Development of an Interprofessional Collaborative Practice Model for Older LGBT Adults

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Dear Editor:

WITH THE CURRENT shift in healthcare, greater emphasis has been placed on improving patient outcomes, increasing patient satisfaction, and reducing costs.¹ The use of interprofessional collaborative practice teams has been shown to address these issues.² Interprofessional collaborative practice has been defined as occurring “when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care.”³

Few interprofessional collaborative programs have been designed to meet the needs of older LGBT adults. Unlike their non-LGBT counterparts, LGBT older adults experience disparities associated with a lifetime of stigma, discrimination, violence, and victimization.^{4–6} Rates of heart disease, diabetes, gynecological cancers, HIV/AIDS, and mental health issues, including suicide, are higher than those for non-LGBT individuals.^{4–7} In an effort to address these health disparities, we sought to develop a model interprofessional collaborative practice program tailored to older LGBT adults.

With funding from the U.S. Department of Health and Human Services (HHS), the Elder LGBT Interprofessional Collaborative Care Program (e-linc) was created with the overall goal of improving the health of older LGBT adults across the aging continuum (Fig. 1). Recognizing that a new program could not operate in isolation, and the fact that there were existing resources within the community, e-linc was created to maximize access to other LGBT and aging programs in New York City. Partnering with Services and Advocacy for GLBT Elders (SAGE), one of the largest organizations dedicated to serving the aging LGBT community, e-linc represents a joint effort between the two organizations. Furthermore, e-linc has fostered collaborations with other key LGBT providers in the area to augment and provide coordination, rather than duplication of services.

E-linc’s clinical team consists of nurse practitioners, a social worker, a physical therapist, an occupational therapist, a

psychologist, and a patient navigator. The team is supported by a program manager and an evaluation specialist. E-linc focuses on providing four main clinical services: health promotion and wellness, care coordination, patient navigation, and primary medical and behavioral healthcare at Columbia University Medical Center. In addition, e-linc offers clinical and cultural competency training for students and other health professionals who have an interest in working with the older LGBT community.

Preventive health is one of the foundations of successful aging. In an effort to increase access to preventive health services, e-linc offers health promotion workshops for clients at four of SAGE’s senior centers as well as one-on-one consultations. Workshops focus on topics such as cardiovascular health, sexuality, memory, fitness, and depression. During the individual consultation hours, clients receive health education counseling and case management assistance. E-linc team members, including student trainees from nursing, social work, physical therapy, and occupational therapy, rotate through the SAGE centers offering individual consultations.

Working in collaboration with SAGE’s Care Management Program, e-linc provides care coordination to clients with multiple medical conditions. Many of the clients referred for care coordination are homebound or have complex medical conditions. Care coordination services are based on the Geriatric Resources for Assessment and Care of Elders (GRACE) program, an evidence-based model that uses social workers and nurse practitioners to manage community-dwelling older adults.⁸ As part of the care coordination service, clients receive a comprehensive geriatric assessment by a nurse practitioner and social worker. During the initial visit, the e-linc team conducts a medical, psychosocial, and functional assessment. A key part of the initial assessment is evaluating what types of services a client may need to age successfully at home. If a client requires additional services (such as home health aides, food delivery programs, or rehabilitative services), the e-linc team connects clients to programs that are familiar and sensitive to the needs of the LGBT

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FIG. 1. The Elder LGBT Interprofessional Collaborative Care Program (e-linc) conceptual model.

community. After the initial assessment, the entire e-linc care team (nursing, social work, physical therapy, occupational therapy, psychiatry, and the patient navigator) reviews a client's case during weekly team meetings. The team develops a plan to address identified issues and implements strategies to maximize a client's ability to live as independently as possible. As the e-linc team can visit a client's home, they can assess how clients function on a day-to-day basis. The team can help individuals identify safety issues at home, assist with medication management, and assess risk for falls.

A critical component of the care coordination services is patient navigation. The e-linc patient navigator assists the team in providing direct case management and advocacy for clients who may be unable to advocate for themselves. The patient navigator attends appointments with clients, provides reinforcement of key themes discussed during medical visits, and advocates for patients if there are issues that may be overlooked or under addressed by the patient's providers.

Another component of e-linc is the provision of direct primary medical and behavioral health services. Clients interested in receiving outpatient primary care or behavioral health services from e-linc clinicians can see them through Columbia's Nurse Practitioner Primary Care Group Practice or the Department of Psychiatry.

One of the other objectives of e-linc is to increase the number of health professionals capable of providing culturally competent, team-based care to the LGBT community. To meet this objective, students can rotate with the e-linc clinical team and attend monthly interprofessional student seminars. During these seminars, students review clinical cases and explore ways in which interprofessional collaborative practice principles can be applied to improve patient outcomes in an environment that also promotes LGBT cultural sensitivity.

Licensed professionals not directly associated with Columbia University, but who are interested in learning more about interprofessional collaboration or LGBT cultural competency, can participate in a series of web-based trainings developed by e-linc and hosted by the Center for Practice Innovations (CPI).

