



Integrated Professional Education at Community Health Centers

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Nexus Summit, August 21, 2017

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FIRST IN WHOLE PERSON HEALTHCARE

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Ruth Joy Michaelis, Jennifer Alexander, Marisa Rowen, Ray Wagner, and Lise McCoy

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All workshop participants are asked to scan their barcode (from nametag) upon entrance to session and complete the evaluation distributed at the end of the workshop. Those who registered to receive continuing education credit will also receive a certificate of completion following the Summit.

Presenter's Disclosure: Government Funding

We have received grant funding from non-corporate sources for this research work.

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PS: We will not discuss off label use and/or investigational use in our presentation.

Workshop Plan

Today we highlight three separate projects that took place this past academic year (2016-2017) at community health centers.

1. Dental Health Integration
2. Warm Handoffs to Behavioral Health
3. An Interprofessional Collaborative Workshop
4. Take home lessons for your own organization

Objectives

- Explore methods for training integrated care process for dental, behavioral health and pharmacy
- Describe potential barriers to implementing an interprofessional education curriculum and clinical experience
- Identify solutions to those barriers



Project 1: Integrated Professional Education at Community Health Centers: Training Medical and Dental Students for Collaborative Care

Jennifer Alexander, D.D.S.
Ruth Michaelis, M.D., FAAFP



NEXUS SUMMIT

AUGUST 21ST, 2017

Who is HealthPoint?

We are a community-based, community supported network of non-profit health centers dedicated to providing expert, top quality care to all who need it, regardless of their circumstances.

In 2016, we served over 82,000 patients and provided approximately 300,000 visits.

Based in King County Seattle, WA

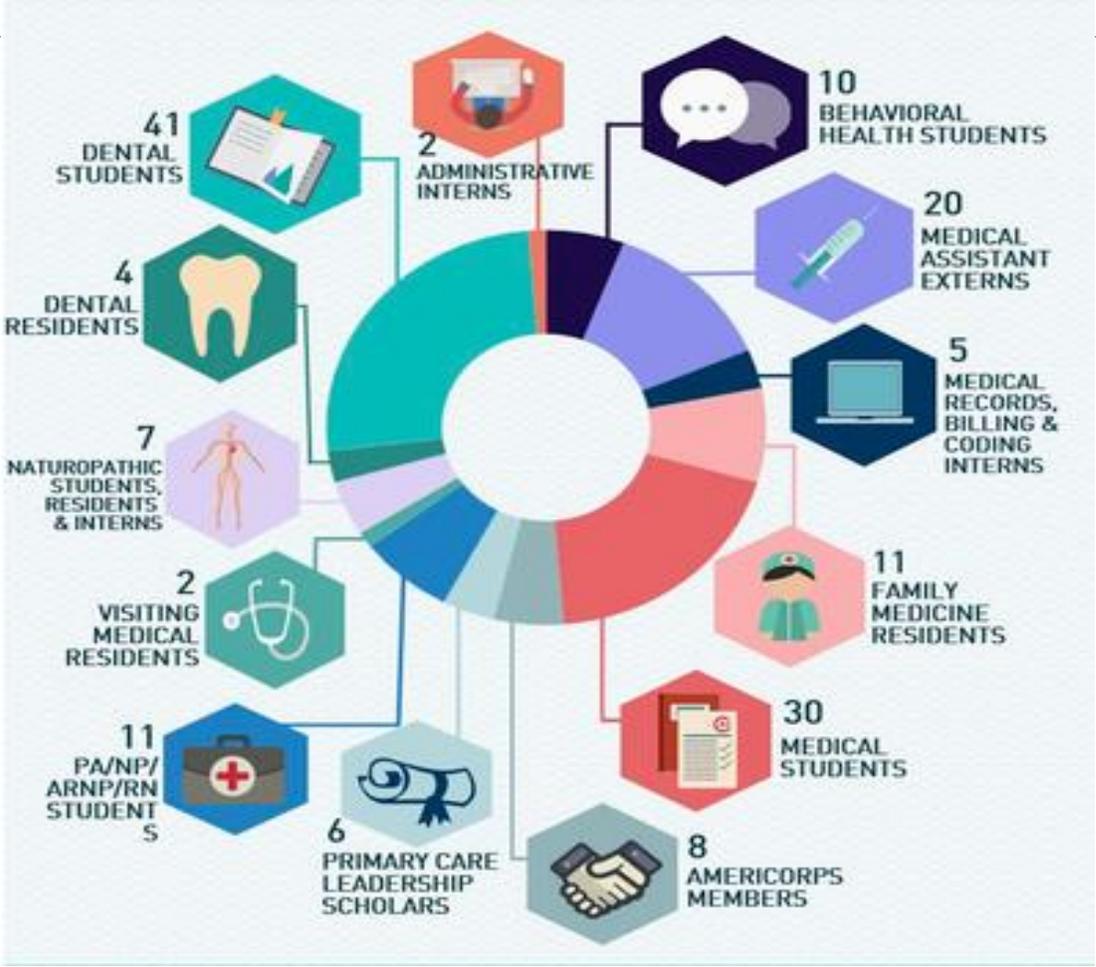


Services

- Primary Medical Care
- Dental Care
- Pharmacy
- Pediatrics
- Obstetrics
- Behavioral Health
- Naturopathic Medicine
- Nutrition
- WIC
- Complementary Integrative Health



Educational Programs at HealthPoint



Expanding the Healthcare Workforce

“Approximately 70% of medical schools only include 4 hours or less on oral health in their curriculum; 10% have no oral health content at all.”

