Innovating Interprofessional Collaboration in a Primary Care Setting

CHI Health and Creighton University – academic health partners

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Please note – we represent a much broader team!

Potthoff, M. (PI); Co Investigators: Doll, J., McCafferty, K., Jensen, G., Lappe, J., DeFreece, T., & Walters, R. Cultivating Collaboration: Building a Successful Collaborative Care Model in an Academic Health Partnership. Accelerating Interprofessional Community-Based Education and Practice. Funded by the National Center for Interprofessional Practice and Education in partnership with the Robert Wood Johnson Foundation, the John A. Hartford Foundation, the Josiah Macy Jr. Foundation and the Gordon and Betty Moore Foundation.









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Joy Doll, Kristy Brandon, Anna Maio, Meghan Potthoff and Michael White

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Interprofessional continuing education credit will be awarded to participants that paid the continuing education credit fee while registering for the Summit.

All workshop participants are asked to scan their barcode (from nametag) upon entrance to session and complete the evaluation distributed at the end of the workshop. Those who registered to receive continuing education credit will also receive a certificate of completion following the Summit.

Welcome and Introductions

- Workshop agenda
 - Who are we?
 - A fun activity
 - The big picture of the Nexus
 - Learning activity
 - Case example
 - Learning activity
 - Closing and questions







Session objectives

By the end of this presentation, participants will be able to:

- Describe an exemplar of an interprofessional education and practice model in primary care
- Develop a plan for addressing challenges and opportunities in one's own context
- Analyze own interprofessional collaborative care models within the Interprofessional Learning Continuum





Who are we? An academic health system

Creighton

Jesuit institution

8 health professions

CHI Health

- Nebraska / Iowa Market of CHI
- Network of 15 Hospitals
 - 2 Physician Organizations





A little history lesson

Center for Interprofessional Practice, Education and Research (CIPER)

"Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care."

(World Health Organization, 2010)



Let's form some teams!

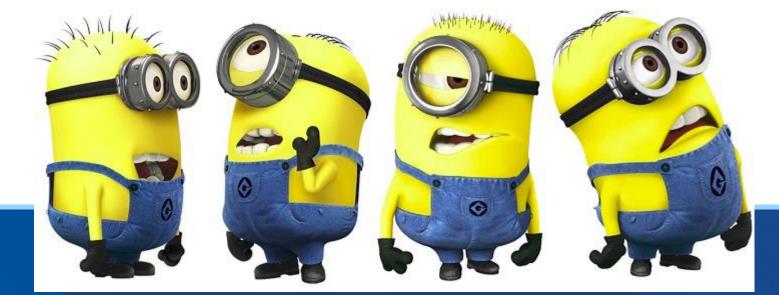
- You will be given a piece of paper
- Find your other 2 team members





Reflection

- Are teams always assigned?
- How do they come together?
- This is part of our story!









The Big Picture: IPE and IPCP



PRACTICE

The IHI Triple Aim

Population Health

Experience of Care Per Capita Cost

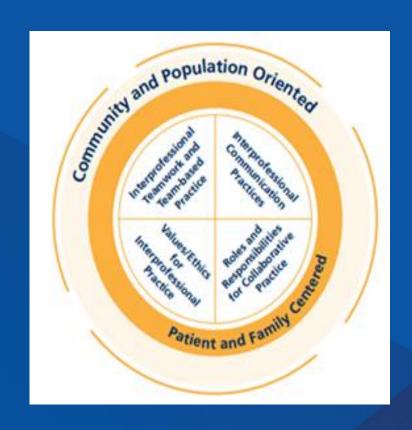


LEADING TO PARTNERSHIPS

IMPROVED EXPERIENCES, OUTCOMES AND COSTS IN HEALTH CARE AND EDUCATION

Learning Continuum (Formal and Informal) **Enabling or Interfering** Continuing Factors Graduate Foundational **Professional** Education Education Development Professional culture Institutional culture Workforce policy Financing policy Interprofessional Education **Learning Outcomes Health and System Outcomes** Individual health Reaction Population/public health Attitudes/perceptions Knowledge/skills Organizational change Collaborative behavior System efficiencies Performance in practice Cost effectiveness

Education: Learners to Clinicians Core Competencies



Talk to a neighbor:
What opportunities and challenges do
the Core Competencies bring to
education?
To Practice?





Our Experience

Divergent accreditation requirements

Complexity – multiple professions lots of students, distance learners

Siloes

What is the best learning experience?

