Setting the Stage for a
Transformative NexusIPE™ Team:
An Introductory Toolkit
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**Acknowledgements:**

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The National Center also acknowledges and thanks [Harder+Company Community Research](https://www.hardercompany.com) for their external evaluation of the Accelerating Initiative.

More information on these exemplary sites and the final report of the Harder+Company evaluation can be found on the National Center’s website: [nexusipe.org/accelerating](https://nexusipe.org/accelerating).

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**About the National Center for Interprofessional Practice and Education**
The National Center for Interprofessional Practice and Education (the National Center, nexusipe.org) is charged by its funders and founders to provide the leadership, evidence and resources needed to guide the nation on the use of interprofessional education and collaborative practice as a way to enhance the experience of health care, improve population health and reduce the overall cost of care. We do this by aligning interprofessional education and collaborative practice (the “new IPE”) with transforming health care delivery. The National Center maintains its role as an unbiased, neutral convener and works with all stakeholders in health and health professions to advance better care, better value, and better education.

Through its professional community, the American Interprofessional Health Collaborative (AIHC, aihc-us.org), members work locally, nationally, and internationally to influence policy, develop and share best practices and resources, conduct research, mentor and support colleagues and remove barriers to effective action. Together, AIHC and the National Center inspire colleagues and create opportunities to come together, learn and grow.
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Advancing Better Care, Better Value, Better Education through IPE

The road map to the future in health care is driven by people/patients and families, leading out of the hospital into outpatient, community and home settings. Rapid and unprecedented disruptions in health care are exponentially increasing and challenging the status quo – new payment models, technology, changing demographics, unequal distribution of health, challenges to access to care, and new corporate players. In this environment, health professions education needs to be better aligned and part of the solution. It’s ambitious, noble and challenging work that is pivotal to the future of both health systems and health professions education. At the National Center for Interprofessional Practice and Education (the National Center), we have taken the challenge on by connecting interprofessional practice and education (IPE) with healthcare redesign. And, we call it “NexusIPE™”:

**NexusIPE™**

NexusIPE™ aspires to redesign both healthcare education and healthcare delivery simultaneously to be better integrated and more interprofessional while demonstrating outcomes.

Realities, Response, and Results: NexusIPE™ Partnerships and Tools

In this age of uncertainty, the National Center is learning important lessons by interacting with and supporting over 850 organizations and the thousands of international visitors who visit the NexusIPE.org Resource Center, collecting data from over 100 IPE programs, consultancies and advisory boards, and creating academic-practice partnerships for impact and results. Since our founding in 2012, our vision has been solution-oriented IPE that is redesigned around what people/patients/clients, families and communities and populations need first. We then help sites create interprofessional learning programs, called NexusIPE™ partnerships, where clinicians, students and residents learn together and master interprofessional teamwork skills in real-life practice. We do this by:

1. Working together to transform education to keep pace with the rapidly transforming processes of care
2. Creating a closed loop model between education and practice for continuous improvement
3. Working collaboratively to achieve the Quadruple Aim in both healthcare and higher education: cost, quality and the user experience
4. Identifying and addressing significant systems-level issues creating barriers to achieving that goal (e.g., policy, financial, accreditation)
Since 2016, the National Center has worked with a cohort of sixteen Schools of Nursing and university interprofessional teams to create NexusIPE™ partnerships in clinical practice and community-based settings. By using and evaluating a suite of tools, we are learning how to accelerate solutions-oriented IPE that is demonstrating impact and results. We call this “isolating the phenomenon of IPE”, and we are learning everyday with our collaborators about how to achieve the Quadruple Aim in practice.\(^1\)

### Selected Accelerating Initiative Impacts on the Quadruple Aim

Through the Accelerating Initiative, academic-community partnerships are making progress toward:

- Improved access to care for the target population
- Improved satisfaction of the target population and better quality of care for them
- Potentially reducing cost in health care delivery
- Impacting the health system and provider satisfaction
- Impacting student learning and current workforce development
- Impacting the education system

For examples of these impacts, see “[Accelerating Initiative 2017-2018 Examples of Site Action and Achievements](https://nexusipe.org/accelerating/).”


