Preparing for the Future: Interprofessional Education and Collaborative Practice

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Transformed Health System: Our Vision

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

1. Understand the drivers of IPE in today’s professional education
2. Describe components of best practice interprofessional education and collaborative practice (IPECP)
3. Identify barriers and solutions to IPE
4. Understand how to access resources for IPECP
5. Learn about one example: 1Health (UMN)
6. Apply best practice IPECP to current work
Interprofessional Education and Collaborative Practice

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
Evolution in Thinking About Teams and Collaboration
The Triple Aim

• Focus on individuals and families
• Redesign of primary care services and structures
• Population health management
• Cost control platform
• System integration and execution

The Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org).
More Drivers of Interprofessional Education and Collaborative Practice

- Patient Protection and Affordable Care Act (2010)
  - Cost containment efforts
- Accreditation
- Clinical partners demanding clinic-ready students
Building the Workforce for New Models of Care

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

Learner Pipeline

Health Workforce for New Models of Care

Patients, Families & Communities

Today I owe:

$300K
$250K
$120K
$100K
$75K
$200K
$150K
$300K
$200K
$120K

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?

Oh, and am I going to match to the medical residency?
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
Core Competencies of Collaborative Practice

- Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served.
- Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.
Team-Based Competencies: Advancing IPC in Education and Practice

1. Communicate & disseminate the IPEC competencies
2. Develop faculty
3. Strengthen research on IPECP
4. Develop new IPE practices
5. Develop new collaborations with community partners
PCPCC’s New Report on Interprofessional Training

Download at www.pcpcc.org.
IOM: Measuring Impact of IPECP on Patient Outcomes


An Interprofessional Conceptual Model for Evaluating Outcomes

After determining that no existing models sufficiently incorporate all of the necessary components to guide future studies, the committee developed a conceptual model that includes the education-to-practice continuum, a broad array of learning, health, and systems outcomes, and major enabling and interfering factors (see figure). This model is put forth with the understanding that it will need to be tested empirically and may have to be adapted to the particular settings to which it is applied. For example, educational structures and teamwork differ considerably around the world, and the model may need to be modified to suit local or national conditions. However, the overarching concepts of the model—a learning continuum, outcomes, and enabling and interfering factors—would remain.

- Learning Outcomes
  - Reaction
  - Attitudes/behaviors
  - Knowledge/skills
  - Interprofessional behaviors
  - Performance in practice

- Health and System Outcomes
  - Individual health
  - Impacts on public health
  - Organizational change
  - System efficiencies
  - Cost effectiveness

Enabling or Interfering Factors

- Professional culture
- Institutional culture
- Workforce policy
- Financing policy

[Diagram of the interprofessional learning continuum (ILC) model]
UMN: 1Health

- 1Health Team
- Experiential AHC Collaborative
- Interprofessional Practice & Education Committee
- CLARION Case Competition
Phase 1: Orientation

- Foundations of Interprofessional Communication and Collaboration Course
  (http://www.ahceducation.umn.edu/1health-setting-new-standard-interprofessional-education/phase-i-orientation-foundations)
- 1,000 students across 12 health professions programs
- Hybrid delivery
- Fall semester for incoming students
Phase II: Necessary Skills

- CLARION Case Competition
- Online IHI modules; multiple disciplines concurrently enrolled
- Shared clinical simulations
- Student run primary care clinic
Phase III: Expertise in Practice

• Clinical partners for multiple disciplines have been identified to further develop into IPPC training sites
• Students from multiple disciplines debriefing IPPC experiences together
• Experiential committee
Resources from the National Center

Measurement Instruments

In 2013, the National Center assembled and launched the Measurement Instruments Database. The database contains measurement tools that have been validated and used in interprofessional settings. The selection process for the initial 26 instruments includes:

1. Measures one or more interprofessional outcomes or processes.
2. Defines a purpose (intended use).
3. Provides sub-scale descriptions related to IP collaboration.
4. Has a verifiable record of use through peer-review publications.
5. Provides evidence of attention to measurement.
6. Provides documented uses in multiple settings.
7. Users have access to the instrument (available online).

