



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

**2013 Joint
Researcher-Academic
Town Meeting / ASHA
Approved CE Provider
Workshop**

Disclosure

Barbara Brandt, PhD, University of Minnesota

Financial disclosure:

- Received honorarium and expenses covered by ASHA for her presentation
- A salaried employee of the University of Minnesota
- Receives grant funding from US Dept. of Health and Human Services, Josiah Macy Jr. Foundation, Robert Wood Johnson Foundation, Gordon and Betty Moore Foundation and The John A. Hartford Foundation for the National Center for Interprofessional Practice and Education

Nonfinancial disclosure:

Founding board chair: the American Interprofessional Health Collaborative
AIHC Board member



IPE 101

**Barbara F. Brandt, PhD, Director
Associate Vice President for Education**

**American Speech-Language-Hearing Association
November 13, 2013**

UNIVERSITY OF MINNESOTA

National Center for  Interprofessional
Practice and
Education

The National Center: A New Model for Public-Private Partnership

The National Center for Interprofessional Practice and Education is supported by a **Health Resources and Services Administration** \$4M, five year Cooperative Agreement Award No. UE5HP25067.

In addition, the **Josiah Macy Jr. Foundation**, the **Robert Wood Johnson Foundation (RWJF)**, the **Gordon and Betty Moore Foundation**, and the **John A. Hartford Foundation** have collectively committed up to \$8.1 million in grants over five years to support and guide the center, which provides leadership, scholarship, evidence, coordination and national visibility to advance interprofessional education and practice as a viable and efficient health care delivery model.

HRSA Principles

June 1, 2012 Funding Opportunity Announcement

A coordinating center for interprofessional education and collaborative practice will provide **leadership, scholarship, evidence, coordination and national visibility** to advance interprofessional education and practice as a viable and efficient health care delivery model.

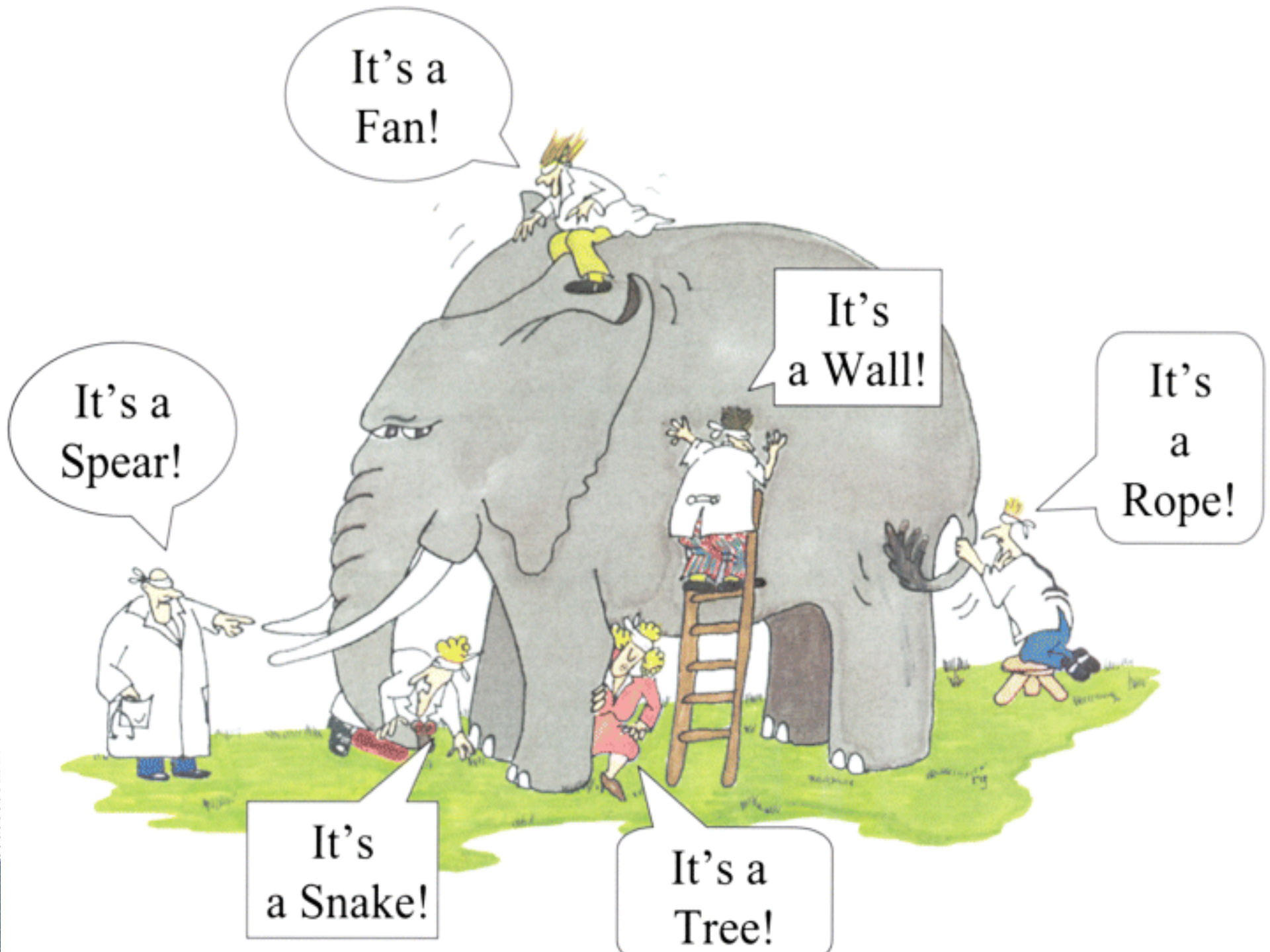
Topics

- **IPE 101: Welcome to the *New 50-Year Old Field***
- **The Current Health Care Drivers: It's not all about the website.**
- **What does this mean for the interface between academia and practice?**
- **What you should be doing – or at least thinking about now.**

Pop Quiz / Points to ponder

What is “interprofessional practice and education (IPE)”?

Why should we care about IPE?



It's a Fan!

It's a Wall!

It's a Rope!

It's a Snake!

It's a Snake!

It's a Tree!

It's a Snake!

Interprofessional Education and Collaborative Practice

Interprofessional education “occurs when two or more professions learn **about, from, and with** each other to enable effective collaboration and improve health outcomes.”

Interprofessional (or collaborative) care/practice “occurs when multiple health workers 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.”

Framework for Action on Interprofessional Education and Collaborative Practice, WHO 2010.

Interprofessional education is a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs.

A collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so.

