

June 2019

Accelerating Interprofessional Community-based Education and Practice Initiative

Final Evaluation Report
Executive Summary



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research

Authorship:

This executive summary was authored by Harder + Company Community Research Team and reviewed by the National Center Accelerating Initiative team including an additional external evaluator. This report is result of a national, two-year IPE implementation study conducted between November 2016 and December 2018.

Citation for Accelerating Interprofessional Community-based Education and Practice Initiative- Executive Summary

Harder + Company Community Research. (August 2019). *Accelerating Interprofessional Community-based Education and Practice Initiative - Executive Summary*. National Center for Interprofessional Practice and Education, Minneapolis, Minnesota.

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Acknowledgements

The National Center for Interprofessional Practice and Education and Harder + Company Community Research acknowledges each *Accelerating Initiative NexusIPE[©]* Team.

Executive Summary

Overview of the Initiative

In 2016, the Robert Wood Johnson Foundation, the Josiah Macy Jr. Foundation, the Gordon and Betty Moore Foundation, and the John A. Hartford Foundation came together to create an initiative to amplify, support and study the role of advance practice nurses developing and leading collaborative care models.

These funding partners selected the National Center for Interprofessional Practice and Education (National Center) to coordinate a one-time program, *Accelerating Interprofessional Community-Based Education and Practice*. The initiative aims to accelerate interprofessional practice and education through creative, robust and sustainable partnerships in which graduate nursing and one or more other professions actively learn and work together with partners in community-based clinical settings.

Sixteen sites were awarded \$50,000 grants with a match requirement and invited to join the National Center in an intensive, two-year academic-community practice partnership development initiative. Each site was charged with creating meaningful, mutually beneficial, and sustainable community partnerships. The challenge was to address real community health needs while providing interprofessional learning opportunities for students. To support the work of these "Nexus teams" (see sidebar), the National Center developed a comprehensive program of technical assistance, expert consultation and resources to accelerate their interprofessional education and collaborative practice efforts in community settings.

Evaluation Data and Methods

The National Center partnered with Harder+Company Community Research to conduct an implementation evaluation of the Accelerating Initiative. The primary goals of the evaluation were: (1) to track program outcomes and the achievement of key Nexus implementation milestones; (2) to document the successes and challenges that the sites faced in implementing a true Nexus approach to IPE; and (3) to highlight how lessons from this initiative can inform the work of the National Center and the broader IPE field.

Harder+Company collected and analyzed data from a variety of sources including: site progress reports; surveys of team members; site visit reports prepared by the National Center team; and interviews with key stakeholders including funders, National Center staff, and principal investigators for the Nexus teams. The evaluation team also conducted in-depth interviews with Nexus team members in a sample of seven sites, selected to reflect a diverse array of program models, target populations and geographies.

What is the Nexus?

A very real and substantial gap exists between health professions education and health care delivery in the United States.

Nexus teams address this gap by: *redesigning both healthcare education and healthcare delivery simultaneously to be better integrated and more interprofessional while demonstrating outcomes.*

Nexus teams pull together vastly different stakeholders such as people/patients/clients, families and communities; and incorporate students and residents into the interprofessional team. This helps achieve the Quadruple Aim of improving experiences, outcomes, costs, and care team well-being in healthcare and education.

Key Findings

This report highlights what the grantees, the National Center, and the funders learned together over the past three years. The report is designed to document the progress that sites made in engaging students, implementing their programs, and meeting their student learning and health outcomes; to describe the successes and challenges of implementing a Nexus team; and to summarize the larger lessons from this initiative that can inform the broader field working to strengthen interprofessional practice and education. The report is divided into three main sections: (1) Nexus Implementation Benchmarks, (2) Lessons from Nexus Implementation, and (3) Program and Field Implications (described under recommendations, below). The following sections summarize the key takeaways of the implementation evaluation.

Nexus Implementation Benchmarks

- Sites reported engaging an average of four academic programs and two community practice sites.
- Sites engaged a total of 1,842 students in their Nexus programs by the end of the grant period, an average of 123 students per site.
- The number of students increased across all professions, especially nursing, pharmacy and medicine.
- On the whole, most sites reported progress across all dimensions of Nexus implementation.
- Many sites were starting to see improved health outcomes for patients by the end of the grant period.
- Over half of the sites reported making significant or moderate progress on program sustainability.
- The average Nexus ACE-15 score increased from 51.8 in November 2017 to 54.2 in November 2018.

Lessons from Nexus Implementation

- Working in a community-based setting gave students hands-on experience with the ways in which social determinants of health impact the lives of patients.
- Nexus programs allowed student interprofessional care teams to showcase how their expertise could aid specific vulnerable patient populations.
- Working on interprofessional teams helped students learn more about effective team-based care and collaboration.
- Many of the Nexus programs increased access to primary care for vulnerable populations.
- Some Nexus programs have seen reduced readmissions and emergency room visits and improvements in health indicators.

- In many Nexus programs, patients report being more satisfied with their care and the additional time and attention that they received from a team-based approach to care.

Recommendations

Recommendations from the National Center focus on how existing and future programs can maintain and implement best practices learned from the Accelerating Initiative grant. Additionally, there are several implications for how the healthcare field as a whole can continue to support these initiatives. Finally, the National Center identifies how future initiatives should collect data that builds off of these initial findings.

Program and Field Implications

- A Nexus Site's primary purpose should be to positively impact the health of people/patients/clients¹, families, and communities to ensure program sustainability.
- Interprofessional collaborative practice care teams that implement a spontaneous leadership model can build team member confidence and improve patient care.
- Grantmaking supporting community-based IPE work should be coupled with extensive and evolving technical assistance to troubleshoot emerging issues and share best practices between programs.
- Community-based IPE initiatives would benefit from being designed around multi-site comparisons with a unifying framework to support the identification of emerging phenomena.
- Interprofessional community-based practice and education initiatives should address social determinants of health from the *initial design* of the intervention to demonstrate each profession's added value for patient care.
- Future initiatives should use comparable and adaptable measurement tools to assess site growth and identify implementation patterns.
- Future initiatives should pass along *testable* implications of their work for others in the field to build upon.

¹ This term is the most accurate descriptor for the community members whose health outcomes the Accelerating Initiative teams seek to improve. However, the specific preferred labels of patients or clients vary by site. Hereafter, these terms will be used relatively interchangeably depending on healthcare context.



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