

Welcome and Introduction



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Administration



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Director, National Center for
Interprofessional Practice and
Education

National Center for



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Featured Speakers



Jennifer Morton DNP, MPH, APHN
University of New England



Susan Kimble, DNP, APRN
University of Missouri, Kansas City



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Measuring the Impact: Evaluating Interprofessional Education and Care in Community Clinical Settings

Jennifer Morton DNP, MPH, APHN, University of New England

Susan Kimble, DNP, APRN, University of Missouri, Kansas City

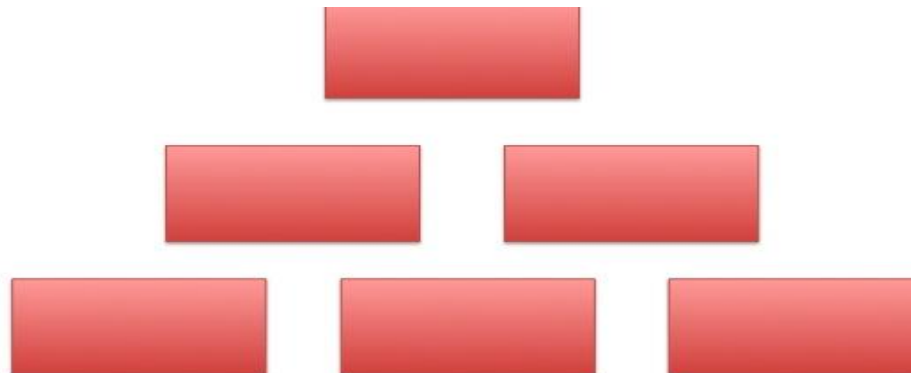
Objectives

- Illustrate how National Center resources can be used to support IPECP studies
- Share how program plans, including evaluation, translate across various demographics
- Describe attributes that contribute to a high-functioning interprofessional team
- Describe how an interprofessional student interface is beneficial to a clinical partner's organizational culture
- Showcase the linking of isolated IPECP efforts

Team Identity Exercise

What structural(brick) and philosophical(mortar) attributes contribute to your team identity?

Learning with, from, and about...



Innovative Models of Education, Training, and Service Delivery

Health, Resources and Services Administration (HRSA)

- Bureau of Health Professions
 - Nurse, Education, Practice, Retention and Quality (NEPQR), IPE grants, 2012
 - University of New England
 - University of Missouri, Kansas City

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A Tale of Two Cities

Portland, Maine

- CHANNELS Project-improving the health of immigrant/refugee communities through innovations in team based care
- Population = 66,650
- Community of Interest = Immigrant and Refugee (13,000), resettlement area
- Partnership with local health department and FQHC



A Tale of Two Cities

Kansas City, Missouri

- Bridging the Disparities Gap: Strengthening Community-based Healthcare Delivery in an Urban Setting
- Community of Interest=urban underserved including immigrant and refugee at the two community-based urban HPSA clinics
- Urban population living at 50% at or below 200% of the federal poverty level
- Patient population, 41% uninsured, 39% receiving Medicaid (RWJF, 2011)
- Partnership with FQHC and urban faith based clinic



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The University of New England

- Health Sciences College within a University in Portland, Maine
- Educates the largest number of health professions students in the state
- Relies on partnerships for clinical/practice experiences, no academic health center on site
- Robust IPE infrastructure
- “Private university with a public mission”-President Danielle Ripich



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The University of New England, cont.

- Nursing
- Nurse Anesthesia
- Physician Assistant
- Physical Therapy
- Occupational Therapy
- Dental Hygiene
- Social Work
- Athletic Training
- Applied Exercise Science

Other Colleges:

- Osteopathic Medicine
- Pharmacy
- Dental Medicine



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To improve the health of immigrants and refugees through innovations in community-based interprofessional care

SERVICE - IPCP

Riverton Health Center

Public Health Activities

Vision Initiatives

Smile Partners
Oral Health Program

TRAINING

Interprofessional Team
Training - IPCP

Expanded Community
Health Outreach
Wokder Model

Population Focused
Nurse Leader Institute

EDUCATION

Integrated Curriculum
Health Professions
Students

University of Missouri, Kansas City

- BSN completion and BSN-pre-license
- First DNP in state (post-MSN)
- MSN tracks
 - CNS, NE, NNP, PMHNP
- BSN to DNP
 - AGNP, FNP, PNP, WHNP
- Nursing PhD
- Health Science Campus: Pharmacy, Medicine, Dentistry, City Hospital (no academic medical center)
- Health Science Bachelor of Science



