



Midwest Interprofessional  
Practice, Education, and Research Center  
Creating Teams for Patient Centered Care

# Workshop # 3

## Lessons Learned: Implementing IPCP Interventions in Two Primary Care Clinics Treating Underserved Populations

Presented by:

Jean Nagelkerk, Jeffrey Trytko, Brenda Pawl,  
Michael Bouthillier, Amy Tompkins, and Lawrence Baer



**This activity has been planned and implemented by the National Center for Interprofessional Practice and Education.**

**The National Center for Interprofessional Practice and Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the health care team.**

**Physicians:** The National Center for Interprofessional Practice and Education designates this live activity for a maximum of **1.5 AMA PRA Category 1 Credits™**.

**Physician Assistants:** The American Academy of Physician Assistants (AAPA) accepts credit from organizations accredited by the ACCME.

**Nurses:** Participants will be awarded up to **1.5** contact hours of credit for attendance at this workshop.

**Nurse Practitioners:** The American Academy of Nurse Practitioners Certification Program (AANPCP) accepts credit from organizations accredited by the ACCME and ANCC.

**Pharmacists:** This activity is approved for **1.5** contact hours (.15 CEU) UAN: 0593-0000-16-017-L04-P



The National Center for Interprofessional Practice and Education has a conflict of interest policy that requires disclosure of financial interests or affiliations of organizations with a direct interest in the subject matter of the presentation.

Jean Nagelkerk, Jeffrey Trytko, Brenda Pawl, Michael Bouthillier & Amy Tompkins

do not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this interprofessional continuing education activity, or any affiliation with an organization whose philosophy could potentially bias his/her presentation.



NATIONAL CENTER for  
INTERPROFESSIONAL  
PRACTICE and EDUCATION



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

Interprofessional continuing education credit will be awarded to participants that paid the continuing education credit fee while registering for the Summit.

Those participants that paid the interprofessional continuing education credit fee must do the following for each workshop attended to secure credit for the session:

- 1) Sign the session attendance roster.
- 2) Complete the session evaluation.

# Workshop Learner Outcomes

1. Describe the IPCP education program and accompanying materials for students, faculty and staff
2. Incorporate results of the Midwest Interprofessional Practice, Education, and Research Center NEPQR and NEXUS Innovations Network IPCP studies into your practice environments
3. Discuss Strategies for effective implementation of IPCP in diverse clinical practices



# Introductions

Please share your:

- ▶ Name
- ▶ Role
- ▶ Institution





# Midwest Interprofessional Practice, Education, and Research Center

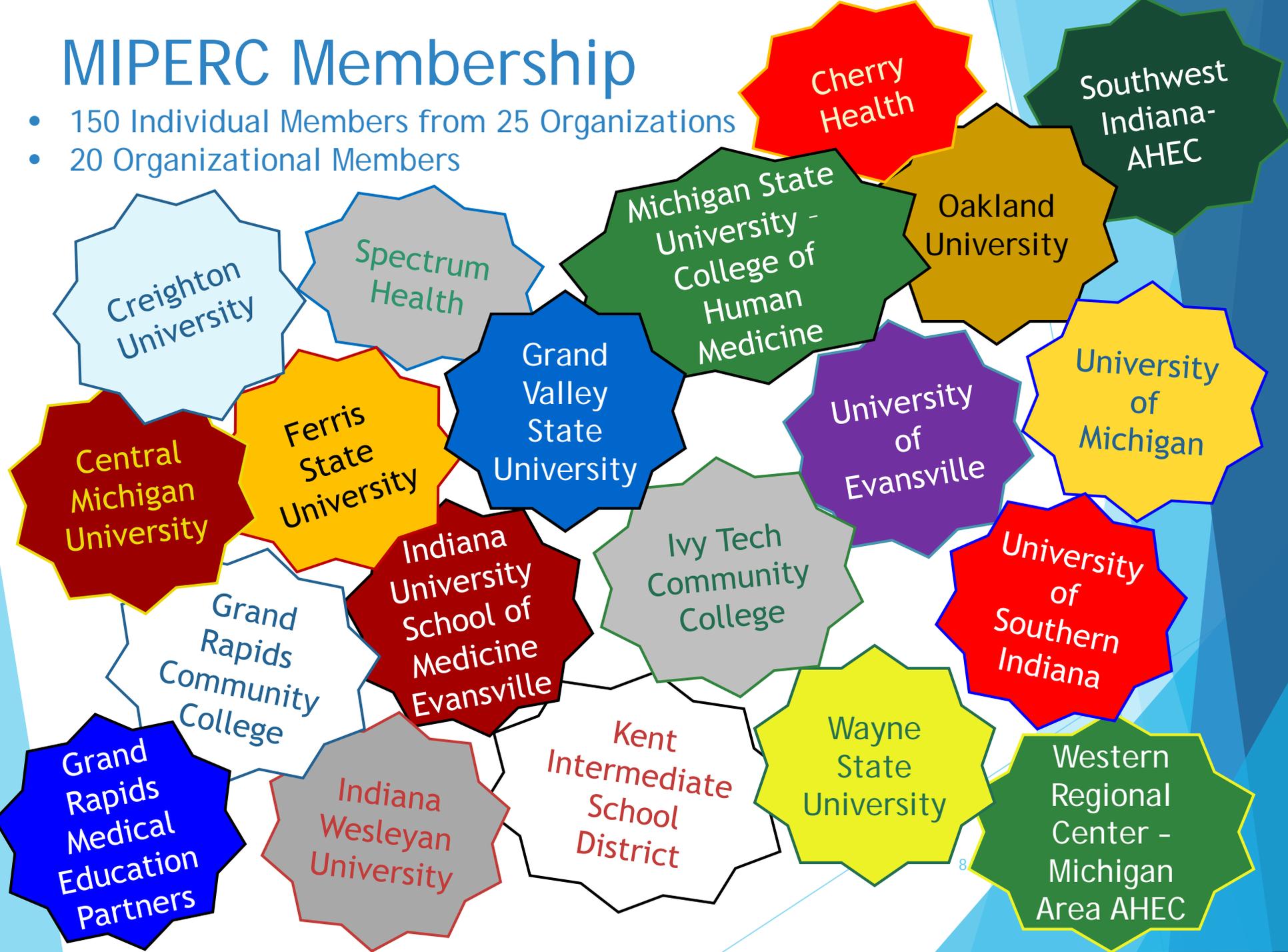
Creating Teams for Patient Centered Care

- ▶ MIPERC is a regional inter-institutional infrastructure created to infuse interprofessional education, collaborative practice and research for the improvement of healthcare in our communities
- ▶ MIPERC was founded in 2007
- ▶ Founding Members
  - ▶ Grand Valley State University
  - ▶ Grand Rapids Medical Education Partners
  - ▶ Michigan State University-College of Human Medicine

