



DIRECT PRIMARY CARE ELECTIVE

Updated January 2023

ROTATION DESCRIPTION

Our practice is a full-spectrum direct primary care (DPC) practice. We care for our patients in the office, at the hospital, at home, at the local nursing facility, and even on hospice. We still deliver babies and we manage the local health department's obstetrical patients. Our Physicians do an additional pediatric/newborn/OB call 1 week out of the month and serve on various community boards and hospital committees. Being a small town doctor is a lot different than working in a more urbanized area and we're constantly problem solving and pushing our limits. As a DPC practice, we fill a significant need for affordable healthcare for our patients and are afforded the time to really get to know them with 30-60 minute appointments. At our practice, you'll learn how integral the role of the family doc is to a small rural community while at the same time practicing full spectrum family medicine the way we feel it was meant to be practiced. You'll also get a sense for the way a DPC practice operates from a business perspective.

ROTATION INFORMATION

Availability:

Our rotation is available to MD/DO medical students and residents at any level of training. We do not offer rotations for physician assistant or nurse practitioner students. Nursing students may be considered on an individual basis for rotations with clinical nursing staff. Premedical undergraduate students may arrange for shadowing experiences with the attendings via the same application procedure noted below. Rotation lengths can be of any duration up to one month with only one learner being permitted at any given time. Rotations are given on a first-come, first-served basis with preference given to students and residents of the attendings' former training programs/schools. Rotations are unpaid and housing is the responsibility of the learner. Rotations can be used for course credit as deemed appropriate by the learner's home institution; attendings can supply evaluations and attestations as needed for such credit. Learners will work/practice under the direct supervision and license of the attending physicians and will not diagnose, prescribe, treat, perform procedures or refer independently.

Application:

Application requirements follow and can be sent directly to Dr. Allen at the email address below.

Part I:

- A short (less than one page) letter indicating why the learner is interested in rotating with our practice, what they're goals are while with us, and three ranked date options

Part II (will be requested after receiving Part I, if accepted):

- A Program Director or Dean's letter confirming:
 - Enrollment in a medical school accredited by the Liaison Committee on Medical Education (LCME) or a residency accredited by the Accreditation Council for Graduate Medical Education (ACGME).
 - The learner is fully matriculated and in good standing with their school/residency program
 - The learner is covered with personal health and liability insurance
 - The learner has completed training in OSHA universal standards within 12 months of the start of the desired rotation
- A complete immunization record
- The results of a PPD completed within 12 months of the start of the desired rotation

Logistics:

Typical clinic hours are M-Th 8:00-4:30 and F 8:00-12:00 with Health Department clinics held at the Ashe and Alleghany Health Centers, alternating weeks, on F 1:00-5:00. Additional activities such as hospital rounding, community board meetings, speaking events, and medical screenings may fall at other times and will be added to schedules. In addition, learners may participate in call activities, which occur one week per month for each physician. This rotation should be considered a primarily outpatient rotation with the clinic hours noted above most days.

Locations:

New River Family Wellness, PLLC
420 East Second Street
West Jefferson, NC 28694

AppHealthCare (Appalachian District Health Department)	
Ashe Health Center	Alleghany Health Center
413 McConnell Street	157 Health Services Road
Jefferson, NC 28640	Sparta, NC 28675

Ashe Memorial Hospital
200 Hospital Avenue
Jefferson, NC 28640

Attendings:

Caitlin Sullivan, MD
D. Landon Allen, MD, MPH, MBA, FAAFP

Contact Information:

D. Landon Allen, MD, MPH, MBA, FAAFP
Info@NewRiverFamilyWellness.com
(Office) 336-489-4400

APPLICABLE ACGME GUIDELINES for RESIDENTS (2019)

- IV.B.1.b).(1).(a).(i) Diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment;
- IV.B.1.b).(1).(a).(ii) Diagnose, manage, and integrate the care of patients of all ages in various inpatient settings, including hospitals, long-term care facilities, and rehabilitation facilities;
- IV.B.1.b).(1).(b).(i) Evaluate patients of all ages with undiagnosed and undifferentiated presentations;
- IV.B.1.b).(1).(b).(ii) Treat medical conditions commonly managed by family physicians;
- IV.B.1.b).(1).(b).(iii) Provide preventive care;
- IV.B.1.b).(1).(b).(iv) Interpret basic clinical tests and images;
- IV.B.1.b).(1).(b).(v) Recognize and provide initial management of emergency medical problems; and,
- IV.B.1.b).(1).(b).(vi) Use pharmacotherapy.
- IV.B.1.f).(1).(a) Working effectively in various health care delivery settings and systems relevant to their clinical specialty;
- IV.B.1.f).(1).(b) Coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty;
- IV.B.1.f).(1).(f) Incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population based care as appropriate; and,
- IV.B.1.f).(1).(g) Understanding health care finances and its impact on individual patients' health decisions
- IV.C.4.f) Residents' patient encounters should include telephone visits, evisits, group visits, and patient-peer education sessions.
- IV.C.5.b) Residents must provide care to hospitalized adults during all years of the program
- IV.C.8. Residents must have at least 200 hours (or two months) and 250 patient encounters dedicated to the care of ill child patients in the hospital and/or emergency setting
- IV.C.10. Residents must have at least 40 newborn patient encounters, including well and ill newborns
- IV.C.13. Residents must have at least 100 hours (or one month) or 125 patient encounters dedicated to the care of women with gynecologic issues, including well-woman care, family planning, contraception, and options counseling for unintended pregnancy.
- IV.C.14. Residents must document 200 hours (or two months) dedicated to participating in deliveries and providing prenatal and post-partum care.
- IV.C.22. Residents must have at least 100 hours (or one month) dedicated to health system management experiences.
- IV.C.22.a) This curriculum should prepare residents to be active participants and leaders in their practices, their communities, and the profession of medicine.