For those interested, please review a more thorough description of the Measurement Instruments Database.

Please take this collection for what it is: a point of departure in an effort to make IPE evaluation tools widely available to educators, practitioners, and those responsible for the community's health. Not sure which tool to use? Ask a question! Contact Barbara Brandt, PhD, Director, National Center for Interprofessional Practice and Education, Academic Health Center, University of Minnesota.

Interprofessional Teamwork

Author(s)
Rosalie A. Kane

Description
The interprofessional team has indeed become almost a standard feature in the delivery of professional services. A logical rationale has been advanced for reliance on interprofessional teamwork. The arguments usually stress the inevitable interdependence among professionals concerned with human services in an increasingly complex society. With more sophisticated understanding of human behavior available to the professions, all professional groups are advocating interprofessional teamwork and improved interprofessional communication in the interests of the clients or consumers of service.

Interprofessional teams are ubiquitous and there is a wide range of social work involvement in team practice. Seemingly the team is an accompaniment to the increased specialization of our age. The entrenched nature of the modality might lead one to believe that team delivery of services to be true. Teams are amenable representatives of the requisite expected to collaborate in delivering practice in the art and skill of team

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National Center for Interprofessional Practice and Education: The Vision

Interprofessional practice and education will:

• Improve the quality of experience for people, families, communities, and learners simultaneously;

• Share responsibility for achieving health outcomes and improving education at the same time;

• Reduce the cost and add value in health care delivery and education.
Amina in the Nexus

Available at:  www.nexusipe.org/amina.
Meet Amina

Amina, a Somali woman with diabetes and who lives in an urban environment in which she receives her health care.

What is her current reality?

https://www.youtube.com/watch?v=DzChp4bvaas&feature=youtu.be
Small IPE Group Discussions: Amina

1. How does Amina’s care program differ from that which you are familiar?

2. How is the educational program experienced by students in the story similar to or different from the health professions programs at EWU?

3. Based upon Amina’s story, what do you believe are key elements of a truly integrated partnership of health care and educational systems- a Nexus?

4. What are the benefits of working in partnership for health care delivery and health professions education? To Amina? To students? To administrators and providers? To the community?
Elements of the Nexus

• The integration of clinical practice and education
• Partnership with patients, families and communities
• A focus on the Triple Aim of both health care and education (cost, quality and populations)
• Incorporation of students and residents into the interprofessional team
• Role modeling of interprofessional collaborative practice for learners
Elements of the Nexus, continued

• A shared resource model between health systems and education systems to achieve shared goals
• Leadership engagement in all aspects of the partnership
• The use of data to demonstrate measurable outcomes
• The use of information and communications technology to enhance access and communication with patients, families and other team members
• Support for self-care and disease prevention
Learn More About Amina

Amina’s story was shared in a *Journal of Interprofessional Care* article by Drs. Mark Earnest and Barbara Brandt, which was commissioned by the Josiah Macy Jr. Foundation.

This article, and other resources about interprofessional education and collaborative practice, can be found at [www.nexusipe.org/amina](http://www.nexusipe.org/amina).


Commissioned by The Josiah Macy Jr. Foundation, for the conference: Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign, January 2013.
Small Group EWU and IPE Discussions

1. What are the EWU challenges to creating a Nexus (intersection of education & practice to deliver futuristic health care)

2. What is the next chapter at EWU regarding interprofessional education and collaborative practice?
Join the IPECP Community

Create a profile: www.nexusipe.org

Add a resource: www.nexusipe.org/resource-exchange

Start a conversation: www.nexusipe.org/forum

Go social: www.twitter.com/nexusipe
Workshop Objective Review

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Please complete the workshop evaluation.
Thank you!

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