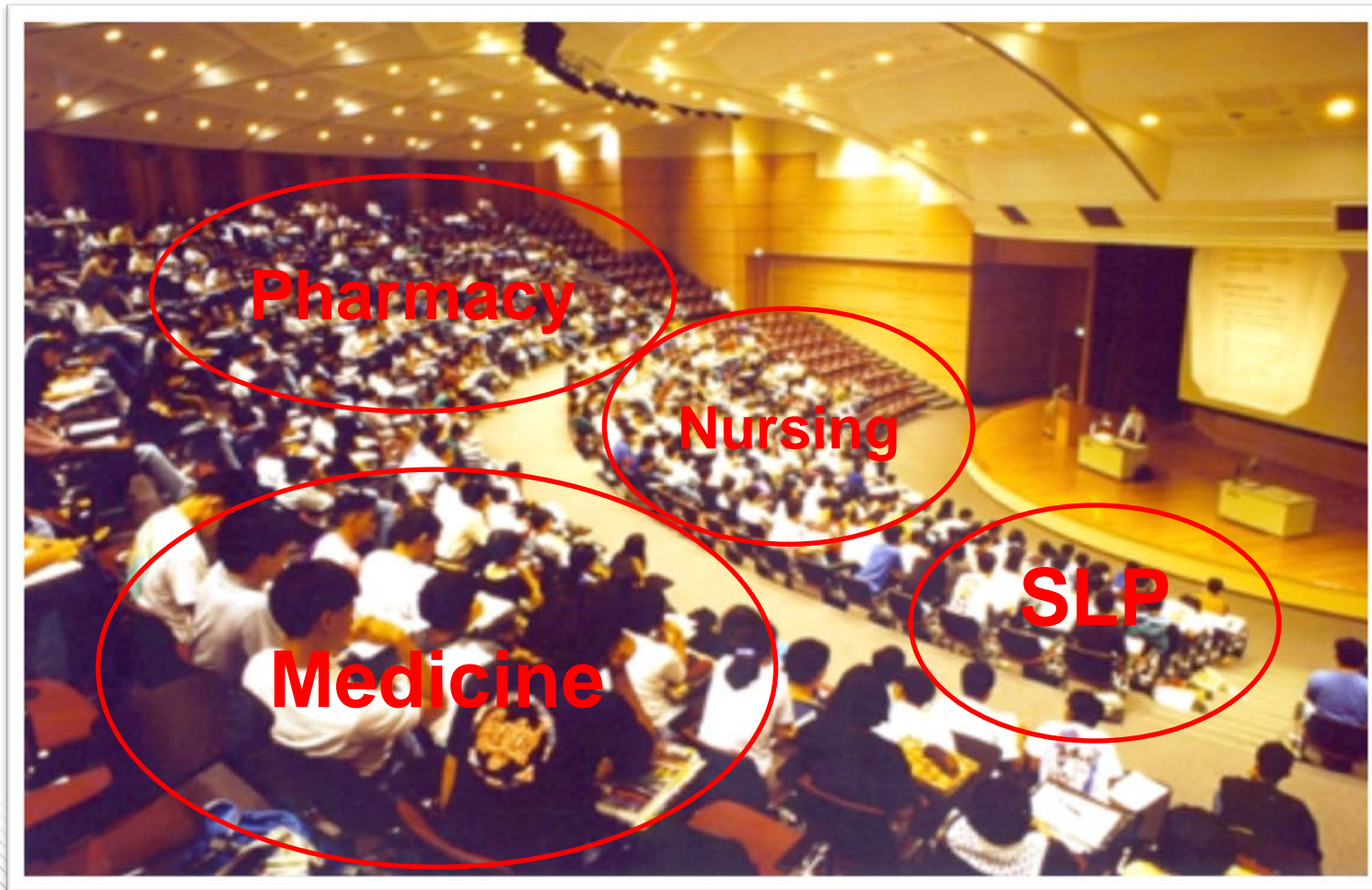
It allows health workers to engage any individual whose skills can help achieve local public health goals.

It's about practice and health outcomes.

Interprofessional education +
Interprofessional, collaborative practice =

The new IPE: Interprofessional practice and education

What is *not* IPE: Shared Learning



IPE Pedagogy / Andragogy

- ✓ Strategies focused on how adults learn
- ✓ Interactive and learning in interprofessional groups
- ✓ Collaborative learning
- ✓ Facilitated learning – roles for mentors
- ✓ Reflective learning
- ✓ Ideally, problem focused and related to collaborative practice
- ✓ Role of simulations
- ✓ Cognitive science and learning theory

It's not a new field. . . .

“Discussions with students disclosed the desire to see far more emphasis on the “team” approach to providing health care. Students assert that if future health care delivery systems require a team approach to provide the necessary services, today’s health student must be exposed to the approach in his educational experience.

Students recognize the impossibility of training all professionals in the same courses and program, emphasize the necessity of integrated training when practical.”

**Report of the External Committee on Governance of University Health Sciences,
University of Minnesota, February 1970**

“The Long and Winding Road” of IPE (Hall & Weaver, 2001)

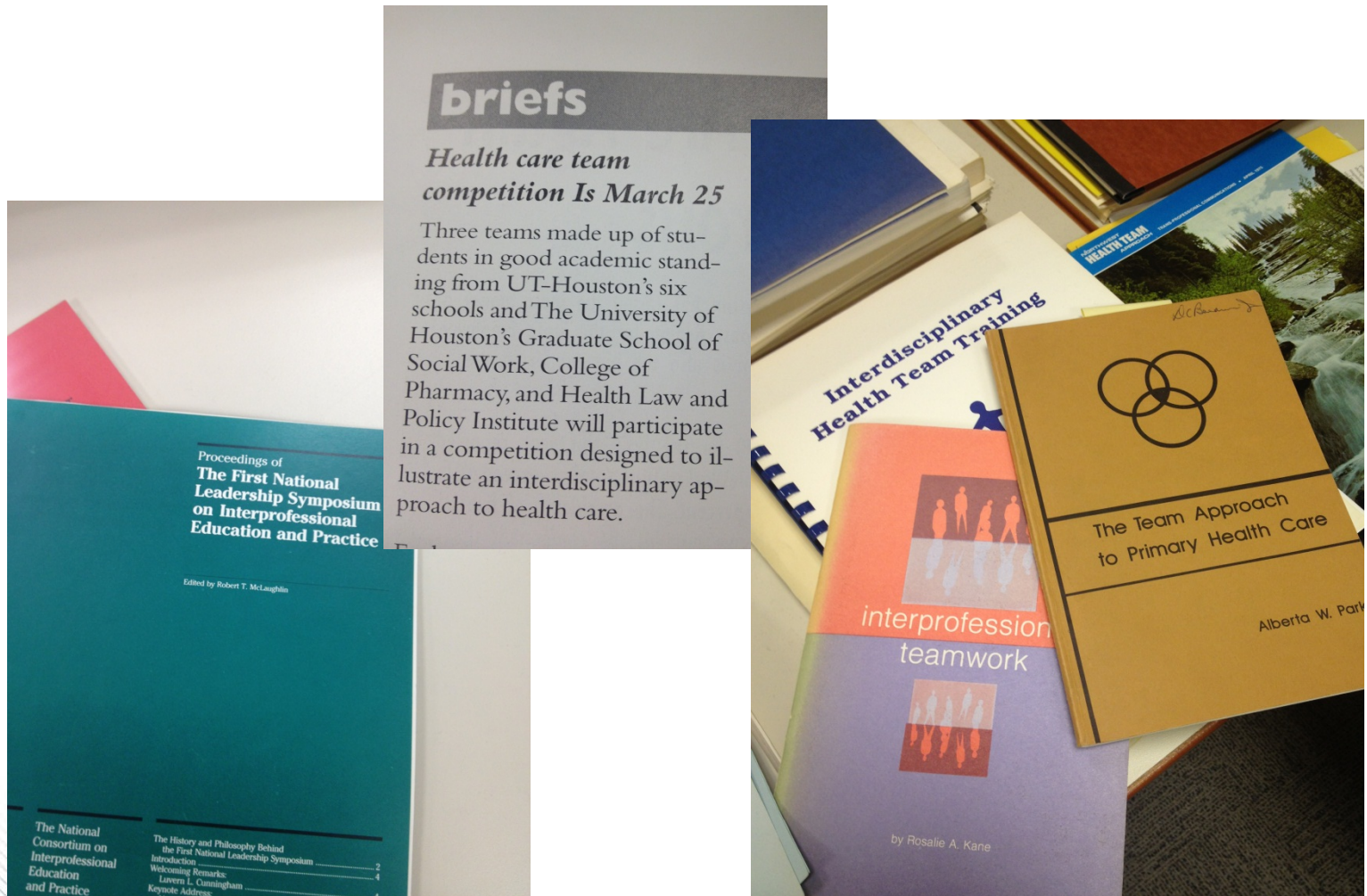
National & International

1970s “Birkenstock” IPE
1972 IOM Report - Teams
Area Health Education Centers
Geriatric Education Centers
Health Professions Schools in Service to the Nation
Pew Health Commission Reports
Kellogg Community-Campus Partnerships
Quentin Burdick grants
Hartford Geriatrics Interdisciplinary Team Training
National Health Service Corps
Community Health Center movement
Various Academic Health Centers
Association of Academic Health Centers
World Health Organization Declaration, 1988
United Kingdom, Canada, Australia, New Zealand
Centre for the Advancement of Interprofessional Education (CAIPE), 1987
Journal of Interprofessional Care
Canadian Interprofessional Health Collaborative
All Together Better Health Conferences
Many more. . . .