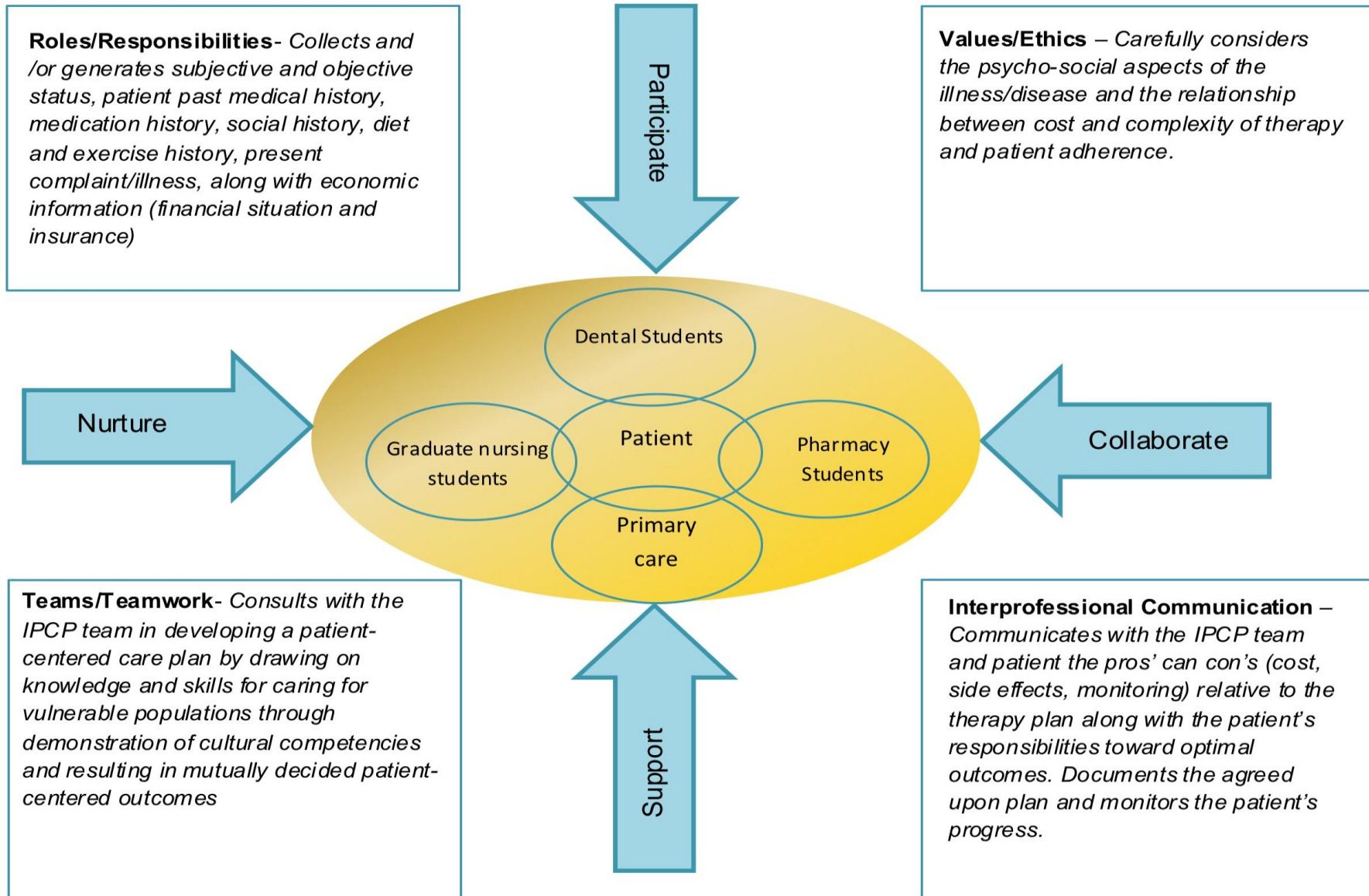
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Patient Centered Interprofessional Clinical Practice

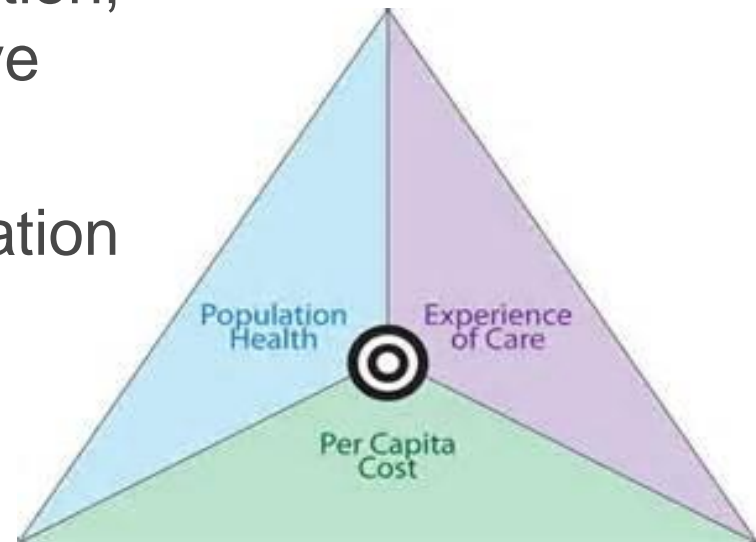
Using a community of practice model at two urban-based primary care clinics in Kansas City, Missouri, interprofessional clinical practice teams of advanced practice nursing, pharmacy, and dental students delivered care to a medically underserved patient population.



Evaluation Framework: The Institute for Healthcare Improvement's Triple Aims

Can innovative models of education, training and service delivery have the ultimate outcome of:

- Improving patient/client/population outcomes?
- Preserving the patient experience?
- Lowering health care costs?



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Measuring the Difference

The National Center for Interprofessional Practice and Education

- The Nexus: “A new kind of collaboration and shared responsibility among education and practice partners at local, regional and national levels.”
- <http://nexusipe.org/measurement-instruments>

The Case for Standardized and Individual Measures

Broad Utility

Student/Trainee Outcomes

- Formative/Summative Evaluations (Reflective Journals)
- Cultural Sensitivity
- Focus Groups

Service Delivery Outcomes

- CAHPS, HCAHPS
- Utilization Reports
- EHR
- Focus Groups (patients, providers)

CHANNELS IPEC STUDENT SURVEY BEFORE CLASS

www.surveymonkey.com/s/IPECBeforeClass



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The Case for Standardized and Individual Measures, cont.

