
Interprofessional Student Hotspotting Team

— Kari Anne Nilsen,
Michelle Madison,
Erin Garbarino —

KARI

ABOUT ME: Dual Degree MSW and MPH student

FIELD PLACEMENT: Intern at Michigan Medicine Adult Inpatient Psychiatric Unit

PREVIOUS WORK EXPERIENCE: Behavioral Health Assistant on an Integrated Behavioral Health Home (IHART), Medical Assistant at a Rural Family Practice

INTEGRATED AFFILIATIONS: ISHT-Camden Coalition of Healthcare Providers, ISHO-Building Bridges, IHPE

ERIN

ABOUT ME: MSW Student interested in mental health therapy in integrative healthcare settings.

FIELD PLACEMENT:: Henry Ford Behavioral Outpatient Center Intern Mental Health Therapist

PREVIOUS WORK EXPERIENCE: Intern Mental Health Therapist at the Intensive Outpatient Substance Use Unit at the VA, Youth Advocate at Residential Facility for Foster-Care Youth, Behavioral Technician for children with Autism Spectrum Disorder, Intern Case Manager at Residential Facility for Houseless Veterans

INTEGRATED AFFILIATIONS: ISHT & IHPE

MICHELLE

ABOUT ME: MSW student interested in pediatric integrated behavioral health and primary care, exploring social determinants to health within underserved populations to restructure the current healthcare system and prioritize prevention over treatment.

FIELD PLACEMENT:: Intern at the Michigan Medicine Department of Outpatient Psychiatry

PREVIOUS WORK EXPERIENCE: 10 years working in child and adolescent behavioral health settings in Chicago (academic and therapeutic)

INTEGRATED AFFILIATIONS: ISHT-Camden Coalition of Healthcare Providers, ISHO-Building Bridges, IHPE

Who would you choose?

Break-out session

Choose 5 patients for Integrated
Health Care

Who we would choose:

