Collaborative Health Care of the Future...possible?

Ann H Cary PhD MPH RN FNAP FAAN
Dean and Professor
University of Missouri Kansas City
School of Nursing and Health Studies
Robert Wood Foundation Executive Nursing Fellow
Disclosure

- The thoughts shared in this presentation do not represent an official position of The University of Missouri Kansas City nor the American Association of Colleges of Nursing.

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Drivers of Collaborative Care Team Models

- Provider challenges: distribution, rural, numbers, roles, scope of practice limitations, aging of provider workforce, burnout
- Complexity of Acute and Chronic conditions (50% population =1cc; 25% >2cc)
- Changing demographics of populations: ethnicity and race; religion; culture of health influences and SDH; immigration; coverage; aging; longevity
- Quality of care in coordination, handoffs, continuity, transitional and evidence-based practices, precision health care
- Cost/financing of health care delivery
- Focus on health promotion and prevention in population health
- Investments: Federal, Foundations, Insurers, Professional, Patients
- MD ratios falling-2030: 7.2 MD :1 PA → 3.5 :1 PAs; 3.6 MDs :1 APRN; 1.9MDs :1 APRN
- Digital technology, telehealth/telemedicine delivery
- Equity of access and utilization by underserved, uninsured and rural
- Evolution of understanding, preventing, stabilizing and curing
IPEC: Founding*, continuing and new member associations:

- American Association of Colleges of Nursing (AACN) *
- American Association of Colleges of Osteopathic Medicine (AACOM) *
- American Association of Colleges of Pharmacy (AACP) *
- American Association of Colleges of Podiatric Medicine (AACPM)
- American Association of Veterinary Medical Colleges (AAVMC)
- American Council of Academic Physical Therapy (ACAPT)
- American Dental Education Association (ADEA) *
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- Association of American Medical Colleges (AAMC)*
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools and Programs of Public Health (ASPPH) *
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- Physician Assistant Education Association (PAEA)

- The newest members of IPEC include
  - Academy of Nutrition and Dietetics
  - American Speech-Language-Hearing Association (ASHA)
  - Association of Academic Health Sciences Libraries (AAHSL)
  - Association of Chiropractic Colleges (ACC)
  - National League for Nursing (NLN)
Collaboration: Language is Important!

Interprofessional collaborative practice (WHO 2010):
- “When multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care.”

Interprofessional teamwork (IPEC 2016):
- The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.

Interprofessional team-based care (IPEC 2016):
- Care delivered by intentionally created, usually relatively small work groups in health care who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients (e.g., rapid response team, palliative care team, primary care team, and operating room team).

Interprofessional competencies in health care (IPEC 2016):
- Integrated enactment of knowledge, skills, values, and attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts.
The Learning Continuum pre-licensure through practice trajectory
IPEC Core Competencies, 2016

- **Values and Ethics for IP**: Work with individuals of other professions to maintain a climate of mutual respect and shared values (promoting health and health equity).

- **Roles and Responsibilities**: Use knowledge of one’s roles and those of others to appropriately assess and address health care needs of patients and to promote/advance population health.

- **Interprofessional Communication**: Communicate in a responsive and responsible manner that supports team approach to promotion of health and prevention of disease.
A Story.....

Ruth and the Burglar
Team and Teamwork: Apply relationship-building values and principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/population centered care, programming and policies that are safe effective, timely, efficient and equitable.
## Skills for Expert Team Members

(Baker, Day, Salas, 2006; as cited by Disch, J., 2017)

<table>
<thead>
<tr>
<th>Component</th>
<th>Definition</th>
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<tr>
<td>Team leadership</td>
<td>Ability to direct and coordinate the activities of other team members, assess team performance, assign tasks, develop team KSAs, motivate team members, plan and organize, and establish a positive atmosphere</td>
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<td>Mutual performance monitoring</td>
<td>Ability to develop common understandings of the team environment and apply appropriate task strategies to accurately monitor teammate performance</td>
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<td>Back-up behavior</td>
<td>Ability to anticipate other team member’s needs through accurate knowledge about their responsibilities; ability to shift workload to achieve balance during periods of high workload or pressure</td>
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<td>Adaptability</td>
<td>Ability to adjust strategies based on information gathered from the environment; altering a course of action or team repertoire</td>
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<td>Shared mental models</td>
<td>An organizing knowledge structure of the relationships between the task the team is engaged in and how the team members will interact</td>
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<td>Communication</td>
<td>Exchange of information between a sender and a receiver irrespective of the medium</td>
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<td>Team/collective organization</td>
<td>Propensity to take other’s behavior into account during group interaction and the belief in the importance of team goals over individual member goals</td>
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<td>Mutual trust</td>
<td>Shared belief that team members will perform their roles and protect the interests of their teammates.</td>
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Factors Affecting IPE and IPP Impact ...(NAM, 2015)
Where Might AHECs “Lean In” ?????
Opportunities to Excel in Collaboration... by AHEC?