Unique to Demographic

UNE

Student/Trainee Outcomes

- Attitudes toward health teams
- Attitudes toward IP education
- Cultural Sensitivity
- TeamSTEPPS

UMKC

Student Trainee Outcomes

- Attitudes toward health teams
- Readiness for IP Learning
- IP Collaboration Scale
- Team Skills Scale
- Cultural Sensitivity

Continuous engagement of stakeholders and intended users

INPUTS

- University**
 - Students
 - Faculty and staff
- Community**
 - Patient population
 - Clinics
 - Community organizations
- National**
 - Funding
 - Professional Associations
 - Peer grantees
- Literature**

STRATEGIES

- Education**
Integrated curriculum
- Training**
 - Interprofessional Team Training
 - Nurse Leader Institute
 - Expanded CHOW
- Service IPCP**
 - Service delivery in medical and / or dental clinics
 - Community-based health-related events

OUTPUTS

- Students and health professionals**
knowledgeable in:
 - IP teamwork and team-based practices
 - Values / ethics for IP practice
 - IP communication practice
 - Roles and responsibilities for collaborative practice
 - Working with vulnerable and / or culturally different populations
- Clinical, community, and academic partnerships**
- Nurse Leaders stronger skills in:**
 - Leadership
 - IP communication and practice
- Professional, competent CHOWs**

OUTCOMES / EFFECTIVENESS

Improve the health of disparate populations through innovative models in education, training and service delivery.

SHORT TERM

- Students**
 - Positive attitudes towards health teams, IP, and team work
 - Increase in skills / competencies in IP, team work; and cross-cultural sensitivity
- Clinical setting**
 - IP within clinical setting
 - Enhanced capacity
 - CHOW as part of care team
- Patient population**
 - Preserved / improved patient experience
 - Increased access to

INTERMEDIATE

- Clinical setting**
 - Strengthened community-based healthcare delivery
 - New hires with IP competencies
 - Team-informed care decisions
 - Improved IP communication
 - Cultural and linguistically appropriate care
- Patient population**
 - Preserved / improved patient experience
 - Improved communication between patient and care team
 - Increased appointment

LONG TERM

- Population health**
 - Improved health of target population
- Experience of care**
 - Improved patient quality and satisfaction of care
- Per capita cost**
 - Decreased per capita cost of health care
- Increased health equity**

Describe the Program

Focus the Evaluation Design

Logic model

CDC Evaluation Framework

Continuous engagement of stakeholders and intended users

Justify conclusions

Disseminate and utilize findings

Process Evaluation-Grant Management

“The need that the grant is attempting to address is complex, because it isn’t just service delivery (although that’s a large component of it).

“Its also preparing future providers to deliver services in a culturally congruent and acceptable way. And it’s preparing leadership so that such services can be guided, mentored and sustainable...into the future...

“Its so complex that you need this team of different types of organizations that do [this] type of work to really address the problem.”

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Process Evaluation-Grant Management, cont.

Method:

- Polling focus group

Results:

- The steering committee was rated as highly efficient and effective.
- Much of the committee's success was attributed to the strong leadership and dedication among partners.

Process Evaluation-Grant Management, cont.

Polling Question	Agree	Strongly agree
Members are dedicated to the idea that we can make the CHANNELS grant a success.	8.3%	83.3%
Members have a clear sense of their roles and responsibilities.	54.6%	45.5%
Members are creating new knowledge or insights together.	16.7%	83.3%
Members have the connections they need to achieve the CHANNELS goals.	16.7%	75%
Members communicate openly with one another.	75%	16.7%
What we are trying to accomplish with the CHANNELS grant would be difficult for any single organization to accomplish by itself.	9.1%	90.9%

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Student Education Evaluation Methods and Results

Tools:

- Surveys
- Focus Groups

Existing instruments used:

- Attitudes Towards Interprofessional Health Care Teams / Education Scales
- Cultural Competence Assessment
- TeamSTEPPS

Cohort	No. of Students	Disciplines Represented
Summer 2013	94	Dental Hygiene, Nursing
Fall 2013	97	Dental Hygiene, Nursing
Winter 2014	28	Nursing, Social Work
Summer 2014	117	Nursing, Occupational Therapy, Physician Assistant
<i>Up next:</i> Fall 2014	~130	Dental Hygiene, Nursing, Social Work

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Student Education Evaluation Methods and Results, cont.

Results across cohorts:

- 71% - 82% of students had prior experience with IPE*
- Students report positive attitudes at baseline
 - 69 - 90% of all attitude measures received over 70% IPCP-affirming scores at baseline
- Students find IPCP beneficial to patient care
- 93 -100% of respondents felt “The interprofessional approach improves the quality of care to patients/clients”

* Data for Cohorts 2-4 only

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Student Education Evaluation Methods and Results, cont.

“As OT’s we can’t diagnose, so our referrals are coming from behavioral doctors and then most likely if they’re seeing OT’s they’re seeing some other form of therapy and if you’re in a hospital setting you have to be able to talk to the doctors and nurses and communicate the care, it’s essential.”

