

## Principles of Managed Care

### General description of the training including educational purpose, rationale or value:

Residents are exposed to didactic and clinical experiences that deliver a curriculum in managed care. The didactic components are presented through the Ambulatory Care Seminar curriculum and Primary Care Workshops. The clinical components extend across a broad array of venues, including inpatient services, continuity medical clinics and the managed care components of the Ambulatory Block Rotations. During general medicine inpatient rotations, residents are supervised by generalists and hospitalists with expertise in caring for patients with a variety of insurance coverage. Residents learn about the importance of length of stay data, referrals, pre-approval procedures and dealing with various insurance providers. A significant emphasis is placed on managed care principles in the continuity clinics at all the sites. For example, at University Health Center residents care for patients who are insured by various managed care organizations, such as Medicaid, Free State, Care Partners and Medicare. In an interdisciplinary manner, residents work with referral staff to ensure that patients receive comprehensive care. Similarly, residents who care for patients at the VA's Primary Care Clinic and Mercy's continuity medical clinic learn the principles of managed care through direct patient care and with supervision by experienced generalists. All residents are required to rotate through Kaiser Permanente during their Ambulatory Block Rotations where they learn about office management, case management, preventive care and other issues involved in managed care. Residents in the Med-Peds program receive an expanded curriculum in managed care. Established through a previous grant funded by HRSA and the Bureau of Health Professions, Med-Peds residents have a required one-month rotation in managed care. They complete a quality assurance/utilization project and attend case management meetings.

### Resident responsibilities:

Responsibilities are specific to each of the venues noted above and are detailed in the curriculum regarding that component.

### Educational Objectives:

#### PGY-1 resident will:

1. Learn basic principles of managed care, emphasizing similarities and differences in strategies for patient care and reimbursement.

#### PGY-2 resident will:

1. Obtain clinical experience in a community HMO through the Ambulatory Block Rotations.
2. Participate in conferences and workshops where concepts of quality improvement, analysis of cost, utilization review and health plan performance are discussed.

#### PGY-3 resident will:

1. Complete a Practice Based Learning exercise where they will analyze their compliance with health maintenance guidelines.
2. Set objectives to improve their approach to health maintenance and preventive care in their panel of continuity patients.

### Check all principle teaching methods used during this training:

- |                                     |                                      |                                     |   |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | Attending teaching rounds            | <input checked="" type="checkbox"/> | Interdisciplinary rounds                          |
| <input checked="" type="checkbox"/> | Patient management discussions       | <input checked="" type="checkbox"/> | Small group discussions                           |
| <input checked="" type="checkbox"/> | Conferences specific to the rotation | <input type="checkbox"/>            | Bedside clinical rounds                           |
| <input type="checkbox"/>            | Individual instruction of procedures | <input type="checkbox"/>            | Review of diagnostic studies                      |
| <input type="checkbox"/>            | Other: _____                         | <input type="checkbox"/>            | Review of diagnostic studies, including radiology |

### Describe the most important educational content, including the mix of disease, patient characteristics, types of clinical encounters, procedures and services:

Since residents rotating in a variety of inpatient and ambulatory sites, including HMOs, they have first-hand exposure to training in the practical application of managed care principles. These are reinforced through a didactic curriculum as noted above.

### Check the principal ancillary educational materials used:

- |                                     |                             |                                     |                              |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Reading lists               | <input type="checkbox"/>            | Pathologic material          |
| <input type="checkbox"/>            | Radiologic studies          | <input type="checkbox"/>            | Other noninvasive studies    |
| <input checked="" type="checkbox"/> | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/>            | Other: _____                | <input type="checkbox"/>            | Case studies                 |

Methods used to evaluate the residents and the rotation: (various with component)

- Evaluation of residency performance
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other: \_\_\_\_\_

Identify strengths and limitations specific to the resources of the sponsoring institution:

The strengths include the managed care expertise of the generalists who supervise and teach the residents, the diversity of patients with managed care coverage, and the hands-on experience at community HMOs. There are no specific limitations

Conferences or attending/Patient Care Rounds:

- Ambulatory Care Seminars – weekly
- Attending Rounds (Med 2)
- Managed care sessions during Ambulatory Block Rotations
- Managed care rotation (conferences, seminars) – Med-Peds residents