

Student Perspectives on Hotspotting: What it takes to improve care for “high utilizer” patients

Introduction

“Hotspotting” is an emerging method aimed at improving care and reducing costs by identifying “high utilizers” or patients with complex chronic conditions who over use emergency departments and inpatient hospital care. The Interprofessional Student Hotspotting Learning Collaborative promotes collaboration and interprofessional team-based learning among the various health and social service professions for these complex patients. The program addresses social determinants of health through patient interactions, home visits, accompaniment to providers’ offices/hospital visits, and navigation of community resources.

Last year, the [Jefferson Center for Interprofessional Practice and Education \(JCIFE\)](#) was selected as one of four national Student Hotspotting hubs by the Camden Coalition of Healthcare Providers, Association of American Medical Colleges, Primary Care Progress, Council on Social Work Education, National Academies of Practice, and American Association of Colleges of Nursing. As a hub, Jefferson has scaled up its hotspotting program to include eight interprofessional teams in addition to hosting twelve teams from regional institutions, playing an integral role in propelling this national movement for caring for complex patients forward. Interested students throughout Thomas Jefferson University apply to the program and participate in small teams of four to six interprofessional students.

The following summary describes the Hotspotting observations and experiences of two 2017-18 student participants, Jessica Shipley (Nursing) and Meghan Bresnan (Pharmacy).

Jessica’s experience

One night while working as a nurse extern at Jefferson, I saw a text from our student Hotspotting team: “Our patient has been admitted from the ER, can someone come talk with her?” I volunteered to go after my shift, and that was when I met “Mary” for the first time.

For most people, landing in the emergency room is a frightening, singular event. For our client, as with other high utilizers of healthcare, being picked up by an ambulance every few months had become routine, and we wanted to know why. Earlier that month, team members had visited the elderly woman, living alone with some assistance, and described her as having a flat affect with signs of cognitive decline. But the person I saw in the hospital that night was alert, sociable, and engaged, although anxious to get back home after a stimulating day in the ER. Since the doctors couldn’t guarantee her safety home alone, she had been admitted for an overnight stay until a caregiver could pick her up. She didn’t understand this. Waiting until the nurse left the room, she turned to me. “Can’t you just call the ambulance to take me back home?” she asked. That’s when I understood what an important role social isolation was playing in our client’s health. Home alone and anxious about her symptoms, she knew that the ambulance was only a reassuring phone call away.

By joining our patients as they navigate the health system, students can observe smaller moments like these that provide clues about high utilization otherwise missed somewhere between a doctor’s appointment and a trip to the ER. Our interprofessional team from medicine, nursing, occupational therapy,

pharmacy, and public health can then compare insights from different points of view. After following up with another home visit, we discussed how our patient’s unmet social needs were leading to serious medical problems, as well as avoidable visits to the ER triggered by anxiety, confusion, or even loneliness. We shared this information with our advisors and our patient’s physician, suggesting a few changes.

As for what it’s like to “do Hotspotting”, all I can say with certainty is that it’s complicated. The program’s organizers prepare us for ambiguity in a complex patient’s situation and urge us to resist the impulse to fix it, suggesting we simply get to know the person instead, using a trauma-informed approach. These patients have been let down by the system and sometimes all we can provide in our short time together is a first step back towards a healthier routine.

I’m proud to say that after months of meetings, case conferences, and home visits, we have a few small wins – a change in our client’s treatment plan and a regular follow-up with a trusted social worker – that feel like huge victories. At the beginning, I never imagined I’d be thrilled by such tiny, incremental steps. Now I see how these slight shifts can correct course over time and make a difference not just in health outcomes but in saving system resources and costs as well. This is a memorable lesson as I begin my own nursing practice and it reminds me to celebrate progress wherever I find it.

Meghan’s experience

It was very easy to make the decision to participate in Student Hotspotting because

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I wanted to be able to help identify “super-utilizers” and see what I could do as a student pharmacist to ensure the number of hospital admissions decreased by increasing the health of my patients. While it was easy to say yes to participating, it was also stressful stepping into an advanced role beyond just being a student pharmacist. I knew I was going to be visiting the homes of different patients and performing medication reconciliations and would potentially be faced with situations I did not know how to necessarily handle. I remember being beyond nervous to call my first patient and set up a time to meet at her apartment because I was honestly afraid of rejection, but she turned out to be the nicest woman and was more than happy to have my team come to her home and meet her.

Our first roadblock with our patient came when I called her to confirm our visit a few days after originally reaching out, and she did not remember agreeing to the visit. For a moment I didn’t know what to say because I did not want to alarm

her, so I asked her again if it was okay for us to come over and she kindly agreed. Luckily, when we went to our first visit, she remembered I called her the previous day; therefore, what I thought was a major roadblock turned out to be a case of forgetfulness. Throughout our original visit with our patient we became more and more comfortable asking her questions about her previous hospitalizations, but our biggest source of information was our patient’s nurse aide. She was able to detail every reason for our patient’s recent hospitalizations, which was helpful because we soon discovered our patient was diagnosed with mild dementia which was affecting her ability to recall recent events.

Throughout this entire experience so far, not only did I have my team to work with to help our patient, but I was also working with our patient’s primary care physician. I was able to speak to the physician to obtain more background information, to get the full picture of how we could approach such a complex situation. Overall, Student

Hotspotting has showed me how taking care of a patient is way beyond prescribing medications and checking on a patient’s physical well-being. There are so many social and mental factors that contribute to a patient’s overall health that are sometimes forgotten in the usual day to day practice of medicine which need to seriously be considered if a clinician wants to treat their patients to the best of their ability.

[Click here to watch Jefferson students describe their Hotspotting experiences.](#)

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