

The Role of the National Center: Rethinking IPE Through the New Models of Care

Mary Beth Bigley Health Resources and Services Administration

Barbara F. Brandt National Center for Interprofessional Practice & Education

Maryjoan Ladden Robert Wood Johnson Foundation

George Thibault Josiah Macy Jr. Foundation

Marybeth Sharpe-In spirit Gordon and Betty Moore Foundation

The National Center for Interprofessional Practice and Education nexusipe.org





Topics today

 A public-private partnership: How did the National Center come to be, and what is it all about?

 Commitment to new models of care and a culture of health

Igniting the IPE Movement: Time to activate



A bit about our language...

The "New" IPE

Interprofessional Practice and Education



National Center Vision

We believe high-functioning teams can improve the experience, outcomes and costs of health care.

National Center for Interprofessional Practice and Education is studying and advancing the way stakeholders in health work and learn together.

National Center Funders

- Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067
 - Robert Wood Johnson Foundation
 - Gordon and Betty Moore Foundation
 - Josiah Macy Jr. Foundation
 University of Minnesota

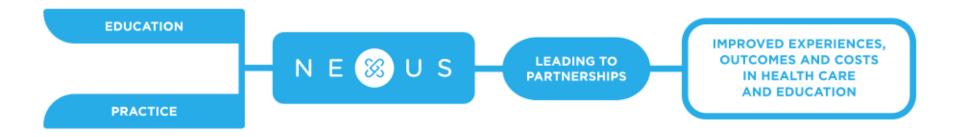


National Center for Interprofessional Practice and Education: Our Goal

To provide the **leadership**, **evidence** and **resources** needed to guide the nation on the use of interprofessional practice and education as a way to enhance the experience of health care, improve population health, and reduce the overall cost of care.



The Nexus: Our Vision for Health



- Improving quality of experience for patients, families, communities and learners
- Sharing responsibility for achieving health outcomes and improving education
- Reducing cost and adding value in health care delivery and education



How did the National Center come to be?

George Thibault, M.D.

President, Josiah Macy Jr. Foundation



Collaborating Across Borders

Becky Spitzgo, Associate Administrator,
Bureau of Health Workforce
RSpitzgo@hrsa.gov



HRSA Mission

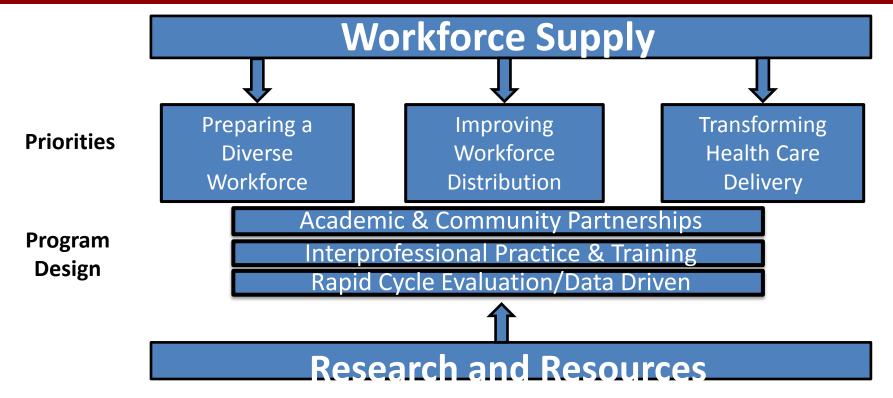
Improving health and health equity through access to quality services, a skilled health workforce and innovative programs.

Bureau of Health Workforce Mission

Improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.



Bureau of Health Workforce





Transforming Health Care Delivery

Modern Care - Improved Outcomes & Lower Costs

Changing service delivery to meet 21st century needs through an emphasis on quality care that encourages innovate team-based and interprofessional approaches.

Our programs serve as a catalyst to advance changes in health professions training that are responsive to the evolving needs of the health care system.