RVU model

Training for clinicians

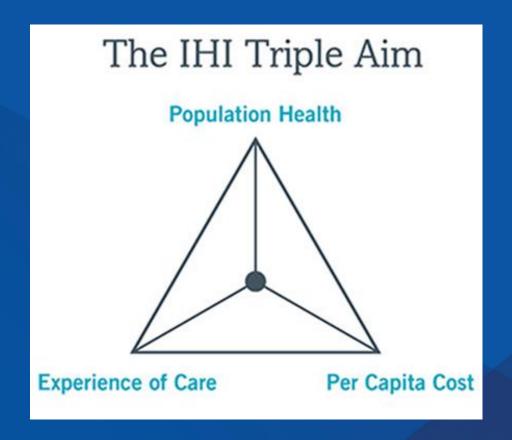
Pressure for outcomes

Leadership unclear





Practice: Learners to Clinicians



Talk to a neighbor:
What opportunities and challenges
does the Triple Aim bring to
education?
To Practice?





Our experience

How do you advance IP learning?

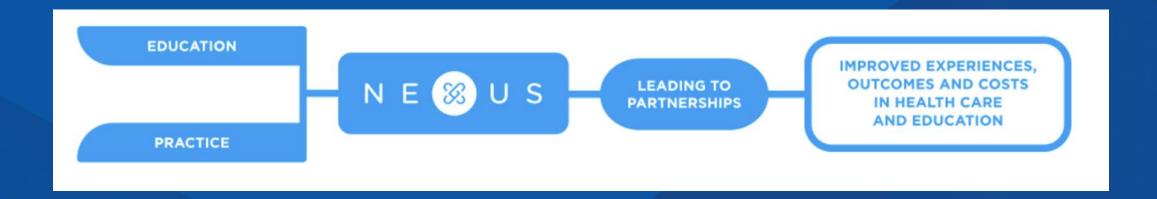
Are we building "collaboration ready" professionals?

How do we prove IP is the answer? Is it even the answer? Quadruple Aim?





Bringing Education and Practice Together



Talk to a neighbor:
What opportunities and challenges does the Nexus bring to education?
To Practice?

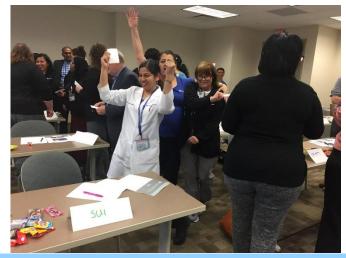




Our Experience

- Start with easy wins
- Start simple!
- Build the culture
- Address systems issues
- Training is critical









Another example from PCMH

LESSON #2

Spark physician enthusiasm

at quarterly meetings.

Program Spotlight: Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has the largest and longest running Patient Centered Medical Home. A key to their success, as outlined here, has been using lessons learned. from other advanced primary practices" as the building blocks" for their practicetransformation.

LESSON ER **Nurture effective and** stable leadership

The Physician Group Incentive Program (PGIP) has catalyzed the formation of over 40 Physician Organizations (POs) that have led and supported practices in revolutionizing the delivery of health care in Michigan.

and coordination

"Relentious incrementalism" is a PGIP motto, and PGIP initiatives are designed to support and reward step-by-step progress through the celebration of provider and program best practices

LESSON 216 Encourage multi-payer

The PGP program provided the foundation for the five year Michigan Multi-Payer Advanced Primary Care Practice Demonstration program.

LESSON EG Establish realistic time tables for evaluation

Underlying the PGIP philosophy of relentless incrementation is the understanding that practice fransformation is a long-term process, and programs must be allowed to stabilize and mature before results are evaluated.

GIP medical leaders have testified befo

LESSON #7 Offer technical assistance and collaborative learning

PGIP provides practices with technical assistance and opportunities for collaborative learning by hosting learning collaboratives, providing education and guidance and funding a Care Management Resource Center.

LESSON 200 Obtain timely, accessible

The PGIP PCMH/PCMH-N program practices to build the capacity for

LESSON EZ Gather together (get everyone around the table)

BCBSM's facilitation of quarterly meetings with all PO leaders (approximately 250) has led to cross-collaboration and synergistic partnerships among providers across the state, as well as the formation of a Primary Care Leadership Committee that provides review and guidance on PGIP policies and programs.

LESSON #5 Offer meaningful financial support

The PGIP program has used a combinatio of incentive reward payments to POs and value-based reimbursement for individual financial support needed to succeed.

