FCM Faculty Meeting
Tuesday, October 9th, 2018
Agenda

1. HIPAA Privacy—Millie Johnson
2. Incentive Report and Department Updates—Dr. Roger Zoorob
3. CHP Updates—Dr. Fareed Khan
4. Faculty Senate Presentation—Dr. Kenneth Barning
5. Residency Update—Dr. Eric Warwick
6. Medical Student Education—Dr. William Huang
Baylor College of Medicine

HIPAA Privacy
Protecting Unsecure PHI
Objectives

- Understand BCM Access Policy related to PHI.
- Identify common HIPAA Privacy Violations
- Implement practices to minimize risk of HIPAA privacy violations and breaches
TOP HIPAA VIOLATIONS

- Inappropriate Access to PHI
- Failure to Protect Unsecure PHI
- Failure to Validate Patient Identity.
Accessing PHI

- Access Allowed without Written Authorization
  - To perform treatment, payment and healthcare operations
  - Providers who are identified in the medical record as the treating provider can access PHI related to family, friends and co-workers.
  - Staff whose job responsibilities include treatment, payment or healthcare operations (including IRB-approved research) can access PHI solely related to those functions.

- In all other cases, the BCM Workforce Member must:
  - Establish MyChart Access for your individual record.
  - Patient/Legal Representative grants a MyChart Proxy.
  - Obtain a written HIPAA Authorization from the Patient/Legal Representative and go through the ROI process.
Improper Access Examples

- Using your BCM/Affiliate log-in to access your electronic medical record.
- Accessing a Family Members PHI to modify demographics or schedule an appointment when not part of the BCM Workforce Members responsibilities.
- Provider Accessing their own record to prescribe drugs or order diagnostic test.
- Provider is NOT listed as the treating provider and accesses a child’s or adult family/friend’s PHI
How to Obtain MyChart Access

https://www.bcm.edu/healthcare/for-patients/mychart-your-health

❖ MyChart Access to Own PHI
  ❖ Contact mychart@bcm.edu or 713-798-6928

❖ Access to Another Patients PHI - Complete the Appropriate MyChart Access Form (Front Desk)
  ❖ MyChart Adult Form – Provides Access to a competent adult’s PHI
    ❖ Patient must provide picture ID to confirm the patient’s consent.

❖ MyChart Minor or Incompetent Adult Proxy Form – Provides access to the Legal Representative of the patient who is a minor or incompetent adult
  ❖ The Legal Representative must provide (or have on record) documents demonstrating their status.
ACCESS MONITORING

**BCM 31.4.29 Privacy Auditing and Monitoring Program**

- **FairWarning**
  - Third-party automated system checking BCM Epic and IDM database to identify potential improper access (daily/weekly)
  - Checks Addresses; Last Names; VIPs and creates “alerts”
  - The Privacy Officer or designee runs an audit trail in EPIC to identify what information specifically was viewed/obtained and if there are concerns will request additional information to make a determination.

- **Break the Glass (BTG)**
  - PHI event tracking feature within EPIC providing enhanced security for select patients (BCM Workforce Members; VIPs, etc.)
  - Users MUST provide a valid access reason
  - Compliance runs a weekly BTG report to validate BTG Access was appropriate and listed the appropriate reason for access
Unsecure PHI

- Paper records and images with PHI
- E-mails with PHI sent outside of BCM/Affiliate without being encrypted
- PHI stored on personal devices without BCM approved encryption
- PHI saved onto unsecure desktops, flash drives/CDs or other media that are not encrypted
Risks to Unsecure PHI

- **THEFT** – In CY 2018 alone BCM has experienced over 8 thefts of devices and patient records
  - Several instances where vehicles were broken into!

- **LOSS** – Falling out of pockets, paper dropped and picked up by the wind, losing a vial of blood with PHI

- **MISDIRECTION**
  - Faxing to the wrong number
  - E-mail to the wrong individual or outside BCM without using encryption
  - Handing out to the wrong patient/individual
BCM Policy

- Limit removal of unsecure PHI from BCM premises
  - BCM Affiliates have similar policies

- Obtain approval from Supervisor when there are NO other alternatives.
  - Can the information be saved into a shared folder, BOX or other secure platform accessible remotely?
  - Is it REALLY NECESSARY to remove unsecure PHI?