The Accelerating Initiative sites utilized a collection of NexusIPE™ tools and resources to build these partnerships toward impact and outcomes. This introductory toolkit includes six of those tools developed to help teams in the first stages of launching NexusIPE™ partnerships for solutions-oriented IPE.
How Can Your Team Get Started for Success?

Here is what we are learning are the vital first steps – in no particular order – to get started with solutions-oriented IPE:

✓ Learn the Critical Success Factors of NexusIPE™
✓ Take the time to get to know your IPE ecosystem
✓ Build the right NexusIPE™ team at the right time
✓ Define your vision, and get ready to communicate it

We know IPE is complex, and it’s difficult to know where to begin on your journey. So, where you start is up to your team and how ready you are for each step. The steps are non-sequential, so please review the toolkit and dive in.

Learn the Critical Success Factors of NexusIPE™

★ “Bottom-up Leadership”: IPE champions
★ “Top-down Leadership”: Senior leaders who set the tone at the top
★ Showcasing and resourcing IPE – time, money, recognition
★ A commitment to a culture of health – not health care
★ A clear, succinct compelling vision

Take the Time to Get to Know Your IPE Ecosystem

IPE, and particularly NexusIPE™, is complex. Your team can easily get lost in the weeds of that complexity and never find your way out. We’ve learned that taking time to get oriented and learn your IPE ecosystem can help your team find your “true north” in solutions-oriented IPE. Three tools in this toolkit are designed for your team to work together to make sense out of your unique setting and orient your future work:

1. The Institute of Medicine Interprofessional Learning Continuum Model
2. The National Center Stair Step Model: Developmental Tasks for NexusIPE™
3. The Compass: Designing NexusIPE™ Programs Around People and their Communities, Not Professionals

Build the Right NexusIPE™ Team at the Right Time

Two tools in this toolkit help teams build their NexusIPE™ partnership by engaging the right members of the academic-community team and aligning those members around six characteristics of high performing NexusIPE™ partnerships.
4. Building an Effective NexusIPE™ Team from the Beginning
5. Assessing your Nexus and Its Six Characteristics: Where Are We today?

Define Your Vision, and Get Ready to Communicate It

Teams can form and dissolve without a true unifying vision. This tool is a crucial step in forming your NexusIPE™ partnership around a clearly articulated vision to create buy-in from stakeholders, assess whether new projects are in line with your goals, and serve as a touchstone for your team’s success in solutions-oriented IPE:

6. Creating and Communicating your NexusIPE™ Vision

Looking for More?

These tools are freely available to teams interested in getting started with NexusIPE™. Additional advanced tools, companion technical assistance, consulting, and support is available from the National Center for teams that would like more personalized assistance. Please contact us at nexusipe@umn.edu for more information.

Let’s get started!
NexusIPE™ Tools

Take the Time to Get to Know Your IPE Ecosystem

Tool 1: Institute of Medicine (IOM) Interprofessional Learning Continuum Model (IPLCM)

In 2015, a panel of experts studied the evidence for whether IPE makes a difference. After extensive review, among other things the panel made the following recommendations:

1. Health professions education and health systems need to be better aligned
2. An intermediary step is to assure IPE leads to collaborative behavior and then performance in practice.
3. An overarching model will help guide research to document outcomes.

The National Center has worked extensively with Institute of Medicine (IOM) Interprofessional Learning Continuum Model (IPLCM), and we believe your team should also. In working with numerous groups, we have learned that it provides a valuable framework to simplify and discuss relationships between the learners in your IPE ecosystem, their learning goals, health and systems outcomes, and those vexing interfering and uplifting, enabling factors. We recommend that you start by reading Chapter 3 of “Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes” on the IPLCM to first get oriented. If your team has time, go ahead and read the entire Measuring the Impact of IPE report, which is readily available here:


Next, we recommend that your team prints out the IPLCM and gather around a table and simply begin discussing your IPE program in relationship to the components of the model. We have printed it out on a laminated poster so we can work with it with erasable pens. When your team finishes discussing it and is satisfied, take a photo to revisit later and continuously revise as your NexusIPE™ partnership matures.
NOTE: For this model, “graduate education” encompasses any advanced formal or supervised health professions training taking place between completion of foundational education and entry into unsupervised practice.