- Power
- Professional Identity silos/profession centrism
- Dilution of IPP in our delivery systems
- Measures and metrics for impact
- Robust designs to understand how and what (providers and quadruple aims)
POWER and IPP (Meleis, 2016)

Individual
Profession
Organizational
Policy
Professional Identity Silos (Meleis, 2016)

- Professional Centrism = Rugged Disciplinary Individualism + Hierarchy
- Reimbursement traditionally based on personal production of individual services, tests and procedures; RO1NIH funding grants to individual investigators (Kirch, 2012)
- Unless individual agencies and structural barriers are addressed, educational and clinician silos will continue to triumph in health care
- Collaboration cannot be optimized in these scenarios
Dilution of IPE in our IPP Delivery Systems

Optimizing IPE “Graduate” in the Workplace

Best practices recognized: (RWJF, 2014)

- Team members are oriented to understand others’ roles and model respect when speaking to and about each.
- Different disciplinary members are oriented and trained together to collaborate
- When discipline members know each others as human beings
- When PATIENTS become part of the TEAM

Is it time to substitute interprofessional professionalism.. without the profession-centric baggage?
Measures and Metrics for IPP Impact

- National Center for Interprofessional Practice and Education: Repository for measurement tools for assessing providers and programs for collaborative practice.
- Contains published tools and instruments submitted by community submissions

- **Practical Guides** for use by organizations, providers, education:
  - *What is Teamwork in Interprofessional Collaborative Practice?*
  - *Assessing Interprofessional Collaborative Practice Teamwork*
  - *Steps for Developing an Assessment Plan of IPCP Teamwork*
  - *Assessing Teamwork: Stories from the Field* — Provides case studies of assessing
  - *Incorporating IPCP Teamwork Assessment into Program Evaluation*

*Treasure of resources for creating/measuring collaborative health care practice.*
Robust Designs for Understanding How & What (Providers and Quadruple aims)

- **Quadruple Aims** (formerly Triple Aims of Health Care) (Bodenheimer and Sinsky, 2014)
  - enhancing patient experience,
  - improving population health,
  - reducing costs.....  
  
  IMPROVING THE WORK LIFE OF HEALTH CARE PROVIDERS

- Expand roles of other providers to assume preventive care and chronic care coaching;
- Co-locate teams so they all work in same space;
- Assure staff assuming new roles are **well trained** and **unnecessary work is re engineered** out of practice;
- Implement **team documentation**

All of these actions scream **Collaboration in Practice** as the preferred future!

TEST IPE/IPP designs that intentionally reward and result in achievement of the Quadruple Aims.
The degree to which participants acquire the intended knowledge, skills, attitude, confidence and commitment based on their participation in the training.

Level 3: Behavior
The degree to which participants apply what they learned during training when they are back on the job.

Level 4: Results
The degree to which targeted outcomes occur as a result of the training and the support and accountability package.

View the New World Kirkpatrick Model to learn how the Kirkpatrick levels of training evaluation have been updated and clarified.
A Story.....
Jake and Vinnie
Resources/References

- [https://nexusipe.org](https://nexusipe.org) (National Center for IP Practice and Education)
- [www.kirkpatrickpartners.com](http://www.kirkpatrickpartners.com)
- [www.macyfoundation.com](http://www.macyfoundation.com)
- [www.aamc.org](http://www.aamc.org)
- [https://ipecollaborative.org](https://ipecollaborative.org)
Level 1: Reaction
- The degree to which participants find the training favorable, engaging and relevant to their jobs

Level 2: Learning
- The degree to which participants acquire the intended knowledge, skills, attitude, confidence and commitment based on their participation in the training

Level 3: Behavior
- The degree to which participants apply what they learned during training when they are back on the job

Level 4: Results
- The degree to which targeted outcomes occur as a result of the training and the support and accountability package