- Maintain control and possession of the PHI AT ALL TIMES
  - IT IS NOT SECURE IN A LOCKED CAR OR THE TRUNK
  - Take it with you
  - Lock all doors when filling up with gas
Secure Measures - Email

- E-mails sent outside BCM must be encrypted

To send an encrypted email, simply enter the keyword tag \[secure\] (with the brackets) anywhere in the subject line of the message
Secure Measures - Email

- Verify all email addresses before sending secure emails
Other Measures

- **DO NOT** save PHI on unsecure devices
  - Flash Drives and CD must be encrypted
  - BCM “C” drives and desktop are NOT encrypted
  - BCM desktop computers MAY NOT be encrypted – **DO NOT SAVE ANY PHI ON “C” DRIVES OR DESKTOP**

- **DO NOT SAVE PHI** on personal devices – **EVEN IF THEY ARE ENCRYPTED**, without approval from BCM Information Security Compliance Officer

- **CHECK and DOUBLE-CHECK**
  - Who you are emailing and whether or not it contains PHI
  - To whom you are handing out PHI
  - All unsecure PHI is not left in a vehicle, out in the open or on the bus
Verification of Patient

- BCM Policy requires verification of two (2) patient identifiers by all BCM Workforce Members at each patient point of contact
  - Harris Health System has a similar policy that applies to providers and HHS staff.

- Recent Cases
  - Failure to verify patient in Haiku resulted in billing the wrong patient.
  - Failure to verify the patient has resulted in handing patient care documents/scripts to the wrong individual.
  - Failure to verify the patient at each point of patient contact resulted in documentation of PHI in the wrong patient’s medical record.
Reporting Resources

Patient Privacy Concerns
Esteban Vargas Rodriguez
Privacy Officer
privacycompliance@bcm.edu

Information Security Concerns/Violations
Jeff Pounds
Information Security Officer
jpounds@bcm.edu

Integrity Hotline
855-764-7292
www.bcm.ethicspoint.com
## All Incentives

<table>
<thead>
<tr>
<th>Incentive</th>
<th>% of faculty who earned the incentive</th>
<th>Average payout for those that earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y incentive</td>
<td>79%</td>
<td>$3,885</td>
</tr>
<tr>
<td>Z incentive</td>
<td>77%</td>
<td>$1,330</td>
</tr>
<tr>
<td>Either incentive</td>
<td>93%</td>
<td>$4,430</td>
</tr>
</tbody>
</table>
## Volume Y & RVU Y

<table>
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<tr>
<th>Incentive</th>
<th>% of faculty</th>
<th>Average payout for those that earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y1 Visits incentive</td>
<td>35%</td>
<td>$2,401</td>
</tr>
<tr>
<td>Y1 wRVU incentive</td>
<td>38%</td>
<td>$2,080</td>
</tr>
<tr>
<td>Y2 incentive</td>
<td>79%</td>
<td>$1,924</td>
</tr>
<tr>
<td>Earned Z incentive</td>
<td>77%</td>
<td>$1,330</td>
</tr>
<tr>
<td>Earned either incentive</td>
<td>93%</td>
<td>$4,430</td>
</tr>
</tbody>
</table>
## Z Component

$ per EVU = $250

<table>
<thead>
<tr>
<th>% of faculty</th>
<th>Average payout for those that earned</th>
<th>How points applied</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grand rounds</strong></td>
<td>41%</td>
<td>$443</td>
</tr>
<tr>
<td><strong>Faculty meetings</strong></td>
<td>47%</td>
<td>$340</td>
</tr>
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</table>
Welcome New Faculty

Anayatzy Franco, MD received her medical education from the University of Illinois-Chicago (2015) and recently completed her residency training through our residency program at BCM. Dr. Franco’s primary work location is at the Northwest Clinic.

Knic Rabara, DO graduated from the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine in 2011 and completed Family Medicine Residency at UMDNJRowan and the Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine +1 in 2015. He was named a South New Jersey Top Doc in 2017. Dr. Rabara will see patients at the Kirby Clinic.

Ranjani Amin, DO received her medical degree from Touro University Nevada College of Osteopathic Medicine in 2015 and completed residency at the Broward Health Medical Medical Center in 2018. Dr. Amin will see patients at the Baylor Clinic location.

Denny Fe Agana, PhD, MPH, CPH is the department’s newest Primary Care Research Fellow. She earned her doctorate of epidemiology (2018) and her Master of Public Health (2017) from the University of Florida.
Community Awards

- Quality Improvement Award from the US Health Resources and Services Administration (HRSA)
  - **Yasmeen Quadri, MD** and the HHS Homeless Clinic was awarded for its success in improving various quality measures including increasing colorectal cancer screening among Harris County’s homeless population.

