




Opportunities, Challenges and Obligations in Interprofessional Health Care Education

Atlanta, Georgia
September 12, 2012

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President

Where is health care delivery going?

- Population health
- Bundled payments
- Increasing emphasis on ambulatory care
- Emphasis on safety
- Financial penalties for poor outcomes

Why Interprofessional Education and Practice?

Safety and Quality

- All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.

Institute of Medicine. Health Professions Education: A Bridge to Quality; 2003.

Working Team Models for Chronic Conditions in the Ambulatory Setting

•Patients are Partners/Team Members

- Provider Teams: Pharmacists, Nurse Care Managers, Social Workers, Nurse Practitioners, Health Educators, Physical Therapists, Physicians Assistants, Physicians….
- In some, nurse practitioners or pharmacists are focal point of care team
- "The physician: works with nurse care manager, pharmacist or other professional to manage serious conditions in a collegial way". Provides hospital care when required. Stays current on science relevant to practice
- Every member has a role to play/brings distinct skills and perspectives.

Lawrence DA. From Chaos to Care…The Promise of Team Based Medicine. 2002

Teamwork: Considerations

- Definition: two or more individuals, each with specific roles, working toward a common goal with concrete boundaries.

- Team training: strategies and instructional methodologies to
  - increase members knowledge, skills and attitudes in effective communication, coordination, and leadership
  - provide opportunities to gain experience using these tools

- Health care teams
  - membership and size are fluid
  - organized by patient population; disease type; delivery setting

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From Weaver ST et al. The anatomy of health care team training and the state of practice: a critical review. Acad Med. 2010: 85: 1746-60.

Organizational Requirements in the Ambulatory Setting

- Provide infrastructure for teams to work
  - Information Systems
  - Links to Community Support Systems
  - Opportunities for team members to learn from one another

Lawrence DL. From Chaos to Care. 2002

Patients with chronic illnesses receiving care from a health care team….

- Make fewer ED visits compared to traditional care
- Suffer fewer complications
- Are hospitalized less frequently
- Are better able to work/maintain activities of daily living
- Have greater confidence in their ability to manage their illnesses
- Feel more secure in the care they receive

Lawrence, DA. From Chaos to Care-The Promise of Team-Based Medicine. 2002

When team-based healthcare delivery works well, it:

- improves the quality of care
- focuses on the needs of service users and careers
- encourages professions to learn with, from and about each other
- respects the integrity and contribution of each profession
- enhances practice within professions
- increases professional satisfaction

CAIPE (the UK Centre for the Advancement of Interprofessional Education)

Rigorous Studies of Efficacy

Interprofessional education: effects on professional practice and health care outcomes (Review) Cochrane Collaboration®

- Controlled studies evaluating effects of IPE (n=6 from 1999-2006)
- Improved team function and provided care (n=4)
    - •Working culture in an ED and patient satisfaction
    - •Decreased errors in an ED
    - •Improved care delivered to domestic violence victims
    - •Improved provider knowledge and skills in caring for psychiatric patients
- No benefit (n=2)

Reeves S et al. Cochrane Collaboration (Review). 2009

Needed Research

-Types of studies
- Randomized controlled trials
- Controlled before and after studies

- Types of interventions
- Interprofessional education – interactive learning with active participation and exchange

Reeves S et al. Cochrane Collaboration (Review). 2009

Needed Research (continued)

-Types of outcome measures

- Health status measures
- Disease incidence
- Duration or cure rates
- Mortality; complications; readmissions
- Adherence rates
- Satisfaction; continuity of care
- Use of resources
- Health care process measures – skills development; changes in practice style; teamwork

Reeves S et al. Cochrane Collaboration (Review). 2009

Interprofessional Education Defined

- Occasions when two or more professions learn from and about each other to improve collaboration and quality of care.
- Occasions when students in one health profession are taught by faculty from more than one profession.

Currently, teamwork is not a primary focus of most health professions education programs around the country. Regardless of the health profession – medicine, nursing, pharmacy, social work, dentistry, etc. – students are taught to function independently and usually learn in silos.

The Carnegie Foundation for the Advancement of Teaching – Conference Summary. Palo Alto, California. 2010

Where Have We Been?

1960's -- 70's – First "Wave"

1978 -- WHO formally acknowledges the need for interprofessional education in primary care.

1988 -- WHO releases a technical report on the need for 'multiprofessional' health education.

1998 -- PEW Health Professions Commission proposes realignment of health care professions education in the United States to reflect the interprofessional nature of health care delivery.

2000 -- Canadian government promotes interprofessional education in health care.

2001 -- Institute of Medicine issues *Crossing the Quality Chasm: A New Health System for the 21st Century* specifically identifies interprofessional education to promote cooperation and strengthen the workforce.

2008 -- American Association of Colleges of Nursing formally acknowledges the importance of interprofessional education, pre-licensure.

2010 – Core Competencies Expert Panel

Aligning for IPE

AAMC

American Association of Colleges of Nursing

American Association of Colleges of Osteopathic Medicine

American Association of Colleges of Pharmacy

American Dental Education Association

Association of Schools of Public Health

From Aschenbrener, C. 2010
AAMC, Annual Meeting

Core Competencies Expert Panel

Charge: recommend a set of foundational core competencies for interprofessional collaborative practice appropriate to the pre-licensure learner

- Two appointed from each association
- Chair: Madeline Schmitt, Ph.D.
- Build on existing work by others
- Met in March 2010
- Report issued spring 2011

From Aschenbrener, C. 2010
AAMC, Annual Meeting

IPE Collaborative

Agreement January 2009 to work together to:

•Foster a common vision for team-based care

•Promote efforts to reform health care delivery and financing consonant with that vision

•Contribute to development of leaders and resources for substantive interprofessional learning

•Core competencies expert panel report 2011

From Aschenbrener, C. 2010
AAMC, Annual Meeting

Where Have We Been: International Perspective

2010 – 2011 – Promotion of interprofessional and transprofessional education that breaks down professional silos while enhancing collaborative and non-hierarchical relationship in effective teams.

