DEVELOPMENT AND IMPLEMENTATION OF TWO INTERPROFESSIONAL PRACTICE (IPP) TEAMS

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WHY IPP

Team collaboration is essential. When health care professionals are not communicating effectively, patient safety is at risk for several reasons: lack of critical information, misinterpretation of information, unclear orders over the telephone, and overlooked changes in status.

Michelle O'Daniel; Alan H. Rosenstein (AHRQ, 2008)

Utilization of Services

Cohen, Dinan, Kim & Roy (2015)
- ICD’s standard of care voice therapy
  - 4.9% of cases were referred
- Conclusion: SLP are under-utilized by Otolaryngologists
Inter-professional Practice: a definition

When two or more professionals effectively collaborate with each other to improve outcomes and the quality of care for their patients (WHO, 2010)

When two or more professionals effectively collaborate, **without any perceived hierarchies and with full understanding of each other’s roles and responsibilities**, to improve outcomes and the quality of care for their patients (AHRQ, 2008)

What IPP is **NOT**

Two or more professionals work *independently in parallel* or *sequentially* with one another to improve the quality of care and outcomes of the patients.

*Multidisciplinary, interdisciplinary, transdisciplinary*
Inter-professional Model

The Triple Aim of IPP
Berwick, Nolan, & Whittington, 2008

- Reduce costs
- Improve outcomes
- Reduce error and improve safety
- Improve the patient experience
Core Competencies for IPP

Table 3. Interprofessional competencies for collaborative practice.

<table>
<thead>
<tr>
<th>Domain #</th>
<th>Domain name</th>
<th>General competency statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Values/Ethics for IPP</td>
<td>“Work with individuals of other professions to maintain a climate of mutual respect and shared values.” (p. 12)</td>
</tr>
<tr>
<td>Domain 2</td>
<td>Roles/Responsibilities</td>
<td>Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and populations served.” (p. 20)</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Interprofessional</td>
<td>Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the well-being of the patient (p. 22)</td>
</tr>
<tr>
<td>Domain 4</td>
<td>Teams and Teamwork</td>
<td>“Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-generated team-centered care that is safe, timely, efficient, effective, and equitable.” (p. 26)</td>
</tr>
</tbody>
</table>

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Threats to Success

1. One decision maker
2. Fear of speaking up
3. Lack of communication
4. Slow communication
5. Lack of respect
6. Narcissism and ego
7. Lack of trust on the part of all the members of the team
8. Lack of skill
The Hearing Health Care Inter-professional Team

IPP

Is it this? Or, Is it this?
IPP First experience

OT  Audiology

Otology/Audiology

<table>
<thead>
<tr>
<th>Otology</th>
<th>Audiology</th>
</tr>
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<tbody>
<tr>
<td>Case History</td>
<td>Case history</td>
</tr>
<tr>
<td>Medical Exam</td>
<td>Audiologic assessment</td>
</tr>
<tr>
<td>Consultation</td>
<td>Consultation</td>
</tr>
<tr>
<td>Treatment</td>
<td>Treatment</td>
</tr>
</tbody>
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2/2/2017
Case History
Otology
  Medical history/Family history
  Health Concerns
  Hearing loss history
  Previous Surgeries

Audiology
  History of Hearing loss
  Medical status
  Communication Status
  Impact of hearing loss

Professional Communication
Coming together is a BEGINNING
Keeping together is PROGRESS
Working together is SUCCESS
Henry Ford
Hey Joe.......Hey Sam......

I just saw this patient

So begins the dialogue

Patient  83 year old Female

- Patient referred to audiology from an outside physician
- Meniere’s disease
- S/P canal wall down tympanomastoidectomy with fenestration in 1956
- Bilateral moderately severe to profound mixed hearing loss
- ITE hearing aid in the left ear
- BTE hearing aid in the right ear with use of a foam tip for retention of the instrument
- HHIE Severe self perceived hearing handicap
- Feels communication is poor and wants to improve her hearing ability
- Rejected cochlear implants many times in the past
Questions

What might be the amplification options for this individual?