- Harris Health Hero & Champion Award
  - **Sabaa Joad, MD** was named a Harris Health Hero in their second quarter report.
Residency Alumni Event

You and a Guest are Invited

Thursday, November 15th at 7:00 PM

3011 Smith Street
Houston, Texas 77006

RSVP by November 1st
Laura.Lind@bcm.edu 713.798.2333
Service Awards
Service Awards:
5 Year Milestones
Achieved January – December 2017

Eva Ayala Hadzisabic, MD
Chandni Choudhary, MD
Patricia Dean, NP
Fatmata Kaikai, PA
Indumanthi Kuncharapu, MD
Shanique Malone, PA

Tanya Moore, NP
Christina Okusanya, NP
Renee Pettis, PA
Nichole Rosette, NP
Elizabeth Tran, MD
Crystal Ugarte, NP
Service Awards:
10 Year Milestones
Achieved January – December 2017

Rekha Afzalpurkar, MD
Diana Grair, MD
Teresa Grygo, MD
Saira Khan, MD
Eric Lee, MD
Hammad Mahmood, MD
Naomi McCants, MD
Service Awards:
15 Year Milestones
Achieved January – December 2017

Susan Nash, PhD
Service Awards: 20 Year Milestone
Achieved January – December 2017

Lisa Davis, MD
Phong Luu, MD
Service Awards: 25 Year Milestone
*Achieved January – December 2017*

Nilda Colon-Rivera, MD
Influenza Vaccine

MedicalStaffServices@harrishealth.org
or
Fax to 832-487-2606

Additional Step – Need Badge Sticker

BTGH

Provider goes to Medical Staff Services’ office (MSS) in Neuro Psych Center

ACS- Health Centers/Clinics

Provider obtains sticker from the Operations/Nurse Managers of their respective center/clinic after submitting proof
We are hiring for CHP and Same Day Sites

- Please remember to refer providers
Epic Single Sign-on-Tap and Go
- Quick and Easy Badge Enrollment
- Login to Epic directly when you log into the Harris Health network

Two-Factor Authentication for Citrix Access
- Easy and quick self-enrollment process
- Login to Citrix as you do today
- Approve second authentication on your Smart device
- Protects Healthcare data from Hackers

Electronic Prescription of Controlled Substances (EPCS)
- Guided enrollment process for Providers
- No more triplicate manual paper prescriptions
  (separate issue NEW Triplicates needed Jan 1 2019)
- Increased healthcare data security
- Reduce fraud
EIRS Reports and Medical Directors Responsibilities

New - Peer Review Process - Peer Review Committee (PRC) developed a Flow to address instances when there is a deviation or potential deviation from the practice.

Medical Director’s responsibility
New Diabetic Formulary Medications

New Algorithms/Protocols to collaborate with Clinical Licensed Pharmacy Services
MIPS Overview

- CMS is required by law to implement a quality payment incentive program, referred to as the Quality Payment Program, which rewards value and outcomes = Merit-based Incentive Payment System (MIPS)

- Performance is measured through the data clinicians report in four areas
  - Quality
  - Improvement Activities
  - Promoting Interoperability
  - Cost
### MIPS Overview

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>50%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Cost</td>
<td>10%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>25%*</td>
<td>25%*</td>
<td>25%*</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
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MIPS Overview

WHY?

MIPS was designed to tie payments to quality and cost efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.
MIPS Overview

WHEN?

• The MIPS Performance Year begins on January 1 and ends on December 31 each year

• Program participants must report data collected during one calendar year by March 31 of the following calendar year
MIPS Overview

