnership on understanding period poverty
 - (Dr. Casola)



Chapter Four: Our Core and Our Values



SKMC Awards...



Erin Kelly, PhD
Bowman Early Career Investigator



Nancy Brisbon, MD
Excellence in Education



Bob Motley, MD
Excellence in Education



Lou Petrone, MD
Outstanding Clinician Award



Mitch Kaminski, MD
Excellence in Education



Barbara Cymring, MD
Excellence in Education



John Liantonio, MD & Gillian Love, MD
Faculty Team Achievement Award



Lara Weinstein, MD
Excellence in Education



Greg Jaffe, MD
Excellence in Education

Currently hiring:
11 net new faculty
positions

New arrivals

Faculty Appointments

- Nyasha George
- Michael Danielewicz
- Hannah Facey
- Catherine Guariglia

Post-docs and Academic Staff

- Nate Kish - Business Manager
- Joi Silver - Executive Assistant
- Research coordinators:
 - Melanie Chalfin
 - Ruby Srivastava
- Education coordinators
 - Igail Lyn Harpole
 - Wanda Johnson
 - Brendon Parker
 - Kaitlyn Williams

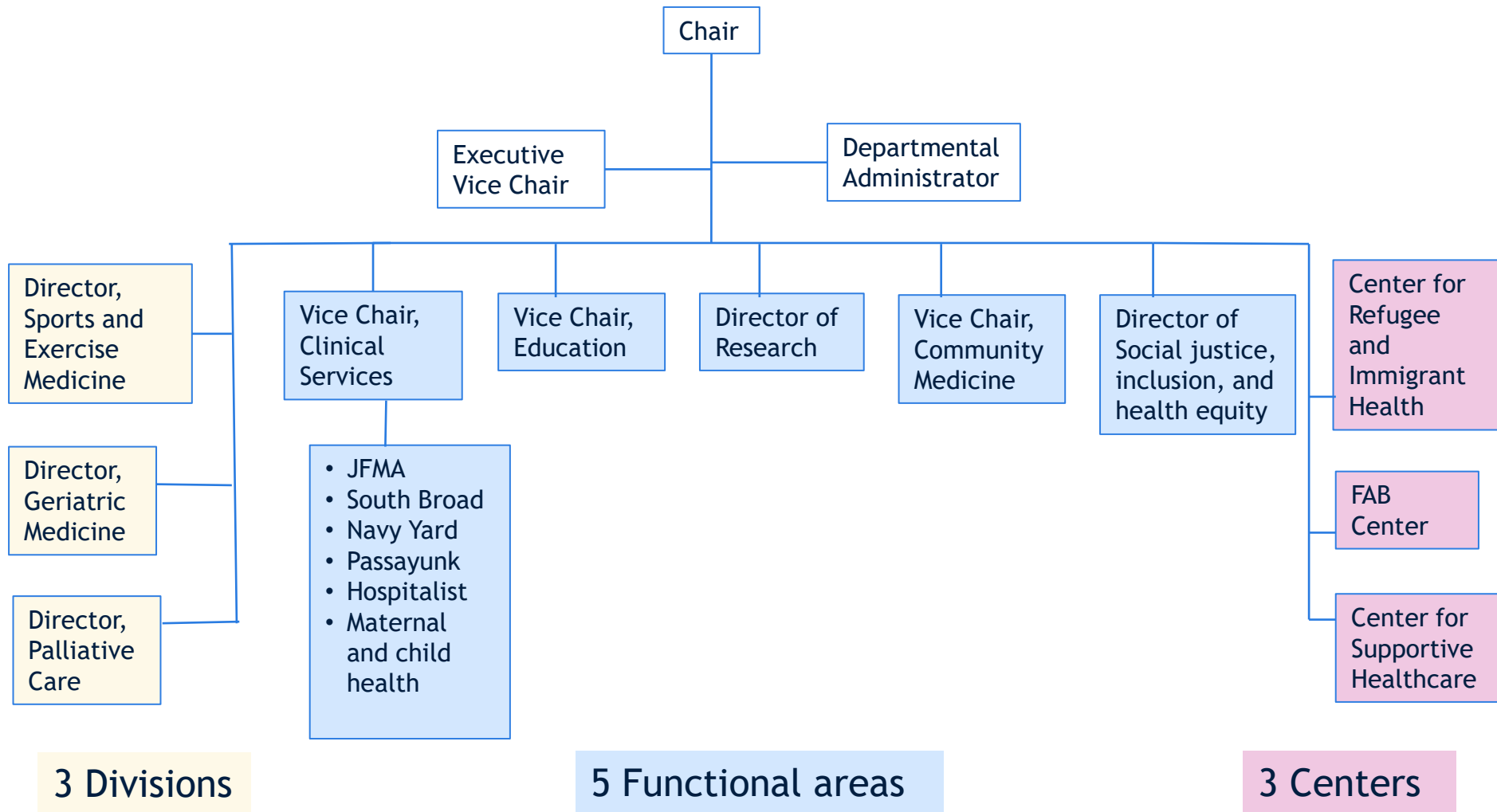
New Staff Hires

- Rashanda Goodman- Med Sec
- Stephanie Rodriguez- Med Sec
- Briyana Hopkins- PSA
- Marina Morena- PSA
- Linda Ginsburg- PSA
- Danajah Brown- Biller
- Chaeanna Davis- CHA MA
- Shaunessa Dixon- MA
- Elhadi Elhassan- PSA
- Gianni Garnica- MA
- Siher Mahamat-MA
- Aniya Morales- MA
- Nicole Taylor- Admin Assistant
- Keisha Sowell- MA
- Jessica Watson- RN
- Roslyn Wilson- Med Records



Our Achievements

Our Departmental Structure



Primary Care Clinical Services

Departmental primary care empanelment

Practice	Completed Visits CY23	# of Active Patients (24M Panel)
JFMA	47,413	24,647
CHA	6,626	2,262
Navy Yard	9,776	4,498
South Broad	4,748	2,668
TOTAL	68,563	34,075

12.2% of Jefferson Primary
Care empanelment

In 12 months we have:

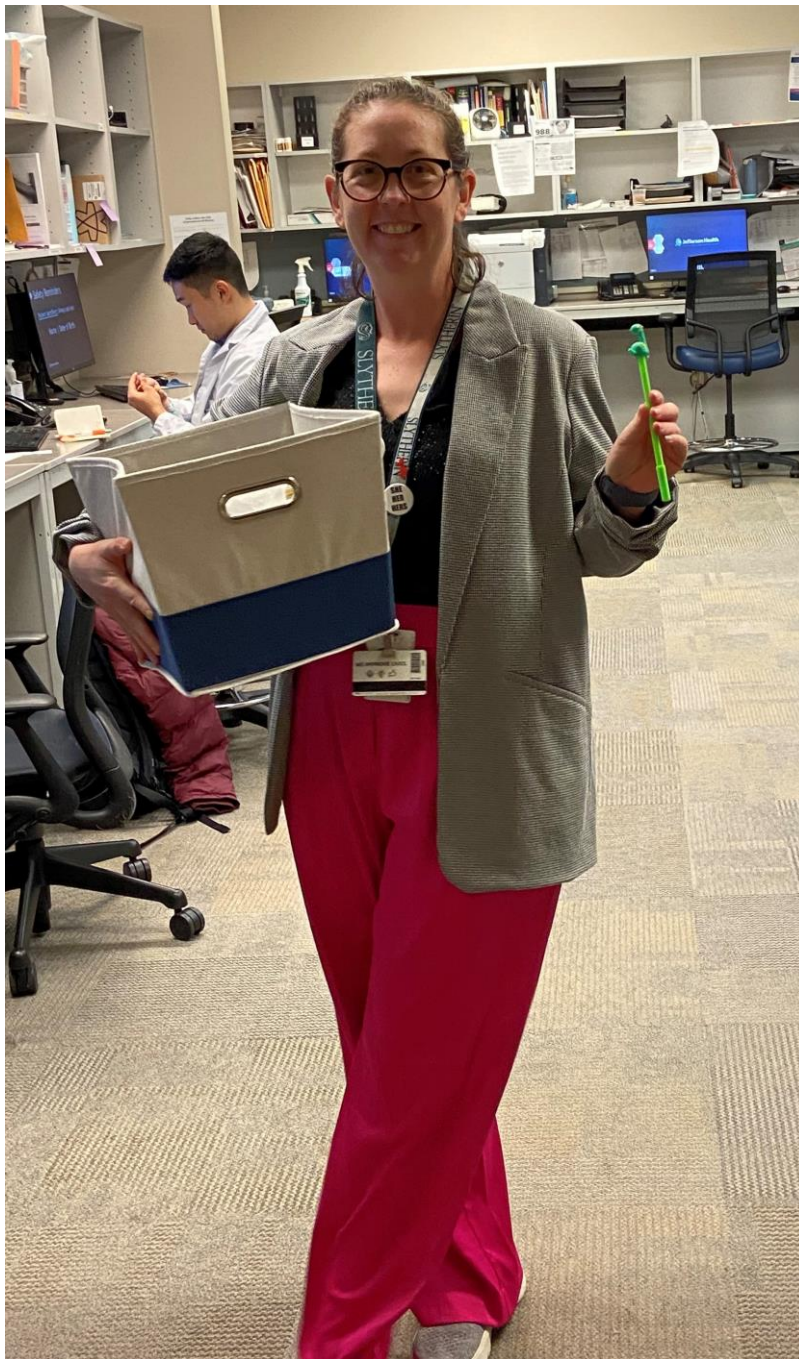
- Established 4 new primary care models
 - Home-based primary care
 - Pride at the Center for Healthy Aging
 - Bridge Clinic
 - Supplemental Access
- Doubled our prenatal volume
 - Improved central scheduling workflows
 - Engagement of Jefferson Health Plan newborns
 - Partnership with Wyss Center and Stephen Klein Wellness Center
- Developed new FHQC partnerships
- Recruited wonderful new leadership at JFMA!



