



NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION

October 27, 2017

**16th Annual Research and Evidence-Based Practice Conference
University of California-Los Angeles**

Interprofessional Practice and Education: “A Great Truth Waiting for Scientific Confirmation”

Barbara F. Brandt, PhD, Director
Associate Vice President

Topics

What is IPE, and why is it making a comeback today?

The State of the Science of IPE

Introduction to the National Center and the Nexus:
Aligning IPE with transforming clinical practice redesign

The National Center Knowledge Generation Initiative,
Measurement and Assessment



What is IPE, and why is it making a comeback today?



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 and residents** 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.



Interprofessional Education and Collaborative Practice:

Field

The screenshot shows a Washington Post article from May 3, 2015, by Ariana Eunjung Cha. The article title is "Researchers: Medical errors now third leading cause of death in United States". The main image shows a medical professional in a surgical mask and cap, with an IV drip in the foreground. A text overlay on the image reads "These common medical errors are major killers". To the right of the image is a video player with "Embed" and "Share" options. Below the video is a "Most Read" section with two items: "Mercury is about to pass in front of the sun, and it should be incredible to watch" and "Alabama's top judge is suspended, and may lose job, after blocking gay marriage".

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To Your Health

Researchers: Medical errors now third leading cause of death in United States

By Ariana Eunjung Cha May 3

These common medical errors are major killers

Embed Share

Today's connections are built on APIs. [Watch Video](#)

ca Business, rewritten by software™

Most Read

- 1 Mercury is about to pass in front of the sun, and it should be incredible to watch
- 2 Alabama's top judge is suspended, and may lose job, after blocking gay marriage

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CAIPE Centers For The Advanc

Home News Events

Student membership of CAIPE

The lively student network offers opportunities to take part in CAIPE events, share experiences and links with students in other countries. There is also a growing community in our Student Forums.

Health Professions Education A BRIDGE TO QUALITY

Report of an Expert Panel May 2011

INSTITUTE OF MEDICINE

Today

Report Releases

Empowering Women and Strengthening Health Systems and Services Through Investing in Nursing and Midwifery Enterprise: Lessons from Lower-Income Countries: Workshop Summary Released February 9, 2015

Building Health Workforces

es

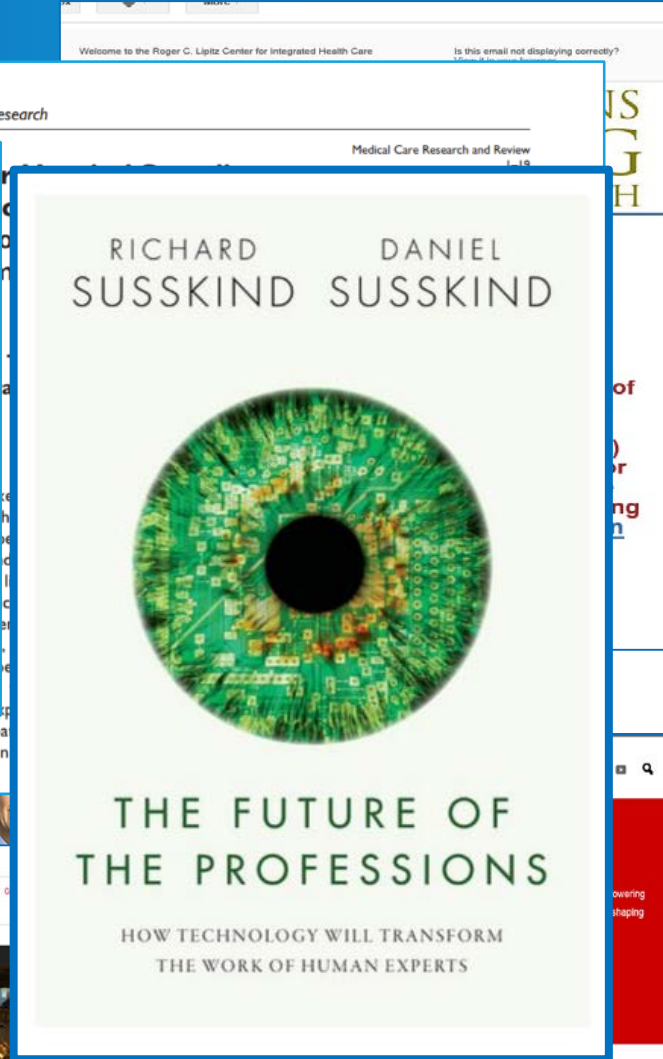
- 3. Interprofessional Communication
- 4. Teams and Teamwork



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



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



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

focus on patient readmission

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

UNM SCHOOL OF MEDICINE Project ECHO

About ECHO | Initiatives | NIM TeleECHO Clinics | Locations | Updates | Start an ECHO | Meet Our 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 exponentially increases workforce



Making the Next Generation | Impact of New Cholesterol | Anniversary of CVS Quits Good | Pathway to Biosimilar Drugs

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

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

Gearing up for value-based payments

BECKER'S Hospital CFO Report

VR CAN REDUCE
SURGICAL PLANNING
TIME BY 40%



Find out how >

Bank of America
Merrill Lynch

Source: Chan et al., 2013

Print Issue | E-Weeklies | Conferences | Webinars | Whitepapers | Multimedia | Lists

Physicians | Leadership | Executive Moves | Transaction & Valuation | Human Capital and Risk | Patient Flow | Facilities | Patient Engagement | ACOs | Population Health | Legal & Regulatory | Compensation | Payer Issues | Opio

Financial Management



Learn how Sunrise helped University Hospital System access patient data from disparate sources

DOWNLOAD THE CASE STUDY

Allscripts

Survey: 50% of healthcare professionals 'not at all' familiar with MACRA

Written by Morgan Haefner | August 30, 2017 | Print | Email

107

Only 9 percent of providers, healthcare administrators and medical office staff consider themselves "very familiar" with the Medicare Access and CHIP Reauthorization Act, according to a recent NueMD survey.

in Share

MODELS TO E AIM

LAND JOURNAL of MEDICINE

Perspective

Payment Goals — HHS Efforts to Improve

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

e sys- across settings, and greater at- 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

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The New England Journal of Medicine
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greater levels of value-based financial alignment, and other forms of joint ventures.



Big Picture: Reframing, Retooling and Retraining

1970 Barriers

Today

Low status of primary care →

Redesign around primary care, prevention, population health

Fee for service →

Value-based payments?

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

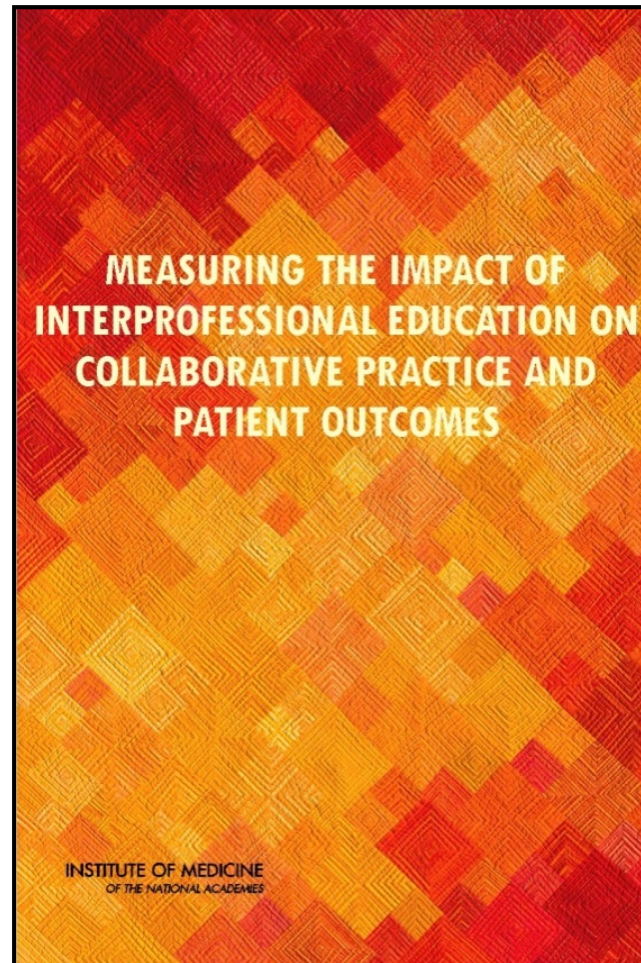


“True North”: What Does it Mean?

