



# Interprofessional Education and Collaborative Practice

A National Perspective

UNIVERSITY OF MINNESOTA

National Center for



Interprofessional  
Practice and  
Education

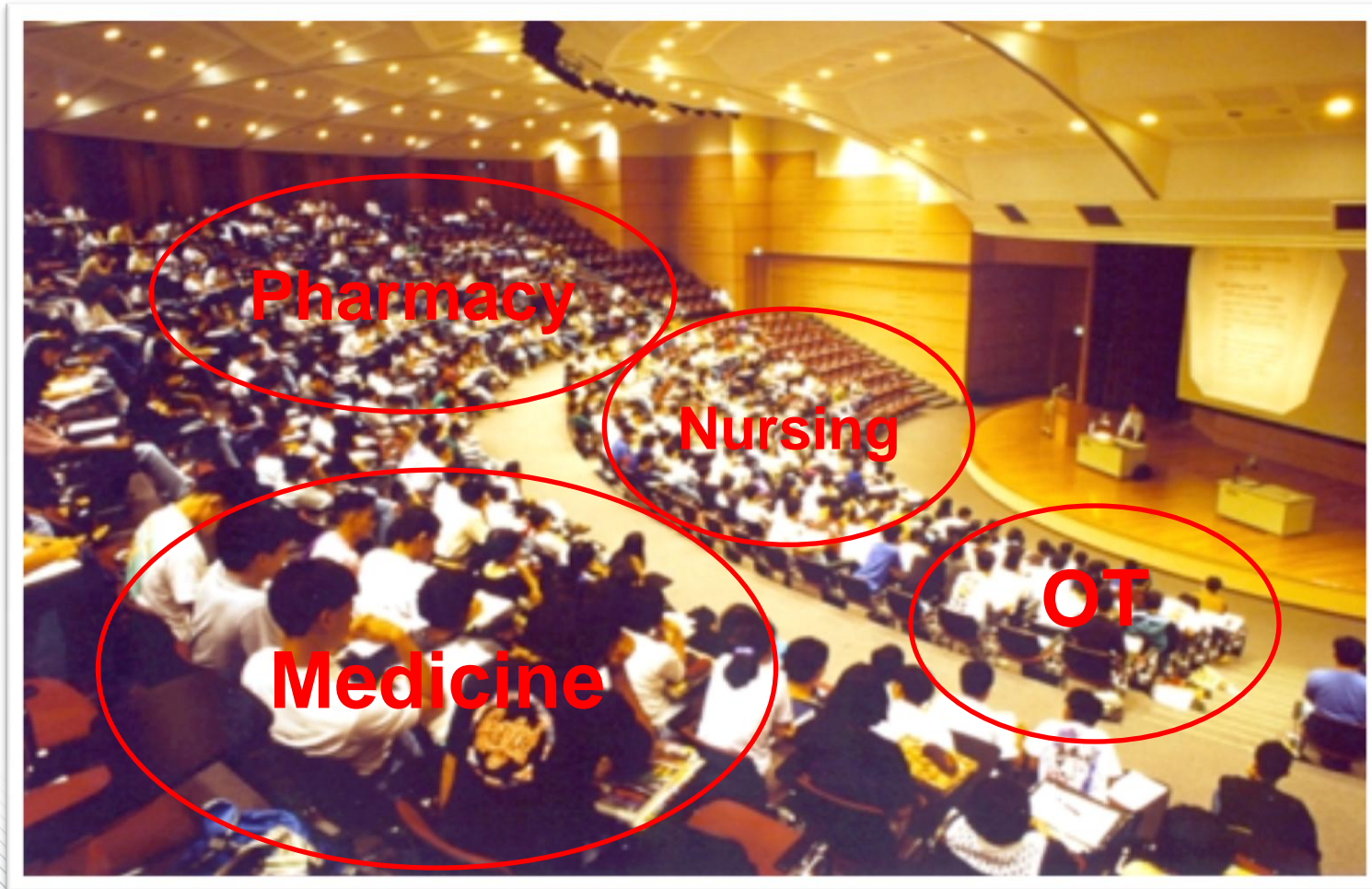
# Interprofessional Education and Collaborative Practice

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

**Interprofessional (or collaborative) care** “occurs when multiple health workers 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.”

