Partners HealthCare System
Curriculum for the Partners Population Health Leadership Fellowship

I. Overall Educational Goals for the Program:
Population Health Management is a recognized solution to improving quality of care and reducing costs, and Partners Healthcare is a nationally known leader, being one of the earliest adapters, in this space. Growth in this area is expected to explode. For example, a recent report by Frost and Sullivan predicted that the population health management market will expand by 284 percent during the next five years, with both providers and payers embracing population health strategies. Currently there are few pathways for the development of future clinical and administrative leaders in population health. Providing leadership development opportunities will spark innovation in this rapidly changing area in medicine.

Following completion of Partners Population Health Leadership Fellowship, the Fellow will be able to:

- Understand the socioeconomic and political context for population health management
- Describe the structure and resources needed (from beginning to end) for the administration of a successful population health management program
- Describe financial and operational considerations for an ACO
- Describe appropriate population health strategies depending on patient populations and needs
- Analyze outcomes of population health strategies, and make recommendations regarding program scale and scope based on those outcomes

In addition, the Fellow will be expected to enhance his/her presentation, facilitation and leadership skills by successfully completing the following:

- Poster presentation at Partners Population Health Research Symposium
- Lead a regularly scheduled journal club discussion, identifying the article, providing a synopsis and facilitating discussion
- Implementation of strategies in clinical practice

The goals and structure of this Fellowship differ from the MGPO Fellowship in that this Fellowship is specific to population health structure and strategies.

The goals and structure of this Fellowship also differ from the Emergency Medicine Health Policy Fellowship. Based on a conversation, with Dr. Scott Weiner and Dr. Jeremiah Schuur, program directors, the Emergency Medicine Fellowship is approved as a two-year program only, and it is very project based, with three projects due at the end of the Fellowship. In addition, the Emergency Medicine Fellowship is only for emergency medicine residents with a focus on research and policy. Dr. Weiner and Dr. Schuur indicated that the Fellow has some ability to shape his/her Fellowship, and we agreed that if one of their Fellows has a population health interest and/or if an emergency medicine resident is chosen for our Fellowship, we would then collaborate to avoid overlap and ensure the best experience for the Fellow.

Dr. Weiner and Dr. Schuur noted that there is an Emergency Medicine Administrative Fellowship that is separate from their Fellowship. This Fellowship is also specific to emergency medicine residents and
could be a collaborative partner if an emergency medicine resident is chosen as our Fellow. If a collaboration with emergency medicine is appropriate, we will encourage our Fellow to attend appropriate didactic programs offered as part of the emergency medicine fellowships.

II. Rotations and Electives: Objectives, Teaching and Learning Methods, Resources
The first year of the Fellowship will allow the Fellow to focus on gaining knowledge and skills through direct participation in population health strategy development and implementation. Central to population health management is the redesign of clinical workflows to optimize the value of care delivery. Remaining clinically active during the fellowship is critical to connecting the theory of population health to on-the-ground realities of clinical care. The first year will also include an introduction into evaluation and research, with a project to be well underway at the end of the first year. The second year of the Fellowship (if the Fellow decides to pursue the second year) will focus on scaling the project. The Fellowship is diagramed below.

YEAR ONE

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rotation #1: Clinical (REQUIRED)</strong></td>
<td>Responsibilities: about 30% of the Fellow’s time for the duration of the Fellowship From September of Year 1 to Fellowship End</td>
</tr>
<tr>
<td><strong>Rotation #2: Master of Public Health and/or the Clinical Effectiveness Study Program (~July 5 – August 18; 15 credits) (REQUIRED UNLESS PRIOR MPH OR SIMILAR DEGREE)</strong></td>
<td>The fellowship will be 1 or 2 years, to be worked out specifically with each Fellow. This rotation will be specific to the Clinical Effectiveness Study Program. If the Fellow is planning a two-year fellowship to complete his/her Masters’ degree, then he/she will need to continue to take MPH classes in his/her second year in order to complete the required 45 credits by the end of the second year of the Fellowship.</td>
</tr>
<tr>
<td><strong>Rotation #3: Population Health Structure and Administration (REQUIRED)</strong></td>
<td>One-month mentorship/shadowing Population Health Leadership.</td>
</tr>
<tr>
<td><strong>Rotation #4: Population Health Analytics (REQUIRED)</strong></td>
<td>Mentorship/shadowing with Lara Terry, MD, Medical Director, Clinical Analytics and Informatics, Partners Population Health</td>
</tr>
<tr>
<td><strong>Rotation #5: Evaluation and Research (REQUIRED)</strong></td>
<td>Mentorship/shadowing with Christine Vogeli, PhD, Director of Evaluation and Research, Partners Population Health</td>
</tr>
<tr>
<td><strong>Rotation #6: Risk Coding (REQUIRED)</strong></td>
<td>Mentorship/shadowing with Frannie Kronenberg, MD, Medical Director, Coding, Partners Population Health</td>
</tr>
</tbody>
</table>

