

Better Together: Building Interprofessional Teams at a Rural Student-Run Free Clinic

Stacey Gardner-Buckshaw, PhD, MPA

John Boltri, MD, FAAFP

Lacey Madison, MBA, MEd

Alicia Bond, MD

Department of Family and
Community Medicine

Northeast Ohio Medical
University

Disclosures

None of the authors has anything to disclose.

Grant Support

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4.99 million. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

Objectives

1. Discuss how to build collaborations across institutions and primary care professional disciplines.
2. Identify and describe opportunities for student engagement and decision making at a student-run free clinic.
3. Develop a strategy to engage interdisciplinary team members into their training programs to improve care team relationships and provide outstanding patient care.

Background

- Student-run free clinic at NEOMED established in 2016 to meet primary care shortages in rural Portage County, Ohio (2018 and 2020 *Free Clinic of the Year – Ohio Association of Free Clinics*)
- Experiential Service-Learning opportunity for medicine and pharmacy students at all levels of education
- NEOMED Dept. of Family and Community Medicine leadership
- 2016 Recipient of HRSA Primary Care Training and Enhancement grant, and two supplemental grants to address opioid crisis in primary care setting

HRSA PCTE: Integrating Behavioral Health in Primary Care

- PCTE supplementals (\$80,000/yr) reallocated to 10 larger multi-year award projects (\$400,000/yr)
- Requirements:
 1. Incorporate SAMHSA Framework for Levels of Integrated Care
 2. Enhance PC and integrated BH training
 3. Enhance training in opioid and other substance use disorders
 4. Develop/implement systematic approach to improve wellness
 5. Develop a diverse and inclusive health workforce
 6. Incorporate PAs (15% of award)
- Preference: More than 50% of alumni choose to work in medically underserved communities

NEOMED Application Objectives

1. develop, pilot test and disseminate a new program to increase primary care and behavioral health services,
2. include training and services related including opioid use disorder treatment,
3. integrate care teams while actively incorporating provider wellness, and
4. create a new educational pathway for students serving disadvantaged patients.

Project Features

- Collaborative from design through implementation
 - ✓ NEOMED
 - ✓ Student Outreach to Area Residents Student-Run Free Clinic, LLC
 - ✓ Coleman Professional Services: Portage Behavioral Health
 - ✓ University of Mount Union Physician Assistant Studies Program
- Patient-centered
- Student leadership
- Rural, free clinic for pilot programming
- Social Justice Pathway

Building Collaborations: NEOMED and the University of Mount Union

- 2008 – Dr. Janice Spalding, founding medical director of MU Physician Assistant Studies Program
- 2017 – MU PAS faculty join NEOMED's Primary Care Transformation Fellowship
 - MU PAS faculty complete Primary Care Implementation of MAT training at NEOMED
- 2018 – NEOMED provides MAT training to all MU PAS 2nd year students
- 2019 – MU PAS becomes lead partner on HRSA PCTE:IBHPC
- 2020 – COVID-19 disruption

Objective 1: Discuss how to build collaborations across institutions and primary care professional disciplines.

- Reasons the NEOMED and Mount Union Physician Assistant Studies Collaboration works:

1. History
2. Reciprocity
3. On-time deliverables/payment
4. Honor commitments
5. Geography
6. Leverage resources (training, simulation)
7. Shared passion/priorities

- Who could your institution partner with to build an integrated care program?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Challenge #1 – Student Engagement

- Medical Students
- Physician Assistant Students (new)
- Pharmacy Students (not as involved as before)
- Master of Public Health

Characteristics of Student Engagement

2019	2020	2021
<ul style="list-style-type: none">• Students invited to IBHPC Teams (see org chart)• SRFC Board	<ul style="list-style-type: none">• New courses developed for M4s<ul style="list-style-type: none">✓ Telehealth✓ BH integration✓ Social Media• Summer Fellows<ul style="list-style-type: none">✓ Wellness✓ Laboratory• Student Engagement Team (discontinued)• Student Projects• Expansion of PA engagement	<ul style="list-style-type: none">• Elective courses, ongoing<ul style="list-style-type: none">✓ Clinic chiefs✓ MAT Elective• Students on Integration/Wellness Team• Intentional Student Projects• Decision-Making Body (in progress)

Objective 2: Identify and describe opportunities for student engagement and decision making at a student-run free clinic.

