



## Reflections of Patient Adherence and Health Profession Education

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OHIO PACE

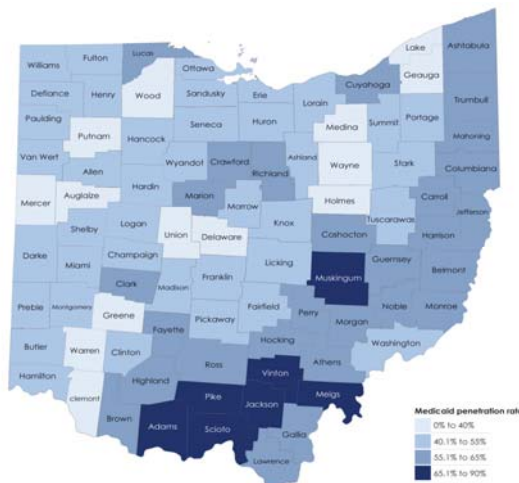
## Overview

- ▶ SE Ohio and IPAC
- ▶ The Family Navigator Program
- ▶ Link to Health Profession Education
  - Train interprofessional teams to impact health outcomes
  - Design programs that:
    - Integrate diverse health professionals
    - Leverage technology
    - Build sequential training programs that offer multiple exposures to needed content
    - Move evaluation from participation and satisfaction to competency, practice behavior & health outcomes .. both improving individual health & community/population health

# Rural, Appalachian, Southeast OH



- ▶ Professional Shortages: HPSAs, MHPASs, Dental
- ▶ Medically Underserved Areas (MUAs)
- ▶ High Poverty
- ▶ High Unemployment
- ▶ Low Educational Attainment



## Children Enrolled in Medicaid, Ages 0-4

Ohio **medicaid** basics 2011  
Health Policy Institute of Ohio

Vinton County has Highest enrollment: 73.9%

## Integrating Professionals for Appalachian Children



- ▶ Vertical network:
  - mental health, medicine, speech language, audiology, nursing, education, early intervention, business partners and parents/consumers
- ▶ Over 30 community organizations, and three colleges at OU
- ▶ Legal Status: 501(c)3
- ▶ Principles of participatory research and engagement

## IPAC Vision and Mission

### Vision of IPAC

Our vision is to ensure healthy development for all children in Appalachia Ohio.

### Mission of IPAC

By leveraging our expertise and integrating our resources, IPAC will develop innovative, culturally-sensitive programs that address the critical and complex challenges impacting the health and mental health of our region's children and families.

### Core Value

Collaboration & Integration to Improve Quality & Access

## Improving the health delivery system ...it's not out of reach!

- ▶ Family Navigator Program
- ▶ Integration of Behavioral Health/Primary Care
- ▶ Home Visiting/Help Me Grow
- ▶ Early Childhood Mental Health Consultation in Public Preschools
- ▶ Developmental Screening
- ▶ Southeast OH Interdisciplinary Assessment Team



## The Family Navigator (FN) Program *...part of the solution*



## Who's seeking navigator services

(using past 5 year data)

- ▶ Parents of young children, most are under 6; most have behavior and development concerns
- ▶ 37% had already had some services but didn't feel they were receiving the right services
- ▶ 63% are unsure if something is wrong or how to find out.
- ▶ Wide range of demographics