- UNE Occupational Therapy Student, 2014 Focus Group

Training Evaluation Methodology and Results

Tools:

- Surveys
- Interviews
- CHOW daily logs

Existing instruments used:

- Attitudes Towards Interprofessional Health Care Teams / Education Scales
- Cultural Competence Assessment
- TeamSTEPPS
- Participant Evaluation

Demographics:

- 3 Cohorts
- Ages 20-60, 41 Participants
- 52% Masters, 26.1% Bachelors, 13% Associate, 4% Doctoral, 4% Secondary

Training Evaluation Methodology and Results, cont.

Results

- Improved TeamSTEPPS learning outcomes
- Improvement in 3 measures related to “Attitudes Towards IP Health Care Teams”
 - Developing an interprofessional patient/client care plan is excessively time consuming.
 - The interprofessional approach permits health professionals to meet the needs of family caregivers as well as patients.
 - Hospital patients who receive interprofessional team care are better prepared for discharge than other patients.
- No significant findings on “Attitudes towards IP education”

SERVICE - IPCP

Public Health
Activities

Vision Initiatives

Smile Partners
Oral Health
Program

TRAINING

Interprofessional
Team Training -
IPCP

Expanded CHOW
Model

Population
Focused Nurse
Leader Institute

EDUCATION

Integrated Curriculum
Health Professions
Students

CHOW's

About:

- October 2013 – July 2014
- 2 CHOWs (2 FTE)
 - 221 unique clients
 - 622 “contacts” logged

Demographics:

- 43% Arabic, 44% Somali, 4% English,
3 % Other, 5% Missing data
- 90% MaineCare coverage

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Nurse Leader Institute

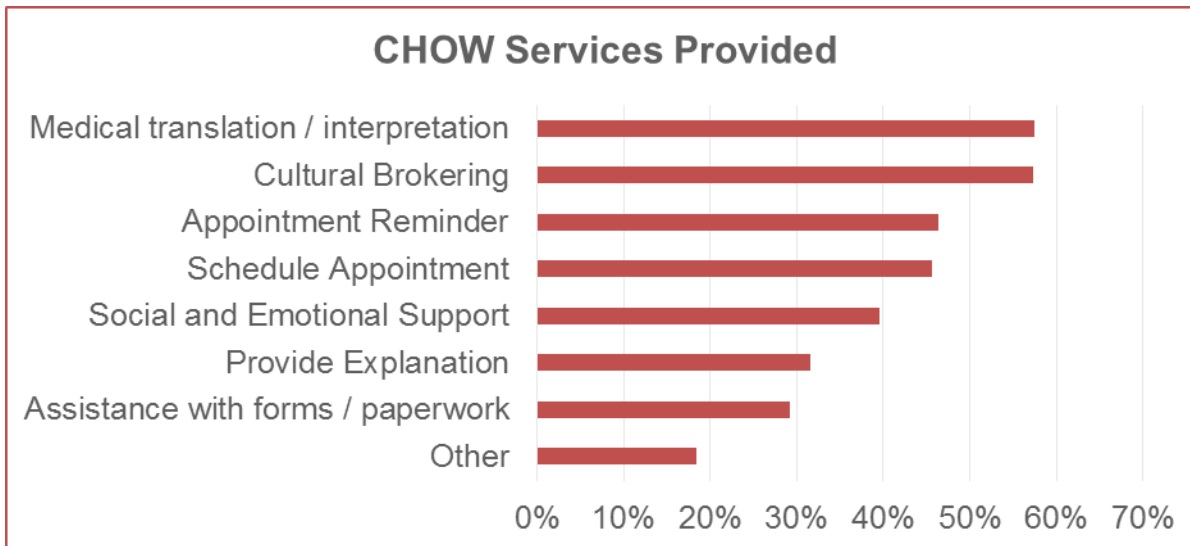
EDUCATION

Integrated Curriculum
Health Professions
Students

CHOW's, cont.

Top 3 client barriers identified by clients:

- Cultural issues (91%)
- Does not understand health care system (68%)
- Language (73%)



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Nurse Leader Institute

About:

- 11 Nurses graduated in 2014
- Community Impact Projects:
 - Provide customer service training to clinic staff
 - Certify nurses to use telehealth equipment
 - Create a resource manual for immigrant and refugee services
 - Educate parents about prescription drug abuse
 - Hold school-based health fairs

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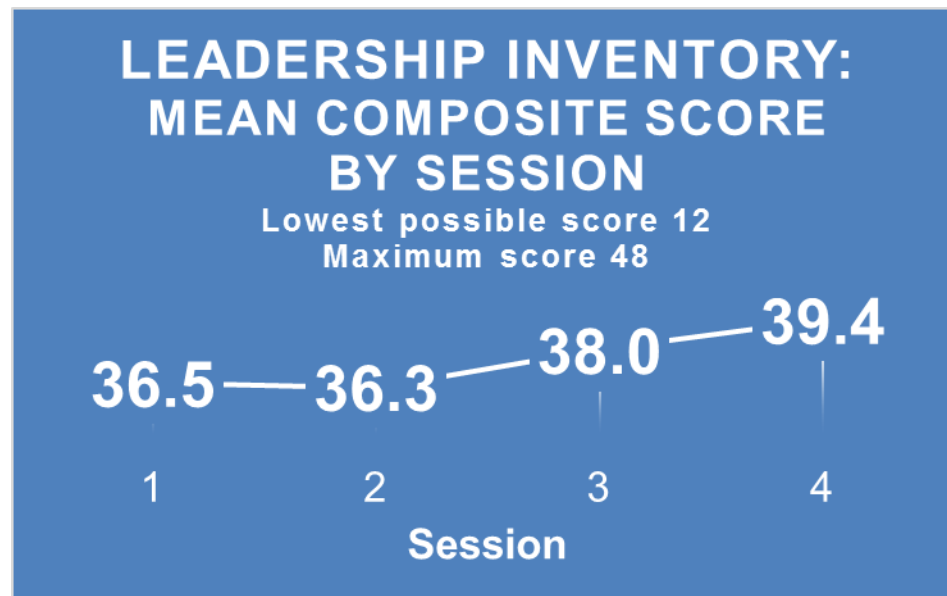
EDUCATION

Integrated Curriculum
Health Professions
Students

Nurse Leader Institute, cont.