- Commitment to interprofessional teams
- Value-based payment models
- “Consumer-driven” health care



The State of the Science of IPE



Does IPE make a difference or not?

The bottom line:

“Does interprofessional education and interprofessional collaborative practice make a difference to health care and patient/health outcomes?” (John Gilbert, 2013)

Best response as told by Gilbert:

“Interprofessional education [and collaborative practice] is a great truth awaiting scientific confirmation”. (Dewitt “Bud” Baldwin, MD, 1997)

Gilbert, J.H.V. (2013). Interprofessional – education, learning, practice and care. *Journal of Interprofessional Care*, 27: 283–285.



Issues in the Field: Limited Influence

BUT

Plagued by terminology problems and concerns

Research questions mostly concentrated on local, unique program/project implementation and assessment

Little “mainstream” publication

As a result, despite this long history, the actual sphere of influence emanating from IPECP research has been limited.



Issues in the Field: Growth in IPE Publishing

- 1970 to 2010: Prolific area of inquiry

IP Research	1970	2010	% Change
# of IP-related publications	356	8,519	+ 2293%
# of journals publishing IP research	209	2867	+ 1272%

Paradis, E. Reeves, S. (2013) Key trends in interprofessional research: A macrosociological analysis from 1970 to 2010. *Journal of Interprofessional Care*, 27: 113 – 122.



Issues in the Field: Conceptual Fuzziness

- The lack of conceptual clarity: challenge to generating actionable information (Reeves et. al, 2011)
- Two Cochrane reviews: scant evidence of rigorously generated knowledge using RCTs. (Reeves et al., 2013 and Zwarenstein et al., 2009)
- Best Evidence Medicine Reviews, most recently 2016, demonstrate some emerging evidence.
- Rigorous research can and needs to be conducted using many different methods: Comparative effectiveness research rather than RCTs.



Issues in the Field: Problems with Measurement and Assessment

- Few appropriate IPECP measurement and assessment instruments have undergone a rigorous validation process (Thannhauser et al., 2010).
- Majority of work: attitudinal demonstrating a lot of “happy – or unhappy” people
- The Canadian Interprofessional Health Collaborative in 2012 published An Inventory of Quantitative Tools to Measure Interprofessional Education and Collaborative Practice
- In 2017, the National Center for Interprofessional Practice and Education reviewed many instruments and made available on its website a rigorous review of 48 instruments.





Need for a New IPE Research Agenda

- A number of researchers have taken up the challenge of developing a research agenda for this area of inquiry (Thistlethwaite et al., 2012; Gilbert, 2013; Thistlethwaite, 2012).
- The National Center on Interprofessional Practice and Education research agenda



Introduction to the National Center and the Nexus: Aligning IPE with transforming clinical practice redesign



What We Value: 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



HRSA Principles

June 1, 2012 Funding Opportunity Announcement

A coordinating center for interprofessional education and collaborative practice will provide **leadership, scholarship, evidence, coordination, and national visibility** to advance interprofessional education and practice as a viable and efficient health care delivery model. (p.4)

“Unbiased, neutral convener”



The Nexus

Creating a deeply connected, integrated learning system to transform education and care together



Needed: interprofessional clinical learning environments

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?



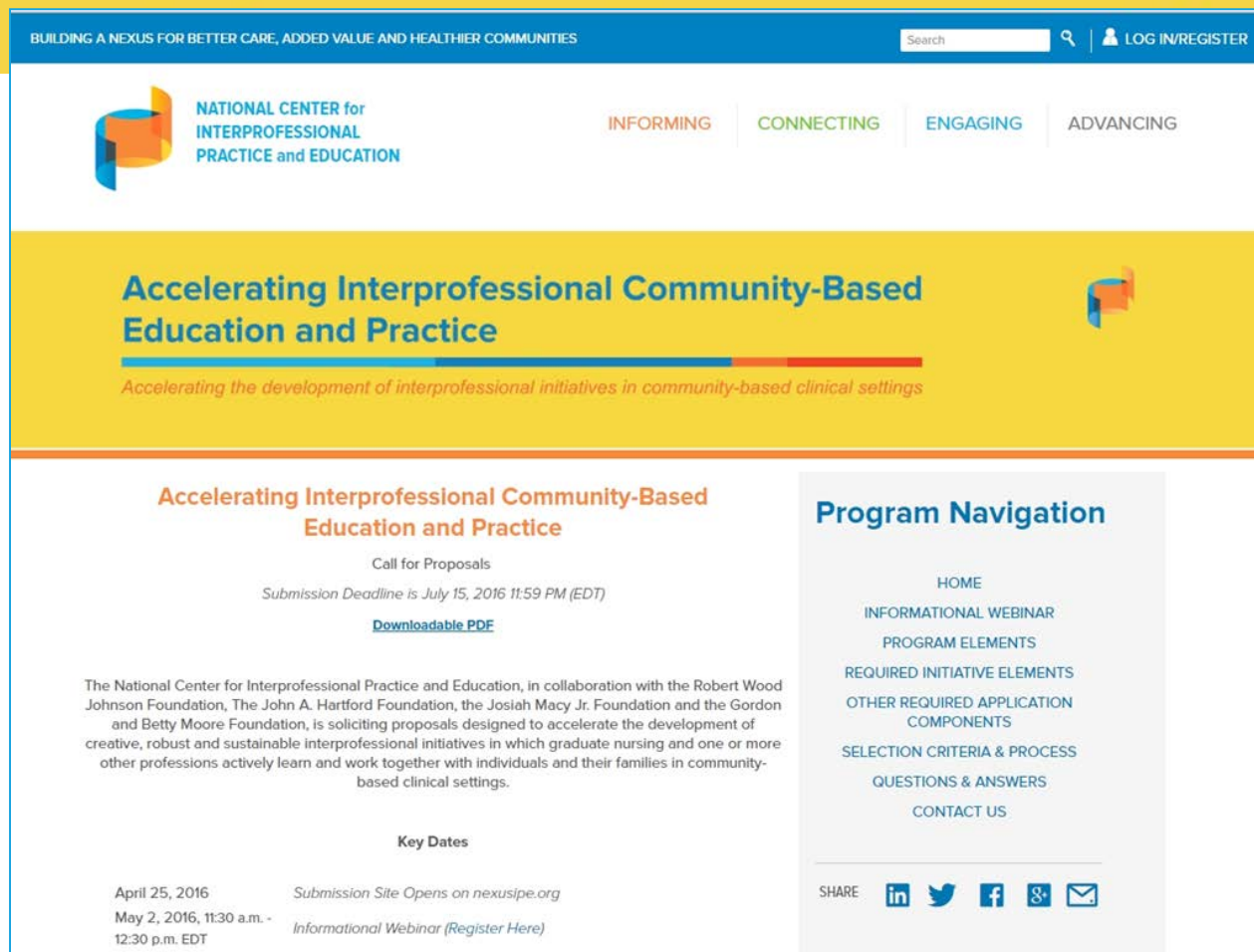
Elements of the “Nexus”

- integrate clinical practice and education in new ways,
- partner with patients, families, and communities,
- strive to achieve the Triple Aim in both health care and education (cost, quality, and populations),
- incorporate students and residents into the interprofessional team in meaningful ways,
- create a shared resource model to achieve goals, and
- encourage leadership in all aspect of the partnership.



Accelerating Interprofessional Community-Based Education and Practice

Accelerating the development of interprofessional initiatives in community-based clinical settings



The screenshot shows the website for the National Center for Interprofessional Practice and Education. The header includes the organization's name and a navigation menu with categories: INFORMING, CONNECTING, ENGAGING, and ADVANCING. The main content area features a large yellow banner with the title 'Accelerating Interprofessional Community-Based Education and Practice' and a sub-header. Below this, there is a section for 'Accelerating Interprofessional Community-Based Education and Practice' with a 'Call for Proposals' and a 'Submission Deadline is July 15, 2016 11:59 PM (EDT)'. A 'Downloadable PDF' link is provided. The text describes the initiative's goal to accelerate the development of creative, robust, and sustainable interprofessional initiatives. A 'Key Dates' section lists the submission site opening on April 25, 2016, and an informational webinar on May 2, 2016. A 'Program Navigation' sidebar lists various links such as HOME, INFORMATIONAL WEBINAR, PROGRAM ELEMENTS, REQUIRED INITIATIVE ELEMENTS, OTHER REQUIRED APPLICATION COMPONENTS, SELECTION CRITERIA & PROCESS, QUESTIONS & ANSWERS, and CONTACT US. Social media sharing icons are also present.