**ELECTIVES**
ELECTIVES: Fellow will choose two electives to focus on during their required first year. Fellows who choose a two-year program will continue their chosen electives. Projects will be initiated in Year 1 and completed by the end of the Fellowship.

<table>
<thead>
<tr>
<th>Elective #1: High Risk Care Management Program</th>
<th>Elective #2: Advanced Primary Care Strategy – Mentorship/shadowing Primary Care clinical and administrative leadership; project(s) development, implementation and analyses. The advanced primary care strategy crosses over the other patient-facing PHM programs. The Fellow will work with various medical directors in conjunction with this elective.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentorship/shadowing with Amy Flaster, MD, Medical Director, High Risk Care Management and administrative leadership; project(s) development, implementation and analyses.</td>
<td></td>
</tr>
<tr>
<td>Elective #3: Behavioral Health -- Mentorship/shadowing with Brent Forester, MD, Medical Director, Behavioral Health, Partners Population Health and Trina Chang, MD Associate Medical Director, Behavioral Health, Partners Population Health and administrative leadership; project(s) development, implementation and analyses.</td>
<td></td>
</tr>
<tr>
<td>Elective #4: Care Continuum -- Mentorship/shadowing with Chuck Pu, MD, Medical Director, Care Transitions and Continuum, Partners Population Health and administrative leadership; project(s) development, implementation and analyses.</td>
<td></td>
</tr>
<tr>
<td>Elective #5: Medicaid ACO – Mentorship/shadowing with clinical and administrative leadership responsible for meeting contract requirements; project(s) development, implementation and analyses. This program cuts across electives #1-#4 above.</td>
<td></td>
</tr>
</tbody>
</table>

YEAR TWO (for those who choose a two-year Fellowship)

<table>
<thead>
<tr>
<th>Rotation #6: Clinical (REQUIRED)</th>
<th>Rotation #7: Master of Public Health: The second year would focus on the Fellow who chose this degree completing his/her MPH degree.</th>
<th>Rotation #8: Chosen Electives are continued; Scale, complete and report on/publish on projects initiated in Year 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibilities: about 30% of the Fellow’s time for the duration of the Fellowship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YEAR ONE DETAILS:

Rotation #1: Clinical Description
Fellows will be expected to maintain a clinical role for the duration of the Fellowship, with clinical responsibilities accounting for about 30% of the Fellow’s time. Since the Fellowship is open to all specialties, this will need to be “personalized” based on the Fellow chosen. Partners Population Health will work with the Fellow’s department chief following the Fellow’s selection and acceptance into the Fellowship. Clinical aspects to be agreed upon include (but are not limited to) on-call responsibilities, billing/reimbursement and admitting privileges.

Objectives
The objective for this rotation is for the Fellow to maintain his/her clinical skills, and to be able to experience, from the provider’s and patient’s perspective, the impact of population health programs.

**Teaching and Learning Methods**
These will be identified and agreed upon by the Fellow’s department chair and the Fellowship program directors.

**Educational Resources**
These will be identified and agreed upon by the Fellow’s department chair and the Fellowship program director and may include department grand rounds and conferences as the Fellow’s schedule allows.