Figure 3-2, Reprinted with permission from the National Academy of Medicine to the National Center for Interprofessional Practice and Education. Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes, 2015 by the National Academy of Sciences, Courtesy of National Academies Press, Washington, D.C. Available from: https://www.nap.edu/catalog/21726/measuring-the-impact-of-interprofessional-education-on-collaborative-practice-and-patient-outcomes
As your team works through the model, consider how your situation relates to the components of the model:

**Health and System Outcomes: Start with the End in Mind**

- Individual health
- Population/public health
- Organizational change
- System efficiencies
- Cost effectiveness

**Who are the learners? Formal and Informal Learning**

- How are people, patients, families and populations engaged?

**What are the learning outcomes for impact?**

**What are the vexing interfering factors that get in the way of your success?**

**What is enabling your NexusIPE™ program to achieve more?**

- What are you going to do about it?
Tool 2: The National Center Stair Step Model: Developmental Tasks for NexusIPE™

We have used this framework for years and find that it helps teams understand and discuss their developmental stage of NexusIPE™ to begin planning for tasks for creating solutions-oriented IPE for impact.

What to do with the Stair Step Tool:

As a team:

1. Review the Stages of Development in the National Center Stair Step Model
2. Assess your current stage
3. Identify next steps in order to move forward within each applicable stage.
4. What is your team doing now in your stage(s) of development? And, what are your stretch goals and tasks to keep growing as a team?

Stair Steps:

Getting to Know Each Other

Convene key stakeholders to get to know each other as a pre-requisite for successful IPE.
Teamwork

*Intentionally teach teamwork knowledge, skills, and attitudes/values.*

Patient Safety/ Quality

*Purposefully use IPE to teach/learn about and address patient safety and quality issues.*

Access to Care

*Strategically implement IPE as a means to improve access to health care and health equity.*

Workforce Optimization

*Move from teaching to learning with increasing emphasis on experiential and workplace learning by creating interprofessional clinical learning environments by intentionally incorporating IPE into health workforce redesign efforts for new model of care.*

Health outcomes

*Intentionally link IPE efforts to improve individual, population, and/or health outcomes.*

Driving Costs Out of Systems.

*Develop and implement IPE models so that they lower costs in health care. Develop and implement IPE models so that they lower costs in higher education.*

What are the “integrated” health and learning outcomes your NexusIPE™ Team will achieve?
Tool 3. The Compass: Designing NexusIPE™ Programs around People and their Communities, Not Professionals

We are learning that when NexusIPE™ programs are designed first around the people and communities we serve instead of students and professionals, the chances of positive impact and achieving Quadruple Aim outcomes increases exponentially.

1. What is the target population? Who are the people/patients/clients, families, and communities in your NexusIPE™ partnership? What is useful to know about them to design a solutions-oriented IPE Program: their age range, risk factors, education level, income levels, geography, racial and ethnic factors, socioeconomic characteristics, cultural issues, other significant characteristics?

2. What strategies will your Nexus IPE™ team use to engage your target population and learning partners?

3. What matters most to the people and communities that your Nexus IPE™ team will engage?

4. What will make a difference? What do they define as success?

5. Write one or more specific aspirational statements that communicate how redesigning your practice will benefit people:

As this tool helps define the “North Star” for your NexusIPE™ partnership, your team should revisit and recalibrate your compass periodically.
Build the Right NexusIPE™ Team at the Right Time

Tool 4: Building an Effective NexusIPE™ Team from the Beginning

Take Time to Understand What NexusIPE™ Is

The National Center has learned that skipping over a deep dive into the concepts of the Nexus can create premature closure, interfering with the full potential of a NexusIPE™ partnership. The first step in building sustainable teams is for your team to take the time to understand the Nexus and what it takes to design an environment where all stakeholders learn together.

1. What does the definition of NexusIPE™ statement mean to your team?
2. How is your team’s understanding about the NexusIPE™ approach different from, and similar to, other academic-practice partnerships and collaborative work across educational programs, clinical practices and community settings?
3. What are the similarities and differences in the way we currently place students in clinical and community rotations/experiences? What would change when we implement a NexusIPE™ partnership?

Creating Your Nexus IPE™ Team

Evaluations of the National Center implementations of NexusIPE™ partnerships demonstrate that starting with a solid foundation of existing, strong collaboration is important. An established, trusting relationship provides the best foundation to accelerate NexusIPE™ partnerships. Successful NexusIPE™ teams start by having open conversations with people in organizations that already have existing, strong collaboration. One way to start is to capitalize on the current contractual agreements between educational programs and practice sites with student placements already in place. If your group does not have this type of relationship, it is worth the time and effort in the beginning to develop it.

