ADEA Regional Faculty Development Workshops

“Bringing IPE Home”

Los Angeles: July 21st & 22nd, 2014
INTERPROFESSIONAL EDUCATION AND COLLABORTIVE PRACTICE
Calm, Meandering Path
Fast Moving and wild ride!
Understanding the current drivers
BASICS

Need to consider:
What is IPE, IPCC
What is the relationship of IPE to Interprofessional Collaborative Practice?
What can history tell us?
What is churning the water now

Need to consider:
Where is health care going?
What are the drivers?
What are the barriers?
What are best practices?
What is IPE?

World Health Organization defines IPE as “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”
We believe that interprofessional education occurs when students from the health professions and related disciplines learn together about the concepts of health care and the provision of health services toward improving the effectiveness and the quality of health care. Although effective interprofessional education may occur in different ways, it generally involves the following elements:

- collaboration
- respectful communication
- knowledge of other health professions roles and responsibilities
- experience in interprofessional teams.
What is it?

It is important to also consider what is *not* IPE. Examples of what IPE is not include:

- Students from different health professions in a classroom receiving the same learning experience without reflective interaction among students from the various professions.
- A faculty member from a different profession leading a classroom learning experience without relating how the professions would interact in an interprofessional manner of care; and
- Participating in a patient care setting led by an individual from another profession without sharing of decision-making or responsibility for patient care.
Interprofessional education occurs when “students” from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

Interprofessional education is a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs.

A collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so.

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.

It allows health workers to engage any individual whose skills can help achieve local public health goals.
What is Interprofessional Collaborative Care (Practice)?

World Health Organization defines it as “when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings”
Is there unanimous agreement as to what IPCC is?
Or how to achieve it?
It's "scope" of practice!
Mid-level providers

More primary care physicians!!

Don't change anything - There is no problem our system is great!

Change the health professions education system

Change the health delivery system!

Just need Team Training for Physicians and Nurses!!

Change the payment system!
A little history
Abraham Flexner & His Legacy: 102 Years
Flexner’s Report
Major Recommendations

0 First, that most of the proprietary schools of medicine in operation at that time should cease teaching forthwith.
0 Second, that all remaining and future schools of medicine should be associated with universities and teaching hospitals.
0 Third, that there should be a nucleus of physicians in each department of a medical school who would receive remuneration for teaching and research.
Unintended Consequences of the Report
The Challenges To IPE & Collaborative Practice

Development and approval of policies that fostered, and continue to foster, a Balkanized guild structure that has imposed occupational control.

In other words, it fostered the divide of groups into contending and usually ineffectual factions.
Post-Flexner Consequences for IPE/C
Why Sustainability of IPE/C Has Proved Difficult

The professional-isation of professions has in many respects turned the patient into an object of professional attention, rather than the Oslerian ideal of patient as subject.

The sorry consequences

- The level of understanding of practice between and amongst professions is woefully inadequate.
- The guild’s virtuous circle has replicated itself across all professions.
- Limited opportunities for health professional students to learn
  - About each other,
  - From each other and
  - With each other
"Discussions with students disclosed the desire to see far more emphasis on the “team” approach to providing health care. Students assert that if future health care delivery systems require a team approach to provide the necessary services, today’s health student must be exposed to the approach in his educational experience.

Students recognize the impossibility of training all professionals in the same courses and program, emphasize the necessity of integrated training when practical."
Calm, Meandering Path For IPE
National & International

1970s “Birkenstock” IPE
1972 IOM Report - Teams
AHEC / GECs
Health Professions Schools in Service to the Nation
Pew Health Commission Reports
Kellogg Community-Campus Partnerships
Quentin Burdick grants
Hartford Geriatrics Interdisciplinary Team Training
National Health Service Corps
Association of Academic Health Centers: Group on Multi-Professional Education (GOMPE)
World Health Organization Declaration, 1988
United Kingdom, Canada, Australia, New Zealand
Centre for the Advancement of Interprofessional Education (CAIPE), 1987
Journal of Interprofessional Care
Canadian Interprofessional Health Collaborative
All Together Better Health Conferences
AND Many more....