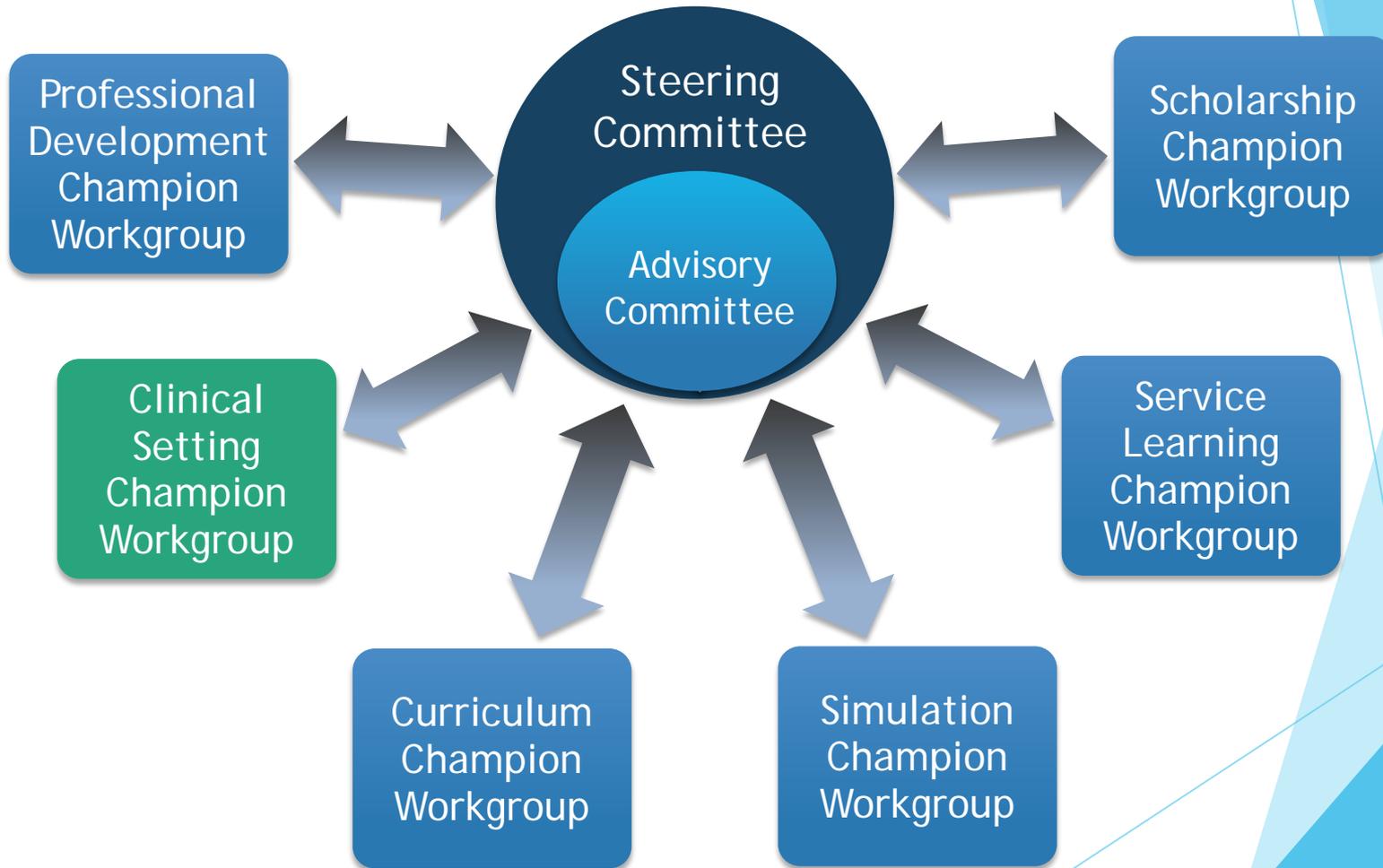


# MIPERC Membership

- 150 Individual Members from 25 Organizations
- 20 Organizational Members

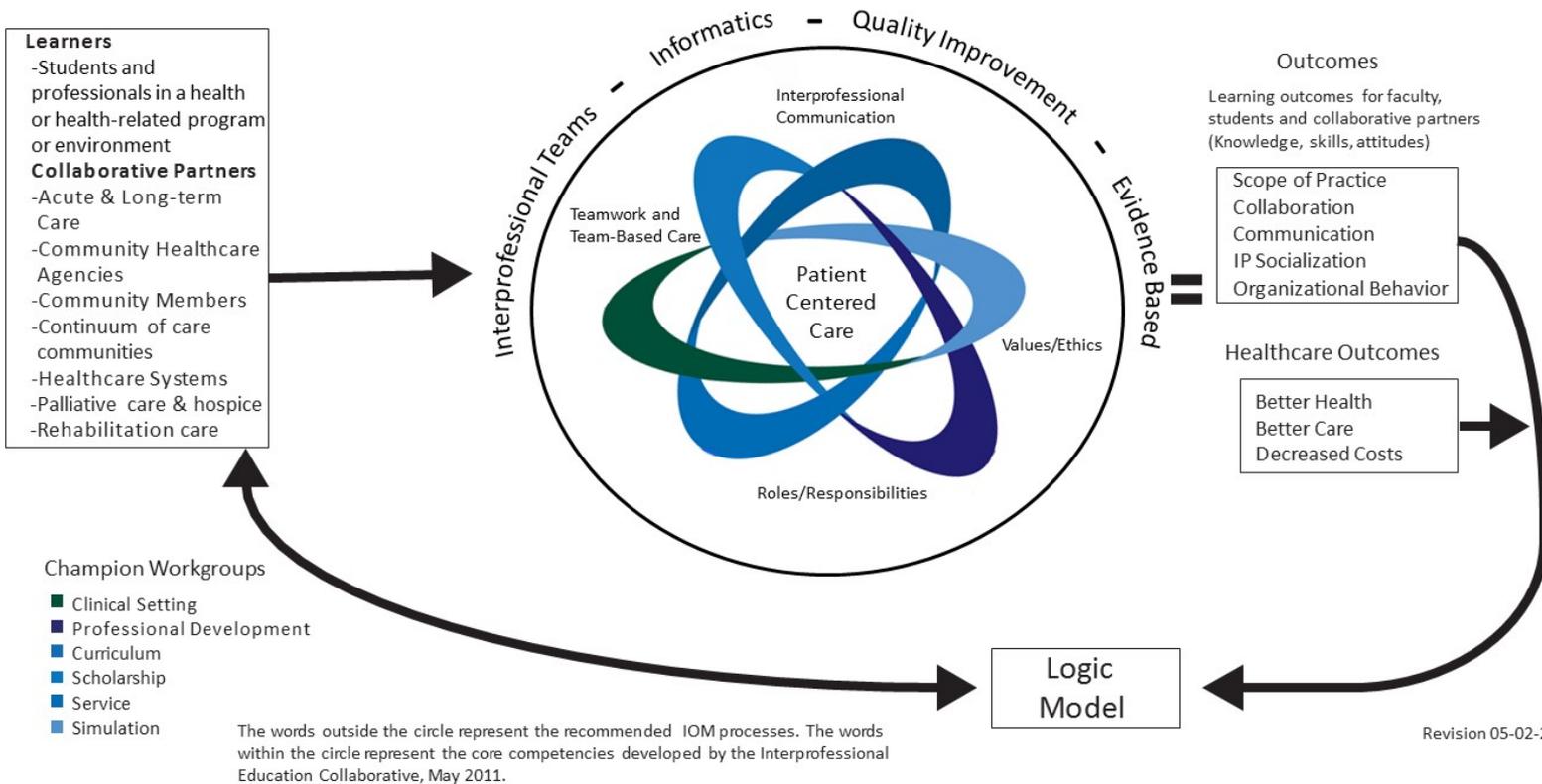


# MIPERC Infrastructure



# Midwest Model of Interprofessional Practice, Education, and Research

## A Model Contributing to Transforming US Healthcare



# Innovations in Interprofessional Education & Collaborative Practice



# Online Interprofessional Collaborative Practice Program

- ▶ Online Modules
  - ▶ Introduction to IPE & Collaborative Practice
  - ▶ Patient Safety
  - ▶ Team Dynamics
  - ▶ Tips for Implementing Healthcare Behavioral Changes
  - ▶ Preceptor Development
  - ▶ Faculty Development
- ▶ Resources
  - ▶ Daily Huddle Guidelines
  - ▶ Patient-Centered Collaborative Plan of Care
  - ▶ IPE Preceptor Manual for Facilitating Interprofessional Education and Collaborative Practice Learning Experiences
  - ▶ Student Team Visit Guidelines



# Testing An Interprofessional Collaborative Practice Model To Improve Obesity-related Health Outcomes With A Statewide Consortium



*This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD7HP25052 for Testing an Interprofessional Collaborative Practice Model to Improve Obesity-related Health Outcomes with a Statewide Consortium for grant amount of \$1.47 million awarded to Michigan Department of Community Health.*

# Background

- ▶ Obesity is epidemic in the US with one of the highest rates compared to other industrialized countries in the world.
- ▶ Michigan ranks 11<sup>th</sup> in the nation for rates of obesity.
- ▶ 65.5% of Michigan adults are overweight or obese.
- ▶ 30.6% of Michigan youth are obese or overweight.
- ▶ Governor Snyder has made obesity a state health priority.
- ▶ This statewide partnership was founded on a belief that weight management interventions must be Interprofessional using collaborative approaches



# Overarching Project goals

1. Allow emergent nurse leaders to demonstrate interprofessional collaborative practice (IPCP) leadership.
2. Incorporate training opportunities for nursing and other health professional students into the IPCP practice environment of two pilot clinics.
3. Develop a long term plan for the dissemination and sustainability of the IPCP clinic-based innovation through a statewide initiative.



# Study process

- ▶ Practitioner/student training in foundational Interprofessional collaborative practice modules, daily huddles, collaborative care planning and team case presentations.
- ▶ Clinical setting intervention- program specific content delivered over three months, food/activity logs, patient-centered goals measured and assessed at each visit, selected clinical indicators collected.



