Interprofessional Education:
Building a Framework for Collaboration

April 30-May 2, 2018
Washington, DC

Interprofessional Student Hotspotting
Learning Collaborative

What is Hotspotting?

Jeff Brenner's Revolutionary Approach
to Improving Health Care Delivery
PATIENTS WITH COMPLEX HEALTH AND SOCIAL NEEDS

THE TARGET POPULATION

- Intervention targets patients showing patterns of high utilization.
- These patients have frequent contact with the medical system without measurable improvements in their health.
- As a small group, this population is responsible for a large proportion of healthcare costs.

Hotspotting Core Philosophies

- HARM REDUCTION
- TRAUMA-INFORMED CARE
- MOTIVATIONAL INTERVIEWING
- ACCOMPANIMENT
THE HOTSPOTTING INTERVENTION

1. IDENTIFY PATIENTS
2. PATIENT ENGAGEMENT
3. LEARN PATIENT STORY
4. COORDINATE, SUPPORT & EDUCATE
5. PATIENT GRADUATION

The INTERPROFESSIONAL STUDENT HOTSPOTTING LEARNING COLLABORATIVE trains interprofessional teams of students to learn to work with complex medical and social needs using a patient-centered approach. The six-month program provides education and support to teams as they connect with patients, learn about the root causes of high health care utilization.

The six-month program is co-hosted by:

- The National Center for Complex Health and Social Needs
- Association of American Medical Colleges
- Primary Care Progress
- Council on Social Work Education
- National Academies of Practice
- American Association of Colleges of Nursing
I think this slide is a good intro to the program. What if we put it after slide 3, then go into the core philosophies, the intervention, the timeline?

Michael Negrete, 4/13/2018
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Program Timeline

Kick-off Event

September  October  November  December  January  February  March  April

Asynchronous Mosaic Curriculum

Wrap-Up Event

Complex Case Conferencing
Skills Labs
Field-building Roundtables

Interprofessional participation
2016-2017 Student Hotspotting Cohort

Figure 1: Respondents’ Profession (n=165 respondents)
See comment in previous slide
Michael Negrete, 4/13/2018
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Partnership with Camden Coalition, AAMC and Primary Care Progress

STUDENT HOTSPOTTING HUBS
LOCAL INSPIRATION
LOCAL INNOVATION

Samuel Merritt University
• (Oakland, CA)
Thomas Jefferson University
• (Philadelphia, PA)
Southern Illinois University
• (Springfield, IL)
University of Utah
• (Salt Lake City, UT)
Why do we need this type of learning?

• Shift in health care → VALUE (Quadruple Aim)

• Social determinants of health not a current curricular emphasis in all professions

• Deepening interprofessional education experiences
  • Actual patient encounters
  • Teaming in a real-life setting
  • The concept of **Value-Added Education**


Value-Added Education

“Roles that are experiential and authentic, and have the potential for a positive impact on outcomes related to patients, populations, costs of care, or other processes within the health-care system, and enhance student knowledge, attitudes, and skills in the clinical science or HSS.”

This seems to be a natural place to transition speakers if we want to. In my mind it makes sense to have Marsha cover everything up to this point. If we want, Lauren or I can take over here. Also, note that we don't really need to spend a lot of time on this slide b/c we're really “preaching to the choir“.
IPEC Core Competencies

Values/Ethics for Interprofessional Practice
Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Roles/Responsibilities
Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

Interprofessional Communication
Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Teams/Teamwork
Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.
This seems like it could be another transition point. I figure whoever is covering the prior two slides can build on that by speaking to the spheres of Complex Care and Leadership & Innovation, then hand it to the next person to talk about Interprofessional Education and Practice, which continues on the next slide in the discussion about alignment with the IPEC competencies.

Michael Negrete, 4/13/2018
Story from the field

THANK YOU!

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