



Executive Summary

Anticipating Healthcare Reform: The Central Role of IPE and Practice

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Fourth Annual Interprofessional Education Conference Executive Summary

Introduction

Anticipating Healthcare Reform: The Central Role of Interprofessional Education & Practice time has come. As healthcare continues to be more complex, a new model to deliver safe, accessible, patient centered care is essential. This new model should move from a silo learning and practice environment to a collaborative “team” delivery system. A team approach makes optimal use of the knowledge, skills, and attitudes of each discipline. The essentials of team dynamics are awareness of individual professional competencies, the overlap of common competencies, and interprofessional collaborative competencies.

Dr. Donald Berwick, former Administrator for Centers for Medicare & Medicaid Services, shared a story to which most of us can relate. It is the story of a patient that had been hospitalized many times for a chronic condition. When the attending physician asked the patient, “How can we do a better job of caring for you?” The response was “I have great doctors and nurses here-but can you please talk to each other?”

Community IPE Initiative

According to the World Health Organization (WHO), the definition of interprofessional care is when two or more disciplines learn from, about, and with each other. The **mission** of the West Michigan Interprofessional Education Initiative (WMIPEI) is to identify ways that Grand Valley State University (GVSU); Grand Rapids Medical Education (GRMEP), Michigan State University College of Human Medicine (MSU-CHM) and regional partners can develop collaborative, innovative, and interprofessional initiatives across disciplines, learning institutions, and health care systems. Our **goals** are to

1. Integrate interprofessional learning throughout the curricula
2. Identify, develop, implement, and assess interprofessional clinical experiences for teams of students to practice and learn about, from, and with each other
3. Implement interprofessional scholarship across disciplines and institutions

Our community partners include learners from GVSU in the disciplines of physician assistant, physical therapy, occupational therapy, occupational and safety health, radiology and imaging, recreational therapy, medical lab science, nursing, social work, bioengineering, bio-statistician; medical residents from GRMEP; medical students from MSU-CHM; and pharmacy and optometry students from Ferris State University. Our collaborative community partners include community healthcare agencies, hospital systems, rehabilitative and long term care systems as well as community members. Our focus is on education, scholarship and service.

Examples of our collective interprofessional work include: the development of an interprofessional preceptor manual; an online foundational IPE student module; a three-part faculty development workshop; an annual series of brown bag IPE lunches; a Blue Cross Blue Shield of Michigan funded

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Patient Safety Transformation study; an interprofessional teaching circle initiative; annual IPE community conferences; creation of two faculty development simulations; implementation of an interprofessional diagnostic case study; implementation of the Promoting Interprofessional Education Student Organization (PIPES); and the development of an IPE course.

The movement toward interprofessional work and the initiatives for interprofessional education is a result of the need for patients to receive high quality and safe care. The Institute of Medicine (IOM) reports, *Crossing the Quality Chasm* (2001) and the subsequent *Health Professions Education: A Bridge to Quality* (2003) have become catalysts and guides for the current restructuring of the health professional curricula. The core competencies identified in *A Bridge to Quality*, are to provide patient-centered-care, employ evidence-based practice, apply quality improvement, work in interdisciplinary teams, and utilize informatics. In May 2011 the Interprofessional Education Collaborative representing the colleges of nursing, pharmacy, medicine, dentistry and schools of public health released the *Core Competencies for Interprofessional Collaborative Practice*. A report supported by these accrediting colleges' advances education and practice beyond the mere description of professional identity and desired competencies to student engaged active team learning. The Core Competencies for Interprofessional Collaborative Practice identified the competency domains as 1) values/ethics for interprofessional practice; 2) roles/ responsibilities; 3) interprofessional communication; 4) teams and teamwork.

This transformation of health professions' education with students engaging with students, faculty, and staff outside of their own profession will become a routine expectation. As part of their professional development, all health professions students will learn about their own discipline's unique competencies and competencies common across professions, and will practice and develop skills in team care. More importantly each health care professional will provide care to the fullest extent of their licensure and education.

The emphasis on interprofessional education and practice is a team approach involving the relevant disciplines to secure the best outcomes for each patient. To ensure that our students will be able to work effectively in teams, we need to educate them in practice environments where the staff model is interprofessional team care. Thus this partnership among Grand Rapids regional educational and health care organizations will produce not only excellent students but will also foster excellence in health care.