Dr. Nyasha George,
Medical Director, JFMA

Focus on fundamentals



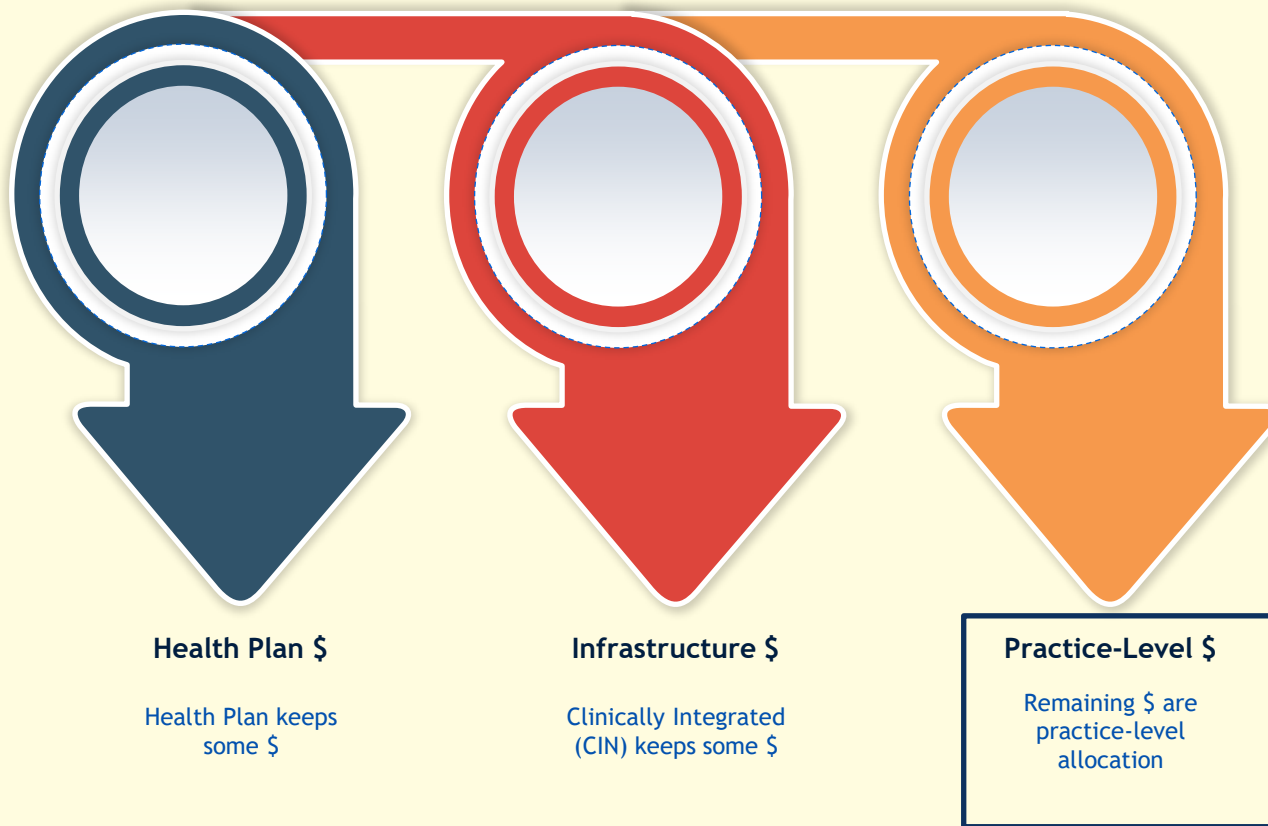


Focus on Access

Region	Visits Needed	Visits Available	Variance
Central ¹	196,315	122,159	-74,156
East	175,102	112,273	-62,829
North ¹	508,226	254,925	-253,301
Total	879,643	489,357	-389,286

1. Does not include Einstein
2. 89,784 attributed un-empaneled patients that are not counted in above
3. Visit Availability is based on lowest time slot on template
4. Visits Needed Methodology Based on Graham Foundation Research whereby:
 - a. Age less than 1: 4 visits/year
 - b. Ages 1-64: 1.5 visits/year
 - c. Ages 65-74: 2 visits/year
 - d. Ages 75+: 3 visits/year

Attributing value-based dollars at practice level: accurate Primary Care financial modeling



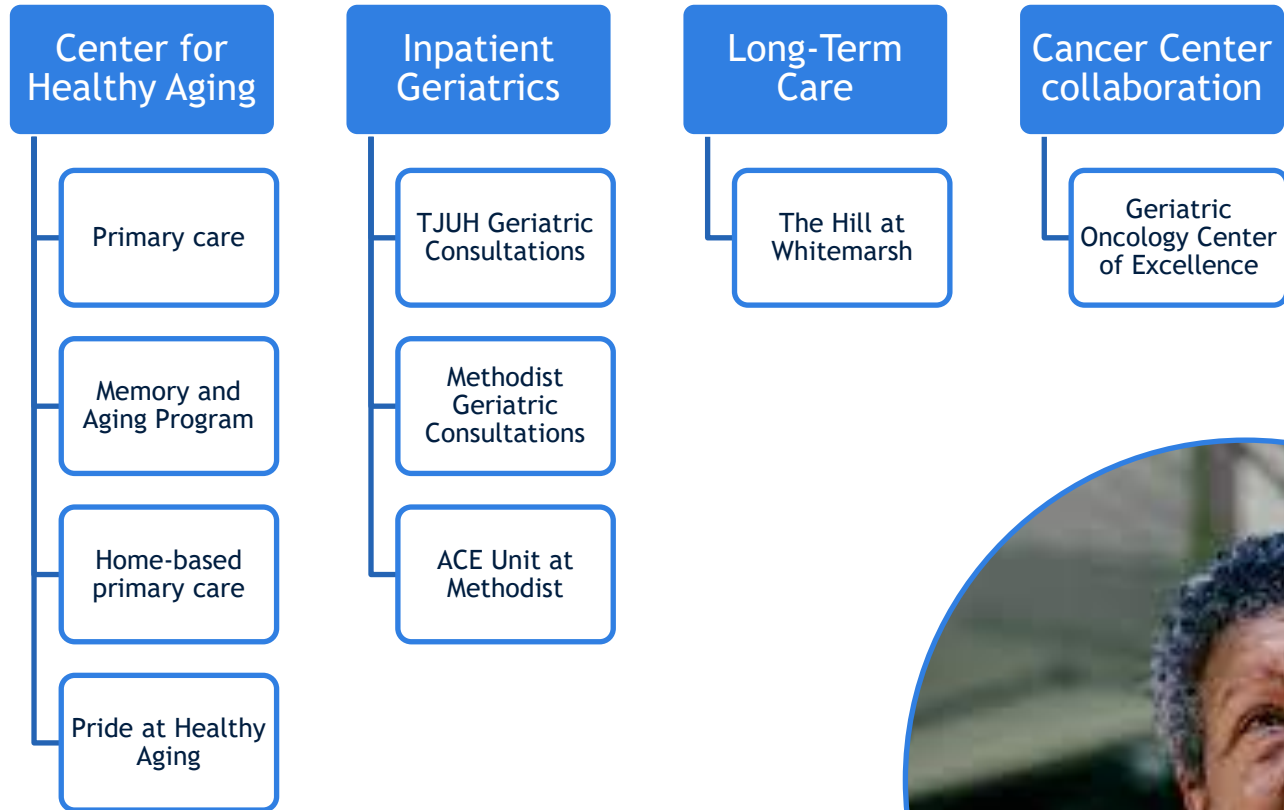


Three Divisions



The Division of Geriatric Medicine

Clinical Programs



Pride Care at the Jefferson Center for Healthy Aging

The country's first academic program that combines direct clinical care and research efforts toward LGBTQIA+ older adults.



Home-based primary care - newly (re)launched!