**Level of Supervision**
The Fellow’s indirect and direct level of clinical supervision will depend on his/her qualifications and specialty. Partners Population Health will work with the Fellow’s clinical department to meet all GME supervision policies, including if needed, identifying a staff attending physician who can supervise the Fellow during his/her clinical time.

**Assessment:**
- Evaluation of Fellow by faculty and peers done in November and June
- Fellow’s evaluation of Faculty (completed in November and June)
- Fellow’s evaluation of Program (completed in November and June)

Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will be both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

**Rotation #2: Master of Public Health and/or Clinical Effectiveness (PCE) Study Program (~July 5 – August 18 for PCE summer program; 15 credits; Fellow will need to continue taking classes after the PCE in order to earn his/her MPH by end of year two of the Fellowship**

**Description**
The Fellowship will include a minimum of 15 credits toward a 45 credit Master in Public Health degree. Those credits will be earned as part of the Program in Clinical Effectiveness (PCE). The clinical effectiveness field of study prepares students for clinical research responsibilities and for leadership roles in evaluating and improving all aspects of health care delivery. The field of study is focused on identifying the most appropriate, ethical, and cost-effective means of providing health care through prevention, early-detection, and treatment.

**Objectives.** Trainees are expected to:
- Successfully complete the requirements and earn the 15 credits that are offered as part of the PCE

**Teaching and Learning Methods.**
Most of this rotation is offered as live didactic courses at the Harvard T.H. Chan School of Public Health. The following two courses are required as part of the first 15 credits earned.

- Biostatistics
- Clinical Epidemiology
Students also select two half-summer elective courses from offerings in:

- Linear and Longitudinal Regression
- Effectiveness Research with Longitudinal Healthcare Databases
- Ethical Basis of the Practice of Public Health
- Improvement in Quality in Health Care
- Introduction to Methods and Applications in Health Services Research
- Research with Large Databases
- Medical Informatics
- Implementation Research in Health and Healthcare
- Decision Analysis in Clinical Research
- Methods for Decision Making in Medicine
- Research on Social and Behavioral Health

**Educational Resources**
Textbooks as required by the Harvard T.H. Chan School of Public Health

**Level of Supervision**
For this rotation, the Fellow will be supervised by the MPH faculty.

**Assessment**
The Fellow will be assessed based on the grade he/she receives as part of the Masters’ program.

**Rotation #3: Population Health Structure and Administration (REQUIRED) -- One-month mentorship/shadowing Population Health leadership.**

**Description**
This rotation is designed to provide the Fellow with the foundation needed for him/her to take full advantage of the remaining rotations and electives. The rotation provides an introduction to population health, focusing on Partners’ ongoing experience. Payment systems, contracting, performance and structure will be described.

**Objectives.** Following completion of this rotation, the Fellow will be able to:

1. Understand the socioeconomic and political context for population health management
2. Describe the structure and resources needed (from beginning to end) for the administration of a successful population health management program
3. Describe financial and operational considerations for an ACO

**Teaching and Learning Methods**
The majority of this rotation will be spent participating in and when appropriate presenting at high level meetings related to population health programs, structures and payment models. The high-level meetings include: weekly team meetings; twice-monthly Primary Care Council meetings; bi-weekly medical directors’ meetings; monthly population health program meetings; and Community Performance Oversight committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

Within the first few months of the Fellowship, the Fellow will work with the Program Director to identify a longitudinal research project that has both an academic and operational component. The Fellow will be the key operational and intellectual lead for the identified project. The project will be continued in
the second year or a new project will be identified. In addition, the Fellow will be expected to manage a series of short-term projects in conjunction with already existing population health programs.

The following teaching and learning methods will be included.

- Lectures
- Mentorship/Shadowing
- Case Studies
- Presentation

**Educational Resources**

- Leadership Summit (see Appendix for 2019 agenda)
- Clinician’s Day
- Extended Team Meetings
- Journal Club (Fellow identifies article and presents)
- 1:1 Mentorship with Lara Terry, MD, MPH, Medical Director, Clinical Analytics and Informatics, Partners Population Health

**Level of Supervision**

The Fellow will receive supervision from Lara Terry, MD, MPH, Fellowship Director, for the duration of the Fellowship.

