

Project title: Establishing Foundational Infrastructure for an Academic Primary Care System

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Background and Significance: Primary care is a major driver of individual and population health, enables growth in market share for the health system, and is essential for capture of value-based payments. After a rapid series of hospital mergers, Jefferson Health encompassed seven separate primary care networks with variable organizational cultures, structures, processes, and patient populations, with 98 practices together caring for ~600,000 people in the greater Philadelphia region. Aligned organizational structure and processes were required to support a coordinated strategic plan and standardized initiatives.

Purpose: To create a unified academic primary care system through establishment of a governance structure, shared strategic objectives, and delineation of processes to implement system-wide programs.

Approach: To be able to function as a single system, the Jefferson Primary Care team accomplished (1) Establishment of a governance committee and appointment of key leadership roles. (2) Alignment across six identified Strategic Areas including: 1. Quality, experience, and equity; 2. Care model design; 3. Operations/finance; 4. Growth; 5. Community partnerships; 6. Academic integration. (3) Creation of processes to implement system-wide initiatives through engagement of existing clinical and operational teams.

Results:

Successfully launched system-wide projects within an 12-month period included a new Primary Care Nursing Model with standardized job roles, oversight, and centralized onboarding processes; an e-consult pilot; primary care social needs screening; creation of Family Medicine Residency Collaborative across 5 programs; and approval to establish a university-level Primary Care Research Center. Scaled implementation of the Person-Centered Primary Care Measure and expansion of the e-consult program to multiple specialties are scheduled over the next three months. In FY24, initiatives will prioritize targeted transformation to support value-based care.

Discussion:

Foundational structure and processes facilitated the success of multiple projects at scale. High level of attention to establishing a collaborative culture of the primary care leadership group and to creating a sound governance committee were key initial steps.

Conclusion:

Organizational structure, culture, and processes made possible the design of and execution on system-wide priorities in a newly integrated primary care system. Jefferson Primary Care aspires to be a national model of academic primary care.