Interprofessional Education
Linking Education and Practice
Healthcare Workforce Development

Expanding Clinical Education Capacity
Through Collaboration and Technology

Clinical Rotation Management and
Compliance Education

Identification, Development and Facilitation of
IPE Clinical Education
What is IPE?
Haven’t We Been Here before?
What’s Different Today?
International and National Initiatives
Initiatives in Michigan
What is Interprofessional Education (IPE)?

“Can our graduates who do not value interprofessional working, know little about each other, may never have communicated with each other, haven’t been taught collaboration skills, and have no shared clinical experience as students be expected to practice effectively in the emerging health care system?”

Madeline Schmitt, PhD, RN, FAAN, University of Rochester, 2010
What is Interprofessional Education (IPE)?

Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

* Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community.

The goal of this interprofessional learning is to prepare all health professions students for *deliberatively working together* with the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system.


Haven’t We Been Here before?
Interprofessional / Interdisciplinary Education: First National United States Visibility

- Introduced in US in mid-late 1960’s
- First IOM report: “Educating for Health Teams” - 1972
- Committee: allied health, dentistry, medicine, nursing, pharmacy
- Significant federal funding throughout 1970s

Why hasn’t “IDE” been mainstreamed?

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Associate Vice President for Education
University of Minnesota Academic Health Center

Director, National Coordinating Center for Interprofessional Education & Collaborative Practice
“The Long and Winding Road” (Hall and Weaver, 2001)

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. . . .

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for Interprofessional Education & Collaborative Practice
Early Lack of Broad Support
Madeline Schmitt, 1994

- 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”

What is the same? What is different?

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What’s Different Today?
Health Care Delivery is Changing

ACA Implementation

• Insurance
  • Exchanges
  • Incentives
  • Penalties

• Primary Care Re-Focus

• Patient Center Medical Homes

• Population Health

• Restructuring Reimbursements – Bundled Payments
The Center's Mission

**Better health care** by improving all aspects of patient care, including Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity (the domains of quality in patient care as defined by the Institute of Medicine).

**Better health** by encouraging healthier lifestyles in the entire population, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventative care.

**Lower costs through improvement** by promoting preventative medicine, improved coordination of health care services, and by reducing waste and inefficiencies. These efforts will reduce the national cost of health care and lower out-of-pocket expenses for all Medicare, Medicaid, and CHIP beneficiaries.
Health Care Delivery is Changing

CMS Innovation Center

- Triple Aim
  - Better Health Care
  - Better Health
  - Lower Costs
- Primary Care Initiatives
- Population Health
- Accountable Care Organizations
  - Shared Savings Programs
  - Advanced Payment Models
  - Pioneer ACO Model (DMC)
- Patient Center Medical Homes
Health Care Delivery is Changing

HRSA

- Priorities
  - Health Equity
  - PC and Public Health
  - Research and Evaluation
  - Workforce
  - Collaboration
- Programs/Projects
  - Communities of Practice
  - Integrating Primary Care and Public Health
  - Center for Integrated Health Solutions (Primary and Behavioral Health)
  - AHEC
- Funded National IPE Coordinating Center
Health Care Delivery is Changing

National IPE Coordinating Center at the University of Minnesota
- $4 million dollar grant
- will promote interprofessional education and collaborative practice in health care

Foundations Provide and Additional $8.6 Million to Support and Guide National IPE Center
- John A. Hartford Foundation
- Josiah Macy, Jr. Foundation
- Robert Wood Johnson Foundation
- Gordon & Betty Moore Foundation
Health Care Delivery is Changing

Business Community is Demanding Higher Quality and Lower Cost

- IBM
- Exon Mobil
Health Care Delivery is Changing

“Health care delivered in teams is better health care. We can’t change the delivery system until we change education.” George E. Thibault, M.D., president of the Josiah Macy Jr. Foundation

“To meet the public’s health needs, health professions educators must teach and model collaborative practice and team-based models of care. While some health professions schools are making these changes, it’s not happening fast enough or broadly enough. By putting forward these competencies, we hope to accelerate efforts to transform health professions education in the United States.” Maryjoan D. Ladden, Ph.D., R.N., F.A.A.N., senior program officer at RWJF
Health Care Delivery is Changing

“This is truly a moment in history that finds alignment across disciplines in support of the new core competencies”, Lucinda L. Maine, Ph.D., R.Ph., executive vice president and CEO of the American Association of Colleges of Colleges of Pharmacy.

Advancing Interprofessional Education
Leading health educators and foundations release new core competencies and action strategies to implement them.
Published: 05/16/2011
International and National Initiatives
Interprofessional education... is an opportunity to not only change the way that we think about educating future health workers, but is an opportunity to step back and reconsider the traditional means of healthcare delivery. I think that what we’re talking about is not just a change in educational practices, but a change in the culture of medicine and health-care.

–Student Leader
World Health Organization
Framework for Action on Interprofessional Education & Collaborative Practice

Australasian Interprofessional Practice and Education Network (AIPPEN)
Canadian Interprofessional Health Collaborative (CIHC)
National Health Sciences Students’ Association in Canada (NaHSSA)
The Network: Towards Unity for Health

European Interprofessional Education Network (EIPEN)
Journal of Interprofessional Care
Nordic Interprofessional Network (NIPNet)
Centre for the Advancement of Interprofessional Education (CAIPE)
Welcome to the CIHC Website

Over the past six years, the Canadian Interprofessional Health Collaborative (CIHC) has been privileged to provide Canada and the International Community with leadership and support in interprofessional education and collaborative practice. We owe a great deal of thanks to Health Canada for their funding support over the past six years, and to the hundreds of volunteers who have contributed their time, effort and intellectual property towards making the CIHC a world-leading organization for interprofessional education and collaborative practice.

March 31st draws to a close our existing arrangement with Health Canada. Beginning April 1, 2012, the CIHC will begin a new era which will include a new governance model, board structure and for the first time, we will move forward as an incorporated, not-for-profit organization. We look forward to continuing to share our expertise on interprofessional education and collaborative practice, well into the future.
Interprofessional Education Collaborative (IPEC) - 2010

- American Dental Education Association
- American Association of Medical Colleges
- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- Association of Schools of Public Health
The goal of this interprofessional learning is to prepare all health professions students for *deliberatively working together* with the common goal of building a safer and better patient-centered and community/population oriented U.S. health care system.

Interprofessional Education Collaborative Core Competencies

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<th>Values/Ethics for Interprofessional Practice</th>
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Interprofessional Education Collaborative

• Assert values and ethics of interprofessional practice by placing the interests, dignity, and respect of patients at the center of health care delivery, and embracing the cultural diversity and differences of health care teams.
• Leverage the unique roles and responsibilities of interprofessional partners to appropriately assess and address the health care needs of patients and populations served.
• Communicate with patients, families, communities, and other health professionals in support of a team approach to preventing disease and disability, maintaining health, and treating disease.
• Perform effectively in various team roles to deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable.
• “No single profession alone can achieve the goal” of educating professionals to work collaboratively and effectively as teams, said Carol A. Aschenbrener, M.D., executive vice president of the Association of American Medical Colleges. She issued a call to heighten collaboration across disciplines to maximize the strengths that individual professions can bring to the delivery of care.

Key Challenges Moving Forward

• Institutional Level – Leadership Buy-in
• Finding Collaborators
• Logistics – Coordination of scheduling, travel etc.
• Faculty Development
• Assessment Issues – what should /can we evaluate
• Accreditation Issues
Initiatives in Michigan

Grand Valley State University
• The West Michigan Model of Interprofessional Education
• IPE Simulation Lab; nursing, physical therapy, occupational therapy, therapeutic recreation, physician assistant studies, and radiology
• Annual Conference

Ferris State University
Interprofessional Wellness Clinic: An Interprofessional Approach to Eye Care
• Optometry, Pharmacy, Nursing
• Screening, Treatment, Education

Northern Michigan IPE Collaborative
• CMU, Ferris, SVSU
• 1st Annual Conference Fall 2012

Michigan Department of Community Health
• M-SEARCH
• MI - AHEC
• Nurse Education, Practice, Quality and Retention (NEPQR)
• Center for Health Professions – E2P
Nurse Education, Practice, Quality and Retention (NEPQR)

- Three-year, interprofessional collaborative practice program funded through a grant from HRSA
- Using the model developed by GVSU, implement interprofessional rotations at health clinics in Grand Rapids, Detroit, and one undetermined location
- Convene an advisory group to disseminate the program’s findings
- Partners include the Michigan Health Council, Michigan Department of Community Health, Wayne State University, Grand Valley State University, and the Michigan Area Health Education Center
Education 2 Practice (E2P)

- Initiative to promote interprofessional principles in educational and practice settings
- Workgroups have been convening since February 2012
- Co-sponsored the 2012 Northern Michigan Interprofessional Education Conference
- Hosting a centralized interprofessional “HUB” that contains a facilitation toolkit and collection of IP resources
- Obtain buy-in for interprofessional rotations at clinical sites throughout the State of Michigan
An example of Collaborative Practice
Preparing an Inter-Professional Team to Care for Multiple Chronic Health Conditions
Why Chronic Health Conditions?

• The cost of care for people with a chronic health condition is disproportionately high.

• The cost of care for people with multiple chronic health conditions is higher still.

• People with chronic health conditions are often poor, in pain, and die prematurely.
The Chronic Care Model

Community
- Resources and Policies
- Self-Management Support

Health Systems
- Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Improved Outcomes
- Informed, Activated Patient
- Prepared, Proactive Practice Team
- Productive Interactions

Developed by The MacColl Institute
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Why an Inter-Professional Team?

• Is the Chronic Care Model the most effective approach we have to help a person manage a chronic health condition?

• Does it make sense to help a person address multiple chronic health conditions, including psychiatric conditions, together rather than in a separate program for each condition?
Purpose of the Team

To help a person manage his or her health conditions well enough so that those conditions don’t interfere with how that person wants to lead their life.
Typical Patient

- Morbid Obesity
- Osteoarthrosis
- Benign Hypertension
- Schizoaffective Disorder
- Diabetes, type 2
- Sleep Apnea
- Fybromyaglia
The Team Staff

- Internal Medicine Physician (1 FTE)
- Psychiatrist (0.5 FTE)
- Physician’s Assistant (0.5 FTE)
- Health Coach (5.5 FTE)
- Nurse (1 FTE)
- Medical Assistant (2 FTE)
- Case Manager (2 FTE)
- Peer Support/Recovery Coach (1 FTE)

- Also available:
  - Pharmacist, Dentist, Nutritionist, benefit acquisition, housing and transportation referral
Some Key Characteristics

• Unwavering attention to the Team’s Purpose.

• One E H R based treatment plan, created and used by all team members within their scope of practice.

• Every team member contributes as an equal.

• Daily huddle of the entire team to share relevant information about the day’s appointments.

• As much is done on the team as possible. Care becomes seamless, convenient, and effective for the patient.
The Learning Curve

• Get the right people.
  – Ability to act, and let others act, as equals.
  – Unwavering focus on the Purpose of the team.
  – Welcome constant change – CQI, seriously.

• Learn a new language, and maybe create one – MI is not an MI, a note is not a note, objective is not an objective, biopsychosocialwhat sit?
  – Respect for each other’s interventions.
  – Willingness to practice communication.
The Learning Curve

• So many disease states, so much to learn, so much that used to be ‘not my problem.’
  – For the care of the patient, everyone is responsible for everything.
  – Know enough about all of the conditions and their treatment so that there are no silos, no gaps, no conflicts.
  – Interventions don’t belong to just one profession.
  – Constantly learn and teach. Everyone participates in all team training.
The Learning Curve

- Learning about something is not the same as learning how to do it.
  - Start with patients. Learn the concept from the experience.
  - Training and practice are forgotten if one’s not doing it. The two are inseparable.
  - Ongoing practice under expert coaching. That means everything, from specific interventions to the language used to talk about patients. New skills need to be modeled and reinforced, sometimes over and over again.
Discussion
Questions and Answers