**Assessment**

An assessment of this rotation will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

**Rotation #4: Population Health Analytics (REQUIRED) -- Mentorship/shadowing with Lara Terry, MD, MPH, Medical Director, Clinical Analytics and Informatics, Partners Population Health**

**Description**

This rotation is designed to expose the Fellow to the data sources available and make him/her comfortable in the use of analytics and reporting tools that measure population health strategies and the outcomes of those strategies.

**Objectives.** Following completion of this rotation, the Fellow will be able to:

1. Identify and access the appropriate data, analytic and reporting sources for analyses
2. Describe the Internal Performance Framework, and its role within population health
3. Learn how to interpret analytics and reporting and convert insights to medical management actions.

**Teaching and Learning Methods**

The majority of this rotation will be working with Dr. Terry and learning how to do the items noted above and sharing insights with program and RSO stakeholders. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

**Educational Resources**
• 1:1 Mentorship with Lara Terry, MD, MPH, Medical Director, Informatics, Partners Population Health

Level of Supervision
The Fellow will receive supervision from Lara Terry, MD, MPH, Medical Director, Clinical Analytics and Informatics, Partners Population Health.

Assessment
An assessment of this rotation will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

Rotation #5: Evaluation and Research (REQUIRED)-- Mentorship/shadowing with Christine Vogeli, PhD, Director of Evaluation and Research, Partners Population Health

Description
Evaluation is an essential component of a successful population health program. Evaluation plans should guide program implementation and then measure the success of the program. This rotation will focus on developing and documenting program implementation plans, creating evaluation plans, and working with analysts to execute the plan with the expectation that at least one evaluation plan is created and work is underway toward executing the plan. The evaluation plan and, if completed, the analysis will be highlighted in a poster presentation at the Partners Population Health Research Symposium in June.

Objectives. At the conclusion of this rotation the Fellow will be able to:
1. Understand the implications of program implementation decisions on program evaluation
2. Describe the strengths and weaknesses of various evaluation designs and comparison populations
3. Understand evaluation techniques, including measurement and biostatistical methods

Teaching and Learning Methods
This rotation will focus on the development and implementation of an evaluation plan.

Educational Resources
• 1:1 Mentorship with Christine Vogel, PhD, Director, Evaluation and Research, Partners Population Health

Level of Supervision
For this rotation, the Fellow will be supervised by Christine Vogeli, PhD, Director, Evaluation and Research, Partners Population Health.

Assessment
- The Fellow will be assessed based on whether he/she was able to complete a poster for the Partners Population Health Research Symposium based on his/her work.

- An assessment of this rotation will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online
surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments

Rotation #6: Risk Coding (REQUIRED) – Mentorship/shadowing of Frannie Kronenberg, MD, Medical Director, Coding, Partners Population Health

Description
This rotation is focused on risk adjustment within the population health framework. Risk adjustment is the process by which the Centers for Medicare & Medicaid (CMS) prospectively estimates predicted costs for enrollees. It was designed to pay more accurately for the predicted health cost expenditures by adjusting payments based on health status (complexity or severity of illness burden) and demographic factors. Risk capture efforts within Partners Population Health are focused on improving accurate and specific diagnoses and appropriate documentation to reflect patients’ health risk.

Objectives. Following completion of this rotation, the Fellow will have experience:
1. Reviewing year to date performance on risk capture scoring
2. Identifying practice-based solutions for reporting top diagnoses

Teaching and Learning Methods
This rotation will include participating in and when appropriate presenting at high level meetings related to risk capture and risk coding. The high-level meetings include: bi-weekly team meetings; twice-monthly Primary Care Council meetings; monthly medical directors’ meetings; monthly population health program meetings; and Community Performance Oversight committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

Educational Resources
• Risk Capture Learning Collaboratives
• 1:1 Mentorship with Frannie Kronenberg, MD, Medical Director, Coding, Partners Population Health

Level of Supervision:
For this rotation, the Fellow will be supervised by Frannie Kronenberg, MD, Medical Director, Coding, Partners Population Health.

