

# Home and Community Care Pilot Program: training students to look for answers beyond the clinic walls

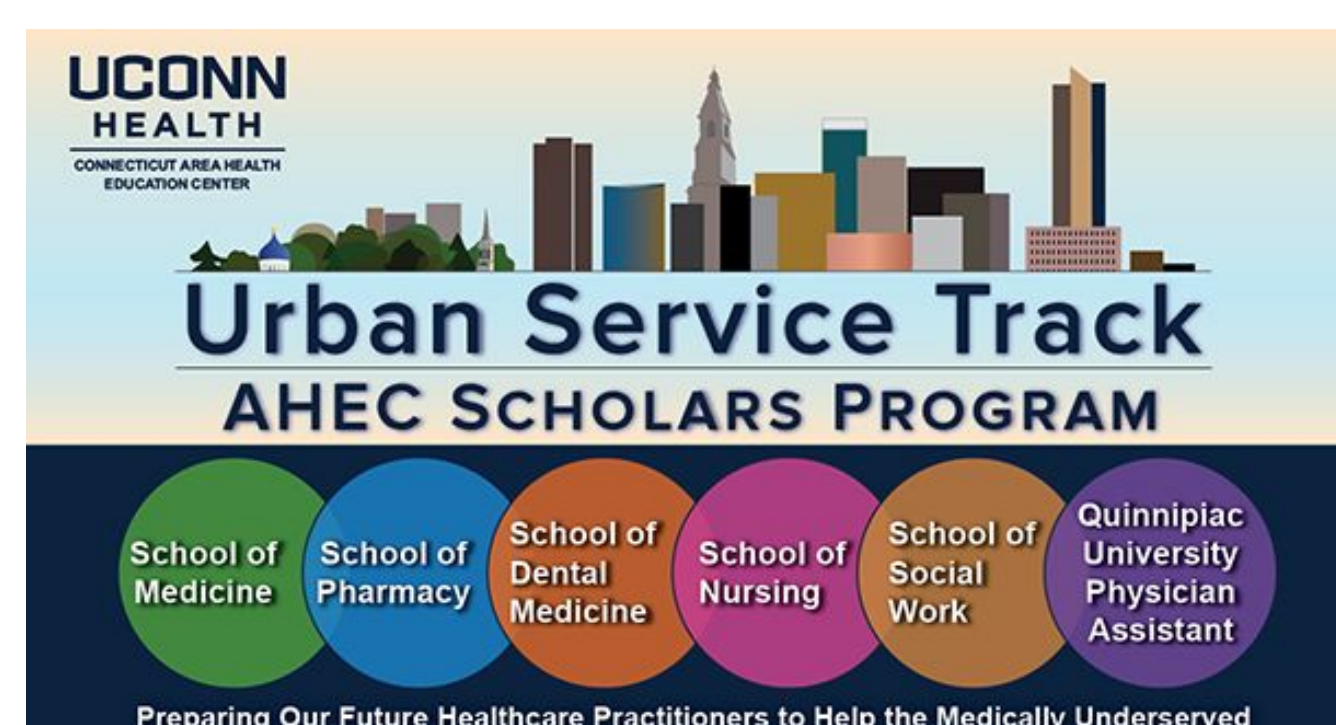
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## Abstract: Home and Community Care (HCC)

Four interprofessional teams of students helped family physicians in Hartford, CT care for complex patients in underserved areas by conducting home visits and neighborhood surveys and then developing care plans that addressed the patients' non-medical needs using community resources. Post-encounter surveys were administered to the student participants to gauge the program's impact on their training and capture changes in attitudes towards interprofessional education, teamwork, and patient-centered care. Results indicate students had improved regard for interprofessional care and teamwork post-encounter.

