Capsule Commentary on Chang et al., Transforming Primary Care Training—Patient-Centered Medical Home Entrustable Professional Activities for Internal Medicine Residents

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With the increasing implementation of the patient-centered medical home (PCMH) and the Accreditation Council for Graduate Medical Education (ACGME)'s Next Accreditation System, the timely article by Chang et al. describes the development of entrustable professional activities (EPAs) for internal medicine residents in a PCMH setting.¹ The authors were part of the competency work group established for the Society of General Internal Medicine PCMH Education Summit that developed 25 EPAs for residents in, or preparing to work at, a PCMH setting. By using the EPA format and the six PCMH National Committee for Quality Assurance (NCQA) standards of Enhancing Access and Continuity, Identifying and Managing Patient Populations, Planning and Managing Care, Providing Self-Care and Community Support, Tracking and Coordinating Care, and Measuring and Improving Performance, they developed the activities that can be evaluated either at the point of care (discrete) or longitudinally.²

For clinicians and residency administration, this article supplies framework for updating their primary care skills to better function in a PCMH model. It may be difficult for all the EPA's to be instituted in every program, as primary care settings are quite different, even within a single program. The authors suggest using Scheele's criteria for prioritizing implementation so they can be incorporated into any setting.³ For the Next Accreditation System, the ACGME and American Board of Internal Medicine (ABIM) have developed 16 EPAs that can be evaluated using 22 Reporting Milestones for Internal Medicine Residency Programs that will avoid generalization of the six current

core competencies and facilitate easier evaluation of residents.⁴ By using the developed EPA's, programs can effectively evaluate overlap with the new Reporting Milestones and carve out areas in their curriculum that can improve PCMH training. Reporting Milestones regarding recognizing system error and advocating for system improvement, identifying forces that impact health care and practicing cost-effective care, and monitoring practice with goals for improvement may be difficult to evaluate during an inpatient or consult rotation for trainees, but coincide very well with the PCMH EPAs provided. Regardless of the disparity in residency training and evaluations, these EPAs set the framework to improve all programs primary care training and prepare residents for working in the patient-centered design.

Conflict of Interest: The author declares no conflicts of interest.

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