Minnesota

Center for Health Interprofessional programs
ACT II
Minnesota Area Health Education Center
Minnesota Area Geriatric Education Centers
End-of-life Patient-Centered Teamwork
Physician & Society courses
Community-University Partnership for Health
Walker-Methodist Transitional Care Unit
Burdick geriatrics fellowship in Moose Lake
Institute for Healthcare Improvement Collaborative
Immunization Tour
Duluth strategic initiatives
Health Careers Center multiple activities
CLARION retreats and national case competition
Fourteen AHEC rural interprofessional sites
Hartford GITT
IERC faculty development activities
Tufts Institute on Systems
Systems-based Practice
Center for Bioethics courses
Center for Spirituality and Healing
Many more. . . .

Dr. Dewitt “Bud” Baldwin’s ACGME Office



Interdisciplinary Education: First National Visibility

- Introduced in US in mid-late 1960's
- First IOM report: "Educating for Health Teams"- 1972
- Committee: allied health, dentistry, medicine, nursing, pharmacy
- Significant federal funding throughout 1970s

Why wasn't "IDE" been mainstreamed?



At the administrative level...

...academic health centers must recognize an obligation to engage in interdisciplinary education and patient care, and regional consortia of health professional schools not otherwise associated with academic health centers should be formed to foster educational teamwork;

...methods must be developed within institutions to relate interdisciplinary education to the practical requirements of health care.

At the teaching level...

...clinical care, and particularly ambulatory care, offers a setting with the most immediate promise for successful interdisciplinary education, while classroom instruction appears initially more feasible in the humanities and the social and behavioral sciences associated with health care;

...interdisciplinary instruction will require that faculties develop new skills, present new role models, and work to understand the impediments that have accumulated to hamper cooperation among health professions.

At the national level...

...a clearinghouse should be established to collect and distribute information on programs of interdisciplinary education and models of health care teams;

...government agencies should support innovative interdisciplinary health education, new health care models associated with educational programs, and research on the obstacles to interprofessional cooperation;

...the Institute of Medicine should further the lines of investigation opened by this conference and advance the concepts of interdisciplinary education in the health professions.

Early Lack of Broad Support

- Primary care not a locus of power in medicine
- Era of specialization in medicine
- Little interest in care delivery processes
- Other health care occupations early in professionalization, new roles and controversies
- Lack of evidence for outcomes of “IDE” or team-based care
- No alignment between education and practice
- Considerable independent work in “IDE”

What is the same? What is different?

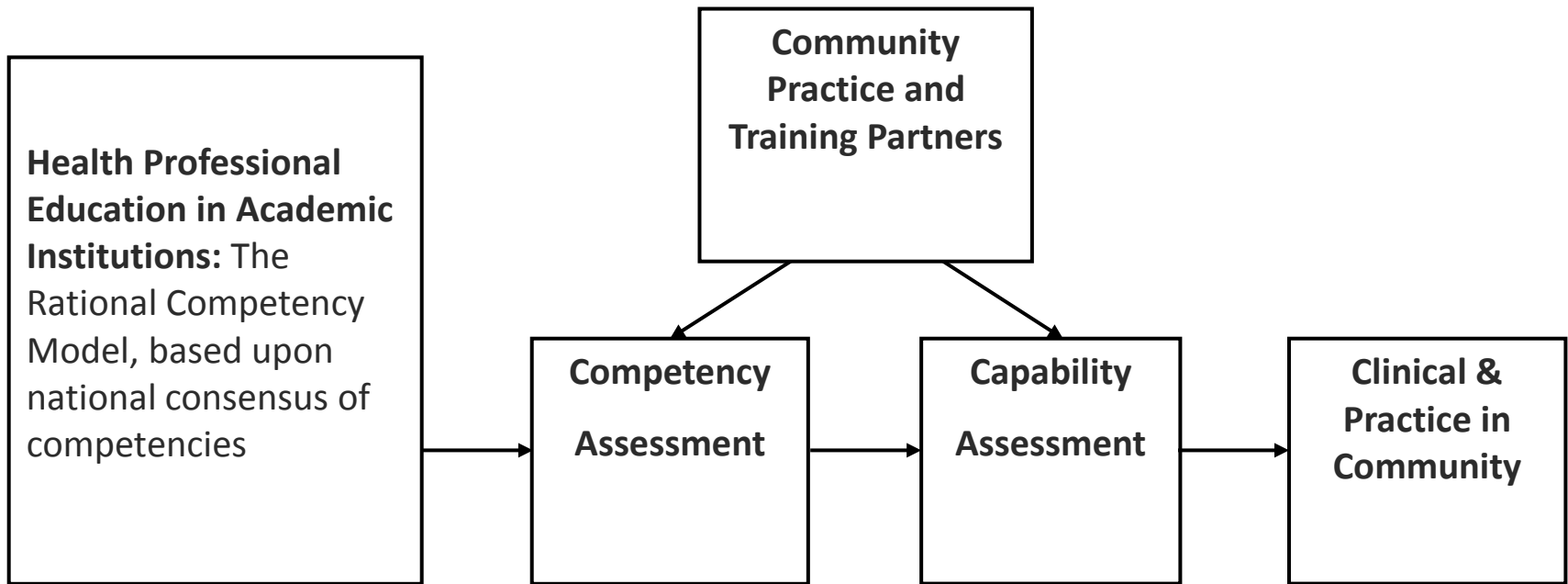
Cycles of interest over time

Rehabilitation,
Mental health,
Comprehensive care in chronic illness,
Primary care,
Rural care,
Geriatrics,
Intensive care,
Transplantation Teams
Hospice and palliative care

Abraham Flexner & His Legacy 100 Years Later



The “Rational” Competency Model



Why now? What's different?

Current interest in interprofessional practice and education

- Institute for Healthcare Improvement “Triple Aim”
 - Improving the patient experience of care;
 - Improving the health of populations; and
 - Reducing the per capita cost of health care.
- Collaborative practice and care coordination
- Quality, patient safety and systems improvement
- Patient Protection & Affordable Care Act
- New payment and care delivery models
- New defined interprofessional competencies
- ACGME, LCME and other accreditation expectations
- Patients, families and communities engagement/activation

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Mapping the Emerging Landscape in Health Care – Margaret Rogers, PhD, CCC-SLP - ASHA

Outcomes Measurement

Learning Systems

Patient-Centered Care

Transparency



Making effective communication, a human right, accessible and achievable for all.

SEARCH

In This Section

- Online Data Collection and Reporting Tool
- New NOMS Data Collection Tool

Home > NOMS

Speech-Language Pathology and the Physician Quality Reporting System (PQRS)

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The Centers for Medicare and Medicaid Services' (CMS) Physician Quality Reporting System (PQRS) is a voluntary incentive payment program for eligible health care professionals. It is designed to support improvements in quality of care to Medicare beneficiaries through the tracking of practice patterns. PQRS is separate from the Medicare claims-based reporting initiative and is only for SLPs who directly bill Medicare Part B for the provision of services to stroke patients.

Information for Prospective Participants

- Why collect NOMS data?
- Benefits of NOMS participation
- Examples of NOMS applications
- How to collect NOMS data
- Register to participate in NOMS data collection
- Frequently asked questions about NOMS participation

Eight of ASHA's adult NOMS Functional Communication Measures (FCM) have been classified as quality measures, and we are now approved by CMS as a registry through which eligible SLPs can report on these measures. The [approved FCMs \[PDF\]](#) include spoken language comprehension, spoken language expression, motor speech, writing, reading, attention, memory and swallowing. We are currently seeking new and existing NOMS participants to take part in the Physician Quality Reporting System. As an official registry, ASHA will submit NOMS data on your behalf to CMS. To be eligible for the end of year incentive payment, you must meet the following program requirements:

Information for Current Participants

- Adult User Training
- Pre-Kindergarten User Training
- New Adult NOMS Data Collection Tool
- Online Data Collection and Reporting Tool
- Register to participate in the Physician Quality Reporting System (PQRS)

- Provide speech-language pathology services in a private practice setting to adult stroke patients covered under Medicare Part B
- Directly bill for services under the Medicare Physician Fee Schedule using your **individual** National Provider Identifier (NPI)
- Have an **individual** NPI, as assigned by CMS
- Have an associated Taxpayer Identification Number (TIN)
- Collect and submit NOMS data on three or more quality measures for at least 80% of all eligible Medicare beneficiaries in the reporting period.

