

The Student Hotspotting Program: Facilitating Interprofessional Community Learning

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Background

What is Hotspotting?

- In the US, 5% of the population accounts for about 50% of healthcare costs; with 20% of those costs coming from 1% of the population, the “super-utilizers.” Healthcare Hotspotting is the identification and engagement of the most expensive patients, whose unmet complex health and social needs land them repeatedly in hospitals, emergency rooms and clinics.
- Hotspotting is a movement for a new system of interprofessional, coordinated care that treats the whole person and attends to the non-medical needs that affect health, including housing, mental health, substance use, emotional support and functional status.

What is Student Hotspotting?

- An educational curriculum originally developed by the Camden Coalition of Healthcare Providers (CCHP). This program trains teams of 4-6 interprofessional students to in the science and art of complex case management.

Student Hotspotting Curriculum

Student Hotspotting teams work together to identify and engage super-utilizing individuals to establish healing relationships and identify barriers to their care. With support from faculty and clinician advisors, students guide these individuals through achieving personalized health goals, navigating the complex healthcare system and connect them to community resources.

In addition to hands-on work, students are guided through this program with a supplemental online curriculum consisting of webinars and monthly case conferences with professionals in the field.

- **Core Principles:** Harm reduction, motivational interviewing, trauma informed care and accompaniment
- Webinars cover topics such as client recruitment and enrollment, the power of empathy, facilitation of successful home and clinic visits, coaching and leadership skills, and preparation for discharge/graduation.
- Case Conferences require students to present their case(s) to other student teams and practicing health professionals to determine how best to address barriers faced

ACOTE

Student Hotspotting Curriculum Components	ACOTE Standards
Welcome and Wrap-Up Events	B.1.4, B.2.4, B.2.9, B.4.4
Content Blasts	B.1.4, B.5.7
Skills Labs	B.1.1-B1.8, B.2.1-2.11
Case Conferences	B1.1-B.1.8, B.2.1-2.11
Mosaic Curriculum	B.1.4
Data-Driven Decision Making	B.7.11
Social Determinants of Health	B1.4, B2.4, B.2.9, B.4.4
Community-based Collaboration	B.9.10, B.9.3, B.5.21
Trusting Relationships	B.5.7
Resiliency	B.1.4, B.9.10, B.9.3, B.5.21

Case Example: AM

AM is a 71-year-old male who is a devoted Atlanta Braves and UCLA Basketball fan.

He is living with Inflammatory Bowel Disease, Rheumatoid Arthritis, Migraines (with aura), Mitral Valve complications, Generalized Anxiety, Depression, a Mild Cognitive Impairment, and has a history of concussions secondary to recurrent falls.