Minnesota

Center for Health Interprofessional Programs - CHIP
RWJF ACT II
Minnesota Area Health Education Center
Minnesota Area Geriatric Education Centers
End-of-life Patient-Centered Teamwork
Physician & Society courses
Community-University Partnership for Health
Walker-Methodist Transitional Care Unit
Burdick geriatrics fellowship in Moose Lake
Institute for Healthcare Improvement Collaborative
Immunization Tour
Health Careers Center multiple activities
CLARION retreats and national case competition
Fourteen AHEC rural interprofessional sites
Hartford GITT
IERC faculty development activities
Tufts Institute on Systems
AND many more....
Cycles of interest over time

- Rehabilitation,
- Mental health,
- Comprehensive care in chronic illness,
- Primary care,
- Rural care,
- Geriatrics,
- Intensive care,
- Transplantation Teams
- Hospice and palliative care
Early Lack of Broad Support

- Primary care not a locus of power in medicine
- Era of specialization in medicine
- Little interest in care delivery processes
- Other health care occupations early in professionalization, new roles and controversies
- Lack of evidence for outcomes of “IDE” or team-based care
- No alignment between education and practice
- Considerable independent work in “IDE”
Supporting Information

- IOM reports
  - To Err is Human: Building a Safer Health System (1999)
  - Crossing the Quality Chasm (2001)
  - Educating Health Professionals in Teams
  - Educating Health Professionals to Improve Quality of Care
  - Educating Health Professionals to use an Evidence Base
To Err is Human: Building A Safer Health System
Released: November 1, 1999
This report lays out a comprehensive strategy by which government, health care providers, industry, and consumers can reduce preventable medical errors. Concluding that the know-how already exists to prevent many of these mistakes, the report sets as a minimum goal a 50 percent reduction in errors over the next five years.

Crossing the Quality Chasm: A New Health System for the 21st Century
Released: March 1, 2001
This report from the committee on the Quality of Health Care in America makes an urgent call for fundamental change to close the quality gap, recommends a redesign of the American health care system, and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others.

Health Professions Education: A Bridge to Quality
Released: April 18, 2003
On June 17-18, 2002 over 150 leaders and experts from health professions education, regulation, policy, advocacy, quality, and industry attended the Health Professions Education Summit to discuss and help the committee develop strategies for restructuring clinical education to be consistent with the principles of the 21st-century health system.

Quality Through Collaboration: The Future of Rural Health
Released: November 1, 2004
Rural America is a vital component of American society. Representing nearly 20 percent of the population, rural communities, like urban landscapes, are rich in cultural diversity. However, the smaller, poorer, and more isolated a rural community is, the more difficult it is to ensure the availability of high-quality health services. The Institute of Medicine report, Quality Through Collaboration: The Future of Rural Health examines the quality of health care in rural America.

Preventing Medication Errors: Quality Chasm Series
Released: July 20, 2006
According to one estimate, in any given week four out of every five U.S. adults will use prescription medicines, over-the-counter (OTC) drugs, or dietary supplements of some sort. Most of the time these medications are beneficial, but on occasion they do injure the person taking them. Sometimes the harm is caused by an error in prescribing or taking the medication, and these damages are not inevitable. Preventing Medication Errors puts forward a national agenda for reducing medication errors based on estimates of the incidence and cost of such errors and evidence on the efficacy of various prevention strategies.

Redesigning Continuing Education in the Health Professions
Released: December 4, 2009
Today's professional health workforce is not consistently prepared to provide high quality health care and assure patient safety. Redesigning Continuing Education in the Health Professions examines continuing education for all health professionals, explores development of a national continuing education institute, and offers guidance on the establishment and operation of an institute to develop a coordinated continuing professional development system.
Some Facts:
Interprofessional Collaborative Practice & Teamwork

- Reduce adverse patient outcomes by 50%
- Reduce the average ICU stay by 50%
- Reduce the national average post-operative sepsis rate by half
- Decrease the clinical error rate from 30.9% to 4.4%
- Decrease the time required for healthcare professionals to develop expertise
What has changed?

What are today’s current drivers?
Lots in Health Care
FEDERAL AND STATE LEGISLATION PROMOTING (DEMANDING?) COLLABORATION

INTEGRATION OF FINANCING AND DELIVERY SYSTEMS

CONSUMERISM

PRACTICE AGGREGATION

INFORMATION TECHNOLOGY

POPULATION BASED HEALTH FOCUS

VALUE BASED PURCHASING

DEMAND FOR METRICS AND EB CARE

ACCOUNTABLE CARE ORGANIZATIONS
Federal and State Legislation

- Health care reform - the Affordable Care ACT (ACA)
  - 8 million signed up!
  - Both explicit and implicit provisions for interprofessional collaboration
Federal and State Legislation

0 Health care reform—the Affordable Care ACT (ACA)
   0 Accountable Care Organizations

An **accountable care organization** (ACO) is a healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients. A group of coordinated health care providers forms an ACO, which then provides care to a group of patients. The ACO is accountable to the patients and the third-party payer for the quality, appropriateness and efficiency of the health care provided.