BUILDING A NEXUS FOR BETTER CARE, ADDED VALUE AND HEALTHIER COMMUNITIES

Search | LOG IN/REGISTER

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

INFORMING | CONNECTING | ENGAGING | ADVANCING

Accelerating Interprofessional Community-Based Education and Practice

Accelerating the development of interprofessional initiatives in community-based clinical settings

Accelerating Interprofessional Community-Based Education and Practice

Call for Proposals

Submission Deadline is July 15, 2016 11:59 PM (EDT)

[Downloadable PDF](#)

The National Center for Interprofessional Practice and Education, in collaboration with the Robert Wood Johnson Foundation, The John A. Hartford Foundation, the Josiah Macy Jr. Foundation and the Gordon and Betty Moore Foundation, is soliciting proposals designed to accelerate the development of creative, robust and sustainable interprofessional initiatives in which graduate nursing and one or more other professions actively learn and work together with individuals and their families in community-based clinical settings.






Key Dates

April 25, 2016 *Submission Site Opens on nexusipe.org*

May 2, 2016, 11:30 a.m. - 12:30 p.m. EDT *Informational Webinar ([Register Here](#))*

Program Navigation

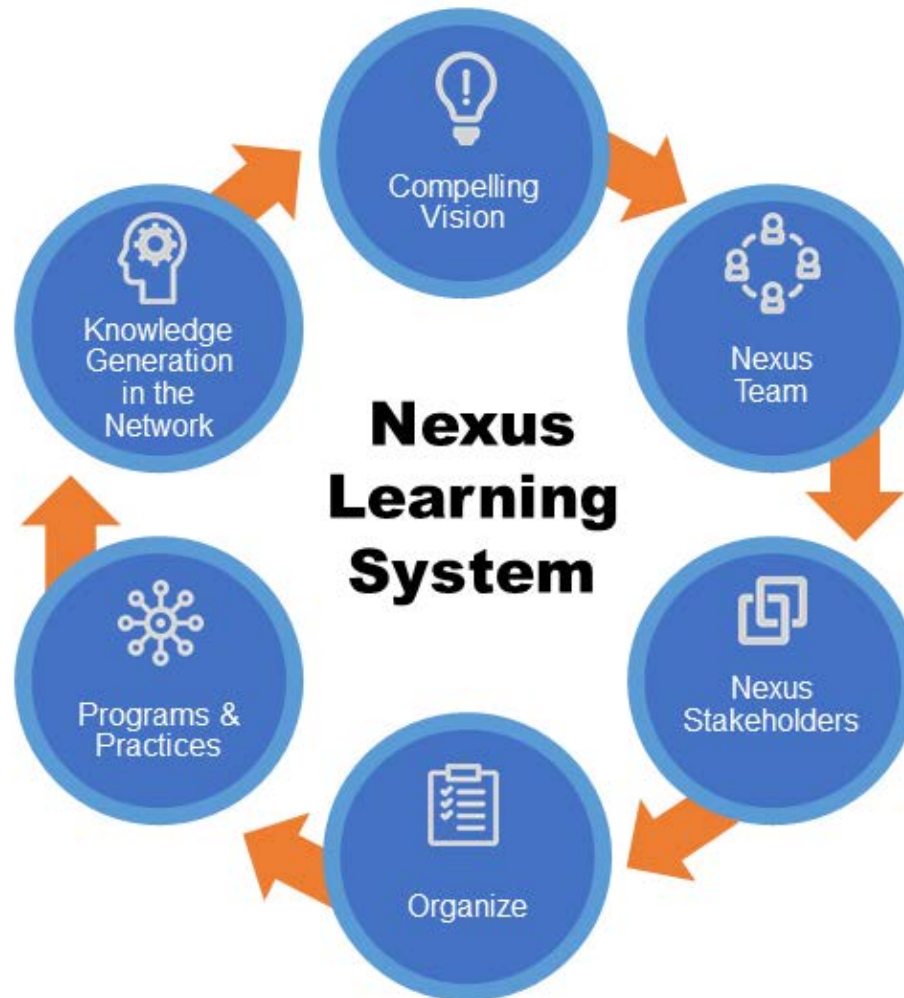
- HOME
- INFORMATIONAL WEBINAR
- PROGRAM ELEMENTS
- REQUIRED INITIATIVE ELEMENTS
- OTHER REQUIRED APPLICATION COMPONENTS
- SELECTION CRITERIA & PROCESS
- QUESTIONS & ANSWERS
- CONTACT US

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[www.nexusipe.org/
Accelerating](http://www.nexusipe.org/Accelerating)



Nexus Learning System



Resource Center: Freely Available Institutional and Community Expertise

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

Search [LOG IN/REGISTER](#)

Informing Connecting Engaging Advancing

Amina is striving to manage her diabetes and maintain her health.

She plays a key role on her 'care and learning team.'

4,476 65 0 1

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RELATED RESOURCES

- The Inspiration for "Amina in the Nexus"
- Aligning practice redesign and interprofessional education to advance triple aim outcomes
- The triple aim: Care, health, and cost

Amina in the Nexus captioned video
2,325 views

National Center for Interprofessional Practice and Education
Published on Nov 25, 2014

SUBSCRIBE 19



Resource Center: Freely Available Institutional and Community Expertise



NATIONAL CENTER for
INTERPROFESSIONAL
PRACTICE and EDUCATION

Carl in the Nexus

0:07 / 5:32



[Click here to watch Carl in the Nexus](#)

Carl in the Nexus

Facilitator Guide



The National Center Knowledge Generation Initiative, Measurement and Assessment



Latest National Center Research on nexusipe.org

LATEST RESEARCH

The National Center is charged to produce information and evidence – through scholarly contributions and partnerships – about the use and effectiveness of interprofessional models from data gathered through participants in the Nexus Innovations Network and the National Center Data Repository (NCDR).

Below is a selected list of recent original publications and research:

Brandt, B.F., Schmitz, C. C. (2017) *The US National Center for Interprofessional Practice and Education Measurement and Assessment Collection*. *Journal of Interprofessional Care*, 00(0): 000-000. doi: 10.1080/13561820.2017.1286884

Lutfiyya, M.N., Tomai, L., Frogner, B., Cerra, F., Zismer, D., Parente, S. (2016) *Does primary care diabetes management provided to Medicare patients differ between primary care physicians and nurse practitioners?* *Journal of Advanced Nursing*, 00(0), 000-000. doi: 10.1111/jan.13108

Brandt, B. *The Formation and Development of the National Center for Interprofessional Practice and Education*. In: Forman, D; Jones, M; Thistlethwaite, J eds. *Leading Research and Evaluation in Interprofessional Education and Collaborative Practice*. United Kingdom: Palgrave Macmillan, 2016.

Little, MM; St. Hill, CA; Ware, KB; Swanoski, MT; Chapman, SA, Lutfiyya, MN; Cerra, FB (2016). *Team science as interprofessional collaborative research practice: a systematic review of the science of team science literature*. *Journal of Investigative Medicine*, 64:6.

Lutfiyya, NM; Tomai, L; Frogner, B; Cerra, FB; Zismer, D; Parente, S (2016). *Does Primary Care Diabetes Management Provided Medicare Patients Differ between Primary Care Physicians and Nurse Practitioners?* *Journal of Advanced Nursing*, e-pub ahead of print.

Cox, M; Cuff, P; Brandt, BF; Reeves, S; Zeirler, B (2016). *Measuring the impact of interprofessional education on collaborative practice and patient outcomes*. *Journal of Interprofessional Care*, 30:1, 1-3.

Hager, K; St. Hill, CA; Prunuske, J; Swanoski, M; Anderson, G; Lutfiyya, MN (2016). *Development of an interprofessional and interdisciplinary collaborative research practice for clinical faculty*. *Journal of Interprofessional Care*, 30:2, 265-267.