Eligible SLPs who wish to participate in PQRS should [register for NOMS data collection](#).

To find out more about NOMS and the Physician Quality Reporting System, please



Making effective communication,
a human right, accessible and achievable for all.

SEARCH

CAREERS | CERTIFICATION | PUBLICATIONS | EVENTS | ADVOCACY | CONTINUING EDUCATION | PRACTICE MANAGEMENT | RESEARCH | MEMBER CENTER

In This Section

Online Data Collection and Reporting Tool

New NOMS Data Collection Tool

Home > NOMS

National Outcomes Measurement System (NOMS)

News

ASHA Launches a New and Improved NOMS Data Collection and Reporting Tool

The release of ASHA's new web-based NOMS data collection instrument now makes the reporting of outcomes easier. Enhancements to the Adult NOMS tool include simplified data collection forms with optional interim reporting, a new goal setting feature with access to real-time national benchmarking data, and a built-in G-code converter to assist with Medicare's claims-based reporting. This [new tool](#) is available to NOMS participants only. If your organization is interested in submitting data to ASHA's national registry and learning more about NOMS, read additional information below under the heading "[What is NOMS?](#)" The new Pre-Kindergarten data collection instrument will be coming soon.

The Adult NOMS Functional Communication Measures (FCM) can be used in two Medicare programs

The NOMS FCMs can be used to assist with Medicare's claims-based reporting. The CMS measures, known as "G-codes" with accompanying severity/complexity modifiers, can easily crosswalk to the NOMS 7-point scales. It is important to note that the FCMs are only one component of NOMS. To receive access to all of the components of NOMS—national database of treatment outcomes and customized data reports—your organization must subscribe to NOMS and become a registered NOMS site. To find out more about how NOMS and its FCMs relate to Medicare's claims-based outcome reporting using G-codes, view [frequently asked questions](#) related to NOMS and claims-based outcomes reporting.

In 2008, eight of the 15 Functional Communication Measures (FCM) used in the Adult NOMS data collection tool were submitted to the [National Quality Forum](#) (NQF) for review. All eight were endorsed and subsequently became available for use in the Centers for Medicare and Medicaid Services Physician Quality Reporting System (PQRS). PQRS is separate from the Medicare

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Information for Prospective Participants

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- [Pre-Kindergarten User Training](#)
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- [Online Data Collection and Reporting Tool](#)
- [Register to participate in the Physician Quality Reporting System \(PQRS\)](#)



Online Registration

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COLLABORATING ACROSS BORDERS IV (CAB IV)

cihc/pis
Canadian Interprofessional Health Collaborative
Conseil canadien pour l'interprofessionnelle en santé

UBC Interprofessional Continuing Education

American Interprofessional Health Collaborative

f t e

Transformative Change from the Classroom to Practice

**Collaborating Across Borders (CAB) IV, June 12-14, 2013
in beautiful Vancouver, British Columbia, Canada**

What's New

- **"New"** Conference presentations are now available for viewing. Presentations available for viewing are posted with speakers' consent. [Click here](#) to view the conference presentations.
- We are excited to announce that the **peer-reviewed CAB IV abstracts are now posted online!** With so many high quality presentations to choose from, we hope that this will help you more easily select the breakout sessions you would like to attend. [Click here](#) to review the abstracts.
- The Canadian Interprofessional Health Collaborative (CIHC) is posting a series of **interviews with patients/clients** around their thoughts on team-based health care. The goal is to showcase the realities of team-based care from a variety of different perspectives. Please visit <http://cihcblog.com/> often to check for new stories.
- The **Social and Local Committee**, with the help of the Vancouver Tourism Board, have been working hard to create a list of the "Top 5" things to see and do in Vancouver. Click [here](#) to plan your non-conference related activities.
- Conference program now AVAILABLE. Please visit [HERE](#).

General Conference Information

Conference Overview:

Building upon the highly successful Collaborating Across Borders Conference series (I, II and III), CAB IV is the fourth joint conference that links Canada and the United States around the key themes of [interprofessional education \(IPE\)](#) and [interprofessional practice \(IPP\)](#).

CAB IV will continue the traditions established by previous CAB conferences by focusing on interprofessional education, practice, leadership and policy in a North American context. The conference will feature best practices, showcase evidence-based outcomes and lessons learned, and provide a venue for scholarly dialogue and productive networking.

twitter

The Lancet Commissions



THE LANCET

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world



Julio Frenk, Lincoln Chen*, Zulfiqar A Bhutta, Jordan Cohen, Nigel Crisp, Timothy Evans, Harvey Fineberg, Patricia Garcia, Yang Ke, Patrick Kelley, Barry Kistnasamy, Afaf Meleis, David Naylor, Ariel Pablos-Mendez, Srinath Reddy, Susan Scrimshaw, Jaime Sepulveda, David Serwadda, Huda Zurayk*

Executive summary
Problem statement

Redesign of professional health education is necessary and timely in view of the opportunities for mutual

Lancet 2010; 376: 1923-58

Published Online

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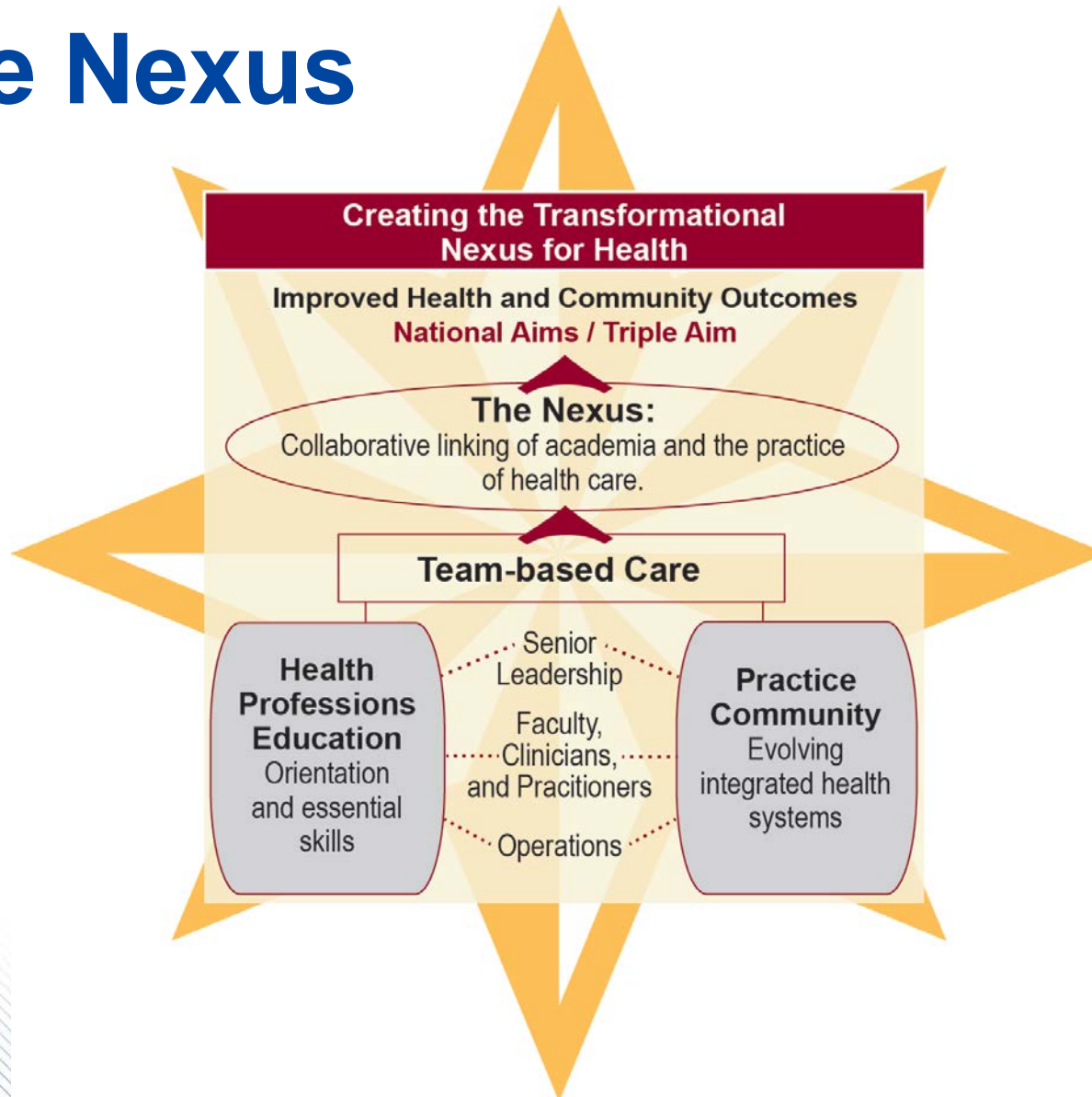
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The Nexus