# Study results



- Training provided to 14 practitioners (physicians, nurse practitioners, social workers) and 59 students (nursing, social work, dietetics, movement science) at two nurse managed centers
- Intervention provided to 290 patient study participants with statistically significant weight loss in those completing the program
- Foundational online modules increased Interprofessional collaborative practice knowledge by 15-20%

# Conclusions/practice implications

- Conclusion: This study has demonstrated the potential relationship of an Interprofessional education training for practitioners and students influencing a collaborative practice weight loss program in two nurse managed centers.
- Implications: Following the format of the Interprofessional training and weight loss program, dissemination of this innovative program can be replicated at other primary care sites across the state.

# Cherry Street Health Center



By Amy Tompkins

The logo features three red cherries with green leaves, positioned to the left of the text.

# Cherry Health

- ▶ Established in 1988, Cherry Health is the largest Federally Qualified Health Center (FQHC) in the state of Michigan serving Barry, Eaton, Kent, Montcalm and Wayne counties at more than 20 locations.
- ▶ Services provided by Cherry Health include primary care, women's health, pediatrics, dental, vision, behavioral health, mental health, correctional health, five school based health centers and employee assistance for employers.
- ▶ According to 2015 UDS data, Cherry Health served 66,234 patients with 296,793 visits.

# Cherry Street Health Center

- ▶ Cherry Street Health Center is the original location of Cherry Health.
- ▶ There are 3 floors; Dental, Family Practice and Woman's Health.
- ▶ The Cherry Street location sees approximately 450 medical patients weekly and has 60 medical employees.



# Primary Care

- ▶ Cherry Street Health Center is a Primary Care Medical Home with NCQA level 2 designation.
- ▶ Our Family Practice is comprised of two care teams. Each team is co-located and has a RN team lead, 3 providers, and 4 Medical Assistants.
- ▶ Our team members include: providers (MD, NP, PA), RN, LPN, MA, Care Manager, Community Health Worker, Community Resource Connector, Front Desk and Medical Records. Ancillary support includes: Outreach and Enrollment, Dental, Vision, RD, Social Worker, Maternal Infant Health Program, WIC, and interpreters.

# Implementation of IPCP at FQHC

- ▶ 19 staff members participated in trainings both in person (2 hours) and via online modules (6 hours) at implementation.
- ▶ 22 students from GVSU PA Program, Michigan State Medical School and Ferris Pharmacy Program began rotating through Cherry Street Health Center in the fall of 2014. Students were oriented through Cherry Health and trained on IPCP through their programs. Rotations varied in length.
- ▶ 250 patients with diabetes consented and participated in the research.



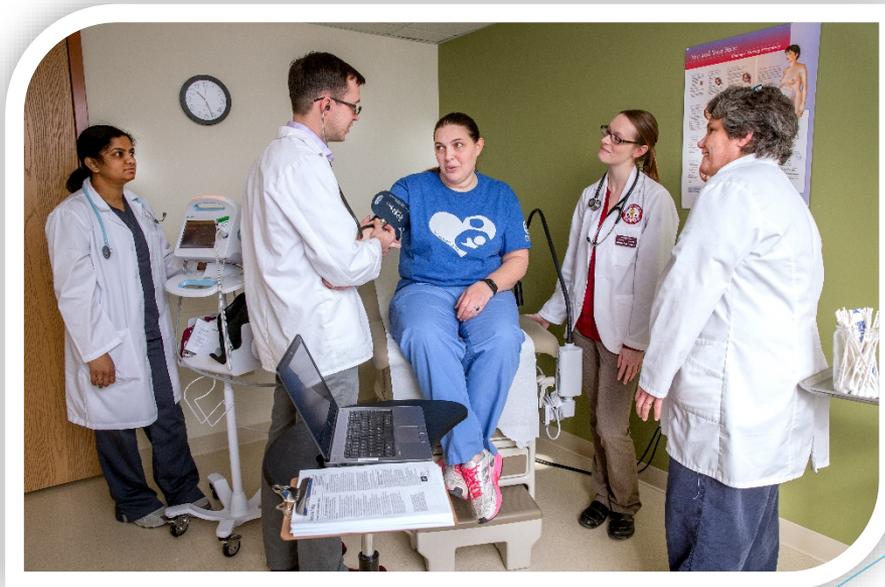
# A Typical Day

- ▶ Students would work directly with their providers seeing their patients throughout the day. They would huddle in the morning and conference with the providers actively throughout the patient visits. Some students met with the majority of the provider's patients. While others, only met with 8-10 patients per day who were identified through that provider's huddle.
- ▶ The providers all seemed to share the Pharmacy Students.



