The Role of Interprofessional Practice and Education in Redesigning Health Care

Barbara F. Brandt, PhD, Director, National Center
Associate Vice President,
University of Minnesota Academic Health Center
Professor, Pharmaceutical Care and Health Systems
This presentation in one slide

• Interprofessional practice and education is a 60-year old field that has experienced resurgence in the past decade.

• Changes in the health care delivery system demands new models of care and redesign.

• Health care is being redesigned around patients and populations, not professionals.

• National competencies and accreditation standards are driving the need for new models of education to assure students are “collaboration-ready” for today’s and tomorrows practice.
Interprofessional education “occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes.” – World Health Organization, 2010

Call to Action: Healthcare education and healthcare delivery must be simultaneously designed to be better integrated and more interprofessional while demonstrating outcomes.
The National Center for Interprofessional Practice and Education

- Created in 2012

- Public-private partnership/collaboration
  - Competitive peer-review grant process led by HRSA
  - University of Minnesota - home

- HRSA cooperative agreement charge in FOA
  - Leadership, scholarship, evidence to guide the nation
  - Unbiased neutral convener

- Actively implementing new models of care and learning
100-year old mental model at the Crossroads

**Is Social Work a Profession?**

Abraham Flexner  
*General Education Board, New York City*

Before beginning to consider whether social work is or must confess a very genuine doubt as to my competency to consider. My acquaintance with social work, with the literature of social work, and with social workers is distinctly limited—far too much so. Hence, if the conclusions that I have reached seem to you unsound or academic, I beg you to understand that I should not be disposed to press them.

The word profession or professional may be loosely or strictly used. In its broadest significance, it is simply the opposite of the word amateur. A person is in this sense a professional if his entire time is devoted to an activity, as against one who is only transiently or provisionally so engaged. The professional nurse, baseball player, dancer, and cook thus earn a livelihood by concentrating their entire attention on their respective vocations and expect to go on doing so; whereas the amateur nurse enlists only for the duration of the war, or the amateur baseball player, during youth or college life. Social work is from this point of view a profession for those who make a full-time job of it; it is not a profession for those who incidentally contribute part of themselves to active philanthropy.

However, I have not been asked to decide whether social work is a full-time or part-time occupation, whether, in a word, it is a professional or amateur occupation. I assume that every difficult occupation requires the...

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1910

1914

TEAM WORK IN HEALING THE SICK

How Dr. Richard C. Cabot utilizes social workers to aid in diagnosing the causes of illness in patients of the Massachusetts General Hospital — practical prescriptions for the poor, and a system to assure that they shall get the full benefits of medical advice

By Burton J. Hendrick

1920

Today

RICHARD DANIEL SUSSKIND SUSSKIND

THE FUTURE OF THE PROFESSIONS

How technology will transform the work of human experts
1964: Going back to the original intent of IPE

It has long been accepted that no physician, however able and however highly motivated, possesses all of the skills required to provide complete health services for a population group. Such services can only be provided by a team: the physician, dentist, pharmacist, nurse, physiotherapist, occupational therapist, social worker, clinical psychologist and others. Although lip service has been paid to the team approach to health care, little has been done to form the above-mentioned group into a team. They have been educated in isolated parts of the campuses of universities, using different teachers, teaching different vocabularies and building up artificial barriers between the various disciplines. All of these diverse members of the health team should be brought together during their undergraduate training years, taught by the same teachers, in the same classrooms and on the same patients. Under these circumstances, with students studying together, working together, reading together, eating together, it should be possible for the various disciplines to be welded into a true health team such that each can contribute, with full respect for what the other has to offer, his share of the health services. So, according to this concept, the small university hospital will probably be a Health Sciences Centre for a health team.
The purpose of a group or team approach is to optimize the special contribution in skills and knowledge of the team members so that the needs of the persons served can be met more efficiently effectively, competently, and more considerately than would be possible by independent and individual action. Without question, the patient himself is a member of the team and, in a democratic society, can be expected increasingly to exert his prerogatives to participate in decisions that affect his well-being.

A major deterrent to our efforts to fashion health care that is efficient, effective, comprehensive, and personalized is our lack of a design for the synergistic interrelationship of all who can contribute to the patient's well-being. We face, in the next decade, a national challenge to redeploys the functions of health professions in new ways, extending the roles of some, perhaps eliminating others, but more closely meshing the functions of each than ever before.
Interprofessional Education and Collaborative Practice: Welcome to the Acceleration of the “New” Fifty Year Old Field

Competency Domains
1. Values/Ethics
2. Roles/Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork
Spring 2019:
National Center Collaboration Reports
Documents and links: nexusipe.org
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**
## Big Picture:
Reframing, Retooling and Retraining

<table>
<thead>
<tr>
<th>1970 Barriers</th>
<th>Today</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low status of primary care</td>
<td>Redesign around primary care, prevention, population health</td>
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<tr>
<td>Fee for service</td>
<td>Value-based payments</td>
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<tr>
<td>Specialization &amp; sub-specialization</td>
<td>Impact of moving from fee-for service to global payments?</td>
</tr>
<tr>
<td>Nurse Practitioners, Physicians Assistants, Clinical Pharmacists</td>
<td>The right worker partnering with patients, families and communities. The how not the who, adding value</td>
</tr>
<tr>
<td>Little interest in health care processes</td>
<td>Quality, systems improvement, patient safety leading to outcomes</td>
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<tr>
<td>Little evidence for teamwork</td>
<td>Growing evidence for teamwork</td>
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The Role of Accreditation in IPE Today
Historical barriers to interprofessional education and interprofessional collaborative practice

- Resistance to change/Where’s the evidence?
- Lack of leadership (administrative and faculty)
- Crowded curricula
- Cost factors and few incentives
- Separation of professional programs within a campus and across universities
- Treating IPE as an “add on” rather than a change in curricular philosophy
- Lack of accreditation IPE expectations
Literature pointing to accreditation as a barrier and/or potential facilitator for IPE


History of HPAC

- Six founding accreditors in 2014:
  - Accreditation Council for Pharmacy Education (ACPE)
  - Commission on Collegiate Nursing Education (CCNE)
  - Commission on Dental Accreditation (CODA)
  - Commission on Osteopathic College Accreditation (COCA)
  - Council on Education for Public Health (CEPH)
  - Liaison Committee on Medical Education (LCME)

Agreed that the definition of IPE and competency domains for health profession students identified in the Interprofessional Education Collaborative (IPEC) are fundamental to educational programs accredited by the HPAC members.
HPAC Expansion: New members 2017 to present (Total n=25)

- Accrediting Bureau of Health Education Schools (ABHES)
- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education (ACME)
- Accreditation Council for Education in Nutrition and Dietetics (ACEND)
- Accreditation Council on Optometric Education (ACOE)
- Accreditation Council for Occupational Education (ACOTE)
- Accreditation Review Commission on Education for the Physician Assistant (ACR-PA)
- American Psychological Association Commission on Accreditation (APA-CoA)
- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
- Commission on Accreditation of Athletic Training Education (CAATE)
- Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Commission on Accreditation for Respiratory Care (CoARC)
- Council for Accreditation of Counseling and Related Educational Programs (CACREP)
- Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAAASLP)
- Council on Accreditation of Nurse Anesthesia Educational Programs (CANAEP)
- Council on Chiropractic Education (CCE)
- Council on Podiatric Medical Education (CPME)
- Council on Social Work Education Commission on Accreditation (CSWE-COA)
<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td>April</td>
<td>2017</td>
<td>HPAC meeting to expand membership, approve plan for development of guidance document, and approve volunteer HPAC/National Center writing team</td>
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<tr>
<td>June-July</td>
<td>2017</td>
<td>Guidance outline drafted by writing team</td>
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<tr>
<td>August</td>
<td>2017</td>
<td>National Center Conversation Café presentation with reactions/feedback to outline</td>
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<tr>
<td>September</td>
<td>2017</td>
<td>HPAC meeting to address Conversation Café presentation reactions/feedback and to reach consensus on outline</td>
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<tr>
<td>October</td>
<td>2017</td>
<td>Outline finalized by writing team and sent to HPAC boards/commissions for feedback and approval to draft guidance document</td>
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<tr>
<td>March</td>
<td>2018</td>
<td>Guidance document drafted by writing team incorporating feedback on the outline from HPAC boards/commissions</td>
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<tr>
<td>April</td>
<td>2018</td>
<td>HPAC meeting to discuss and provide feedback on draft guidance document</td>
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<tr>
<td>May</td>
<td>2018</td>
<td>Final feedback from HPAC members sent to writing team for incorporation into guidance document</td>
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<tr>
<td>June</td>
<td>2018</td>
<td>Guidance document finalized by writing team and sent to HPAC boards/commissions for endorsement</td>
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<tr>
<td>January</td>
<td>2019</td>
<td>List of endorsing HPAC members finalized</td>
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<tr>
<td>February</td>
<td>2019</td>
<td>Guidance document released to the public.</td>
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Goals of HPAC-National Center IPE Guidance Document

• To facilitate the preparation of health professional students in the United States for interprofessional collaborative practice through accreiditor collaboration

• To provide consensus guidance to enable academic institutions in the United States to develop, implement, and evaluate systematic IPE approaches and IPE plans that are consistent with endorsing HPAC member accreditation expectations
Consensus terminology

- **Goal:** A shared understanding of IPE terminology, learning, and measurement will guide more uniform expectations for the development, implementation and evaluation of quality IPE.

- **Definitions from in the published literature:**
  - Interprofessional Education
  - Interprofessional Collaborative Practice
  - Interprofessional Teamwork
  - Interprofessional Team-Based Care

- **Definitions are coupled with endorsing HPAC members’ interpretation of key elements related to “about, from, and with” aspects of IPE**
Interprofessional Education Environment

• Collaboration and coordination across academic institutions and with health system and community partners are required to implement a longitudinal, sequenced series of classroom, extracurricular, and clinical IPE learning activities as recommended by this guidance.

• Endorsing HPAC members recognize the complexities involved and acknowledge that IPE environments vary based on local circumstances.

• It is with this complexity in mind that this section of the guidance document recognizes the importance of creating supportive environments and opportunities for collaboration with the explicit goal of fostering and facilitating the successful implementation of coordinated program-specific IPE plans.
Institutional Leaders
Guidance for Institutional Leaders

• Institutional leaders can help stimulate and/or drive the creation of a systematic IPE approach, fostering a collaborative environment and negotiating important relationships for IPE within and, if necessary, outside the institution.

• Examples of guidance on institutional IPE commitment
  • strategic direction
  • provision of resources
  • dedicated leader and/or team of leaders with sufficient protected time, responsibility and accountability for IPE at the institutional level
  • identification and development of solutions for institutional policies that may hinder interprofessional collaboration
  • formal recognition of faculty effort toward successful implementation of IPE
Program-Specific Leaders

Health Professions Accreditors Collaborative

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION
Framework for IPE Plan Design

- **Rationale**: Articulates a vision, framework, and justification for the IPE plan

- **Outcome-based Goals**: Stated in terms that will allow the assessment of students’ achievement of objectives and interprofessional competencies for collaborative practice

- **Deliberate Design**: Intentionally designed and sequenced series of classroom, extracurricular, and clinical learning activities integrated into the existing professional curriculum and longitudinal in nature, spanning the entire length of the program and including content and instructional formats appropriate to the level of the learner and to the outcome-based goals

- **Assessment and Evaluation**: Methods to assess individual learners’ mastery of interprofessional competencies and to evaluate the IPE plan for quality improvement purposes; and if appropriate, education and practice outcomes research and scholarship.

“IPE plans require a coordinated strategy for assessing learners on their development and mastery of interprofessional collaborative practice competencies, and for evaluating the implementation and immediate impact of the IPE plan.”
Figure 2. Longitudinal integration of professional and interprofessional competencies

PROFESSIONAL COMPETENCY DEVELOPMENT

- Professional Socialization
- Classroom, Extracurricular, and Clinical Learning Activities focused on competency development for Uniprofessional Practice
- Uniprofessional Identity Development

INTERPROFESSIONAL COMPETENCY DEVELOPMENT

- Interprofessional Socialization
- Classroom, Extracurricular, and Clinical Learning Activities focused on competency development for Interprofessional Collaborative Practice
- Team Member Identity Development

Dual Identity Development

- Contribution of uniprofessional expertise to team-based care
- Improved quality of health care delivery and patient safety

* Adapted with permission from the University of Wisconsin-Madison School of Pharmacy.
Accreditation Boards/ Commissions/ Evaluators
Accreditation Boards/Commissions/Evaluators

• In their periodic revision of standards, policies and procedures, endorsing HPAC member boards and commissions, and hopefully other accreditors, will have the guidance document as an important reference. Some HPAC member boards and commissions have already considered the concepts described in this guidance document in their standards revision processes.

• Endorsing HPAC member site visit teams are encouraged to consider the information in this guidance document in the context of their own profession’s standards, policies, procedures and the desired professional outcomes.

• Likewise, accreditors are encouraged to consider how to guide their site visit teams and decision makers about the assessment of both the presence of a systematic IPE approach from institutional leaders and program-specific IPE plans from program leaders, relative to the context of the standards of the specific profession or specialty.
Guidance on the Guidance
How does the guidance document support current IPE accreditation standards?

• The guidance is *not intended to replace or subsume individual HPAC members’ accreditation standards for IPE, nor is it intended for accreditors to have identical IPE standards.*

• While maintaining individual accreditors’ autonomy, *the guidance document seeks to encourage increased communication and collaboration and to provide guidance on expectations related to quality IPE.*
What the guidance document is:

As stated, a document that:

• Offers *consensus terminology and definitions* for interprofessional education (IPE) and related concepts to guide plans for developing, implementing and evaluating IPE;

• Encourages institutional leaders to develop a *systematic approach to foster IPE* in their own institution and, where appropriate, with partners at collaborating academic institutions, health systems, and community partners;

• Provides a *framework* (rationale, goals, deliberate design, and assessment and evaluation) for program leaders and faculty to develop a plan for quality IPE;

• Provides opportunities for HPAC member accreditation boards/commissions to *utilize the guidance to assess their IPE standards and to train site visit teams regarding essential elements of quality IPE*.

• Facilitates *collaborative efforts across professional programs to advance interprofessional education*
What guidance document is not:

A document that:
  • Offers mutual accreditation requirements
  • Is Prescriptive
  • Contains “must” or “should” expectations

Therefore, the word “encourage” is used frequently as opposed to “required.”
What should health professions education programs and their parent institutions expect in the future?

• **Individual accreditor site visit teams will continue to function independently and will visit and review programs as in the past.** They will be learning with health professions education programs about IPE implementation, and will be encouraging use of the guidance document.

• **HPAC members who endorse the guidance document will continue to communicate and collaborate about IPE implementation.**

• Over time, as programs build IPE plans to meet their respective accreditor’s expectations using this guidance document, **institutions should expect greater collaboration across programs as these IPE plans begin to articulate with one another.**
How can institutions and programs use the guidance document to increase the quality of their IPE?

- **Becoming educated about IPE** is an important strategy for developing IPE plans within and across education and practice organizations.

- Take steps now to **increase collaboration and partnerships with other programs at your institution**. This may require increased collaboration and partnerships with outside institutions for some.
• Interprofessional practice and education is a 60-year old field that has experienced resurgence in the past decade.

• Changes in the health care delivery system demands new models of care and redesign.

• Health care is being redesigned around patients and populations, not professionals.

• National competencies and accreditation standards are driving the need for new models of education to assure students are “collaboration-ready” for today’s and tomorrows practice.
HPAC website:  https://healthprofessionsaccreditors.org/

National Center website:  https://nexsusipe.org/