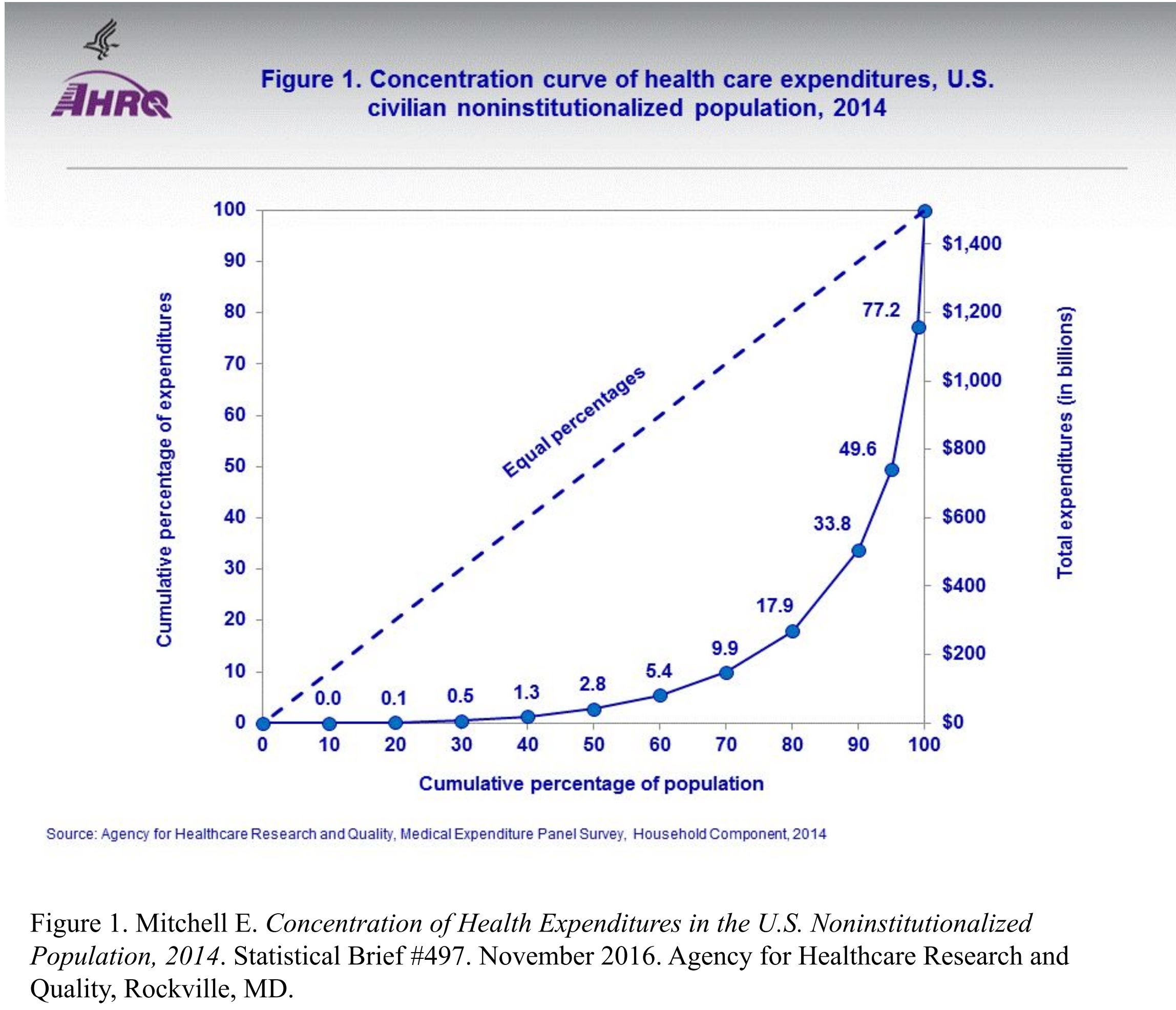


Enhancing Students' Understanding of Social Determinants of Health Through Interprofessional Hotspotting

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Background

- High-need, high-cost patients (HNHC) account for 5% of the population, but incur 50% of healthcare expenditures (Figure 1).
- Atlanta Interprofessional Student Hotspotting (AISH)** is a multidisciplinary volunteer organization partnered with Grady Health System, Atlanta's public safety-net hospital, that trains interprofessional teams of students to address HNHC patients' social determinants of health.
- We have proposed new outcome measures for assessing the program's efficacy, and have developed innovative leadership teams to better **mitigate healthcare costs, improve patient outcomes**, and provide a more **comprehensive service-learning platform** for students over the course of this 6-month intervention.



