



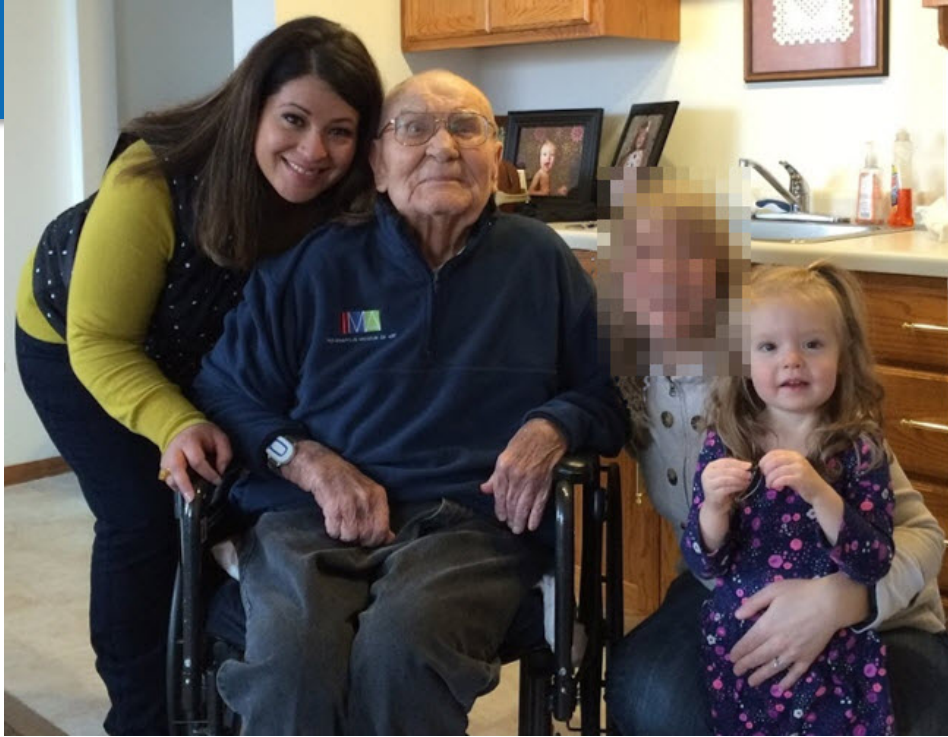
NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION

Council on Social Work Education

November 3, 2016

MEMO TO SOCIAL WORK: IT'S ABOUT COLLABORATION AND THE REDESIGN

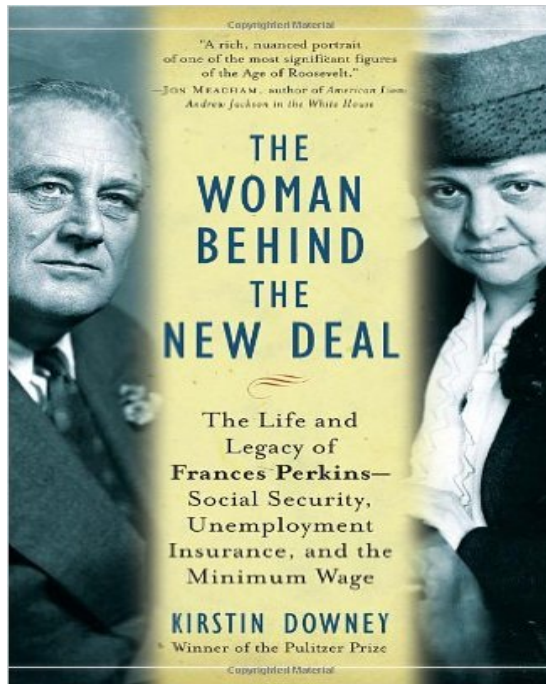
Barbara F. Brandt, PhD, Director
Associate Vice President for Education



My Heroes



Jane Addams and



Frances Perkins!



100 Year Old Mental Models



Is Social Work a Profession?