The current national scene

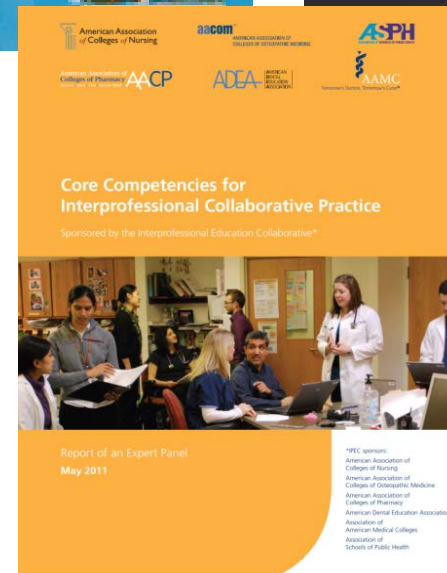
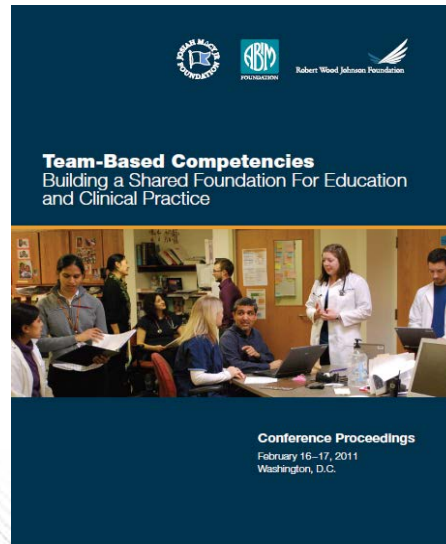
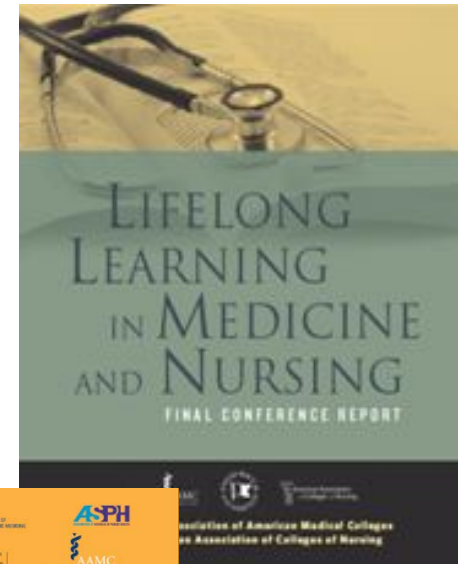
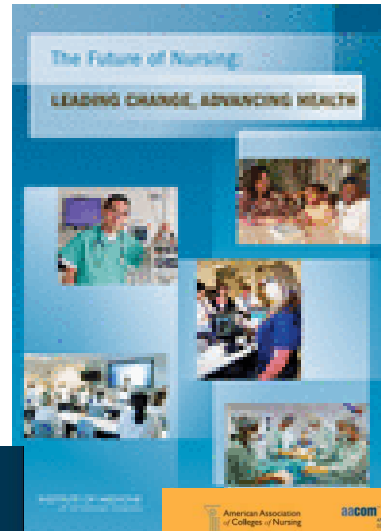


CF THE CARNEGIE FOUNDATION
for the ADVANCEMENT of TEACHING

CONFERENCE SUMMARY

June 16–18, 2010 | Palo Alto, California

Educating Nurses and Physicians:
Toward New Horizons



IPEC Competencies

- Values & ethics for interprofessional practice
- Roles & responsibilities
- Interprofessional communication
- Teams and teamwork

Other Needed Competencies

- Population health, including social determinants
- Patient-center decision-making
- Evidence-based decision-making
- Cost-effective practices
- Quality improvement and safe practice
- Stewardship
- Systems thinking
- Informatics



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Activity

Global Forum on Innovation in Health Professional Education

Type: Forum
 Topics: Education, Global Health, Health Care Workforce
 Boards: Board on Global Health

Activity Description

Health care is rapidly evolving. No longer does a person receive care from just a single doctor at a single location; information and care are spread among various facilities and health care providers. In order for a patient to receive the best care, health education must reflect the changing health care environment. Taking inspiration from the 2010 IOM report, *The Future of Nursing*, and the 2010 Lancet Commission report on interdependent health professional education for the 21st century, the IOM Global Forum on Innovation in Health Professional Education aims to apply an ongoing, multi-national, multi-disciplinary approach to exploring promising innovations in health education. The Forum brings together stakeholders from a variety of disciplines and sectors to engage in dialogue and discussion to illuminate contemporary issues in health professional education. Further, the Forum will provide an ongoing, innovative mechanism to cultivate new ideas through global, multi-disciplinary collaboratives, which represent formal partnerships between university-based health institutions that are undertaking recommendations put forward in either the 2010 Lancet Commission report or the Future of Nursing report. The four innovation collaboratives are located in Canada, India, South Africa, and Uganda.

[See the Full Committee Roster](#)

Upcoming Meetings

Assessing Health Professional Education: A Workshop

October 9, 2013 - October 10, 2013 (8:00 AM Eastern)

[Open Meeting](#)

Previous Meetings

Establishing Transdisciplinary Professionalism for Health: A Workshop

May 14, 2013 - May 15, 2013 (8:30 AM Eastern)

[View Agenda](#) | [Additional Meeting Resources](#) »

Workshop 2: Educating for Practice: Learning how to improve health from interprofessional models across the continuum of education to practice

November 29, 2012 - November 30, 2012 (8:30 AM Eastern)

[View Agenda](#) | [Additional Meeting Resources](#) »

Workshop 1: Educating for Practice: Improving Health by Linking Education to Practice using IPE

August 29, 2012 - August 30, 2012 (8:30 AM Eastern)

[View Agenda](#) | [Additional Meeting Resources](#) »

[View All Previous Meetings](#) »

Report Release

Released: May 13, 2013

Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice – Workshop Summary



Forum Members

- Jordan Cohen, Co-Chair
- Afaf Meleis, Co-Chair

[View Full Forum Roster](#)

Activity Staff

- Patricia Cuff, Activity Director

[View Full Activity Staff Roster](#)

Other Activity Resources

[View Background Information](#)

[Innovation Collaboratives](#)

[Member Spotlights](#)

Activity Sponsors

- Academic Consortium for Complementary and Alternative Health Care
- Academy of Nutrition and Dietetics
- Accreditation Council for Graduate Medical Education
- American Academy of Family Physicians
- American Academy of Nursing
- American Academy of Nurse Practitioners
- American Association of Colleges of Nursing





TeamSTEPPS Home

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TeamSTEPPS®: National Implementation

About TeamSTEPPS

TeamSTEPPS is a teamwork system designed for health care professionals that is:

- A powerful solution to improve **patient safety** within your organization.
- An **evidence-based teamwork system** to improve communication and teamwork skills among health care professionals.