Cochlear implants?

Hearing aids?
Amplification
ITE in the left ear ..reports hearing well in quiet listening conditions

BTE with foam ear plug  reports little benefit and excessive feedback with hearing aid is worn at a level where there may be response

What if we could make an earmold that would fit her external meatus cavity and allow for greater gain on the right ear?

Canal-wall Down Typanomastoidectomy
IPP

- Hey Sam…………..
  Consult with ENT
- Introduced patient to physician
- Physician took his history
- Remained in the exam room during the history and examination
- Explained the circumstances of her hearing aid use and desires for greater outcome

- Requested that Physician pack the middle ear space to allow a proper impression of the ear canal
- Physician placed packing and audiologist created ear mold impression
- Audiologist removed impression; Physician removed packing
- Ear mold successfully created from the impression
- Pt fit with binaural BTE hearing aids
Outcomes

- Pt engaged with both health providers
- Pt not cast off
- Witness to collaboration in treatment
- Certain her message was communicated effectively
- Family centered
- Increased comfort with medical intervention

Cochlear Implants

- Since early investigational studies CIs have been managed in an interdisciplinary fashion
- particularly for the roles of the audiologist, speech language pathologist and otologist
Team Based Approach for Cochlear Implantation – Strong Words

- Institutionalized
- Standard of Care

Assessment

- Medical - otologic, radiologic
- Audiologic – 3 hrs, hearing aid trial – testing, CNC, Azbio, Hint – quiet and noise
- Speech language – testing for communication issues
- Psychology – when appropriate
Coordination of Efforts Between the Surgeon and Audiologist for Cochlear Implantation in the OR

- Preoperatively
  - Surgeon – Audiologist initial discussion
  - Candidacy
  - Device, electrode array, speech processor, accessories selection– with the input of family
  - Mutually convenient OR date selection
  - Preoperative check list shared by both divisions – medical clearance, vaccinations, selected device, postoperative appointment scheduling

At Surgery - NRTs

- During a cochlear implant surgery, the audiologist enters the operating room prior to the closing of incision site to run Neural Response Telemetry (NRT) measurements
- Maximize efficiency – timing
  - For surgeon – minimize anesthesia
  - For audiologist – avoid unproductive time waiting in the OR
- The measurements take approximately 3-5 minutes
- Impedences – open circuit, short circuit
- NRT confirms for both the audiologist and surgeon the cochlear implant electrode is making satisfactory contact in the cochlea to effectively stimulate nerve fibres
Why Measure NRT?

• Measure the integrity of the electrode array as it is positioned in the cochlea
• Help to optimize programming parameters
• Value now and in the future

Outcomes

• Professionals work together in both pre, peri and post surgical care of patients receiving CI
• Audiologist and Otologist work together throughout the process, in participant combining their expertise during the surgical process
• Patient is involved with both professionals and comfortable with them as a team
• Increased comfort with their health care providers
• Confidence for the patient and for the care givers
• Ultimately results in optimized patient care
The Voice Inter-professional Team

More thoughts on IPP

Autonomy
Mastery
Purpose
Philosophic Principles

• Goal: Offer something different and better
  – Actual care delivery
    • Clinically
    • Scholarly
    • Educationally
  – Customer service
  – Visual feel and ambiance
• True inter-professional approach
  – All team members are peers not employees/technicians
    • Clinically
    • Scholarly
    • Educationally
• Group gain over personal gain
  – Esp. financial

A story:
(How we fell into this before IPP was talked about as a “thing”…)
Inter- Professional Practice in Our Clinic World

- Multiple perspectives from different angles
- Built in communication
- More definitive diagnosis (e.g. SD vs. MTD)
- Streaming patient base for SLP
  - Improved efficiency
  - Laryngeal imaging by either SLP/MD
- Increased revenue
  - Voice evaluations and therapy while physician in surgery, etc.
  - Billing may be separate or incident to the physician
- Costly model

FLOW, DOCUMENTATION, AND REIMBURSEMENT IN OUR SHOP

UNLICENSED OUTPATIENT SPACE
Pros and Cons of These Collaborations

PROS

• Image Sharing

  – AAOHNS (Schwartz et al, 2009) Guidelines on the evaluation and treatment of hoarseness (dysphonia)

• Adherence

  – Studies suggest that shared decision making may lead to improved patient satisfaction and health outcomes. (Rimer, B. K., et al, 2004)

• Appointment keeping studies:

  Portone et al, (2008) 38% of patients did not attend a voice evaluation after referral by the otolaryngologist. Further, 47% of patients who attended a voice evaluation did not return for therapy.

  Portone-Maira et al, (2009) There was no significant difference in dropout rates for gender, age, race, VHI, CAPE-V, or diagnosis.

  Maira et al, (2011) 197 cases of VT Drop outs and completers There were significant differences between groups for the number of sessions attended and the wait time between otolaryngology referral and speech-language pathology evaluation, which were also the strongest predictors of therapy completion.
• **Starmer et al, 2014**
  - Patients evaluated through the interdisciplinary clinic completed more visits with the speech-language pathologist and more likely to complete their plan of care.

• **Litts et al, 2015**
  - Concurrent voice evaluation by an SLP and laryngologist at initial diagnostic visit affects therapy attendance, voice therapy outcomes, and ultimately revenue. Results may be due to more appropriate therapy referrals from SLP assessment of patients in conjunction with a laryngologist.

• **Maira et al, 2016 in prep**
  - A significant effect for referral type with respect to the proportion of patients who completed, dropped out, or did not initiate therapy.
  - Delay between referral and initiation of SLP services was significantly longer in the traditional model than IPP.
  - Referrals from the IPP setting were more likely to be appropriate for ongoing voice therapy after the evaluation (only .02% of these referrals were not recommended continued therapy vs. 13% of traditional referrals).
  - Age, gender, and diagnosis category, QOL impact, and severity of dysphonia did not differ significantly between groups.

• **Gilman et al, 2016 in prep**
  - Inter-professional practice = fewer therapy sessions across all cases.

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**THE CHALLENGES**

• **Scheduling**
  - Requires a savvy scheduling
    - Avoid time delay
    - Pre and Post operative visits
    - Coordinating follow up visits
    - Scheduling coordinated visits

• **Administration**

• **Communication**
  - What does it look like when you don’t agree?
  - It takes more time
CMS and Supervision

• As of Oct. 1, 2011, Medicare no longer requires speech-language pathologists performing videostroboscopy or nasopharyngoscopy to be supervised by physicians.
• As of January, 2017 Medicare changes to supervision in hospital designated outpatient, off site facilities
• ASHA scope of practice for SLPs indicates they are able to perform videostroboscopy. However, some states limit this scope of practice.

Making it work

• THE KEY
  • Shared Leadership
  • Mutual Respect
• Collaboration
  – Clinically
  – Scholarly
• Communication
Coordinated Model: Making It Work

Member of practice,

- Coordination/scheduling
- In the area of laryngeal imaging for voice and perhaps even FEEs for swallowing, ideally physician can review imaging while patient is present
- Documentation on both ends is key
- Professional chemistry remains important
Coordinated Model: Making It Work

Contractor

- Develop referral base (otolaryngology, neurology, allergy, primary care)
- Know the specialization and the needs of the physician before meeting
- Market your unique skills (and your imaging equipment if applicable)
- Determine pay structure to be mutually beneficial

Coordinated Care: Making it work

Separate practices

- SLP
  - hospital employee and see a variety of patients
  - Private practice (CMS helped but still an issue)
- SLP/AUD Requires excellent documentation on both sides to achieve best results for patient
  - Figure out how to give coordinated feedback to patient
  - Challenging-logistics
Consider teleconferencing with physician and in some states—patients