

The Role of
Interprofessional
Collaboration in
Transforming
Health Care
Delivery



Introductions



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Panelist

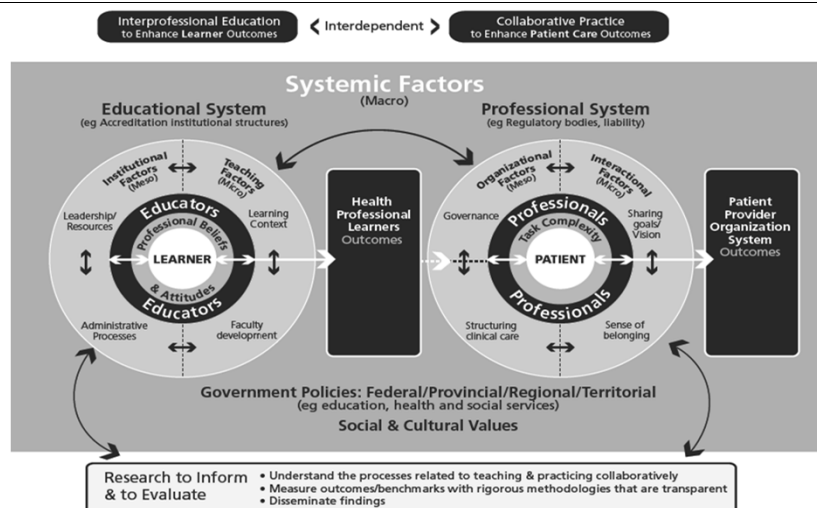
Lewis G. Sandy, MD, FACP
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Objectives

- Define “interprofessional collaboration”
 - Teams
 - Research
- Interpret related terms
 - Multidisciplinary
 - Interdisciplinary
 - Transdisciplinary
- Explore the shift in new health care models
- Identify benefits and challenges of interprofessional collaboration

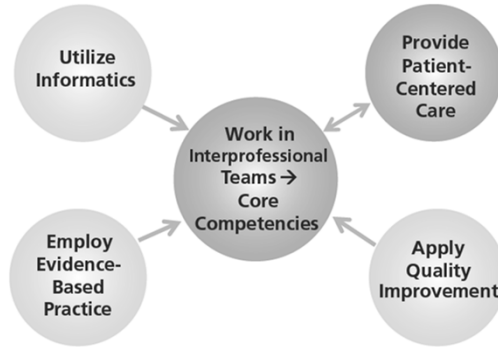
Why Are We Here Today?



D'Amour, D., & Qandasan, I. (2005). Interprofessionalism as the field of interprofessional practice and interprofessional education: an emerging concept. *Journal Of Interprofessional Care*, 198-20 13p.
 *Baker, D. P., Gustafson, S., Beaubien, J.M., Salas, E., & Barach, P. (2005a). Medical team training programs in health care. pp. 253-267 in *Advances in Patient Safety: From Research to Implementation*. Volumes 4, Programs, tools, and products. AHRQ Publication Nos. 050021 (1-4), February 2005. Agency for Healthcare Research and Quality, Rockville, MD. Retrieved March 23, 2011 from <http://www.ahrq.gov/qual/advances/>

Why Are We Here Today?

Interprofessional Teamwork and IOM CORE COMPETENCIES



Institute of Medicine. (1972). *Educating for the health team*. Washington, D.C.: National Academy of Sciences.
 Institute of Medicine. (2003). *Health Professions Education: A Bridge to Quality*. Washington, DC: The National Academies Press.

Institute of Medicine
 Educating for the Health Team
 1972

“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 redeploy 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.

There are organizational, political, ethical, and legal problems to be faced. But it is certain that in the coming process of reexamination the responsibility of the academic health centers and other educational institutions will be central. Can the provision of health care be improved by closer interaction of health professionals in new ways, and can the education of health professionals together facilitate the cooperative endeavors so urgently needed in practice?”

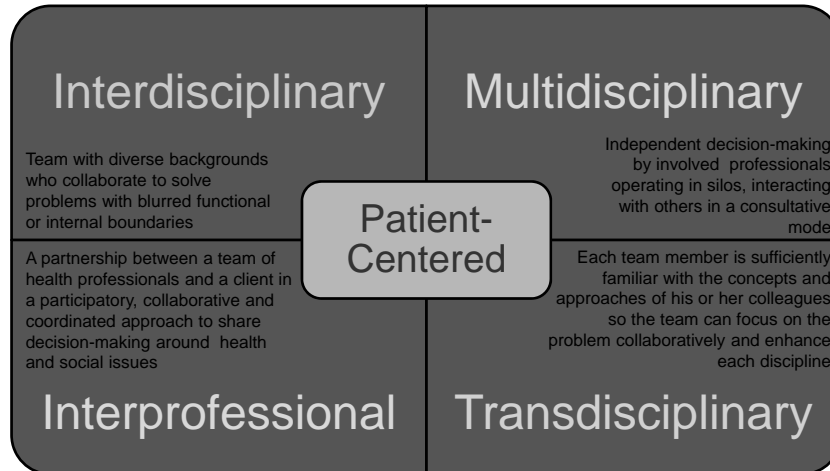
(IOM, pp. 4-5)

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Collaborative Team Terms

“Terminological quagmire” describes the ambiguity and interchangeability of the terms to explain efforts to involve more than one discipline in health care research, services, education and policy.*



*Choi, B. C. K., & Pak, A. W. P. (2006). Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. definitions, objectives, and evidence of effectiveness. *Clinical and Investigative Medicine*, 29(6), 351-64.