Lutfiyya, MN; Brandt, BF; Cerra, FB (2016). *Reflections From the Intersection of Health Professions Education and Clinical Practice: The State of the Science of Interprofessional Education and Collaborative Practice*. *Academic Medicine*, 91:6, 766-771.

Cerra, FB; Pacala, J; Brandt, BF; Lutfiyya, MN (2015). *The Application of Informatics in Delineating the Proof of Concept for Creating Knowledge of the Value Added by Interprofessional Practice and Education*. *Healthcare*, 3, 1158-1173.

Lutfiyya, M. N., Brandt, B., Delaney, C., Pechacek, J., & Cerra, F. (2015). *Setting a research agenda for interprofessional education and collaborative practice in the context of US health system reform*. *Journal of Interprofessional Care*, 1-8.



A Growing National Network

National Coordinating Center for
Interprofessional Education and Collaborative Practice

The Nexus Innovations Incubator*

*Pre-award members



2012 Vision

Up to 10 “incubators”

As of August 2017



2017 Highlights

- 33 states
- 73 sites
- 107 projects

Overview of Data Collection Surveys

Tool	Description
Work plan	Description of project, including research question
Outcomes	Defines project outcomes and data collection tools
Intervention Common	Key elements of your project and institution that provide baseline variables across participating sites
Inputs	General financial information
Network Users	Information about clinicians, administrators and educators affiliated with project
Critical Incidents	Key event that is or may have impact on IPE implementation
Student Users	Student participant information
Network Education	Interprofessional curricula, governance, structure
Outcomes Data: Variable	Selected based on project goals, population, etc



Leadership in Knowledge Generation



Connie Delaney, PhD, RN, FAAN, FACMI, FNAP
Professor and Dean, School of Nursing
University of Minnesota

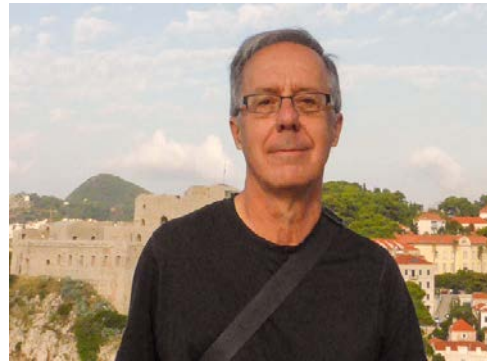
- Fellow, College of Medical Informatics
- Former Acting Director, University of MN Institute for Health Informatics
- Inaugural appointee, USA Health Information Technology Policy Committee, HHS Office of the National Coordinator
- Active researcher and writer in areas of national data and information technology standards development, integrative informatics, outcomes/safety, big data and data analytics, translational science



Knowledge Generation Team



Ahmad AbuSalah, PhD
Lead Informaticist



David Radosevich, PhD, RN
Epidemiology & Biostatistics



James Pacala, MD, MS
Chair, Scientific Review Team



Amy Pittenger,
PharmD, MS, PhD



Karen Monson,
PhD, RN, FAAN

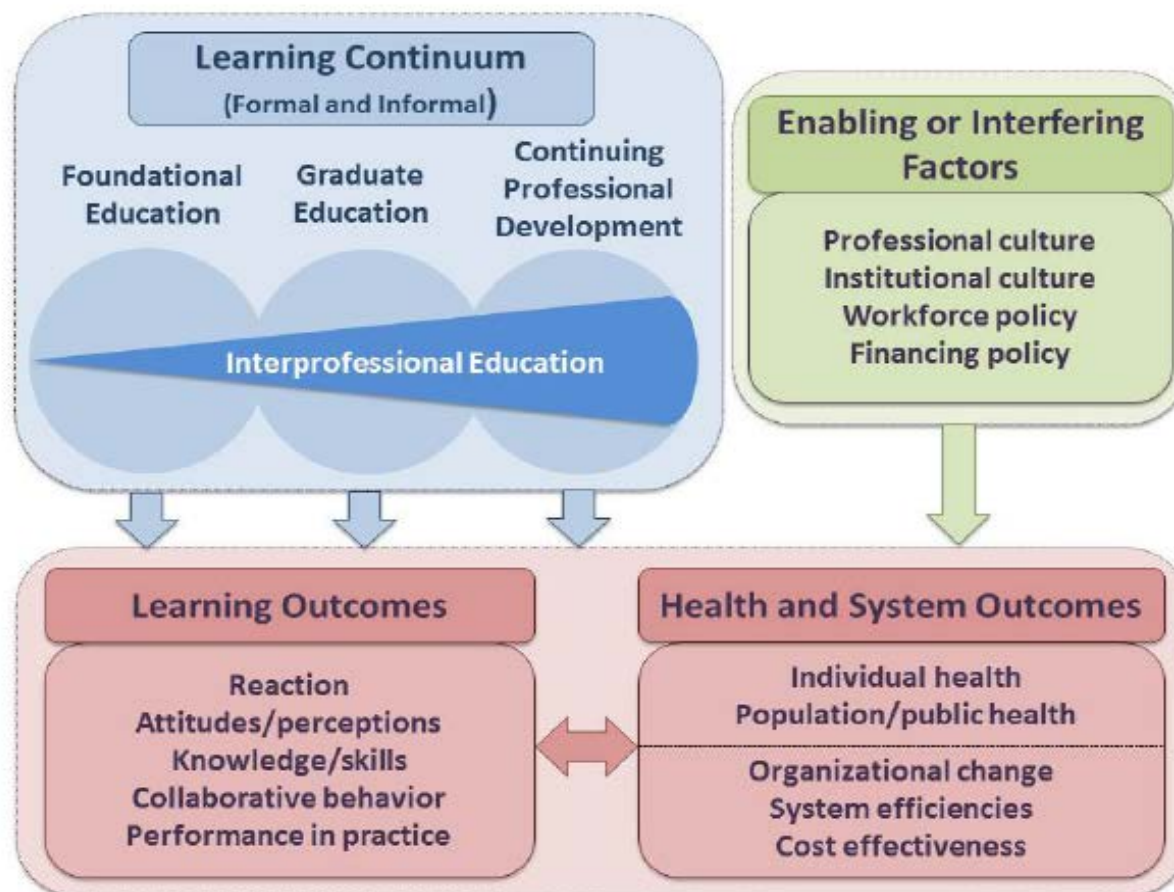


Carla Dieter,
EdD, RN



Synergy: IOM Model as Workplan Framework

FIGURE: The interprofessional learning continuum (IPLC) model



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.



Learning Continuum (Formal and Informal)

Foundational
Education

Graduate
Education

Continuing
Professional
Development

Interprofessional Education Tomorrow

Interprofessional Education Today

Learning Outcomes

Reaction
Attitudes/perceptions
Knowledge/skills
Collaborative behavior
Performance in practice

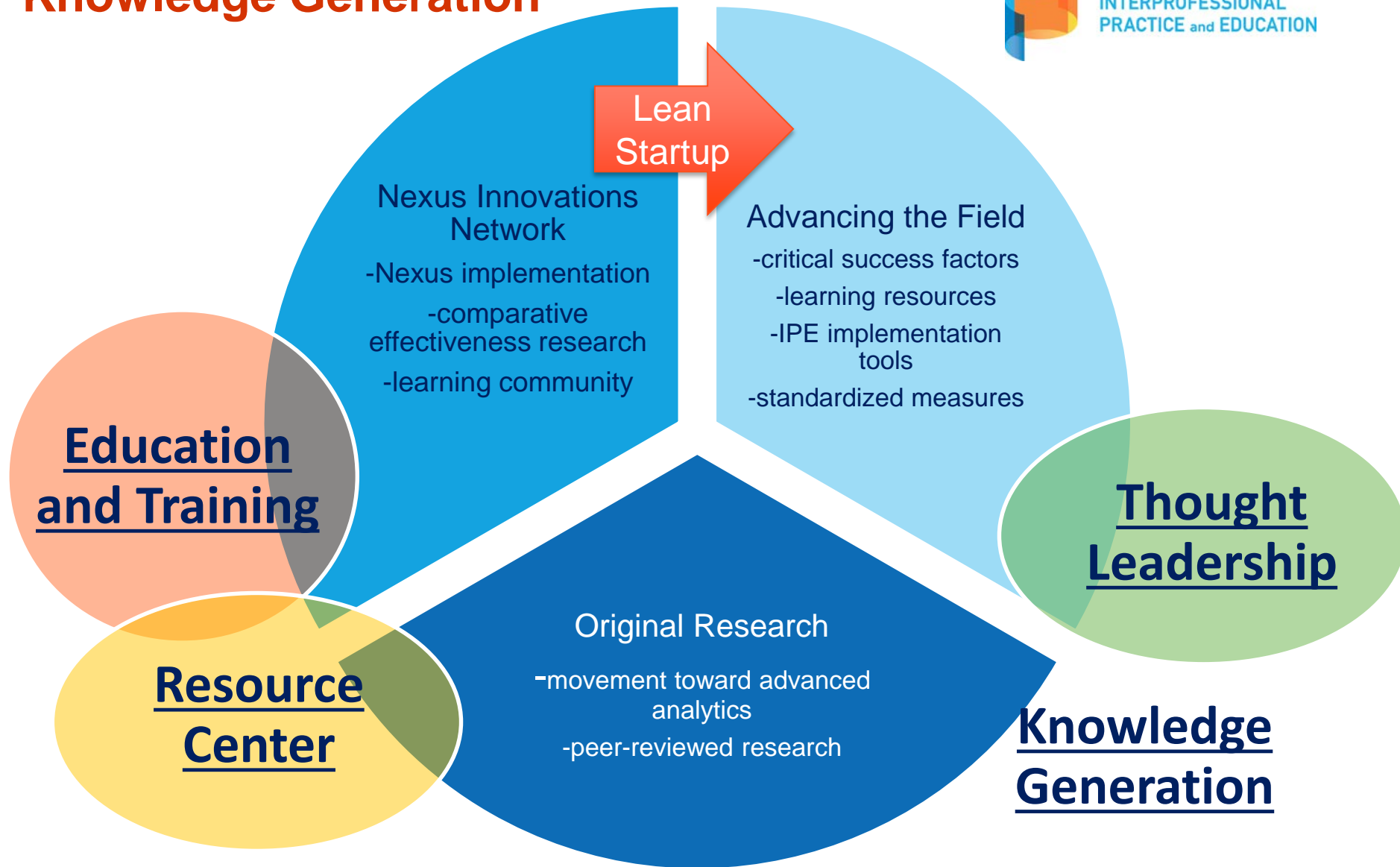
- The majority of IPE efforts today occur **early** in the learning continuum (Foundational Education) resulting in lower level learning outcomes (reaction, attitudes/perceptions and knowledge/skills).
- The greatest opportunity for collaborative practice is when students/trainees are working together in clinical practice, where relationships are formed and interdependence is readily evident.
- If the ultimate goal of IPE is to improve health and system outcomes, education & training should increase across the learning continuum.
- At best, there is only a weak connection between formal classroom-based IPE and improved health or systems outcomes.



Knowledge Generation



NATIONAL CENTER for
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Lean
Startup

Nexus Innovations
Network

- Nexus implementation
- comparative effectiveness research
- learning community

Advancing the Field

- critical success factors
- learning resources
- IPE implementation tools
- standardized measures

Education and Training

Thought Leadership

Resource Center

Original Research

- movement toward advanced analytics
- peer-reviewed research

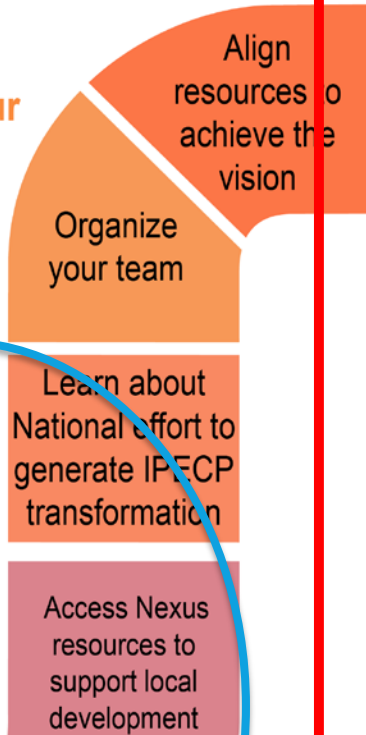
Knowledge Generation



Nexus Innovations Network Onboarding Path

Explore:
Cultivate your local Nexus

9



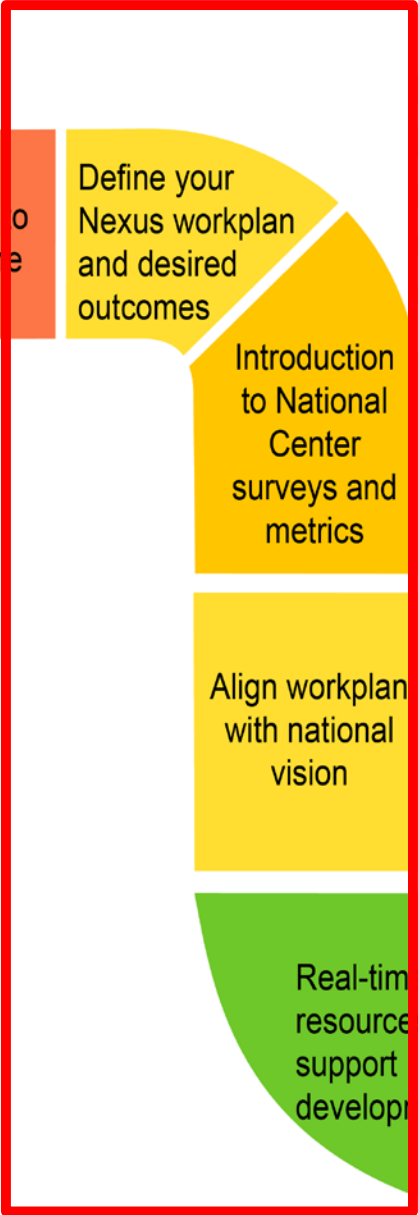
Learn:
Interprofessional Practice AND Education (Nexus)



Define your Nexus workplan and desired outcomes

Design:
Network engagement to optimize outcomes

19



Introduction to National Center surveys and metrics

Align workplan with national vision

Real-time resources to support development

Legal Agreement of membership in the Nexus Innovations Network

Using data to tell your story

Sustain: Nexus transformation for improved education and practice outcomes

77

Data collection and analytics

Plan for data collection and IRB

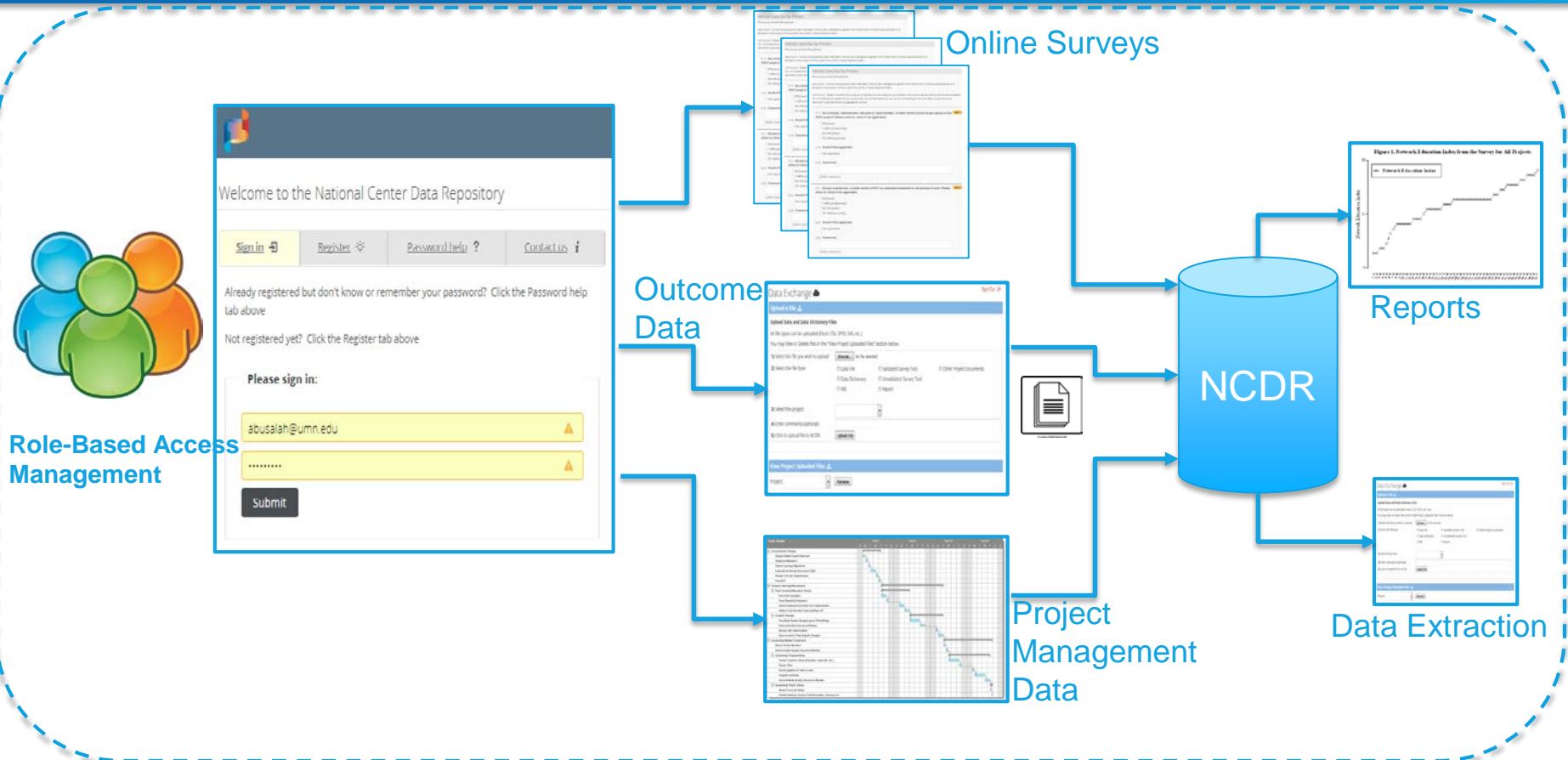
Implement:
Generating new knowledge

2

Scholarship and Publications



National Center Data Repository (NCDR) Data Infrastructure



PHI Compliant Environment || Secure Data Transfer & Storage || Role-Based Access || Encrypted DB
Compliant with IRB || Health Info Privacy & Compliance Office || Center of Exc. for HIPAA Data



What Have We Learned?

Emerging Critical Success Factors



Process of care redesign is about changing culture.



Compelling vision is required.



IP+E resourcing is critical.



Senior leadership is essential.

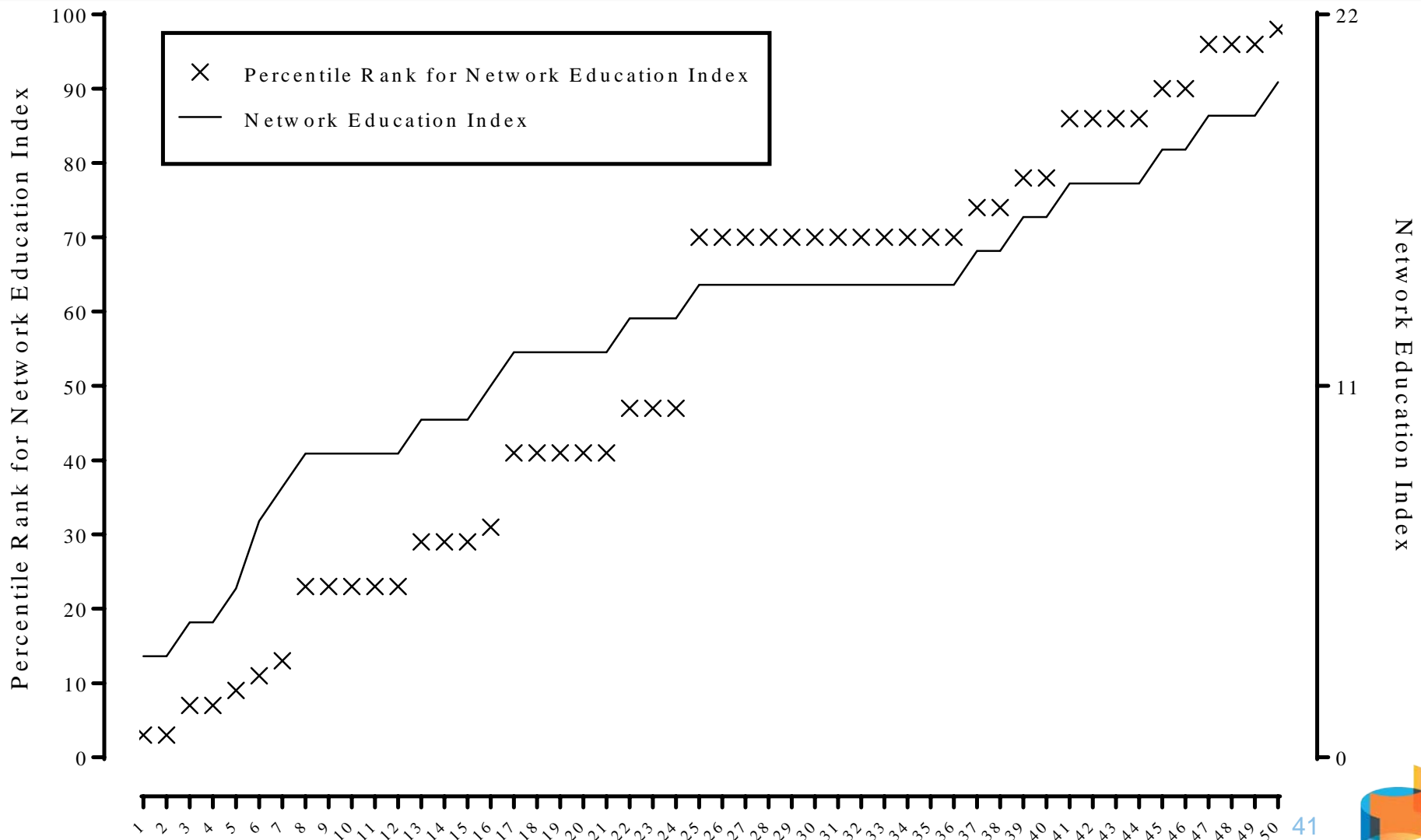


Impressions of team training effectiveness are mixed.



Network Education Index

Figure 1. Network Education Index and Percentile Rank for Projects



Changing Models

Development

Expertise and
dependence

Scaffolding &
Support

Interdependence

Engagement and
standardization







Guiding Principles

All projects will have a defined Nexus
– the intersection of practice and education –

The Nexus is the center of its project

All projects will identify essential core data that will
be meaningful for comparative research





Generating Knowledge

Impact of IPE on Population Health and Patient Experience

- Standard measures are applicable and comparable across environments
- Key variables in population health, patient experience and use of health services (cost) are used
- Categories of data collection provide flexibility for alignment with local goals, resources





Designing the Core Essential Data Set

Building upon depth and breadth of what has been learned, we are committed to:

- **Data reduction** based on what we have learned
- Using existing **standardized measures** when available
- Incorporating other **key requirements** into streamlined surveys
- Providing **real-time access** to your data with comparable national reference points
- Integrating outcomes data into **core data set**
– working toward BIG data



Example: Impact of IPE on Population Health Patient Experience and Utilization

Domain	Category I	Category II	Category III
Population Health (3) Perceived Health and Health-Related Quality of Life	In general would you say your health is: Excellent Very good Good Fair Poor	12-Item Short Form Health Survey (SF-12)	36-Item Short Form Health Survey (SF-36) plus health transition question
Patient Experience (4) How much patient was helped	During the past 12 months, how much were you helped by the counseling or treatment you got? Not at all A little Somewhat A lot	CAHPS Experience of Care and Health Outcomes (ECHO) Survey	CAHPS Experience of Care and Health Outcomes (ECHO) Survey
Utilization/Cost (4) Hospitalizations in the past 12 months	<u>During the past 12 months</u> , were you a patient in a hospital overnight? <i>Do not include an overnight stay in the emergency room.</i> Yes No	Count the number of overnight hospitalizations during the calendar year and the length of stay corresponding to each hospitalization.	Administrative data CPT and ICD Codes; “face-sheet data for each hospitalization”.