Lancet Commission: Education of health professionals in the 21st Century. Lancet, December 4, 2010.

Barriers to Interprofessional Education

- Individual Guilds
- The University Structure
- The Regulatory Environment
- The Health System

Steven Wartman, MD, Ph.D., AAHC

Barriers

- Individual Guilds

  "Nurses [pharmacists] are not doctors – if they want to act like doctors they should have gone to medical school"

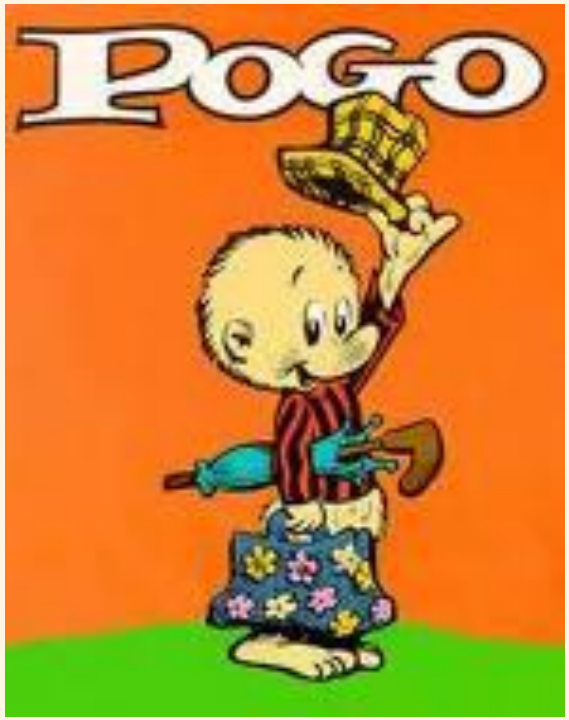
"A Respected Physician"

Barriers

- University Structure

  We organize in silos and do not routinely teach our students to work in teams

Barriers



- The Regulatory Environment

  "we have met the enemy and they are us"

Walt Kelly

Barriers

- The Health System

The market doesn’t pay for interprofessionalism

Or

He who has the gold makes the rules

Preparing Clinicians for Collaborative Care

Reinforcing Factors

- Some evidence for improved outcomes
- Concern about patient safety
- Access to care
- Workforce shortages
- Growing collaborations among educators
- Changing values among healthcare professionals

Restraining Factors

- Different calendars, levels
- Dense, packed curricula
- Finance and reward systems in academe are disincentives
- Assessment issues
- Paucity of prepared faculty
- Deeply entrenched cultural models of professional roles

From Aschenbrener, C. 2010
AAMC, Annual Meeting

University of Kentucky Center for the Advancement of Interprofessional HealthCare (CAIHC)

CURRICULAR ACTIVITIES

- Dean's Interprofessional Honors Colloquium
  - Childhood obesity (2008-09)
  - HIV/AIDS (2009-10)

- Interprofessional Community-Based/AHEC
  - One-week IPE modules
    (eg. quality/safety improvement)
  - Includes medicine, PA, Pharmacy, Physical Therapy

- Introduction to Health Systems course

- Interprofessional simulation and standardized patient exercises
  - Pharmacy (3rd yr.), Medicine (2nd yr.), case-based

University of Kentucky CAIHC

Co-Curricular Activities

- Clarion competition
- Leadership Legacy Program
  - Designed to complement formal curriculum by enhancing leadership skills and team building, effective communication, negotiation and problem-solving

  - Others designed by students
    - Quality and safety
    - Electronic health records

FACULTY DEVELOPMENT

- IPE Journal club

IPE Taskforce – University of Maryland

Educating for Practice Design and Management

Family medicine residents in Colorado residency programs are taught “how you put together your team so the people you have available are practicing at the top of their license, communicate well, and collectively create a practice that continuously measures and improves its level of quality.”

DeGruy F. in Okie S. The evolving primary care physician. NEJM 366:20, 2012.

PRESIDENT'S CLINIC

Truly Collaborative Practice

- Trust/Respect
- Team effort – interdisciplinary (not supervision)
- Complementary practice
  - Similar practice styles
  - Communicate person-to-person with the patient in the office setting
  - Shared vision
- Reciprocal consultation
  - Sharing knowledge, expertise and information
  - Exchange of ideas
  - Goals of treatment

PRESIDENT'S CLINIC

Assessment – University of Maryland

- Changes in attitudes toward interprofessionalism
- Readiness for interprofessional learning scale
- Pre- and post- test format online using survey monkey platform
- But attitude change, while important, is not a measure of competence

Assessment

"The true import of interprofessional educational techniques on student learning and retention, particularly as measured by the quality of patient care they subsequently deliver, has yet to be measured."

Smith KM et al. Interprofessional education in six US colleges of pharmacy. Am J Pharm Educ. 2009; 73:61.

EARLY REPORT
From the President's Clinic

I was a little wary when I first heard I would be attending the inter-professional clinic. I was concerned I would not learn as much about Peds GI, with all of the other people around: I was worried I'd lose focus on medicine amongst the crowd of non-physicians. But, in fact I learned a great deal of medicine! And I learned even more about the other professions – which is something one could never learn from a textbook. I think all students should have the opportunity to work in an inter-professional setting such as this one.

Third Year Student
UM School of Medicine

From a President's Clinic "Alumnus"

"That service really needs a pharmacist!"

Third Year Student
UM School of Medicine