Age-Friendly Health Systems



- Jefferson Health is one of 20 health systems nationwide accepted into the first ever national Age-Friendly System-Wide Collaborative
- Application lead: Dr. Kristine Swartz

Academics



Geriatricians as educators

- Geriatric Fellowship (Dr. Kristine Swartz)
- Family medicine residency (Dr. Jaja Jarra)
- Geriatric Sub-I Clerkship (Dr. Lauren Hersh)
- Interprofessional programs (Dr. Brooke Salzman, Co-Director of the Jefferson Center for Interprofessional Practice and Education (JCIPE))

Grants and research

- **USTAR grant (Rovner with Parks, Salzman)**
- Geriatric Academic Career Awards (Danielewicz)
- DREAM study in primary care research network (Rovner, psychiatry)
- Plans4Care, digital platform for caregiver support (Piersol/ Gitlin, OT)
- Smart Aging-in-Place (Ku)

The Division of Palliative Care

Clinical Care

- Hospital service: ~2,000 consults this year
- New care model: consultations in post-acute setting
- Future growth: outpatient and home-based care



Research and education:

AAHPM National Meeting 3/20/24-3/23/24

- 6 poster presentations
- 3 podium presentations

Multiple publications:

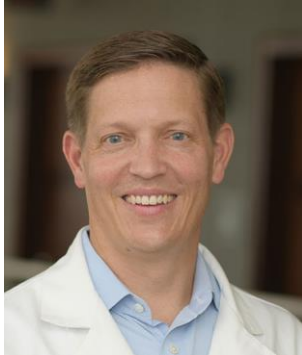
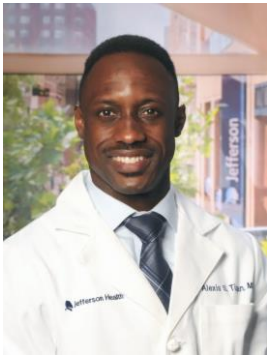
- Caplan H, Santos J, Bershad M, Spitzer K, Liantonio J. “Assessment of Feelings Towards advance Care Planning in Latino Communities” *American Journal of Hospice and Palliative Care*. 2023 May 9.
- Kelly E, Spina E, Liantonio J. “Comparative Analysis of Palliative Care Needs Identified in Inpatient Rehabilitation and Skilled Nursing Facilities by Multidisciplinary Team Members.” *Archives of Physical Medicine and Rehabilitation*. 2023 June 16.
- McKay M, Love G, Fitzpatrick E, Marks J, Liantonio J, et. Al. “Instituting a Palliative Care Trigger in a Surgical ICU: Survey Results of SICU Team Members.” *The Journal of Hospice and Palliative Nursing* (volume 26, No 4). Online Ahead of print August 2024.
- Lohre J, Rame JE, Mechler K. The Blood Crown Princess: Family-centered care of a parent on mechanical support. *Artif Organs*. 2023;47(7):1226-1227. doi:10.1111/aor.14564

Successful Fellowship Match:

- Rachel Pallay MD, TJUH - Family Medicine
- Megan Pogue MD, TJUH - Internal Medicine
- Rishi Kapoor MD, Temple - PM&R

Division of Sports & Exercise Medicine

Sports and Exercise Medicine



Sports Med



Spine

- First full year of Dr. Alexis Tingan as Division Director
- Dr. Phil Skiba DO PhD CAQSM joining as Fellowship Director, will also build research program based on extensive experience in human performance and exercise physiology
- 2 additional hires over the next year
- Sports medicine physician/ head team doc for Jeff U
- Spine & sports physician for new Integrated Back Pain program with neurosurgery

Sports and Exercise Medicine - Clinical + Community

- 834 Walnut St practice is thriving
- Adding two faculty to the Navy Yard practice in the next year
- Continued strong referral base from JFMA
- Dr. Close continues to lead the Athletic Health Organization
- Continued partnerships with the Phillies, Jefferson, Villanova, St. Joe's, University of the Arts, Penn Relays, USA Track and Field



Sports and Exercise Medicine - Education

- Wonderful Fellowship Match this year:
 - Dr. Sean Delany - Temple/Moss (PM&R)
 - Dr. Ben Rogers (homegrown talent)
- Current Fellows' graduation plans:
 - Dr. Bowen- Attending Sports Medicine Physician NYC Health + Hospitals | Kings County
 - Dr. Salas Tam - Attending Family Medicine and Sports Medicine Physician at Esperanza Health Center
- Training of FM, PM&R, IM, and EM residents; medical students; and athletic training students
- Collaboration with academic partners



Three Centers

Jefferson FAB Center for Complex Care

- For Adolescents & Beyond

“Never underestimate our patients”





“Never underestimate our team”



- Congressional briefing with the National Down Syndrome Society
- Supporting the Charlotte Woodward Organ Transplant Discrimination Prevention Act

Jefferson FAB Center for Complex Care (For Adolescents & Beyond)

In January 2024, the FAB Center celebrated its 5th anniversary!



Community service: Special Olympics and Camp PALS

The FAB Center has grown to a panel of ~540 patients

- Two attending physicians
- Physician fellow
- RN
- SW
- CHW
- Complex care navigator
- Medical Assistant



Dr. Hannah Facey,
inaugural FAB fellow



Kayla Scott,
Community Health
Worker

PA Developmental Disabilities Council Grant

“Increasing Access to Quality Healthcare for People with Disabilities: A Co-Designed Educational Curriculum for Family Medicine Residents”

- We’ve hired about 20 people with lived experience (PWLEs) with disabilities to co-design and deliver a didactic series to 4 family medicine residency programs



“This session was very meaningful, well thought, and profound. Thank you for organizing this. We loved that the families were here with us and you also recorded videos.”



HHS Invests \$8 Million to Improve Health Care Access by Training New Physicians to Care for Individuals with Disabilities and Individuals with Limited English Proficiency

Medical students and residents will participate in medical language programs, learn to care for individuals with disabilities or limited English proficiency during their training

\$3 million, 5-year award to improve training for medical students and family medicine residents to provide better care for patients with intellectual and developmental disabilities (IDD) and limited English proficiency (LEP)

Activities supported:

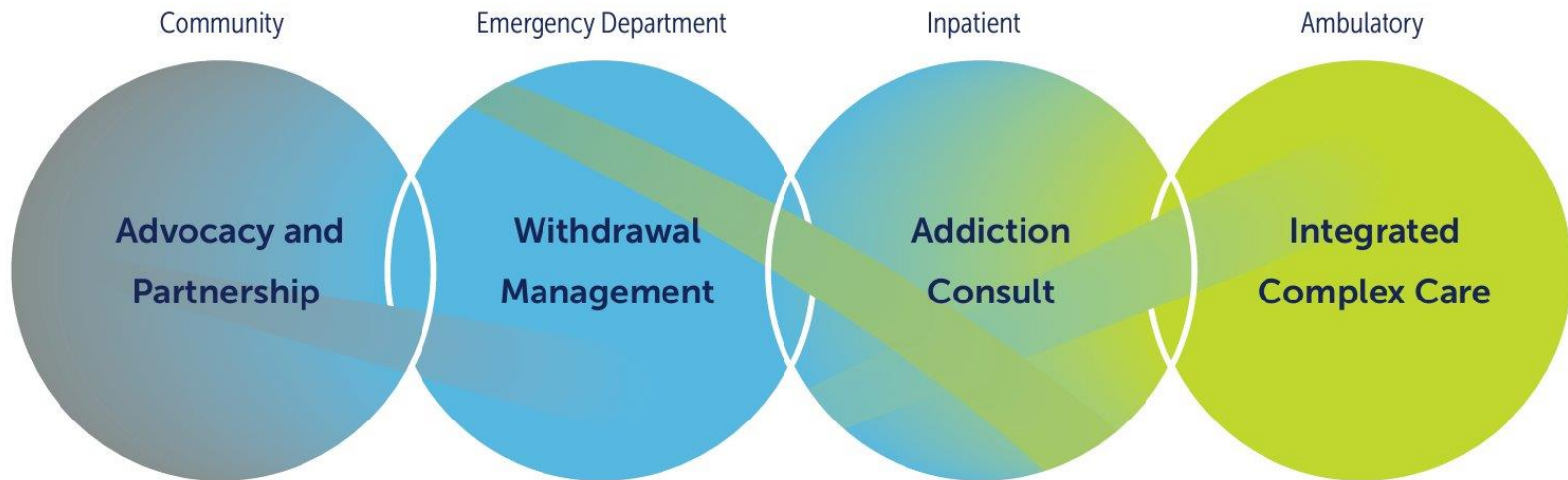
- + Disability Health Area of Concentration
- + Immigrant Health Area of Concentration
- + Disability Health Phase 3 Elective
- + Immigrant Health Phase 3 Elective
- + IDD Project ECHO
- + Health Equity Lending Library
- + Bi-annual health disparities summit

Center for Supportive Healthcare

Jefferson Addiction Multispecialty Services (JAMS)

FINDING HOPE, TOGETHER

Jefferson Health is creating a comprehensive, integrated ecosystem of care for people who use drugs.