Day 1 of Anticipating Healthcare Reform: The Central Role of IPE & Practice

Plenary Speaker **Mandy Lowe**, Clinical and Professional Development, Centre for IPE from the University of Toronto, shared her expertise from both the clinical and educational perspectives. Ms. Lowe began by describing an analogy of "tea steeping". As a tea bag steeps in hot water, the flavor and color moves by osmosis into the water forming tea. Becoming interprofessional does not happen by being with multiple members of different professions, but rather by the intention of learning about, from, and with one another. An interactive group exercise involved the participants looking at an abstract set of lines that could be interpreted as a picture of a seal or donkey. The "take away" is to be mindful that "one

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could be looking in the same direction at the same set of lines and not seeing what our colleagues see". We all perceive things differently and neither interpretation is wrong. To be a collaborative member of a team, shared values, shared goals, specific learning objectives and the intentionality of outcomes are needed. In conclusion, to make a clinical experience *interprofessional* the following questions need to be answered affirmatively:

- Are 2 or more professions involved?
- Does significant interactivity between participants occur?
- Are there opportunities to learn about, from, and with one another?
- Are interprofessional teaching/learning moments discussed/addressed?

Three-Part Faculty Development Sessions

The West Michigan Interprofessional Education Initiative (WMIPEI) workgroup members from Simulation and Cross-Professional Competency created an interactive, three-part, faculty development series. The intent of the three-part series was to have participants explore how self-identity and professional identity merge in clinical practice, discuss how collaborative team dynamics contribute to patient outcomes, and reinforce key interprofessional competency concepts. Self-reflective questions for participants include examining personal values and character traits influencing the participant's choice of health profession, then choosing from a series of statements that best matches the perception of the participant to three other professions. A table facilitator then led the group toward discoveries made about one's own profession, one's perceptions related to other professions and finally others' perceptions of one's own profession. Session 2 began by participants using clicker technology and answering the following questions: 1) where do you assess yourself on a scale of interprofessional competency; and 2) where do you assess yourself on your willingness to change. This exercise was followed by viewing a video entitled *Through the Patient's Eyes*, portraying a simulated discharge scenario from the patient's perspective. In small groups, participants were asked several questions relating to the video. These questions ranged from fragmentation of responsibilities that might interfere with interprofessional practice and a best patient experience; the effects of healthcare hierarchy on a patient experience; and drawing from personal experience, examples of interprofessional collaboration. The final session focused on the debriefing relating to collaborative teams, a patient perspective on what could be included in a discharge process, and how to improve communication among patient care team members.

DAY 2 of Anticipating Healthcare Reform: The Central Role of IPE & Practice

Since 2009, Grand Valley Seidman College of Business has analyzed significant health-related issues facing Kent, Ottawa, Muskegon and Allegan (KOMA) counties in West Michigan and disseminated the findings to the business community. Due to the popularity of the annual health trends report by Professors Hari Singh and Paul Isely and the timeliness of the topic to this conference theme it was a natural fit to embed this presentation into the Conference. The report, "Health Check; Analyzing Trends in West Michigan 2012" is available at www.gvsu.edu/vphealth for downloading and viewing.

In the *Health Check Analyzing Trends in West Michigan 2012* booklet, the introduction letter to the community from Jean Nagelkerk, GVSU Vice Provost for Health stated: “Health Check 2012 identifies significant health-related issues facing Kent, Ottawa, Muskegon, and Allegan counties. We are seeing a significant increase in the number of individuals in the 45-64 and the over 65 age groups and a drop in the number of individuals in the 18-34 age group in West Michigan. If this trend continues, our community will face a substantial burden of chronic health problems and a resultant increase in health care expenditures. Individual choices in lifestyle behaviors will significantly impact the types of services and costs of care for our region. In particular, heavy drinking, obesity, and inadequate exercise are common risk factors in KOMA. These trends, if continued, will pose substantial challenges to the cost of health services and to the availability of primary care providers, specialists, nurses, and other health professionals.” The health check summary focused on knowledge foundations (health education programs/graduates and medical patents); health care trends (demographics, risk profiles, chronic diseases and overall health status); economic analysis (benchmarking, hospital survey, major medical conditions cost). This year Blue Cross Blue Shield of Michigan (BCBSM) and Priority Health graciously provided insurance cost data, including pharmaceutical costs for the treatment of specific diseases. In addition, BCBSM provided generous financial support for the dissemination of the information.

