Interprofessional Education and Collaborative Practice: The “New” Forty-Year-Old Field

Barbara F. Brandt, PhD, Director
Associate Vice President for Education
We’re shaping the future of our evolving health care landscape by creating a true partnership and shared responsibility between practice and education – what we call the “Nexus” – to enhance the patient experience, improve population health and lower costs.
Interprofessional Education and Collaborative Practice: Welcome to the "New" Forty-Year Old Field

Resource Type:
Journal Article

Since 1999, the United States (U.S.) healthcare delivery system has been transforming in profound and fundamental ways.

As U.S. healthcare leaders responded and led transformation, recognition grew that the graduates of health professions schools may be technically competent but are not ready to practice in today's evolving health system. Therefore, many healthcare leaders and educators are calling for "new" models of education: Interprofessional education (IPE) linked to collaborative practice and team-based care.

Concurrently since 2010, while the Affordable Care Act (ACA) grabs headlines, remarkable and historic developments are occurring in both healthcare delivery systems and health professions education to transform both. These developments will impact today's undergraduate advisees and professional students who advance into health careers. Many planned changes and rapid disruptive innovations in healthcare are creating a new U.S. healthcare system that is not yet well understood.

The purposes of this paper are to describe the seismic shifts in healthcare creating calls for interprofessional education and collaborative practice (IPECP) and to provide references and resources to enable advisors, faculty, and students of the health professions to keep abreast of and adapt to the changes.

Author(s):
Barbara F. Brandt

RELATED RESOURCES

- The Health Care Team: A Fifty Year Old "New" Idea
- Introducing first year students to interprofessional identity in the "enterprise culture": A Foucauldian analysis
- Improving the clarity of the interprofessional field: Implications for research and continuing interprofessional education
- Using the sociological imagination in the interprofessional field
- The use of systems and organizational theories in the interprofessional field: Findings from a scoping review
The Right Team at the Right Time

Author: Barbara Brandt

As we approach the holiday season, I reflect on the past three years with the National Center. Many friends and colleagues are aware that my family and I have been intensely navigating the full breadth of the health care delivery system since 2012. Notably, my then-93-year-old father fell on Christmas Day 2012 as we walked through his apartment door. The 2012 hip fracture and repair were followed by another fall on Easter 2013. On July 4, 2015, he fell again and suffered a severe fracture of his humerus, which is now held together with 11 pins. Our family now avoids holidays like the plague.

After many surgeries, emergency room visits, ambulance rides, transitional care units, two assisted living apartments moves, costly out-of-pocket transports to and from visits, multiple specialists and subspecialists, Medicare and United Health Claims and "THIS IS NOT A BILL" statements, and one Social Security interview to qualify me as his representative, I can say that as his only child, I am a practical expert in the U.S. health care delivery system for frail, elderly adults.
Everything old is new again. . . . .
1. The intertwined 1970s roots of health care teams and IPE
2. Teams and IPE – 40 + year struggles & what is different today
3. New models of care demand new models of learning
4. Ignite Your IPE Movement!
We believe high-functioning teams can improve the experience, outcomes and costs of health care.

The 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
The Nexus: Our Vision for Health

Triple Aim of Alignment

- Improving quality of experience for patients, families, communities and learners
- Sharing responsibility for achieving health outcomes and improved learning
- Reducing cost and adding value in health care delivery and education
National Involvement and Influence – 2015
Select Presentations, Consultations, Partnerships and Contracts for Services

- 1199/SEIU Funds
- American Assembly for Men in Nursing
- American Interprofessional Health Collaborative
- AMA – Accelerating Change in Medical Education
- Association of Nurse Professional Development
- American Association of Colleges of Nursing
- American Association of College of Pharmacy
- American Interprofessional Health Collaborative
- Association of Academic Health Centers
- Association of Nursing Professional Development
- American Physical Therapy Association
- Association of Specialized and Professional Accreditors
- Beyond Flexner Alliance
- California Institute for Nursing and Health Care
- Centers for Medicare and Medicaid Services
- HRSA Nurse Education, Practice, Quality and Research grantees
- Indiana Center for Nursing
- Josiah Macy Jr. Foundation
- IOM Future of Nursing
- IOM Global Forum on Innovations in Health Professions Education
- Macy T3 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 League of Nursing
- National Nursing Centers Consortium
- National Quality Forum
- Nursing Organizations Alliance
- Patient-Centered Primary Care Collaborative
- University of North Carolina Cecil G. Shep Center
- University of North Texas Health Sciences Center
Interprofessional education “occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes.”