[more...](#)

National Implementation of TeamSTEPPS

About the TeamSTEPPS National Implementation Project

AHRQ and the Defense Department have teamed to build a national training and support network called the National Implementation of TeamSTEPPS Project.

[more...](#)

Team Strategies and Tools to Enhance Performance and Patient Safety

TeamSTEPPS Training Eligibility

Are You Ready for TeamSTEPPS?

TeamSTEPPS Tools and Materials

Spotlight

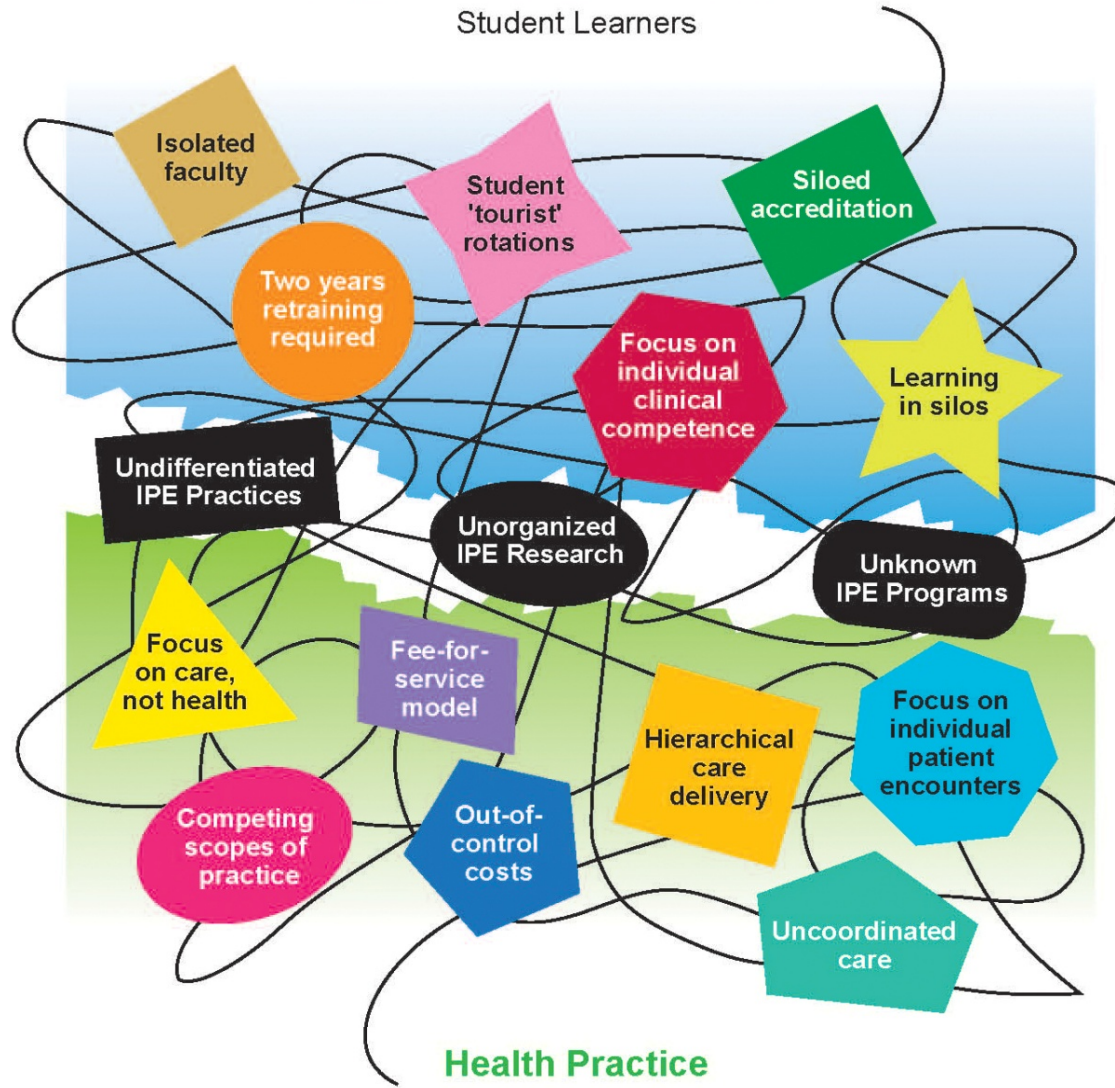
- **New - TeamSTEPPS® Primary Care Version.** This version of TeamSTEPPS adapts the core concepts of the TeamSTEPPS program to reflect the environment of primary care office-based teams.
- **New - TeamSTEPPS Long-Term Care Version.** A version of TeamSTEPPS adapted to the environment of nursing homes and other other long-term care settings such as assisted living & continuing care retirement communities.
- **New - TeamSTEPPS Enhancing Safety for Patients With Limited English Proficiency.** A module to help develop a customized plan to train staff in teamwork skills as applied to work with patients who have difficulty communicating in English.

Disruptive trends

- Mismatch between the number of medical school graduates and medical residency “slots” – how will academic integrated health systems respond?
- Right sizing primary care and PCMH: who, what, when and where
- Volume to value movement
- Self-insured employers and innovative cost-cutting strategies
- Destination health care
- Elected officials: Concern for both health care and higher education
- Engaged university boards of trustees/regents representing the citizens
- Health systems – implication of concern for unsustainable cost of retraining

Health Professional Education

Student Learners



Health Practice

Necessary Workforce

What should you be doingor at least thinking about today?

Revisiting the role of health professions education in the new world

“Can our graduates who do not value interprofessional working, know little about each other, may never have communicated with each other, haven’t been taught collaboration skills, and have no shared clinical experience as students be expected to practice effectively in the emerging health care system?”

Madeline Schmitt, PhD, RN, FAAN, University of Rochester, 2010

The current state of IPE

A great deal of enthusiasm and experimentation

National momentum driving local work

New offices to manage IPE with investments

Little evidence for program development:

When to start?

What dose?

Few templates to guide curriculum design

Lack of metrics and standardization in the field

Emerging ideas for You

- Stay abreast of the health care delivery system transformation
- What does this mean specifically for your profession now and as the health system evolves, including new emphasis of health not care?
- Invite transforming health systems, payers and others at the to co-create your educational program
- Be informed about national changes in IPE and implications -- accreditors, competencies, approaches
- Take advantage of the many opportunities for learning
- Read the literature – Journal of Interprofessional Care
- Adopt: the “All collaborate, all learn, and all teach” philosophy
- Value IP research, evaluation and informatics as core in rewards and recognition

AHSA – Very involved

Staying abreast of health care developments – new models

Engagement

- Interprofessional Professionalism Collaborative
- Institute of Medicine Global Forum
- Collaborating Across Borders

Awareness promotion

- Internal
- External

Ad Hoc Committee Recommendations



Low hanging fruit

- Learn about the curriculum and roles of other professions
- Explore opportunities to collaborate
- Examine your curriculum and courses for contemporary realities
- Interprofessional learning and education
- Reflect on naturally occurring interprofessional settings
- New modes of E- and I- interaction and learning
- The weave
- Interprofessional learning facilitator

- Rigorous assessment and evaluation: Value-added?

Next discussion

The National Center for Interprofessional Practice and Education



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AIHC Board member

Disclosure

Kenn Apel, PhD, University of South Carolina

Financial disclosure:

Received a waiver of his registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:

- Serves on ASHA's Interprofessional Education ad hoc committee
- Represents the Council of Academic Programs in Communication Sciences and Disorders on the Global Forum on Innovations Health Professional Education (Institute of Medicine)
- Serves as a member of the University of South Carolina's Committee on Interprofessional Education

Disclosure

Robert Moore, PhD, University of South Alabama

Financial disclosure:

Received a waiver of his registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:

- Serves on ASHA's Interprofessional Education ad hoc committee
- Serves as the coordinator of Special Interest Group 6, Hearing and Hearing Disorders: Research and Diagnostics
- Member of the American Academy of Audiology's Research Committee, ASA and AAS

Disclosure


Nancy Scherer, PhD, Arizona State University

Financial disclosure:

Received a waiver of her registration fee from ASHA for participating in this presentation.