The Trends forecast was followed by the **Alliance for Health Predictions for Healthcare in 2012** panel presentations. Members of the panel were Jeff Connolly, President for the West Michigan Operations and Managed Care for Blue Cross Blue Shield of Michigan; Michigan State Senator Geoff Hansen; Roger Spoelman, Regional Executive for Trinity Health West Michigan and President and CEO of Mercy Health Partners; and Mitch Stapley, Chief Fixed Income Officer for Fifth Third Asset Management. Each member of the panel spoke to their unique perspective regarding how these trends affect individuals, communities and the state.

Speaker Messages on IPE & Practice healthcare reform

Plenary Speaker **Barbara Brandt** Associate Vice President for Education and Professor at University of Minnesota remarked on a slide from Deborah Gardner, Senior Advisor, Bureau of Health Professions Health Resources & Services Administration. The slide is a snapshot from a balcony overlooking a mountain valley with a quote from Joseph Heifetz “Motion makes observation difficult”. Dr. Brandt’s response was “Boy, is there motion!” Both the healthcare system and higher education for healthcare are undergoing changes due to a need for a different model. The audience was reminded that in the 1970s interprofessional education and team based care started and then stopped due to a lack of demonstration of beneficial health outcomes. Now the processes actively driving the system toward team-based care are: care navigation, accountable care organizations, primary care, chronic care, palliative care, new incentives for performance, and “practicing at the top of your education”. Support to fully develop and sustain the model and practice of interprofessional, collaborative team-based care comes from the federal level, private foundations, associations accrediting colleges, and major health systems. A national center for interprofessional education and practice is in the planning stages, location yet to be determined. In conclusion Dr. Brandt asked probing questions for consideration; How do we have robust honest conversations about the linkage of IPE & Practice?; What does the continuum

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look like between learning and education to healthy patient outcomes? ; How do we develop leadership among patient/family/education/practice/; What does it mean to develop teams and standardize care?; How do we demonstrate actual health outcomes?

Plenary speaker **Robert Graham**'s "The New Landscape for Healthcare Delivery: Implications for Professional Education in an Era of Teams and Enterprise Accountability" was another conference favorite. Dr. Graham has a diverse background in leadership responsibilities spanning the federal health sector, private foundations, research, clinical practice, and now as the Director of Aligning Forces for Quality Program (AF4Q). This Robert Wood Johnson Foundation initiative is focused on improving the quality, efficiency, and equity of the healthcare system. The presentation addressed four major areas: 1) the context of health economics; 2) macro level trends in financial cost shifts; 3) micro level trends in primary care; and 4) implications for education of health professionals.

In the *context* of health economics, Dr. Graham proposed that Medicare is a Ponzi scheme, i.e., no budget - only beneficiaries. Over an individual's 40 year work- life, the average amount of money paid into Medicare is \$180,000 vs. the average benefits received by the end of life is \$450,000. The Triple Aim goals are the new set of expectations for the US healthcare system; better health, better care, decreased cost. These three characteristics are reflective of a fundamental shift over the past five years in investment costs and expectations by business and government.

At the *macro level* there is a shift of financial costs from employers and payers to providers. This shift can be seen in the form of newly created diagnosis-related groups (DRGs), episode and bundled payments and accountable care organizations (ACO). The ACO is organized around managing quality and care across the continuum.

The *micro level* is the reinvention of primary care practice. Dr. Graham describes the model as the Patient Centered Medical Home (PCMH). This model requires care to be patient-centered, accessible, coordinated, and delivered in interprofessional teams with measureable outcomes. Preliminary studies of patient centered medical homes to date show reduced emergency department usage, reduced hospitalizations, reduced pharmaceutical costs and increase in patient and staff satisfaction. A caveat to distinguish the PCMH from the ACO is: "PCMH practices can achieve their many objectives without an ACO structure, but an ACO cannot succeed without adopting the PCMH mode as its primary care foundation."