Aim Statement

Serve as a model for how active, service-learning programs can revamp interprofessional education curricula nationally, all while mitigating health disparities and decreasing healthcare expenditure among HNHC patients.

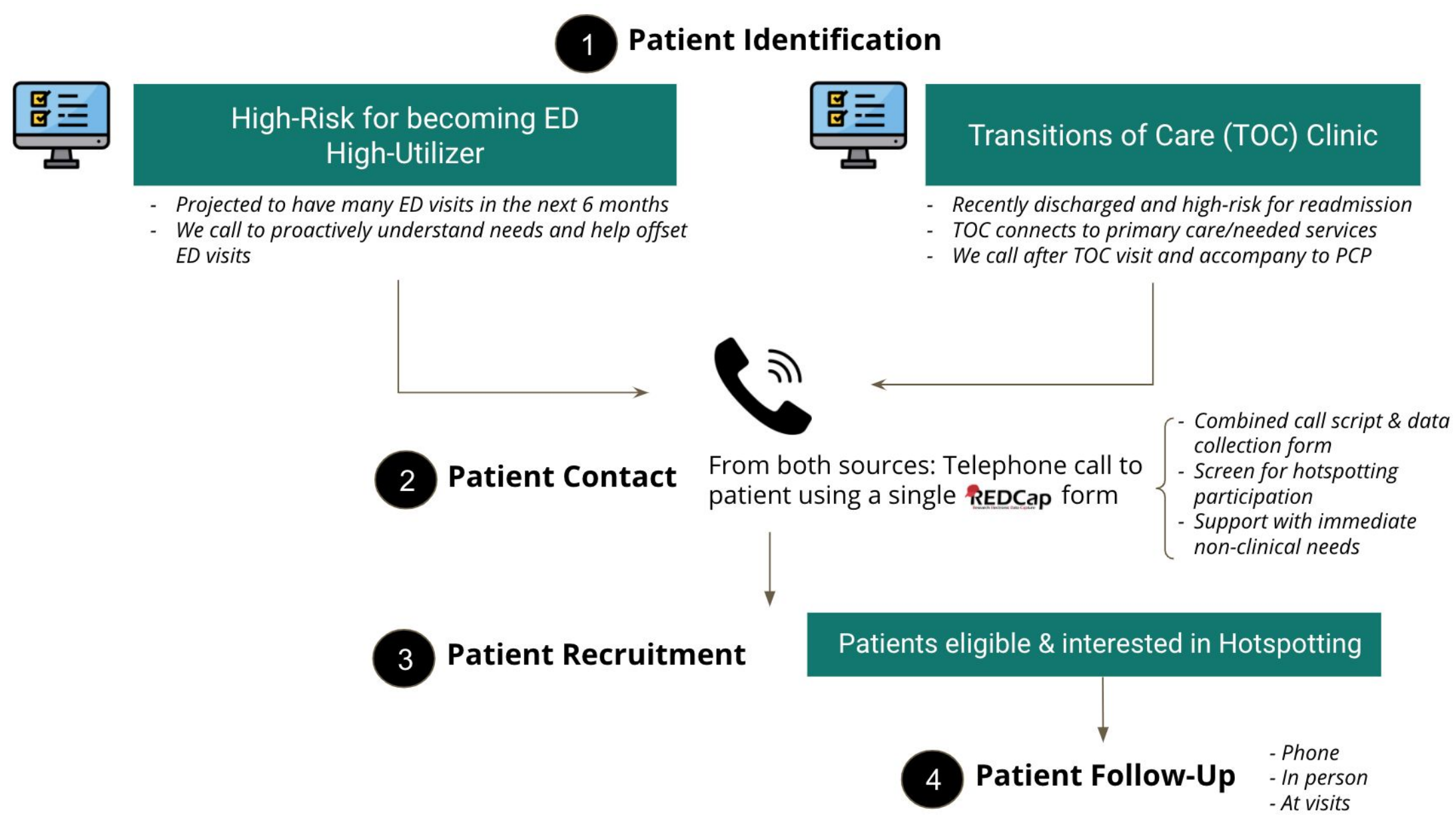


Figure 2. Patient Identification Protocol

Methods

- Recruit + Train**
 - Recruit and organize interprofessional students into 7 interdisciplinary teams.
 - Train students in Hotspotting principles, interviewing skills, resources available for patients; obtain Grady badges.
- Identify and Interview Patients**
 - Identify patients through Grady Health System's Transitions of Care Clinic or based on risk for ≥ 1 emergency department (ED) visit/month for multiple months within the next 6 months (Fig. 2)
 - Call patients using standardized script and data collection forms, and enroll eligible and interested patients.
- Create Care Plan**
 - Identify root causes of repeated admissions using the "5 Whys" approach and elucidate patient-identified barriers to care and goals to health.
- Support Care Plan**
 - Follow up with patients virtually and/or attend in-person appointments over the 6 months
 - Facilitate patient-defined health goals.
- Program Evaluation**
 - Collect and analyze data, gather patient stories, and reflect on patient and student experiences to help outline steps for integrating Hotspotting principles into health professional curricula across institutions.