Ferullo A, Silk H, Savageau J. Teaching oral health in U.S. medical schools: results of a national survey. Acad Med. 2011;86(2):226



Adding Oral Health to the Clinical Exam

Transition from the HEENT to the HEENOT

O = Oral Cavity

Medical educators and clinicians can “NOT” omit oral health and intraoral assessment from the H&P



Project Background

Funder: Health Resources & Services
Administration to ASDOH

Began: July 1, 2015

Grant Number: D85HP20045

Award Amount: \$1.7 million



Explaining the program

- *4th year Dental Students and AEGD Residents*
- *Paired with 2nd year medical students and family physicians in medical clinic*
- *½ day rotations*
- *Dental students provided with a stethoscope*



Goals for the Medical Student

- Identify dental disease
- Know when to refer to the dentist
- Perform a knee-to-knee exam
- Perform an oral screening exam
- Apply fluoride varnish



Goals for the Dental Student and Dental Resident

- Be able to better assess medical physical exam findings
- Understand questions to assess medical risks
- Know when to refer to medical clinic



Dental Student and Dental Resident objectives

- Teach about oral health
- Identify dental disease
- Perform and teach oral cancer screenings
- Identify abnormal oral lesions
- Perform and teach Knee-to-knee exams
- Teach and Apply fluoride varnish to children



Medical Student objectives

- Teach medical history taking
- Teach medical physical exam techniques
- Identify abnormal PE findings
- Identify chronic disease management
- Preventative health care maintenance



Medical Provider Perspective

- Improved patient care
- Dental can do oral exam / varnish before or after visit
- One location for medical and dental exam and diagnosis
- Improved care when dental issues are addressed
- Opportunity to provide onsite dental patient education
- Opportunity to hand out dental supplies



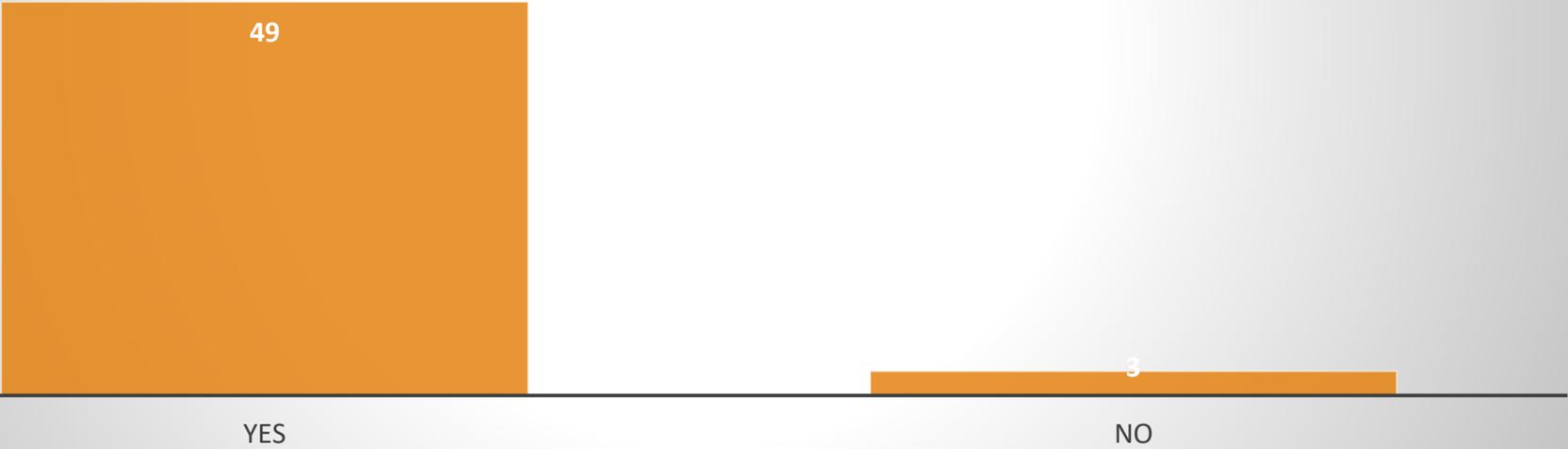
Barriers to hosting dental in medical

1. *Figuring out where dental needs to go when*
2. *Finding time to manage urgent dental problems*
3. *Some patients can't afford to get treatment for dental diagnosis*
4. *Some patients already established with dental elsewhere*
5. *Extra bodies in patient rooms*
6. *Provider time going to teaching medical to dental, learning dental, or managing additional patient problems*



Patient Satisfaction Survey

“I felt that having a team of medical and dental students was better for my overall health”



Patient Comments

"I don't have dental insurance. The student examined my teeth and told me I'm ok. That makes me feel better." 71yo Hispanic female

"It was helpful to know someone was learning from the whole process of the exam. Also, to hear general information reconfirmed. Helpful in suggesting some ways to set goals." 51yo White female

"That should how it should be, to help speed visit up for medical and dental all at one time." -45 yo male

"She was wonderful and made me much more relaxed regarding my oral health going over all my concerns thoroughly. I had confidence in her abilities and knowledge. It would be great if she was at another one of my apts in 6 months." 37 yo male

"I was afraid to go to the dentist in the US but the student explained it was important because of my diabetes and reassured me they would take care of me." 55yo female



Medical Student Comments

“Having input from a dental student really helped solidify why an oral screening is conducted.”