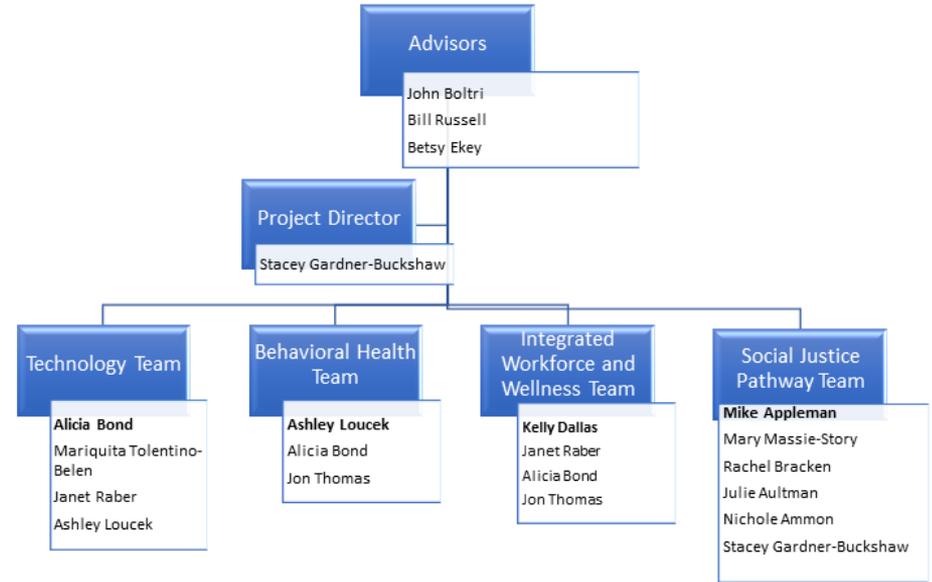
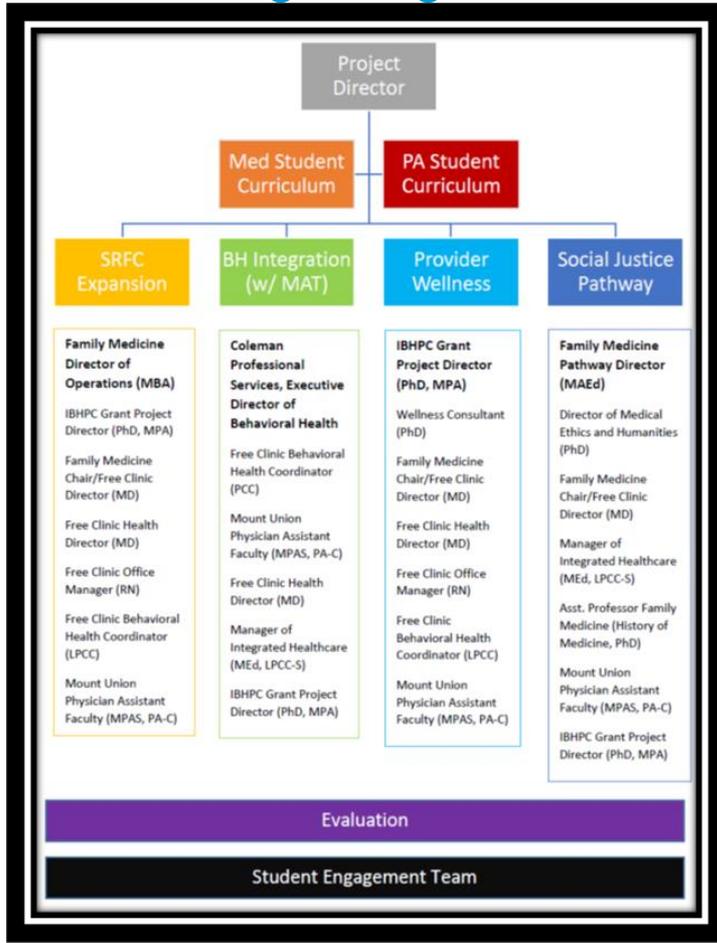
- What NEOMED and MU PAS program are doing/trying to do to engage students:
 1. Two PA students assigned to Engagement Team
 2. Inclusive language on forms
 3. Defined roles at pre-clinic huddle
 4. Team-based approach
 5. Intentional relationship-building (in-person, visited PA classroom)
 6. _____
 7. _____

- What have you done, or could your organization do to engage interdisciplinary students at your site/program?
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____

Challenge #2 – Too many meetings

- Repetitive information (BORING, not engaging)
- Multiple teams working on same project deliverables
- Inefficient, student engagement waning

PCTE: Integrating Behavioral Health in Primary Care



Objective 3: Develop a strategy to engage interdisciplinary team members into their training programs to improve care team relationships and provide outstanding patient care.