Assessment:
An assessment of this rotation will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments

Elective #1: High Risk Care Management Program -- Mentorship/shadowing of Amy Flaster, MD, Partners Population Health

Description
This elective introduces the Fellow to Partners’ High-Risk Care Management Program (iCMP), focusing on the structure of the program and the patient populations best served through this program. iCMP is a primary care embedded, nurse, social worker and community health worker-led, longitudinal care management program for medically complex, vulnerable patients. iCMP is interwoven through nearly all other population health programs.
Objectives. At the conclusion of this elective, the Fellow will be able to:

1. Discuss the costs and benefits of an iCMP program
2. Appropriately identify patients who are best served through iCMP
3. Identify and overcome barriers to iCMP program implementation

Teaching and Learning Methods
The majority of this elective would be spent participating and presenting at high level meetings related to the iCMP Adult, Pediatric, and iCMP Plus programs. The high-level meetings include: weekly team meetings; monthly iCMP Adult and iCMP Pediatric Operations Management meetings, monthly iCMP Pediatric medical directors’ meetings; population health team meetings; and Performance Advisory Committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

Educational Resources
- Motivational Interviewing (full-day, two part course designed to give providers the skills and tools needed to have conversations with patients to successfully change behaviors)
- Serious Illness Conversations (half-day course designed to give providers the skills and tools needed to have end-of-life conversations)
- 1:1 Mentorship with Amy Flaster, MD, Medical Director, Partners Population Health

Level of Supervision
For this elective, the Fellow will be supervised by Amy Flaster, MD, Medical Director, iCMP, Partners Population Health.

Assessment
An assessment of this elective will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

Elective 2: Advanced Primary Care Strategy
Description
This elective introduces the Fellow to Partners Advanced Primary Care Strategy and Practice/Care Redesign.

Objectives. Following completion of this elective, the Fellow will be able to:

1. Describe and appropriately use Lean Principles for Practice Redesign
2. Describe the Advanced Primary Strategy elements and how they will be measured.
3. Identify and overcome barriers to implementation of the Advanced Primary Care Strategy
4. Promote the identification, dissemination and analyses of strategy elements

Teaching and Learning Methods
The majority of this elective will be spent participating in and when appropriate presenting at high level meetings related to the advanced primary care strategy. The high-level meetings include: weekly team meetings; twice-monthly Primary Care Council meetings; monthly medical directors’ meetings; monthly
population health program meetings; and Community Performance Oversight committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

The elective also includes hands-on experience working with practices to implement the advanced primary care strategy.

Educational Resources
- Clinical Process Improvement Leadership Program Live or online modules
- Leadership Summit
- PCPO Retreat

Level of Supervision
For this elective, the Fellow will be supervised by Colleen Blanchette, Director, Partners Population Health.

Assessment
An assessment of this elective will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

Elective #3: Behavioral Health -- Mentorship/shadowing with Brent Forester, MD, Medical Director, Behavioral Health, Partners Population Health and Trina Chang, MD, Associate Medical Director, Behavioral Health, Partners Population Health

Description
This elective will immerse the Fellow in Partners’ Population Health behavioral health programs including IMPACT and other models designed to foster collaborative care and provide support to primary care in the identification and management of patients with behavioral health conditions ranging from depression to substance use disorders to dementia.

Objectives. Following completion of this elective, the Fellow will be able to:
1. Choose appropriate behavioral health collaborative care models based on desired outcomes
2. Identify patient populations that would benefit from a collaborative care model
3. Discuss strategies that can be used to implement a collaborative care model

Teaching and Learning Methods
The majority of this elective will be spent participating in and when appropriate presenting at high level meetings related to behavioral health programs. The high-level meetings include: weekly team meetings; twice-monthly Primary Care Council meetings; monthly medical directors’ meetings; monthly population health program meetings; and Community Performance Oversight committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

The elective also includes hands-on experience working with practices to implement behavioral health programs.
Educational Resources
- Behavioral Health Symposium (full day course – see Appendix for 2019 agenda)
- 1:1 Mentorship with Brent Forester, MD, Medical Director, Behavioral Health, Partners Population Health and Trina Chang, MD, Associate Medical Director, Behavioral Health, Partners Population Health

Level of Supervision
For this elective, the Fellow will be supervised by Brent Forester, MD, Medical Director, Behavioral Health Partners Population Health and Trina Chang, MD, Associate Medical Director, Behavioral Health, Partners Population Health.