“I liked this experience a lot. It was very unique to learn the oral screen from the dental student.”

“Appreciate the opportunity to participate in counseling patients with dental students and I learned how extensive the need is for addressing dental issues.”

“It was great working together with a dental student and learning and teaching one another. I really enjoyed this rotation.”

“It was great to work with a fellow student in a different discipline. Learning how to do dental exams and apply varnish was a useful clinical experience.”

“This was a great and informative experience.”

“I think this was a great opportunity to understand how oral health contributes to diseases and my practice of medicine in the future”

Medical Students' Comments:

1. *"I LOVED THIS EXPERIENCE!"*
2. *"I think IPE sessions such as the dental IPE are very useful because it is tangible/there is hands on learning experience"*
3. *"I really enjoyed getting the opportunity to experience a few hours in the shoes of a dental students. It helps you get a better understanding of what exactly other professions do and their limitations as well as your own."*
4. *"I learned a lot today and found a new level of respect for dental practice and what it encompasses. I also feel more comfortable with screening [patients] mouths for dental referral cases."*
5. *"This was a very valuable experience because I was not fully aware what dentists are fully qualified to do. It also helps foster the mindset of interprofessional relations and solidifies the importance of it for the patients."*
6. *"The experience helped reinforce the importance of MD/DO's understanding of dental medicine and vice versa."*

Dental Student Comments

“Extremely nice faculty and student! Answered any questions I had and was great to hear feedback in regards to patient management at a medical setting. It was interesting to hear motivational speaking at such a high level. I have not encountered such well thought out and properly picked vocabulary.”

“From a dental standpoint, I believe it is important to understand how to fill out a medical consult. How can dental providers be clearer in their communication with doctors.”

“It was eye opening to see everything that happens in a primary care visit and how easily patients open up to their physicians about private matters. It gives me a new perspective on what ‘healthcare’ means”