*Framework for Action on Interprofessional Education and Collaborative Practice, WHO 2010.*

# What is *not* IPE: Shared Learning





**“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**

# Current interest in interprofessional practice and education

- Institute for Healthcare Improvement “Triple Aim”
  - Improving the patient experience of care;
  - Improving the health of populations; and
  - Reducing the per capita cost of health care.
- Collaborative practice and care coordination
- Quality, patient safety and systems improvement
- Patient Protection & Affordable Care Act
- New payment and care delivery models
- New defined competencies
- ACGME, LCME and other accreditation expectations
- Patients, families and communities

# Healthcare Trends in the 1970s and Today

## 1970s

## Today

Status of primary care



Redesign around primary care, prevention, population health

Specialization and subspecialization



Right mix of specialties? Impact of bundled payments?

Nurse practitioners, Physicians Assistants, Clinical Pharmacists



The right worker partnering with patients, families and communities. How and the who.

Little interest in processes



Patient safety, quality & systems improvement, teamwork leading to outcomes

Little evidence for teamwork



Growing evidence for teamwork, in some setting – still questions

Independent work



Growing collaboration and turf wars

Adapted from: Schmitt, M. (1994). USA: Focus on interprofessional practice, education, and research. *Journal of Interprofessional Care*, 8(1), 9 – 18.

# HRSA/Private Funders' Principles

A coordinating center for interprofessional education and collaborative practice will provide **leadership, scholarship, evidence, coordination and national visibility** to advance interprofessional education and practice as a viable and efficient health care delivery model.

# National Center Vision

We believe high-functioning teams can improve the experience, outcomes and costs of health care.

At the National Center we are advancing the way health workers, students, patients and their support systems work and learn together.





# The National Center's Goal

To provide the **leadership**, **evidence** and **resources** needed to guide the nation on the use of interprofessional education and collaborative practice (IPECP) as a way to enhance the experience of health care, improve population health and reduce the overall cost of care.

# Advancing the Field of Study

We are advancing our goal through three strategies:

- **Co-creating** and **evaluating** IPECP models that reconnect education and collaborative practice in Nexus sites across the U.S. and show the impact of this work on the Triple Aim.
- **Strengthening** and increasing the availability of evidence about the effectiveness of IPECP in achieving the Triple Aim.
- **Leading** and **facilitating** the national dialogue among stakeholders in education and health care about the effectiveness of IPECP in achieving the Triple Aim.

*Ultimately these activities will help produce the evidence needed to show the return of investment of interprofessional teams.*

# Elements of the Nexus

- Integrate clinical practice and education in new ways,
- Partner with patients, families and communities,
- Strive to achieve the Triple Aim in both health care and education (cost, quality, and populations),
- Incorporate students and residents into the interprofessional team in meaningful ways,
- Create a shared resource model to achieve goals, and
- Encourage leadership in all aspects of the partnership.



Together, we are the National Center for  
Interprofessional Practice and Education

12



**IPE:  
Opportunities for  
Community-University  
Partnerships Linked  
to Health**



**Integrated  
Health Care &  
Higher Ed System  
Transformation**



**Improved  
Health  
and  
Learning  
Outcomes**

**Driving Costs Out of Systems**

**Community Health Outcomes**

**Workforce Development**

**Access to Care**

**Patient Safety/Quality**

**Teamwork**

**Getting to Know Each Other**

Brandt, B.F. (2009). Past, Present & Future.  
Presentation to HRSA Advisory Committee on  
Community-based Interdisciplinary Linkages.

# Trends Shaping Our Work: Related to Workforce

- ✓ Little standardization and approaches to teams in the delivery system
- ✓ Disconnect between practice and education – need to reconnect
- ✓ Emerging workforce needs
- ✓ Reports about retraining costs
- ✓ In some regions, practice more advanced than education; others, the reverse
- ✓ Lack of role models for teamwork/team-based care
- ✓ Anticipation of bundled payment systems
- ✓ Health system layoffs: Is there really a shortage of anything? Or, enough but need different skill set and distribution?

# Trends Shaping Our Work: Related to Education

- ✓ Significant national implementation in education sector at curriculum level related to a number of factors
- ✓ Some recognition that education needs to focus on the Triple Aim, not just curriculum change, stimulated by the National Center
- ✓ General lack of system-wide connection between practice and education
- ✓ Non-aligned accreditation standards, creating disincentives
- ✓ Potential overproduction of health professionals, as a result of call for workforce shortages and disconnect
- ✓ Mismatch with what transforming health care sector actually needs (e.g., diversity, primary care, teams, distribution)

# What happens when practice and education leaders talk about the Nexus?

There is a growing recognition of the need to:

1. Connect education and practice in vision, leadership, structure, and 'on the ground' practice.
2. Provide credible evidence for education and practice models and pathways that affect Triple Aim outcomes.
3. Support IPECP leaders and advocates with a shared vision at local and national levels who will focus on transforming systems.
4. Improve IPECP training and clinical experiences to prepare future and current health professionals.

