

Family Medicine Education Consortium (FMEC)

Whole Person Care Performance Improvement Learning Collaborative

[The Family Medicine Education Consortium \(FMEC\)](#) is partnering with [The Healing Works Foundation](#) on a Performance Improvement/Continuing Medical Education (PICME) project focused on implementing whole person care, made possible by a grant from the [Samueli Foundation](#).

Project Overview

The National Academies of Science and Medicine reports on *Implementing High-Quality Primary Care* and *Achieving Whole Health* call for a transformation of primary care to a “whole person,” person-centered, relationship-based model that addresses the social, spiritual, emotional, and behavioral drivers of health.^{1,2} Current tools, such as the SOAP Note, are not set up to gather and organize the delivery of these elements. The HOPE Note ([HEALING ORIENTED PRACTICES AND ENVIRONMENTS](#)) tools, which have been previously tested and used in practices across the country, can be used to implement whole person care.³

This project aims to educate physicians about the benefits, rationale, and implementation of whole person care while assessing physician and patient interest in adopting this approach to health and wellness. Additionally, it aims to identify and evaluate best practices for successfully integrating the [Personal Health Inventory \(PHI\)](#) and HOPE note tools into routine clinic visits.

Benefits to Participants

- Implement a whole person care pilot in your clinic.
- Evaluate the implementation and use the learning for process improvement.
- Receive up to 20 hours of CME and Family Medicine PI Certification Credits. ([Approved for up to 20.00 AAFP Prescribed credits](#))
- Option to Earn 15 additional CME credits by completing the Center for Innovation in Family Medicine [“Introducing Whole Person Care Into Your Practice”](#) CME modules.
- Meet ACGME (Accreditation Council for Graduate Medical Education) learning collaborative recommendations.
- Improve care and connect with other providers for shared learning.

Physician Engagement

This course is designed for family medicine physicians who have an interest in practicing whole person care.

Physicians are eligible to participate in the project individually but are encouraged to invite colleagues within their clinic to join them. Additionally, Family Medicine Residency Program Faculty are encouraged to utilize this initiative to actively involve Family Medicine Residents in meaningful scholarly work and quality improvement (QI) projects.

¹ McCauley L, Phillips RL, Meisnere M, Robinson SK, eds. [Implementing high-quality primary care](#). National Academies Press; 2021.

² Krist AH, South-Paul J, Meisnere M, eds. [Achieving whole health: a new approach for veterans and the nation](#). Committee on transforming health care to create whole health: Strategies to assess, scale, and spread the whole person approach to health, Board on health care services, *Health and medicine division, National academies of sciences, engineering, and medicine*. National Academies Press; 2023:26854.

³ Elena Rosenbaum, Andrea E. Gordon, Jake Cresta, Allen F. Shaughnessy, Wayne B. Jonas. [Implementing Whole Person Primary Care: Results from a Year-Long Learning Collaborative](#). *The Journal of the American Board of Family Medicine*. Aug 2023, 36 (4) 542-549.

Learning Objectives

After participating in the project, participants will be able to:

- Demonstrate a comprehensive understanding of the benefits, rationale, and implementation of whole person care.
- Develop and apply evidence-based strategies to introduce whole person care models within clinic teams and to health system leadership.
- Implement a whole person care pilot within the clinic setting and refine processes for sustained use.
- Evaluate the effectiveness of the whole person care pilot and utilize findings to enhance practice improvement.

Project Stages

Stage A: Learning from current practice performance assessment

Physicians will assess staff knowledge and comfort levels related to whole person care visits and tools within their practice. Additionally, they will review clinic procedures and resources specific to supporting whole person care.

Stage A Activities

- **Comprehensive Training:** Gain in-depth knowledge on whole person health care, the HOPE Note, and the Personal Health Inventory (PHI) questionnaire through asynchronous training sessions and interactive networking events.
- **Practice Readiness Evaluation:** Conduct a thorough assessment of practice resources, documentation systems, and workflows to identify strengths, weaknesses, and opportunities for whole person care integration.
- **Baseline Assessment:** Gather data on Physician knowledge, comfort level, and current practices related to whole person care, HOPE Note, PHI, and patient engagement through a baseline survey.
- **Resource Mapping:** Identify available whole person care services within the practice and external referral options to inform future service development and coordination.
- **EHR and Workflow Analysis:** Evaluate the practice electronic health record (EHR) system, documentation, and billing practices to determine their suitability for supporting whole person care documentation and care coordination.

Stage B: Learning from the application of performance improvement to patient care

Physicians will establish procedures to integrate PHI/Hope Note into the clinic workflow. This includes administering and documenting the PHI survey to a set of clinic patients aged 18 and older for a minimum of one month. Participants should aim to complete a minimum of eight (8) PHI/Hope Notes each month during Stage B.

Stage B Activities

- **Develop and Refine Whole Person Care Processes:** Create clinic-specific protocols, workflows, and systems to integrate whole person care into patient visits.
- **Assemble Essential Resources:** Identify and gather necessary tools, materials, and personnel to support the implementation of whole person care initiatives.
- **Testing and Refinement:** Integrate PHI/Hope Note into patient visits to test the implementation processes and make necessary adjustments based on feedback and outcomes.

Stage C: Learning from the evaluation of the performance improvement effort

Physicians will assess the success and effectiveness of integrating the HOPE note and PHI questionnaire into routine patient care. Based on the project findings, they will create a comprehensive plan to implement a whole person care model across the practice and sustain the use of the PHI as a valuable patient care tool.