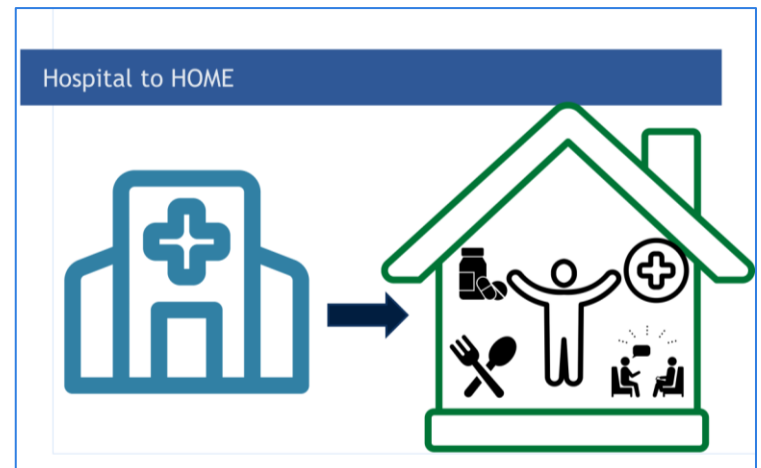
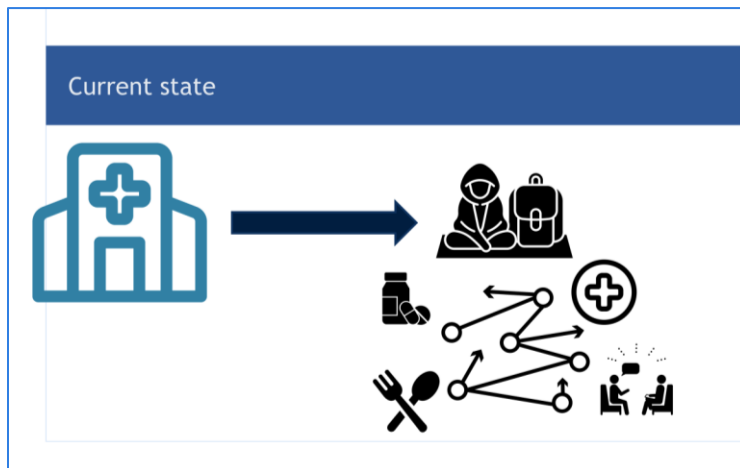
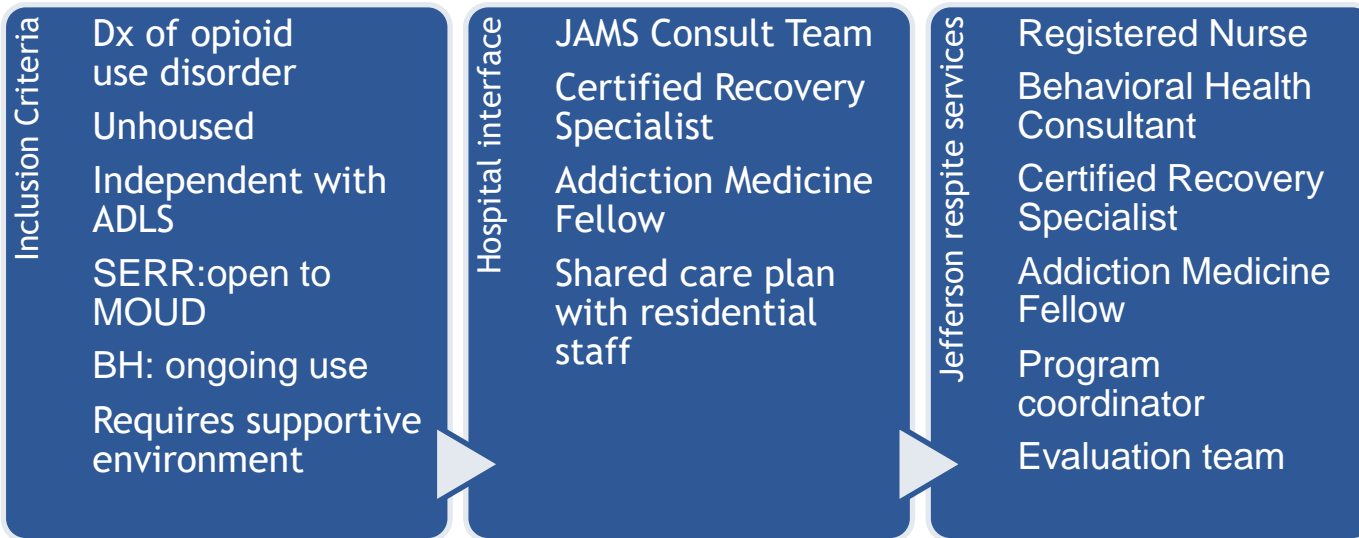


The Stephen and Sandra Sheller Bridge and Consult Program

- Services:
 - Full spectrum primary care
 - Post-acute care coordination
 - MOUD
 - Social drivers of health support
 - Recovery support services with Certified Recovery Specialist
- SAMHSA award pioneers HCV treatment and PrEP initiation during hospital admission, continuing through post-acute settings to Bridge Clinic



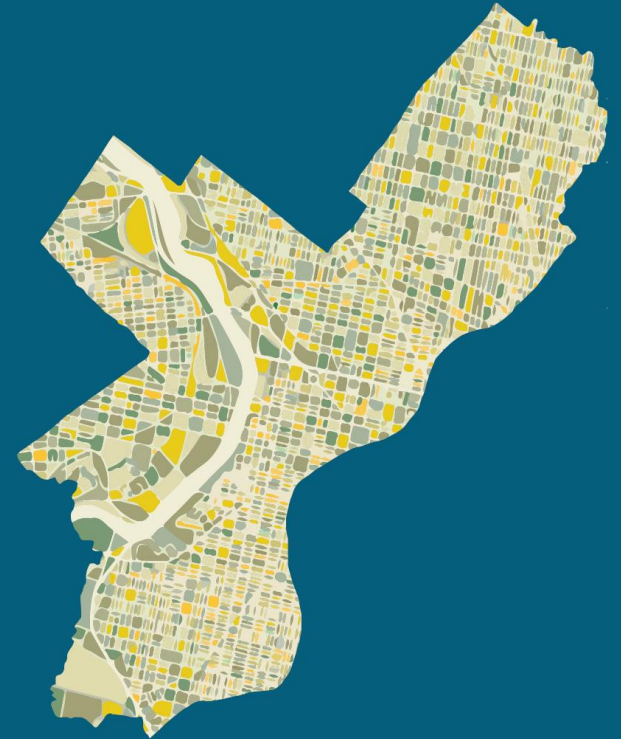
Jefferson's Hospital to HOME Program Model



Map OUD

- Pew Charitable Trust funded multimethod project
- Completed in collaboration with Emergency Department, MATER, and Graphic Design

Map OUD | MAPPING THE OPIOID USE DISORDER CRISIS IN PHILADELPHIA, PA



Erin L. Kelly, Megan K. Reed, Lara C. Weinstein, Robert Sterling, Tracy Esteves Camacho, Diane Abetamarco, Jeffrey Gillingham, Shane Gill, Shimrit Kedeem, John Cashy, Meghan Gannon, Simran Rahi, Melissa Denish

ODU PATIENT JOURNEY MAP PHILADELPHIA

Dimensions

Six non-linear categories of criteria laid out by American Society of Addiction Medicine (ASAM) to assess and plan an individual's treatment.



Early 20s - Latina - LGBTQ
Center City



Substance use since her teenage years



34 - Black - Factory Worker
South Philly



Back injury at factory job



65 - White - Barender
Southwest Philly

Long term use of crack cocaine with partner he first started using substances with

"My whole life I felt like something was wrong with me because I am trans. Substances just made me forget my other problems. It's hard to breathe life without them."

Jane's conservative parents cut her off from the family after learning of her gender and sexual identity. Going to college provided her with a fresh start. She met her partner and finally felt supported and loved. But her family's refusal to give financial support pushed her to work extra hours to provide for herself while maintaining her grades. This took a toll on her mental and physical health, and she started using recreational drugs over the weekends to let off steam.

"It wasn't just one thing that triggered me to up my substance use. It was an avalanche of things: death, COVID, just couldn't take it anymore. I needed a way out."

Roger was always involved with his family's ties. He drops out of college early to help his brother and father at his store. After his brother's death, he trades them to save some of his brother's brother's supplies and traps, passing money to the cops. Adding up to the unemployment because of COVID, Roger's tragic state pushes her to depend on starting cheaper heroin laced with fentanyl.