Rosalina Stormborn

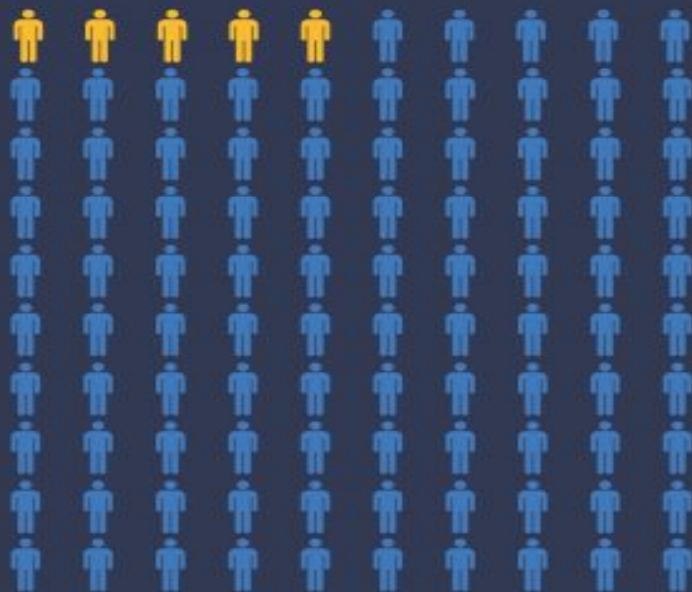
Wendy Summer

Walder Hodor

Arya Hamilton

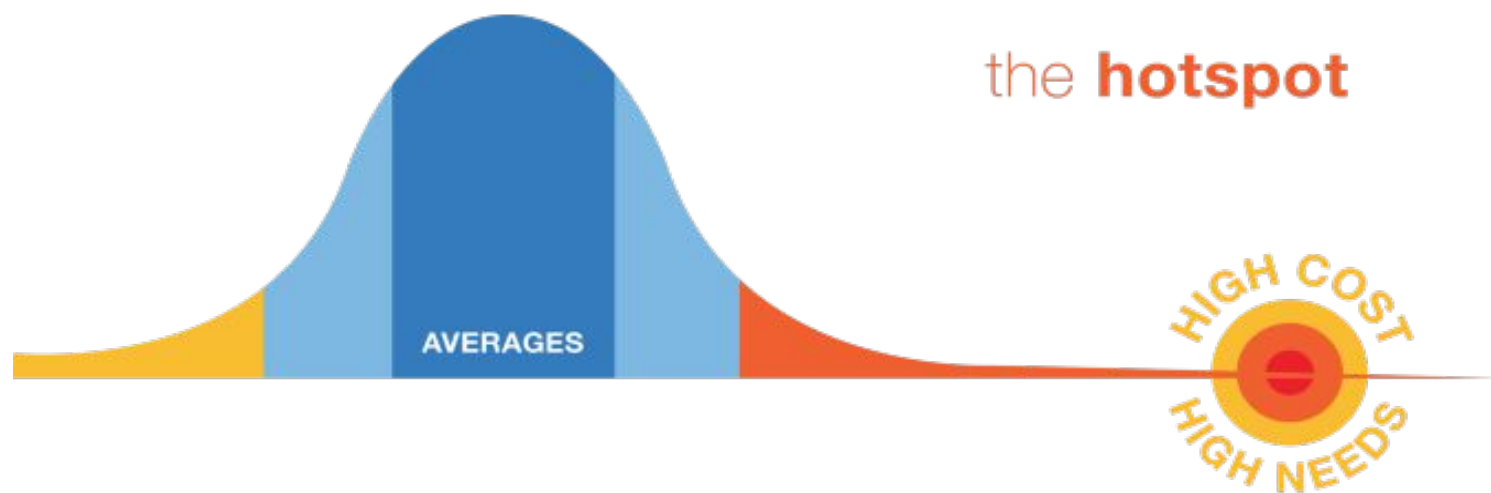
Ned Smith

5% of the population
accounts for **50%** of the cost



Source: United States Government Accountability Office - May 2015
<http://www.gao.gov/assets/680/670112.pdf>

- **OUTLIERS** are patients are in the long tail of data
-



What if we could better understand the top 1-5% of the population and then design an intervention to provide better care and lower costs?

Interprofessional Student Hotspotting Team (ISHT)

Who we are:

Team of students in health care career paths from nationally affiliated collegiate institutions.

- Social Work, Nursing, Medical School, Dentistry, Pharmacy, Law, Public Health, Public Policy



Interprofessional Student Hotspotting

Who we work with:

Camden Coalition of Healthcare Providers (Camden, NJ)

Primary Care Progress (PCP)

Association of American Medical Colleges (AAMC)

National Center for Complex Health and Social Needs

Interprofessional Student Hotspotting

What we do:

Common Diagnosis: SMI, SUD, Houselessness, patients that cause extraneous costs on the health care system

- Patient population: Identify patients with complex medical and social needs. “Super-utilizers” (frequent hospitalizations)
- Work side by side with targeted population to identify barriers to sustainable health care access (observations).
- Goal: Improve access to healthcare, increase communication between providers, reduce barriers to health care, learn about barriers to health care access directly from participating patients, reduce over utilization/excessive costs on the health care system.
- Meet patients where they're at-needs, abilities/capacities, treatment goals



**Solves
problems by
thinking outside
the box**



**Builds engagement
by investing
time and energy
into people**

Interprofessional Student Hotspotting

How we do it:

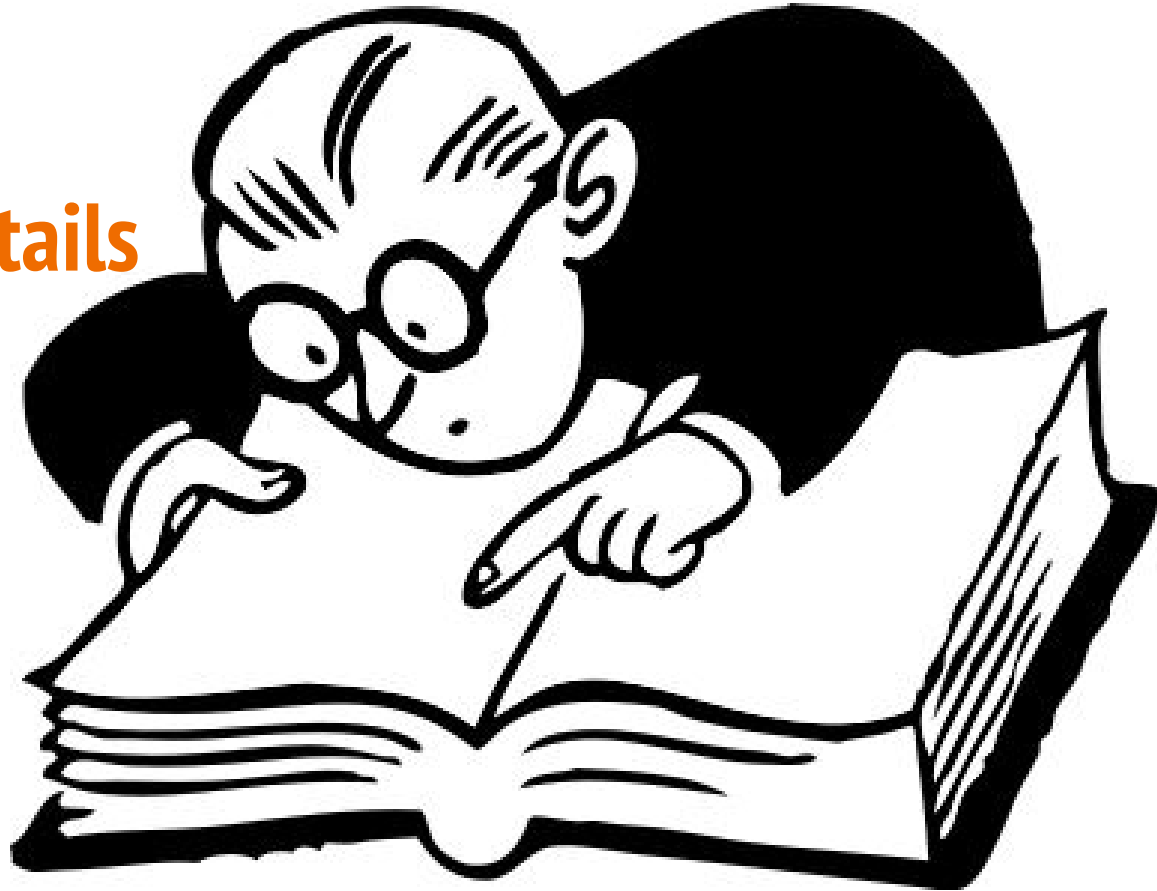
- Identify health care site for patient access
 - Michigan Medicine Complex Care Collaborative
- Advocate for super-utilizers: Accompany patients to Primary Care appointments (pt./provider barriers)
- Bio-psycho-social assessments: Home-visits (family dynamic etc.)
- Learn directly from patient of social determinants of health
- Relationship/engagement/teamwork based module for intervention
- Active listening
- Trauma-informed approach
- Harm reduction