Findings:

- Participants felt the opportunity to network with colleagues was the most helpful aspect of the program



IPCP Services Methodology

Tools:

- Surveys
- Administrative Data
- CHOW logs
- Electronic Health Records
- National / Statewide Surveillance
- Patient Surveys

Existing instruments used:

- CG-CAHPS 12-Month Survey with Patient-Centered Medical Home Items (Adult)
- Adapted NIH Vision-related Quality of Life Survey

Riverton Health Center

About:

- Small health center situated in housing complex, with:
 - Family Nurse Practitioner, 2 CHOWs, 1 Social Worker (MSW) and Students

Demographics:

- 60% MaineCare insurance (Medicaid)
- 35% No insurance
- 5% Medicare or private insurance

Findings:

(From June 2013 – April 2014):

- 384 appointments scheduled at Riverton Health Clinic
- Overall appointment adherence: 57.2%
- Increasing number of patients utilizing the clinic as their medical home

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Riverton Health Center

Public Health Activities

Vision Initiatives

Smile Partners
Oral Health Program

TRAINING

Interprofessional Team
Training - IPCP

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Population Focused
Nurse Leader Institute

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Health Professions
Students

Clinician & Group - Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)

Findings:

About:

- CAHPS-Gold standard for measuring patient satisfaction and informing decision making



Measure	Top Box Score
How often this provider explained things in a way that was easy to understand (n=15)	73.3%
How often the clerks and receptionists at this provider's office as helpful as you thought they should be (n=15)	86.7%
When you made an appointment for a check-up or routine care, how often did you get an appointment as soon as you needed (n=13)	38.5%
How often this provider showed respect for what you had to say (n=15)	100%

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Health on the Move

Event:

- Initiative of the Cumberland District Public Health Council
- CHANNELS-funded CHOWs provided critical event support
- UNE Nursing students conducted blood pressure screenings and prediabetes risk assessments
- UNE pharmacy students answered questions on medication safety

Demographics of Attendees:*

- 47% MaineCare coverage (Medicaid)
- 73% Had a doctor / PCP
- 58% Had been to their PCP in last year
- 67% Did not have a dentist
- 50% Reported they or their child needed eye glasses
- Survey languages: 44% English, 24% Arabic, 20% French. 13% Somali

**Results from self-reported data from entrance survey, n=131*

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Riverton Health Center

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Health Professions
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Public Health Activities – Vision Initiatives

Reach:

- 150+ vision screenings completed
- ~150 free Adlens self-adjusting glasses distributed

Demographics:

- Ages range: 6-82 years old
- Over 50% had some visual impairment

Findings:

- High demand and need for vision services

Reasons for needing glasses (July 2014):

- “She will use driving.”
- “Squinting a lot, has headaches.”
- “Has glasses- not updated in a long time: says vision is 0 without glasses.”
- “[Respondent had] Glaucoma - last eye exam over a year ago.”

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Public Health Activities

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Nurse Leader Institute

EDUCATION

Integrated Curriculum
Health Professions
Students

Public Health Activities – Oral Health (“SmilePartners”)

Reach:

- 158 people screened

Demographics:

- Average age: 37
- Language
 - 56% Arabic; 33% Somali; 7% French; 4% Other

Preliminary Data <i>February 2013 – September 2014</i>	
Screenings	158
Home visits	55
X-rays	42
Dental cleanings	20
Graduated program	12

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SERVICE - IPCP

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IPE Evaluation Results

Tools:

- Student Surveys
- Student and Provider Focus Groups
- Patient Satisfaction Surveys

Existing instruments used:

- Readiness for Interprofessional Learning Scale
- Interprofessional Collaboration Scale
- Attitudes Towards Health Care Teams Scale
- Team Skills Scale
- Cultural Competence Assessment