"I couldn't afford the pills anymore. Got two pills well but not as much as my cousin. I got turned on on the street because it was cheaper. That's when things really went downhill."

The pandemic made Jane's life even more chaotic than it was before. She used to take recreational substances with her partner for relaxation, but after their death, her use was fueled by feelings of abandonment. Heroin was available at the homeless encampment, so she started injecting heroin to numb herself from all the pain. Heroin, the street price of heroin has been much lower in recent years than it past decades, is more available, and provides a better high.

"I hurt my back and my doctor prescribed me oxycodone. Then the drug started to become regular and he wouldn't give it to me anymore. I withdrew so bad I HAD TO GET IT TO SURVIVE. It was like the drug 'what was I supposed to do'."

Chris sustained a serious back injury at his factory job. His primary care doctor initially prescribed him opioids for the pain, which helped him significantly. But he felt helpless when he was cut off from the prescription after the substance was regulated. His injury was so severe that he would do anything to try to stop it. This intense pain can lead to substance use and other behaviors for the person to avoid the pain.

"I don't know where the drugs began and my relationship ended, her addiction was my addiction. It would be back and forth as it was wanted to get sober. It's been hard for one person to get two people sober."

Jane's traumatic past led her to depend on substances for relief. People struggling with other mental health or substance abuse — or both — are more susceptible to larger issues that push them onto the street. It can be even challenging for people who are experiencing homelessness to stay using substances because they may often have smaller social support networks and may have decreased motivation to quit using substances.

"You start reading yourself and putting yourself in worse situations. I never thought I would get to this point. It felt impossible that I would ever recover from addiction."

Jane's traumatic past led her to depend on substances for relief. People struggling with other mental health or substance abuse — or both — are more susceptible to larger issues that push them onto the street. It can be even challenging for people who are experiencing homelessness to stay using substances because they may often have smaller social support networks and may have decreased motivation to quit using substances.

Glossary

MOUD
A class of medications for Opioid Use Disorder

Bup / Buprenorphine
An opioid partial agonist, used to treat opioid use disorder, acute and chronic pain.

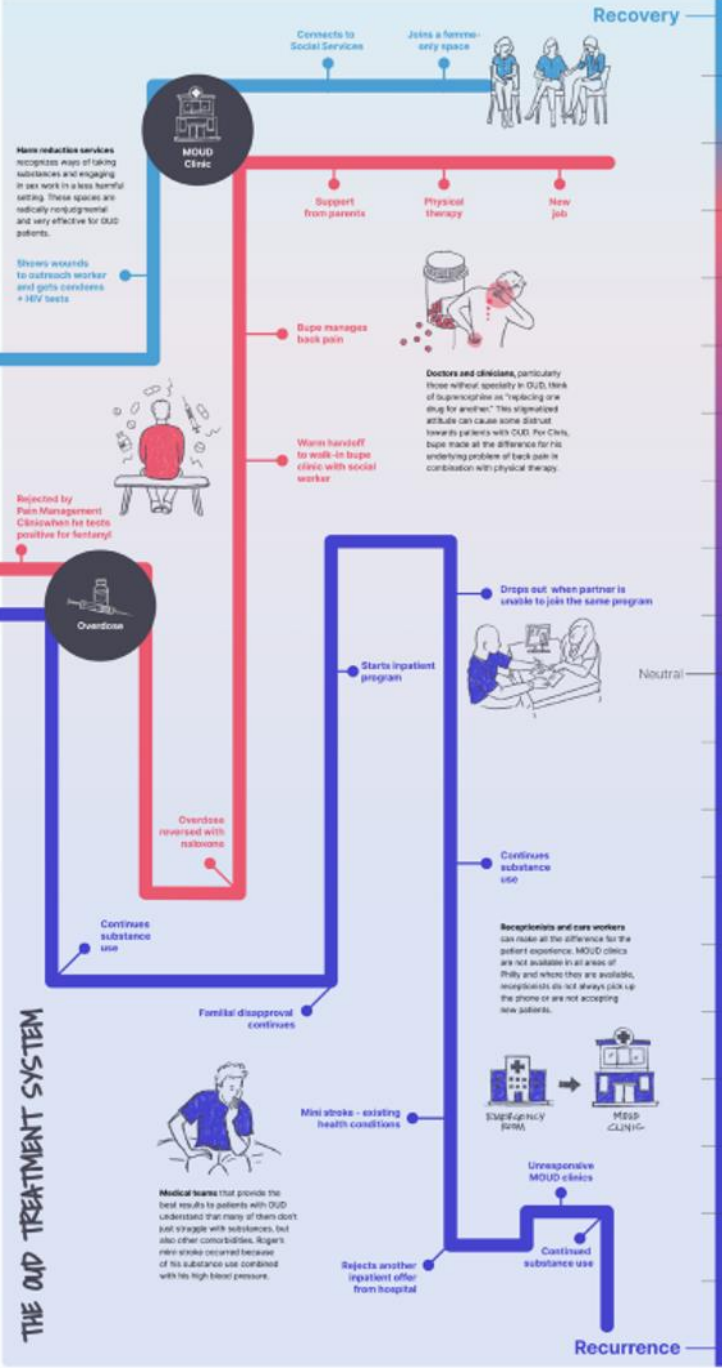
Naloxone
A medicine we can keep in our hand that rapidly reverses an opioid overdose.

Fentanyl
A powerful and potent synthetic opioid, often used illicitly as a recreational drug.

Xylazine
Non-opioid sedative. Causes severe central nervous system complications.

Percocet
Combination medication used to treat moderate to severe pain.

THE OUD TREATMENT SYSTEM



MOUD Clinic

MOUD services recognizes ways of taking substances and engaging in sex work in a less harmful setting. These spaces are medically nonjudgmental and very effective for OUD patients.

Shows wounds to outreach worker and gets COVID-19 + HIV tests

Rejected by Pain Management Clinic when he tests positive for fentanyl

Overdose

Overdose reversed with naloxone

Continue substance use

Familial disapproval continues

Mini stroke - existing health conditions

Medical issues that provide the best results to patients with OUD understand that many of them don't just struggle with substances, but also other comorbidities. Roger's mini stroke occurred because of his substance use combined with his high blood pressure.

Rejects another inpatient offer from hospital

Connects to Social Services

Joins a harm-reducing space

Support from parents

Physical therapy

New job

Bupe manages back pain

Doctors and clinicians, particularly those without specialty in OUD, think of buprenorphine as "replacing one drug for another." This stigmatized attitude can cause some distrust toward patients with OUD. For Chris, bupe masks all the difference for his underlying problem of back pain in combination with physical therapy.

Warm handoff to walk-in bupe clinic with social worker

Recovery

Neutral

Starts inpatient program

Drops out when partner is unable to join the same program

Emergency room

MEAD CLINIC

Continues substance use

Recurrence

Unresponsive MOUD clinics

Continued substance use

Rejects another inpatient offer from hospital

Continued substance use

Continued substance use

Continued substance use

Continued substance use

Continued substance use

Continued substance use

Continued substance use

Recurrence

Fellowships in the Center for Supportive Healthcare

Clinical Addiction Medicine Fellowship

- Transferred from Psychiatry to Family Medicine
- Ongoing funding support obtained through hospital and philanthropy
- Current AM fellows joining JAMS faculty
- 2 new fellows for FY 25

T32 Fellowship

- **Dr. Shane' Gill:** Culturally Responsive Assessment and Referral Practices in Primary Care: Black, Indigenous, and People of Colors' Acceptance and Use of Referrals for Behavioral Health Counseling
- **Dr. Jacelyn Biondo:** The effects of dance/movement therapy on mind-body connection and physical health awareness for people with schizophrenia
- **Dr. Rachel Ludeke:** Aim Higher: Exploring Healthy Pathways to Employment for LGBTQI+ Youth Formerly in Foster Care
- **Dr. Sara Beachy:** Differentiating Between Stressors and Experienced Trauma and Understanding their Impact on Patient Behavior
- **Dr. Nora Medina:** Impact of Early Relationships Between Young Low-Income Mothers and Their Infants on Child Behavior and Regulatory Problems