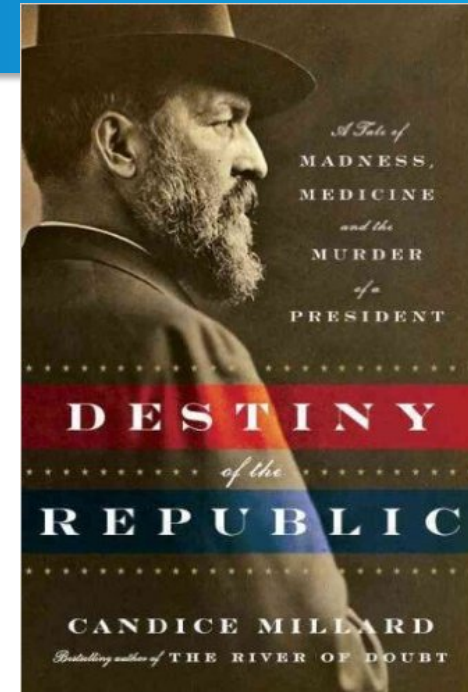
Abraham Flexner

General Education Board, New York City

Before beginning to consider whether social work is or is not a profession, I must confess a very genuine doubt as to my competency to undertake the discussion. My acquaintance with social work, with the literature of social work, and with social workers is distinctly limited—far too much so. Hence, if the conclusions that I have reached seem to you unsound or academic, I beg you to understand that I should not be disposed to press them.

The word profession or professional may be loosely or strictly used. In its broadest significance, it is simply the opposite of the word *amateur*. A person is in this sense a professional if his entire time is devoted to an activity, as against one who is only transiently or provisionally so engaged. The professional nurse, baseball player, dancer, and cook thus earn a livelihood by concentrating their entire attention on their respective vocations and expect to go on doing so; whereas the amateur nurse enlists only for the duration of the war, or the amateur baseball player, during youth or college life. Social work is from this point of view a profession for those who make a full-time job of it; it is not a profession for those who incidentally contribute part of themselves to active philanthropy.

However, I have not been asked to decide whether social work is a full-time or part-time occupation, whether, in a word, it is a professional or amateur occupation. I assume that every difficult occupation requires the



Topics

- **Powerful forces leading to health systems redesign**
- **Implications for interprofessional practice and education**
- **Today's social determinants of health**
- **Memo to Social Work**



I've learned about social work from these people:

University of North Carolina – Chapel Hill

Erin Fraher, PhD, MPP, Assistant Professor, Departments of Family Medicine and Surgery, Director, Program on Health Workforce Research & Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina-Chapel Hill

Lisa de Saxe Zerden, PhD, Clinical Associate Professor, Senior Associate Dean for MSW Education School of Social Work

University of New England

Shelley Cohen Konrad, PhD, LCSW, FNAP, Director of Social Work Education and Director of Interprofessional Education Collaborative

University of Utah

Marilyn K. Luptak, PhD, MSW Associate Professor and Chair, Aging in Social Work Concentration Associate Director for Research, WD Goodwill Initiatives on Aging College of Social Work – University of Utah

Arizona State University

Teri Kennedy, PhD, MSW, LCSW, ACSW; Director, Office of Gerontological Social Work Initiatives & Core Faculty Arizona Geriatric Education Center (The University of Arizona); School of Social Work, College of Public Programs Downtown Phoenix Campus & Tucson Component

University of Minnesota

All social work faculty over the years

Council on Social Work Education

Darla Spence Coffey, MSW, PhD; President and Chief Executive Officer

Un-named social work daughter



The National Center for Interprofessional Practice and Education



National Center Vision

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

National Center for Interprofessional Practice and Education is studying and advancing the way stakeholders in health work and learn together.

National Center Funders

Health Resources and Services Administration Cooperative Agreement
Award No. UE5HP25067

Robert Wood Johnson Foundation

Gordon and Betty Moore Foundation

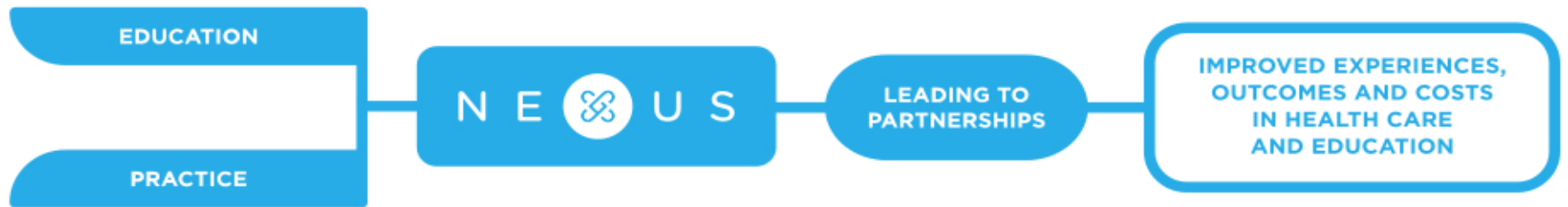
Josiah Macy Jr. Foundation

John A. Hartford Foundation



The Nexus: Our Vision for Health

nexusipe.org



Triple Aim of Alignment

Improving quality of experience for patients, families, communities and learners

Sharing responsibility for achieving health outcomes and improved learning

Reducing cost and adding value in health care delivery and education



Interprofessional Education and Collaborative Practice

The “New IPE” – Interprofessional Practice and Education

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

Interprofessional, collaborative practice “occurs when multiple health workers **and students** 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.”