- What NEOMED and MU PAS program are doing/trying to do to provide outstanding PC/BH care:

1. Developed evaluation and QI protocols, and follow for program improvement
2. PA faculty in leadership positions
3. Validated screening tools
4. On-site behavioral health professional
5. BH screenings at every visit, on every patient
6. Active listening/engaged communication

- What have you done, or could your organization do to provide outstanding PC/BH care?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Success in using “train the trainer” model

Participants responded "comfortable" or "very comfortable" on the following questions:

Evaluating a patient for ...

- depression with the Patient Health Questionnaire 2 (PHQ-2)? 92.3%
- depression and anxiety with the Patient Health Questionnaire 4 (PHQ-4)? 92.3%
- depression with the Patient Health Questionnaire 9 (PHQ-9)? 92.3%
- problems with alcohol or drugs with the CAGE-AID? 96.2%
- PTSD with the Primary Care PTSD Screen (PC-PTSD)? 84.6%
- prescription opioid misuse using the Prescription Opioid Misuse Index (POMI)? 84.6%

Further, 57% of Student-Run Free Clinic patients screened in the first quarter of 2020 qualified for intervention and/or referral.

Reflection - Discussion

References

Starfield B, Shi I, Macinko J. Contributions of primary care to health systems and health. *Millbank Quarterly* 2005;83:457-502.

Allen, S. M., Ballweg, R. A., Cosgrove, E. M., et al.. (2013). Challenges and opportunities in building a sustainable rural primary care workforce in alignment with the Affordable Care Act: the WWAMI program as a case study. *Academic Medicine*, 88(12), 1862-1869.

Larsen, E. H. & Norris, T. E. (2013). Rural Demography and the Health Workforce: Interstate Comparisons. In E. H. Larson, K. E. Johnson, T. E. Norris, D. M. Lishner, RA Rosenblatt, & LG Hart (Eds.), *State of the Health Work-force in Rural America: Profiles & Comparisons* (p 23-44). Seattle, WA: WWAMI Rural Health Research Center.

Chris Collins, Denise Levis Hewson, Richard Munger, and Torlen Wade, *Evolving Models of Behavioral Health Integration in Primary Care*, Milbank Memorial Fund, 645 Madison Ave., New York, New York 10022. 2010. ISBN 978-1887748-73-5.

Fagri, Boisvert, & Faghri, Understanding the expanding role of primary care physicians to primary care psychiatric care physicians: enhancing the assessment and treatment of psychiatric conditions, *Mental Health in Family Medicine*, 2010.

Bodenheimer T, Sinsky C.(2014). From triple to quadruple aim: care of the patient requires care of the provider. *Annals of Family Medicine*. 12(6), 573-6.

Turner A, Mulla A, Booth A, Aldridge S, Stevens S, Begum M & Malik A. The international knowledge base for new care models relevant to primary care-led integrated models: a realist synthesis. *Health Serv Deliv Res* 2018;6(25).
<https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr06250#/abstract>

Zubatsky M, Pettinelli D, Salas J & Davis D. Associations Between Integrated Care Practice and Burnout Factors of Primary Care Physicians. *Fam Med*. 2018;50(10):770-774.

Willard-Grace R, Hessler D, Rogers E, Dube´ K, Bodenheimer T & Grumbach K. Team Structure and Culture Are Associated With Lower Burnout in Primary Care. *Journal of the American Board of Fam Med*. 2014;27(2):229-238.

Osterberg LG, Goldstein E, Hatem DS, Moynahan K, Shochet R. Back to the Future: What Learning Communities Offer to Medical Education. *J Med Educ Curric Dev*. 2016;3.

Goodfellow A, Ulloa J, Dowling P, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. *Acad Med* 2016;91(9):1313–1321.

Garcia, A., Kuo, T., Arangua, L., Pérez-Stable, E. Factors Associated With Medical School Graduates' Intention to Work With Underserved Populations: Policy Implications for Advancing Workforce Diversity *Acad Med* 2018;93(1): 82-89.

Reminder!

**Don't forget to
evaluate this session!**



Contact Information

Stacey Gardner-Buckshaw, PhD, MPA

sgardnerbuckshaw@neomed.edu

330-325-6174



Thank You