Designating a leader

We have seen multiple leadership models for “grassroots” IPE efforts such as co-directors, rotating chairs, and a single team leader. All these models may be successful, given the situation. When an organization receives a grant for IPE, the principal investigator is logically the leader or director for the project. In contrast, when an organization starts its own IPE program, someone needs to lead
the group. Many groups start with co-directors or multiple leaders to share responsibilities because they want to be egalitarian and not favor one profession or organization over another. Based upon working with multiple sites, we recommend that the best approach is that senior leaders designate one person to champion the work, to develop the team, and be supported and held accountable for outcomes.

Yes, we really do recommend this approach for success.

**Selecting the Right Core NexusIPE™ Team Members**
The right team for the right time is important in NexusIPE™. It is not surprising that this group is the “secret sauce” for success. We recommend that membership is inclusive with representatives from the community and target populations, education, health system or community-based settings, and learners such as students and residents. Include representation from those who will be most affected by the implementation of the program and who will be stable members of the core team over time. Members need to have the time to devote effort to relationship and team building. In addition, this group will be tasked as key ambassadors for communicating about the work and accomplishments. The membership of the NexusIPE™ team will change over time.

**Considerations for the right NexusIPE™ Team Checklist**

- What is the right size? The core team should not be so large that work cannot get done. It is tempting to want to include everyone at the beginning, but it is important to balance representation versus size.
- Make certain organizations that will be contributing and sharing resources for the IPE program are represented.
- Who and how those affected by implemented changes are represented is key. Do they need to be on the core team and why?
- How will support staff who will assist with logistics and team building be involved?
- How will people, families and community representatives be a true team member and not only viewed as advisory? Do they have time? Do they understand the commitment? Is it important to make certain they are paid for their time?
- To plan for success and sustaining your program, how will you assure that you include both grassroots people and those who can make things happen? (i.e. Who can give you entre, provide resources, etc?)
- Are there others who may not be traditional team members who are important to help you be successful?
- How will you evaluate and track outcomes for the program? Adding someone to your team with this expertise from the beginning can ensure an invaluable resource as you make future evaluation decisions. Outcomes are your return on investment and contribute to being able to show the value of your work.
## Planning Grid for the Right NexusIPE™ Team Members with World Views

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<tr>
<th>Team Member</th>
<th>Target population</th>
<th>Health system/Community-based setting</th>
<th>Education</th>
<th>Learner: Student and Residents</th>
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Tool 5: Assessing Your Nexus and its Six Characteristics: Where Are We today?

Through interviews and working with academic-practice teams that are implementing NexusIPE™ partnerships, we have learned about the connections between health professions education and health systems. We've identified six characteristics of a high-functioning NexusIPE™ team. Here is a discussion guide to help your team work through the six characteristics:

The Six Characteristics of a High-Functioning NexusIPE™ Partnership:

1. **Shared vision that leads to shared understanding**
   - Today, to what extent do your Nexus IPE™ team members have a sense of a common purpose for working together?
   - To what extent is there shared understanding of purpose, each other’s needs, the work together, and how the work will be accomplished?

2. **People, families and communities first**
   - How are people, families, and communities being incorporated as full partners in your NexusIPE™ team?
   - How does your NexusIPE™ Team use a shared decision-making partnership approach including people, families, and communities to put them first? Describe what this looks like. Is there room for improvement? If so, what are steps that can be taken?
   - After articulating the benefits people, families, and communities first, how is your IPE program designed that incorporates students into the system? Are students integrated so as to add value to the clinical practice?

3. **Safe environment to take risks for innovation for culture change**
   - How trusting is the environment so that all members of your team feel safe to speak up, offering their expertise from their point of view?
   - Is your NexusIPE™ team building a “new culture” into something bigger than individual siloes by introducing innovations for improvement?
   - What is going well? What can be improved?
   - What are everyday strategies that are used, to that end?