Things to Remember

• System Wide

• Data Collection Periods

• Exclusions
MIPS Overview

Useful Tips

• Quality Resource Guides

• MIPS 101 Document

• Email - MIPS TIPS

• Workflows Best Practice Advisory (BPA)
# MIPS 101

<table>
<thead>
<tr>
<th>Measure</th>
<th>Initial Population</th>
<th>Exclusion</th>
<th>Documentation</th>
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<tbody>
<tr>
<td>1. Breast Cancer Screening</td>
<td>Women 51-74 yo with a visit during the measurement period</td>
<td>1. Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a R &amp; L unilateral mastectomy 2. Patients who were in hospice care during the measurement year</td>
<td>* Procedure Order performed Mammogram (Bilat / Unilat / Screening)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* HM Topic Override: Previously completed - External</td>
</tr>
<tr>
<td>2. Diabetic Foot Exam</td>
<td>Patients 18-75 years of age with a diagnosis of diabetes and a qualifying visit during the measurement period</td>
<td>1. Patients who have had either a bilateral amputation above or below the knee, or both a L &amp; R amputation above or below the knee before or during the measurement period 2. Patients who were in hospice care during the measurement year</td>
<td>* Diabetes Foot Exam Procedure Note (all 6 fields documentation)</td>
</tr>
<tr>
<td>3. Diabetes: Hemoglobin A\textsubscript{1c} Poor Control</td>
<td>Patients 18-75 years of age with diabetes with a visit during the measurement period</td>
<td>Patients who were in hospice care during the measurement year</td>
<td>* Lab Result: Most recent HbA1C result</td>
</tr>
</tbody>
</table>
| 4. Pneumococcal Vaccination Status for Older Adults | Patients 65 years of age and older with a visit during the measurement period | Patients who were in hospice care during the measurement year | * Immunization Activity: Pneumococcal Vaccine Administered or Historical Administration of Immunization: Pneumococcal Vaccine OR  
* Procedure performed: Pneumococcal Vaccination |
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| 5. Colorectal Cancer    | Patients 50-75 years of age with a visit during the measurement period             | 1. Patients with a diagnosis or past history of total colectomy or colorectal cancer  
                            |                                                                       | 2. Patients who were in hospice care during the measurement year             | * Procedure Order performed: Colonoscopy or Sigmoidoscopy                    |
|                         |                                                                                    |                                                                           | * Lab Order Result: FOBT Stool Test                                            |
|                         |                                                                                    |                                                                           | * HM Topic Override (Colonoscopy or Sigmoidoscopy only): Previously completed - External |
| 6. Diabetes: Eye Exam   | Patients 18-75 years of age with diabetes with a visit during the measurement period | Patients who were in hospice care during the measurement year             | * A retinal or dilated eye exam documentation on the smart data elements in the Ophthalmology Exam Navigator  
                            |                                                                       |                                                                           | OR                                                                             |
|                         |                                                                                    |                                                                           | * Order Result: Retinal Scan                                                   |
|                         |                                                                                    |                                                                           | * HM Topic Override: Previously completed - External                          |
| 7. Diabetes: Medical    | Patients 18-75 years of age with diabetes with a visit during the measurement period | Patients who were in hospice care during the measurement year             | * Medication, Active: ACE Inhibitor or ARB  
                            |                                                                       |                                                                           | * Diagnosis Problem List / Encounter: Hypertensive Chronic Kidney Disease or  
                            |                                                                       |                                                                           | Kidney Failure or Glomerulonephritis and Nephrotic Syndrome or Diabetic      
                            |                                                                       |                                                                           | Nephropathy or Proteinuria                                                    |
| Attention for Nephropathy|                                                                                    |                                                                           | Or * Procedure Performed (order / charge)                                    |
|                         |                                                                                    |                                                                           | Procedure, Performed: Kidney Transplant                                        |
|                         |                                                                                    |                                                                           | Procedure, Performed: Vascular Access for Dialysis, Procedure, Performed:  