Jefferson's Center for Refugee & Immigrant Health

2023 Welcoming Award in Health and Wellness City of Philadelphia's Office of Immigrant Affairs

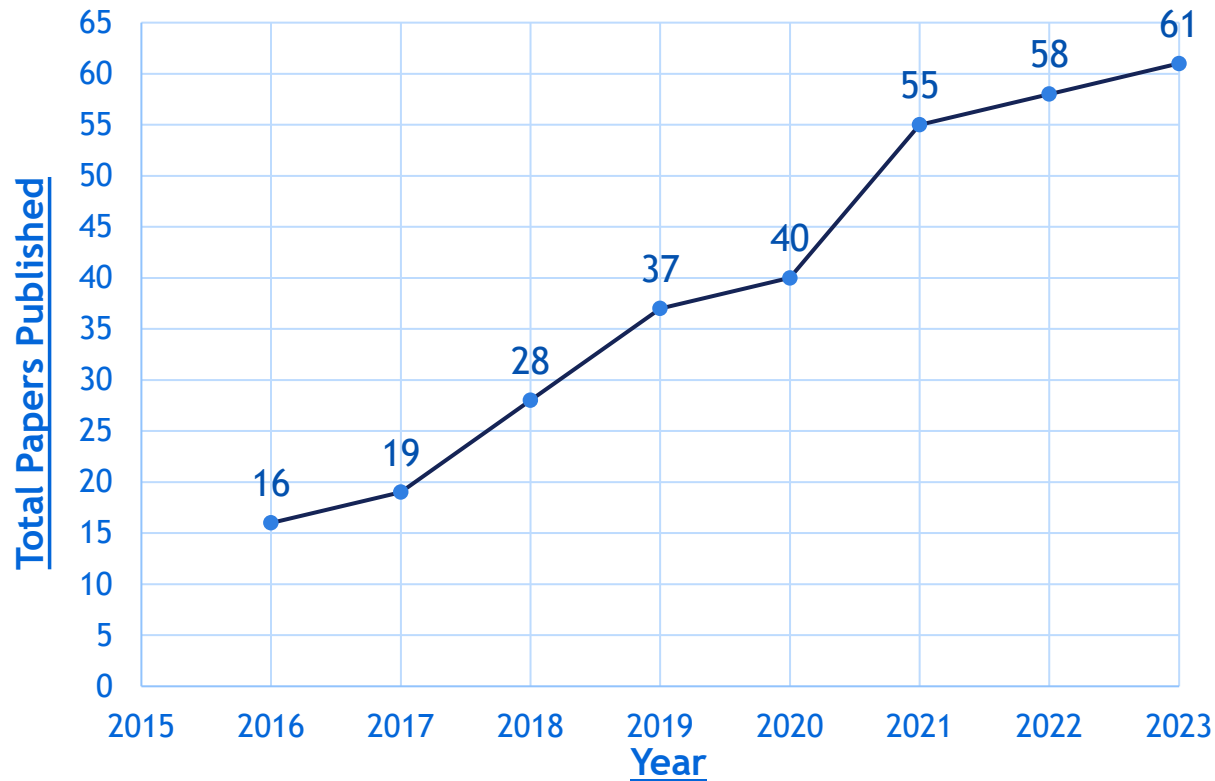


Research, Community, Social Justice, and Education

Research

Increasing Number of Publications Per Year

Papers Published, 2015-2023



2023 Paper Topics

<u>Topic Area</u>	<u>Number of Papers</u>
Geriatrics and Palliative Care	13
Primary Care Practice and Management	8
Cancer Screening and Prevention	6
Medical Education	6
SMI, Substance Abuse, Housing	6
MCH, Women's, and Reproductive Health	6
Disability Health and Care	4
Refugee Health	4
Cannabis	3
Community Health and Medicine	2
Sports Medicine	2
Health Services Research	1
<i>Total</i>	<i>61</i>

24 papers had a trainee (student, resident, fellow) co-author (39%)

Where did we present our work in 2023?

83 oral and poster presentations in 2023, across 33 conferences

Academy Health Annual Research Meeting
American Geriatric Society Annual Meeting.
American Group Psychotherapy Association (AGPA) Annual Conference
American Society of Clinical Oncology Annual Meeting
Annual Assembly of Hospice and Palliative Care
Annual Meeting of the Northeast ALS Consortium
Annual PA Medical Marijuana Research Summit
APHA 2023 Annual Meeting and Expo
ASCO Annual Meeting,
Association of Academic Physiatrists Annual Meeting
Association of Community Cancer Centers Annual Meeting
Association of University Centers on Disabilities Conference
Cannabis Research Conference
Collaborating Across Borders VIII
Collaborative Family Health Association (CFHA) Annual Conference
College of Physicians of Philadelphia Section on Public Health and Preventative Medicine Student Poster Session

Department of Medicine Health Equity and Quality Improvement Summit
DSMIG-USA Annual Symposium,
Gerontologic Society of America Annual Meeting
Health Disparities and Quality Improvement Summit
IBX Client Health Care Forum
International Society for the Prevention of Child Abuse & Neglect
Interprofessional Care for the 21st Century
Kempe Center International Virtual Conference A Call to Action to Change Child Welfare
Learn Serve Lead: The AAMC Annual Meeting
Nexus Summit
North American Primary Care Research Group Annual Meeting
North American Refugee Health Conference
Qualitative Research in Mental Health Conference
Society for Medical Decision Making North American Meeting
Society for Research in Child Development Biennial Meeting
STFM Annual Spring Conference
STFM Conference on Medical Education

31 presentations (37%) had a trainee co-author

2023/4 New Grants/Funding



Federal

SAMHSA grant (PI: Weinstein)

HRSA JetPHILA grant (PI: Stephens)

HRSA GACA (PI: Danielewicz)

R25 USTAR grant (PI: Rovner, Co-PI Parks)

CDC refugee health grant renewal (PI: Altshuler)



Foundation

Pew Charitable Trusts
Venture grant (PI: Weinstein)

Sheller Family
Foundation, Estadt-
Lubert gifts (PI: Weinstein)

MMJ and Anxiety grant
(PI: Kelly)

UnitedHealth
Foundation (PI: Cunningham)

IBC Clinical Innovation
grant (PI: Jaffe)



Industry-funded

Preventable study
Clinical Trial (Site PI: Chambers)



Internal

J-CHE Carl Mansfield
grant renewal (PI: Foster)

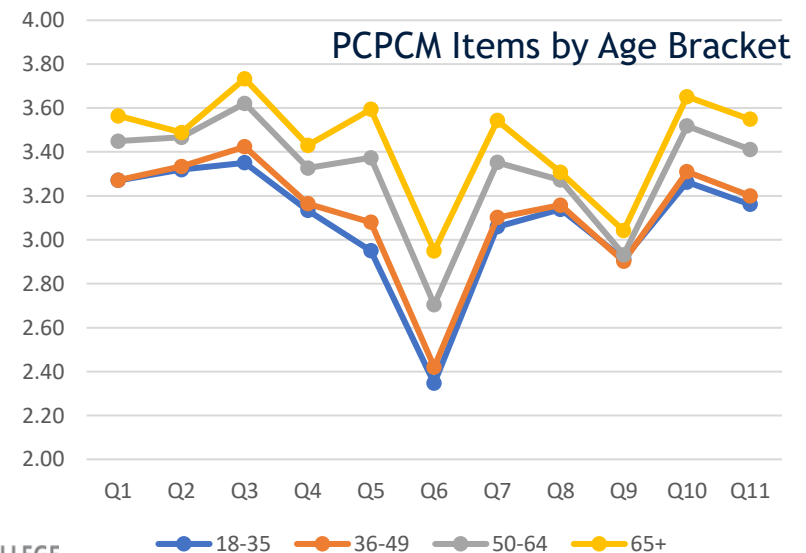
Faculty Development
and Nexus Learning
Pedagogy Grant (PI: Mechler)

Jefferson seed grant
(PI: Biondo)

Research Lab Initiative: Person-Centered Primary Care Measure

HOW WOULD YOU ASSESS YOUR PRIMARY CARE EXPERIENCE?				
My practice makes it easy for me to get care.	Definitely	Mostly	Somewhat	Not at all
My practice is able to provide most of my care.	Definitely	Mostly	Somewhat	Not at all
In caring for me, my doctor considers all factors that affect my health.	Definitely	Mostly	Somewhat	Not at all
My practice coordinates the care I get from multiple places.	Definitely	Mostly	Somewhat	Not at all
My doctor or practice knows me as a person.	Definitely	Mostly	Somewhat	Not at all
My doctor and I have been through a lot together.	Definitely	Mostly	Somewhat	Not at all
My doctor or practice stands up for me.	Definitely	Mostly	Somewhat	Not at all
The care I get takes into account knowledge of my family.	Definitely	Mostly	Somewhat	Not at all
The care I get in this practice is informed by knowledge of my community.	Definitely	Mostly	Somewhat	Not at all
Over time, my practice helps me to stay healthy.	Definitely	Mostly	Somewhat	Not at all
Over time, my practice helps me to meet my goals.	Definitely	Mostly	Somewhat	Not at all

- A total of 329,450 surveys were sent with 21,154 completed
- Participants were more likely to respond if they were women, white or Caucasian, or older individuals.
- There were significant differences in PCPCM score by age, sex, race, and length of years with provider.



Community Medicine

Physician Shortage Area Program (PSAP)

- Graduating 8 new doctors for rural America in 2024
- 12 students accepted for the coming year
- 4th year community preceptorship elective approved by SKMC, includes 3 rural primary care sites
- Brianna Kunes (PSAP '23) awarded Student Family Medicine Primary Care Research Award by the North American Primary Care Research Group (NAPCRG)



P.S.A.P.