Adapted from:

The Centre for the Advancement of Interprofessional Education, UK, 1987

World Health Organization, Framework for Action on Interprofessional Education and Collaborative Practice, 2010.



Transforming health care delivery system and driving forces



Practice Game-Changers:

What are the key characteristics of “new” models of care?

- Goal: provide patients with more comprehensive, accessible, coordinated and high quality care at lower costs
- Emphasis on primary, preventive and “upstream” care
- Care is integrated between:
 - primary care, medical sub-specialties, home health agencies and nursing homes
 - health care system and community-based social services
- EHRs used to monitor patient and population health—increased use of data for risk-stratification and hot spotting
- Interventions focused at both patient- and population-level
- Move toward “risk-based” and “value-based” payment models

Interprofessional Education and Collaborative Practice:

Field

The screenshot shows the top of a news article on The Washington Post website. The article is titled "Researchers: Medical errors now third leading cause of death in United States" and is categorized under "To Your Health". The author is Ariana Eunjung Cha, dated May 3. A large blue rectangular overlay is placed over the middle of the page, containing the text "Everything old is new again." in white, bold font. Below the overlay, the article's content is partially visible, including a photo of a medical monitor showing vital signs (105/69, (82), Mean 101) and a snippet of text about Alabama's top judge. To the right, a sidebar titled "Report Releases" lists various topics like "Empowering Women and Strengthening Health Systems and Services" and "Building Health Workforces". At the bottom of the page, there are several smaller images and text boxes, including one for "Student membership of CAIPE" and another for "HEALTH PROFESSIONS EDUCATION A BRIDGE TO QUALITY".

Everything old is new again.

- 3. Interprofessional Communication
- 4. Teams and Teamwork



Public

Social dete
grow, work
the conditi
policies, de
and politica
differences
between co

Robert W

RWJF H

Bu

Our

as w

know

Editorial

Discrimination and interprofessional care

Interprofessional care is increasingly coming of age—but not quite. This issue seeks to fill some gaps. In looking at the ground covered, firstly, ever more diploma, degree and postgraduate studies in further and higher education are featuring shared learning and interprofessional studies (Lucas, 1990; Storrie, 1992). The numbers of course representatives from Britain who have attended and given papers at the last two annual EMPE (European Network for Development of Multiprofessional Education in Health Sciences) conferences in Finland (1992) and in Poland (1993) also reflect growing interest and support for multiprofessional approaches.

Secondly, in recent years, more and more publications and studies have appeared on specific aspects of consultation, teamwork and collaboration within an interprofessional context (for example: Steinberg, 1989; White, 1989; McGrath, 1991; Gregson, Cartlidge & Bond, 1991; Leedham & Wistow, 1992; Henwood, 1992). Others appear in the Quiz later. In the course of 1994–95 at least three major publications are to appear which feature interprofessional work as a central theme (from Routledge: *Going Inter-Professional: Working Together for Health and Welfare* which I am editing; Macmillan is publishing *Interprofessional Issues in Health and Community Care* edited by Pat Owens, John Carrier & John Horder for CAIPE (the National Centre for the Advancement of Interprofessional Education in Primary Health and Community Care); and Keith Soothill & Lesley Mackay are editing *Interprofessional Relations in Health Care: Learning and Working* for Heinemann.

Government policy has also made a third and major impact by putting pressure on organisations and authorities to work together with the *Health of the Nation* (DH, 1992) programme through healthy alliances. Then again, the Department of Health has led the initiative in *Working Together* (DH, 1991) by providing a guide to arrangements for inter-agency co-operation for the protection of children from abuse. Furthermore, the impact of the 1990 National Health Service and Community Care Act has had far-reaching effects on the health and personal social services towards joint working, joint planning, joint commissioning and joint purchasing, through the force of market competition amongst other factors.