4. **Spontaneous team leadership**
   - Who is the formal, designated leader of your NexusIPE™ team who is held accountable for achieving outcomes? (Refer to the *Building an Effective NexusIPE™ Team from the Beginning* tool).
• How can any member of your NexusIPE™ team - regardless of profession or role (e.g., clinician, faculty member, staff member, student, or resident) lead in specific situations? Because of their expertise? Because of their point of view?

5. **Articulates how the Nexus benefits learners**

• What are the benefits to all health professions-in-training (i.e., students and residents) of your NexusIPE™ partnership?

• What do the students and residents say? How is your team documenting learning outcomes? How are they mastering the IPEC competencies?

6. **Articulates how the Nexus benefits the practice**

• What are the benefits to the practice site of your NexusIPE™ partnership?

• What do health professionals, staff, people and their families say? How is your team documenting learning outcomes?

• How do all stakeholders in your NexusIPE™ partnership learn together?

• How is your NexusIPE™ team working toward fourth goal of the Quadruple Aim: ensuring the well-being of the care team?
Define Your Vision, and Get Ready to Communicate It

Tool 6. Creating a Compelling Vision

The change literature describes “shared and compelling visions”\(^3\) to help people know where they are headed when implementing NexusIPE™ partnerships. Why should teams put in all of the time and effort? What difference is it going to make? Why should we do something differently?

We at the National Center cannot underscore enough how critical developing and succinctly communicating a compelling vision is to success of a NexusIPE™ partnership. During site visits with programs and teams, one of the central requirements we make is that the team present their compelling visions for feedback and refinement. This exercise allows us to identify what is going to work and what obstacles will present in the future. Therefore, we recommend that your team takes the time to write and refine this important step:

**Understanding Your Context:**
1. What is the context of your IPE program that will benefit from a NexusIPE™ partnership? (i.e. Who are your partners? What is the community need? What factors impact the needed partnership?)

2. In what way does your NexusIPE™ partnership align with your participating organizations’ vision, mission, and/or strategic plan? Include all participating organizations.

**Brainstorm Ideas:**
3. What is the target population? Who are the people/patients/clients, families, and communities? Describe their characteristics.

4. What will be the Institute of Healthcare Improvement Triple Aim benefits (improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care)? What are benefits for people, families and communities? How does your team plan to achieve the Quadruple Aim (improving the work life of health care providers, including clinicians and staff?)

5. The ultimate goal of interprofessional practice and education (IPE) is to achieve learning, health, organizational and wellbeing outcomes for all stakeholders. Thinking about other stakeholders (e.g., staff, students, faculty, community and health professions education organizations), what are other benefits, including expanding to the Quadruple Aim?
**Draft and Test a Compelling Vision Statement**

6. Work together to formulate, refine and write your vision with the following recommendations in mind:

- Write a statement that is short and to the point
- Use simple, concise, easy to remember language
- Avoid ‘fancy’ and technical words and medical terms
- Use words that create an impact and everyone can understand the direction
- Write your vision in 1-2 sentences
- Align with the collaborating organizations’ vision, mission, strategic plans, and goals
- Avoid getting bogged down with specifying how success will be measured in the vision statement. Defining specific goals, objectives, and action plans come after the vision statement

**Checklist for your team’s draft compelling vision**

- Does your vision succinctly describe what you are trying to convey?
- Does it focus on how people, families and communities will benefit?
- Is it clear and use language that non-health professionals and the public will understand?
- Can it be used to test new opportunities and make decisions about what is in and out of scope?

7. Using NexusIPE™ principles, how will your team accomplish your vision?

**Share Your Vision**

8. Consider using a scenario to test whether your vision statement works with your various stakeholders, including the public, future funders, and policymakers. Does your vision statement resonate with all stakeholders?

9. Using the questions listed above, develop an elevator speech for your program. How will you modify your elevator speech for different stakeholders?
Closing

In summary, this introductory toolkit highlights the basic tenets of what we have learned through the Accelerating Initiative and the Harder+Company external evaluation. That evaluation is available on nexusipe.org/accelerating and supports the use of these tools and resource. This toolkit is intended to be a starting point as you develop your NexusIPE™ team and partnership. However, even seasoned teams may use these tools to reinforce and bring additional clarity to their work. We know that IPE is complex, and you may find these tools to be useful at a variety of points in your work. They are a resource available to you at any time.