Interprofessional Collaborative Competencies Attainment (ICCAS)

- 20 item self-report tool
- Designed to assess change in interprofessional collaboration competencies before and after IPE interventions
- Retrospective pre-post approach



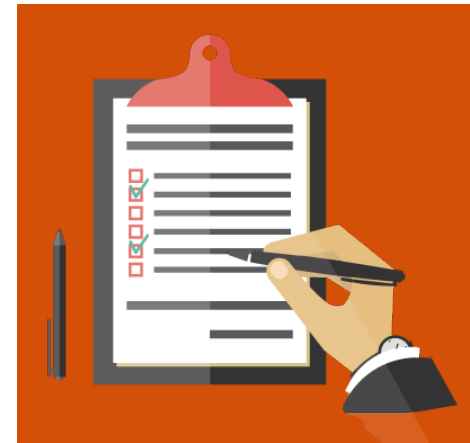
ICCAS Mapped to IPEC Competencies and Kirkpatrick Model from IOM Model

IPEC Competency	Values and Ethics	Roles and Responsibilities	Interprofessional Communication	Teams and Teamwork	Total
Reaction					0
Attitude/ Perception					0
Skills/ Knowledge		xxx	x		4
Collaborative Behavior	x	xx	xxxxxxx	xx	12
Performance in Practice		xxxx			4
Total # of ICCAS items IPEC competency domain	1	9	8	2	20

National Center - IPECP

Assessment & Evaluation

Our mission is to promote best practices in assessment and evaluation within the interprofessional education and collaborative practice communities.



Nexusipe.org



Through September 2017



Resource Center: Freely Available Institutional

Assessment & Evaluation

Our mission is to promote best practices in assessment within the interprofessional education and collaborative practice communities.

This site is a gateway to measurement tools and can help you assess individuals, teams, or work environments to evaluate the impact of interprofessional education on Triple Aim Outcomes.

Webinar Recordings

What Should I Consider When Selecting a Measurement Tool?



Practical Guides: Moving Theory into Effective Action



SEARCH FOR MEASUREMENT TOOLS

ASSESSMENT AND EVALUATION

This is your gateway to finding measurement tools that can be used to assess individual learners, groups, teams, practice environments, and organizations; and to evaluate the impact of interprofessional education programs and collaborative practice on Triple Aim Outcomes.

Refine by

Who is being assessed/evaluated?

- Teams (23)
- Individuals (21)
- Organizations (10)
- Informal groups, networks, colleagues (5)

Instrument type

- Self-report (e.g., survey, questionnaire, self-rating) (35)
- Observer-based (e.g., rubric, rating tool, 360 degree feedback) (15)
- Recording template (e.g., chart audit) (1)

Instrument content

- Reported perceptions, experiences of working relationships, teamwork (20)
- Behaviors / skills (19)
- Attitudes, values, beliefs regarding IPE, IPCP, professions (10)
- Organizational environment, culture (7)
- Patient / client health status (4)

Show more

Access

- Open access (available on this website) (30)
- Subscription (can be viewed in journal article) (10)

Search for tools

type here to search

Reset

SORT BY [RECENTLY ADDED](#) [MOST COMMENTS](#) [MOST POPULAR](#) [TITLE](#)

Showing 1 - 10 of 47

Interprofessional Socialization and Valuing Scale (ISVS-21)

The ISVS-21 represents a refinement of a previous tool (ISVS-24, King et al., 2010); both are self-report instruments designed to measure interprofessional socialization among students and health practitioners and their readiness to function in interprofessional teams. Items were developed to capture respondent beliefs, attitudes, and behaviors at baseline and at post-intervention time periods. The original ISVS has been used in multiple studies. The purpose of the study reported here was to...

King, G. | Orchard, C. | Khalili, H. | Avery, L.

Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R)

The SPICE-R is a short (10-item) self-report survey designed to measure health professions students' perceptions of interprofessional education and interprofessional collaborative practice. It represents a variation of an earlier instrument (SPICE-1), which was developed specifically for medical and pharmacy students. Items reflect a 3-factor model capturing interprofessional teamwork and team-based practice; roles and responsibilities for collaborative practice; and patient outcomes from...

Dominquez, D.G. | Fike, D.S. | MacLaughlin, E.J. | Zorek, J.A.

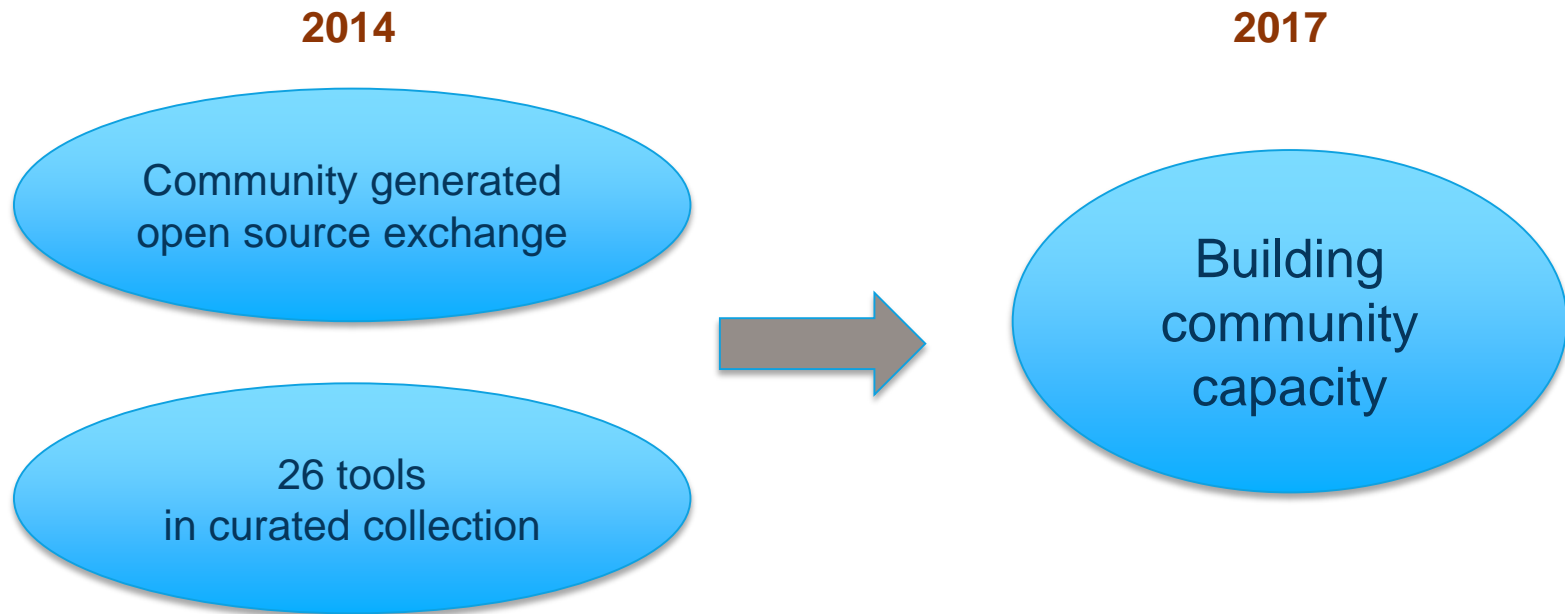
Performance Assessment Communication and Teamwork Tools Set (PACT)

The PACT Tool set was designed by faculty and staff at the University of Washington (Center for Health Sciences, Interprofessional Education, Research, and Practice), as part of a Macy and Hearst Foundations grant to develop a simulation-based team training program for pre-licensure health



Number One Request: “Assessment”