e are born,
stems shaping
e economic
social policies,
dable
ies and

ure

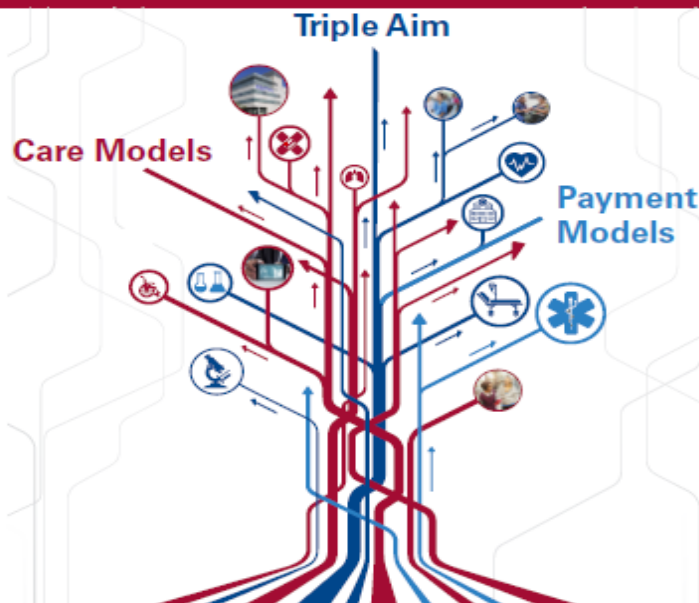
2016

INALS
SS THE
IANTS
HEALTH



What will be the impact on workforce of HHS Secretary Burwell's announcement on value-based payment goals and M...

CARE AND PAYMENT MODELS TO ACHIEVE THE TRIPLE AIM



Report produced by the AHA Committee on Research and Committee on Performance Improvement - 2016



AND JOURNAL of MEDICINE

Perspective

Payment Goals — HHS Efforts to Improve

able Care Act (ACA) has ex- coverage and made it af- Americans, we have the op- way care is delivered and

se- across settings, and greater at- tion by providers to popula- tion health; and harnessing the power of information to improve care for patients.

As we work to build a health care system that delivers better care, that is smarter about how dollars are spent, and that makes people healthier, we are identifying metrics for managing and tracking our progress. A majority of Medicare fee-for-service payments already have a link to quality or value. Our goal is to have 85% of all Medicare fee-for-service payments tied to quality or value by 2016, and 90% by

2018. Perhaps even more important, our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018. Alternative payment models include accountable care organizations (ACOs) and bundled-payment arrangements under which health care providers are accountable for the quality and cost of the care they deliver to patients. This is the first time in the history of the program that explicit goals for alternative payment models and value-based payments have been set for Medicare. Changes assessed by these metrics will mark our progress in the near term, and we are engaging state Medicaid programs and private payers in efforts to make further progress toward

N ENGL J MED NEM.ORG

New England Journal of Medicine
JCVCS on February 16, 2015. For personal use only. No other uses without permission.
Massachusetts Medical Society. All rights reserved.

Principles:

Incentives to m... care

Alternative pay...

Greater teamw...

More effective... of providers ac...

Greater attentio...

Harness the po... improve care f...



MACRA: What is it?

The **Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** is:

- Bipartisan legislation **repealing** the Sustainable Growth Rate (SGR) Formula
- Changes how Medicare **rewards** clinicians for **value** over volume
- Created **Merit-Based Incentive Payments System (MIPS)** that streamlines three previously separate payment programs:

Physician Quality
Reporting Program
(PQRS)

Value-Based Payment
Modifier

Medicare EHR
Incentive Program

- Provides **bonus payments** for participation in **eligible alternative payment models (APMs)**

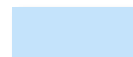
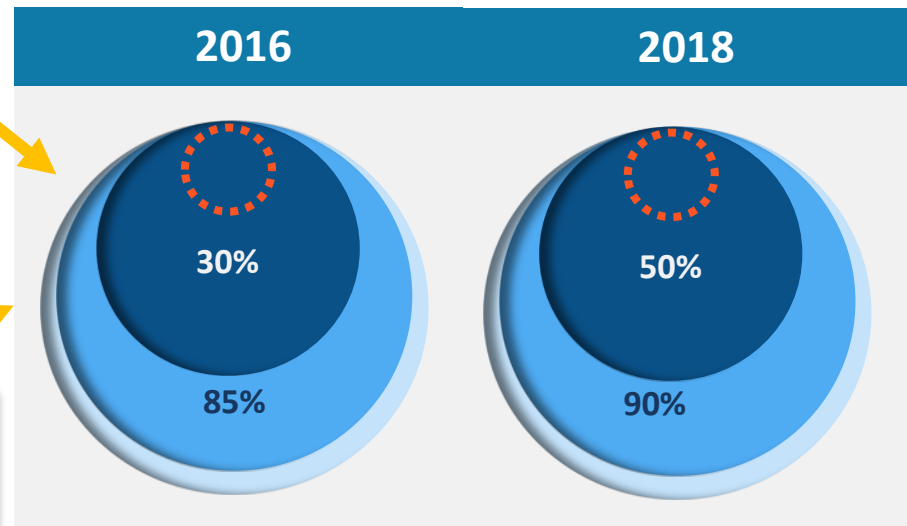
Used with permission from CMS Innovation and Health Care Delivery System Reform, a January 2016 presentation by Rahul Rajkumar, Deputy Director, Center for Medicare and Medicaid Innovation

How MACRA gets us closer to meeting HHS payment reform goals

The Merit-based Incentive Payment System helps to link **fee-for-service payments** to quality and value.