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History

- There has been talk of teams in health care since the early 1900s when medicine began spawning specialization
- Affordable Care Act
 - Establishes that organizations can create Patient-Centered Medical Home teams for evaluation
- “Despite the pervasiveness of people working together in health care, the explicit uptake of interprofessional team-based care has been limited.” – Mitchell et al 2012
 - Independent training, traditions and development
 - Individual incentives and reimbursement
 - Time pressure
 - Productivity pressure
 - A U.S. culture of individualism
 - The sacred dyad: me and my physician

What *is* a team?

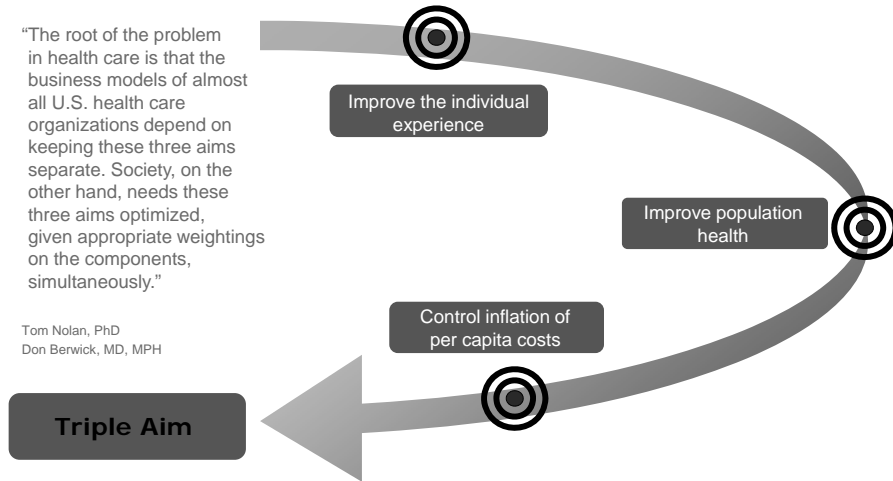
- Teams are embedded in an organizational context that sets boundaries/constraints and influences how communication within and across organizations happen.
- Teams are made up of two or more individuals who:
 - perform organizationally relevant tasks;
 - share one or more common goals;
 - interact socially;
 - exhibit task interdependencies; and
 - maintain and manage boundaries.

(Adapted from Taplin & Rogers 2012)

The Triple Aim: Better Care, Better Health, Lower Cost

"The root of the problem in health care is that the business models of almost all U.S. health care organizations depend on keeping these three aims separate. Society, on the other hand, needs these three aims optimized, given appropriate weightings on the components, simultaneously."

Tom Nolan, PhD
Don Berwick, MD, MPH



"The Triple Aim: Care, Health, And Cost," *Health Affairs*, 27, no.3 (2008): 759-769. Donald M. Berwick, Thomas W. Nolan and John Whittington,

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What is going on in the United States?

Practice Game Changers – addressing inefficiencies, cost, errors

- **GOAL:** Provide patients with more comprehensive, accessible, coordinated and high quality care at lower costs
- Greater 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
 - accountable health communities
- Electronic health records 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

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Interprofessional Education and Practice

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, 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.*



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What Problems Could Interprofessional Teams Help to Solve? HELP SOLVE?

1. Gap between “what we know” and “what we do”
2. Fragmentation/coordination crisis
3. Access/delayed care
4. Deficiencies of the medical model (emphasis on testing and prescribing, rather than whole person and social context)
5. Low efficiency of care delivery...can we increase panel size/reduce labor costs?

Big Picture: Reframing, Retooling and Retraining

1970 Barriers	➡	Today
Low status of primary care	➡	Redesign around primary care, prevention and population health
Specialization & sub-specialization	➡	Impact of moving from fee-for-service to global payments?
Nurse Practitioners, Physician Assistants, Clinical Pharmacists	➡	The correct health care professionals partnering with patients, families and communities. “How” not the “Who”
Little interest in health care processes	➡	Quality & systems improvement leading to improved outcomes
Little evidence for teamwork	➡	Growing evidence for teamwork

RWJF: Lesson Learned From the Field Promising Interprofessional Collaborative Practices

Learning From On-the-Ground Practice



- Put patients first
- Demonstrate leadership commitment
- Create a level playing field
- Cultivate team communication
- Explore the use of organizational structure
- Train different disciplines together

Available at:
<https://nexusipe.org/informing/resource-center/lessons-from-the-field>



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Q&A



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Food For Thought

“We all have a moral obligation to work together to improve care for patients.” (Pronovost & Vohr, 2010, p. 137)

“Communicating refers to aspects of openness, style, and expression of feelings and thoughts. These communications are directed specifically at modifying teamwork aspects. Team-related communications exploit opportunities that influence team interactions, organization, and functioning.” (Essens et al., 2009)

“An essential component of patient-centered primary care practice is interprofessional teamwork. High-functioning teams require collaboration between physicians, nurses, pharmacists, social workers, clinical psychologists, case managers, medical assistants, and clinical administrators...” (Department of Veterans Affairs, August 26, 2010, p. 2)

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

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