Assessment
An assessment of this elective will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

Elective #4: Care Continuum -- Mentorship/shadowing of Chuck Pu, MD, Medical Director for Care Transitions and Continuum, Partners Population Health

Description
This elective will immerse the Fellow into Partners’ Population Health Care Continuum program, including skilled nursing facility (SNF) Waivers, the SNF Transitional Care Management Program (TCM), Home Hospital, Congestive Heart Failure Telemonitoring (CHF TM) and Partners Mobile Observation Unit (PMOU) and other post-acute strategies designed to provide appropriate care for patients in settings outside of the emergency room and acute care hospitals.

Objectives
Following completion of this elective, the Fellow will be able to choose appropriate care continuum strategies aimed at improving patient outcomes and providing patients more time at home.

Teaching and Learning Methods
This elective will include participating in and when appropriate presenting at high level meetings related to the care continuum. The high-level meetings include: weekly team meetings; twice-monthly Primary Care Council meetings; monthly medical directors’ meetings; monthly population health program meetings; and Community Performance Oversight committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance. The elective also includes hands-on experience working with practices to implement care continuum programs.

Educational Resources
- 1:1 Mentorship with Chuck Pu, MD, Medical Director, Care Transitions and Continuum, Partners Population Health

Level of Supervision
For this elective, the Fellow will be supervised by Chuck Pu, MD, Medical Director, Care Transitions and Continuum, Partners Population Health.

Assessment
An assessment of this elective will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

**Elective #5: Medicaid ACO -- Mentorship/shadowing of clinical and administrative staff responsible for the Medicaid ACO contract**

**Description**
This elective is designed to immerse the Fellow in the development and implementation of clinical programs designed to meet the requirements outlined in the Medicaid ACO contract.

**Objectives.** Following completion of this elective the Fellow will be able to:
1. Illustrate a successful Medicaid ACO population health program, including the structure, processes, and resources needed to implement the program.
2. Describe the links between the various programs, and how the programs overlap to provide the most comprehensive care for patients.
3. Analyze the effectiveness of the programs in meeting the Medicaid ACO requirements.

**Teaching and Learning Methods**
This elective will include participating in and when appropriate presenting at high level meetings related to the Medicaid ACO contract. The high-level meetings include: weekly team meetings; twice-monthly Primary Care Council meetings; monthly medical directors’ meetings; monthly population health program meetings; quarterly meetings with MassHealth Oversight Committee and ACO Board of Managers, and Community Performance Oversight committee meetings. The Fellow’s clinical responsibilities and MPH class schedule will be balanced with his/her meeting attendance.

The elective also includes hands-on experience working with practices to implement programs that meet Medicaid ACO requirements.

**Educational Resources**
- 1:1 Mentorship with clinical and administrative staff responsible for meeting the Medicaid ACO contract requirements.

**Level of Supervision**
The Medicaid ACO elective involves several PHM programs. Supervision will depend on the area of focus the Fellow chooses within the Medicaid ACO.

**Assessment**
An assessment of this elective will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

YEAR TWO
Rotation #6: Clinical (“July 5 or end of August if Fellow decides to take MPH classes full-time again in the summer – June 30)

Description
Fellows will be expected to maintain a clinical role for the duration of the Fellowship, with clinical responsibilities accounting for about 30% of the Fellow’s time. Partners Population Health will work with the Fellow’s department chief following the Fellow’s selection and acceptance into the Fellowship. Since the Fellowship is open to all specialties, the clinical work will depend on the Fellow chosen. Clinical aspects to be discussed include (but are not limited to) on-call responsibilities, billing/reimbursement and admitting privileges.

Objectives
The objective for this rotation is for the Fellow to maintain his/her clinical skills, and to be able to experience, from the provider’s and patient’s perspective, the impact of population health programs.