The law also provides incentives for **participation in Alternative Payment Models** via the bonus payment for Qualifying APM Participants (QPs) and favorable scoring in MIPS for APM participants who are not QPs.

New HHS Goals:



All Medicare fee-for-service (FFS) payments (Categories 1-4)



Medicare FFS payments **linked to quality and value** (Categories 2-4)



Medicare payments linked to quality and value **via APMs** (Categories 3-4)



Medicare payments to QPs in eligible APMs under MACRA



Practice Game Changers: Disruptive Innovations

Example: Medical Assistants

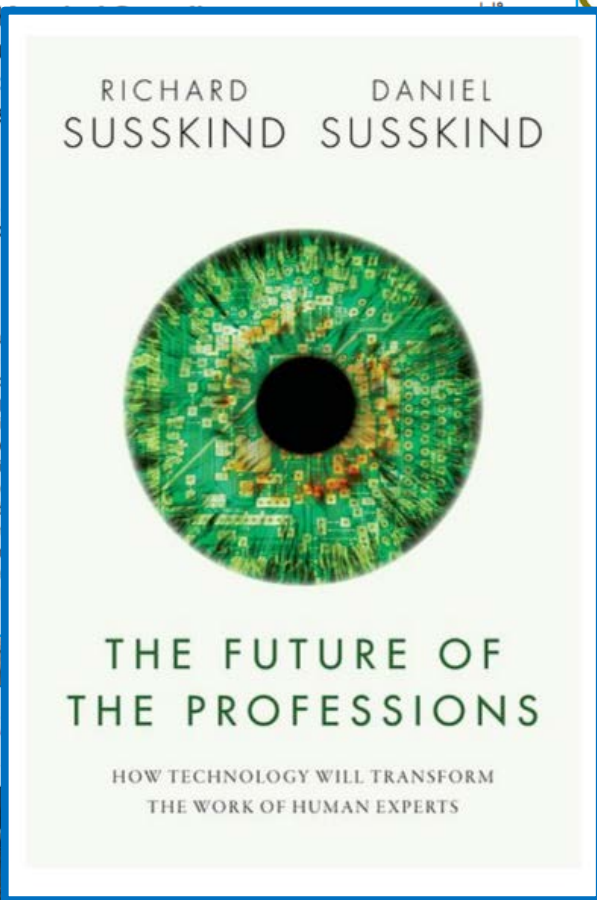
- ✓ Expanding responsibilities in primary care
- ✓ Patient panel management: gaps in care and prevention
- ✓ Pre-visit chart review – flagging overdue services
- ✓ Contacting patients
- ✓ Placing patients in rooms with specific tasks
- ✓ Health coaching
- ✓ Leading team huddles
- ✓ Quality improvement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

Welcome to the Roger C. Lipitz Center for Integrated Health Care

Is this email not displaying correctly?

Empirical Research

Medical Care Research and Review



Complete treatments, symptoms and experiences with people like you and take control of your health

Share your experience, give and improve your life and the lives of

closer to curing diseases like cancer and diabetes — us access to the personalized information we need to and our families healthier."

— President Barack Obama, State of the Union Address, January 20, 2015

focus on patient readmission if

NEW drug delivery technologies have the potential to cause disruptive change.

UNM SCHOOL OF MEDICINE Project ECHO

About ECHO | Initiatives | NIH Tele2019 Events | Locations | Updates | Start an ECHO | Meet2019 Community

New ECHO Program: Help on the way for Patients with Autism in Missouri

The Times column from the New York Times identified ECHO as one of the "Big Ideas in Social Change of 2014"

Dr Arora Speaking at Brookings Institution MEDTalk Event, December 8th

Project ECHO: A Revolution in Medical Education and Care Delivery

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and, potentially, increases workforce

Catalent

DOWNLOAD OUR FREE EBOOK

DOWNLOAD HERE

Making the Next Generation

Impact of New Cholesterol

Anniversary of CVS Quits

Pathway to Biosimilar Drugs

Big Picture: Reframing, retooling and retraining

1970 Barriers

Low status of primary care



Redesign around primary care, prevention, population health

Specialization & sub-specialization



Impact of moving from fee-for-service to global payments?

