

Patient-Centered Medical Home Undergraduate Internship, Benefits to a Practice Manager Case Study

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Health services management interns become practice facilitators for primary care clinics interested in pursuing patient-centered recognition for their practice. This experience establishes a collaborative relationship between the university and clinic practices where students apply their academic training to a system of documentation to improve the quality of patient care delivery. The case study presents the process undertaken, benefits, challenges, lessons learned, and recommendations for intern, practice managers, and educators. The practice manager benefits as interns become Patient-Centered Medical Home facilitators and assist practice managers in the recognition process. Key words: *community partners, internship, patient-centered medical home, practice facilitator*

HEALTH SERVICES MANAGEMENT undergraduate interns completing a 160-hour senior internship have the opportunity to become practice facilitators by assisting primary care practices in developing an alternative practice model known as the Patient-Centered Medical Home (PCMH)—a selective group of seniors elected to step outside the traditional internship experience and use the PCMH facilitation experience as their internship. The goal of this internship was to collaborate with family medicine and pediatric practice staff in assisting them to achieve a level of recognition based on the 2011 standards of care developed by

the National Committee on Quality Assurance.¹ The case study will share information and insight into how clinical sites, the university, and internship students have collaborated over a 3-year period transforming primary care practices to one of the three levels of PCMH recognition. Positive results from this internship are as follows: (1) a graduate becomes the practice liaison and mentor to students in year 2 and assists with didactic content in year 3, (2) internship students have been offered employment at practices, (3) students have gained an edge over other graduate applicants by having this experience, and (4) employment opportunities were presented as a result of the internship.

BACKGROUND

The Patient Protection and Affordable Care Act of 2010 promotes the redesign of practices to develop and implement interprofessional care plans that focus on patient-centered medical care.² The PCMH model focus is to provide quality, cost-effective care; improve access to care for patients; and improve patient satisfaction. The five features of PCMH are comprehensive care, patient-centered care, coordinated care, accessible services, and quality and safety. In achieving these goals, the PCMH model requires the

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following components: health information technology (HIT), workforce, and finances.³

Education is important to the success of the PCMH internship. The health services management department designed a 2-hour special topics course where students would meet once a week during the fall semester to learn about the PCMH standards of care, meet their respective site preceptors, and be introduced to their community staff before beginning the formal internship. Interns need to understand the PCMH standards, the documentation requirements, the electronic health record (EHR) system, and the review process set by the National Committee for Quality Assurance. Students gain insight before being immersed in the practice setting, with each practice at a different stage of achieving recognition. A PCMH content expert delivered the course content, whereas a community liaison identified practice sites and serves as a mentor to students and practice staff for a smooth transition into the practice.

PLANNING

Access East is a part of the primary Community Care Network of North Carolina that collaborates with a regional network of health providers in eastern North Carolina to provide care to Medicaid patients (<https://www.communitycarenc.org/our-networks/>). Access East staff identify practices that needed assistance with PCMH recognition. During year 1, five interns were assigned at different sites: family practice university clinic and its satellite office, a small rural clinic, and a federally qualified health care center (FQHC). During year 2, seven interns participated at different sites: two pediatric clinics, two different FQHCs, and two adult family practice sites. The community liaison in year 2 was a former PCMH intern in year 1 and is now an Access East employee. This individual identified that practices receptive to having students at the clinic focus on PCMH recognition. This individual periodically met with students at the site to address challenges and progress toward recognition. This was a very positive step to ease anxiety level of both student and preceptor.

CHALLENGES

Transforming practices into a PCMH is daunting for both intern and practice. Homer and Baron⁴ noted critical success factors needed for transformation to occur: leadership, financial resources, organizational relationship, patient engagement, and EHR system. Staffing, redesigning workflow, and having expertise in writing and documentation processes are seen in large and small practices in rural areas as problematic for transformation.⁵

Many of our interns experience these elements firsthand. In several practice sites, over the past 2 years, they became the policy writers. Many of the practices had limited policies and procedures written to document their clinical processes. Interns have excelled in these areas, becoming leaders at the practice, to move the PCMH recognition forward. Interns assumed a leadership role and provided training to clinical and administrative staff so that the process could move forward.

Organizational culture and workflow design were challenges seen at most practices. Many staff were noncompliant and did not see the benefits of working toward this recognition. Interns became the PCMH champions and began to educate staff slowly on the benefits to their patients and practice to become PCMH recognized. In several instances, role reversal occurred with the interns assigning tasks to the preceptor. Interns noted that every clinic is unique and transformation is different based on the ability of the clinic staff to address barriers for change. Multiple strategies must be used and take into consideration the characteristics of the practice and the environment where the practice is.⁶ These challenges present teachable moments. Interns realize that not all practices can achieve the standards necessary for change to meet recognition level.⁷

BENEFITS

The preceptor, practice site, patient, PCMH intern, and university gained from the patient-centered model of care.