Stage C Activities

- **Assess Implementation Outcomes:** Evaluate the effectiveness of the implemented whole person care processes in improving patient outcomes and care delivery.
- **Measure Physician and Patient Engagement:** Collect data on physician and patient adoption rates of the PHI questionnaires and overall satisfaction with the whole person care approach.
- **Conduct Post-Intervention Survey:** Gather feedback on the impact of the initiative through a comprehensive survey addressing physician knowledge, comfort level, tool utilization, patient interactions, and resource availability.
- **Identify Areas for Improvement:** Analyze survey results and implementation data to pinpoint strengths, weaknesses, and opportunities for refinement.

Project Learning Sessions and Collaboration Events

This project offers a comprehensive learning experience for family physician providers, consisting of two learning sessions. Additionally, FMEC will facilitate at least five collaborative discussion events throughout the project. These events will offer mentorship and guidance from the Project Advisory Committee and opportunities for peer-to-peer learning through group discussions. All learning sessions and collaborative discussion events will be recorded and available for those who cannot participate live.

Participants are also encouraged to complete five (5) Healing Works Foundation modules on integrating whole person care into practice. (Healing Works Foundation modules have previously been approved for AMA PRA Category 1 Credit™ and AAFP Prescribed Credit. Participants will be able to claim credit for completing these modules through the Healing Works Foundation's credit claiming process.)

FMEC Learning Sessions

1. Introductory Lecture on Whole Person Care, including the Personal Health Inventory (PHI) and HOPE note tools
2. Whole Person Care Performance Improvement Learning Collaborative Project Overview (Structure, Data Collection, HOPE Toolkit, Materials)

Optional Recommended CME - Healing Works Foundation “[Introducing Whole Person Care Into Your Practice](#)” Online Course

1. Introducing Whole Person Health Care into Your Practice
2. The Case for Delivering Whole Person Health Care
3. Introducing Integrative Health to Your Team
4. Tools for Implementation: Changing Structures, Changing Minds
5. Making It All Work in the Exam Room

Proposed Project Timeline

Phase 1: Project Launch and Preparation (August - December 2024)

- August – October 2024: Participant Recruitment and Introductory Activities
 - Participant recruitment and onboarding
- November 2024: Stage A: Baseline Assessment and Planning
 - Participant completion of education components - FMEC Introductory Lecture on Whole Person Care and Project Overview Learning Sessions- Live Sessions (to be recorded and made available for participants who are unable to attend live sessions or for review)
 - Optional and recommended CME modules completion [“Introducing Whole Person Care into your Practice”](#) modules 1-2
 - Baseline survey administration
- December 2024 – January 2025: Stage A Continuation and Support
 - Ongoing: participant completion of required education components completion (i.e., recorded FMEC learning sessions)
 - Optional and recommended CME modules completion [“Introducing Whole Person Care into your Practice”](#) modules 3-5
 - FMEC collaboration discussion event on QI basics and project goals
 - Participants begin developing implementation plan

Phase 2: Implementation and Support (February 2025)

- February 2025: Stage B: Implementation Launch
 - FMEC collaboration discussion event to kick off Stage B
 - Commencement of implementation phase
- March 2025: Stage B: Implementation and Progress Check
 - Ongoing implementation of whole person care initiatives
 - FMEC collaboration discussion event for mid-project check-in and support
- April 2025: Stage C: Evaluation and Reporting
 - FMEC collaboration discussion event on results reporting and support
 - Participants submit project results and reflections by the end of April 2025

Phase 3: Project Culmination (May 2025)

- May 2025: Finalization and Dissemination
 - FMEC collaboration discussion event for end-of-project debrief, data review, and next steps
 - Data analysis and report generation
 - Dissemination of project findings

Project Advisory Committee

The FMEC Whole Person Care Performance Improvement project is overseen by a Project Advisory Committee (PAC) led by Dr. Elena Rosenbaum.

PAC Members

- **Suhani Bora, MD**, Integrative Medicine Fellowship Director at Greater Lawrence Family Health Center
- **Jennifer Padden Elliott, PharmD**, Director, Center for Integrative Health, Ed and Karen Fritzky Family Chair in Integrative Medicine and Wellbeing, Associate Professor of Pharmacy, Duquesne University
- **Andrea E. Gordon, MD**, Director of Integrative Medicine, Associate Professor of Family Medicine, Tufts University
- **Harminder Grewal, MD, MBBS, DGO, ABIHM, ABOIM, FAAFP**, Chair, Department of Family Medicine, Wright State University Boonshoft School of Medicine, Fairborn, OH, Medical Director, Wright State Physicians, Whole Health Clinical Lead, Dayton VA Medical Center
- **Elena Rosenbaum, MD**, Associate Professor Department of Family and Community Medicine, Albany Medical College, Medical Director, Healthy Alliance
- **Allen F. Shaughnessy, Pharm.D., M.Med.Ed.**, Director, Master Teacher Fellowship, Professor and Vice Chair of Family Medicine for Research, Tufts University School of Medicine

FMEC Staff and Consultant: Scott Allen, MS, CEO; Rebecca Bouck, BS, Manager, Education and QI Projects

Interested parties are asked to contact Rebecca Bouck, FMEC educational projects consultant, at rebecca.bouck@fmec.net



The AAFP has reviewed Family Medicine Education Consortium (FMEC) Whole Person Care Performance Improvement Pilot Project and deemed it acceptable for up to 20.00 Performance Improvement AAFP Prescribed credit(s). Term of Approval is from 09/01/2024 to 09/01/2025. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

<https://www.aafp.org/credit-reporting/cmecenter/details?activityId=101924>

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 credit(s)*[™] toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.