

SUMMARY:

*CUB-AHC Retreat:
The Educational Imperative
of the Triple Aim
Sept. 24, 2012*

Submitted By Brian McDermott and Gerry Sexton / GrowthWorks Inc.

TO: Barbara Brandt and CUB-AHC Retreat Participants
FROM: Brian McDermott and Gerry Sexton
SUBJECT: Summary of CUB-AHC Retreat | “The Educational Imperative of the Triple Aim”
Sept. 24, 2012
DATE: Oct. 15, 2012

EXECUTIVE SUMMARY

This document is a summary of discussions, key recommendations, and potential next steps for creating a new collaboration between the Minnesota Health Systems and the University of Minnesota Academic Health Center to improve the education and training of health professionals developed at the CUB-AHC Retreat on September 24, 2012.

BACKGROUND

Retreat Purpose:

On Monday, September 24, 2012 Dr. Aaron Friedman, Vice President of Health Sciences and Medical School Dean, convened a retreat to develop recommendations and action plans for educating and training health professionals who are ready, willing, and able to practice collaboratively to focus on the “Triple Aim.” The Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihl.org) and refers to the simultaneous pursuit of: improving the patient experience of care, improving the health of populations, and reducing per capita cost of health care. The retreat included approximately 50 leaders and policy makers from Minnesota health systems organizations and health education leaders from the University of Minnesota Academic Health Center.

Retreat Goals & Objectives:

(1) Develop a common understanding of the current interface between Minnesota’s health system and the education and training of health professionals; (2) Clarify why and how the University of Minnesota and Minnesota Health Systems must work together more effectively to educate health professionals; (3) Identify and prioritize what is working and the gaps in the current systems, specifically as they relate to interprofessional collaboration and achieving The Triple Aim; (4) Agree on action plans for working together more collaboratively to address priority needs.

Volunteers:

Near the end of the day a request was made for volunteers willing to work with Barbara Brandt and the AHC Office of Education to advance the priority areas of focus and recommendations. The volunteers are:

Minnesota Health Systems:

- Dave Moen, Bluestone Solutions
- Brian Rank, HealthPartners
- David Wessner, Community University Board and School of Public Health
- Penny Wheeler, Allina Health System

University of Minnesota:

- Marilyn Speedie, College of Pharmacy
- Amy Pittenger, College of Pharmacy and 1Health Phase III
- Mary Chesney, School of Nursing
- Chris Mueller, School of Nursing
- Brian Sick, Medical School and 1Health Phase III
- Majka Woods, Medical School
- Sheila Riggs, Community University Board and School of Dentistry
- Leon Assael, School of Dentistry

Note: If you would like to volunteer, contact Barbara Brandt at (612) 625-7661 or brandt@umn.edu.

RESULTS & RECOMMENDATIONS FOR NEXT STEPS:

A key outcome of the day, first exemplified in the results of a pre-retreat survey and reinforced throughout the retreat discussions was: ***The majority of participating leaders from the health systems organizations and the University agree:***

- Achieving the Triple Aim should be a high priority for all current and future Minnesota health professionals.
- Interprofessional collaboration – health professionals ready, willing, and able to work effectively in a non-hierarchical approach across professions – should be a high priority for all Minnesota health professionals. Interprofessional collaboration is a necessity but not sufficient for achieving the “Triple Aim.”
- The University of Minnesota and Minnesota health systems should share responsibility for educating and training new health professionals (students and residents) on the Triple Aim and interprofessional collaboration.
- Although there are successes in education and practices related to the Triple Aim and Interprofessional Collaboration, current education and implementation efforts fall short of what is needed in the University and in the health systems.

Themes & Recommendations for Action:

A primary goal for the day was to identify and prioritize gaps in the health education system, specifically as they relate to interprofessional collaboration and achieving the Triple Aim, and then create preliminary action plans for working together more collaboratively to address these priority needs. During the process the group decided to also include a “systemic” framework to support the ongoing dialogue and collaboration necessary between the Minnesota Health Systems and the University’s AHC in order to better align the transformational changes happening in the health/health care community and the education/training of health professionals. The group identified five priorities to work on to build the dialogue and collaboration needed between the Minnesota Health Systems and the University’s AHC to improve the education and training of health professionals:

1. **Vision:** Define a shared vision for a joint ownership/collaboration between Minnesota Health Systems and the University for educating and training health professionals related to the Triple Aim and Interprofessional Collaboration.

Key Themes from Retreat Related to Vision:

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- A clearly articulated vision will inform the other four areas of focus (*below*) by defining the purpose, scope, specific objectives/goals, and ways to measure this new collaboration between the Health Systems and the University.
- The vision needs to describe how these two systems (Minnesota Health Systems and the University) are intertwined and need to be aligned – through improved communication, collaboration, and coordination – in how they adapt and respond to the changes necessary to educate and train new health professionals for the Triple Aim and greater Interprofessional Collaboration. It should entail constantly co-creating and learning from and informing each other throughout the full continuum of education and practice.
- The vision needs to be patient/person-centric with the ultimate goal of improving health.
- There needs to be broad stakeholder voice and engagement in creating the vision; involving the appropriate stakeholders (community, patients, students, policymakers, other professions, etc.) at the appropriate times and in the appropriate ways.

Potential Next Steps:

- Because a clear vision for a new collaboration between the Health Systems and the University is paramount to the other recommendations made by the group, this should be a priority next step.
- Create a “Steering Committee,” made up of a small group of volunteers from the Health Systems and the University, to co-create a draft vision building on these themes from the retreat.
- Vet and get feedback on the preliminary vision from the broader retreat group and other stakeholders for suitability and effectiveness.