Teaching and Learning Methods
These will be identified and agreed upon by the Fellow’s department chair and the Fellowship program director.

Educational Resources
These will be identified and agreed upon by the Fellow’s department chair and the Fellowship program director.

Level of Supervision
The Fellow’s indirect and direct level of clinical supervision will depend on his/her qualifications and specialty. Partners Population Health will work with the Fellow’s clinical department to meet all GME supervision policies, including if needed, identifying a staff attending physician who can supervise the Fellow during his/her clinical time.

Assessment:
An assessment of this rotation will occur in conjunction with the evaluations planned for November and June. Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will include both online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

Rotation #7: Master of Public Health Classes (“July 5 – June 30; credits needed to complete MPH; the Fellow must agree to a two-year Fellowship to complete the MPH program)

Description
The fellowship will be 1 or 2 years, to be worked out specifically with each Fellow. Candidates selected for a two-year fellowship may be eligible to obtain an MPH degree from the Harvard School of Public Health. The second year would focus on the Fellow completing his/her MPH degree.

Objectives. Trainees are expected to:
  • Successfully complete the requirements needed for the MPH degree

Teaching and Learning Methods
Most of this rotation is offered as live didactic courses at the Harvard T.H. Chan School of Public Health.
Educational Resources
Textbooks as required by the Harvard T.H. Chan School of Public Health

Level of Supervision
For this rotation, the Fellow will be supervised by the MPH faculty.

Assessment
Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will be interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

Rotation #8: Scale, Complete and Report On/Publish on Projects
Description
The project identified and implemented in the first year will be continued in the second year or a new project will be identified, with the Fellow serving as operational and intellectual lead.

Objectives. Following completion of this rotation, the Fellow will have experience:
- Developing, implementing, scaling and measuring a population health program and/or strategy.

Teaching and Learning Methods
This is a hands-on rotation, where the Fellow chooses which program within population health is of most interest, then takes a leadership role in developing, implementing, scaling and measuring a population health initiative specific to that program.

Level of Supervision
The Fellow will be supervised by Lara Terry, MD, MPH, Fellowship Director, for the duration of the Fellowship. Additional supervision will be provided by the Medical Director who leads the program which the Fellow has chosen as his/her focus.

Assessment
The Fellow will be assessed based on the level of scale achieved related to his/her project and outcomes achieved.

III. Didactics - Programs must have didactics that are specific to the proposed training program
The following program will be specific to this fellowship:
- Journal Club – Quarterly one-hour discussions by medical directors on current articles of interest. The discussion will be led by the Fellow.

The Fellow will be expected to attend the courses listed below.
- Leadership Summit (full day course – see Appendix for 2019 agenda)
- Clinician’s Day
- Clinical Process Improvement Leadership Program Live or online modules
- Motivational Interviewing (full-day, two part course designed to give providers the skills and tools needed to have conversations with patients to successfully change behaviors)
- Serious Illness Conversations (half-day course designed to give providers the skills and tools needed to have end-of-life conversations)
August 6, 2019

- Quality, Safety, Value (QSV) Symposium (sponsored by Partners QSV)
- Behavioral Health Symposium (full day course – see Appendix for 2018 agenda)
- PCPO Retreat

IV. Supervision
The Fellow will receive supervision from Lara Terry, MD, MPH, Medical Director, Partners Population Health and Fellowship Program Director.

V. Evaluation
Evaluations based on templates offered through Partners Office of Graduate Medical Education will be used to assess the Fellow and the Program. The assessments will be online surveys and interviews conducted by Partners Population Health Education and Training staff, and program adjustments will be made based on the assessments.

VI. Program Evaluation
The program will be evaluated in November and June, and the results will be discussed between the Program Director and the Fellow. In addition, the Program Director will meet regularly with the Fellow 1:1 to discuss needs and progress related to Fellowship program goals.