LESSON EO Embrace team-based approaches that extend beyond the practice

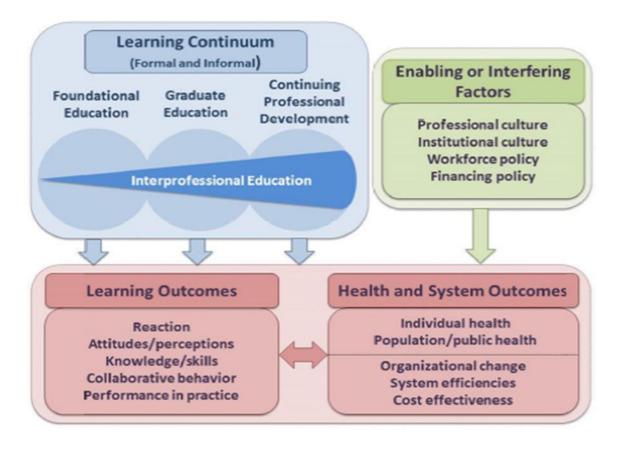
POs and practices deliver multidisciplinary team-based care through access to a Provider-Delivered Care-Management (PDCM) program, behavioral health providers and embedded pharmacist care managers.

These resonate with us – What's your reaction?

- Nurture effective and stable leadership
- Get everyone at the table
- Spark physician enthusiasm
- Offer financial support
- Offer collaborative learning
- Embrace teams
- Evaluation



The Interprofessional Learning Continuum (IPLC)







Learning Activity

Enabling Factors	Interfering Factors





Bringing the Enabling Factors Together

- The underpinnings of our success with blending our buildings
- Our new mottos created by the individuals during training
 - "Everyone teaches, everyone learns"
 - "Assume positive intent"





A little history

Problem solve

Step 1: Plan

Step 2: Train

Step 3: Coach

Step 4: Measure







Celebrate!!!

- Bring the "right" people around the table
- Build the team
- Address culture
- Identify champions
- Support champions
- Design a space for collaboration
- Design the best possible scenario
- Make adjustments as needed







The Bumpy Road of Teams

- Honoring team development as you plan and implement
- Allowing teams to grow and evolve
- Allowing creativity when addressing problems and challenges
- Conflict will happen how are people equipped to handle it
- Defining what being a team leader means





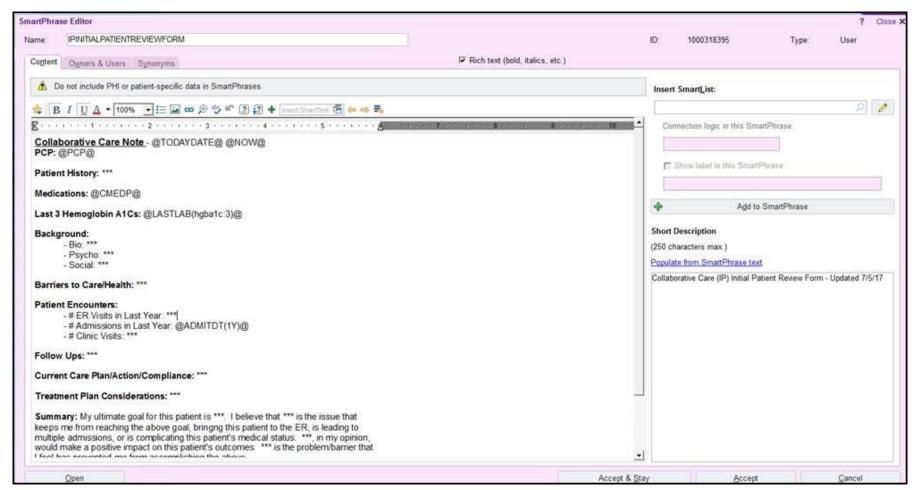
Other challenges







Systems can be moved!







Outcomes

- Huddles and pre-visit planning
- Implement collaborative care process
 - Identify patients with high ED utilization, hospital readmissions and high A1Cs

Identify patients for collaborative care planning process with interprofessional team

- Metrics plans
 - Plan in place
 - One for clinicians and students
 - One for patient outcomes
 - IRB approved









What have we learned?

- Culture is EVERYTHING
- Champions at many levels are necessary
- Grit and determination matter
- Creativity and innovation are a must
- Living in uncertainty must be acceptable









Metrics Plan – Criteria for Registry

From a patient registry of highest utilizers – 60
 patients*

*top 5% spend 50.4% of health care dollars (NAM, 2017)





Metrics Plan – Patient Registry

Phase 1

- July-December 2016
- Traditional care

Phase 2

- January -June 2017
- Interprofessional collaboration

Phase 3

- June December 2017
- Collaborative care planning





Learning activity

- What level of your organization can you impact?
 - Choose one area to move the needle forward





Your Plan

- Who will be at the table?
- Current culture?
- Champions for this goal?
- How can you support these champions?
- Design a meeting space?
 - Local or telecommunication?
- Design the best possible scenario
- Make adjustments as needed





Closing and Reflection





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