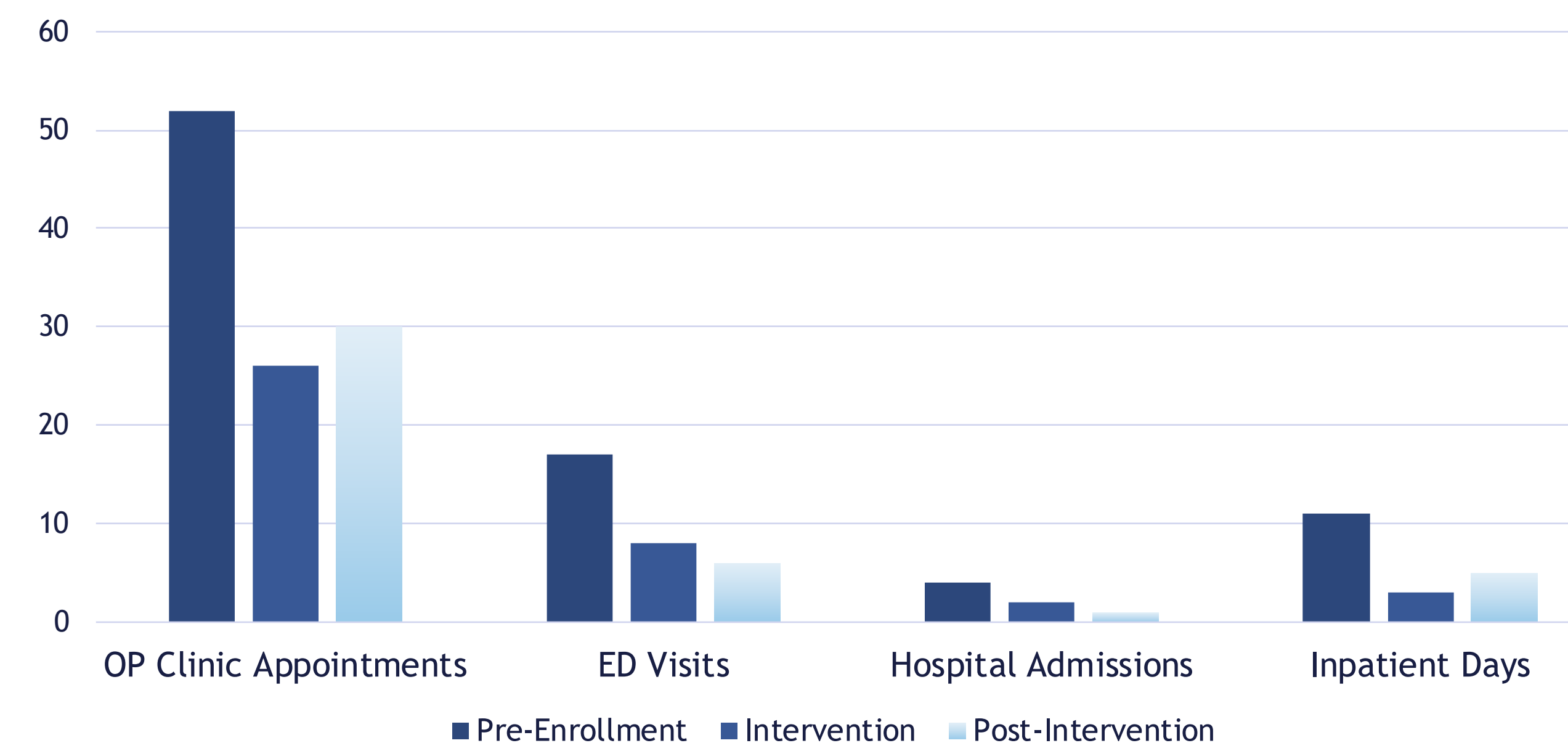
AM was facing several social barriers, including:

- Unstable housing and poor familial relationships
- Difficulty understanding and navigating the health system
- Poor relationships and distrust in his care team



Interventions included accompaniment to clinic appointments, health system navigation, computer literacy, communication, and transition planning