Patients Seen

25 dental students have rotated through medical clinic

114 patients seen in medical clinic since August, 2016

95 oral screenings completed

30 referred to dental

6 patients made an appointment

3 patients seen in dental

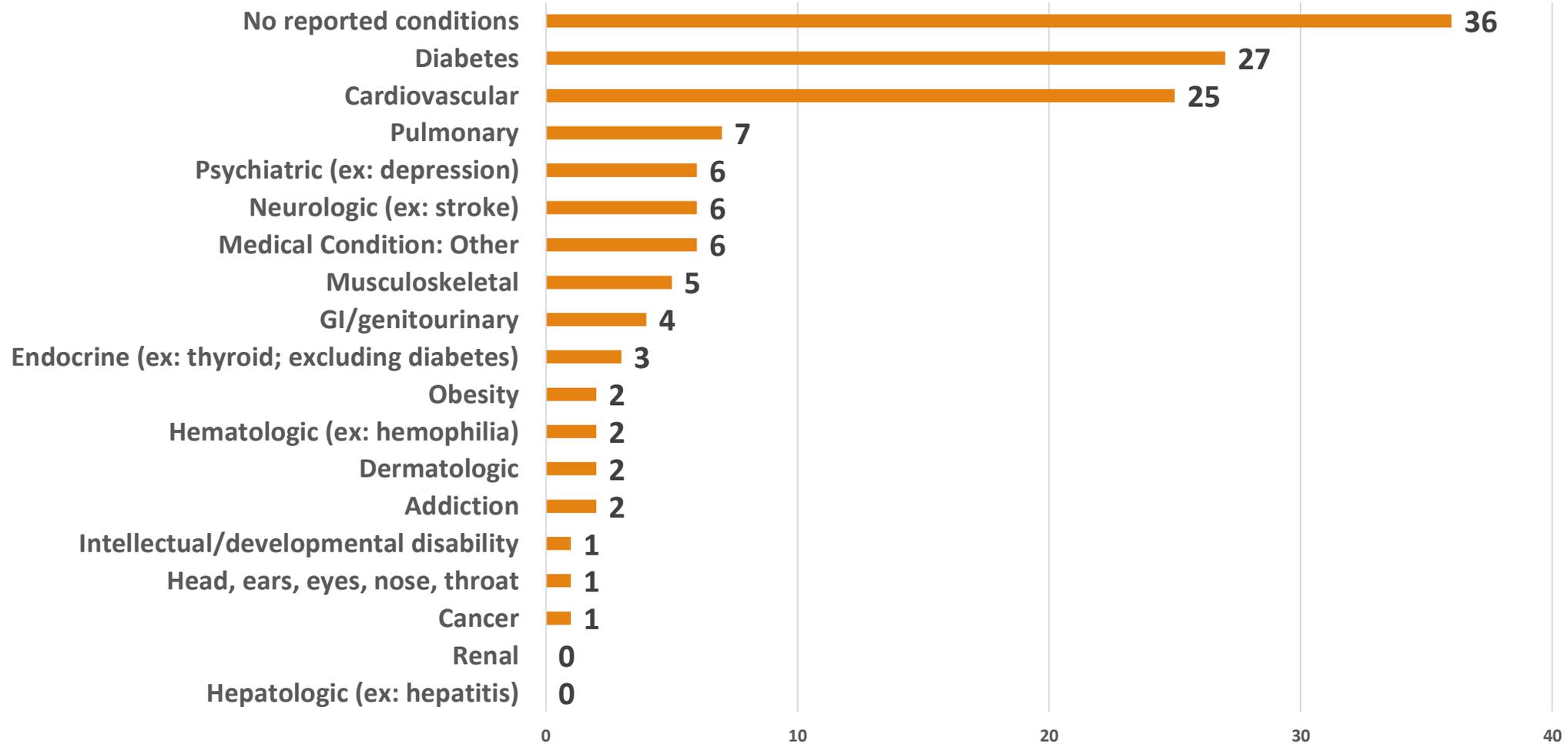