Teams building NexusIPE™ partnerships have found great value in setting aside time every six months or so to revisit these tools and document successes, progress, setbacks, or changes. We encourage you to do the same, and we look forward to hearing about it and supporting you as you celebrate your success.
Announcing a New Webinar Series

Real Stories with Real Impacts: What Worked for Accelerating Initiative NexusIPE™ Teams

National Center for Interprofessional Practice and Education

The road map to the future in health care is driven by patients and families, leading out of the hospital into outpatient, community and home settings. It’s ambitious, noble and challenging work that is pivotal to the future of health systems and health professions education.

In this age of uncertainty, the National Center for Interprofessional Practice and Education is learning important lessons about how to redesign impactful interprofessional practice and education programs in ambulatory and community settings.

Join us for a national webinar series of the release of the groundbreaking Harder+Company Community Research evaluation report of the National Center’s Accelerating Interprofessional Community-based Education and Practice Initiative and real stories of impact.

- What had to change in order for the Accelerating sites to be successful?
- How are they doing things differently?
- What matters most and what made a difference to their patient population?
- How did the National Center’s NexusIPE™ tools support the Nexus Team’s success?

Webinar Series

The “Lessons Learned” webinar series will be offered through Fall 2019 and into Spring 2020. See next page for information on the full webinar series, and register today at [https://nexusipe.org/accelerating/webinar-series](https://nexusipe.org/accelerating/webinar-series)
# Webinar Series

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<tr>
<th>Date</th>
<th>Title of Webinar</th>
<th>Education-Community Partners</th>
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<tr>
<td>October 30</td>
<td>Nexus Success in Nebraska: Invested Leaders and True Partnerships</td>
<td>University of Nebraska Medical Center&lt;br&gt;Ambassador Health of Omaha&lt;br&gt;Skilled Nursing and Rehabilitation&lt;br&gt;Azria Health Midtown</td>
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<td>November 6</td>
<td>Bridging Practice and Education in Community Based Complex Care Through Interprofessional Student Hotspotting</td>
<td>University of Utah&lt;br&gt;Housing Authority of the County of Salt Lake (now Housing Connect)&lt;br&gt;Grace Mary Manor&lt;br&gt;Bud Bailey Apartment Community</td>
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<td>December 10</td>
<td>Reaching Rural Residents with IPE (R3 IPE)</td>
<td>Oregon Health &amp; Science University&lt;br&gt;Klamath Health Partnership&lt;br&gt;Cascades East Family Medicine</td>
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<td>January 22, 2020</td>
<td>Cultivating Collaboration: Building a Successful Collaborative Care Model in an Academic Health Partnership</td>
<td>Creighton University&lt;br&gt;Catholic Health Initiatives (now CHI Health)&lt;br&gt;Creighton University Medical Center</td>
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<td>February 26, 2020</td>
<td>Promoting Team-Based Interprofessional Care for Community Dwelling Older Adults with Chronic Disorders</td>
<td>University of Pittsburgh&lt;br&gt;UPMC Staying at Home Program&lt;br&gt;Associates in Family Health Care</td>
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<td>March 3, 2020</td>
<td>Expanding Successful Interprofessional Approach with a Strong Community Partner: Arizona’s Nexus Team</td>
<td>Arizona State University&lt;br&gt;Northern Arizona University&lt;br&gt;Crossroads, Inc.</td>
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<td>April 21, 2020</td>
<td>Improving Health Access for Public Housing Residents: Washburn University’s Nexus Team</td>
<td>Washburn University&lt;br&gt;Topeka Housing Authority</td>
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<td>May 13, 2020</td>
<td>Geriatric Home Visits for Vulnerable Older Adults</td>
<td>University of Rochester&lt;br&gt;State University of New York&lt;br&gt;Lifespan of Greater Rochester</td>
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<td>June 10, 2020</td>
<td>Aligning Resources to Provide for Aging Adults in the Community</td>
<td>University of Colorado&lt;br&gt;Sheridan Health Services</td>
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<td>TBD</td>
<td>Providing Care in a School Setting</td>
<td>University of Hawai‘i at Mānoa&lt;br&gt;Hawai‘i Department of Education Keiki Program&lt;br&gt;Sanford Dole Middle School</td>
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Resources You Can Use


6. Fraher E, Brandt B. Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions. *J Interprof Care.* 2019;00(00):1-9. doi:10.1080/13561820.2018.1564252


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