 In Academic Year 2013-14, 12 BHW programs had an interprofessional focus. Within those programs 1,315 clinical training sites were engaged in interprofessional team-based care.

FY 2015/2016 Funding Opportunity Highlights

Geriatrics Workforce Enhancement Program NEPQR
Interprofessional
Collaborative
Practice

.

NEPQR BSN
Practicums in
Community
Settings

Graduate
Psychology
Education

Primary Care
Training and
Enhancement
Program

Advance

Nursing Education

Predoctoral Postdoctoral Oral Health Training





National Center for Interprofessional Practice and Education

- Advance the national agenda
- Drive evidence-based practice



- Inform health system redesign
- Support a robust data collection platform
- Serve as "go-to" source for information and leadership
- Maintain "finger on the pulse" of the delivery system reform



FY 2016 GRANTS BULLETIN

BUREAU OF HEALTH WORKFORCE | SEPTEMBER 2015

The Bureau of Health Workforce (BHW) improves the health of the underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. To learn all about BHW's programs, please visit the Bureau website.

PROGRAMS	WHO IS ELIGIBLE				DISCIPLINE*				EST. RELEASE
	STATE OR LOCAL GOVERNMENT	PUBLIC OR PRIVATE NON-PROFIT ORGANIZATION	HEALTHCARE FACILITY	ACADEMIC INSTITUTION	MEDICAL	NURSING	MENTAL AND BEHAVIORAL	DENTAL	
Nurse Anesthetist Traineeship Program (NAT)	1	✓	✓	1		1			Sept 2015
Nurse Faculty Loan Program (NFLP)				1					Sept 2015
Nursing Workforce Diversity (NWD)		✓	1	✓		1			Sept 2015
NEPQR- Interprofessional Collaborative Practice			✓	~		✓	✓		Oct 2015
Ruth L. Kirschstein National Research Service Awards		✓	1	✓	~				Oct 2015
Graduate Psychology Education	✓	1	1	~			✓		Oct 2015
Primary Care Training and Enhancement		✓	✓	~	✓				Oct 2015
NEPQR-BSN Practicum in Community Settings			✓	1		✓			Oct 2015
Rural Residency Planning & Development		✓	V	✓	1				Nov 2015
Scholarships for Disadvantaged Students ***				✓	1	~	✓	✓	Nov 2015
Advanced Nursing Education (ANE)	✓	~	✓	✓		~			Nov 2015
Academic Administrative Units in Primary Care				~					Nov 2015
Grants to States to Support Oral Health Workforce Activities	€							~	Dec 2015
Advanced Education Nursing Traineeship		1		1		1			Dec 2015

[&]quot;Indicates primary disciplines, however many programs are encouraging and supporting interprofessional education.



^{**}Grants are open only once per year. Dates of grant openings are subject to change without notice. Additional grant opportunities may become available throughout the year.

^{***}Additional listed Disciplines: Pharmacy, Podiatric Medicine, Optometry, Allied Health, Veterinary Medicine & Chiropractic.

QUESTIONS?





New Model of Care: Creating a Culture of Health

Maryjoan Ladden, PhD, RN, FAAN
Senior Program Officer, Human Capital Portfolio
Robert Wood Johnson Foundation



University of Minnesota

The National Center: Igniting the IPE Movement

Barbara F. Brandt, PhD, Director
National Center for Interprofessional Practice and Education
Associate Vice President for Education, University of
Minnesota Academic Health Center



What will be the impact on workforce of Secretary Burwell's announcement on value-based payment goals?