AM's Healthcare Utilization



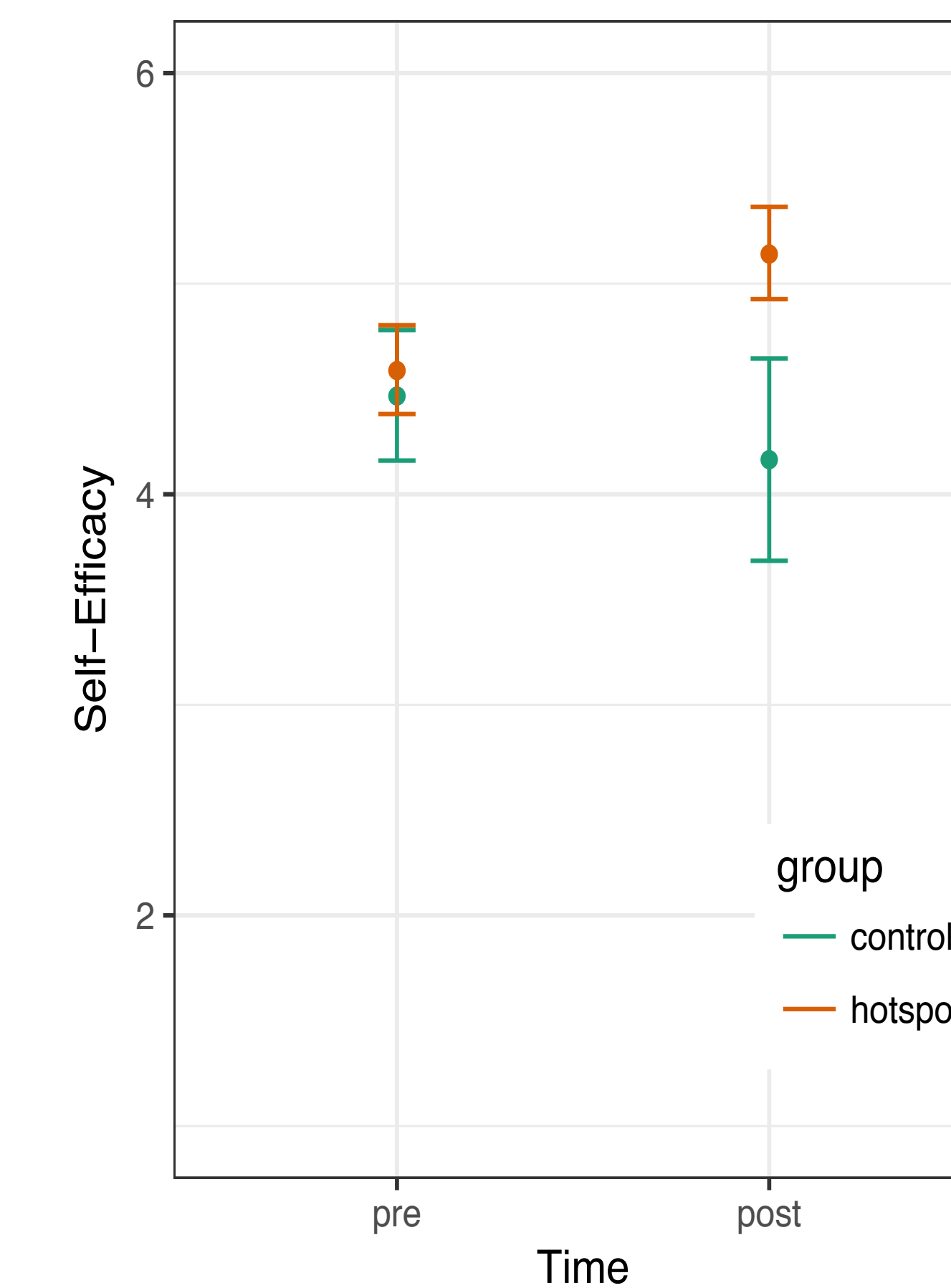
OT's Role on a Hotspotting Team

Occupational therapy students and faculty advisors contribute their perspective and understanding of roles, routines, and environments, and how these interact during the individual's daily occupations to affect their health and wellbeing.