The *Implications for education of health professionals* is the need for team interaction with continuous quality improvement using system efficiencies and an organizational focus of achieving the Triple Aim. Dr. Graham concludes by posing these challenges for educators and clinicians.

- What is the most effective setting(s) to inculcate these skills and attitudes in a new generation?
- How to "retrofit" skills and attitudes of current professionals?

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- How to manage significant shifts in work force – within and between professions - that will be the result of large systems moving to ACO/PCMH care models in their pursuit of Triple Aim goals?

Poster Session and Paper Presentations

Conference attendees embraced the paper presentations and innovative posters showcasing interprofessional education and practice. Topics ranged from preparing physician assistants for interprofessional collaborative practice; collaborative teamwork using interprofessional inquiry; an integrated health model in an elder community day center; an interprofessional approach to patient safety; the traumatic brain wounded warrior project; electronic health record to support interprofessional education; and interprofessional development of assistive prototype projects in the community.

Champion Workgroup Goals

The West Michigan Interprofessional Education Initiative has six areas of focus where in workgroup members accomplish short-term (STG) and long-term goals (LTG). Below are the short reports of the work of these Champion Work Groups.

- (a) Clinical Setting: Co-leader Peter Coggan (GRMEP) has been collaborating with an educational partner to create a demonstration model unit for Interprofessional Care with family practice residents and pharmacy students. STG: continue to identify clinical settings to develop interprofessional staff and faculty teams. LTG: develop model units for teaching IPC and to institutionalize IPE and IPP across partner clinical environments.
- (b) Cross Professional Competency: Co-leaders Gayla Jewell (GRMEP), Linda Goossen (GVSU), Norine Cunningham (GVSU) and workgroup members in partnership with the Simulation workgroup developed a three-part faculty development series which was piloted at the IPE Lunch & Learn series as well as at this year's conference. STG: Create interactive faculty development sessions to assist health care professionals investigate congruency between their interprofessional education and interprofessional care values and actions. LTG: The establishment of a culture of cross professional competency.
- (c) Curriculum: STG: Co-leaders Peggy Thompson (MSU-CHM) and Maureen Ryan (GVSU) and members are finishing the editing of the preceptor manual and are nearly ready to pilot it with identified preceptors. An additional STG is to create an inventory of embedding IPE in the curriculum. LTG: The operationalization of IPE across the participating curriculums.
- (d) Scholarship: Co-leaders Alan Davis (GRMEP) and Cynthia Coviak (GVSU) have worked on interprofessional scholarly student summer internships and activities to streamline research projects in common with WMIPEI educational and clinical partners. STG will be the development and publishing an annual newsletter on IPE scholarly projects. LTG: The implementation of IP scholarship across disciplines and institutions.

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- (e) Service: STG: All disciplines are involved in service learning as part of their curriculum. An inventory of IP student service learning projects across disciplines and institutions would identify service learning projects that either are interprofessional or have the capacity to be interprofessional. LTG: the development of the infrastructure and implementation of community based IP team placement in service learning activities across each discipline's curriculum.
- (f) Simulation: Co-leaders Andy Booth (GVSU), Mike Shoemaker (GVSU), and Dianne Wagner (MSU-CHM), and workgroup members have worked with the Cross Professional Competency workgroup to create a three-part faculty development series featuring a video "Through the Patient's Eyes". A new STG is institute a training session for instructors on IPE and practice team debriefing. LTG: The continuous development of interprofessional simulations to serve the educational programs and health care agencies in West Michigan.

Conclusion

The momentum of interprofessional education and practice continues with innovative support from the Institute of Medicine, the Health Resources and Services Administration, the Interprofessional Education Collaborative, the Centre for Interprofessional Education, the Robert Wood Johnson Foundation, the Josiah Macy Foundation, the Clinical Practice Model Resource Center, Collaborating Across Borders conference attendees and of course the West Michigan Interprofessional Education Initiative locally. Together we are developing the interprofessional infrastructure for faculty, students, preceptors, and practice partners while co-creating new practice approaches to collaborative team-based care in our health care delivery systems. We look forward to your continued participation in our fifth year together.

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