                            |                                                                       |                                                                           | Dialysis Services OR * Lab Order Test Result: Urine Protein Tests, Microalbumin, 24u, Microalbum, Urine |
                            |                                                                                    |                                                                           |                                                                                   |
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| 8. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period | *Patients who are pregnant  
*Patients who are receiving palliative care | *Documentation of Height and Weight: Vitals section - Rooming Activity  
> Below / Above Normal BMI: BPA  
* Diagnosis: Encounter / Problem List: Zcodes  
Above Normal: (Z71.3 / Z71.82)  
Below Normal: (Z71.3) |
| 9. Documentation of Current Medications in the Medical Record          | All visits occurring during the 12 month reporting period for patients 18 years and older before the start of the measurement period | None                                                                                                 | *Document, update, or review the patient’s current medications in the Medications activity navigator section.  
* Medication Reconciliation: Mark as Reviewed during encounter date |
| 10. Hypertension: Improvement in Blood Pressure                        | All patients 18-85 yo, who had at least 1 outpt visit in the first 6 months of the measurement year, who have a DX of essential hypertension documented during that outpt visit, and who have uncontrolled baseline blood pressure at the time of that visit | *All patients with evidence of end-stage renal disease (ESRD) on or prior to December 31 of the measurement year. Documentation of dialysis or kidney transplant also meets the criteria for evidence of ESRD.  
*All patients with a diagnosis of pregnancy during the measurement year  
*Patients who were in hospice care during the measurement year | *Initial visit  
* Blood Pressure (Systolic) Measurement (Vitals Section)  
* Encounter & Problem list Diagnosis: Essential Hypertension (overlaps the measurement period)  
* Provider Follow-up Visit  
* Blood Pressure (Systolic) Measurement (Vitals Section)  
* Encounter & Problem list Diagnosis: Essential Hypertension (overlaps the measurement period) |
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<tr>
<td>11. Preventive Care and Screening: Influenza Immunization</td>
<td>All pts who qualify for initial pt population and who were seen for a visit between October 1 and March 31. All patients aged 6 months and older seen for a visit during the measurement period.</td>
<td>None</td>
<td>* Immunization Activity: Influenza Vaccine Administered or Historical Administration of Immunization: Influenza Vaccine or * Procedure performed: Influenza Vaccination</td>
</tr>
<tr>
<td>12. Childhood Immunization Status</td>
<td>Patients who turn 2 years of age during the measurement period and have a visit during the measurement period</td>
<td>Patients who were in hospice care during the measurement year</td>
<td>* Immunization Activity: Recommended Vaccines or Historical Administration of Immunization: Recommended Vaccines or * Procedure performed: Recommended Vaccination or * Encounter Diagnosis (Based on respective vaccine): Anaphylactic Reactions to: Common Baker’s Yeast, DTaP Vaccine, Hemophilus Influenza B (HIB) Vaccine, Hepatitis A Vaccine, Hepatitis B Vaccine, Inactivated Polio Vaccine (IPV), Influenza Vaccine, Neomycin, Pneumococcal Conjugate Vaccine, Polymyxin, Rotavirus Vaccine, Streptomycin, Disorders of the Immune System, Encephalopathy due to Childhood Vaccination, HIV, Hepatitis A, Hepatitis B Intussusception, Malignant Neoplasm of Lymphatic and Hematopoietic Tissue, Measles, Mumps, Rubella, Severe Combined Immunodeficiency, Varicella Zoster</td>
</tr>
</tbody>
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</table>
| 13. Controlling High Blood Pressure | Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period | • Patients with evidence of end stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period  
• Patients with a diagnosis of pregnancy during the measurement period  
• Patients who were in hospice care during the measurement period | Initial visit and Provider Follow up Visit:  
* Blood Pressure (Diastolic and Systolic) Measurement (Vitals Section)  
* Encouter & Problem list Diagnosis: Essential Hypertension |
| 14. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Initial Patient Population: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period  
Denominator 1 | All patients in the initial patient population  
Denominator 2 | All patients in the initial patient population who were screened for tobacco use and identified as a tobacco user  
Denominator 3 | All patients in the initial patient population | None |
| | | | Documentation  
* Tobacco Status: Vitals or Social History  
* Counseling Given: Yes/No & Mark as Reviewed  
or  
* Medications Active (Tobacco Use Cessation Pharmacotherapy): Medication orders activity  
or  
* Medication Order (Tobacco Use Cessation Pharmacotherapy): Orders activity |
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| **15. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents** | Patients 3–17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period | • Patients with a **diagnosis of pregnancy** during the measurement period  
 • Patients who were in **hospice care** during the measurement year | * Height and Weight: Encounter Vitals Section  
 * **Well-child Note**, Notewriter template: Smart text/Smart list - Nutrition/Physical Activity Counseling |
Faculty Senate Update
Dr. Kenneth Barning
Faculty Senate Updates

