Measuring the Impact of Interprofessional Education (IPE) on Collaborative Practice and Patient Outcomes
IOM Consensus Committee

Committee (6)

- Malcolm Cox (Chair), Adjunct Professor, Perelman School of Medicine, University of Pennsylvania
- **Barbara Brandt**, Director, National Center for Interprofessional Practice and Education, University of Minnesota
- Janice Palaganas, Director of Educational Innovation and Development, Center for Medical Simulation, Massachusetts General Hospital, Harvard Medical School
- Scott Reeves, Professor in Interprofessional Research, Centre for Health and Social Care Research, Kingston University and St George’s, University of London
- Albert W. Wu, Professor and Director, Center for Health Services and Outcomes Research, Johns Hopkins Bloomberg School of Public Health
- **Brenda Zierler**, Professor and Co-Director, Center for Health Sciences Interprofessional Education, Practice and Research, Director of Faculty Development, Institute for Simulation and Interprofessional Studies - University of Washington

Consultants (3)

- Valentina L. Brashers, Founding Co-Director of the Center for ASPIRE, University of Virginia
- May Nawal Lutfiyya, Senior Research Scientist, National Center for Interprofessional Practice and Education
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GLOBAL FORUM ON INNOVATION IN HEALTH PROFESSIONAL EDUCATION

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Abbreviated Statement of Task

An IOM committee will examine the methods needed to measure the impact of IPE on downstream outcomes (i.e., collaborative practice and impacts patient safety, provider and patient satisfaction, quality of care, community health outcomes, cost savings, etc.)

The committee will recommend a range of different approaches based on the best available methodologies that measure the impact of IPE.

The committee will identify gaps where further research is needed.
Findings of Report

• IPE can improve learners’ perceptions of interprofessional practice (IPP) and enhance collaborative knowledge and skills

• Establishing a direct cause-and-effect relationship between IPE and patient, population, and system outcomes has proven more difficult

• Lack of a well-established causal relationship between education and health and systems outcomes is not unique to IPE
Report Recommendations Summarized

To evaluate the impact of IPE on health and system outcomes:

• There will need to be committed resources

• A mixed-methods research approach.

• When possible, include an economic analysis, carried out by teams of experts that include educational evaluators, health services researchers, and economists, along with educators and others engaged in IPE.
Key elements of the Report

Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes
Appendix A & B

Appendix A

• Review: Measuring the Impact of IPE on Collaborative Practice and Patient Outcomes
    ○ 7 conclusions

Appendix B

• Synthesis of IPE Reviews
  • Scott Reeves, Ph.D., Janice Palaganas, Ph.D., R.N., N.P., Brenda Zierler, Ph.D., R.N.
    ○ This work updated a previous synthesis of reviews (Reeves et al., 2010).
Three conclusions

1. More purposeful, well-designed, and thoughtfully reported studies are needed to answer key questions about the effectiveness of IPE in improving performance in practice and health and system outcomes (better studies).

2. Without purposeful and more comprehensive system of engagement between education and health care delivery systems, evaluating impact of IPE interventions on health and systems outcomes will be difficult (alignment).

3. Having a comprehensive conceptual model would greatly enhance the description and purpose of IPE interventions and their potential impact. Such a model would provide a consistent taxonomy and framework for strengthening the evidence base linking IPE with health and system outcomes (conceptual model).
More purposeful, well-designed, and thoughtfully reported studies

- Lack of alignment between education and practice (Chapter 2)
- Lack of a commonly agreed-upon taxonomy and conceptual model linking education interventions to specific outcomes (Chapter 3)
- Difficult research environment: a relatively long lag time between education interventions and health and system outcomes; many confounding variables (Chapter 4)
- Inconsistencies in study designs and methods and a lack of full reporting on the methods employed (Chapter 4)
- Practical solutions to overcoming gaps (Chapter 5)
About Alignment

- Health care payers determine the overall shape and function of the health care system and provide resources for system redesign and innovative practice models.
- Research agencies determine the overall shape and direction of research into IPE and collaborative practice.
- Professional accrediting bodies determine the overall shape and composition of the clinical workforce.
- Better alignment will require that funders & regulators and strengthen collaborative partnerships between health professions education and healthcare systems in support of interprofessional learning.
- Better alignment will be fostered by economic incentives and the adoption of competency-based expectations for accreditation.
An Interprofessional Learning Continuum Model

[Diagram showing the learning continuum model with sections for Foundational Education, Graduate Education, Continuing Professional Development, Enabling or Interfering Factors, Learning Outcomes, and Health and System Outcomes.]
The majority of IPE efforts today occur **early** in the learning continuum (Foundational Education) resulting in lower level learning outcomes (reaction, attitudes/perceptions and knowledge/skills).

The greatest opportunity for collaborative practice is when students/trainees are working together in clinical practice, where relationships are formed and interdependence is readily evident.

If the ultimate goal of IPE is to improve health and system outcomes, education & training should increase across the learning continuum.

At best, there is only a weak connection between formal classroom-based IPE and improved health or systems outcomes.
Questions?