Inclusive and fosters a sense of



community and teamwork

**Solves problems by
looking at all the
information data details**



**Exposes flaws and corrects mistakes;
promotes caution**

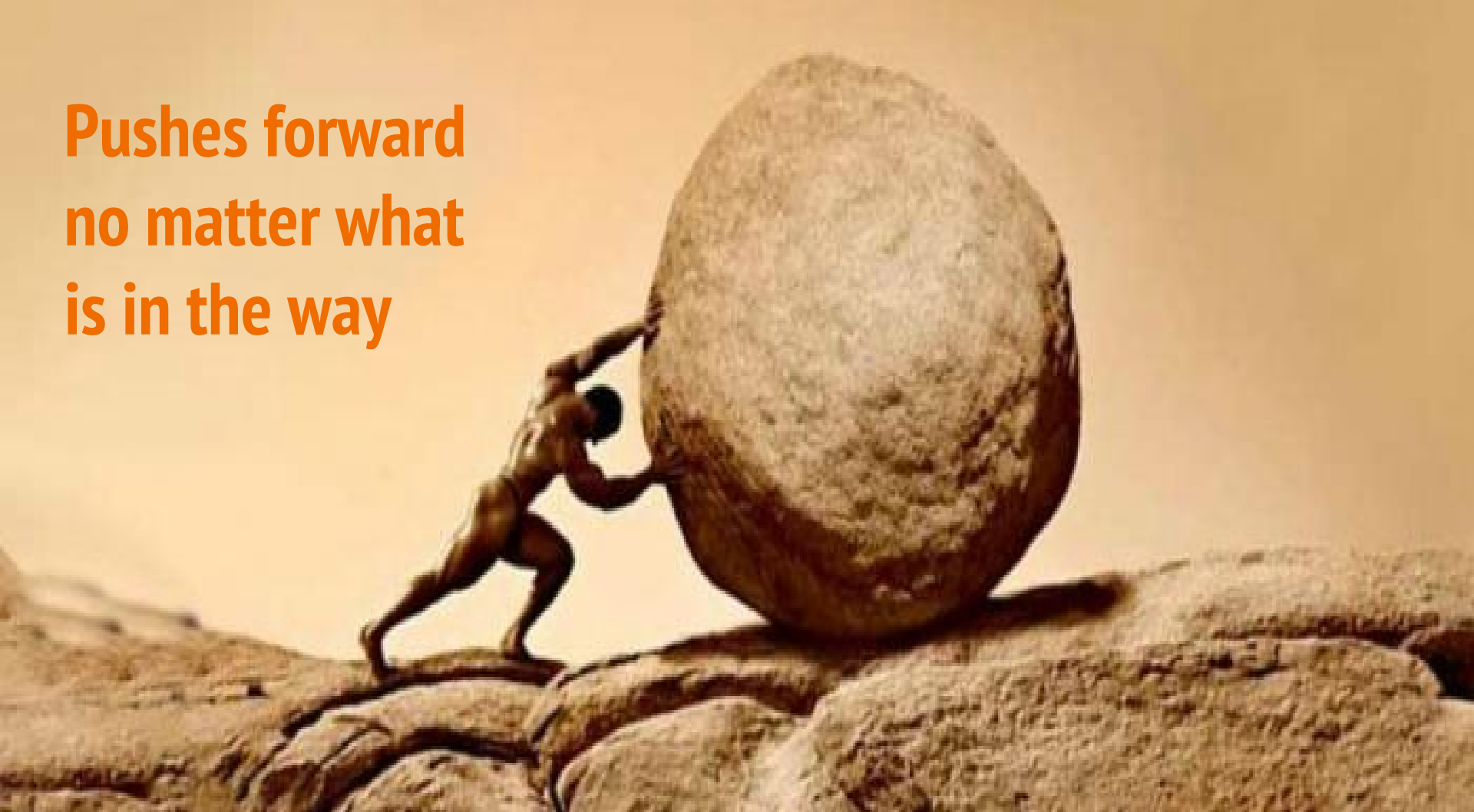


Desires clarity of roles and objectives;



demands accountability

**Pushes forward
no matter what
is in the way**



Interprofessional Student Hotspotting

- Educational component:
 - Monthly team meetings (2 teams at the University of Michigan, 4-6 per team)
 - Staff supervision
 - Monthly case-conferences (Southern Illinois University, Primary Care Progress)
 - Skill labs (coaching)
 - Motivational Interviewing (IPE Event)
 - National Conference: National Center for Complex Health and Social Needs
 - Bi-annual Camden Coalition Conference (September/March)
 - Extensive online curriculum

Backwards Planning Matrix

Online Curriculum

Curriculum Themes



Motivational Interviewing



Programmatic Operations



Trauma Informed Care



COACH



Harm Reduction



Safety



Leadership

	RIGHT NOW	LATER
NEED TO WORK ON	<ul style="list-style-type: none">• Crisis• Deadline• Top priority	<ul style="list-style-type: none">• Opportunity for open-ended questions
DON'T NEED TO WORK ON	<ul style="list-style-type: none">• Opportunity for open-ended questions	<ul style="list-style-type: none">• Highlight patient strengths



Accessible to Everyone

<https://www.camdenhealth.org/curriculum/>

Revisiting Breakout Activity

Qualifiers for Camden Coalition patient population:

Inclusion Factors

- 2+ inpatient stays in 6 mo
- Addiction
- Mental Health Diagnosis
- Suicidal Ideation
- Social and Medical Complexity

Exclusion Factors

- Youth or 80+
- Emergency Room Frequency
- MS
- Cancer as Root Cause/Main Driver

Care Management Triage Form

MRN: _____ Utilization: ED ____ INP ____ Days ____

Initials: _____ Age: _____ (Rule out patients over 80)

Date of Selection / Non-selection: _____

Date of Admission: _____

Primary Care Practice: _____

Insurance: _____

Draft Qualitative Instrument for adults (more than 18 years of age):