Nurse practitioners, Physicians Assistants, Clinical Pharmacists



The right worker partnering with patients, families and communities.
The how not the who, adding value

Little interest in health care processes



Quality & systems improvement leading to outcomes

Little evidence for teamwork



Growing evidence for teamwork

Reference: Schmitt, M. USA: focus on interprofessional practice, education, and research. Journal of interprofessional care , 1994, Vol.8(1), p.9-18



New Models of Care Require New Models of Learning



Are we in health professions education focused on the “Prize?”

Learner Pipeline

Today I owe:



Health Workforce for New Models of Care

How do we create a health workforce in the right locations, specialties and practice settings that has the skills and competencies needed to meet the demands of a transformed health care system while preventing burnout?

Patients, Families & Communities

How do we improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care simultaneously?



Nexus Learning System: New Models Institute



Why is our Nexus important to our team and the larger community?

- Triple Aim of Alignment
- Designing learning to impact outcomes
 - National Academies of Medicine IPE Learning Continuum Model
 - Emerging Nexus Model of IPE
- Creating a Compelling Vision
- Think Big, Start Small

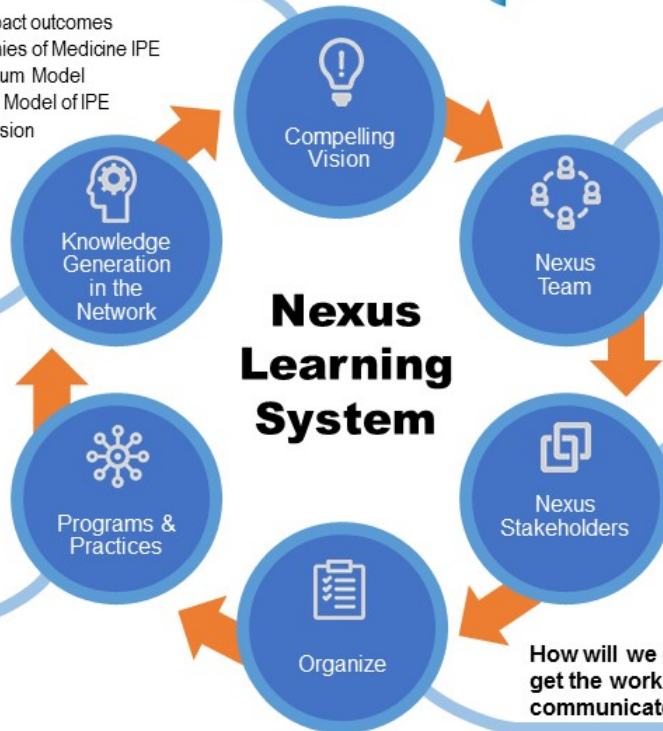
What is our product to generate and manage knowledge to advance our vision?

- Nexus Innovations Network knowledge generation projects and technical assistance
 - Nexus Innovations Network Work Plan and Outcomes Framework
 - National Center Data Repository

What do we do to achieve our vision? What resources do we need?

- NexusIPE.org Resource Center
- Interprofessional faculty development
 - Train the Trainer
 - Preceptors in the Nexus
- Nexus Visioning and Teaching Resources
 - Amina in the Nexus and Carl in the Nexus
- Nexus IPE.org Measurement and Assessment Collection

Nexus Learning System



How will we become a team to realize our vision?

- NexusIPE.org IPE design and sustainability resources
- Team development tools:
 - ACE-15: Nexus Version
 - Assessing your Nexus and its Six Characteristics
 - National Center Stair Step Model

Who must be included to achieve our vision?

- Benefits: What Matters to Whom in Your Team's Nexus
- National Center Site Visit
- Aligning Resources in the Nexus

How will we organize our team to get the work done? (e.g., meet, communicate, use platforms)

- NexusIPE.org Professional Directory and Groups
- Critical Success Strategies supported by the Nexus



Memo to Social Work: Research, conversations, and observations

- What's the evidence of effectiveness of social work?
- Problematic language – not used by health system
- Mismatch in LCSW hires with current health systems needs
- Perceived menial tasks – core health systems needs
- Only talking to the choir
- Demands & complaints – ineffective
- The table – be there or be square
- One foot in past – one foot in future
- Current licensure & certification pathways

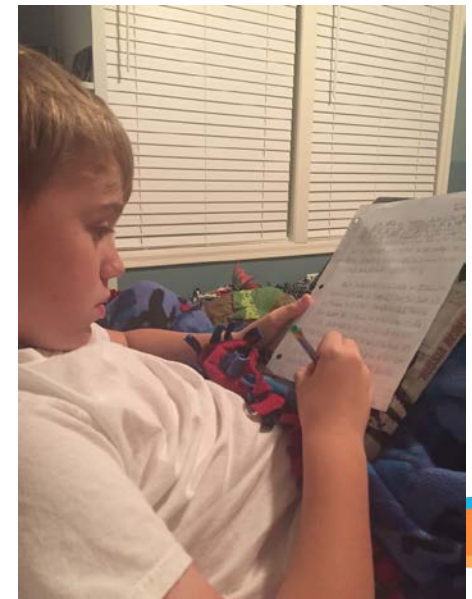


Norm's journey with health care

Norman Fifield is 90 Years Young



Let's Celebrate His Life!