2 patients did not show

1 patient has future appointment

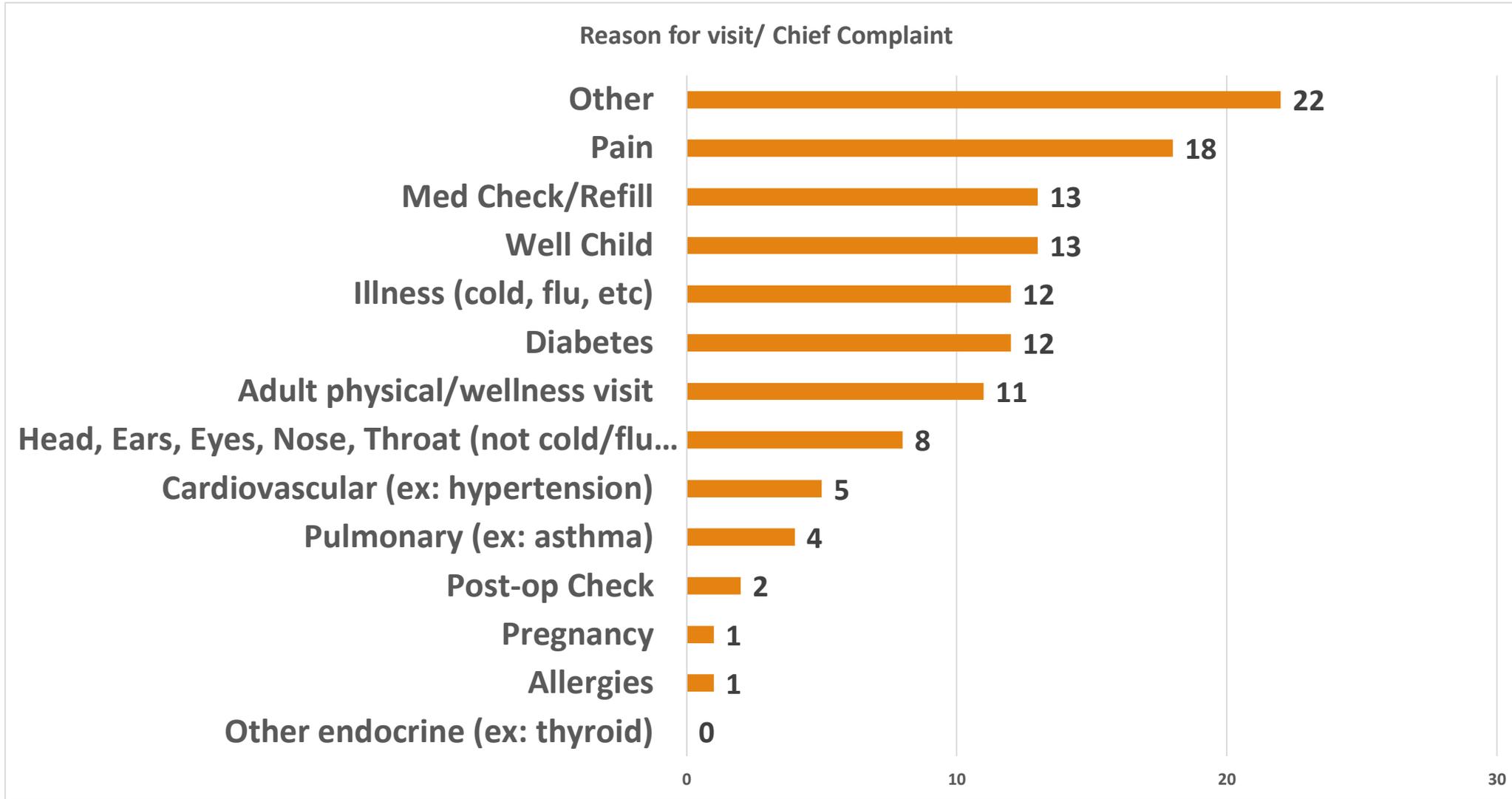


Patients Seen by Medical and Dental Students

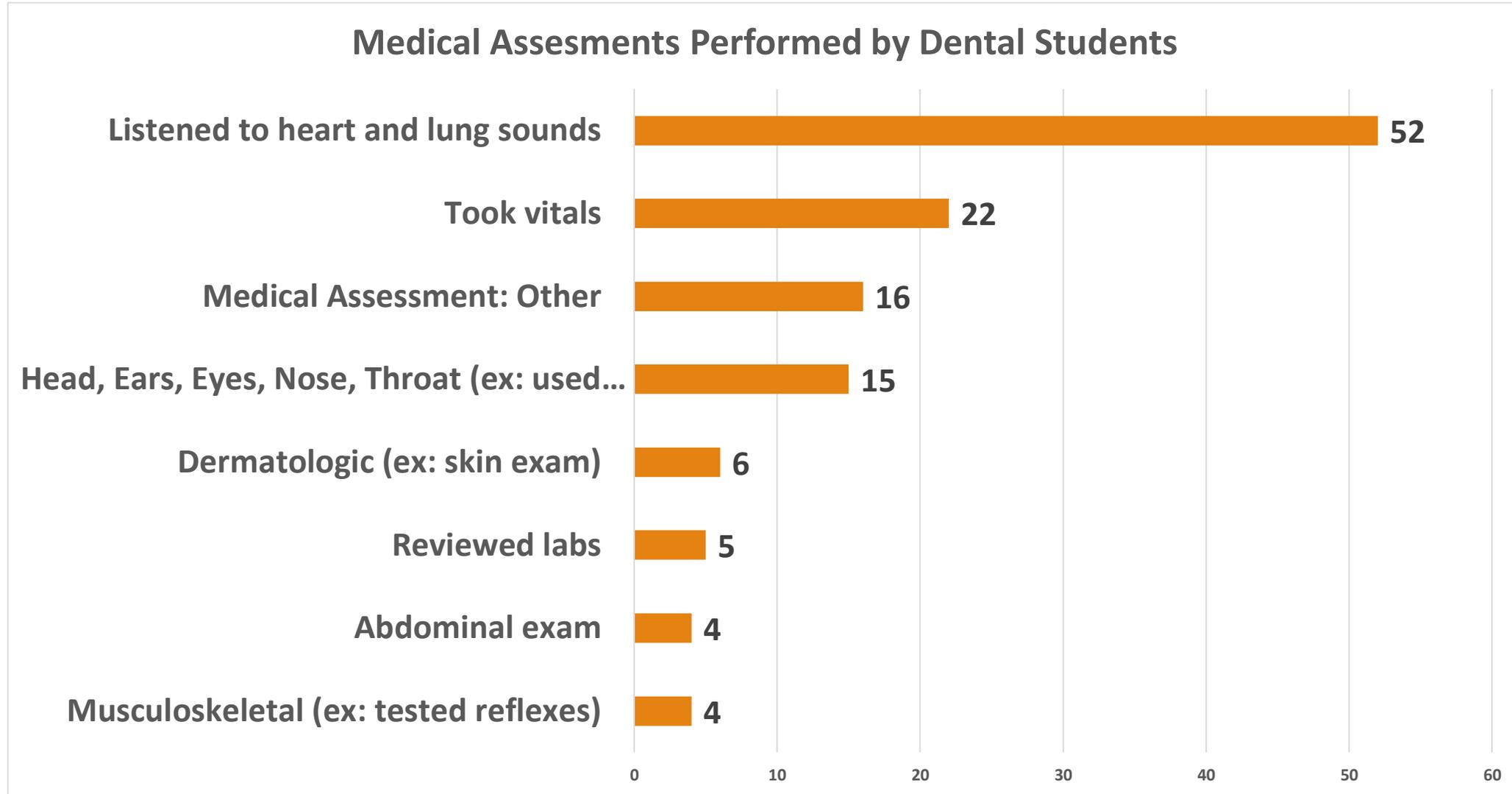
Patient's primary medical conditions and medical history



