

Overall Educational Goals for The Johns Hopkins Medicine and Pediatrics Urban Health Residency Training Program

Primary care is regarded as the “keystone of a high-performing health care system”. Preventative care, care for patients with chronic conditions, and the management and coordination of care for complex patients are essential to promote good health and longevity. Unfortunately, the number of residents entering primary care is declining. Moreover, the Alliance for Academic Internal Medicine (AAIM), senate finance committee chairman Max Baucus, Council on Graduate Medical Education (COGME), and a host of others have concluded that the United States is facing a physician shortage. All agree that primary care will bear the brunt of the shortage.

Already, many major cities are designated “healthcare professional shortage areas” (HPSA) by the federal government. Baltimore -- East Baltimore in particular -- is no exception. The 2008 Maryland Physician Workforce Study sponsored by the Maryland Hospital Association (MHA) and MedChi, the Maryland State Medical Society, concluded that there is a primary care workforce shortage in the inner city areas of Baltimore. Such underserved areas will experience an expanding physician deficit as the physician shortage worsens.

Cities like Baltimore face a workforce crisis while already contending with the well known health problems of the inner city. Chronic disease, substance abuse, poverty, behavioral issues, psychiatric illness, and verifiable health care disparities plague the city. The lack of access to primary and specialty care exacerbates all of these issues.

A recent RAND study has concluded that Baltimore’s lack of primary care leads to many unnecessary Emergency Room visits and hospitalizations. “We estimate that Baltimore City may need an additional 130,000 to 159,000 primary care visits, with concentrations in areas where primary care capacity is particularly constrained and for populations for which capacity is constrained—which may include Medicaid enrollees and the uninsured. The city may also need to focus on the quality and effectiveness of care to lower ACS rates including ensuring the availability of adequate urgent care (walk-in capacity during the day and evening/weekend capacity), and better coordination of care.”

National organizations and the federal government are trying to find solutions to this evolving workforce crisis. AAIM proposes that the federal government “strategically” increase the number of “medicare-funded post-graduate year one positions in primary care specialties”...“in geographic areas of demonstrated need”. The Bacchus report urges congress to evaluate “whether changes are needed to the number of allowable GME training” and to explore “options to increasing the residency cap for certain specialty areas”. COGME has recommended that Congress “increase funded GME positions by a minimum of 15%, directing support to innovative training models which address community needs and which reflect emerging, evolving, and contemporary models of healthcare delivery”.

With training programs in internal medicine, pediatrics, and psychiatry that are unmatched and resources for training resident physicians to care for patients with substance abuse, domestic violence, behavioral, and mental health issues that are unsurpassed, Johns Hopkins is uniquely positioned to address the primary care shortage in urban settings, particularly Baltimore City. To

improve the health of all of Baltimore's citizens, the city needs well-trained primary care physicians (PCP) who are versed in treating all of these problems.

Data indicates that 50% of physicians who train in a specific locale will practice there after residency. To supply Baltimore with the primary care physicians and leaders that the city needs, housestaff must train in this urban environment. Their education should be tailored to give them the skills to tackle the variety of problems that are encountered in the city. Since none of these problems are limited by age, the graduating resident must feel comfortable treating all age ranges. We cannot view each family member in isolation. Primary care physicians must possess the skills to care for the entire family, be experts in enhancing self-management and care-seeking behaviors, and be able to negotiate multiple health problems within families.

To that end, we created The Johns Hopkins Urban Medicine and Pediatrics Residency Training Program with the goal of developing PCP practitioners and PCP leaders who can effectively treat and guide the care of the families of Baltimore City or similar urban environments. This four-year program is developing board-certified internists and pediatricians who have the option of earning a master's of public health degree with an emphasis on urban health issues in an unaccredited fifth and sixth year. We are utilizing all of the resources of Johns Hopkins, including the School of Public Health and the Urban Health Institute, and the resources of Baltimore City, including the Baltimore City Health Department, to create a training program that will prepare our residents for the medical and social problems encountered by patients of all ages in the urban setting.

The graduates of our program will competently deliver care to children and adults, will better understand and interact with the health care system, and will have the tools to develop new ways to deliver care. We are developing practitioners and leaders in primary care. In order to accomplish these goals, the program must emphasize some of the competencies that are often under emphasized: effective communication, professionalism, systems-based practice, and practice-based learning.

Overall Goals

Graduates will be experts in the clinical care of patients of all ages, leading to board eligibility and board certification in both Internal Medicine and Pediatrics.

Graduates will:

1. Provide effective primary care through comprehensive, continuous patient-centered care utilizing the Medical Home.
2. Manage the biomedical and psychosocial aspects of care within the framework of the patient's socioeconomic and cultural environment.
3. Manage the biomedical and psychosocial aspects of care within the framework of the patient's family structure
4. Apply concepts of growth, development, and adaptation across the lifespan of the individual.
5. Advocate for disease prevention, early detection and evidence-based management of disease, and health promotion both for individual patients and the community.

6. Manage, consult and utilize resources for patients with undifferentiated or advanced illness and diseases of several organ systems within the larger complex health care system and community.
7. Provide competent primary care in ambulatory, hospital, urgent care, intensive care and extended care environments.
8. Utilize effective and efficient personal life-long learning skills.
9. Employ effective teaching techniques to promote adult learning in medical education.
10. Exhibit continuous habits of professional behavior towards patients, families, health care personnel and others.
11. Develop effective teaching skills.
12. Demonstrate leadership and teamwork skills in clinical care including quality assurance and safety initiatives.
13. Demonstrate an understanding of scholarly pursuits within the science of medicine.
14. Demonstrate the ability to communicate effectively with patients, colleagues, students, supervisors, allied health staff, community members, and families.

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