Principles:

Incentives to motivate higher value care

Alternative payment models

Greater teamwork and integration

More effective coordination of providers across settings

Greater attention to population health

Harness the power of information to improve care for patients



Perspective

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell

Tow that the Affordable Care Act (ACA) has ex-N panded health care coverage and made it affordable to many more Americans, we have the opportunity to shape the way care is delivered and

initiated on these fronts, leverage care for patients. ing the ACA's new tools. The Department of Health and Human cus its energies on augmenting re- dollars are spent, and that makes dependent ways: using incentives ing metrics for managing and to motivate higher-value care, by tracking our progress. A majority increasingly tying payment to of Medicare fee-for-service payfective coordination of providers or value by 2016, and 90% by make further progress toward

improve the quality of care sys- across settings, and greater atternwide, while helping to reduce tention by providers to popula-Many efforts have already been power of information to improve

As we work to build a health care system that delivers better

2018. Perhans even more impor tant, our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018. Alternative payment models include accountable care the growth of health care costs. tion health; and harnessing the organizations (ACOs) and bundled-payment arrangements under which health care providers are accountable for the quality and cost of the care they deliver to Services (HHS) now intends to fo- care, that is smarter about how patients. This is the first time in the history of the program that form in three important and inter- people healthier, we are identify- explicit goals for alternative payment models and value-based nayments have been set for Medicare. Changes assessed by these value through alternative payment ments already have a link to metrics will mark our progress in models; changing the way care is quality or value. Our goal is to the near term, and we are endelivered through greater team- have 85% of all Medicare fee-for- gaging state Medicaid programs work and integration, more ef- service payments tied to quality and private payers in efforts to

N ENGL J MED NEJM. ORG

The New England Journal of Medicine
Downloaded from nejm.org at UNIV OF NC/ACQ SRVCS on February 16, 2015. For personal use only. No other uses without permi Copyright © 2015 Massachusetts Medical Society. All rights reserved

University of Minnesota

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. The National Center is also funded in part by the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation and the University of Minnesota, © 2015 Regents of the University of Minnesota, All Rights Reserved.

Building the Workforce for New Models of Care

Learner Pipeline

Health Workforce for New Models of Care Patients, Families & Communities

Today I owe:



How do we create a health workforce in the right locations, specialties and practice settings that has the skills and competencies needed to meet the demands of a transformed health care system while preventing burnout?

>

How do we improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care simultaneously?



National Center Strategies

- Resource Center (nexusipe.org)
- Presentations, workshops, training
- Peer-reviewed publications and reports
- Organizational consultations
- A growing Nexus Innovations Network
- Data collection in a National Center Data Repository
- Support for the American Interprofessional Health Collaborative



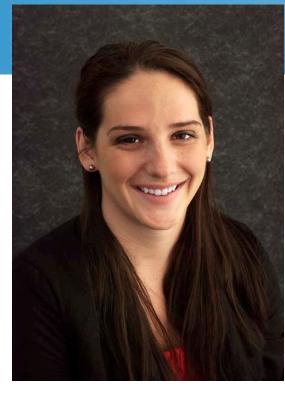
Engage with the Resource Center

Join the movement at **nexusipe.org**

asknexus@umn.edu for inquiries

Many tools and resources available – webinars, online modules, publications, tools, presentations and more...

Become the 2,000th profile: The National Center will support your AIHC membership



Meet Meghan Rosenkranz



Supporting the IPE movement...

Sample of speaking, consultations and partnerships since Spring 2015

American Medical Association Accelerating Change in Medical Education

Association of Nurse Professional Development

Association of Specialized and Professional Accreditors

Centers for Medicare and Medicaid Innovations

Institute of Medicine

Macy Faculty Development Program

National Advisory Council on Nurse Education and Practice

National Association of Community Health Centers

National Governors Association

National Health Policy Forum

National Quality Forum

Patient-Centered Primary Care Collaborative

University of North Carolina Cecil G. Shep Center

VA Centers of Excellence in Primary Care

1199 SEIU Funds



... and growing

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. The National Center is also funded in part by the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation and the University of Minnesota. © 2015 Regents of the University of Minnesota, All Rights Reserved.