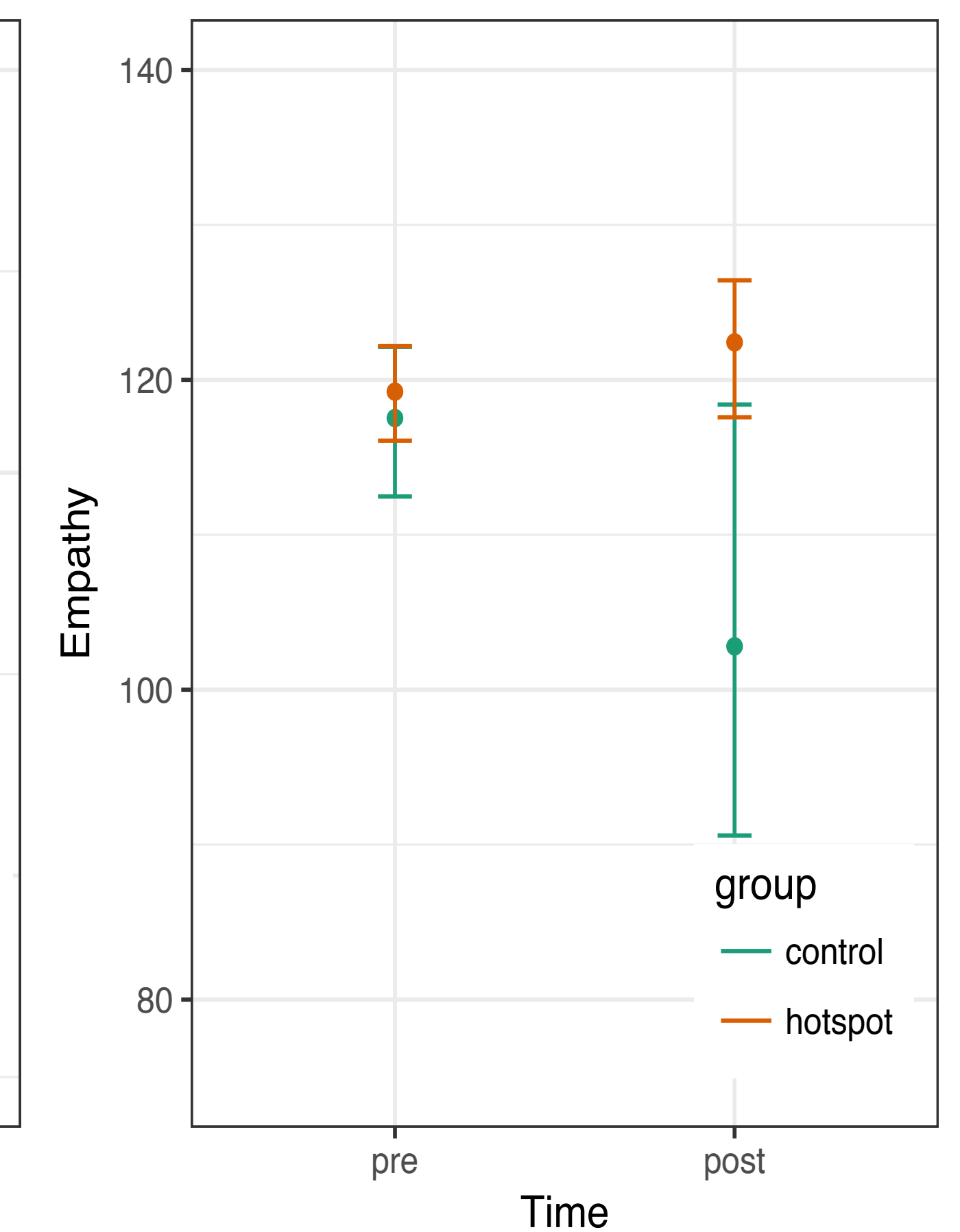
- Able to work outside of the medical model
- Share ideas for potential intervention utilizing frames of reference relevant to addressing the patient's occupational needs and justice
- Apply principles of occupational sciences to the identification of health problems, risk factors, treatment strategies, resources and disease prevention/health promotion efforts for patients and populations
- Provide individualized education to increase health literacy and active participation in care

Student & Faculty Outcomes

Change in Self-Efficacy Scores



Change in Empathy Scores



Qualitative Findings: Student & Faculty Experiences

- Semi-structured interviews and focus groups conducted with 14 participants
- 3 Themes emerged:
 - Addressing unmet needs in a complex system
 - Beyond the classroom walls
 - Sitting in discomfort
- Students improved their understanding of the social factors & health interactions
- Students observed firsthand, the numerous obstacles faced by patients with complexed needs.

Moving Forward

Future Research: Examine the impact of the student hotspotting experience on a larger cohort of students from across the four national student hotspotting hub sites

- Conduct a multi-site study to test the hypothesis across geographic locations and with different patient populations.
- Closely examine the collaboration and teamwork of the Student Hotspotting Teams using the Jefferson Teamwork Observation Guide (JTOG™)
- Use qualitative methods to create a mixed-method design to further explore the changes noted in the pilot study

References

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