

**Instructions:** To complete the template correctly, complete the general information at the top of the document and in Column A. For Column B, respond ‘Yes’ to each of the five team-based categories as applicable. If you are not currently collecting data across each of the five IPCP categories, notify the HRSA Project Officer for technical assistance. In column C, indicate if you are collecting data in this domain. For Column D, indicate what measures you are using to collect data in this domain. For example, what measures are you using to collect data on team composition? For column E, further specify the tools that are being used to collect outcome measures. If you are not using any of the listed domains but are collecting data utilizing a different domain under that category, you will need to complete the ‘Other’ section and type in the name of the domain. Complete columns D and E to specify the measures and tools used to collect data on the domain identified in column C.

**Table 1. NEPQR IPCP Evaluation Table**

Note: All programs must complete each column of the evaluation template in relation to the proposed goals and objectives.

Award Number: UD7HP \_\_\_\_\_ Awardee Organization: \_\_\_\_\_

Project Title : Interprofessional Collaborative Practice \_\_\_\_\_

| A. IPCP<br>Project Title<br>and Goals | B. Five IPCP<br>Categories | C. Are You Collecting<br>Data in This Domain?                 | D. What Measures<br>are you Using to<br>Collect Data in this<br>Domain? | E. Further Specify the<br>Tools being Used to<br>Collect Outcome<br>Measures |
|---------------------------------------|----------------------------|---|---|--|
|                                       | 1) Team<br>Structure       | Team Composition____<br>Yes<br>No                             |   |  |
|                                       | Yes                        | Bounded or<br>Unbounded____<br>Yes<br>No                      |   |  |
|                                       | No                         | Team or Group<br>Cohesion/Shared<br>Identity____<br>Yes<br>No |   |  |
|                                       |                            | Team Leadership____<br>Yes<br>No                              |   |  |
|                                       |                            | General Team Work<br>Quality____<br>Yes<br>No                 |   |  |
|                                       |                            | Other (Type In Response)                                      |   |  |

|  |                       |   |  |  |
|--|-----------------------|---|--|--|
|  | 2) Team Functions     | Team Perceptions and Attitudes____<br>Yes<br>No |  |  |
|  | Yes                   | Team Coordination____<br>Yes<br>No              |  |  |
|  | No                    | Team Communication____<br>Yes<br>No             |  |  |
|  |                       | Team Information Exchange____<br>Yes<br>No      |  |  |
|  |                       | Team Collaboration<br>Yes<br>No                 |  |  |
|  |                       | Team effectiveness<br>Yes<br>No                 |  |  |
|  |                       | Other: (Type in Response)                       |  |  |
|  | 3) Population Health  | Disease Burden<br>Yes<br>No                     |  |  |
|  | Yes                   | Behavioral Factors<br>Yes<br>No                 |  |  |
|  | No                    | Psychological Factors<br>Yes<br>No              |  |  |
|  |                       | Other: (Type in Response)                       |  |  |
|  | 4) Experience of Care | Disease Management<br>Yes<br>No                 |  |  |
|  | Yes                   | Clinical Indicators<br>Yes<br>No                |  |  |
|  | No                    | Patient Safety<br>Yes<br>No                     |  |  |
|  |                       | Patient Communication about Care<br>Yes<br>No   |  |  |

|  |                     |  |  |  |
|--|---------------------|--|--|--|
|  |                     | Patient Outcome Measures<br>Yes<br>No                              |  |  |
|  |                     | Patient Engagement/Patient Centeredness<br>Yes<br>No               |  |  |
|  |                     | Other: (Type in Response)  |  |  |
|  | 5) Per Capita Costs | Total Cost per Member of Population per month____<br>Yes<br>No     |  |  |
|  | Yes                 |  |  |  |
|  | No                  | Hospital Utilization Rate and/or Cost____<br>Yes<br>No             |  |  |
|  |                     | Emergency Department Utilization Rate and/or Cost____<br>Yes<br>No |  |  |
|  |                     | Outcome-Focused Bundled Payments<br>Yes<br>No                      |  |  |
|  |                     | Cost-Waste Outcomes<br>Yes<br>No                                   |  |  |
|  |                     | Other: (Type in Response)  |  |  |

### III. References

1. World Health Organization. (Winter, 2010). Framework for Action on Interprofessional Education and Collaborative Practice. Geneva: World Health Organization.  
[http://www.who.int/hrh/resources/framework\\_action/en/index.html](http://www.who.int/hrh/resources/framework_action/en/index.html).
2. Berwick, D. M, Nolan, T. W., Whittington, J (2008) The triple aim: Care, health, and cost. *Health Affairs*, 27(3) 759-769
3. Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Washington, D.C.: Interprofessional Education Collaborative.
4. Mitchell, P., Wynia, W., Golden, R., McNellis, B., Okun, S., Webb, C.E., Rohrbach, V., & Von Kohorn, I. (2012). *Core Principles & Values of Effective Team-Based Health Care* IOM Of the National Academies. Washington, D.C.
5. Yong, P.L., Olsen, L., & McGinnis, J.M. (2009) Institute Of Medicine (IOM). Roundtable on Value & Science -Driven Health Care. *Value in health care: Accounting for cost, quality, Safety, Outcomes, and Innovation*. Washington, D.C: National Academies