Interprofessional, collaborative practice “occurs when multiple health workers and students from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

Adapted from:
The Centre for the Advancement of Interprofessional Education, UK, 1987
What is *not* IPE: Shared Learning
What was going on in the 1970s & 1980s?
Since the 1970s - Cycles of interest in IP Teams

- Rehabilitation
- Mental health
- Comprehensive care in chronic illness
- Primary care
- Rural health
- Geriatrics
- Hospice and palliative care
- Renal teams
- Intensive care
- Transplant
But, interprofessional teams did not transform health care. Why?

“Status” of primary care and underserved populations not a locus of power in Medicine

Era of specialization and sub-specialization

Little interest in health care delivery processes

New roles and controversies: Nurse practitioners, physician assistants, clinical pharmacists

Lack of evidence for team-based outcomes

Lack of incentives: physicians reimbursed; teams and/or other professionals rarely

Madeline Schmitt, University of Rochester, 1994
So, what is happening today, 40 years later?
<table>
<thead>
<tr>
<th>Workforce Development</th>
<th>Healthcare Delivery</th>
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<tbody>
<tr>
<td>• Shortage realities</td>
<td>• Institute of Medicine reports</td>
</tr>
<tr>
<td>• Defined within professions as “how many needed”</td>
<td>To Error is Human</td>
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<td>• Higher education responds – uniprofessional</td>
<td>Crossing the Quality Chasm</td>
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<td>• Beginning of new schools and increased class sizes</td>
<td>The Bridge to Quality</td>
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<td></td>
<td>• Interprofessional teams</td>
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<td></td>
<td>• Patient safety / Quality</td>
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U.S. Aging Population


Growth of the 65+ Population, by Age Group: 1900 to 2050
Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally
Health Care Expenditures to Gross Domestic Product

Total expenditures: Scary plot

- National Health Expenditure ($Billions)
- Share of GDP (%)

[Graph showing the increase in health care expenditures over time as a percentage of GDP.]
Mid- 2000s

Workforce Development
• Workforce Shortages
• Defined within professions as “how many needed”
• Higher education responds – uniprofessional
• Explosion of new schools and increased class sizes
• Students responding to prospect of jobs in health care

Fundamental Changes in Healthcare Delivery
• Patient-Centered Medical Home
• Moving “care” into the community
• The IHI Mantra: “Triple Aim”
  o Improving the patient experience of care;
  o Improving the health of populations;
  o Reducing the per capita cost of health care
2010 until Today

**Workforce Development**
- Defined within professions as “how many needed”
- Higher education responds – uniprofessional
- Explosion of new schools and increased class sizes
- **Increased demand on health system for clinical rotations**
- Significant disconnect between education & health care delivery

**Fundamental Changes in Healthcare Delivery**
- Policy: Affordable Care Act
  - Bundled payments
  - Incentives to reduce readmission rates
  - Electronic health records
  - Accountable care organizations
- Employer choice, Fortune 500
- Centers for Medicare and Medicaid Innovations and other innovations
Disruptive Innovations

NEW drug delivery technologies have the potential to cause disruptive change.

CVS Health

Health is everything. CVS Health is committed to increasing access, lowering costs and improving the quality of care. We’re shaping the future of care.

The NEW ENGLAND JOURNAL OF MEDICINE

Perspective
A New Initiative on Precision Medicine

“Today, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes — and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”

— President Barack Obama, State of the Union Address, January 26, 2016

President Obama has long expressed a strong conviction that science offers great potential for improving health. Now, the President has announced a research initiative that aims to accelerate progress toward a new era of precision medicine (www.whitehouse.gov/presidentialmemorandum). We believe that the time is right for this visionary initiative, and the National Institutes of Health (NIH) and our partners will work to achieve this vision.

