

Facilitating Primary Care Progress

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Primarily Care Progress (PCP) is an advocacy movement that recognizes the affinity that young health students have for leveraging technology to drive health care innovation. Well-organized e-mail accounts, Google hangouts, and Facebook pages are the tools we were raised on. Applying these tools toward rallying the health care community around innovative primary care is a natural next step. At the University of Colorado, this innovation helped a free student-run clinic for uninsured Aurora residents link to a local community hub providing wellness and economic empowerment programming.

In 2013 at the SGIM annual meeting in Denver, my primary care residency program director, Karen Chacko, arranged a meeting with PCP to explore starting a Colorado chapter. I remember the thrill of randomly reconnecting with an old high school friend, Trishul Siddharthan, a PCP chapter leader and chief resident at Yale. He shared a powerful story of co-residents, medical students, and nurses teaming up to advocate for increased primary care training opportunities made newly possible through the health system's acquisition of a major community provider network. Four of us at the University of Colorado set to work that day to create such a network here that could fulfill our vision of building primary care capacity through our campus and the forward-thinking neighboring community of Original Aurora.

We recognized early on that board-type chapter meetings would never fly if we wanted to achieve our goal of establishing a student-

run free clinic. Our students and residents rotate through four different metro-area hospitals; my clinic at Denver Health is a half-hour drive from the Anschutz campus. Plus it seems that every time I finish a wards month our student leaders have a major test coming up!

To overcome this fragmentation, we organized ourselves into small groups with shared responsibilities—each contributing to the larger project and each using technology to its advantage. In our integrated care work group, medicine, clinical psychology, pharmacy, nursing, physical therapy, and dental students communicate via e-mail, Google Docs file sharing, and GoToMeeting to build the framework for our clinic's flow in an interactive Prezi map. Despite varying schedules and geography, this group of activated students, general internal medicine and family medicine faculty, and community leaders has managed to garner financial and operational support for our venture from every school's dean and top executives at the Anschutz Medical Campus.

The use of social media and technology was similarly crucial to our advocacy team laying the groundwork for our larger on-campus advocacy campaign to build momentum for our clinic venture. After months of slowly building our chapter's core leadership team, our first big call for student clinic volunteers, marketed via student group pages on Facebook and grassroots outreach, drew 75 people. With online mentorship from PCP in Boston, plus connections through college friends in the social media market-

ing world, we launched an online and paper petition that was signed by more than 700 students, we edited a YouTube video with student testimonials, and PCP's national media director began filming a documentary of our work. To get our message out we've held mentored field trips to local primary care clinics, spoken at family medicine grand rounds, and live-streamed discussions about the state of health in Aurora to three remote internal medicine noon report locations.

Throughout this process, our trainee group has been honest about its own need for mentorship. It's been the guidance from Anschutz faculty and Aurora community leaders that has focused our vision and opened doors to help us realize our potential. This willing mentorship has required regular e-mail communication and snazzy Doodle scheduling. Beyond that, our tech adaptability has enabled a series of inter-professional skills workshops. Every other week this summer Anschutz primary care faculty came together with professional HealthTeamWorks and Aurora Health Access coaches to huddle with our students and share concepts of the patient-centered medical home and neighborhood. With each session, we get a little closer to finalizing our clinic's care delivery system as a true medical home for uninsured residents in Aurora. We are on track to go live in January 2015.

Going forward, we aim to train student volunteers as care coordinators at the clinic. Students, paired with trained and paid community

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health workers, will learn to use analytic tools to manage their patient panels. Early understanding of this technology empowers students to take an active approach to population health early in their careers. The fear of practicing primary care in a reactive fee-for-service rat race is minimized as the next generation of providers taps its inherent tech adaptability to use electronic tools in a truly meaningful fashion.

As a teacher, I believe that these tech-reliant community organizing skills not only activate the next generation of health care leaders but also translate into powerful clinical primary care skills later in practice. A

deep understanding of a patient's social background teaches students to target preventative measures sensibly. These experiences and ideas empower millennial physicians not to take the system for granted, starting by changing their own conception of primary care practice. In creating a new culture of collegial, mutually reliant team-based practice across every field of health professional training, PCP allows us to re-define and improve primary care delivery to our communities. Not all of our volunteers will choose careers in primary care, but more will than otherwise, and those going into specialty fields will hold a true apprecia-

tion for the vital role of primary care in quality health care delivery.

In San Diego in April, PCP leaders and I had the wonderful opportunity to meet with William Moran, MD, and SGIM leaders to share our vision for student engagement. I believe that tools like GIM Connect, once mature, perfectly position the Society to share its progressive vision for primary care delivery and attract millennial internists. As a proud member of the SGIM community, it's exciting to think about the possibilities for student recruitment stemming from generalist mentorship of PCP's interdisciplinary cadre of activated trainees, regardless of their chosen field. *SGIM*