Nonfinancial disclosure:

Nothing to disclose



The National Center for Interprofessional Practice and Education and You

**Barbara F. Brandt, Director
Associate Vice President for Education**

**American Speech-Hearing-Language
Association
November 13, 2013**

UNIVERSITY OF MINNESOTA

National Center for  Interprofessional
Practice and
Education

Important Earlier Points

A 50 year old field that is experiencing a resurgence

What IPE and CP is and isn't

Many new and different drivers renewing interest in interprofessional education and collaborative practice

Evidence that teamwork contributes to health outcomes

Very little evidence to guide educational development

Topics

The work of the National Center

How the University of Minnesota's experience informed the National Center

Examples of innovative models

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Nine interdependent goals

1. Provide unbiased, expert guidance
2. Provide supporting evidence
3. Identify exemplary IPECP environments
4. Prepare academic and practice faculty and preceptors
5. Collect, analyze, and disseminate data metrics
6. Coordinate IPECP scholarly, evaluation and dissemination efforts
7. Evaluate the impact of team-based care
8. Develop new, and support and/or enhance existing team-based IPECP programs across the U.S.; and
9. Convene and engage IPECP thought leaders, educators, practitioners, and policy-makers

The University of Minnesota's Approach

**IPE:
Opportunities for
Community-University
Partnerships Linked
to Health**



**Integrated
Health Care &
Higher Ed System
Transformation**



**Improved
Health
and
Learning
Outcomes**

Driving Costs Out of Systems

Community Health Outcomes

Workforce Development

Access to Care

Patient Safety/Quality

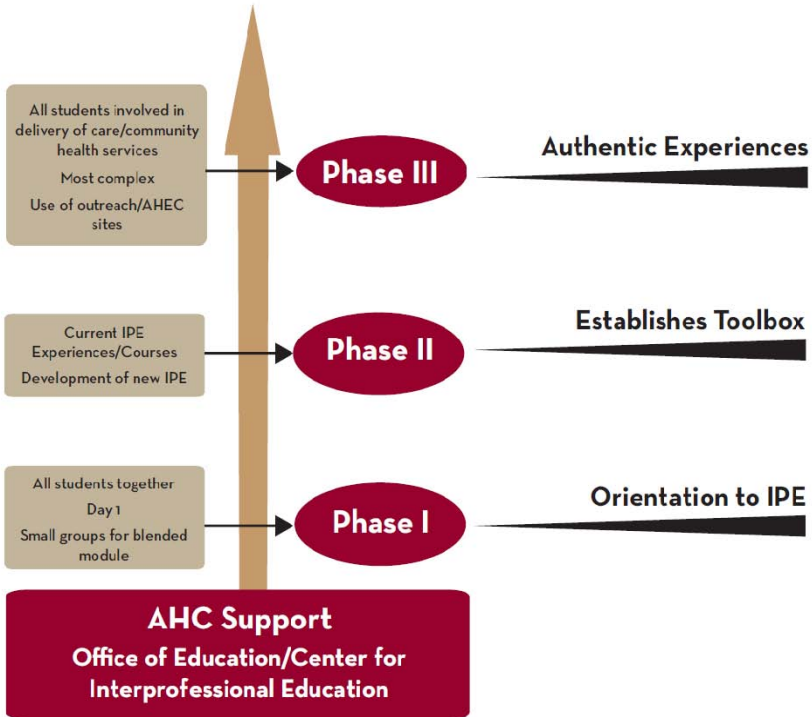
Teamwork

Getting to Know Each Other

Brandt, B.F. (2009). Past, Present & Future. Presentation to HRSA Advisory Committee on Community-based Interdisciplinary Linkages.

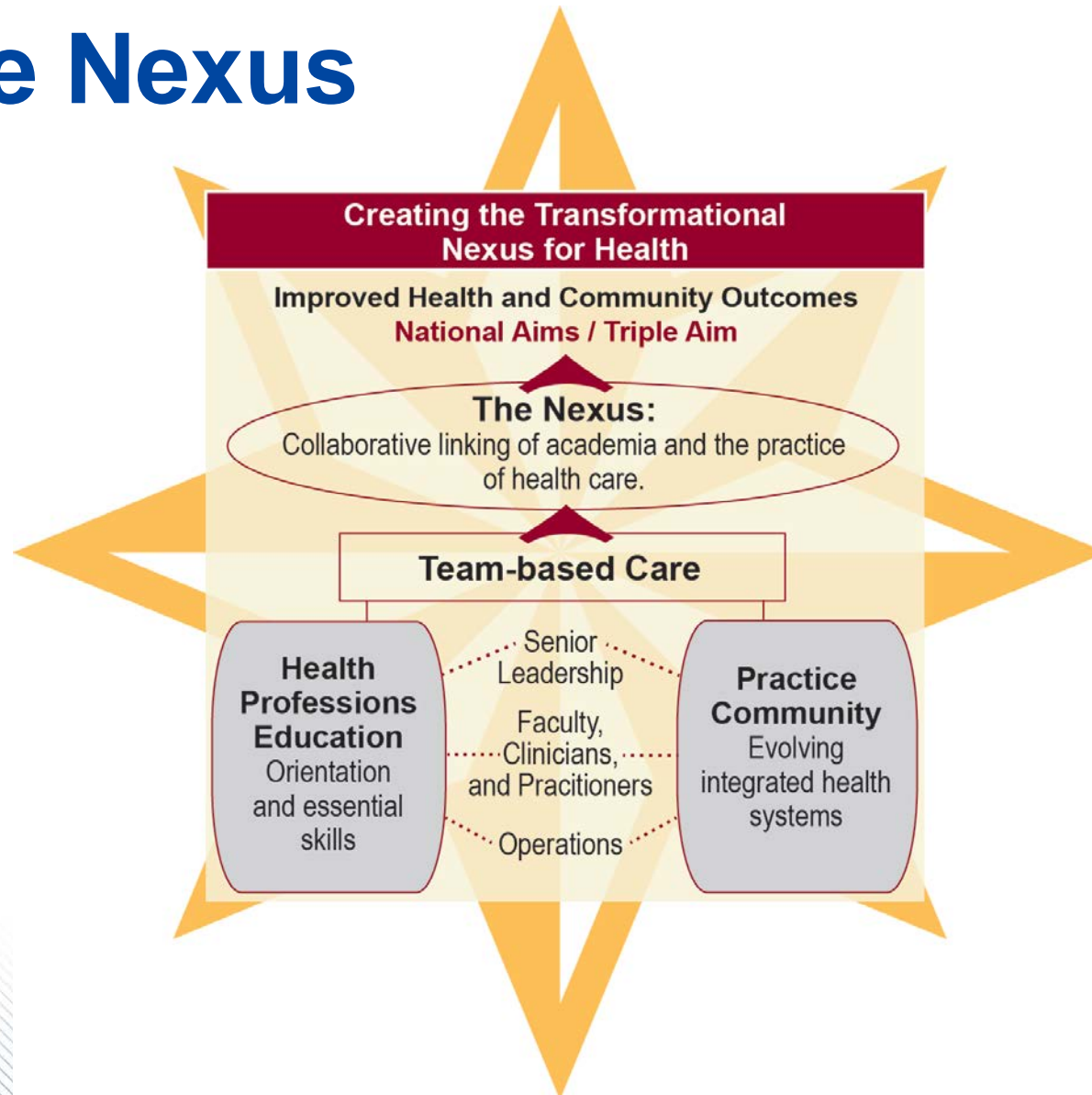
Health reform in Minnesota: Navigating partisan environments





**Three
Phase
Structure**

The Nexus



Institute for Healthcare Improvement Triple Aim

- Improving the patient experience of care;
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Our vision for a transformed health system



New Nexus

Working together to transform education to keep pace with the rapidly transforming processes of care

Creating a closed loop model for continuous improvement of the delivery of health care

Working collaboratively to achieve the Triple Aim in both health care *and* higher education: cost, quality and the user experience