Functional Limitations

Innovative CAPABLE Model Breaks Ground in the Care of Older Adults

Older adults who have difficulty with the activities of daily living are among the top 5% of health care spenders. In a new intervention provided by the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) model, functional limitations were improved for the majority of participants. A synopsis of the results of the intervention and its corresponding paper published in the Journal of the American Geriatrics Society can be found at our most recent blog.

Karen Davis
Roger G. Lipitz Center for Integrated Health Care

Catalent

Download our free eBook
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

What will be the impact on workforce of HHS Secretary Burwell’s announcement on value-based payment goals?
### Big Picture: Reframing, retooling and retraining

#### 1970 Barriers

<table>
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<tr>
<th>Low status of primary care</th>
<th>Redesign around primary care, prevention, population health</th>
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<tr>
<td>Specialization &amp; sub-specialization</td>
<td>Impact of moving from fee-for-service to global payments?</td>
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<tr>
<td>Nurse practitioners, Physicians Assistants, Clinical Pharmacists</td>
<td>The right worker partnering with patients, families and communities. How and who?</td>
</tr>
<tr>
<td>Little interest in health care processes</td>
<td>Quality &amp; systems improvement leading to outcomes</td>
</tr>
<tr>
<td>Little evidence for teamwork</td>
<td>Growing evidence for teamwork</td>
</tr>
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Regardless of where you are in the U.S. with or without health care reform, health care is *profoundly and fundamentally* transforming because of costs and quality concerns – and the impact on the long-term vitality of the United States of America.
Re-enter

Interprofessional Practice and Education
Are we in health professions education focused on the “Prize”?

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

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?

Today I owe:

- $100K
- $200K
- $300K
- $300K
- $250K
- $120K
- $75K
Education Game-Changers Since 2010

Evaluating Nurses and Physicians: Toward New Horizons

Team-Based Competencies
Building a Shared Foundation for Education and Clinical Practice

Core Competencies for Interprofessional Collaborative Practice
Sponsored by the Interprofessional Education Collaborative

Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign
Competency Domains
1. Values/Ethics
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork
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.
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.
Resources to Ignite Your IPE Movement
NEWS RELEASE
January 27, 2015

Press Contact: Karen R. Kleitzick
202-909-2483; kkleitzick@nln.org

NLN Advances Interprofessional Education (IPE) and Practice (IPP) Through Vision Statement and Faculty Toolkit

Leadership Conference February 4-6 Focuses on IPE

Washington, DC, January 27, 2016 - Recognizing that the nurse is integral in the delivery of team-based, patient-family centered care, the NLN urges the nurse educator community to work with peers in other professions to provide students with learning opportunities that acknowledge a profoundly changed health care environment. To facilitate this call to action, the NLN has published a vision for “Interprofessional Collaboration in Education and Practice” complemented by a toolkit, A Guide to Effective Interprofessional Education and Collaborative Practice experiences in Nursing Education.
Dear Colleagues:

Three years ago when we launched the National Center, we knew that reconnecting practice and education was essential to transforming health care. Little did we know, however, that this idea would explode in hundreds of organizations and take root in highly creative ways never envisioned in our original proposal.

After nearly forty-five years, the field of interprofessional education in the United States has a new raison d’être: by aligning action and education to enhance the patient experience, improve health and care costs. Health system and education leaders and policy makers across the country are also joining the conversation, fueled by the potential of the Nexus.

organizations with the potential to help drive change and are being sought out frequently by employers, policy makers, educators and others currently challenged to retool and retain the current health care workforce. The circle of those who believe in the potential for this transformation is expanding rapidly, and so is the influence of the National Center.

At the end of Year Three, we define our

Annual Report: Igniting the Movement

Click to view the report.