Benefits to interns

Interns gain academic credit for the internship, which is mutually beneficial to the practice. The interns are additional human resources to the practices that do not have staff or time to complete the PCMH process. Interns form a working relationship with the preceptor who encourages open dialogue to improve the quality patient care and practice processes. The PCMH facilitation model continues to sustain a collaborative relationship between the community practice sites and the university health care management program.¹ This PCMH model meets the goals of the “Triple Aim” developed by the Institute of Health Care Improvement whose mission is to optimize health care by improvement in population health, patient satisfaction, quality, and access to care.⁸

Most importantly, the interns gain valuable skills and walks away with a toolkit of skills that are transferrable to any professional career path. They gain opportunities to experience the practice’s EHR system not offered previously in didactic courses. These interns learn skills in task delegation and leadership and become consultants to the practice. They become proficient in both written and oral communication and time management because practices have limited time and staff to devote to PCMH initiative.

Organizational culture is an eye-opening experience for the interns. The uniqueness of each site aids them in building critical thinking and problem-solving skills. A site resistant to change due to noncompliant staff has now offered an intern employment to continue work on PCMH recognition. Interns are viewed as leaders because staff rely on them for information and validation of processes.

Benefits to the practice manager

Practice managers and physicians are busy providing care and directing the day-to-day operation of the facility. Interns provide the workforce needed to dedicate to this practice transformation. The interns become practice leaders to empower the staff to change the process for improvement. One such example

is the team huddle where the practice manager and clinical staff address patient treatment collectively. Practice managers use the skills of the intern to educate and provide training to office and clinical staff on the changes to meet the PCMH principles. Practice managers use their skills in educating patients and improving the overall experience. One such example is the intern working on improving communication by use of the patient portal and care coordination where the interns develop patient education information. Interns assist the practice manager in developing a system of documentation that addresses the quality of care provided and a plan for continuous improvement that follows the PCMH standards.⁷ It is an ongoing process where health care managers and professional staff must justify the value of their services to patients and third-party payers.

In a recent study by Timbie et al,⁹ it was found in a nationwide sample of 503 federally qualified health care centers that the leaders at the health care centers had increased stress with the 3-year requirement to achieve level 3 recognition. In our students’ internship experiences, the practice managers or directors’ stress was decreased because of the interns’ help with projects and assignments.

An unexpected benefit

An unexpected benefit of the internship is reflected in the organizational culture of Access East. As stated previously, Access East identifies practices interested in PCMH recognition. Through its involvement in the grant, the Quality Improvement/Practice Support team has come to recognize the benefits of a PCMH. As the “boots on the ground” for various initiatives to improve outcomes, they have seen firsthand that the model of care PCMH supports is ideal for overall practice improvement from improving no-show rates to increasing employee/patient satisfaction. As a result, Access East has made it a requirement of its quality improvement staff to become a certified content expert.

Comments and thoughts from the interns

In a roundtable discussion with six of the undergraduate interns, the interns made the

following comments and suggestions for improvement in year 3 of the grant:

Comments

1. Would like more contact and interaction with the practice.
2. Professional growth skills focused on experience with EHR.
3. Students should go in with an open mind and help wherever needed.
4. Advice for future interns: go in with a game plan. Be prepared to be in charge. Learn who your practice champion is. Ask questions.
5. Try to have an idea of what you are doing each day you go in. This will keep you prepared.

Suggestions

1. More practice encounters including an on-boarding presentation to the practice and a practice readiness assessment/interview conducted by the student.
2. Create a PCMH brochure that the practice can use to inform patients of the transformation.
3. Develop a relationship with the preceptor and other coworkers. They are a great learning resource and networking connection.

Comments and thoughts from the preceptors

Preceptors completed evaluation forms on the students at the end of the internships and made the following comments:

Comments

1. The “intern” is definitely a leader and worked very hard while in our office. She completed all policies and procedures for PCMH and read through all of the complex policies and procedures and broke them down into language we could understand. She offered alternative reports and methods to meet the difference elements we needed for PCMH.

2. All projects exceeded expectations and were completely early.
3. The “intern” performed multiple projects for us during her time here. I could tell her what I needed, and she could create from scratch exactly what was required. A prime example would be the brochure. She compiled all the elements that were required for the brochure and laid out the design.
4. The “intern” performed very good work. The PCMH process is difficult and time consuming. She was able to create a great working foundation for the project.
5. The “intern” demonstrated time management skills. She demonstrated the ability to work independently and the ability to find solutions. She understands PCMH concepts and can describe them to other staff.
6. The “intern” always presented herself with confidence. I never had to repeat myself or explain multiple times what I needed.
7. Dr X asked the intern about plans after graduation and hopes to offer her a permanent position.