CPI is a program sponsored by the New York State Psychiatric Institute and Columbia University's Department of Psychiatry that provides online education and training to health professionals. To date, 11 webinars have been developed that address topics such as LGBT aging, transgender care, HIV, palliative care, cognitive health, and frailty.

To assess program impact, we are using a combination of quantitative and qualitative measures. Evaluation metrics include the Consumer Assessment of Healthcare Providers and Systems and the Patient-Reported Outcomes Measurement Information System. These tools assess patient satisfaction with care as well as overall physical function. Qualitative client interviews have also been conducted. The Collaborative Practice Assessment Tool is being used to measure the e-linc team's perception of team functioning and collaboration. An investigator developed questionnaire assessing clinicians' knowledge and self-efficacy in providing LGBT care is also being administered. Analysis of these measures is not yet complete as the project is still ongoing. Data from these surveys are shared with the National Center for Interprofessional Practice and Education, a national coordinating center that is collecting data from a variety of interprofessional collaborative practice pilot programs across the United States.

TABLE 1. CLIENT PARTICIPATION IN ELDER LGBT INTERPROFESSIONAL COLLABORATIVE CARE PROGRAM BASED ON TYPE OF SERVICE

<i>Type of service</i>	<i>No. of clients served^a</i>
Health promotion and wellness	314
Care coordination	54
Patient navigation	38
Primary medical care and behavioral healthcare at Columbia University Medical Center	15

^aSome clients received more than one service.

TABLE 2. HEALTH PROFESSIONAL STUDENTS AND TRAINEES BY DISCIPLINE WHO PARTICIPATED IN ELDER LGBT INTERPROFESSIONAL COLLABORATIVE CARE PROGRAM

<i>Discipline</i>	<i>No. of students/ trainees</i>
Nurse practitioner	30
Nursing (RN)	10
Physical therapy	12
Occupational therapy	23
Psychiatry	2
Nutrition	2
Narrative medicine	1
Medicine	1

RN, registered nurse.

More than 300 SAGE clients have received services through e-linc since the program's launch in 2015. The majority of services have been through the health promotion and wellness component. The average age of clients is in the mid-70s with the oldest client being 98 years of age. Nearly 10% of clients are transgender. Tables 1 and 2 provide a summary of the number of clients and the number of trainees participating in e-linc.

Initial feedback from clients, community partners, and students has been favorable. Demand for care coordination services remains high, and qualitative interviews with clients indicate that having access to a team of providers who understand the challenges of being an older LGBT adult is highly appreciated. As this program continues to evolve, e-linc is assessing opportunities for program sustainability, including third-party reimbursement. Data collected from this demonstration project will be analyzed to build a larger research portfolio to better understand the needs of and improve the healthcare services for older LGBT adults. An interprofessional collaborative practice elective has been created to allow students and faculty to continue the e-linc student seminars. As more departments within the University are learning of e-linc, there is interest in expanding the types of students that can participate, including dental and public health trainees.

This project has shown that it is feasible to create an interprofessional team to address the needs of the aging LGBT community. Interprofessional collaborative practice and interprofessional education are critical components of healthcare delivery. With the anticipated growth in the aging population, healthcare teams and individuals entering the healthcare workforce should be well prepared to care for older adults. To reduce and address disparities that have traditionally been experienced by the LGBT community, innovative programs are needed that can incorporate preparing healthcare teams to provide the LGBT community with culturally appropriate care. Academic institutions are in an ideal position to address this gap by exploring creative solutions that draw upon the strengths of clinicians, educators, researchers, and community-based experts. We look forward to sharing the outcomes of our project once our data analysis is complete.

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Disclaimer

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Author Disclosure Statement

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References

1. Saultz JW, Jones SM, McDaniel SH, et al.: A new foundation for the delivery and financing of American health care. *Fam Med* 2015;47:612–619.
2. Porter ME, Pagó EA, Lee TH: Redesigning primary care: A strategic vision to improve value by organizing around patients' needs. *Health Aff (Millwood)* 2013;32:516–525.
3. World Health Organization: Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: World Health Organization: Department of Human Resources for Health, 2010. Available at http://apps.who.int/iris/bitstream/10665/70185/1/WHO_HRH_HPN_10.3_eng.pdf?ua=1 Accessed December 26, 2016.
4. Choi SK, Meyer IH: LGBT aging: A review of research findings, needs, and policy implications. Los Angeles, CA: The Williams Institute, 2016. Available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-A-Review.pdf> Accessed December 26, 2016.
5. Espinoza R: *Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45–75*. New York, NY: SAGE, 2014. Available at www.sageusa.org/resources/publications.cfm?ID=214 Accessed December 26, 2016.
6. Zelle A, Arms T: Psychosocial effects of health disparities of lesbian, gay, bisexual, and transgender older adults. *J Psychosoc Nurs Ment Health Serv* 2015;53:25–30.
7. Fredriksen-Goldsen KI, Kim HJ, Barkan SE, et al.: Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *Am J Public Health* 2013;103:1802–1809.
8. Counsell SR, Callahan CM, Buttar AB, et al.: Geriatric resources for assessment and care of elders (GRACE): A new model of primary care for low-income seniors. *J Am Geriatr Soc* 2006;54:1136–1141.

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