

Interprofessional Practice: Past, Present and Future

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Objectives

- Describe changes in our health care delivery system that have increased the need for interprofessional practice
- Describe approaches for integrating interprofessional practice into the education of health professions students

The Past: Medical School: 1968–1972

- A primary care clinician's perspective
 - A disease-focused curriculum
 - Minimal acknowledgement of the value of primary care
 - Minimal attention given to prevention and population health
 - The doctor is in charge
 - Lack of gender and racial diversity



The Past: Family Medicine Residency: 1972–1975

- Team based care
 - **The outpatient care team:**
 - Two residents, one family nurse practitioner (FNP), one RN, & one LPN
 - Team meetings
 - Paper records with family folders
 - **The inpatient team:**
 - Resident, medical student, RN, and MD faculty
 - The RN provided continuity, leadership and patient/family advocacy

The Past: Rural Practice: 1975–1981

➤ A Tale of Two Practices

- Older physician group:
 - Two general practitioners and a general surgeon
 - A fee-for-service, physician-centric delivery system
 - Physician(s) served as their practice's business managers



The Past: Rural Practice: 1975–1981

➤ A Tale of Two Practices (continued)

- A National Health Service Corps practice
- Two family physicians, a pediatrician, a FNP, a Physician Assistant (PA), a health educator, RNs, and support staff
- “Idealism vs Realism”



The Past: Rural Practice: 1975–1981 (continued)

➤ The Rural Practice Project

- Funded by the Robert Wood Johnson Foundation
 - Hypothesis: A rural practice with an IP team and a full time administrator will have a greater prospect for survival and health care effectiveness

The Past: Rural Practice: 1975–1981 (continued)

- Community-oriented primary care focusing on family-centered women's health services
 - Recruited a nurse midwife join the practice
 - The challenge of obtaining hospital privileges
 - Awareness of barriers to scope of practice for advanced practice professionals

The Present: Key developments in the health care delivery system

- The Affordable Care Act
- Consolidation within the healthcare delivery system
- Accountable Care Organizations
- Patient Centered Medical Homes (PCMH)
- Electronic health records

Present: National IP Initiatives

- Interprofessional Education Competencies (IPEC) 2011, revised 2016
 - