Bridging the Gaps: Team 6 Hotspotting Experience

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Background
Healthcare spending in the U.S. reached $3.5 trillion in 2017. Half of this spending was due to only 5% of patients. Hotspotting is the practice of identifying high-utilizing patients and providing them ancillary care. Supporting such patients with nutrition information, care coordination, clinician communication, health education, and treatment adherence coaching benefits the patients, clinicians, and healthcare system. The Jefferson Interprofessional Student Hotspotting Program places students of different educational programs into teams to identify high-utilizing patients and provide them individualized and holistic care. It is an intimate longitudinal clinical experience for students and an opportunity to improve the health of complex patients.

Patient Introduction
Background:
- 60-year-old man
- Lives with niece & grandniece
- Retired; used to work shift work

Social Hx:
- Born and raised in Philadelphia
- Former professional drummer
- Former recreational drug user

Medical Hx:
- Blindness secondary to glaucoma
- Metabolic syndrome
- Diabetes mellitus type II
- Hypertension
- Renal failure
- MI, CHF, A-fib
- Grave’s disease
- Depression

Patient Concerns
Communication with providers
- Transportation
- Medication management
- Nutrition management
- Accessing health information

Interventions
Trauma-Informed Care
- Collaboration through goal-setting
- Transparency about our role as students
- Empower him to have his voice heard during appointments, etc.

Bridging the Patient-Provider Communication Gap
- Monitor conversations based on knowledge of patient and his desires
- Use active listening
- Help steer conversations to address quality of life, not just interventions

Community Partnerships
- Developed relationship with PCP to coordinate care with specialists
- Connected with Maximus, Services for the Blind, and Philadelphia Corporation for the Aging, MANA

Outcomes

“It’s easy in residency to get bogged down in the logistics of care coordination and our busy day-to-day routines, and reading that update gave me the most positive feelings about our profession than I’ve had in a while. Keep doing what you’re doing. You’re actually changing lives.”
- Patient’s PCP

- Increased quality of patient-provider communication
- Engaged and empowered patient in his health
- Supported patient with paperwork for the following social services listed above
- Built a trusting therapeutic relationship with patient that improved relationships with other members of healthcare team
- Patient perspective:
  - Team was non-judgmental
  - Team was consistent
  - Team cared in ways others had not

Challenges

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<thead>
<tr>
<th>Challenge</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>Transportation &amp; Scheduling</td>
<td>• Communication with niece who provides most transportation and scheduling</td>
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<td></td>
<td>• Communication within Team 6</td>
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<td></td>
<td>• Consistent review of electronic medical record</td>
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<td>Care Team Communication</td>
<td>• Communication with care team on appointments scheduling</td>
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<td></td>
<td>• Supported clinicians with full narrative of previous visits and up to date medications and history</td>
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<td>Unhealthy Behaviors</td>
<td>• Nutritional services and education</td>
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<td>• Social interaction</td>
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<td>• Patient empowerment</td>
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Lessons

- Teamwork and leadership
- Delegation tasks based on background and skill-set
- Navigating different schedules in various programs
- Shared decision-making
- Commitment
- Constant communication
- Health care
- Social determinants of health
- Celebrating achievements
- Electronic medical records
- Holistic support systems
- Meeting patients where they are

References