Interprofessional Education: The Benefit/Cost Equation

American Dental Education Association
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Interprofessional Education:
The Benefit/Cost Equation

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“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.”

Report of the External Committee on Governance of University Health Sciences, University of Minnesota, February 1970
University of Minnesota
Academic Health Center

- School of Dentistry
- Medical School (Twin Cities & Duluth)
- School of Nursing (Twin Cities & Rochester)
- College of Pharmacy (Twin Cities & Duluth)
- School of Public Health
- College of Veterinary Medicine
- Center for Allied Health Programs
During this time – Significant drivers

- Patient safety and quality movements
- Minnesota healthcare reform, 2008
  - Certified healthcare homes
  - Accountable care organizations
- National healthcare reform, 2010
- Many national reports and activities
History:
University of Minnesota AHC On the edges:
A lot of IPE activities

- ACT II
- Interscholastic grants
- End of life Patient Centered Teamwork
- Physician & Society courses
- Institute for Healthcare Improvement Collaborative
- Walker-Methodist Transitional Care Unit
- Center for Health Interprofessional Programs
- Immunization Tour
- Duluth strategic initiatives
- Burdick geriatrics fellowship in Moose Lake
- Health Careers Center multiple activities
- CLARION retreats and national case competition
- Area Health Education Center activities
- Fourteen AHEC rural interprofessional sites
- Minnesota Area Geriatric Education Center
- Geriatrics projects such as Seniors as Teachers
- IERC faculty development activities
- Tufts Institute on Systems
- Systems-based Practice
- Center for Bioethics courses
- Center for Spirituality and Healing
The Constant: Students

Center for Health Interprofessional Programs (CHIP)

- Founded in 1972
- Student-driven
- Unfettered by curriculum committees and faculty
- Co-curricular activities
- Introduce innovations to the AHC before faculty
- Push and challenge administrators
- CLARION
What does IPE look like on the ground at UMN?

• Managing a history and legacy of many overlapping and duplicative individually funded grant programs (HHS / DOE / USDA, foundations)
• Continuing multiple courses, activities, experiential education
• Intentionally positioning programs at a systems level – e.g., AHC Office of Education, AHEC
• Directing resources to community-campus partnerships to develop and test collaborative practice

Periods of *intense* change: We are in one now.
What did IPE look like on the ground at UMN prior to 2010?

Bottom line:

– Many interdisciplinary and interprofessional activities
– No framework
– No IP requirements across the AHC
– No focus on outcomes or expected IP competency achievement

– Until recently
What led to the 1Health initiative?

- Strong history of interprofessional education & collaboration
- 1995 – 2010 – Senior Vice President Cerra
- 2000: Strategic Plan – AVPE position
- 2001: Present – Academic Dean’s Council
- 2002: New AHEC development
- 2006: Dean’s Leadership Statement
- 2007: Center for Interprofessional Education
- 2007: Collaborating Across Borders
- 2009 – 2010 – Judith Buchanan’s Leadership
- Current -- Strong collective leadership of deans & associate deans during leadership transitions
Where does the School of Dentistry Fit In?

- SOD is a significant leader in IP conversations.
  - Role of the dean
  - Role of associate dean – with peers, as leader
  - Department chair – Community-University Board
  - Outreach faculty member
  - Course director, FIPCC and Day One
Dr. Peter Berthold
Division Head, Community Oral Health
Director, International Affairs
Director, UMN PASS Program
Vision:
1Health represents the AHC’s vision of health for Minnesota and how all of our health profession can collaborate to meet the ideal for health services

Mission:
To establish a longitudinally integrated structure through which the health professional programs can orchestrate the curriculum necessary for their students to achieve competency in interprofessional collaboration.

Focus: Teamwork, Professionalism & Ethics, Learning about other professions
AHC SUPPORT
Office of Education
Center for Interprofessional Education
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Center for Interprofessional Education

Implemented in 2010

Phase I
Orientation to IPE

Beginning of program
All students have same experience

Three Phases
AHC SUPPORT
Office of Education
Center for Interprofessional Education

Three Phases

Phase I
Orientation to IPE
Beginning of students’ program - All students have same experience

Phase II
Establishes Toolbox
Many options available, program selects approved options, students choose from options according to interest & career plans

Partially implemented/ more development in progress

AHC SUPPORT
Office of Education
Center for Interprofessional Education
Three Phases

Phase I: Orientation to IPE
- Beginning of students’ program - All students have same experience

Phase II: Establishes Toolbox
- Many options available, program selects approved options, students chose from options according to interest & career plans

Phase III: Authentic Experience
- Practice IP skills gained in Phase I & II, Evaluation of Competency, Clinical phase of education

Most difficult Phase, in development

AHC SUPPORT
Office of Education
Center for Interprofessional Education
Phase I
Orientation to IPE
Beginning of students’ program- All students have same experience

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Phase III
Authentic Experience
Practice IP skills gained in Phase I & II, Evaluation of Competency, Clinical phase of education

AHC SUPPORT
Office of Education
Center for Interprofessional Education
Details of Phase I

• Students from all 7 AHC Schools participated
  • 100% of beginning students from Medicine, Dentistry (DDS, DH, DT), Pharmacy, Veterinary Medicine, Clinical Laboratory Science and Occupational Therapy.
  • Students from Nursing and Public Health

• Total of 747 students
Details of Phase I

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Details of Phase I

First Part – Day 1
- All students in large auditorium
- High administration’s comments
- Guest speakers
  - Humorist
  - Patient Advocate
- Deans comment on patient case
Details of Phase I

- Second Part – Blended module
  - Foundations of Interprofessional Collaboration and Communication
  - 63 small groups of 12
  - Online assignments +10 hours of face to face discussion
  - Over 70 facilitators – negative turned into positive
  - Professionalism, ethics, learning about other professions
  - One credit course
Feedback:

- Less time on Day 1, more time face to face discussion
- More emphasis on learning about other professions
- More student directed activities
- More emphasis on case studies
Phase II progress

- Over 50 elective IPE courses or experiences currently
- Seed grants to support development of additional IPE courses or experiences
- Gathering information on IPE to send to programs for approval of options
Phase III Considerations

Barbara F. Brandt, PhD
Three Phase Structure
Outreach

The School of Dentistry has a strong commitment to community outreach, and our community oral health activities are an important part of both our education and service mission. Outreach experiences provide an opportunity for dental and dental hygiene students to:

- Develop a broad understanding of the community and social responsibilities they will have as dental professionals
- Treat a diversity of patients with a variety of oral health care needs
- Enhance their clinical skills
- Participate in inter-professional learning experiences.

Qualified third and fourth year dental students treat patients under faculty supervision.

Outreach as a Condition of Graduation

Community outreach experiences are required as a condition of graduation for both dental and dental hygiene students. Students have several opportunities to fulfill this requirement with rotations in the Mobile Dental Clinic (MDU), Community University Health Care Center (CUHCC), Hibbing Community College Dental Clinic, NorthPoint Health and Wellness Center, Walker Methodist Health Center, Prairie Winds Dental Clinic and Rice Regional Dental Clinic.

To see what goes on inside the MDU, take a look at the Mobile Dental Unit Video. Please note, this is a large file. If you are using a dial-up modem, it will take a long time to download.

Voluntary Outreach Opportunities

Additionally, students can gain clinical experience in the community through voluntary outreach opportunities, including the Union Gospel Mission and various events through the School of Dentistry.
Rice Dental Clinic, Willmar
“Creating an IPE Atmosphere”

- Paul Schulz, DDS, MPH – Outreach faculty member & IPE Leader
- Pediatric Dental Resident
- “Intraprofessional Team”:
  - Dental, dental hygiene and dental therapy students
- “Interprofessional Team”
  - Medical, Pharmacy Students; other students on occasion
Rice Dental Clinic, Willmar
“Creating an IPE Atmosphere”

• Mandatory Night in the ER of Rice Memorial Hospital
• Operating Room – Dental chair
• Pediatric Resident in OR – General anesthesia, supervision
• Service requirements during rotations
• Role of local volunteer dentists
• Role of the Minnesota Area Health Education Center
Interprofessional Collaboration Reinforcement

• New care models: Patient-centered
• The dentist as a front-line provider
  – Hypertension
  – Out-of-control diabetes
  – Disabilities/special needs
• Standards of care
• Oral health – general health: “Teams”
IPE: Opportunities for Community-Campus Partnerships linked to Health

Integrated Health care & Higher Ed System Transformation

Driving Costs Out of Systems

Community Health Outcomes

Workforce Development

Access to care

Patient Safety/Quality

Teamwork

Getting to know each other

Improved Health and Learning Outcomes
Connecting with Partners

A Dialogue about the Impact of Health Reform and Needs for Interprofessional Collaboration
Carnegie Macy Conference  
June 16-18th, 2010  
Chosen from 34 submissions  
Focus: This event
Diversity of IP Clinical Site Experience

IPE CLINICAL SITES

Veterinary Medicine
Dentistry
Public Health
Allied Health
Nursing, Medicine, Pharmacy

Work Groups
Situational Teams
High Performance Teams
Which most closely describes your current career focus?

1. Practicing health professional
2. Educator of health professionals
3. Employer of health professionals
4. Health policy / government
5. Community member / patient advocate
6. Other
Greater interprofessional collaboration is critical to solving today’s health system challenges

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree
I am knowledgeable about current Minnesota health reform law

1. Strongly Disagree
2. Disagree
3. Agree
4. Strongly Agree
“Top 10” list of interprofessional attributes...

in no particular order

1. Flexible & Adaptable
2. Humility
3. Commitment to Understanding and Practicing Team Vision
4. Mindfulness
5. Emotional Intelligence
6. Passion to making a difference
7. Cultural Responsiveness
8. Courage
9. Resiliency
10. Learning from Mistakes!!!
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<th>Rank</th>
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<th>Recent* graduates</th>
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*1 = Little demonstration of attribute, 10 = exhibits attribute to world-class level
Phase III Retreat Follow-up

- Transitions – Strengthening IPE
- Publications
- Bold engagement of AHC Deans
- Communication Strategy
- Charging a Phase III Steering Committee
- Inventory of experiential sites
Interprofessional Education: Cost versus Benefit

• Optimally finance geeks would like to perform targeted, program specific Return on Investment (ROI)

• Healthcare and education fields are full of programs where there is cost today but benefits are long term and difficult to tie down directly
Interprofessional Education: Cost versus Benefit

- Examples:
  - Reduced hospital stays: short term result
    - Hospital lose revenue
    - Insurance companies see reduced costs
    - One gets benefit, other the pain
  
- Wellness/fitness programs
  - Theoretical and apocryphal benefits
  - Difficult to correlate specifically
Interprofessional Education: Cost versus Benefit

• Interprofessional Education
  • Financially the incentives are often counterintuitive
  • Do the “right thing”
  • Increase expenses-loss money
  • Results difficult to measure

- There is no short term ROI for a dental school or related health education schools/college for interprofessional education
Interprofessional Education: Cost versus Benefit

ROI down the road (who wins)

- Reduce patient complaints (My providers don’t talk to each other)
- Patients win
- Lack of Communication leads to patient care shortcomings
- Improvements: Patient wins, insurers win, lawyers lose?

- Trend to Patient Homes? ACO
  - What is optional today may be required tomorrow!
- More efficient, more effective patient care
- More satisfied/team oriented practitioners?
One take home message:

Interprofessional Education: Mission Centric but difficult to cost justify in the short term for the educational institution
Overall

• Identify a leader (no program works without a “hero”)
  – Key to effectively managing a program, financially and operationally
  – Internally – Associate Dean for Academic Affairs
    • Time allocation but a fixed cost (we just work her harder)
  – Externally – Academic Health Center
    • Assistant Vice President- Fixed cost. We utilize what we are already paying for in our budget model
    • Area Health Education Centers (AHEC)
Overall

- Coordinate with AHEC’s
  - Statewide outreach and interprofessional network often already in place. Time allocation, no significant additional expense
  - Network of volunteers already working with health careers residency program (RPAP) and public health professionals
  - Political benefit: Statewide visibility
Overall

• Administrative Support
  – Between Outreach and Academic Affairs, time resource is estimated at 2 -3 days per week.

• Student Costs/Benefits
  – Additional opportunity to be visible in the local community through group presentations to schools and community organizations
  – No additional hard dollar costs
  – Additional scheduling burden for administrative support
Summary

• Recent health care reports and health reform intensify the pressure for IP care and education
• National efforts will make this not a question of “if” but of “when”.
• Long term benefits that are hard to quantify and determine a ROI.
• It is the right way to go