0 Paid for aggregate health outcomes
More Primary Care Providers and New Provider Types

- ACA means higher need for primary care services
- Efficiency and value drivers will open doors to nontraditional health care providers.
- Allowing health care professions to work at the top of their licenses
Value-based Purchasing

- Paying for value (incentivizing best health outcomes per unit cost) versus paying for volume or procedures done.

Consumerism

- Internet, social networking and consumer empowerment in health care demand better collaboration and health care outcomes.
Population Based Health Focus

- Health care purchasers (business and government) more interested in the health of groups rather than only individuals
  - Workforce productivity
  - Disability payments
  - Other health impact on populations such as missing school days
Practice Aggregation/Delivery Systems

- Large health care systems offer the potential for significant cost savings and improved patient outcomes through team-based care
  - More than 50% of physicians are employees
  - Pressure to capitalize on economies of scale and new business models
- Delivery systems are changing
  - More ambulatory medical settings
  - Chronic disease management in community settings
Metrics, Evidenced Based Care and Health Information Technology

- Accountable Care Organizations need metrics to prove value
- Metrics help support evidenced based care
- Aggregated health information is possible with new, larger health care systems
Financial Incentives

- New financial incentives will reward care coordination and chronic disease management. This can best be realized through effective use of health care teams.
Health Care Changes

Interprofessional collaborative care
Team based approaches
How does this relate to IPE
IPE - IPCC
Partners

Education + Health Systems
U.S. -- Current National Scene

CONFERENCE SUMMARY
June 16-18, 2010 | Palo Alto, California

Educating Nurses and Physicians:
Toward New Horizons
Interprofessional education for qualifying social work

By Elaine Sharland and Imogen Taylor, with Liz James, David Orr and Russell Whiting.

Published November 2007

Interprofessional learning has become embedded in social work and health professions. This review Knowledge review 10: The learning, teaching and

American Speech-Language-Hearing Association

Making effective communication, a human right, accessible and achievable for all.

Information For:
The Public
Audiologists
Speech-Language Pathologists
Students
Academic Programs & Faculty
FEATUED PARTNER

Interprofessional Education

Why is greater emphasis being placed on interprofessional education in health care? What impact will it have on the education of audiologists and speech-language pathologists?

There is a growing emphasis on interprofessional education in health care as a result of research demonstrating the benefits of interprofessional collaborations in health care that require continuous

ENHANCING PHYSICIAN ASSISTANT SIMULATED INTERPROFESSIONALISM

Interprofessional Faculty: 1 April Vargus, 1
2 Sarah Shrad, PharmD, 1
1 College of Health Professions, Department of Health Sciences, 2 College of Pharmacy, 3 College of Medicine
Medical University of South Carolina, Charleston, South Carolina

Western University

Doctor of Physical Therapy

Prospective Students

Dieticians

Download Poster

Office of Interprofessional Health Education & Research

Resources | LIHSA | Interprofessional Team | News & Events | IPE Initiatives
IPE Initiative emphasizes health care collaboration

November 26, 2013 at 7:33 PM | A. Jion Kim

Early last month, nearly 600 students in the UW’s six health sciences schools — dentistry, medicine, nursing, pharmacy, public health and social work — took part in the fictitious case of patient “Gregory,” who had tooth pain. Each team generated a plan for patient compliance and addressed patient trust.

The activity, “Providing Care Across Foundations of Interprofessional Practice: Interprofessional Educational Practice (IPE) Initiative: Vision for a Collaborative Medicine,” which was launched last year, is designed to ready UW student for a transformed health care system.

While the IPE initiative is new, it has built on the success of the UW’s Interprofessional Education (IPE) Clinical Skills and Collaborative Practice Development Program, which has been in place since 1997. It was formally funded, and an IPE coordinator was established, by the Center for Health Education, led by Pamela Mitchell.

“Every new initiative is based on a vision and health care reform,” Zierler said. “We are building resources and services around these goals.”