Memo to Social Work: Macro Level

- Get and stay at the “table”
- Create the evidence for social work in the evolving integrated health system
- Translate social work language into “health systems language”
- Ask the question: What is social work’s elevator speech?
- Re-examine social work licensure and certification in the new world of health
- Examine accreditation standards with other professions
- Clearly articulate social work’s value proposition in the social responsibility in business and the social determinants of health



Double Loop Learning

Chris Argyris

Assimilation

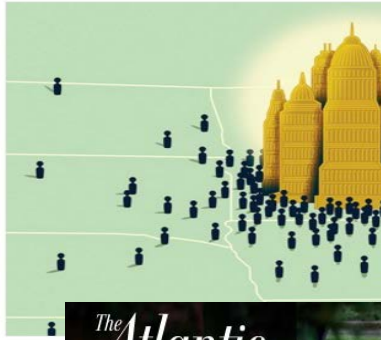
Accommodation



Can social work reframe social justice to be a business imperative?

The Miracle of Minneapolis

No other place mixes affordability, or its secret?



DEREK



Segregation in Pa

Once known for their inclusiveness, Minnesota become more divided in recent decades.

ALANA SEMUELS | JUL 12, 2016 | BUSINESS

Share Tweet



Harvard Law School Forum on Corporate Governance and Financial

HOME ABOUT ARCHIVE CATEGORIES CONTRIBUTORS

The Business Case for Corporate Social Responsibility

Posted by Matteo Tonello, The Conference Board, on Sunday, June 26, 2011

7 Comments Print E-Mail Tweet

Tags: Compliance & ethics, Corporate Social Responsibility, Philanthropy, The Conference Board
More from: Matteo Tonello, The Conference Board

Editor's Note: Matteo Tonello is Director of Corporate Governance for The Conference Board, Inc. This post is based on a Conference Board Director Note by Archie B. Carroll and Kareem M. Shabana, and relates to a paper by these authors, titled "The Business Case for Corporate Social Responsibility: A Review of Concepts, Research and Practice," published in the *International Journal of Management Reviews*.

In the last decade, in particular, empirical research has brought evidence of the measurable payoff of corporate social responsibility (CSR) initiatives to companies as well as their stakeholders. Companies have a variety of reasons for being attentive to CSR. This report documents some of the potential bottomline benefits: reducing cost and risk, gaining competitive advantage, developing and maintaining legitimacy and reputational capital, and achieving win-win outcomes through synergistic value creation.

The term "corporate social responsibility" is still widely used even though related concepts, such as sustainability, corporate citizenship, business ethics, stakeholder management, corporate responsibility, and corporate social performance, are vying to replace it. In different ways, these expressions refer to the ensemble of policies, practices, investments, and concrete results deployed and achieved by a business corporation in the pursuit of its stakeholders' interests.

This report discusses the business case for CSR—that is, what justifies the allocation of resources by the business community to advance a certain socially responsible cause. The business case is concerned with the following question: what tangible benefits do business organizations reap from engaging in CSR initiatives? This report reviews the most notable research on the topic and provides practical examples of CSR initiatives that are also good for the business and its bottom line.

The Search for a Business Case: A Shift in Perspective



Jim Moore / AP

Racism nomy

reas in the nation,



Refugees and immigrants make our businesses and our communities stronger.