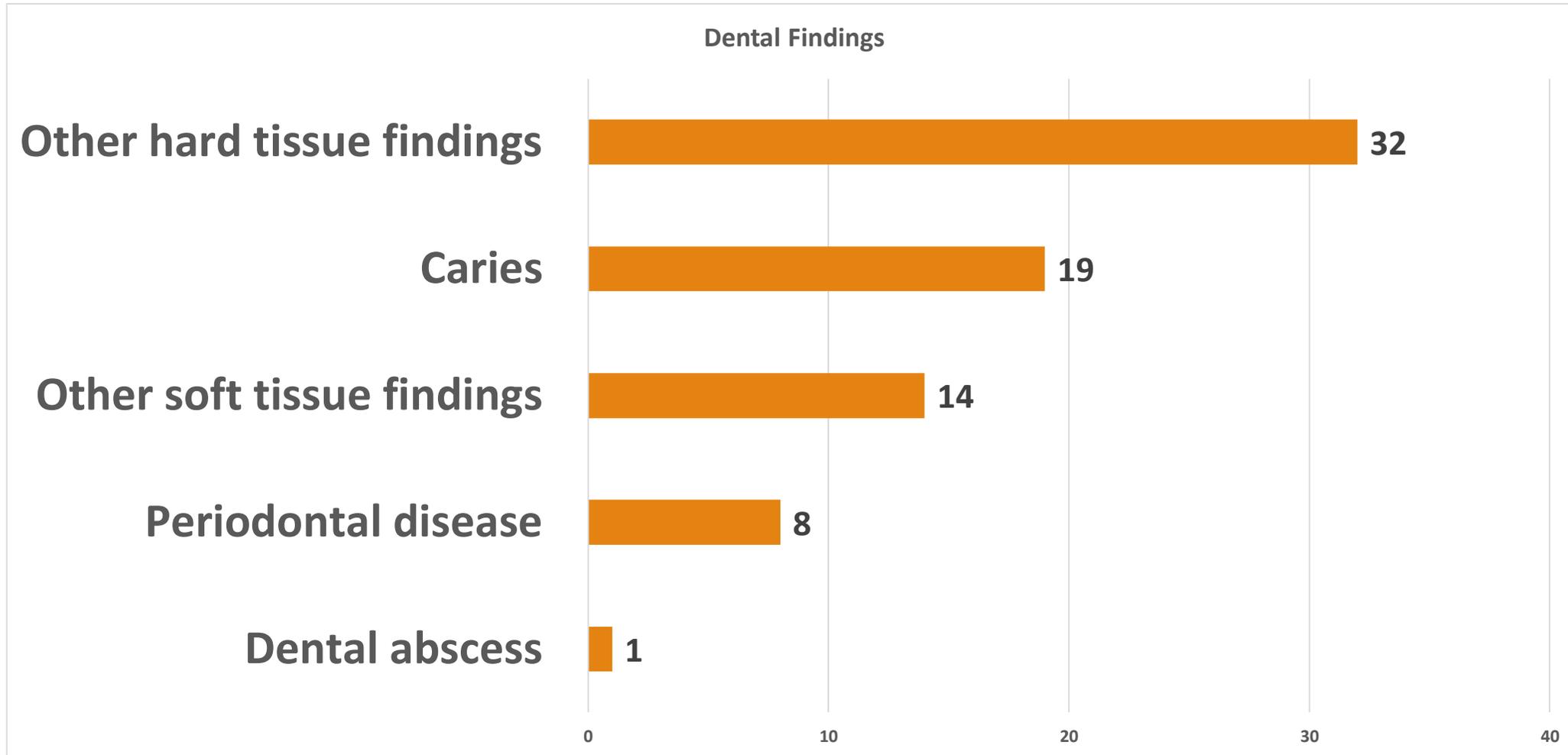
Reason for Medical Visit



Medical Assessments



Findings from dental screenings



Findings from dental screenings

- *Fungal infection on dentures*
- *Black hairy tongue*
- *Gingivitis / Periodontitis*
- *Caries*
- *Leukodema*
- *Tooth sensitivity*
- *Bruxism*
- *Tooth mobility*
- *Attrition*
- *Fractured tooth*
- *Oral candidiasis*
- *Bulimia associated tooth erosion*
- *Cheek biting*
- *Swollen parotid gland*
- *Missing teeth*
- *Fractured denture*
- *Ill fitting denture*
- *Oral piercing*
- *Tobacco keratosis*
- *Tooth crowding*
- *TMJ clicking*



Didactic IPE

1. *Social Determinants of Health Classes*
2. *Grand Rounds*
3. *Smiles for Life curriculum*
4. *Complementary Integrated Health lectures*
5. *Lab skills and phlebotomy workshop*
6. *Suture workshop*
7. *Behavioral Health lectures*



Interprofessional Collaboration

It's not just about students and residents

Amazing things happen when you put professionals in the same room together and get them talking about common goals. (Food and coffee also help!)

Joint staff meetings

Joint Provider meetings

Combined CE opportunities



Community Health Centers – Where Care is Delivered Collaboratively

“We care about all aspects of our patients’ care. To provide the best outcomes, we use a coordinated approach. It’s incredible to be on a team with behavioral, naturopathy, acupuncture, pharmacy health, dental, and other primary care specialties and know that their expertise is synergistic with what I can provide. I rely on my team members and am enthusiastic about their dedication to making the patient their top priority.” - Ruth Michaelis



Project 2: Medical Students Learn Collaborative Care Best Practices Side by Side with Professional Providers

Ray Wagner, MD practices pediatrics at El Rio Health Center in Tucson, AZ, and teaches second year ATSU-SOMA medical students.

Marisa Soto-Rowen, PharmD, CDE provides care as a clinical pharmacist at El Rio CHC, and teaches Pharm D Residents.

