

Health Policy Advocacy Law and Medicine Curriculum Reform Subcommittee

Core Domains	Health care Policy	Clinical Informatics and Health information technology	Population and public health	Value-Based Care	Health System Improvement
<p>Sub-Categories (Lit)</p> <p>Health Care Structures and processes</p> <p>Health systems principles and concepts</p> <p>Health care structures and resources</p> <p>Health care provider roles</p> <p>Health care processes</p> <ul style="list-style-type: none"> - Insurance - Transitions of care - Care coordination and collaboration - Insufficiencies in system 	<p>Policy</p> <p>Health care reform</p> <p>Health care economics</p> <p>Management</p>	<p>Informatics/technology</p> <p>Clinical Data</p> <ul style="list-style-type: none"> - Physician-patient level - System level - Research/Quality improvement <p>Electronic Health Records</p> <p>Health Information Exchange</p>	<p>Public Health</p> <p>Population health management</p> <p>Health care disparities/vulnerable populations</p> <p>Provider factors</p> <p>Determinants of Health</p> <ul style="list-style-type: none"> - Social and Economic Factors - Physical Environment - Person's individual characteristics and behaviors 	<p>Value</p> <ul style="list-style-type: none"> - Measurement - Cost <p>Quality (encompassing all Institute of Medicine aims)</p> <ul style="list-style-type: none"> - Patient Safety - Effectiveness - Patient-centered care 	<p>Root Cause Analysis</p> <p>Quality improvement tools, methods, and principles</p> <p>Quality improvement skills and projects</p> <p>Change management</p>
<p>Sub-Categories (ours)</p> <p>Structural Competency</p> <p>Practice management</p> <ul style="list-style-type: none"> - Referrals—how do they work? - Revenue Cycle - Licensing <p>Handoffs</p> <p>Trigger events</p> <p>Workflows</p> <p>Exposure to variety of practice models/care delivery systems—private practice, community health models, innovative systems</p> <p>Patient-Centered Medical Homes</p> <ul style="list-style-type: none"> - Patient experience, values, expectations - Patient behaviors and motivation <p>Interprofessional teams</p> <p>Comparative systems</p> <p>Understand how data is used</p> <p>Understand how systems are reviewed and changed</p> <p>State versus Federal laws</p> <p>Importance of Primary care within the system</p> <p>Physician reimbursement (also in Health Policy)</p>	<p>Governance</p> <p>Payment reform</p> <p>Understand how health care reform is driving innovation (or not)</p> <ul style="list-style-type: none"> - How it impacts patient care and practice <p>Analyze/understand why things don't work—Learning from everything, including failures</p> <p>Include Medicare and Medicaid</p> <p>Awareness of opportunities to participate in policy (e.g. AMA, CMS though some committee members also note that medical organizations have not always been a voice for health equity)</p> <ul style="list-style-type: none"> - Other forms of advocacy (engaging with politicians, writing op eds, etc.) <p>Patient and Community Engagement</p> <p>Partner with experts</p> <p>How to stay current</p> <p>Business of medicine</p>	<p>Tie into communications curriculum</p> <ul style="list-style-type: none"> - How to interact with technology without ignoring the patient <p>Managing information overload</p> <ul style="list-style-type: none"> - How to evaluate what is important/helpful data for patients. - Also how to manage info overload from patients (I found all of this on the internet...) - Get the right data at the right time <p>Data governance groups</p> <p>Tie clinical informatics to quality</p> <p>Who owns the data?</p> <p>Define purpose of data and who it is for</p>	<p>Racism--need to talk about this directly</p> <p>Stigma</p> <p>Intersectionality (all identities)</p> <p>Create environment that is supportive of patients' identities</p> <p>Treat the family/caregivers as defined by patient</p> <p>Practice within the context of community</p> <ul style="list-style-type: none"> - Experiences with different communities <p>All policy is health policy</p> <p>Define equity—no system was built with equity in mind</p> <p>Community Engagement training</p> <ul style="list-style-type: none"> - Communications Training - Cultural Humility - Community Asset perspective <p>Workforce issues</p> <ul style="list-style-type: none"> - Primary care - Diversity - Geography 	<p>Concept of waste/ low value care</p> <p>The Cost Conundrum</p> <p>Defensive medicine leading to excess ordering and spending (relationship to malpractice)</p> <p>Value misalignment with patients</p> <p>Quadruple Aim (Quality/outcomes, Patient Satisfaction, Cost, Provider Experience)</p> <p>Medicare Policy on Value-based care</p> <ul style="list-style-type: none"> - Payment reform versus fee-for-service - ACO's - Current business model of medicine versus Value models of care <p>Health care finance and its impact</p> <p>Communication with patients around evidence, numeracy, risk/benefit discussions that are relevant to the patient</p>	<p>Leadership Development (in addition to Emotional Intelligence)</p> <ul style="list-style-type: none"> - Wellness - Conflict Management and Resolution - Negotiation - Critical Consciousness (Understanding self/identities; reflecting on power, privilege, and inequities embedded in social relationships) - Mediation/Consensus building/Collaboration - Communication/Listening - Teaming - Systems Thinking - Leveraging power on behalf of community - understanding the power of being a physician in a community, prestige/respect/responsibility that comes with the title - How to advocate at the individual, community, and system level (Structural Change Model as framework) - Advocate for yourself and each other <p>Connect Quality Improvement to Health Equity</p>
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Notes:

We should talk about Racism and Stigma; Meet patients in the community

Proposed Competencies

More notes: <http://news.psu.edu/story/414452/2016/06/13/research/preparing-medical-students-third-science>