Interprofessional Collaborative Practice (IPP) Resource Sheet

Challenge	Response	Resources
Are you being asked to demonstrate the value of your services?	When hospital administrators look to cut costs, everything is on the table. Speech-language pathologists can protect themselves by bolstering efficiency and proving their value. The inevitable departure from fee-for-service health care is prompting major changes in service delivery: length and frequency of treatment sessions, complexity of evaluations and use of standardized tests, duration of treatment, and even which patients go on a provider's caseload. This *ASHA Leader* article addresses the value of services issue.	Swigert, N. B. (2015). What's your value? Acute care wants to know. *The ASHA Leader, 20*(4), 36–38.

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<tr><th>Challenge</th><th>Response</th><th>Resources</th></tr>
<tr><td>Are you providing the appropriate frequency and intensity of services to the patients you put on the caseload?</td><td>For clinicians in health care settings, do patients with dysphagia improve more during their short stay with daily treatment compared with implementing a safe diet and reevaluating in a few days? Data from ASHA's National Outcomes Measurement System (NOMS) could help answer questions like these.

Likewise, the Agency for Health Care Policy and Research (AHCPR) developed a report about dysphagia in 1999. They found that bedside exams could detect aspiration risk with an 80% accuracy rate. Using this figure, and the fact that approximately 75% of all stroke patients exhibit some form of dysphagia, it was concluded that 150 of every 1,000 stroke patients who aspirate would be missed. The AHCPR report noted that 37% of patients with aspiration develop aspiration pneumonia. Therefore, approximately 56 of the 150 patients missed would develop pneumonia at a cost of $11,000 – $15,000 per hospital course of treatment for pneumonia (total cost = $616,000 – $840,000).

Data that are more recent indicate that the average cost of hospitalization for people who have pneumonia post stroke is $21,043, compared with $6,206 for people who have had a stroke without pneumonia. This is a $14,836 increase per patient, and the researchers found that in their sample of patients with Medicare, pneumonia occurred in 5.6% of those who had had a stroke (Katzan, Dawson, Thomas, Votruba, & Cebul, 2007).

A typical instrumental assessment to identify aspiration risk costs approximately $250. If all patients who were identified with dysphagia at bedside were followed up with an instrumental assessment, the cost would be $200,000 (800 patients × $250/exam). This figure is well below the cost of treating pneumonia. Proper dysphagia treatment can save a facility thousands of dollars per patient, which makes it very cost effective.</td><td>American Speech-Language-Hearing Association. (n.d.). National Outcomes Measurement System (NOMS). Retrieved from www.asha.org/NOMS

Katzan, I. L, Dawson, N. V., Thomas, C. L., Votruba, M. E., & Cebul, R. D. (2007). The cost of pneumonia after acute stroke. Neurology, 68, 1938–1943.</td></tr>
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Do you ever feel that you are practicing in a silo?	A key component of interprofessional education/interprofessional collaborative practice (IPE/IPP) is fostering transdisciplinary professionalism (Holtman, Frost, Hammer, McGuinn, & Nunez, 2011; Institute of Medicine, 2013)—that is, acculturating students and professionals across disciplines to a common vision, including adopting professional values that align with collaborative, team-based care. This common understanding, or *social contract for care,* becomes the foundation on which professionals are prepared to serve on collaborative teams. Transdisciplinary professionalism encompasses principles of altruism, excellence, caring, ethics, respect, communication, and accountability. This "new professionalism" implies that, in addition to our individual expertise, we must also bring to the table a common understanding of how we will interact and apply our expertise as a team. Beyond a common vision and core set of values, there are also certain skills and characteristics that high-functioning, synergistic teams demonstrate (Center for Interprofessional Education, University of Toronto, n.d.; Hooper, 2010.). Skills such as collaborative leadership, team facilitation, role clarification, conflict resolution, and reflective practice (i.e., examining our work to improve how we work)—and qualities such as mutual respect and trust—are critical for effective collaboration. As professionals, we must consider how we can hone our individual and team capabilities through professional development. As educators, we must consider how these skills and qualities can be fostered among students who are preparing to enter the professions.	Nunez, L. (2015, November). Achieving quality and improved outcomes through interprofessional collaboration. Retrieved from http://www.asha.org/Articles/Achieving-Quality-and-Improved-Outcomes-Through-Interprofessional-Collaboration