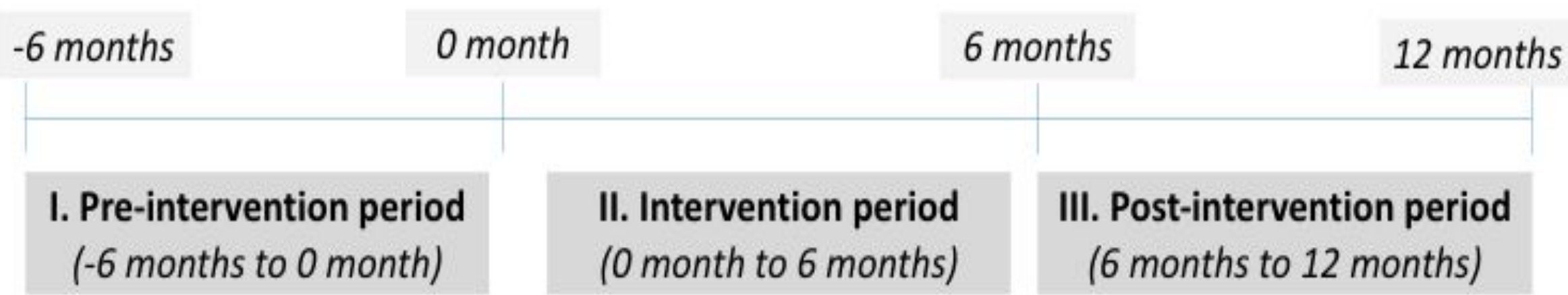


Figure 3. Time Course of AISH Intervention

Table 1: 2020-2021 AISH Student Cohort Distribution							
	MD/DO	Pharm	MPH	RN	SW	PT	Total
Emory	19	0	16	9	0	0	44
PCOM-GA	14	8	0	0	0	3	25
Mercer	0	9	0	0	0	0	9
Georgia State	0	0	0	0	1	0	1
Total	33	17	16	9	1	3	79

Results

79 student volunteers come from 8 programs at 4 academic institutions (Table 1).

An overview of the 2019-2020 AISH patient cohort is depicted in Table 2.

The current cohort has built 10 leadership teams dedicated to:

- Healthcare Utilization
- Data Monitoring and Analysis
- Medication Instability
- Community Resources
- Interprofessional Education
- Academic Partnerships
- Scholarship
- Treasury
- Social Events
- Social Media

Table 2:AISH Patient Cohort Overview from 2019-2020 (N=20)	
Characteristic	N (%)
Total persons interviewed in '19-'20:	20 (100%)
Total persons who completed program	5 (25%)
Total persons lost to follow-up	15 (75%)
Location recruited from:	
CCC	12 (60%)
Non-CCC	8 (40%)
Average age (years):	67
Race:	
Black or African American	17 (85%)
White or European American	3 (15%)
Gender:	
Male	16 (75%)
Female	4 (25%)
Most common root cause for readmission:	
Unstable housing	7 (35%)
Stolen medications	4 (20%)
Lack of transportation	4 (20%)
Financial hardship	2 (10%)
Poor mental health care	2 (10%)
Wound care	1 (5%)

Data Measures

Innovative metrics collected for this year's cohort include:

Patient Outcomes:

- Healthcare Utilization: Monthly ED visits, inpatient admissions, and outpatient appointment compliance over the course of the intervention (Figure 3).
- Quality of Life: **20-Item Short Form Survey (SF-20)** to evaluate the program's impact on patients' well-being pre and post-intervention.
- Applications for social services, such as stable housing, food stamps, or access to medication.

Student Experience:

- Civic Learning: **Interprofessional Collaborative Competencies Attainment Survey (ICCAS)** pre and post-participation.
- Student Reflections.

Conclusions

By expanding collaborative service-based learning opportunities, AISH has advanced not only interprofessional education, but also efforts to reduce health disparities and healthcare utilization among Atlanta's HNHC patients.

Future Directions:

- Continue to pilot a **community-level intervention** that **prevents stolen medications** from being a common reason for high health care resource utilization and foster partnerships with other local organizations.
- Create a **strategic report** outlining the path toward **integrating Hotspotting into curricula** across institutions.
- Expand AISH to graduate programs in law, business, and social work within the next year.
- Explore **program effectiveness** and publish on the progress of our program development.

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