Faculty Benefits

Open Enrollment
Started October 8, 2018 to October 22, 2018
Changes effective from January 1, 2019

Department Zoom Session on 10/11/2018 from 12pm to 1pm
Project Mosaic – SAP re-implementation project update

Project Mosaic Travel and Expense: Concur Component

- Single process for employee reimbursement and P-Card reconciliation
- Elimination of check requests and petty cash
- Electronic tool and receipt capture for smart phones
- Streamlined approval process
- Online travel booking through preferred travel agency FROSH
Faculty Senate Updates

TMC inter-library loan policy

A committee is looking into solutions to a change in TMC Library policy that now limits faculty members to 12 free inter-library loan requests per calendar year with a charge of $12-15 for each additional request.

THANK YOU
Questions & Answers

• What’s the accreditation/ citation status?
  – Continued Accreditation without citation

• Where are the program requirements?
  – E-value.net, Home Tab, Home Page

• Where are the program’s Goals & Objectives?
  – E-value.net, Home Tab, Home Page
Questions & Answers

• How and when do evaluations occur?
  – Rotation, Faculty, and Residents
    • *Via E-value, after each rotation*
  – Resident Milestones
    • *Twice yearly, via CCC and Semi-Annual reviews*
  – Program
    • *Once yearly, via PEC and Annual Program Evaluation*
CCC: Clinical Competency Committee

- PD, APD, Core Faculty
- Meets every 6 months (Fall and Spring)
- Evaluate Resident Performance against published FM-RRC Milestones
- Use multiple sources of data
- Provide recommendations to PD
- PD presents this data and recommendations to resident via a Semi-Annual Review
PEC: Program Evaluation Committee

• PD, APD, Core Faculty, Chief Residents, PC
• Completes an Annual Program Evaluation APE
• Reviews such items as
  – Rotation rating, procedures, resident development, graduate/faculty/resident surveys
  – Identifies areas of improvement
  – Formulates action plans
• Minutes keeps on file with GME office
Questions & Answers

- PD: Eric Warwick
- APD: Fareed Khan
- Core: Mohamad Sidani
- Core: Patrice Latimer (Rebecca Berens)
- Core: Suvarna Mahadasyam
- PC: Sharon Mitchell
- Chief: Reggie Nguyen
- Chief: Stephanie Vachirasudelka
Question & Answer

• Where is the policy regarding resident supervision?
  – In the Program Requirements

• Do residents practice independently?
  – No resident, regardless of level, functions "independently" while on any service
  – A licensed faculty member is always immediately available for our residents

• Residents are granted graduated levels of responsibility
VI.D. Supervision of Residents

VI.D.1. In the clinical learning environment, each patient is assigned an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each individual service Review Committee) who is ultimately responsible for that patient's care.

VI.D.1.a) The attending physician assignment information is available to residents, faculty members, and patients when viewed in the medical record or appointments.

VI.D.1.b) Residents are to inform patients of their role as physician learner, in each patient's care.

VI.D.2. Resident supervision is exercised through a variety of methods. Some activities (such as delivery of a newborn) require the physical presence of the supervising faculty member. For many aspects of patient care (such as initial history and physical of a hospitalized patient), the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities (such as after-hours treatment changes). In some circumstances (such as home visits), supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.
VI.D.3. Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program uses the following classification of supervision:

VI.D.3.a)
  Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b)
  Indirect Supervision:

VI.D.3.b).(1)
  with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

VI.D.3.b).(2)
  with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

VI.D.3.c)
  Oversight – the supervising physician is available to provide review of procedures / encounters with feedback provided after care is delivered.

VI.D.4.

Resident advancement, privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director in consultation with the Clinical Competency Committee.
VACAA
Veterans Access, Choice, and Accountability Act

• Twelve residency positions awarded to BCM
  – Three of which were assigned to FM residency
Here we grow!

• BCM GME Office & DIO
  – Approved permanent expansion:

  21: 7-7-7
Application Season Update

• Season started 09/15/2018
  – Over 1300 applications received
• 70 interviews to be granted
  – Starts 10/11 thru 12/14
• 7 interns for Match Day
  – 03/15/2019
Alumni Event

• Date: Thursday, 11/15/2018
• Time: 7:00 pm
• Location: Damian’s

If you are an alumni and did not receive and save-the-date email, please contact Laura.Lind@bcm.edu
Graduation 2019

• Date: Friday, June 14, 2019
• Time: 6:30
• Location: Maggiano’s Little Italy (Galleria)
Medical Student Education
Dr. William Huang
Medical Student Education Update:

William Y. Huang, MD

October 9, 2018
Medical Student Education Update

• Agenda:
  – Thank you!
  – Family and Community Medicine Clerkship issues
    • Involvement of fulltime faculty
    • LCME issues:
      – Review
        » Core Competency Graduation Goals (CCGG’s)
        » Clerkship Goals and Objectives
        » BCM Learner Mistreatment Policy
      – Other BCM Policies
      – Expected Clinical Experiences for Clerkship students
• Thank you to all who participate in medical student education!
  – Course directors and elective directors
  – Medical student education site leaders
  – Mentors
  – PPS facilitators
  – Preceptors for PPS, the Family and Community Medicine Clerkship and electives
Family and Community Medicine Clerkship issues
Involvement of fulltime faculty

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Thank you, Lead preceptors at each site and other precepting faculty!
Goals describing what is expected of a BCM student by the time of graduation
- Relevant to any faculty involved in medical student education
- Course directors and elective directors will be expected to map their course/elective objectives to the CCGG’s.