APPENDIX

Primary Care Leadership Summit
September 20, 2019

7:00-8:00 AM  Breakfast and Registration
8:00-8:15 AM  Welcome Address
8:15-8:30 AM  Leadership Awards
8:30-9:30 AM  Keynote – Richard Gilfillan
9:30-10:00 AM Networking Break
10:00-11:15 AM Breakout Session 1 (Select 1 of the 4)
  1. Bob Bordone/Negotiation Skills
  2. Margaret Moore/Self-leadership
  3. Rosalind Picard /Artificial Intelligence & empathy
  4. David Asch/Behavioral Economics
11:15-12:15 PM Lunch
12:15-1:30 PM  Breakout Session 2 (Select 1 of the 4)
  1. Bob Bordone - Common Habits of the Merely Effective Negotiator
  2. Margaret Moore/Self-leadership
3. Rosalind Picard / Artificial Intelligence & empathy  
4. David Asch / Behavioral Economics

1:30-1:45 PM  Break and Transition

1:45-2:45 PM  Zeev Neuwirth  
Reframing Healthcare - A Consumer Oriented, Value-based Approach

2:45-3:00 PM  Closing Remarks

3:00 PM  Adjourn

---

**Addressing the Impact of Early Experiences on Lifelong Mental Health**

*May 31, 2019, 8am – 3:30 pm, Assembly Rooms, West Lobby, 399 Revolution Drive, Somerville, MA 02145*

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:00 am</td>
<td>Registration and Breakfast</td>
<td></td>
</tr>
<tr>
<td>8:00 – 8:10 am</td>
<td>Welcome, Partners Behavioral Health Initiatives Across the Age Spectrum</td>
<td>Trina Chang, MD, MPH</td>
</tr>
<tr>
<td>8:10 – 9:10 am</td>
<td><strong>Opening Keynote</strong> – The Importance of Early Experiences on Lifelong Mental Health</td>
<td>Kerry J. Ressler, MD, PhD</td>
</tr>
<tr>
<td>9:10 – 10:00 am</td>
<td>Neurodevelopmental Mechanisms Linking Childhood Adversity with Psychopathology Across the Life-Course</td>
<td>Katie A. McLaughlin, PhD</td>
</tr>
<tr>
<td><strong>10:00 – 10:10 am</strong></td>
<td><strong>BREAK</strong></td>
<td></td>
</tr>
<tr>
<td>10:10 – 11:00 am</td>
<td>The Life Course Burden of Trauma: Within and Across Generations</td>
<td>Karestan C. Koenen, MA, PhD</td>
</tr>
<tr>
<td>11:00 – 11:50 am</td>
<td>Public Health and Social Interventions to Address Early Adverse Experiences</td>
<td>Milton Kotelchuck, PhD, MPH</td>
</tr>
<tr>
<td>11:50 am – 1:00 pm</td>
<td><strong>Lunch</strong> – Treatment Experiences: Approaches to Identifying and Working with Patients</td>
<td>Nina Lewis-Schroeder, PhD; Mary Lyons-Hunter, PsyD; Archana Basu, PhD</td>
</tr>
<tr>
<td><strong>1:00 – 1:15 pm</strong></td>
<td><strong>Transition/Networking Break</strong></td>
<td></td>
</tr>
<tr>
<td>1:15 – 2:00 pm</td>
<td><strong>Breakout Sessions</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>Breakout 1</strong> – Trauma-Informed Care: Tools for Working Effectively with Patients with Histories of Trauma</td>
<td>Samara Grossman, MSW, LICSW</td>
<td></td>
</tr>
<tr>
<td>• <strong>Breakout 2</strong> – Adolescence to Adulthood: Budding Evidence of the Differential Impact of Cannabis</td>
<td>Staci Gruber, PhD</td>
<td></td>
</tr>
</tbody>
</table>
### Across the Lifespan

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 2:15 pm</td>
<td>Transition/Networking Break</td>
<td></td>
</tr>
<tr>
<td>2:15 – 3:00 pm</td>
<td>Repeat Breakouts</td>
<td></td>
</tr>
<tr>
<td>3:00 – 3:15 pm</td>
<td>Transition/Networking Break</td>
<td></td>
</tr>
<tr>
<td>3:15 – 3:30 pm</td>
<td>Wrap Up – Applying today to practice</td>
<td>Trina Chang, MD, MPH</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>