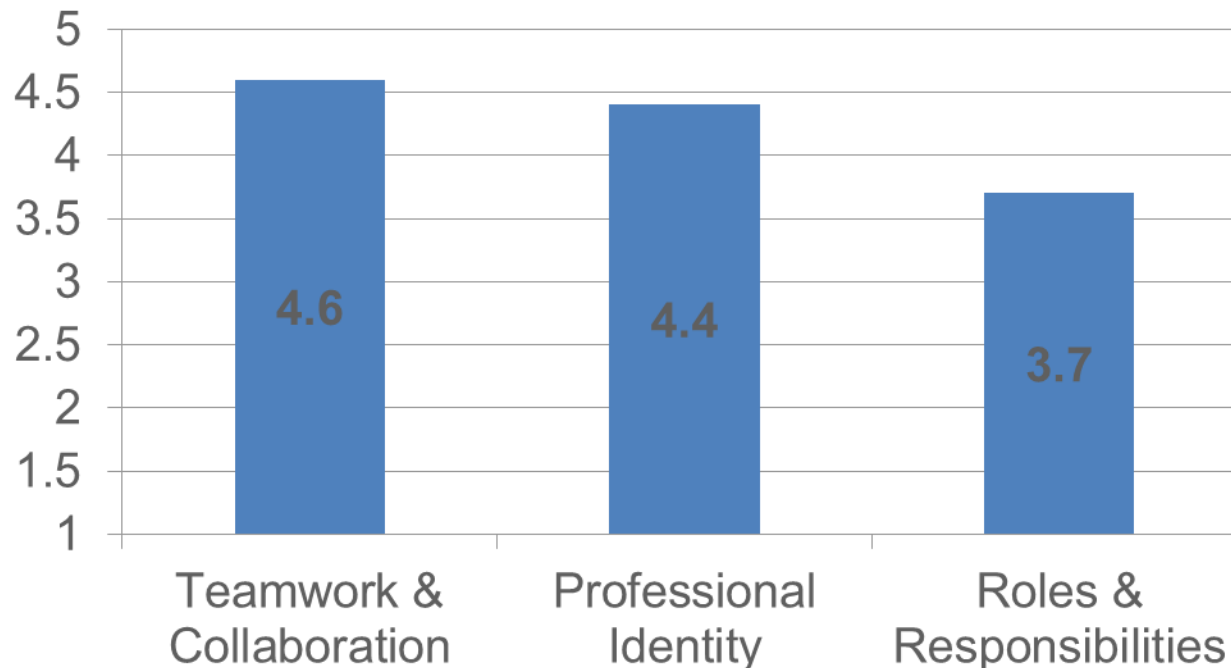
Demographics:

- 4 Cohorts
- Ages 22-49 years, 51 Participants
- Graduate nursing, pharmacy, dental students

IPE Evaluation Results, cont.

Readiness for Interprofessional Learning Scale (McFadyen et al., 2005)

- 19 items, 1 = strongly disagree to 5 = strongly agree
- Administered at baseline
- Students: n = 49



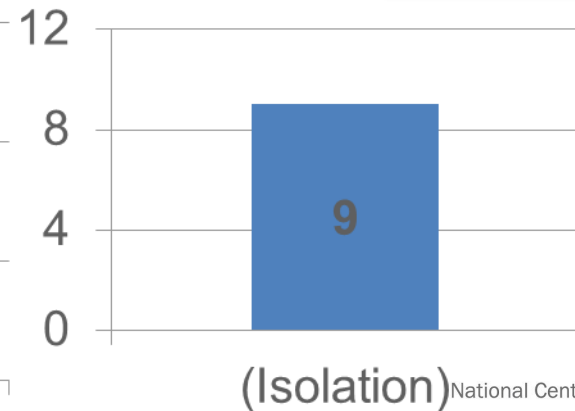
Students reported very high readiness to participate on IPCP teams, and openness to learn from/with other students. They reported moderately high positive feelings about their role.

IPE Evaluation Results, cont.

Interprofessional Collaboration Scale (Kenaszchuk et al., 2010)

- 14 items, 1 = strongly disagree to 4 = strongly agree
- Administered at end of rotation
- Students: n = 34

Students reported high levels of communication among team members, high cooperation and collaboration, and high levels of affiliation with other professionals (higher is better on Isolation scale).



IPE Evaluation Results, cont.

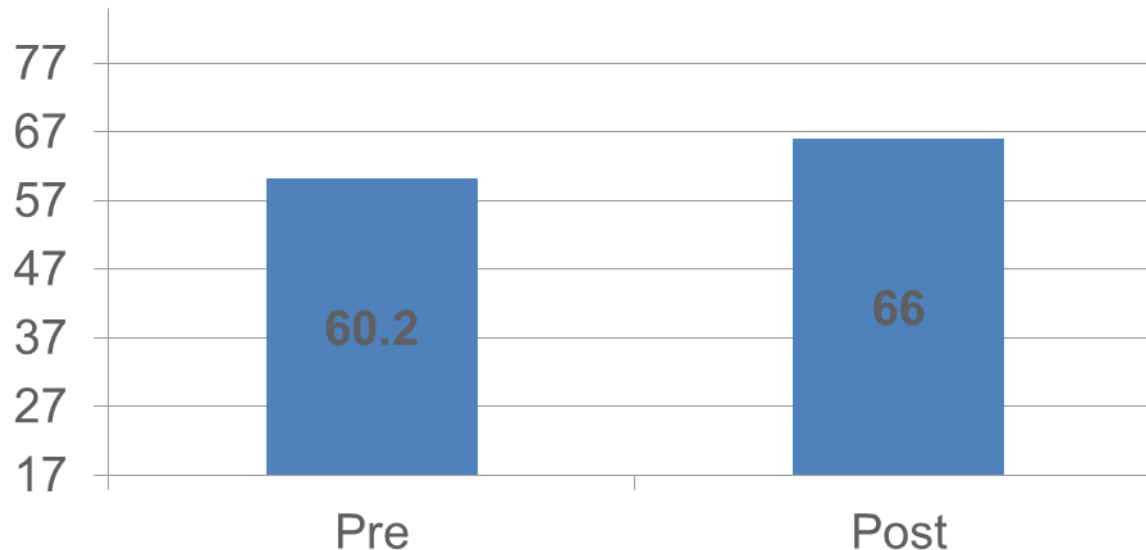
Team Skills Scale

(Hepburn, Tsukuda, & Fasser, 1998)