## Background: Urban Service/AHEC Scholars

- Each year since 2007, CT AHEC's Urban Service Track (UST) selects up to 60 scholars to take part in two years of intensive interdisciplinary learning experiences, creating a diverse cadre of well qualified healthcare professionals dedicated to caring for vulnerable populations in underserved, urban communities
- UST/AHEC students from UConn's Schools of Medicine, Social Work, Dental Medicine, Nursing and Pharmacy as well as Quinnipiac's Physician Assistant Program gain interprofessional clinical experience and leadership skills by volunteering in homeless shelters, migrant farm worker clinics, community health fairs and other venues
- The HCC is just one program initiated by students interested in community-based clinical training



## Rationale and Objectives

The Home and Community Care Pilot Program teams were to:

- Address non-medical barriers for patients of the Family Medicine Center at Asylum Hill in Hartford, CT
- Gain knowledge of each patient's neighborhood by conducting a windshield and walking survey with an RN who serves this area and is familiar with the community
- Complete a home visit to better understand the patient's circumstances and needs
- Develop a care plan to address identified problems by considering community resources, patient priorities and attainable goals
- Provide students with a unique education experience not offered through a typical health profession curriculum

## Methodology

1. 11 UST Scholars across UConn Medical, Nursing, Pharmacy and Social Work Schools applied and were selected to form four interdisciplinary teams
2. Teams met HCC's two family physician preceptors at Asylum Hill and were orientated to the Center's patient population, learned about their assigned patients, and trained to conduct home visits and walking/windshield surveys
3. Teams surveyed their patient's neighborhood with a registered nurse who had grown up in Hartford, CT. The tour identified challenges, resources and cultural characteristics in each area of the city
4. Home visits with an emphasis on non-medical concerns were conducted. The visits aimed to assess the patients' perceived needs to improve quality of life and access to care
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6. Teams presented the care plans to the patient's primary care physician
7. All 11 participating students completed an adapted version of the Interprofessional Socialization and Valuing Scale, ISVS-9A, whereby learners at once assessed their knowledge and skill level before and after the program

## Results

- Four patients received home visits and their primary care physicians received detailed care plans incorporating community resources to address individual needs
- A database of resources for each Hartford neighborhood was created providing detailed information and QR codes for quick access
- 72.7% of respondents deemed the program "Extremely Valuable" for learning how to do a home visit under the supervision of a family physician
- 100% of respondents "Strongly Agreed" HCC complemented their academic training
- 91% of respondents deemed working with interprofessional student colleagues as either "Extremely Valuable" or "Very Valuable"
- 100% of respondents deemed developing a care plan with emphasis on the Social Determinants of Health as either "Extremely valuable" or "Very Valuable"
- In the modified ISVS-9A, students expressed
  - Improved awareness of their role in and ability to work as a productive member of an interprofessional team
  - Increased appreciation for the importance of:
    - Patient-centered care from prior to post-encounter
    - The role of the home visit in patient care



## Discussion

Trainees found this experience of direct patient care complemented their traditional training and their contributions were considered extremely valuable by PCPs. Health profession students gained appreciation for their interprofessional colleagues and the role of non-medical issues in their patients' lives. Trainees also reported increased appreciation for the role of the home visit in providing patient centered care.

The primary limitation to this pilot program was in the delivery of care plans. Due to the COVID-19 pandemic, care plans were delivered to the patients' PCPs and incorporated into their charts. In future years, students will present care plans to the patients directly in order to help facilitate more efficient connection to resources.

## Conclusions and Future Direction:

The Home and Community Care Program plans to:

- In Spring 2021, double student participation and increase participating disciplines
- Utilize HCC 2020 students to lead orientation sessions and mentor new participants
- Place greater emphasis on team-based care and preparation by trainees
- Expand the database of local resources available to Asylum Hill providers to improve access and utilization for important, non-medical needs
- Help clinicians incorporate community partners into everyday practice

**Our positive survey findings may encourage other health care programs to pilot similar community based, interprofessional activities as part of their student training, as with other widely-adopted UST projects.**

## Reference

About Urban Service Track. (2017).  
<http://www.publichealth.uconn.edu/urban-service-track.html>

## Acknowledgements

The Family Medicine Center at Asylum Hill, Family Medicine Residency Program and the CT AHEC Program.

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