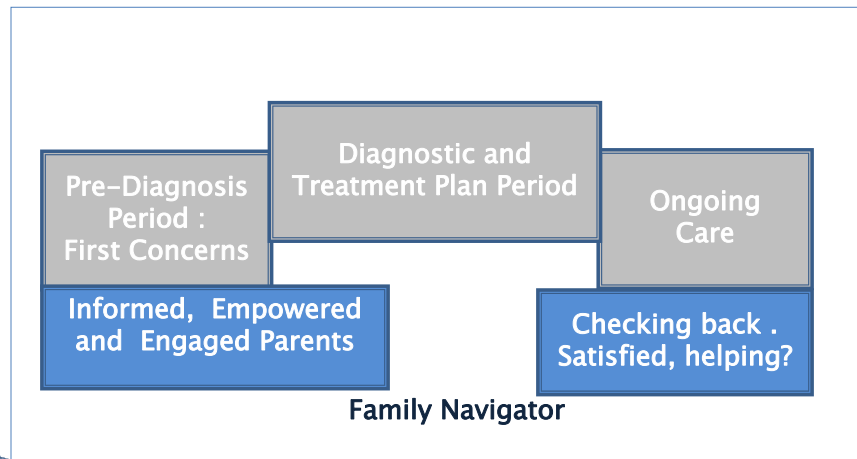


## Why are navigators needed?

- ▶ Parents don't feel their concerns are addressed
- ▶ Parents have no information on which to base decisions, feel incompetent in decision making
- ▶ Fear and mistrust of systems and agencies
- ▶ Parents have no control in process
- ▶ Parents refuse to enter the system or drop out

*The most critical period for parent education, decision making and engagement is prior to entering the system.*

## Family Navigating



## Empower parents/patients

- ▶ Let parents know they have right to accept, refuse and sequence services
- ▶ Give parents information on assessments and services appropriate for child/family needs
- ▶ Provide referrals based on parent preference
- ▶ Provide next-step options and guidance
- ▶ Face to face parent intake interviews—avg. 2.3 hrs

“Let’s get together and talk about your concerns, then we’ll figure out what to do next”

## Who's Referring to FN?

- ▶ Mini sample 37
  - 16 are physician referred 43%
  - 8 are school referred 21%
  - 8 are other agencies (HMG, speech) 21%
  - 5 are self/family referrals 14%
  
- This fluctuates
  - Fall increase in school referrals
  - HMG eligibility changed risk profiles, changes referral rates.

## Time study

- ▶ Time intensity study on 24 families served (9/10 thru 3/11)
- ▶ Results: Average time per family 5.19 hrs
- ▶ Intensity ratings:
  - LOW 2-5 h 63% (15)
  - MOD 5-8 h 25% (6)
  - HIGH > 8 h 13% (3)

## Is it non-adherence?

- ▶ 4-year-old with a pediatric syndrome
- ▶ Surgery.. skull fused too soon, opened.
- ▶ Family moves into Ohio from west coast.
  - No medical home
  - Parents cognitively delayed
  - Mother on mental health medications
  
  - Referral made...FN contacts family.
    - Medical care can't wait
  - No one has ever called us for an appt.
    - Who do we call?
  
  - Is this non-adherence? ... isn't it an ability issue?

## Is it non-adherence?

- ▶ 7 year old first grader, prescribed 4 psychotropic medications ... a stimulant, an atypical antipsychotic, an antidep, and something to help with sleep
  - All tried, some stopped by mom due to side effects
- ▶ School makes referral for emotional instability, aggression, not learning. Mom disconnected from school ... won't come in, nothing working.
- ▶ Mom is keeping appts with psychiatry. She is reporting that she given med as prescribed
- ▶ FN interview .. I'm telling everyone I'm giving the meds because if I don't, children services will take my child, cites school threat.

## Is it non-adherence?

- ▶ 10 year old, referred for supplemental speech therapy to address severe delays.
- ▶ Family insured
- ▶ Child not enrolled in speech therapy services beyond school services
  
- ▶ \$50 copay, per visit, prohibitive
- ▶ Family meet eligibility criteria (150% of poverty) for children to get medicaid coverage. Then services covered with script...

## Family Navigators are Health Educators

- ▶ Family Navigators take time to evaluate the whole family situation ..
  - Discovery of factors that interfere with following through; what's valued and why
  - Goal is to ensure steps taken that will accomplish the desired health outcomes
- ▶ Health communication too often a one-way communication
- ▶ Appointments used to check on compliance... no time to figure out the whole story
- ▶ Families often report feeling threatened, chastised, afraid to be honest.