1. Professionalism
   Each student graduating from BCM will:
   1. Apply ethical decision making that upholds patient and public trust
   2. Employ honesty, integrity, and respect in all interactions
   3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
   4. Demonstrate caring, compassion, and empathy
   5. Demonstrate awareness of one’s own biases and sensitivity to diverse patients and colleagues
   6. Identify and fulfill responsibilities and obligations as a learner and a colleague
   7. Recognize and avoid conflicts of interest
   8. Adhere to patient confidentiality rules and regulations

2. Medical knowledge
   Each student graduating from BCM will:
   1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
   2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
   3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. Patient care
   Each student graduating from BCM will:
   1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
   2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
   3. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies
   4. Obtain consent for and perform basic technical procedures competently
   5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
   6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
   7. Select and interpret diagnostic tests accurately
   8. Interpret physical findings accurately
   9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
   10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings
BCM Core Competency
Graduation Goals
(CCGG’s), page 2

Goals describing what is expected of a BCM student by the time of graduation
- Relevant to any faculty involved in medical student education
- Course directors and elective directors will be expected to map their course/elective objectives to the CCGG’s.

4. Interpersonal and communication skills
   Each student graduating from BCM will:
   4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
   4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
   4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other healthcare professionals, or health related agencies
   4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement
   Each student graduating from BCM will:
   5.1. Identify personal strengths and deficiencies in one’s knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
   5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
   5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice
   Each student graduating from BCM will:
   6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers’ and patients’ behavior
   6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
   6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
   6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

7. Leadership
   Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:
   7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
   7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
   7.3. Utilize skills that enhance the learning environment and team functioning
Family and Community Medicine Clerkship Goals and Objectives, page 1

Goals and objectives specific to our four-week clerkship

Objectives are mapped to BCM’s CCGG’s

### Overall clerkship goal:
In this four-week clerkship, students will learn how to conduct different types of ambulatory visits and the ambulatory management of common conditions seen by family physicians.

### Clerkship Objectives:

<table>
<thead>
<tr>
<th>Medical Program (Core Competency Graduation Goal) Objective(s)</th>
<th>Related Clerkship Objective</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Formative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Summative</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism: 1.3, 1.4</td>
<td>Demonstrate caring, compassion and empathy and a commitment to advocate for the needs and well-being of patients.</td>
<td>Standards of professionalism on Blackboard site</td>
<td>Preceptor feedback, Mid-clerkship observation by your preceptor, Preceptor evaluation, Standardized Patient exam</td>
</tr>
<tr>
<td><strong>Medical Knowledge</strong></td>
<td></td>
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<td>Medical knowledge: 2.1</td>
<td>Explain basic information on the diagnosis and management of common problems in ambulatory care</td>
<td>Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Readings from reference list, Paper case studies, Preceptor experience</td>
<td>Preceptor feedback, NBME exam, Preceptor evaluation</td>
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<tr>
<td>Medical knowledge: 2.1</td>
<td>Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications used in the management of common conditions</td>
<td>Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Readings from</td>
<td>Preceptor feedback, NBME exam, Preceptor evaluation</td>
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Family and Community Medicine Clerkship Goals and Objectives, page 2

Goals and objectives specific to our four-week clerkship

Objectives are mapped to BCM's CCGG’s

<table>
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<tr>
<th>Patient Care</th>
<th>ambulatory conditions</th>
<th>reference list, Paper case studies, Preceptor experience</th>
</tr>
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<tr>
<td><strong>Patient care:</strong> 3.5, 3.6</td>
<td>Describe the five types of ambulatory visits and demonstrate how to conduct an appropriate focused history and physical exam for each</td>
<td>Handling Different Types of Patient Encounters seminar, Preceptor experience, Mid-clerkship observation by your preceptor</td>
</tr>
<tr>
<td><strong>Patient care:</strong> 3.2, 3.3, 3.7</td>
<td>Formulate management plans for patients based on the focused history and physical examination, including appropriate diagnostic tests and therapeutic measures</td>
<td>Handling Different Types of Patient Encounters seminar, Preceptor experience, Readings from reference list, Paper case studies</td>
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| Practice Based Learning and Improvement |
## Family and Community Medicine Clerkship Goals and Objectives, page 3