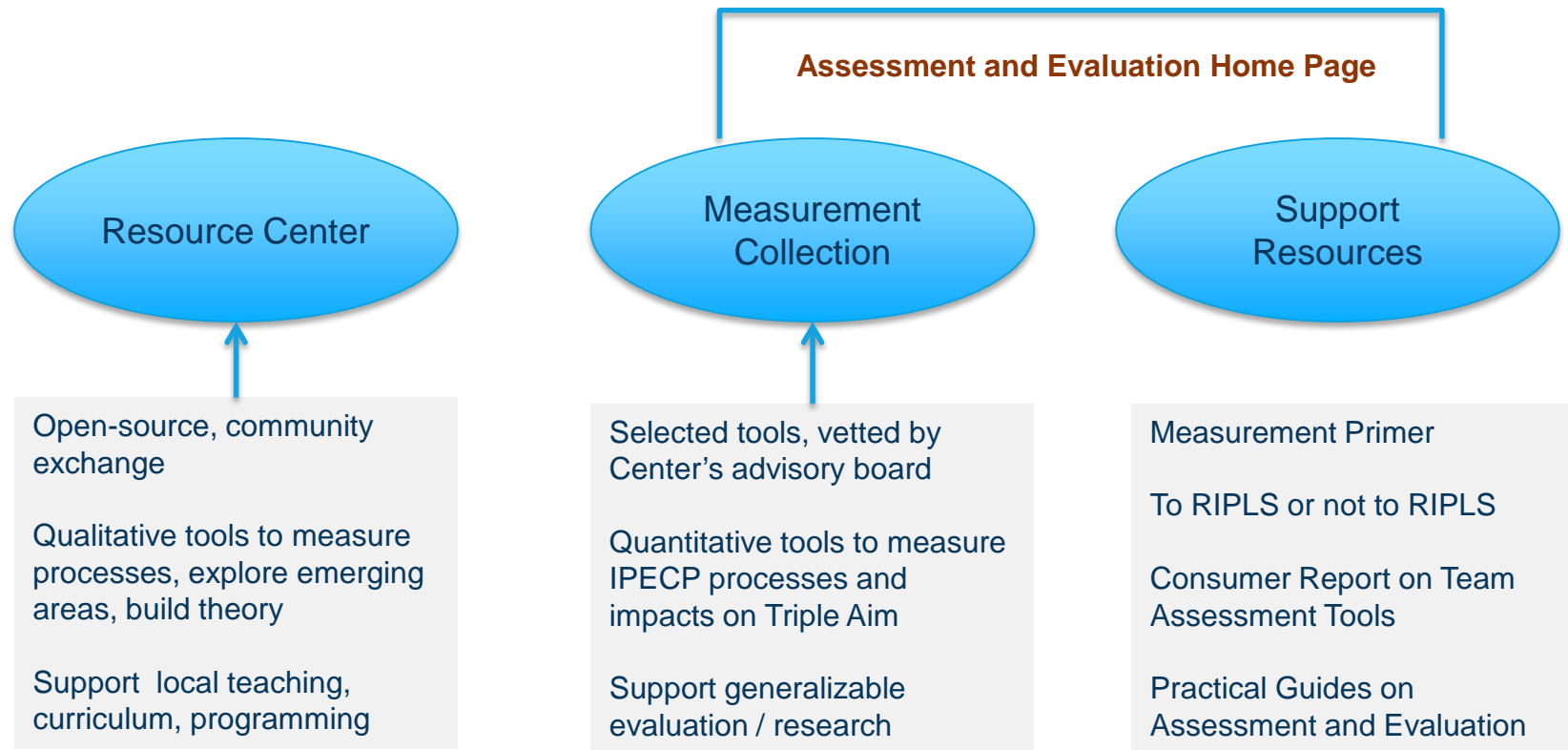
- Evolution of the measurement collection
- Importance of research on linkages between education, practice, and Triple Aim (cost, quality, patient experience)



Today: Building Capacity in Foundation Areas*

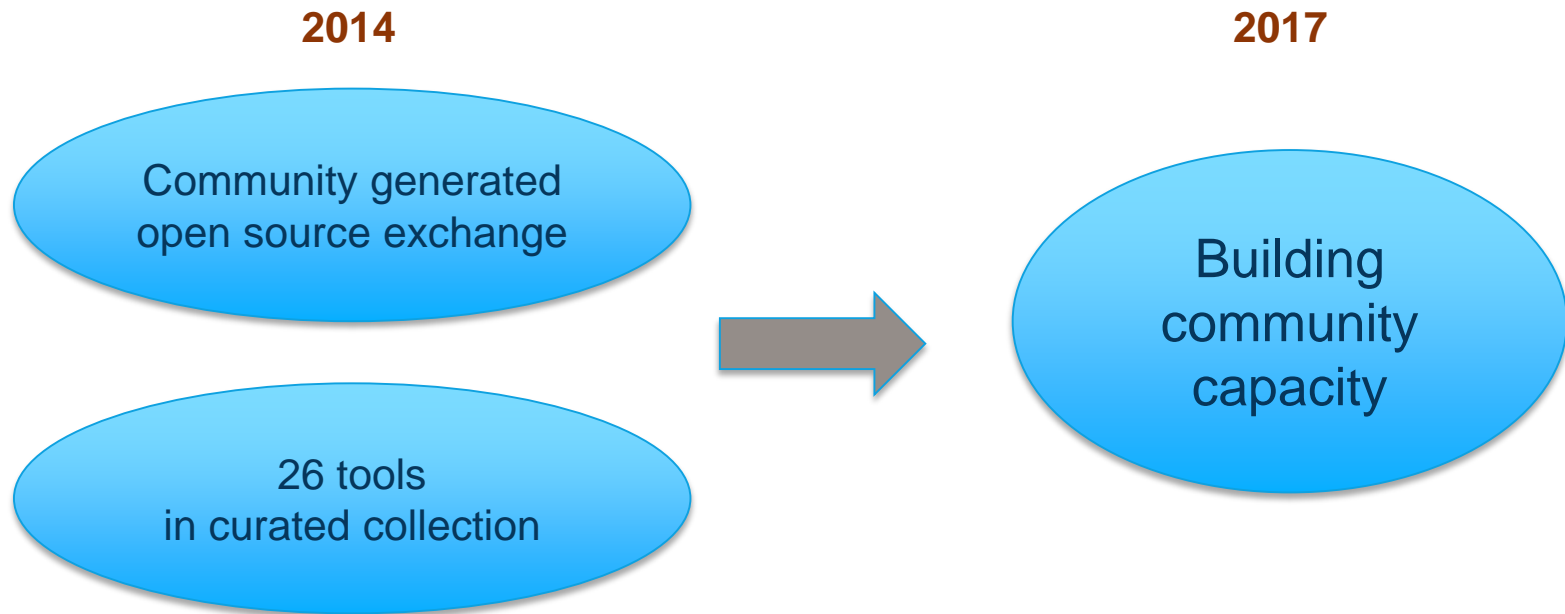
Nexusipe.org

*Measurement, assessment, evaluation



Number One Request: “Assessment”

- Evolution of the measurement collection
- Importance of research on linkages between education, practice, and Triple Aim (cost, quality, patient experience)



Upcoming Learning Opportunities Minneapolis Nexusipe.org

Defining Your Nexus: Building the Foundation for Aligning Practice and Education

A New Models of Care Require New Models of Learning Institute

November 16-17, 2017
Registration open!

Preceptors in the Nexus:

Interprofessional Learning IN Practice

A New Models of Care Require New Models of Learning Institute

March 2-3, 2018
Registration open!

Interprofessional Big Data: Harnessing the power and opportunity to support interprofessional solutions

A New Models of Care Require New Models of Learning Institute

April 4-5, 2018
Registration open!



Save the Date

Nexus Summit 2018

July 29-Aug. 1, 2018

Minneapolis Hyatt

Organizational meetings

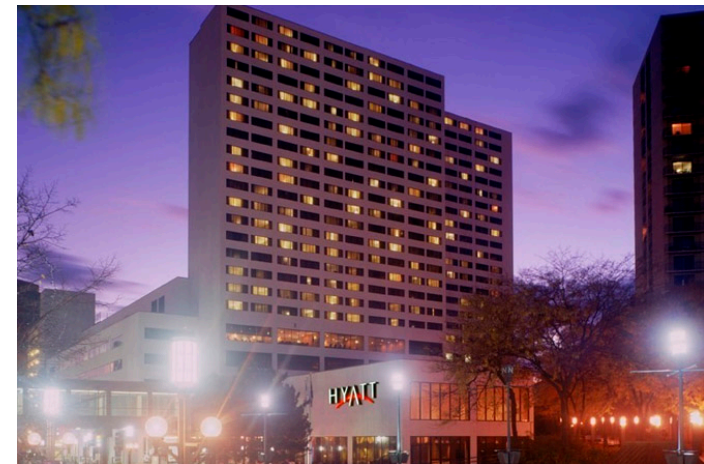
Invited pre-conference workshops

Peer-reviewed skills based workshops

Conversation cafes

Poster sessions

And lots more...





NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION