

Current Trends in Interprofessional Practice and Education

International Association of Medical Science Educators
February 26, 2015

UNIVERSITY OF MINNESOTA

National Center for Interprofessional Practice and Education

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Topics

- Interprofessional education and the link to collaborative practice, or interprofessional practice and education (IPE)
- History and background of IPE and CP
- What has stimulated renewed interest in IPE in the US and globally?

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The National Center: A New Model for Public-Private Partnership

The National Center for Interprofessional Practice and Education is supported by a **Health Resources and Services Administration \$4M, five year Cooperative Agreement Award No. UE5HP25067.**

In addition, the **Josiah Macy Jr. Foundation**, the **Robert Wood Johnson Foundation (RWJF)**, and the **Gordon and Betty Moore Foundation** have collectively committed funding in grants over five years to support and guide the center, which provides leadership, scholarship, evidence, coordination and national visibility to advance interprofessional education and practice as a viable and efficient health care delivery model.

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Funder Perspectives



A ROADMAP FOR Patient - Family Engagement in Healthcare
Practice and Research

MOORE AIR

HRSA

Building a Culture of Health Robert Wood Johnson Foundation

CONFERENCE RECOMMENDATIONS
April 1, 2013 - Boston, MA

Partnering with Patients, Families, and Communities: An Urgent Imperative for Health Care
Recommendations from the Macy Foundation Conference on Patients and Communities: Linking Practice and Education

Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign
Proceedings of an International Meeting
March 14-16, 2012 - New Haven, CT, USA

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HRSA Principles

June 1, 2012 Funding Opportunity Announcement

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.

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Points to ponder

What is “interprofessional education and collaborative practice”?

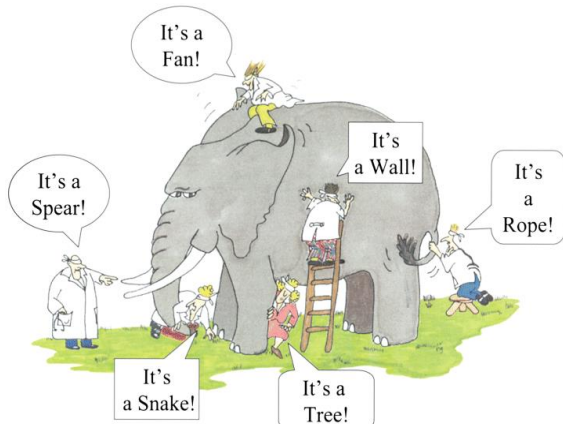
What are your experiences with IPECP?

Why should we care about IPECP?

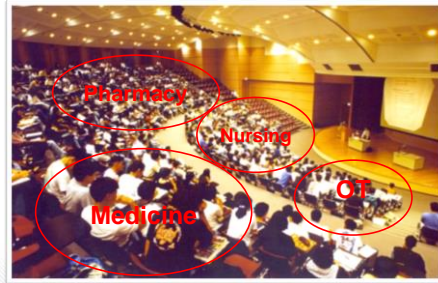
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What is *not* IPE: Shared Learning



Interprofessional Education and Collaborative Practice

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

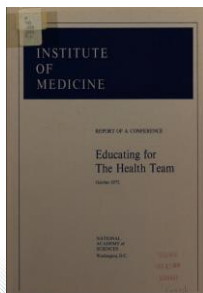
Interprofessional (or collaborative) care “occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

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

IPE Pedagogy / Andragogy

- ✓ Strategies focused on how adults learn
- ✓ Interactive and learning in interprofessional groups
- ✓ Collaborative learning
- ✓ Facilitated learning – roles for mentors
- ✓ Reflective learning
- ✓ Ideally, problem focused and related to collaborative practice
- ✓ Role of simulations
- ✓ Cognitive science and learning theory

Welcome to the 40-Year Old “New” Field

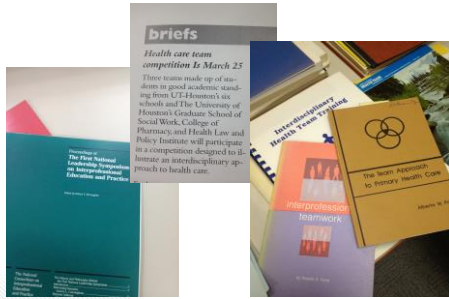


At the administrative level...

...academic health centers must recognize an obligation to engage in interdisciplinary education and patient care, and regional consortia of health professional schools not otherwise associated with academic health centers should be formed to foster educational teamwork;

...methods must be developed within institutions to relate interdisciplinary education to the practical requirements of health care.

Dr. Dewitt “Bud” Baldwin’s ACGME Office



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Cycles of interest in IP Teams

- ✓ Rehabilitation
- ✓ Mental health
- ✓ Comprehensive care in chronic illness
- ✓ Primary care
- ✓ Rural health
- ✓ Geriatrics
- ✓ Hospice and palliative care
- ✓ Renal teams
- ✓ Intensive care
- ✓ Transplant teams

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In the US, 1970s – 2000: Lack of Broad Support

- ✓ “Status” of primary care and underserved populations – not a locus of power in Medicine
- ✓ Era of specialization and sub-specialization
- ✓ Little interest in care delivery processes
- ✓ New roles and controversies: Nurse practitioners, physician assistants, clinical pharmacists
- ✓ Lack of evidence for team-based outcomes
- ✓ Lack of incentives: physicians reimbursed; teams and/or other professionals rarely
- ✓ Considerable independent work

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Global Resurgence for IPECP

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THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

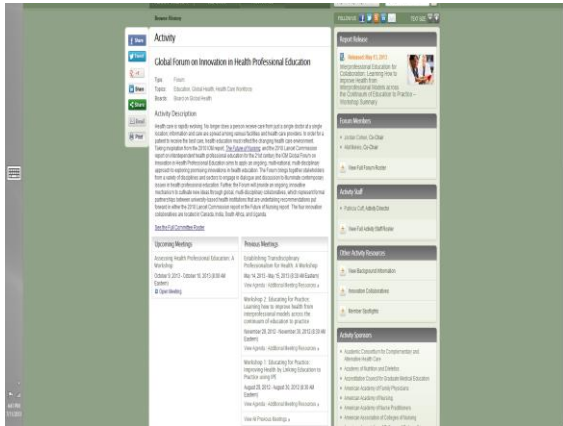


Julio Frank*, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yong Ke, Patrick Kelly, Barry Kistnasamy, Afif Meleis, David Naylor, Ariel Pablos-Mendez, Sarah Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk

Global Background and Resurgence

- 1987: Centre for the Advancement of Interprofessional Education (UK)
- 1997: All Together Better Health conferences
- 1999- 2003: IOM Triology
- 2003-4: Health Canada investments
- 2005: Canadian Interprofessional Health Collaborative
- 2007: Collaborating Across Borders conferences
- 2010: WHO Framework for Action, IPEC Competences (US), and the “Lancet” Report
- 2012: Institute of Medicine Global Forum
- 2012: National Center for Interprofessional Education
- 2012: Global Research Interprofessional Network
- 2014: World Coordinating Committee (AIHC, AIPPEN, CAIPE, CIHC, EIPEN, JAIFE & JIPWEN, NIPNET)

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Current US interest

- 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
- ACME, LCME and other accreditation expectations
- Patients, families and communities

The US IPE scene since 2010



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

Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign

Josiah Macy Jr. Foundation

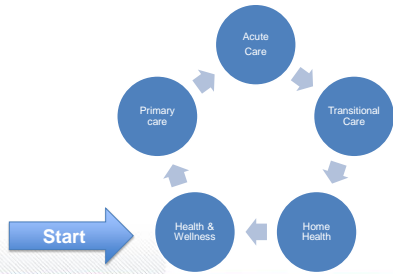
1. Engage patients, families and communities in the design of education
2. Accelerate the design, implementation and evaluation of innovative models to link education and collaborative practice
3. Reform education and life-long development of health professional to incorporate interprofessional education and collaborative practice
4. Revise professional regulatory standards and practices to promote interprofessional education and collaborative practice
5. Realign existing resources to establish and sustain the linkage between interprofessional education and collaborative practice

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*, 9(1), 9 – 18.

Everyone is on the team, including patients, families and communities.

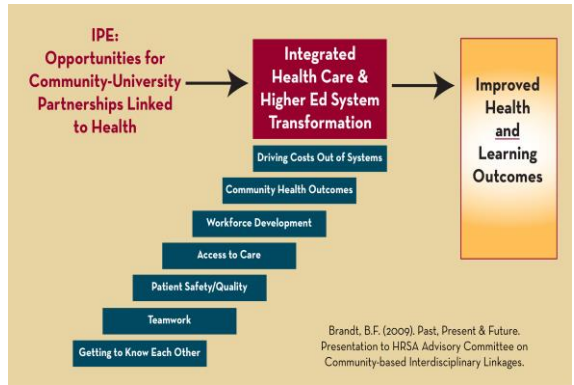


Emerging Workforce

- Integrating care models:
- oral health and nurse practitioners and PAs
 - mental health and primary care
 - public health and primary care
 - family medicine and pharmacy
- Care coordinators: Patient navigators
- Informatics specialists
- Community health workers
- Health coaching
- Genetic counseling
- Ethics clinicians
- Public health skills
- Integrated health and complimentary alternative medicine

Example: Medical Assistant

- ✓ Expanding responsibilities in primary care
- ✓ Patient panel management: gaps in care and prevention
- ✓ Pre-visit chart review – flagging overdue services
- ✓ Contacting patients
- ✓ Health coaching
- ✓ Leading team huddles



The National Center Vision

Transformed Health System: *Our Vision*



Our Goals:

- Improved quality of experience for people, families, communities and learners
- Shared responsibility for achieving health outcomes and improving education
- Reduced cost and added value in health care delivery and education



New Nexus

Working together to transform education to keep pace with the rapidly transforming processes of care

Creating a closed loop model for continuous improvement of the delivery of health care

Working collaboratively to achieve the Triple Aim in both health care and higher education: cost, quality and the user experience

IAMSE Future Webinars

March 5	"Collaborative Professional Formation: Sharing Values in Interprofessional Education"	Lisa Day
March 12	"Going Big: Integrating IPE Across a Large Health Sciences Campus"	Alan Dow
March 19	"Designing, Implementing, and Evaluating Continuing Interprofessional Education (CIPE) Activities Using a Systematic Planning Process"	John Owen
March 26	"Transforming Health Disparities Through Interprofessional Education, Research and Service"	Memoona Hasnain



www.nexusipe.org

Learn about biomedical health informatics
 Take a free online course to learn how the field of biomedical health informatics (BHI) is improving safety, outcomes, and efficiency in health care.

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Questions?