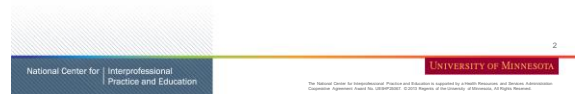


## Topics

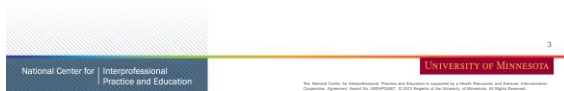
- Interprofessional education and the link to collaborative practice, or interprofessional practice and education (IPE)
- History and background of IPE and CP
- What has stimulated renewed interest in IPE in the US and globally?



## 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.



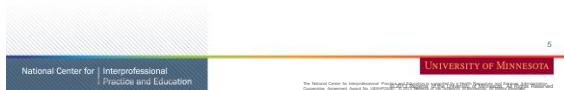
## Funder Perspectives



## 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.



## Points to ponder

What is "interprofessional education and collaborative practice"?

What are your experiences with IPECP?

Why should we care about IPECP?





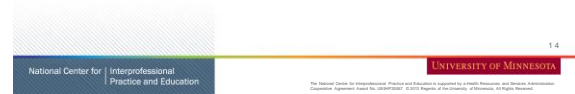
## Dr. Dewitt “Bud” Baldwin’s ACGME Office



13

## Cycles of interest in IP Teams

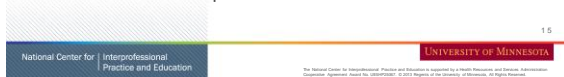
- ✓ Rehabilitation
- ✓ Mental health
- ✓ Comprehensive care in chronic illness
- ✓ Primary care
- ✓ Rural health
- ✓ Geriatrics
- ✓ Hospice and palliative care
- ✓ Renal teams
- ✓ Intensive care
- ✓ Transplant teams



14

## 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



15

## Global Resurgence for IPECP



16



## THE LANCET

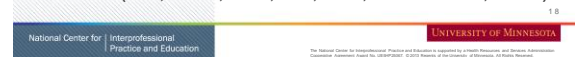
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world



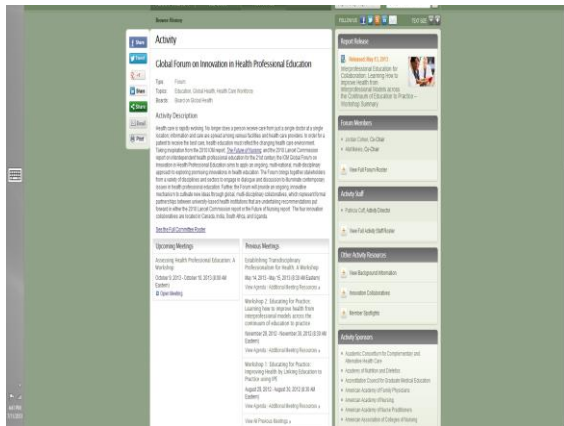
Julio Frank\*, Lincoln Chen\*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Servadea, Huda Zureyk

## 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, JAIBE & JIPWEN, NIPNET)



18



## 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

20

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## The US IPE scene since 2010



22

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## 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

22

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### 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

23

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## Healthcare Trends in the 1970s and Today

### 1970s

Status of primary care  
Specialization and subspecialization  
Nurse practitioners, Physicians Assistants, Clinical Pharmacists  
Little interest in processes  
Little evidence for teamwork  
Independent work

### Today

➡ Redesign around primary care, prevention, population health  
➡ Right mix of specialties? Impact of bundled payments?  
➡ The right worker partnering with patients, families and communities. How and the who.  
➡ Patient safety, quality & systems improvement, teamwork leading to outcomes  
➡ Growing evidence for teamwork, in some setting – still questions  
➡ 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.

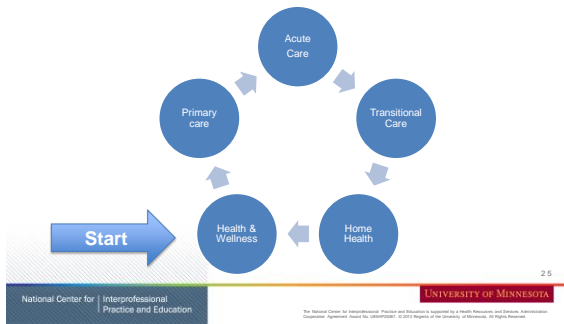
24

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## 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

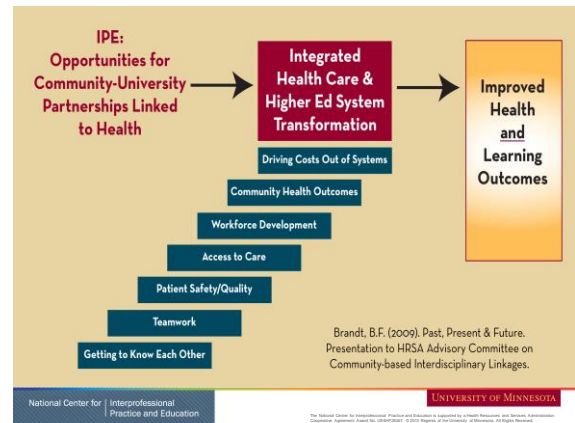
Ethics clinicians

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

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31

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## Questions?

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