Capstones, theses, literature reviews, and other longer assignments allow students to practice organization, cohesion, and synthesis skills.

Student’s appointment form:

- What kind of assignment have you submitted for review?
  - Masters' Thesis

- Please include your assignment instructions here or attach them to your appointment.
  - Choose a population and investigate the problems associated with health care cost, access, or quality. Compose a literature review exploring these issues and determining potential solutions. The literature review should be 10 pages. Following the literature review, provide conclusions and implications for further research.

- Please tell us what pages you would like us to review for your 30-minute appointment (e.g., p. 1-4). Please do not write all:
  - 4-13 (literature review)

- Where are you currently in the writing process? (e.g., brainstorming, incomplete draft, first draft, final draft):
  - First draft

- What are your goals for improving your writing? The more specific you can be, the better we will be able to meet your needs:
  - Organizing the info in the literature review.

An excerpt of the student’s draft, with Writing Center feedback. Notice how the Writing Center instructor uses highlighting to teach the student about grouping similar ideas into paragraphs:

**What is the Desired Role of HIT and Mental Health Patients?**

The Affordable Care Act includes stipulations for provider adoption of an electronic health record and from the mental health patient perspective, this is a certain challenge when it comes to having the best resources for this type of access to care (Bauer, Thielke, Katon, Unützer, & Areán, 2014). The needs grow tougher for the patients that have more than one disease, including the mental health disorder. The research conducted by Bauer et al. (2014) discussed the importance of integrating the Collaborative Care model, which has demonstrated to...
be the best evidence-based process for mental health patients and the management with other chronic medical conditions. Combining both has proved to be beneficial for patients in this category. However, the problem lied greatest related to the technology of the medical record and at times lack of participation or willingness to learn of the patient (Bauer, Thielke, Katon, Unützer, & Areán, 2014). This is certainly a challenge when providers want to track the progress of the patients closer to real time. The ability for a patient to identify problems or symptoms and then relay them to their provider on a regular basis is a far better plan of care. When a patient experiences different problems and then the issues are not recorded, that patient may forget the details that led them to have the issue at hand. There are many aspects of this movement for accessible electronic technology that have been difficult to convey from the provider at the patient level. There are mental health disorders that are a challenge for advancing patient involvement just based on the experiences the patient has related to the diagnosis (Bauer, Thielke, Katon, Unützer, & Areán, 2014). For example, if a patient has a diagnosis of depression with feelings of paranoia, then that patient may feel that level of access to their health records is too intrusive and the thought of an electronic record is fearful. This is why the study showed that the collaborative care model with health information technology is one of the most comprehensive ways to integrate the system with these patients (Bauer, Thielke, Katon, Unützer, & Areán, 2014). The idea is that the entire care team can collaborate care for the patient and manage all of the chronic medical problems in addition to the mental health problems effectively. The study demonstrated improved patient care and management of health problems due to the continuous contact the patient has with the care team. This is especially important when outreach is challenging due to patients that are homeless or displaced.

**An Investigation on How Homeless Patients Access Care Electronically**

Lack of cell phones, computers, internet access, poor education and literacy of understanding the basics of the patient’s care are some of the many variables pose big challenges among homeless or displaced mental health patients (McInnes, Li, & Hogan, 2013). The method of this study conducted was done by assessment of both homeless patients and patients that were no longer homeless. The fact that the patients studied were homeless at some point in their lives...
and had a mental health condition, was satisfactory for this discussion. In addition, this article was a collaboration of 12 studies and had as few as seven to 1082 homeless patients in the study. This was a unique collaboration but drilled down to several of the same problems in reaching the homeless mental health population with improvements related to the Affordable Care Act (2010) and access seemed to demonstrate one of the bigger constraints (McInnes, Li, & Hogan, 2013). It does a patient no good without resources to send information electronically regarding their care either medical or psychological. In addition, if the patient has no address, then sending information of their care is also a challenge. The issue related to access was shown that homeless mental health patients did have some access to the internet, however, it was often not used in relation to the patient’s health (McInnes, Li, & Hogan, 2013). McInnes et al. observed that many patients that had access to a cellular device may have had temporary access due to the lack of financial resources to maintain the device. Furthermore, deduced that undereducated or poorly educated mental health and medical patients struggled with understanding of the diagnoses they were told they had.