# Student Collaboration

- ▶ Each day at least one patient was identified by all the providers who would have a visit with all 3 students simultaneously.
- ▶ Students worked with triage RN to identify patients that they could make return phone calls to.
- ▶ Students worked with Diabetes Educator to facilitate monthly Diabetes Education Classes. These groups were very well attended and the students and patients both found them very beneficial.



# Maintenance

- ▶ Representatives from GVSU met with Cherry Street staff members monthly at their staff meeting to gather their input and gauge how things were going.
- ▶ In addition, there was a monthly meeting with Cherry Street providers where input was gathered and need adjustments to process were made.



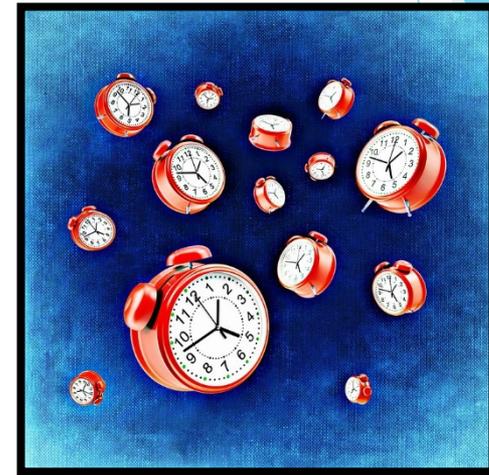
# Successes

- ▶ Cherry Street staff and providers loved having students on site and thoroughly enjoyed teaching.
- ▶ Implementation of the daily huddle improved communication, efficiency and staff satisfaction.
- ▶ Having the new perspective of PharmD on site was a huge staff, provider and patient satisfier.
- ▶ Opportunities for patient education increased.
- ▶ Patient outcomes improved
- ▶ Productivity increased



# Challenges

- ▶ The short duration of student rotations was a challenge. By the time the student was oriented to the practice site, trained on the EHR and becoming more independent, their rotation was ending.
- ▶ The provider's schedules with mostly 15 and 30 minute appointment times was also a challenge. When having one or more student push into a patient visit our cycle times increased by an average of 30 minutes per visit.
- ▶ Staff training was an additional challenge. Any time there was a training it required blocking the providers schedules and rescheduling patients.



# Cultivating Practice Site Relationships

By Michael Bouthillier

# Cultivating Practice Site Relationships

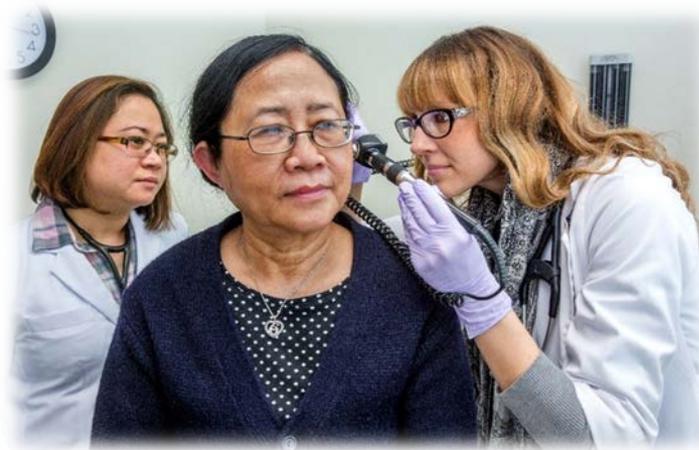
- ▶ Understand providers may not have an educational mission
- ▶ Find common goals such as quality improvements, patient and provider satisfaction, etc related to your project
- ▶ Understand their perspectives and concerns
- ▶ Establish measurable metrics that relate to the concerns and follow up on the agreed upon metrics
- ▶ Be willing to adjust your project if the practice site experiences continued difficulties



# Idealistic Pragmatism

## Pragmatic Idealism

- ▶ Practice informing education
- ▶ Education informing practice
- ▶ “... students must be involved in real work that has meaning for their professional development.”
- ▶ More training sites in Primary Care