Serving our communities, big and small

JeffHOPE

- >2,000 annual encounters at 5 care sites
- Men's Clinic alternating with Women's Clinic at Prevention Point on Wed evenings
- New Quality Improvement initiative: screening for children's social needs



Social Justice, Inclusion, and Health Equity

DFCM_Diversity@jefferson.edu

WE STAND UNITED
AGAINST RACISM AND INJUSTICE



Thinking Bigger and Fostering Bravery on our journey to become an antiracist organization

Krys Foster, MD, MPH, FAAFP

Danielle Snyderman, MD, CMD

Department of Family and Community Medicine, Thomas Jefferson University

Our Journey...

Reflective

- Ubuntu Photo Project
- Reflection Survey "on creating an Anti-racist department"
- DFCM Grand Rounds

Iterative ("THINK BIGGER")

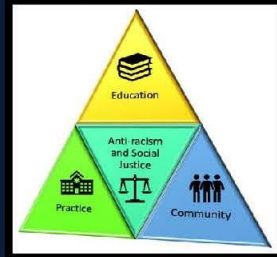
- SWOT Analysis with Leadership
- Interdepartmental Collaborations
- Strategic Planning

Actionable

- Advocating on Institutional Level
- Accountability and Sustainability through Resource Allocation



Social Justice, Inclusion and Health Equity Committee

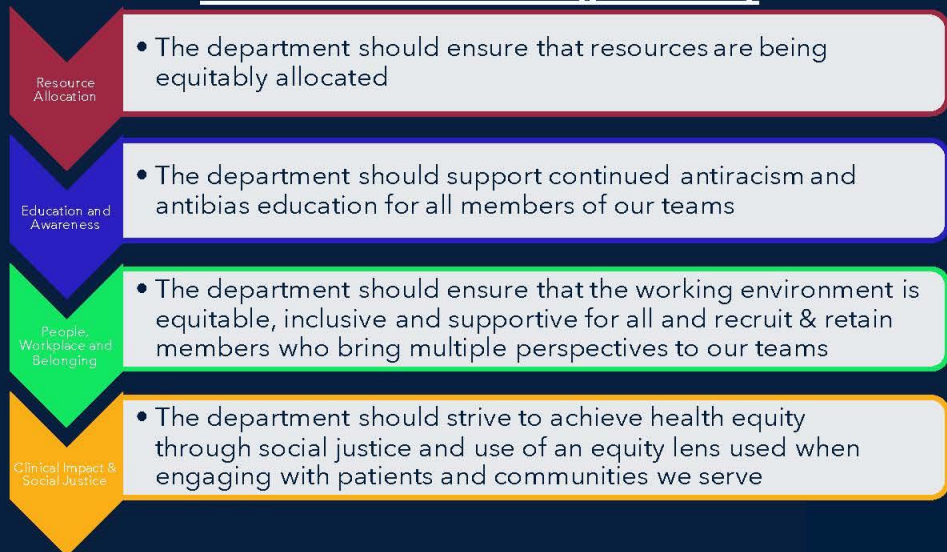


Ubuntu Photo Project on Microaggressions 2020

Department Reflections 2 years after Murder of George Floyd

Describe how you have approached health equity in your day-to-day interactions at work?	What changes have you seen the Department of Family and Community Medicine make that embrace the work needed to create an anti-racist practice?	What else would you like to see the Department do?
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DEIA Efforts as a Strategic Priority



DCFM's Commitment & Jefferson's Values

Put People First



- Embracing diversity, inclusion, cultural humility and mutual respect to ensure a supportive and inclusive environment for all
- Engaging in partnerships with the community

Be Bold & Think Differently

- Maintaining and sustaining work in anti-racism, social justice, and health equity
- Creating a culture supportive of education and innovation to enhance the health of the evolving community, we serve



Do The Right Thing

- Aligning strategic efforts to provide equitable and exceptional care
- Committing to diversity in workforce, participation in programs, policy formation, and decision-making



Health equity in GME



Conceptualization and Implementation of Graduate Medical Education (GME) Health Disparities Curriculum at A Large Academic Hospital

Krys Foster, MD, MPH, FAAP, IBriana Garvey, MPH, Dhruvi Shah, MPH, Quinn Plunkett, BA
Department of Family & Community Medicine

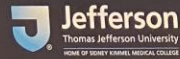
Background

- Socioeconomic factors and systemic barriers to health care for marginalized and minoritized populations lead to health inequities, particularly in large urban cities.
- It is imperative that clinicians understand social determinants of health, access and resource concerns, and racism in medicine to address this dire public health crisis.
- The Accreditation Council for Graduate Medical Education (ACGME) guidelines call for health disparities to be included in residency education; however, despite this requirement, curricular implementation is inconsistent and impact on knowledge, skills and behaviors of residents is unclear.

Objectives

- Identify and describe the current state of GME curricula related to health equity, and barriers and facilitators to curricular implementation at one large urban academic institution.
- Analyze the key components derived from qualitative interviews and focus groups informing the design of an intentional and accessible health equity curriculum across graduate medical education at our institution.
- Implement and assess a pilot core health equity curriculum across GME specialties, and use lessons learned to guide further dissemination across the institution.

Focus group guides were grounded theory to inquire curriculum, interests, barriers and facilitators to curricular implementation. Data were obtained to recruit and conduct resident interviews and focus groups. Audio recordings of transcripts using NVivo 12 were analyzed and will inform design health equity curriculum implementation programs.



Jefferson Training Healthcare Residents in Equity & Addressing Disparities (JeffTHREAD)

Health Equity Curricular Implementation

"...we don't probably have an enormous number of lectures that are couched as diversity or health disparities. Maybe it would be better to be more intentional about naming the lectures that way..."
Dermatology Faculty

Participant Suggestions

"I'm really big on just going where the patients are. I hate seeing the patients after everything is happening... So maybe doing some more satellite work directly in the community. I think that'll be important..."
Psychiatry Resident

"...you're sort of given as the small group leader a small group in a box, and having someone give me materials, that probably is out there on MedEd portal or something and using that to then lead a session. That would be an opening. I would be happy to accept that kind of help..."
Physical Medicine and Rehabilitation Faculty

"...and yes, a pre-recorded video would be convenient, but I don't think it's a better topic to have an actual discussion with people about it (1) so that you're more engaged and stuff..."
Dermatology Resident

"...And so then that person is the champion for health equities and DEI information and then they're responsible for helping to train and teach people who come underneath them. I think it needs to be a widespread effort as opposed to just our pediatric residents because it's needed there..."
Pediatrics Faculty

Barriers to Curricular Implementation

Faculty Diversity
"I think also having a less than diverse faculty, it's not like you have to be a diverse person to talk about health equities, that's absolutely not true...when your faculty all has a somewhat similar point of view of the world and the only means by which you can understand health disparities is by talking to your patients...it's certainly a challenge to come up with a curriculum that addresses all the things it should address..."
Dermatology Faculty

Faculty Comfort
"...we don't feel like we have great resources, or we don't want to do it wrong..."
Pathology Faculty

Faculty Time Pressures
"I think that also, the dollars. When everybody's already so busy or have the different hats that they wear and you don't have the financial support of it, I think there's desire there, but the reimbursement is not..."
Hospital Medicine Faculty

Resident Time Pressures
"The biggest sticking point will be how am I going to let my residents out of the hospital? How am I going to let my residents out of the DR? How am I going to let my residents out of the ICU...Some people are going to have to stay behind because our hospital, frankly, just can't run without residents..."
Dermatology Faculty

@DrKFosterMD

Key Themes Identified

Interviews and Focus Groups expressed several Key Themes:

- Faculty lacked time, comfort and expertise for teaching about health equity.
- Clinical duties and other curricular needs impose a time barrier on inclusion of health equity into curriculum.
- Residents are interested in health equity curricula and want to have engaging discussions in-person or using hybrid models.

Discussion

- Limited study population engagement
 - No surgical specialties represented in data
 - Scheduling challenges
- Broad scope of GME makes the inclusion of health equity curriculum difficult to be relevant to all specialties.
- Further review of data and exploratory community opportunities may support community collaboration as a resource for health equity education.

Next Steps

- Analyze data in NVivo 12 and synthesize findings to key findings.
- Develop and implement pilot curriculum.
- Gain perspectives from community organizations to understand barriers to health equity education.
- Identify opportunities for curricular improvement and dissemination across the institution.



STPM
Krys Foster, MD, MPH, FAAP
she · her
@Killings_HJ

STPM
Ibriana Garvey, MPH
she · her
@Killings_HJ

STPM
Dhruvi Shah, MPH
she · her
@Killings_HJ

Social Justice and Brucker lectures related to health equity



Dr.
Nwando
Olayiwola

Dr. Marcella
Nunez-Smith



Medical Student Education

Medical Student Education By the Numbers

- 287 completed Family Medicine clerkship
- 139 fourth year students who took a course/elective in our department
- 33 in PSAP
- 12 in JeffBEACON
- 71 working with DFCM researchers
 - 38 Scholarly Inquiry
 - 16 volunteer/other research
 - 9 MD research elective
 - 8 summer research



2024 STFM Medical Student Education Conference

- Marisyl de la Cruz, MD, was the Chair of the STFM Conference on Medical Student Education held in Atlanta, GA
- Kelly McGuigan, MS4 was honored as a 2024 STFM Scholar – one of 23 awards in the country, recognizing a strong commitment to academic family medicine



Medical Student Education Updates



People updates

Laura Monroe promoted to Educational Programs Manager

Barb Cymring, MD received the Gold Humanism Honor Society's Leonard Tow Humanism in Medicine Award

Kristin Desimone, MD was selected for the senior class portrait this year

New Clerkship Director, Dr. Bobby McClowry



New Programs

New 3rd year clerkship sites

- PCOM, DVCH, Einstein

New 4th year electives

- Immigrant Health Elective (Drs. Morales and Altshuler)
- Primary Care of People with Intellectual and Developmental Disabilities (Dr. Stephens)
- Coming soon: Health Plan and Value-Based Care (Dr. De La Cruz)

2023 Research Student and Trainees

Trainees by the Numbers

Overall, N=124 students or residents reached out to our Research team.

Trainees that completed projects/blocks with us:

- Student Research
 - N=38 Scholarly Inquiry
 - N=16 Volunteer Research
 - N=9 MS-4 Elective
 - N=8 Summer Research

Launch of JeffBEACON



Jefferson Center for Interprofessional Practice and Education (JCIPE)

JCIPE Programs include:

- **Health Mentors Program**
 - 1,566 students per year from 12 health professions
 - Partners student teams with 280 community volunteers with chronic illness
- **Team Safe: Team Simulation and Fearlessness Education**
 - Intro: 1,155 students per year from 11 health professions
 - Adv: 530 students per year from 4 health professions
 - Teamwork and communication skills
- **Virtual Reality Home Visit Experience**
 - Students conduct a virtual home assessment
 - Escape room exercise to identify hazards in the home





Integrated Behavioral Health (IBH)

Please join us in a virtual interprofessional community to enhance primary care practice

Spring 2024

Women's Health And Menopause

Date	Topic	Presenter
March 8	Understanding Menopause in Primary Care	Katherine Sherif, MD Professor & Vice Chair Academic Affairs Department of Medicine Jefferson Women's Primary Care
March 22	Behavioral Health for the Changing Body	Mollie Cherson, MPhil, LCSW Lead Behavioral Health Consultant Integrated Behavioral Health Jefferson Health – North and Central Regions
April 5	Lifestyle Approaches to Menopause	Christine V. Soutendijk, MD Clinical Asst Professor of Medicine Medical Director Jefferson Women's Primary Care
April 19	Diet and Nutrition	Kaitlin Perni, MS, RD, LDN Clinical Dietician
May 3	Medication/Supplements Management for Menopausal Symptoms	Leah Finken, PharmD, BA Clinical Programs Pharmacist Jefferson Health Plans

Fridays 12pm to 1pm via Zoom

If you've never attended an ECHO session, register by scanning the QR Code or clicking [here](#).



"ECHO sessions were helpful. I gained insight on how other members of our team relate to certain patients and treat their diagnosis."

CE credits are offered for each session attended.

Credit Designation:
Physicians: Maximum of 1.00 AMA PRA Category 1 Credit™ per session.
Nurses: 1.00 nursing contact hour per session.
Other Allied Health Professionals: Approved for CE Credit.

And a NEW ECHO focused on Individuals with Intellectual and Developmental Disabilities, in collaboration with FAB Center, coming soon!!!

Project ECHO



Inpatient Care for Opioid Use Disorder

Join a virtual interprofessional community to enhance inpatient care for opioid use disorder

Spring 2024

Inpatient Care for Opioid Use Disorder

ECHO (Extension for Community Healthcare Outcomes)
An innovative interprofessional educational model focused on building primary care workforce capacity and learning communities.

April 4 Harm Reduction	April 11 Enhancing Team Based Care
April 18 Withdrawal Management	April 25 Care Environment
May 2 Pain Management	May 9 Transitioning Out of Hospital

Thursdays 3pm to 4pm via Zoom

To register for this Echo series, scan the QR code or click [here](#)



"ECHO sessions were helpful. I gained insight on how other members of our team relate to certain patients and treat their diagnosis."

CE credits are offered for each session attended.

Credit Designation:
Physicians: Maximum of 1.00 AMA PRA Category 1 Credit™ per session.
Nurses: 1.00 nursing contact hour per session.
Other Allied Health Professionals: Approved for CE Credit.

Residency Education



JEFFERSON FAMILY MEDICINE



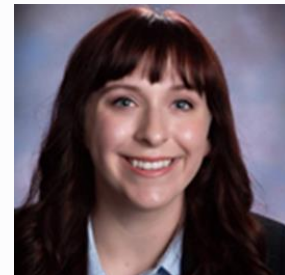
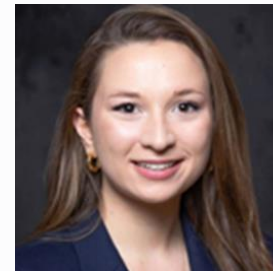
Residency Highlights

- Curriculum changes
 - New ACGME requirements
 - New outpatient pediatric rotations
 - LARC clinic
 - Expanded community medicine
 - Expanded addiction medicine
- Quality projects
 - STI screening
 - ARCs
 - Hep B screening
 - BHC referrals
 - New Depo guidelines
- New residency coordinator:
Priscilla Rodriguez

- Thank you to our retiring chiefs: Rachel and Kelly



- And congrats to our new chiefs: Eugenie and Brittney



ERASMUS Exchange Grant



PGY3—Where are they going?



- Sports medicine fellowship
- Palliative care fellowship
- Reproductive health fellowship
- Research fellowship
- Community-based practice
- FQHC/ community health center
- Academic family medicine

Residency Program: Recruitment

- 764 applications for 10 spots
- 132 US medical schools from 39 states
- 135 interviews completed (20% URM)
- Excellent match!!

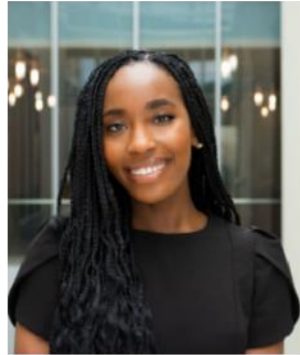


Department of Family and Community Medicine Thomas Jefferson University

Intern Class of 2024 - 2025



Ronak Ahir
SKMC at Thomas Jefferson
University



Chinonso Akuchie
The Warren Alpert Medical
School of Brown University



Julia Beatini
Harvard Medical School



Rachel Blaustein
University of Michigan
Medical School



Munifa King
Hackensack Meridian School of
Medicine



Martina Knechel
University of Virginia School
of Medicine



Kelly Mcguigan
SKMC at Thomas Jefferson
University



Julio Mejias Garcia
Boston University school of
Medicine



Sarah Muche
SKMC at Thomas Jefferson
University



Noelle Varney
Virginia Commonwealth
University School of Medicine



Jefferson Health

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE



Jefferson

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[Register Now](#)

[Already Registered?](#)



DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE **50TH ANNIVERSARY**

The Department of Family and Community Medicine at Thomas Jefferson University is turning 50 this year! Come reconnect with old colleagues and celebrate the amazing and rich history of our program and this special event.

Saturday, April 13, 2024

Schedule of Events

CME: 2-4 p.m.

Reception: 7-11 p.m.

Dorrance H. Hamilton Building

1020 Walnut Street



SAVE THE DATE

Celebrating the Opening of the Stephen and Sandra Sheller Consult and Bridge Program Center

REDEFINING ADDICTION CARE...AND FINDING HOPE, TOGETHER

Thursday, May 2, 2024 | 4–6 p.m.

Jefferson Alumni Hall
1020 Locust Street, Atrium
Philadelphia, PA 19107

SAVE THE DATE!



2024 DFCM Poster Session
Wednesday May 15, 2024
7:45 - 9:00 AM
Hamilton Hall 4th Floor

Upcoming Speaker for SJIHE Lecture Series: “Justice-based Sexual and Reproductive Healthcare in a Post-Dobbs Landscape”



Diana N. Carvajal, MD, MPH (she/her/ella)
Associate Professor
Director of Reproductive Health Education in
Family Medicine (RHEDI)
Co-Director, Research Section
Department of Family and Community Medicine
University of Maryland School of Medicine

Director of Diversity, Equity, Inclusion and
Strategic Planning, National RHEDI program
Montefiore Medical Center/Albert Einstein
College of Medicine

Wednesday, May 22, 2024

8:00AM - 9:15AM

SAVE THE DATE!!!