ROTATION GOALS and OBJECTIVES for MEDICAL STUDENTS and RESIDENTS

Patient Care:

PC2 Cares for Patients with Chronic Conditions

- Learner will assess and develop treatment plans for the management of a variety of chronic conditions in the out-patient and in-patient settings

PC5 Performs specialty-appropriate procedures to meet the health care needs of individual patients, families, and communities, and is knowledgeable about procedures performed by other specialists to guide their patients' care

- Learner will participate in office and hospital-based procedures and recognize the role that a broad scope of family medicine practice plays in caring for patients in a resource-poor community

Medical Knowledge:

- MK1 Demonstrates medical knowledge of sufficient breadth and depth to practice family medicine
- Learner will take responsibility for patients and develop their own plans for patient care, with the oversight of the attending physician, utilizing their basic sciences knowledge, clinical experiences, and understanding of current practice guidelines and standards of care in family medicine.
- MK2 Applies Critical Thinking Skills in Patient Care
- Learners will utilize deductive reasoning to formulate and then prune differential diagnoses using applicable history, exam, laboratory test information in order to guide patient treatment plans.

Interpersonal and Communication Skills:

- C3 Develops relationships and effectively communicates with physicians, other health professionals, and health care teams
- Learners will rely on effective communication with health professionals to quickly join the various teams they will be a part of during their short time with our practice.

Practice Based Learning and Improvement:

- PBLI2 Demonstrates Self-directed Learning
- Learners will utilize self-directed learning skills to broaden the scope of their clinical knowledge to guide patient plans as well as to review the required and recommended reading materials for the rotation.

Professionalism:

- PF2 Demonstrates Professional Conduct and Accountability
- Learners will dress and act professionally, arriving on time, and following through on patient orders and assigned tasks.
- PF3 Demonstrates Humanism and Cultural Proficiency
- Learners will recognize the autonomy of the patient and work to develop plans of care which partner with them and work within the paradigm of the patient's cultural background and socioeconomic constraints.

Systems-Based Practice:

- SBP1 Provides cost-conscious medical care
- Learners will recognize the major expense drivers in medical care and the ways that direct primary care practices work to alleviate these while remaining financially viable.
- SBP3 Advocates for individual and community health
- Learners will recognize the role that a physician plays in a small community in meeting the needs of that community by tailoring scope of practice and filling gaps in available services or with specific populations.

LEARNING MATERIALS for ALL LEARNERS (PROVIDED)

Required:

Farrago MD, D., Farrago M. Ed, D. (2016). The Official Guide to Starting Your Own Direct Primary Care Practice. Mayotte: Authentic Medicine. (Available on site).

The Country Doctor Revisited: A Twenty-first-century Reader. (2010). United States: Kent State University Press. (Available on site).

“North Carolina.” *Direct Primary Care Frontier*, www.dpcfrontier.com/north-carolina.

“NC Dispensing Physician Registration Requirements.” *NCBOP*, NC Board of Pharmacy, www.ncbop.org/dispphys_regreq.htm.

“NC Dispensing Physician FAQs.” *NCBOP*, NC Board of Pharmacy, http://www.ncbop.org/faqs/Pharmacist/faq_DispensingPhysicians.htm#none.

“Session Law 2020-85: An Act Exempting Medical Direct Primary Care from Regulation by The Department Of Insurance.” *NC General Assembly*. 58 (Chapters); 58-3-8 (Sections). <https://www.ncleg.gov/BillLookup/2019/H471>.

NRFW Original Business Plan

NRFW Patient Agreement

NRFW most recent Annual Budget and Monthly Financial Reports

NRFW Lab, Radiology, and Pathology Pricing References and Comparisons. (Available on site).

Recommended:

High-Touch Care Leads to Better Outcomes and Lower Costs in a Senior Population, Ghany, R; Tamariz, L; Chen, G; Dawkins, E; Ghany, A; Forbes, E; Tajiri, T; Palacio, A. *Am J Manag Care*. 2018 Sept 1; Published online 2018 Aug 28.

Direct Primary Care: Applying Theory to Potential Changes in Delivery and Outcomes, Cole E., *J Am Board Fam Med* July-August 2018; 31:605-611.

Direct Primary Care in 2015: A Survey with Selected Comparisons to 2005 Survey Data, Rowe K, Rowe W, Umbehr J, Dong F, and Ablah E, *Kans J Med*. 2017 Feb; 10(1): 3–6.

Direct Primary Care Business of Insurance and State Law Considerations, Eskew P, *Journal of Legal Medicine* Vol. 37 , Iss. 1-2,2017.

Direct Primary Care Practice Distribution and Cost Across the Nation, Eskew P, Klink K. *J Am Board Fam Med*, 2015;28(6):793-801.

Direct Primary Care Membership Medicine, Eskew P, *W V Med J*. 2014 Mar - Apr;110(2):8-11. PMID: 24902461.