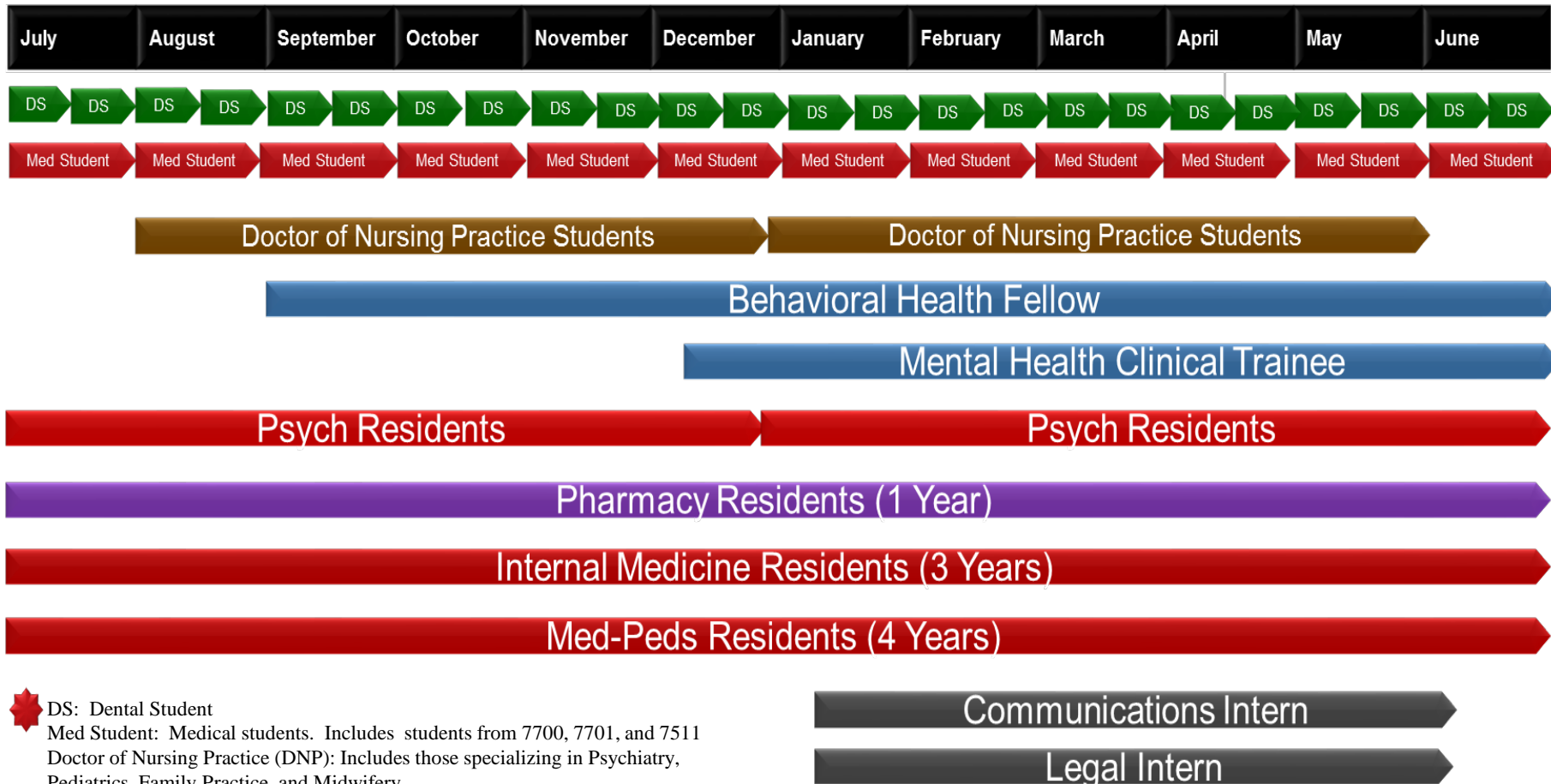
success story: The of Fortune-500-


Reagan
a country
nger by
immigrants.

RICA
TTER
M, NOT FEAR
TTER.ORG
erson Collective



Academic Tourism: Types and Duration of Educational Experiences in one FQHC



 DS: Dental Student
 Med Student: Medical students. Includes students from 7700, 7701, and 7511
 Doctor of Nursing Practice (DNP): Includes those specializing in Psychiatry, Pediatrics, Family Practice, and Midwifery

UNIVERSITY OF MINNESOTA

Community-University
Health Care Center



Memo to Social Work: Micro Level

- Be visible
- Participate in the national conversation moving from health care to health (your wheelhouse)
- Be a part of redesign in both practice and education in integrated health
- Move from academic tourism to intentional design of experiential education with other professions, patients/clients/people, families and communities
- Learn from national HRSA demonstration projects and investments
- Ask the question: What is our social work elevator speech?
- Get comfortable with one foot in the past and one foot in the present
- What's your value proposition for the social determinants of health: 80% of solutions for health?



Gift from Dean Jean Quam

I would like to thank my family & friends for their love & patience, my instructors for their guidance & support, and especially my mother who believes in me and has always encouraged me to go for my dreams—even when I didn't think I had any.

- Valerie LeGrand -





NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION

<https://nexusipe.org>