Leveraging Similar Interests and Diverse Perspectives Through Interprofessional Team Science: A Reflection

Angela Gerolamo, PhD

I entered academia after working at a policy research firm for several years. I was the only nurse on staff at the organization and worked with individuals from a variety of non-clinical professions including applied economics, statistics, health policy, and program evaluation. While I enjoyed my work and colleagues, I felt too far removed from direct care, so I transitioned to the Jefferson College of Nursing. I have always been passionate about working with vulnerable and disadvantaged populations: in particular, individuals with mental health problems. It was through my interactions with patients early in my nursing career that I observed the inequities in care received by individuals with mental illness. While we stabilized patients' conditions with medications, once we discharged them from the hospital, they returned to difficult social conditions and fragmented health care. It was clear that the system was broken and care transitions lacked effective coordination.

As a new member of faculty at the College of Nursing, I embraced the like-mindedness of my clinician colleagues and looked for opportunities for collaborative research. One day, I received an email from Dr. Kristin L. Rising, Associate Professor and Director of Acute Care Transitions Department of Emergency Medicine, Director of Jefferson Center for Connected Care, looking for a nurse collaborator. Dr. Rising had previously identified fear and uncertainty as potentially important predictors of emergency department (ED) utilization. Recognizing the importance of interdisciplinary collaboration to advance science, she invited me to collaborate on this important topic. We quickly secured an Emergency Medicine/ Emergency Nursing Association grant in June 2016 with Dr. Rising and myself as co-principal investigators. This award funded the initial project, *Measuring Patient Uncertainty During Acute Care*, in which we used group concept mapping with patients with recent ED utilization to explore domains that contribute to ED use. We subsequently leveraged these data to develop scale items to quantitatively assess patient uncertainty related to urgent care decision-making and to assess the contribution of patient uncertainty to subsequent ED care seeking. Simultaneous to this quantitative work, we conducted a qualitative study to understand reasons patients seek care in the ED during an acute care episode. In an effort to continue to understand the needs of patients and families during care transitions, we collaborated with the Wills Eye Hospital to examine the unmet needs of individuals who experienced acute traumatic eye injury after hospital discharge. In addition, we applied for and were awarded the Clinical Research Provost Award in 2019. This qualitative study examined the unmet needs of home healthcare patients and their caregivers, and the acceptability of on-demand telehealth.

Findings from these studies suggest that patients have unmet behavioral health and psychosocial needs during care transitions, and frequently, they are not connected to behavioral health services. In some cases, patients were linked to behavioral health services, but they were perceived as inadequate, while other patients could not access services due to lack of transportation or being homebound. Our work supports the need for the development and delivery of integrated interventions that address behavioral health and psychosocial needs as well as physical needs during care transitions. The ultimate goal of our work is to inform the development of patient-centered interventions that improve the care experience and patient health outcomes.