The deans of the pharmacy, public health, and nursing schools are relatively new, and Dr. Joel Berg was selected as the dean of the School of Dentistry in 2012. Despite the turnover, a message runs throughout all six health sciences schools: collaboration and teamwork are the ingredients for success.
Conference On IPE
San Francisco
Feb. 3-4
California Dental Association
TRIPLE AIM

- Better Health Care
- Population Health
- Lower Cost of Care
FOR IMMEDIATE RELEASE  
Friday, September 14, 2012

New coordinating center will promote interprofessional education and collaborative practice in health care

The Health Resources and Services Administration (HRSA) today announced the selection of the University of Minnesota Academic Health Center to lead a new coordinating center to provide national leadership in the field of interprofessional education and collaborative practice among health professionals.

The new Coordinating Center for Interprofessional Education and Collaborative Practice at the University of Minnesota will receive $4 million over five years to promote expertise in interprofessional education and collaborative practice, particularly in medically underserved areas. Nationally recognized leaders in the field will lead the coordinating center, which will include partnerships with other training and health delivery sites around the country.
Funding of National Center

- HRSA
- Private Foundations
  - Josiah Macy Jr. Foundation
  - The Robert Wood Johnson Foundation
  - The Gordon & Betty Moore Foundation
  - John A Hartford Foundation
- Total funding
  - 12+ million
Interprofessional Education at the “Nexus”

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

University of Minnesota
The Need for a “New Nexus”

Creating the Transformational Nexus for Health

Improved Health and Community Outcomes Triple Aim

The Nexus: Collaborative linking of academia and the practice of health care.

Team-based Care

Health Professions Education
- Orientation and essential skills

Senior Leadership
Faculty, Clinicians, and Practitioners
Operations

Practice Community
- Evolving integrated health systems
The Interprofessional Education Collaborative (IPEC) consists of the:

- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Dental Education Association
- Association of American Medical Colleges
- Association of Schools of Public Health

Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative*

Core Competencies for Interprofessional Collaborative Practice

Competency Domain 1: Values/Ethics for Interprofessional Practice
Competency Domain 2: Roles/Responsibilities
Competency Domain 3: Interprofessional Communication
Competency Domain 4: Teams and Teamwork
Important Drivers

- Changes to Accreditation Standards
  - Medical & Dental already have changes
  - More to come
WHY DO IPE?

So our graduates can function in this new health care environment
What does IPE look like?
It’s Ethics Education

It’s working together on patient care

It’s Case Studies

It’s simulated team exercises

It’s just valuable for medical and nursing students

It’s having 1-2 days reserved for IPE only

It’s understanding other professions’ roles

It’s being co-located for outreach
Levels or Phases of IPE

0 Introduction
   0 Understand importance
   0 Get to know more about other professions
   0 Build networks with other health professional students
   0 Start foundational knowledge

0 Basics of working as a team, tools of IPCC
   0 Simulated exercises
   0 Team building basics
   0 Personal experience with integration within a team.

0 Authentic experience
   0 Working as a team for delivery of patient care
   0 Working on community health issues as part of a team
   0 Personal experience with different types of teams
   0 Understand the value of IPCC
   0 Demonstrate competency
Look at just one aspect—What is our knowledge of other health professions?
How much do health professionals know about each other?

GOOD QUESTION

How much do we know about other professions?

How much do they know about dentistry?
Data From Minnesota (n=703)

- Professions students felt they know little:
  - Clinical Laboratory Scientist (55%)
  - Dental Therapist (75%)
  - Occupational Therapy (54%)
  - Physical Therapy (31%)
  - Public Health (48%)
  - Vet. Medicine (36%)

- Professions students felt confident with their knowledge:
  - None over 50%
  - Top ones: Medicine (47%)
  - Pharmacy (32%)
  - Nursing (29%)
Data From Minnesota (n=703)

- 32% of non-dental students answered that dental school was 6 or less years after high school.
- 40% felt that occupational therapist programs were less than or equal to 4 years after high school.
- 82% correctly stated that Pharmacy programs were greater than 6 years after high school.
Data From Minnesota (n=703)

- 7% felt clinical laboratory scientists can prescribe drugs
- 5% felt that Dental Hygienist can extract teeth
- 90% felt that Physicians can not extract human teeth
- 17% felt that Pharmacists can draw blood on humans
- 40% felt that dentists needed to have another health care professional in the facility to provide patient care
How much do you know about other professions?
Thank you

Questions??