Goals and objectives specific to our four-week clerkship

Objectives are mapped to BCM’s CCGG’s

| Practice-based learning and improvement: 5.2, 5.3 | Use an evidence-based medicine approach where possible to answer specific clinical questions | Handling Different Types of Patient Encounters seminar, Mid-clerkship seminars, Paper case studies on Blackboard, Pathology Teaches Case Study | Preceptor feedback | Preceptor evaluation, NBME exam |
| Practice-based learning and improvement: 5.1 | Self-assess progress as learners and identify specific learning needs during the clerkship | Reflecting on Your Learning Experience seminar | Pre-clerkship self-assessment form, Mid-clerkship feedback discussion | Post-clerkship self-assessment form |

### Systems-Based Practice

| Systems-based practice: 6.1, 6.2 | State the components of the Patient-Centered Medical Home model and explain how your preceptor is transforming his/her practice in accordance with this approach | Readings on the Patient-Centered Medical Home, Discussion with preceptor, Preceptor experience | Preceptor feedback | Patient-Centered Medical Home paper** |
BCM Policies and Procedures

• At faculty meeting July 2018, following policies were reviewed:
  – Respectful and Professional Learning Environment Policy: Standards for Student Conduct and College Oversight (23.2.01)
    • https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.01
  – Learner Mistreatment Policy (23.2.02)
    • https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02
  – Student Appeals and Grievances Policy (23.1.08)
    • https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.1.08
What do we tell students about Mistreatment?

• Mistreatment can be experienced from faculty/residents/fellows/staff/patients/other students

• Mistreatment is often in the eyes of the beholder: any behavior from another party that leaves you feeling marginalized, treated unjustly, humiliated, etc.

• Examples include, but are not limited to:
  • Sexual remarks or threatening behavior
  • Physical/verbal aggression
  • Discrimination and treating you differently from other students due to gender/race/etc.
  • Faculty neglecting roles delineated in teacher-learner compact
  • Public humiliation for not knowing the answer or saying something incorrectly

• Please report any mistreatment to ensure you and other students are protected in the future! Options:
  • Immediately report online (https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html) or via the Integrity Hotline (855) 764-7292
  • Please consider reporting to the Clerkship Director or Assistant Clerkship Directors or Deans of Student Affairs
  • You will also have opportunity to report this on the Rotation Evaluation form at the end of the clerkship
Additional policies affecting the Family and Community Medicine Clerkship

• **Direct observation policy (28.1.03)**
  – Please continue to observe your FCM Clerkship student at least once during his/her 4-week clerkship and document your observation on the E*Value form that the student sends you.

• **Midterm Feedback policy (28.1.02)**
  – Please continue to give your FCM Clerkship student formal mid-clerkship feedback and document your feedback on the E*Value form that Ms. Ruiz sends you.

• **Grades submission policy (28.1.01)**
  – Please submit your end-of-clerkship evaluations as soon as possible so that we can submit students’ grades within the 4-week deadline.
Additional policies affecting the Family and Community Medicine Clerkship

• Duty hours policy (28.1.04)
  – **Maximum**: Average of 80 hours/week over a four-week period
  – **Maximum**: 24 hours/shift
  – **Minimum**: 10 hours off between shifts
  – **Minimum**: 1 day off every 7 days or 4 days off every 28 days

• Duty hour violations are being monitored closely by the College
Family and Community Medicine Clerkship: Required Clinical Experiences

• Each student must perform a focused history and physical exam and formulate a management plan on each of the following conditions:
  – Upper respiratory symptoms
  – General symptoms (dizziness, fever, weight change)
  – A musculoskeletal disorder
  – Hypertension
  – Diabetes mellitus
  – Dyslipidemia
  – Chronic respiratory disease (asthma, COPD, allergic rhinitis)
  – Checkup (prevention/screening)
  – Psychosocial disorder (anxiety, depression, etc.)
  – Behavior change (smoking cessation, diet or exercise counseling)

• Please assist students in finding patients with these clinical conditions
Thank you!