University of Minnesota

■ Interprofessional Education and Collaborative Practice: Welcome to the "New" Forty-Year Old Field



EVALUATING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE:

What Should I Consider When Selecting a Measurement Tool?

fessional

la, research

History

Received 6 October 2014 Revised 1 April 2015 Accepted 10 April 2015 Published online 31 July 2015 EN ACCESS

care

N 2227-9032 al/healthcare

SS tive and a

Delaney

MEET

separately, this paper places IPE and CP in the same conceptual space. The interface of these form a nexus where new knowledge creation may be facilitated. Rigorous research on IPE in relation to CP that is relevant to and framed by health system reform in the United States (US) is the ultimate research goal of the National Center for Interprofessional Practice and Education at the University of Minnesota. This paper describes the direction and scope for a focused and purposive IPECP research agenda linked to improvement in health outcomes, contextualized by

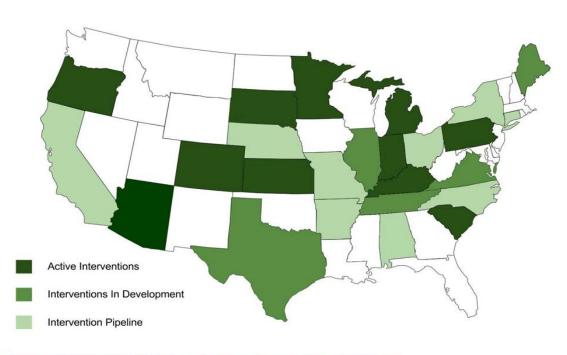
assessment. The actual sphere of influence of this research has been limited. Often discussed

nal Practice and Education, University of Minnesota, Minneapolis, 004@umn.edu (J.P.); cerra001@umn.edu (F.C.);

@umn.edu (C.D.)

EDITED BY STEVEN A. WARTMAN, MD, PHD, MACP

Nexus Innovations Network





By igniting the IPE Movement today,

we are nurturing tomorrow's interprofessional leaders of health systems and health professions education organizations including the National Center for Interprofessional Practice and Education.

And insuring that new models of care are no longer "new".





Let the party begin!

Hat designed by The Gift Niche Roanoke, VA







The IPE movement is in motion...

- Collaborating Across Borders hosts from Minneapolis, Halifax, Tucson, Vancouver and Roanoke
- CAB V planning committee members
- Team members of the Nexus Innovations Network and their partnering organizations
- Macy Faculty Scholars
- Robert Wood Johnson Foundation scholars
- HRSA IPE grantees
- Grantees implementing interprofessional practice and education programs
- Funders of interprofessional practice and education efforts



The IPE movement is in motion...

- Leaders and teams of centers of interprofessional practice and education implementing large-scale transformation
- Accreditors who have written standards incorporating interprofessional practice and education
- AIHC and CIHC board members (past and present)
- Organizations advocating for interprofessional practice and education
- Individuals with a National Center profile
- National Center staff and advisors
- Individuals who are committed to taking what they have learned at CAB V to implement at home



Activating the IPE Movement: Make your commitment today!

- Create a profile on the Resource Center and encourage a friend to do the same
- Contribute a presentation, tool, publication or other resource to the growing collection
- Share your experience with an existing resource by making a comment or posing a question
- Mentor a colleague or student with interprofessional interests
- Submit your scholarly work to IPEC MedEd Portal for peer review
- Become an ambassador of the National Center to share the latest evidence, resources and services with the growing community
- Submit a story or blog about your IPE journey to share with the National Center community
- Define how your interprofessional effort is incorporating actionable measurement to facilitate knowledge, evidence and sustainable change
- Submit your interprofessional program outcomes to disciplinary venues for broader engagement, dialogue and acceptance
- Join the American Interprofessional Health Collaborative as a charter member
- Publish, Publish, Publish!



A few more opportunities to join the movement

Become a National Center Ambassador

Join us for a webinar on October 22 to learn more!

Attend the 1st annual Nexus Summit in Sept. 2016

Join colleagues in health systems and education from across the US as we share the latest research, evidence and best practices in IPE!



