

## COMMENTARY

## A Resident's Perspective on the Colorado Patient-centered Medical Home Project Fall 2012 Learning Collaborative

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I am an internal medicine intern in the Primary Care Track at the University of Colorado in Denver. In the fall of 2012, I was invited to attend the Colorado Family Medicine Residency Patient-centered Medical Home (PCMH) Project Learning Collaborative because my continuity clinic is actively engaged in becoming a PCMH.

As a medical student I had very little training on the specifics of the PCMH. By the time I started residency, I had heard of medical homes and had a general idea of what they were. However, I had never worked in one nor did I have a good understanding of what really goes into building one. It was not until my continuity clinic that I had real exposure. In the scramble of being a new intern, seeing patients, and learning a new electronic health record (EHR), I did not fully recognize the unique opportunity I had to be involved in a PCMH. Therefore, being able to attend a meeting focused solely on issues related to a PCMH helped reinforce to me the importance of this effort.

For instance, I attended a session on patient advisory boards that addressed concerns about asking patients to serve as guides to improve clinic processes from a patient's perspective. My clinic has started soliciting nominations from clinic staff for patients who would be appropriate to

serve on an advisory board. It was valuable to discuss shared concerns, apprehensions, and logistical challenges associated with starting such a group, as others in the collaborative were struggling with similar issues.

I also attended a session for residents addressing how they can find the right medical home after residency. To my surprise, I learned that there is a rising demand for residents who are familiar with medical homes and that there are places that hire residents specifically with these skills so that new graduates can help develop the PCMH. It really put in perspective how important my time at my continuity clinic is, as I have a unique opportunity to work in a place that is developing a PCMH from the ground up. I have witnessed the start of an EHR and the development of team-based patient panels.

My clinic is in a state of rapid change and improvement. Our strengths and weaknesses as a clinic on the path to becoming a PCMH were brought to light at the end of our first day at the conference when we sat down with our respective clinic groups. As a resident who is in clinic on an erratic schedule, this session helped me gain a better understanding of where we are and where we are going. For instance, while we are great at team huddles, team meetings, and having strong support

from social work and behavioral health, we know we can improve in other areas, such as maximizing the use of our new EHR to look at quality measures and analyzing how we can better improve patient health from a population management standpoint.

The session on patient safety was the most valuable to me, as this is my quality improvement (QI) project at my continuity clinic. It was very informative to have a current resident share her experiences with patient safety and show us a video of her training with a standardized patient. It was both relevant for my QI project and helpful in highlighting how important it is to build skills in communicating effectively with patients about medical errors.

It is exciting to be at a clinic where the PCMH model is growing, and I can see the potential for more internal medicine involvement for residents in primary care tracks. This collaborative gave me a better appreciation for the PCMH and helped me set goals for my clinic and for my professional growth.

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