- Assesses team members' perceptions of their own skills
- 17 items rated on 5 pt scale, 1=Poor, 2=Fair, 3=Good, 4=Very Good, and 5=Excellent (possible range 17 – 85)
- Administered at baseline and end of rotation
- Students: $n = 32$

Students reported a
significant increase
in perceived team
skills

($t = 2.56, p = .02$)

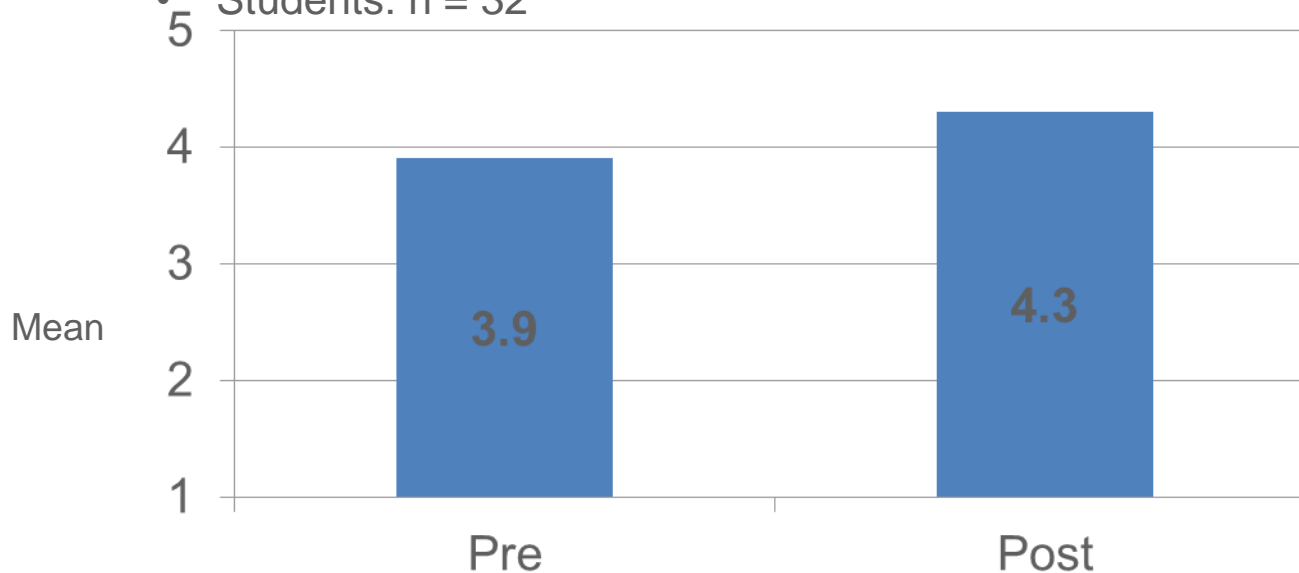


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IPE Evaluation Results, cont.

Cultural Competence Assessment (Schim et al., 2004)

- Assesses changes in perceived cultural competence
- Overall perceived cultural competence rated on a scale from 1 = Very Incompetent to 5 = Very Competent
- Administered at baseline and end of rotation
- Students: $n = 32$



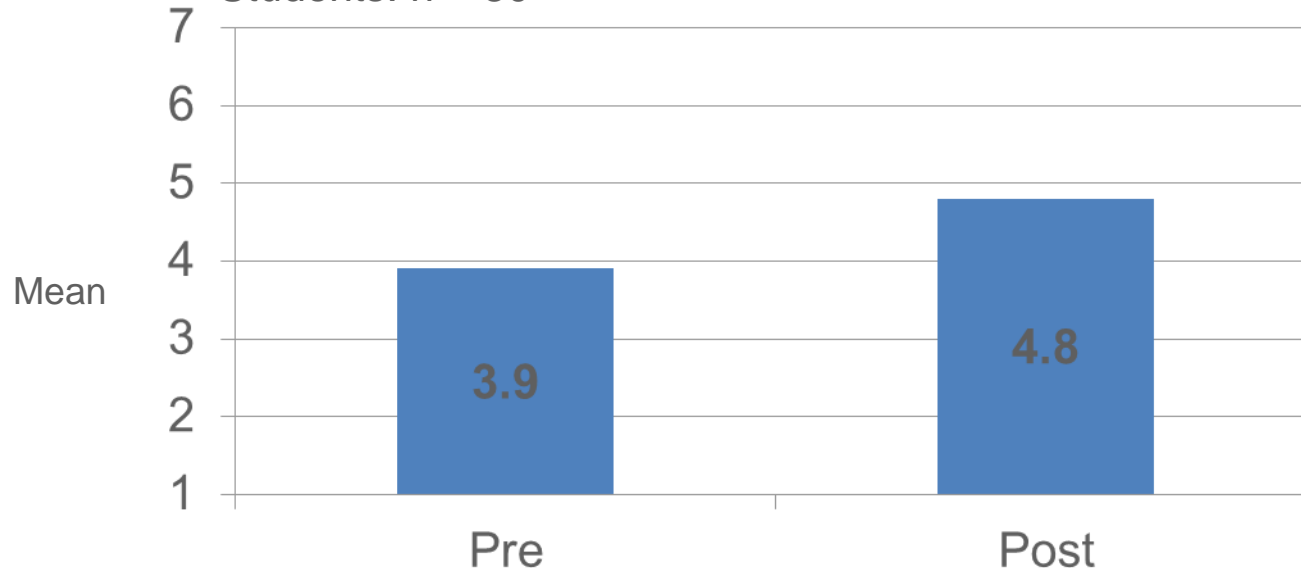
Students reported a significant increase in perceived cultural competence
($t = 2.35, p = .03$)

IPE Evaluation Results, cont.