Warm regards,
Barbara F. Brandt, PhD
Director, National Center for Interprofessional Practice and Education,
Academic Health Center,
University of Maryland

1,550 IPE RESOURCES
2,585 COMMUNITY MEMBERS
41 EDUCATIONAL OFFERINGS
22 RESEARCH PROJECTS
Promising Interprofessional Collaboration Practices
Put patients first
Demonstrate leadership commitment
Create a level playing field
Cultivate team communication
Explore the use of organizational structure
Train different disciplines together

Performance:
Success factors in Promising IP Collaboration Practices
Owen CIPE Planning Process
University of Virginia
Join the IPE movement at nexusipe.org

asknexus@umn.edu for inquiries

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

Meet Meghan
Does intentional and concerted interprofessional education and interprofessional practice:

• improve the triple aim outcomes on an individual and population level?
• result in sustainable and adaptive infrastructure that supports the triple aim outcomes of both education and practice?
• identify ecological factors essential for achieving triple aim outcomes?
• identify factors essential for systematic and adaptive infrastructure in the transformation of the process of care and education?
• identify changes needed in policy, accreditation, credentialing and licensing for health care provision and education?
Onboarding Path to Nexus Innovations Network Membership

Initiation
- Initial Contact with the Network
- Team Engagement
- Project Development

Agreement
- Formal Agreement Signed

Work Plan
- Scientific Review
- Work Plan Approval

Implementation
- Orientation to Network Steps
- Data Collection Planning
- Project Implementation
- Data Submission and Analytics
- Participation in Network and National Center Activities
The Faculty Preceptor as Nexus: Interprofessional practice and education at the point of primary care

Current situation needing change: In order to scale up current interprofessional efforts, we need faculty preceptors and clinical sites developed where students experience both interprofessional practice and education.

Intervention: Part A: To discern the effects of a faculty development program on preceptor and learner attitudes, knowledge, skills, and behavior regarding IPEC. This package will include interprofessional faculty development materials, interprofessional practice tools, and interprofessional education curricula.

Part B: To discern effects of transforming a traditional primary care clinic into an interprofessional teaching clinic on: a. utilization of interprofessional resources/team members; b. patient outcomes of top three chronic disease diagnoses; c. patient outcomes after utilization of medical-legal partnership clinic; d. patient satisfaction with interprofessional care.

Research Question(s): Part A: In clinical preceptors and learners providing care in a traditional primary care setting, what is the effect of an interprofessional and collaborative practice faculty development program on preceptor and learner attitudes, knowledge, skills and behavior compared pre and post intervention?

Part B: What is the impact of the interprofessional experiential model (IPTC and IP education curriculum) on patient outcomes at baseline and every six months and also compared to a matched control group receiving the traditional model of primary care?

Ecological Data/Variables:
Focus on chronic disease, lower SES- urban and rural clinics

Clinical Outcomes:
1) Identifying professions on the interprofessional team and what referrals for team-based care are being made; 2) Identifying who the key cohort of patients that have highly utilized team services are; 3) Identifying the effects of the creation and utilization of a flow sheet to help capture data; 4) Change in key performance measures for each of the 3 disease states; 5) Tracking MLP referrals, 6) Identifying outcomes of the legal cases; 7) Tracking patient satisfaction surveys and patient focus groups

Triple Aim Outcomes Addressed:
The project outcomes are connected to the Triple Aim Outcomes of improving care quality of patients and increase in patient satisfaction for care received.

Study Design with Comparison Groups:
Part A: Longitudinal study to determine the effects of the faculty preceptor at the primary point of care.
Part B: Longitudinal study to determine the effects of the interprofessional experiential model on patient outcomes compared to a matched cohort of patients seen in a traditional primary care model.
Early findings

Demonstrate that a big engaged informatics approach can work

Early strong emerging themes:

- The redesign of the process of care is about **changing culture**.
- Moving education and delivery systems requires a compelling vision and case statement.
- The IPE & CP effort needs to be appropriately resourced.
- Leadership is essential.
- Impressions about team training effectiveness are mixed.
Leading South Dakota to a Healthier Future

Nursing Program Chair Guides Interprofessional Movement in South Dakota

by Peter Carvels
Transcend all levels of organizations
• Within the nursing profession and across all professions
• Students, bedside, community, chief nursing officers, association members
• Know how to partner effectively
• Have expert leadership skills
• Understand, participate and are effective in policy on all levels
• Are incredibly entrepreneurial

Susan Hassmiller, RWJF, 2015
Inaugural Annual Learning Together at the Nexus National Center Summit on the Future of IPE
August 21 – 23, 2016
Hilton Minneapolis

Promoting Interprofessional Education in Community Settings

• RWJF and Josiah Macy Jr. Foundation funding
• Other funders joining
• Call for proposals in April 2016