Based on Courageous Conversations, funded by Robert Wood Johnson Foundation, 2013-2014.

16



# IPEC Competencies

- Values & ethics for interprofessional practice
- Roles & responsibilities
- Interprofessional communication
- Teams and teamwork

# Other Needed Competencies

- Population health, including social determinants
- Patient-center decision-making
- Evidence-based decision-making
- Cost-effective practices
- Quality improvement and safe practice
- Stewardship
- Systems thinking
- Informatics

# What we do

## Across Practice and Education... and in the Nexus.

**Inform**



**Connect**



**Engage**



**Advance**

# Priority Initiatives

- ✓ Nexus Innovations Incubator Network and the National Center Data Repository
- ✓ Resource Exchange and online community
- ✓ Tools and training
- ✓ Driving national change

# National Center for Interprofessional Practice and Education

## Nexus Innovations Incubator



UNIVERSITY OF MINNESOTA

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2013 Regents of the University of Minnesota, All Rights Reserved

National Center for  Interprofessional Practice and Education



# Anatomy of an incubator

- ✓ Integrating clinical practice and education
- ✓ An intervention to impact the Triple Aim (cost, quality and population health)
- ✓ Interprofessional team involving students / residents
- ✓ Report on particular ecology
- ✓ Shared resource model
- ✓ Sign agreements
- ✓ National conversation for problem-solving, sharing resources
- ✓ Scalability
- ✓ Transportability to other environments

## The Surveys

The following table describes the baseline surveys that Incubator Members complete to begin the data-gathering process within the NCDR.

Survey	Respondents	Questions	Time to Complete
Demographics	All	6 questions creating a personal profile	<5 minutes
Network Education Survey	Lead of the Inter-professional Education initiative (with input from associated educational units)	23 questions about the interprofessional education program	15 – 20 minutes (following possible consultation with educational partners)
Network Inputs Survey	Nexus Initiative PI/Lead –With consultation from team of educational, clinical, finance, and administrative leaders engaged in implementing the Nexus initiative.	51 questions related to general financial data	15 minutes (following 1 – 2 collective hours data gathering on behalf of the team)
Network User Survey	All clinical and educational participants in the Nexus initiative (e.g., clinicians, faculty, students)	67 questions related to interprofessional education and collaborative teamwork at the clinical 'Nexus' site	12 – 15 minutes
Site Specific Project Survey	To be determined by Incubator site team in consultation with the National Center	TBD	TBD
EHR Technology Assessment	IT, QI, or informatics leadership	Overview of technology systems into which data is gathered at the site and from which data will be shared	10 – 15 minutes
IPE Readiness	Clinic providers across professions	Completed during a facilitated meeting	

# Questions we need to answer

Does interprofessional education and collaborative practice...

- ✓ Improve the Health Outcomes (Triple Aim) on an individual and population level?
- ✓ Result in improvement in educational outcomes?
- ✓ Identify ecological - environmental factors essential for achieving Health Outcomes (Triple Aim)?
- ✓ Identify factors essential for sustainability of the transformation of the process of care?
- ✓ Identify changes needed in policy, accreditation, credentialing and licensing?
- ✓ Establish the causal connection between Health Outcomes (Triple Aim), education and collaborative practice?

# Preliminary Incubator Findings

- Participating sites: 8 active sites; 14 total projects underway
- IPECP team interventions linked to Triple Aim outcomes
- Multiple areas of focus:

## ELECTRONIC HEALTH RECORDS (EHR)

**1** **Locations** – How can the EHR screen design and user training enhance collaborative care and outcomes in an intensive care unit?

## EDUCATION

**9** **Locations** – What role do teams play in improving education for patients, faculty, preceptors and/or students?

## NEW ROLES

**2** **Locations** – Does allowing individuals to practice at the top of his or her license create a positive experience for both staff and patients?

## PRIMARY CARE

**4** **Locations** – Does enhancing the team in a primary care setting improve patient outcomes?

## CARE TRANSITIONS

**5** **Locations** – Do students play a meaningful role in the transition of acute patients from one caregiver to another?

## QUALITY AND SAFETY

**4** **Locations** – Does team training, including students, improve quality and safety outcomes in clinical settings?

## CHRONIC CONDITIONS

**3** **Locations** – Can team-based education and practice help patients better manage their health?



# Preliminary Incubator Findings

Key ecologic factors for success: C-Suite inclusion in strategic plan and budget, administrative, faculty and student leadership support, existing IPE program, informatics program, evaluation plan.