2. **Organizational Structure:** Create a structure to support the ongoing co-leadership and co-creation of this new collaboration, communication and alignment between Minnesota Health Systems and the University for educating and training health professionals related to the Triple Aim and Interprofessional Collaboration.

Key Themes from Retreat Related to Organizational Structure:

- There needs to be a leadership and organizational structure for co-creating and co-leading the vision of this new collaboration. Some key questions to be answered: Where could or should the accountability for this structure reside? How will decisions be made? Which stakeholders should be represented in this leadership group? How does this leadership group engage and maintain bidirectional communication with the broader stakeholder groups?
- The role of the Community-University Board was discussed but it currently has no “effector arms” to implement change.
- There is a desire for a “single point of contact” on both the Health System and University sides. While not simple, this is somewhat easier on the University side than on the Health System side.

Potential Next Steps:

- Barbara Brandt and the AHC Office of Education will serve as the initial convener and facilitator for the co-creation of the vision and the organizational structure. There may also be a role for the new National Coordinating Center for

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Interprofessional Education and Collaborative Practice because it will also have a focus on implementation of IPECP in Minnesota.

- With an agreed upon vision, use the same Steering Committee to co-create a draft model of an organizational structure for co-leading and implementing the vision and answering the questions described in the “Themes Related to Organizational Structure.”
- Use the new vision and organizational structure to begin to collaboratively address the next three agreed-upon priority areas of focus.

3. **Education / Training Gaps:** Identify and prioritize education / training gaps related to the Triple Aim and Interprofessional Collaboration. Then experiment with new models, share best practices, and measure the results of new ways for closing these gaps.

Key Themes from Retreat Related to Education / Training Gaps:

- Key educational gaps identified related to the Triple Aim and Interprofessional Collaboration included: Quality improvement sciences; Adaptive leadership; Care costs/economics while retaining focus on quality; Teams and interprofessional collaboration; Clinical / critical decision making.
- Education and training related to Triple Aim and Interprofessional Collaboration need to be patient-, cost- and experience-centered. Needs include authentic work and hands-on experiences that are relationship-based.
- Curriculum and experiential learning must be evaluated; need to measure results.
- There is a need for experimentation with new models of education / training for the Triple Aim and Interprofessional Collaboration; need to share best practices/models and scale when possible.

Potential Next Steps:

- Establish and agree on common language, terms and definitions related to the Triple Aim and Interprofessional Collaboration.
- Identify, agree on and communicate core competencies and behaviors related to the Triple Aim and Interprofessional Collaboration that should be learned and demonstrated across all health professions, health systems, and practices; differentiating these competencies and behaviors from the more system- or profession-specific competencies and behaviors.
- Incorporate elements of the Triple Aim into the 1Health framework.

4. **Faculty / Preceptor Development:** Provide the necessary preceptor and faculty development support to improve current education as well as the modeling/mentoring and training of new and practicing health professionals on the Triple Aim and Interprofessional Collaboration during all phases of experiential learning and practice.

Key Themes from Retreat Related to Faculty / Preceptor Development:

- The developmental needs of the preceptors and faculty are very similar and offer an excellent opportunity to collaborate and share best practices between the Health Systems and the University.
- Need to find ways to make being a preceptor easier and more satisfying. This needs to include minimizing obstacles (i.e. time) and increasing recognition, incentives, resources and development for the preceptors.

- Need to facilitate ways to bring the “health system voice” into curriculum committees and faculty development.

Potential Next Steps:

- Use the AHC Office of Education as a central clearinghouse for best practices across the AHC and the Health Systems for faculty and preceptor development.
 - Provide opportunities to involve and expose curriculum committees and faculty to the changes and transformations occurring in the Health Systems and practices around the Triple Aim and Interprofessional Collaboration.
 - Conduct the same survey used for this Retreat with the broader audiences and stakeholders within the AHC and Health Systems; focus first on expanding awareness.
 - Identify “early adopters” in the AHC and MN Health Systems – the people already aware and supportive of the need to include Interprofessional Collaboration and Triple Aim into the education of health professionals. Engage them in identifying best practices for developing and incenting faculty and preceptors.
5. **Advocacy and Policy:** Work to effect change in the broader systems (government, laws, policies, accreditation, incentives, cultural norms, etc.) negatively impacting or hindering the changes needed to improve education and training of health professionals related to the Triple Aim and Interprofessional Collaboration.

Key Themes from Retreat Related to Advocacy and Policy:

- Advocating for changes in laws, policies and current systems and operational practices, etc. that are out of date or inconsistent with the transformational changes needed is important. But, the leaders within the Health Systems and the University should not wait for these broader system changes to begin making the significant changes and improvements that are within their control and can have more immediate impact on improving the education and training of health professions on the Triple Aim and Interprofessional Collaboration.
- Some potential areas of advocacy and policy change at the University / Health System level that could be addressed together through this collaboration include: clinical rotations/experiences, timing/match, current tuition models, and schedules.
- Some potential areas of advocacy and policy change on a state and national level that could be addressed together through this collaboration include: Practice Acts, accreditation, policies on public health, payments and incentives.

Potential Next Steps:

- Specific opportunities for the Minnesota Health Systems and the University to collaborate on areas of advocacy and policy change should be based on the eventual vision created for this collaboration.
- Work on advocacy and policy change by this collaboration will also need to be balanced with and weighed against the priorities and initiatives agreed upon in the Education/Training Gaps and Faculty/Preceptor Development areas of focus.