RECOMMENDATIONS

Lessons learned from the PCMH internship over the past several years are the following:

1. Promoting physician and staff buy-in: A practice is very excited and willing to have student interns participate in the internship, but once the interns arrive, this is often not the case. Often, leadership has not communicated with staff on the importance of the PCMH project. Interns are met with resistance and non-compliance. Managers and clinical staff are busy and often have limited time and resources to contribute to the transformation. Practice staff and physicians need educational training on the PCMH principles and reimbursement mechanism. Reimbursement is based on the quality of care provided rather than a volume-based fee for service care.⁷
2. Electronic health record system: In many instances, the practice’s EHR system is

not compatible with the reporting mechanism needed to comply with PCMH record review work book system. It becomes difficult for the interns to get the information needed to meet specific standards based on patient numbers. Physicians may have to invest in a new system to meet requirements that are often costly to the practice. If the practice is unable to use a compatible EHR, then PCMH goals are difficult to attain.⁷

3. Changing the office culture: PCMH transformation requires changes in the practice processes. Time now must be allocated for team-based care meeting. Staff must be educated on their new roles and how these changes improve patient quality. Clinical and administrative staff are encouraged to develop a new workflow process and improved decision-making skills to address the new PCMH principles.⁷
4. Training and transition time: Practices must be made aware that the transformation practice change will take time. This is not an easy task or is not quickly accomplished. Interns can only assist the practice at their point of readiness. This endeavor may take several years to accomplish. Interns will assist the practice to accomplish the task to meet some level of recognition. It will be up to the practice to assign staff to continue with the PCMH process after the interns leave the practice.

SUMMARY

There are many tasks and goals that must be completed and met for a practice to become PCMH certified (refer to Table 1). The primary benefits for the preceptor of an intern are (1) the preceptor’s time is saved so he or she can focus on other tasks and responsibilities and (2) valuable projects are completed in a timely manner. This is illustrated in the preceptors’ comments.

All the interns were able to use the knowledge from some of their courses to help with their use of the practice’s EHR. This saved time for the preceptors and was beneficial for the interns as they gained EHR experience. In addition, because of HIT being a strategic focus for improving patient care and lowering health care costs since the passage of the Affordable Care Act in 2010 and the requirement for EHRs, HIT has allowed facilities to collect vast amounts of data that, when analyzed efficiently and effectively, can give direction for strategic planning along with assisting with a practice’s PCMH certification application.¹⁰ Our interns are trained to use the EHRs in the different facilities that are applying for PCMH certification, which is beneficial to the interns and the preceptors.

A recent study of 1061 global information technology (IT) managers discovered that most organizations recognized that gaps in IT skill sets significantly affected their business operations and that it is essential that academic

Table 1. Overview of Patient-Centered Medical Home (PCMH) standards/competencies

Standards	Competencies	Elements
PCMH 1 Patient access		24/7 clinical advice electronic access
PCMH 2 Team-based care		Continuity, medical home responsibility, culturally appropriate services, practice team
PCMH 3 Population health management		Patient information, clinical data, health assessment, data population, evidence-based decision support
PCMH 4 Care management and support		Identify patients’ care planning, medication management, electronic prescribing, self-care
PCMH 5 Coordination and care transitions		Test tracking, referral tracking, care transitions
PCMH 6 Performance measures and quality improvement		Clinical quality performance, resource use, patient/family experience, quality improvement, report performance, certified EHR

programs provide a full range of IT expertise and skills to fill these gaps. In addition, academic programs need to provide hands-on training including components of quality management, confidentiality and security, and secondary uses of clinical data and information. Furthermore, the best “real-world” experience for an intern is observing and teaching others how to use an EHR system.¹⁰ In our PCMH internships, interns are exposed to and work with EHRs, a benefit for the intern; however, many tasks and goals for a PCMH application are completed and met through interns’ use of EHRs.

In summary, PCMH internships can be a win-win for all parties involved (Table 2).

CONCLUSION

The internship case study presents an opportunity for an ongoing collaborative relationship between the university and practice sites. Interns have the opportunity to apply their academic training and knowledge to community practices that will benefit from the interns’ knowledge. The PCMH internship has significant collaborative benefits well

Table 2. Patient-Centered Medical Home (PCMH) outcomes: practice levels of PCMH recognition by site

Clinics	Level 1 Points (35-59 Points)	Level 2 Points (60-84 Points)	Level 3 Points (85-100 Points)
Two FQHCs		X	X
Two pediatric practices	X		X
Two family medicine clinics		X	X

beyond the 3 years of student engagement in various clinics. Practice managers and other community leaders have the opportunity to mentor and train interns while building and sustaining links between a community and a postsecondary educational institution. This internship is planting the seed for change among the practices.¹¹ The interns are prepared to act as professional consultants, showcasing their willingness to learn and produce for the clinic products by sharing their knowledge and talents.¹²

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