Lise McCoy EdD helped organize this lesson, and facilitated use of Poll Everywhere at end of session

Curt Bay, PhD is a statistician at ATSU.



This Project was Funded by the National Center through the Arizona Nexus.

Let's Try Discussing the Case

Instructions:

1. Work in your team of 5 or 6 participants – try to diversify professions on your team.
2. Review case - 3 minutes
3. Work with team to answer questions– 15 minutes
4. Report out – 9 minutes

El Rio Quarterly Med Staff Meeting October 19 2016

IPE Lesson Objectives:

Participants will be able to:

1. Update chronic problem list, acute problem list, and social determinant problem lists
2. Engage appropriate El Rio team members
3. Prioritize codes and HCCs
4. Identify medications without a clear indication and those that pose a safety risk based on new health status

Sara, 39

HPI



Sara, 39 year-old single mother of a 7 year old son, presents to the El Rio clinic for R-side face pain and headache for 2 days. Sara is going through some really hard times, and appears upset. Although she is employed, working at a convenience store 40 hours a week, she has just left her emotionally abusive partner due to him not taking the news very well that she is pregnant by home pregnancy test. She and her 7-year old son are now staying with a friend in her apartment.

1. Update the chronic problem list

1. DM 1,
2. Long term insulin use
3. Proteinuria
4. CKD 4
5. Dyslipidemia
6. Hypertension
7. Tooth loss
8. Alcohol abuse
9. Tobacco abuse
10. Morbid obesity

Questionable:

GERD,
asthma,
chronic pain,
seizure disorder

2. Update the acute problem list.

- **Dental infection.**
- **Pregnancy.**
- **Diabetes poorly controlled.**

3. List social determinants that need attention.

Housing insecurity

Food insecurity

Poor diet

Emotional distress

4. List social determinants that need attention.

- **Housing insecurity**
- **Food insecurity**
- **Poor diet**
- **Emotional distress**

5. Which other team members should we engage in the care of this patient?

- Dentist
- Midwifery or OB-Gyn
- Behavioral Health
- Social Work
- Pharmacy
- Dietician

6. What medications do not have a clear indication or pose a safety risk based on her new health status?

1. Keppra,
2. Albuterol
3. Percocet
4. Pantoprazole
5. Vitamin D
6. Voltaren
7. Pravastatin
8. Furosemide, Aspirin, Magnesium Oxide, Herbs?, OTC Products?

Toward a Culture of Collaborative Practice at El Rio: Medical Students and PharmD Students Learn about Collaborative Practice at the Elbows of Professional Providers

Ray Wagner MD¹, Marisa Rowen PharmD¹, Lise McCoy EdD², Curt Bay PhD³

El Rio Community Health Center ¹ATSU-SOMA², ATSU-ASHS³

Background

El Rio Health Center in Tucson, AZ is a community health organization committed to delivery of care supported by interprofessional relationships and teamwork. Services for Medicine, Dentistry, Behavioral Health, Women's Health, Ob-Gyn, Coders, Pharmacy, and Community Health Advocacy are offered all under one roof.

Project Aims

We are a faculty group interested in interprofessional education (IPE). We hypothesized that bringing all the clinic providers together for a workshop on IPE would improve OMSII medical student knowledge of how to better achieve handoffs and IP teamwork. For this reason, we invited ATSU-SOMA OMSII students and PharmD residents and students to an El Rio-wide Staff Meeting, where they had the opportunity to participate in an IPE training, along with health professions from a variety of disciplines.

Participants

10 ATSU-SOMA OMS2 Students, PharmD Residents, and 200+ Providers from El Rio Clinic: Dentists, Behavioral Health, Women's Health, Ob-Gyn, Coders, Pharmacists, and Community Health Advocates.

Setting

El Rio Community Health Center, October 19, 2016. Exempted by the ATSU IRB.

Important Because

This work contributed to the health care delivery system by intentionally engaging a multidisciplinary team, in a case based approach, to increase awareness surrounding the expanded roles of other healthcare team members and the potential benefits of this approach on improving health outcomes, quality and potentially provider and patient satisfaction.

Pharmacy Integration at El Rio: Medical Students Learn Collaborative Care Best Practices Side by Side with Professional Providers

• Ray Wagner, MD practices pediatrics at El Rio Health Center in Tucson, AZ, and teaches second year ATSU-SOMA medical students.

• Marisa Soto-Rowen, PharmD, CDE provides care as a clinical pharmacist at El Rio CHC, and teaches Pharm D Residents.

• Lise McCoy EdD helped organize this lesson, and facilitated use of Poll Everywhere at end of session

• Curt Bay, PhD is a statistician at ATSU.



This Project was Funded by the National Center through the Arizona News.

The Education Intervention

- Participants attended a CHC-wide staff meeting, and participated in solving a collaborative fictional patient case, requiring a meds reconciliation and an EHR coding exercise.
- Participants were assigned to specific round tables, in order to convene interprofessional (IP) teams comprised of medical, pharmacy, women's health, coding staff, community health advocates, and other providers from El Rio.
- Each IP team reviewed "Sarah 39", a fictional case study regarding a pregnant woman with Type 1 DM, acute dental abscess, unreconciled med list and social determinants of health, and completed a worksheet with several questions about the case. Results from each table were reported to the larger group, via audience response.