What we are learning about the “Nexus” in “courageous conversations”

- Functional, symbiotic relationship to fulfill missions
- Transparency
- Integrated and coordinated education and practice
- Patient-, family- & community-engaged and centered health
- Longitudinal & continuous learning experiences
- Policy & regulatory alignment
- “Competence” demonstrated through performance
- Documentation of value-added and business case for IPE to CP
- Metrics and data-driven design and feedback

National Center for Interprofessional Practice and Education

What we're doing now

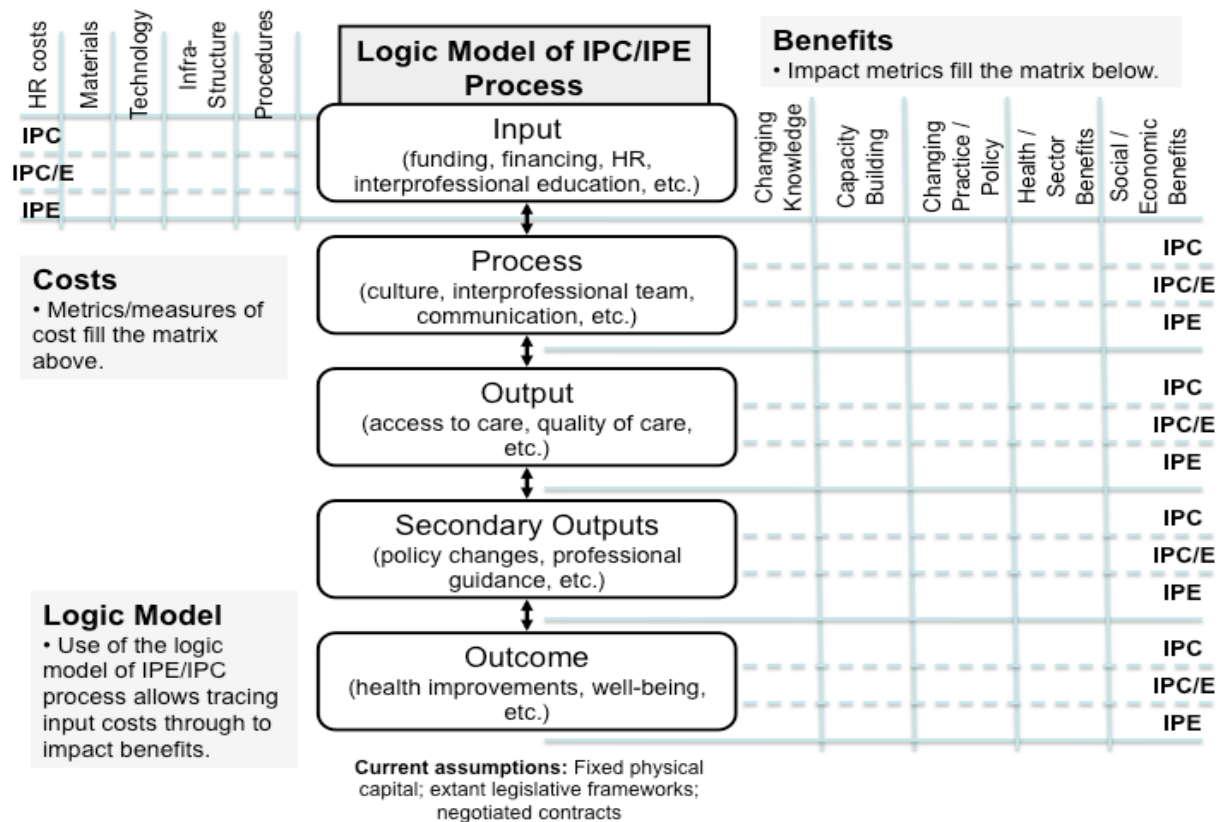
Our strategic priorities

- Engaging people
- Creating and sharing knowledge
- Building a network of living laboratories
- Developing resources and services

What we are learning

- ✓ Hunger for leadership and engagement
- ✓ Extremely uncoordinated growth of health professions education system in many places
- ✓ Absence of a common language and understanding
- ✓ A lot of “Just tell me what to do” and make it simple
- ✓ Perception of unsustainable re-training costs
- ✓ Immediate need for evidence for the early adopters
- ✓ People, families and communities – a strong, important and growing movement

Canadian Return on Investment Model: Interprofessional Education and Collaborative Practice



Implementing the Canadian ROI Model in the United States

1. Core team: epidemiologist, informaticist, nurse leader, physician, educators, evaluators, economist, and other experts as needed
2. Logic model development to guide the implementation while staying focused on improving Triple Aim outcomes
3. Informatics expertise of the U of M and its skills in developing and managing data exchanges and national databases
4. Data: An integral part of the incubator performance sites participation and performance
5. Qualitative and quantitative assessment tools
6. Building both a value proposition database at National Center level as well as incubator site initiative database that becomes incorporated into the value proposition database

Why Gather Data

1. The National Center vision is to reconnect education with clinical care, creating a Nexus that is focused on improving health outcomes as in the Triple Aim
2. The National Center working principle is that Nexi focused on health outcomes will improve that outcome
3. A National Center core outcome is to demonstrate to stakeholders the value added of the IPE and CP approach
4. To demonstrate this value, we must produce convincing data and information, both qualitative and quantitative

Critical Queries of the Database

Does interprofessional education and collaborative practice...

- improve the Triple Aim outcomes on an individual and population level
- result in improvement in educational outcomes?
- identify environmental factors essential for achieving Triple Aim outcomes?
- identify factors essential for sustainability of the transformation of the process of care?
- identify changes needed in policy, accreditation, credentialing and licensing?

National Center for Interprofessional Practice and Education Nexus Innovations Incubator



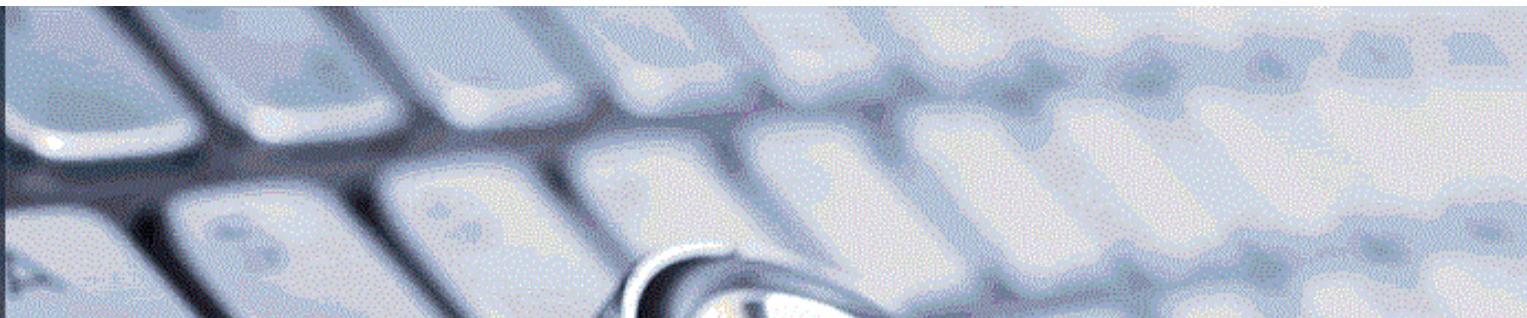
Research – Coming Soon

1. Searchable data base on the National Center’s website with information of the over 600 articles that present and analyze empirical data, to be updated regularly
2. Descriptive review of the current literature that highlights key findings for further research and program development
3. Framing paper that outlines a research agenda in interprofessional practice and education mapped to the outcomes of the Triple Aim
4. Collection of validated instruments for measuring various aspects of interprofessional practice and education
5. Brief framing paper about the challenges and powerful potential of meaningful evaluation in the Nexus
6. Interprofessional criteria for clinical and teaching sites

National Center for



Interprofessional
Practice and
Education



<http://nexusipe.org>

Three examples

Grand Valley State University

Medical University of South Carolina

University of Kentucky



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