# Specific Suggestions

- ▶ Build on existing relationships and successes
- ▶ Scale back in order to scale up
- ▶ Begin with the top leadership
- ▶ Consider grants
  - ▶ Internships in IT can be budgeted in for data extraction and DataBase builds
- ▶ Find ways your students can expand service by providing service
- ▶ Lead with your best students
- ▶ “Script” as many specific tasks as possible
- ▶ Be respectful of office flow

# Evaluation

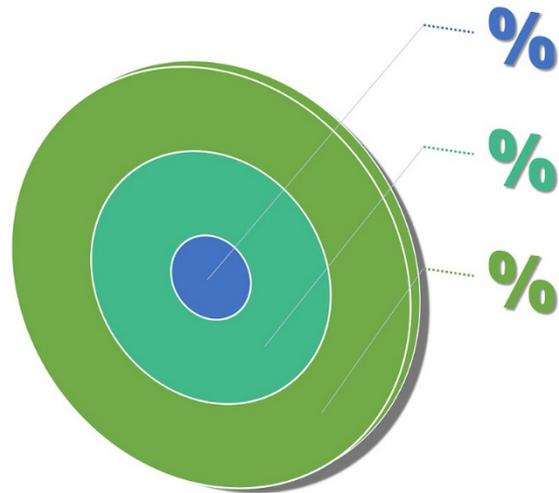
By Lawrence Baer

# Rationale

- Support/Reinforce your own commitment to IPE/IPCP
- Demonstrate the value of IPE/IPCP
- Check whether and where improvements in your program can be made

# Kinds of Outcomes

- ▶ Increased Knowledge
- ▶ Behavioral and Attitudinal Changes
- ▶ Improved Patient Outcomes
- ▶ Improved Administrative/Systems Outcomes



# Ways to Measure Knowledge Outcomes

- ▶ Standard Topic-Related Tools – (check for demonstrated reliability/validity)
  - ▶ Proprietary tests
    - ▶ Multiple Choice
    - ▶ True - False
    - ▶ Short Answer



# Ways to Measure Behavioral and Attitudinal Outcomes

- ▶ Published Psychometric Instruments
  - ▶ Annotated Bibliography at the National Center
    - ▶ <https://nexusipe.org/advancing/assessment-evaluation>
- ▶ Proprietary Instruments
  - ▶ May have questionable Reliability and/or Validity

# Ways to Measure Patient Outcomes

- ▶ Disease or Condition-Specific Indicators and/or Variables
- ▶ May want to compare with National Targets as a measure of success



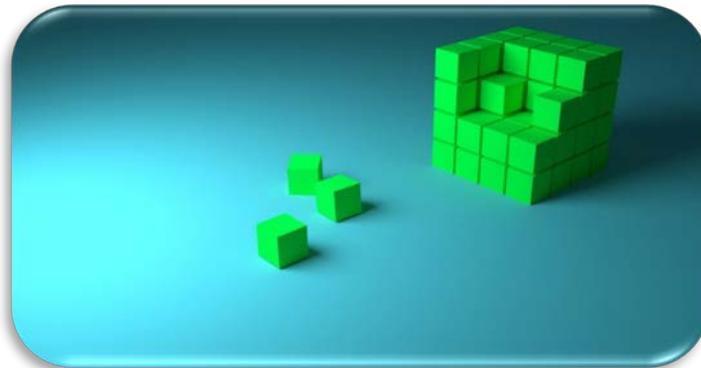
# Ways to Measure System Outcomes

- ▶ Time per patient
- ▶ Cost of Care - usually represented by Billable Charges
- ▶ Administrative Costs
- ▶ Employee Satisfaction - (published instruments, if possible)
- ▶ Patient Satisfaction - (published instruments, if possible)



# Design/Development

- ▶ Each Outcome may require different methodology and influence entire project design and implementation
- ▶ Get an evaluation-experienced person on your project team EARLY, a basic biostatistician may not be enough
- ▶ DO NOT wait until project is well underway to think about statistical analysis
- ▶ If possible, PILOT test both your PROGRAM methods and your OUTCOME measures



# Things to Look Out For

- ▶ IRB approval may be needed; check with IRB and submit EARLY
- ▶ Informed Consent by Faculty, Staff, Students and Patients may be required
- ▶ HIPAA may apply, requiring specific design components or limitations in data collection
- ▶ FERPA may affect the use of educational records
- ▶ Missing data may prove problematic for some validated instruments - check them out beforehand





Midwest Interprofessional  
Practice, Education, and Research Center  
Creating Teams for Patient Centered Care

# Breakout Sessions

# Opportunities Implementing IPE

- ▶ Interprofessional team research
- ▶ Innovative education & practice projects
- ▶ Collaboration among team members for best outcomes
- ▶ Advancing the NEXUS: Recognizing and being responsive to organizational system change
- ▶ Student interest & leadership
- ▶ Development of interprofessional clinical sites
- ▶ Transforming healthcare through innovative interprofessional work redesign
- ▶ Snowball effect



# Challenges Implementing IPE

- ▶ Faculty time constraints
- ▶ Team teaching assignments (cost/workload)
- ▶ Variable student schedules
- ▶ Resource limitations
- ▶ Faculty development needs
- ▶ Limited IPE clinical placements
- ▶ Variable lengths of student clinical experiences
- ▶ Space limitations for courses
- ▶ Limited implementation literature on IPE & IPCP



# References

- ▶ Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.
- ▶ IOM.(2003). *Health professions education: A bridge to quality*. Washington, DC: The National Academies Press.
- ▶ Nagelkerk, J., Peterson, T., Pawl, B., Teman, S., Anyangu, A.C., Mlynarczyk, S., & Baer, L. (2014). Patient safety culture transformation in a children's hospital: an interprofessional approach. *Journal of Interprofessional Care*, 1-7 23(5), 285-9.doi:10.3109/13561820.2014.885935.
- ▶ World Health Organization (WHO). (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva, Switzerland: World Health Organization

# Reports Supporting IPE & IPCP



Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.



World Health Organization (WHO). (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva, Switzerland: World Health Organization



Institute of Medicine (US) Committee on the Health Professions Education Summit. (2003). *Health Professions Education: A Bridge to Quality*. (A. C. Greiner & E. Knebel, Eds.). Washington (DC): National Academies Press (US).



Leape, L., Berwick, D., Clancy, C., Conway, J., Gluck, P., Guest, J., Isaac, T., Lawrence, D., Morath, J., O'Leary, D., O'Neil, P., Pinakiewicz, D. & Isaac T. (2009). *Transforming healthcare: a safety imperative*. *Quality and Safety in Healthcare*, 18, 424-428



Institute of medicine (IOM). (2012). *Living well with chronic illness: A call for public health action*. Washington, DC: The National Academies Press.



Brandt, B., Lutfiyya, M. N., King, J. A., & Chioreso, C. (2014). *A scoping review of interprofessional collaborative practice and education using the lens of the Triple Aim*. *Journal of Interprofessional Care*, 28(5), 393-399.



Reeves, S., Perrier, L., Goldman, J., Freeth, D., & Zwarenstein, M. (2013). *Interprofessional education: effects on professional practice and healthcare outcomes (update)*. In *Cochrane Database of Systematic Reviews*. John Wiley & Sons, Ltd. Ihi



Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). *The Triple Aim: Care, Health, And Cost*. *Health Affairs*, 27(3), 759-769.



Midwest Interprofessional  
Practice, Education, and Research Center  
Creating Teams for Patient Centered Care

# 9<sup>th</sup> Annual MIPERC Conference

September 22 & 23, 2016 in Grand Rapids, MI

The Role of Interprofessional Teams  
in Health Care Delivery

## Conference Objectives

Upon completion of the learning experiences associated with this conference, participants will be able to:

- Describe mechanisms for maintaining optimal patient care flow, team vitality, and effectiveness in an interprofessional practice (IPP) environment.
- Propose strategies for determining optimal IPP team compositions for various types of health care services and patient populations.
- Identify IPP contributions to chronic care management and health promotion and disease prevention services.
- Describe the use of interprofessional teams in population health management.



**Nancy Schlichting, MBA**  
Chief Executive Officer  
Henry Ford Health System



**Stephen Schoenbaum, MD, MPH**  
Special Advisor to the President  
Josiah Macy Foundation



**Barbara Brandt, PhD**  
Director, National Center for  
Interprofessional Practice and  
Education; Associate Vice  
President for Education,  
Academic Health Center  
University of Minnesota



**Gerri Lamb, PhD, RN, FAAN**  
Chair, American Interprofessional  
Health Collaborative  
Associate Professor, College of  
Nursing & Health Innovation;  
Director, Center for Advancing  
Interprofessional Practice, Education  
and Research, University of Arizona