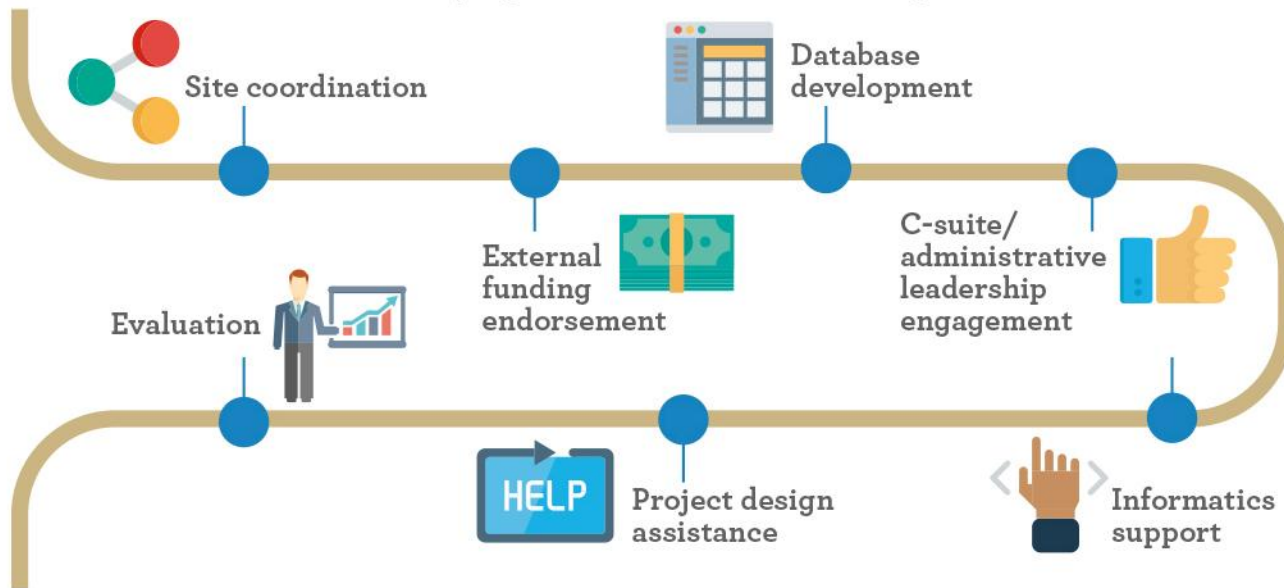
Factors that determine the ability of a location to successfully implement an IPECP program:



# Preliminary Incubator Findings

Value added by National Center: site coordination, database development, C-Suite and leadership engagement and approval, informatics and evaluation expertise, project design improvement, gaining external funding.

How the National Center is helping locations overcome challenges:



# The Resource Exchange: An On Line Community

**www.nexusipe.org is...**

- a community-supported network of information and resources for interprofessional practice and education across sectors.

**Where Anyone Can:**

- Find pertinent IPECP literature
- Find assessment/evaluation tools and how to use them
- share information showcase their experiences and accomplishments
- learn from experts
- Development of custom tools and training to address needs based on observations in the field, e.g., InSite
- connect with others with similar interests and issues.

27

# Approach to driving national change

- ✓ Inform, connect, engage, advance
- ✓ Focused on team composition training and functions, ecological success factors and Nexus success factors
- ✓ Directed at stakeholders who can make change at macro, meso, micro levels
- ✓ Outcomes to be achieved:
  - ✓ Demonstrative improvement in Triple Aim outcomes
  - ✓ Policy, regulation, accreditation and governance
  - ✓ Granting agencies connecting to National Center
- ✓ Approach developed with the Hartford Foundation

# What Are We Working On

- ✓ Leveraging the work to date to engage significantly larger numbers of thought leaders
- ✓ Partnering with major health care organizations to test and implement Nexus strategies
- ✓ Partner with influential organizations to advocate for and promote the Nexus
- ✓ Increase the number of incubator sites testing and refining interprofessional models
- ✓ Recommend models of care in interprofessional practice and education
- ✓ Influence policy and regulatory change with evidence
- ✓ Showcase stories of success to demonstrate value of the Nexus



# Where the nation will be in 2020

- High-functioning health teams are the norm, not the exception.
- Education and care delivery systems are jointly managed at the local level.
- National Center's research demonstrates what types of teams work best to improve care, outcomes and cost.
- Regulators and accreditors support interprofessional learning and practice.
- Payment models reward quality and outcomes, making team-based care necessary for the economy of the United States.
- National Center contributes to local, regional and national health by championing the value of integrated, interprofessional practice and education.



# Interprofessional Education and Collaborative Practice

A National Perspective

UNIVERSITY OF MINNESOTA

National Center for



Interprofessional  
Practice and  
Education