Part 1:

Does the patient have 2 or more admissions in the last 6 months?	
Yes (continue to Part2)	No (Stop)
Principal Diagnosis Admission 1:	
Principal Diagnosis Admission 2:	

Part 2:

Is the primary reason for admissions oncology related?	Yes	No
Is the primary reason for admissions due to pregnancy?	Yes	No
Is the primary reason for admissions due to a surgical procedure for an acute problem?	Yes	No
Are the admissions due to complications of a progressive chronic disease that has limited treatment?	Yes	No
Are the admissions for mental health only with no comorbid conditions?	Yes	No
Are the admissions to treat acute diseases only?	Yes	No

Any answers of Yes in Part 2 exclude the patient from the intervention. If all answers are No, proceed to Part 3.

Other reason for non-selection or notes regarding selection: _____

Part 3:

C/A means "cannot assess." Please read corresponding notes.

Does the patient have 2 or more chronic conditions?	Yes	No	C/A
Which conditions?			

Is the patient taking 5 or more medications	Yes	No	C/A
Does the patient have difficulty accessing services? (language barrier, low health literacy, labeled "non-compliant")	Yes	No	C/A
If yes, what barrier(s)?			

Does the patient have lack of social support at home or in the community?	Yes	No	C/A
Social support or lack thereof:			

Does the patient have any mental health diseases?	Yes	No	C/A
Is the patient actively using drugs?	Yes	No	C/A
Is the patient homeless?	Yes	No	C/A
Is the patient uninsured?	Yes	No	C/A

Three or more "yes" responses in Part 3 indicate the patient is at high risk for readmission / high utilization and will qualify for one of our interventions

Questions?

CASE PRESENTATIONS

Case 1 Script

Case Presentation 1

What do we know about them?

Are they appropriate for our program?

What's your plan for providing care?

Case 2 Script

Case Presentation 2

What do we know about them?

Are they appropriate for our program?

What's your plan for providing care ?

Case Presentation 1

Medical Model taught to Med students:

- Should be within 2 minutes
- Minimal or no past medical history or review of symptoms
- Focus on physical exam
- Focus on **Differential Diagnosis**
- Generalized Management Plan

Case Presentation 2

Camden Coalition model:

- Person Centered
- **Driving Diagnosis**- plural, what's important to the patient, social issues included
- Includes patient barriers and strengths
- Includes patients goals and priorities
- Specific Management Plan
 - "I do"- Team Perspective
 - "You do"- Patient Perspective
- Takes into account Care Management Teams feelings and thoughts
 - What do you think the purpose of this is?

Camden Collation Model Script

(Patient initials) is **(age)** and their interests include **(list the patient's interests/drivers/former occupation, passions, the things the patient likes to do- incorporate the humanness of the patient, holistic approach, what motivates the patient)**

(Patient initials) is living with Driving Diagnosis **(this can be plural medical/social issues that are most prevalent in the life of the patient)** and has been admitted to the hospital **(number of times)** in the past six months. **(Patient initials)** has been in our intervention for **(how many days team has been working with patient)**.

(Patient initials) faces barriers of **(list barriers/issues the patient is experiencing)**. **(Patient initials)** displays the strengths of **(list patient strengths)**.

(Patient initials) goals and priorities are **(list patient goals and priorities)**. As a team we are working with **(patient initials)** on **(list what the team is working on with the patient)**. The patient is currently at a **(I, we, you do)** on these priorities.

The roadblocks we are currently running into with this patient include **(list barriers patient and/or team working with the patient is running into. Barriers may include items like health illiteracy, lack of behavioral health services, patient not yet ready to make changes)**

As a team, the feelings coming up for us about this patient are **(list feelings that are coming up for members of the team regarding working with the patient)**.

Discussion Questions

What do you see as the pros & cons to each model of case presentation?

What are the biggest limitations to each?

Why are students taught one way or another?

A group of diverse healthcare professionals, including doctors and nurses, are sitting in a circle in a meeting room. They are all looking towards the center of the circle, suggesting a collaborative discussion. The word "Teamwork" is overlaid in a large, white, serif font across the middle of the image.

Teamwork

Interprofessional Student Hotspotting

ISHT currently recruiting students for
Fall 2018