An Interprofessional Case Study

El Rio Quarterly Med Staff Meeting October 19 2016

IPE Lesson Objectives:

Participants will be able to:

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Measurement Instruments

Workshop participants were quizzed on several key questions, using a technology new to the IPE seminars provided: Poll-Everywhere. ATSU-SOMA students independently completed an electronic survey pre- and post-test, and will be surveyed five months later (April 7th 2017) to reflect about lessons learned.

Results

Pre-and post-test survey participation from SOMA students was 100% (n=10). The percent correct mean (SD) baseline score of 71.5 (16.4) showed a significant increase to 94.4 (8.6) post-IPE training, p=.008. The effect size for this change was 1.16. Medical student perceptions regarding how they applied this knowledge in clinical practice will be collected via an electronic survey in April of 2017.



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Teach 2nd Year Medical Students Warm
Handoffs to Behavioral Health



Ruth Joy Michaelis MD FAAFP practices family medicine at HealthPoint Community Health Center in Kent, WA, and teaches second year ATSU-SOMA medical students.

Cara Dalbey PsyD works at the Healthpoint clinic as a behavioral health provider.

[Link](#)

Lise McCoy EdD facilitates IPE projects at ATSU and is a member of the Arizona Nexus.

Curt Bay, PhD is a statistician at ATSU.

This Project was Funded by the National Center through the Arizona Nexus.



Cara Dalbey, PsyD

- Behavioral Health
- Health Centers: Auburn North
- Education/Residency: Argosy University
- Languages: English
- Joined HealthPoint in 2008

Reasons for Integrating Behavioral Health

How the Model Developed

- PCP workload: panel size + patient complexity
- Up to 70% of medical appointments are for problems stemming from psychosocial issues
- Lack of access to therapy services
- Disjointed primary and specialty MH care

Model Continued

- Half of PC patients present with psychiatric comorbidities
 - *60% of psychiatric illness is treated in PC*
 - *Many patients have medical and mental problems*
- PCPs trained in the medical model; solutions to problems involve meds, procedures, advice
- PCPs Rx 70% of all psychotropic meds; 80% of antidepressants

Methods

1. 10 OMS2 students embedded in HealthPoint CHCs
2. Students given didactics on Primary Care Behavioral Health Consultant Model
3. A pre and post test quiz showed significant learning gained.

Results

Pre-Score Mean (n=10)	Post-Score Mean (n=10)	Gain
15.5 (SD=3.89)	19.4 (SD=.843)	3.9*

*P= .01

Methods

In clinic, students provide warm handoffs to behavioral health, and stay with the patient during the Behavioral Health consultation.

During Clinical Reflections, students debrief regarding their experiences.

5-Month Post-Reflection



Students Reflect on – Warm Handoffs to Behavioral Health

1. Have you participated in a warm handoff to behavioral health?

**2. If so, in which way did you participate in a warm handoff to behavioral health?
(Mark any or all below)**

- I came up with the handoff in the plan I presented.
- I talked with the patient about his/her discussion with behavioral health.
- I talked with the behavioral health provider about the patient case.
- I went in with the patient to the behavioral health consultation.
- I was present when BH debriefed the provider.

3. Describe an episode that you had with a patient with BH issues, and how you participated in a warm handoff.

4. Do you feel confident about assisting with a warm handoff to behavioral health?

Results

Have you participated in a warm handoff to another provider/consultant?

#	Answer	%	Count
1	Yes.	75.00%	15
2	No.	20.00%	4
3	Unsure. Trying to recall a situation like this.	5.00%	1
	Total	100%	20

Results: How did you participate?

#	Answer	%	Count
1	I came up with the handoff in the plan and I presented it to my preceptor.	13.73%	7
2	I talked with the patient about the plan to do the warm hand off.	7.84%	4
3	I was present when the provider did a warm handoff to another provider.	27.45%	14
4	I talked with the health provider accepting the case about the patient case.	11.76%	6
5	I went in with the patient to the consultation with the provider accepting the handoff.	11.76%	6
6	I was present when the provider accepting the handoff presented to the initial provider after seeing the patient.	19.61%	10
7	I asked the patient in follow up about his/her discussion with the provider accepting the handoff.	7.84%	4
	Total	100%	51

OMSII Comments

IBH patient handoff are very efficient and very helpful for patients as they do not have to return to the clinic or drive to a different location for behavioral health consultation.

Very good to see the transition and thought processes that occur prior to the handoff

They are a valuable way to provide comprehensive care for patients.

In clinic, a hand off isn't formal. If the behavioral health team is called, the doctor will talk with behavioral health before, sometimes during, and then afterwards. The information that behavioral health might provided has been documented if valuable to the note.

Contact Information

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Participant Workshop

1. Select a partner
2. Discuss options about take home lesson for your own organization: what can you bring back.
3. Identify an obstacle
4. Identify possible solutions
5. Share with group