Cultural Competence Assessment

(Schim et al., 2004)

- Assesses changes in perceived cultural competence
- Cultural Competence Behavior Subscale – rating of how often students perform 10 behaviors related to culturally competent care on a scale from 1 = Never to 7 = Always
- Administered at baseline and end of rotation
- Students: n = 30



Students reported a significant increase in culturally competent behaviors

($t = 4.02, p = .001$)

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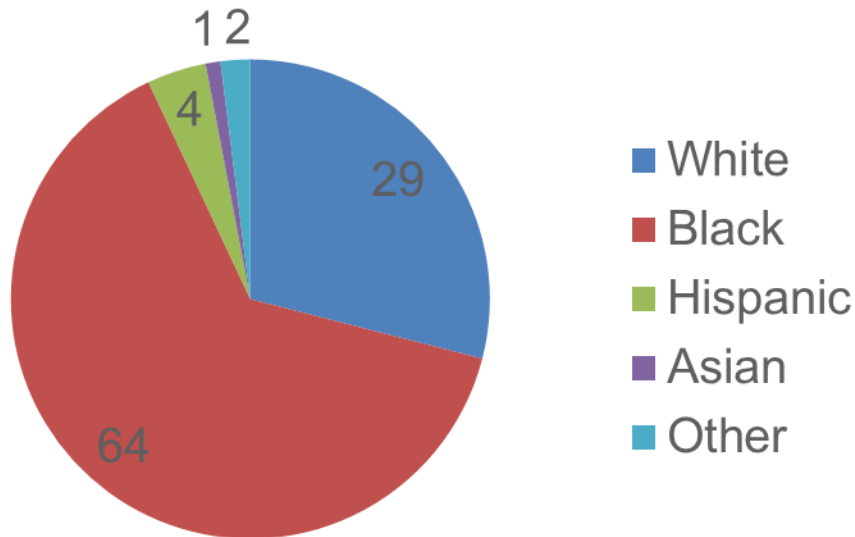
Community-based Healthcare Centers

Clinic 1

Small, young community-based health center:

- Teams of NP students, Pharmacy students, Dental students
- 934 patients seen (64% female; 0 - 65+ yrs)

Race/Ethnicity



Most Frequent Diagnoses:

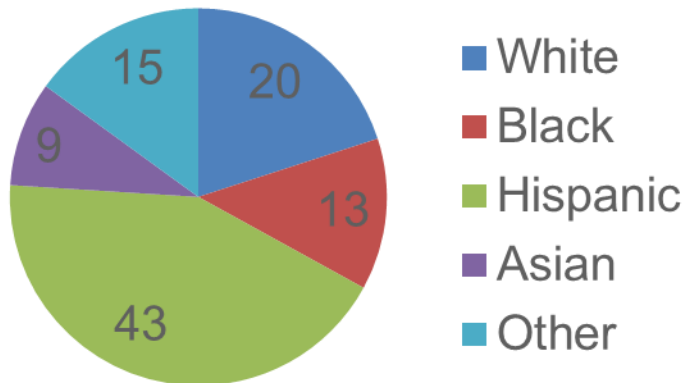
- 152 – Essential Hypertension
- 109 – Diabetes Mellitus
- 81 – Disorders of Lipoid Metabolism
- 65 – Overweight, obesity
- 62 – Health supervision infant or child
- 53 – General Medical Exam
- 52 – Asthma

Community-based Healthcare Centers Clinic 2

Large, urban federally-qualified healthcare center:

- NP students, and Pharmacy students
- 1,814 patients seen (78% female; 0 - 65+ yrs)

Race/Ethnicity



Most Frequent Diagnoses:

- 320 – Normal Pregnancy
- 219 – Essential Hypertension
- 184 – Screening Malignant Neoplasm
- 136 – Diabetes Mellitus
- 134 – Screening Bacterial
- 132 – Contraceptive Management
- 128 – Overweight/obesity
- 117 - Health Supervision of infant/child
- 115 - Disorders of lipoid metabolism

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Qualitative Data

- Focus groups in three populations provided qualitative data:
 - Students
 - Providers
 - Patients (comments and satisfaction surveys)
- This information offered feedback and guidance as the projects progressed.



Evaluation Gratitude

Michelle Mitchell, Msc, MS

Partnerships for Health, LCC

Evaluator for the University of New England project

Heather J. Gotham, PhD

Associate Research Professor

Evaluator for the University of Missouri, Kansas City project

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Continuous engagement of stakeholders and intended users

INPUTS

- University**
- Students
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- Patient population
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- Decreased per capita cost of health care
- Increased health equity**

Describe the Program

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Continuous engagement of stakeholders and intended users

Justify conclusions

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Lessons Learned...Are Nuggets for Refinement!

- UNE added RIPLS as a measure
- UMKC considering TeamSTEPPS training
- Process evaluation is critical to overall evaluation processes
- We need more time! Triple Aims require longitudinal study AND patience
- Standardized measures translate across all sorts of projects (resources and partnerships, methodologies, demographics, etc)
- National Center excellent resource to better understand tool validity



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Questions and Discussion

Please type your questions in the chat box.



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www.nexusipe.org/resource-exchange

Start a conversation

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