## Interprofessional teams

### ▶ 4 Domains Interprofessional Competencies:

- Value/Ethics for Interprofessional Practice
- Roles/Responsibilities for Collaborative Practice
- Interprofessional Communication
- Interprofessional Teamwork and Team-based Care

(2011, Interprofessional Education Collaborative, Feb 2011 Meeting of IPE Experts, Am Assoc of Colleges of Nursing, AACOM, AACOP, ADEA, AAMC, Assoc of Schools of Public Health)

## Adherence...

- ▶ Adherence is about following orders or directions.
  - Professionals give directions/prescribe treatment in order to achieve health outcomes. Non-adherence threatens those outcomes... and often the blame is placed on the patient
- ▶ If health professionals had to prescribe actions the patient *could* accomplish, maybe different processes would flow...

## Redesigning Health Professional Education

Is it possible for health educators to make sure that what they teach is

- ▶ practiced to the point of competence
- ▶ improves individual health outcomes
- ▶ impacts population health

As doctors as being held to patient outcomes, educators should be held to health professional outcomes. If educators had to make sure what they teach is applied, different health professional education structures would emerge...

Both should emphasize

- ▶ self-assessment/motivational state.. a two-way conversation!
- ▶ practice, audit and feedback
- ▶ multiple exposures to the same information
- ▶ leverage technology to reinforce desired outcomes
- ▶ teach interprofessional competencies...leverage the team

## Resources:

- ▶ Institute of Medicine, Committee on the Health Professions Education Summit. (2003). *Health professions education: A bridge to quality*. Washington, DC. The National Academies Press. Retrieved from <http://iom.edu/Reports/2003/Health-Professions-Education-A-Bridge-to-Quality.aspx>
- ▶ IOM (2005) *Quality Through Collaboration: The Future of Rural Health Care*
- ▶ Principals of Patient-Centered Medical (Health Care) Homes (2007 Jt. Principles)
  - Team care is coordinated
  - Principles translated to education curriculum, 2011
- ▶ WHO study group, *Framework for Action on Interprofessional Education and Collaborative Practice* (2010) .. Framework for policy makers
- ▶ Interprofessional Education Collaborative (IPEC). (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C. Interprofessional Education Collaborative. Retrieved from <http://www.aacn.nche.edu/education/pdf/IPECReport.pdf>

## More Resources

- ▶ Agency for Healthcare Research and Quality (AHRQ). (2007). *Effectiveness of continuing medical education* (Publication No. 07-E006). Retrieved from <http://www.ahrq.gov/clinic/tp/cmetp.htm>
- ▶ Institute of Medicine, Committee on Planning a Continuing Health Care Professional Education Institute. (2010). *Redesigning continuing education in the health professions*. Washington, DC. The National Academies Press. Retrieved from [http://www.nap.edu/catalog.php?record\\_id=12704#toc](http://www.nap.edu/catalog.php?record_id=12704#toc)
- ▶ Macy Foundation. (2008). *Continuing education in the health professions: Improving healthcare through lifelong learning* [Monograph]. Conference sponsored by the Josiah Macy, Jr. Foundation, Southampton, Bermuda. (2007, November). Retrieved from [http://www.macyfoundation.org/docs/macy\\_pubs/pub\\_ContEd\\_inHealthProf.pdf](http://www.macyfoundation.org/docs/macy_pubs/pub_ContEd_inHealthProf.pdf)
- ▶ Macy Foundation. (2010). *Lifelong learning in medicine and nursing. Final conference report*. Association of American Medical Colleges, American Association of Colleges in Nursing. Funded by the Josiah Macy, Jr. Foundation. Retrieved from <http://www.aacn.nche.edu/education/pdf/MacyReport.pdf>
- ▶ Moore, D.E., Green, J.S., & Gallis, H.A. (2009). Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *The Journal of Continuing Education in the Health Professions*, 29(1), 1-15.

## Thank You!.. Contact us:

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