

Interprofessional Student Hotspotting: Impact of Federally Qualified Health Centers (FQHC) on Complex Patients

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Background

Individuals with complex health and social needs drive much of the total cost of care, accounting for nearly 50% of annual costs. Studies show that patients' use of community health centers is associated with lower health care costs, less frequent use of emergency departments, and fewer preventable hospitalizations, compared to patients who do not use the health centers. Federally qualified health centers (FQHCs) provide patients with medical homes where they can build ongoing, personal relationships with treatment teams, resulting in continuous, comprehensive and integrated care.

Additionally, addressing these individuals' needs and decreasing costs requires interprofessional teams to engage with communities with high utilization rates. Training students of the health professions in the hotspotting approach will reduce utilization and costs.

Student Hotspotting is an educational curriculum originally developed by the Camden Coalition of Healthcare Providers to improve delivery of care for complex patients. This program facilitates teams of interprofessional students learning about the challenges faced by complex patients during their interactions with the current healthcare system. The curriculum focuses on the COACH framework as a means to empower patients to address their health needs effectively.

- C:** Connect: Tasks with Vision and Priorities
- O:** Observe the Normal Routine
- A:** Assume a Coaching Style
- C:** Create a Backwards Plan
- H:** Highlight Progress with Data

Community Partnerships: Project HOME & SKWC

Project HOME at the Stephen Klein Wellness Center (SKWC) is committed to addressing the health and wellness needs of people who are currently homeless, formerly homeless, and people living in the North Philadelphia community.

Additionally, Project HOME is now considered a Federally Qualified Health Center (FQHC), which qualifies for enhanced reimbursement from Medicare and Medicaid in addition to grants from the Health Resources and Services Administration. As an FQHC, the center is able to provide its services regardless of a person's ability to pay.

Services offered at the SKWC include:

- Primary medical care
- Referrals to specialty care
- Individual and group counseling for alcohol and substance use
- In-house pharmacy
- Dental care
- Phlebotomy services
- Family planning
- Nutrition and wellness classes
- Hospitality services
- YMCA fitness center
- Assistance with applying for health insurance



Patient Story: JH

Our patient, JH, is a 38 year-old African American female who is a devoted single mother of five living in North Philadelphia. She is an outgoing and vibrant woman who is strong-willed and open about her journey. She is incredibly busy taking care of her five children and her mother.

She is living with hypertension, prediabetes, bipolar disorder, and schizophrenia, is in recovery for substance use, and is trying to quit smoking cigarettes.

JH's family is impacted by several social determinants of health, including:

- Low socioeconomic status
- History of unstable housing
- History of loss of custody of children

Interventions

As an affiliate of the Jefferson network, SKWC reached out to a Jefferson Hotspotting advisor regarding interest in the Hotspotting Program. Determining that Hotspotting could be a valuable resource to patients, flyers were displayed throughout the center. Contacted JH when she expressed interest in utilizing hotspotting services to tackle her complex medical issues.



Focus of our work with JH:

- Establish a trusting relationship with the patient to provide emotional support and encouragement through in-person meetings, phone calls, and text messages
- Discuss concerns and identify priorities to work towards, including:
 - Managing anxiety and guilt related to history of substance use
 - Improved understanding of medication
 - Importance of routine check-ups for self and children
 - Creating better eating patterns and offering basic nutritional counseling
- Expand JH's knowledge of available SKWC services:
 - Initially, she was involved with 4 SKWC services, including:
 - Primary care services (less frequent)
 - Drug and alcohol group counseling (weekly)
 - Psychiatric services
 - Pharmacy
- Provide JH with tools to manage her health:
 - Medication fact sheets
 - Digital blood pressure cuff
 - First aid kit
 - Medical-grade socks
 - Thermometer
 - Electric toothbrush
 - Golf umbrella
 - Smoking alternatives: stress ball & sugar-free gum

Outcomes

We were able to provide JH with the needed emotional support to encourage her to continue pursuing recovery and take a more proactive approach to her health and life.

JH acknowledged that since becoming involved at SKWC, she has become more accountable. Her efforts include:

- Continues attending group counseling for drug and alcohol use
- Requires less frequent drug screen
- Established exercise regimen
- Involves her children to help with household tasks
- Hopes to take part in awareness of nutrition classes at SKWC
- Understands how to obtain referrals for age-appropriate screenings
- Build stronger relationship with primary care provider

This has increased JH's use of SKWC services from 4 to 7.

JH has emphasized willingness to connect with the next cohort of Jefferson Hotspotters to continue improving her health journey.

Lessons Learned

Teamwork and Interprofessional Collaboration:

- Value of interdisciplinary collaboration
- Networking with allies in the community
- Patient-centered model of care delivery
- Applying the Camden Coalition's COACH Model in practice

Barriers to Care:

- Appreciate the value of incremental progress and setbacks as they occur
- Access, competing priorities, time, affordability
- Importance of FQHCs in improving access to care
- Impact of data aggregation in developing healthcare interventions

"Working with JH made us realize that when patients have unstable life situations (i.e, have difficulty finding employment, finding housing, poor social support systems, etc.) their own health is usually the least important aspect of their lives and always takes a back seat to caring for everyone else."

Implications for Future Practice:

- Serve as advocates for improving delivery of care to complex patients
- Ability to recognize patients who would benefit from involvement with FQHCs
- Interventions to prioritize the patient's health over other aspects of life
 - Motivational interviewing
- **Recognize the complexity of the healthcare system**



References

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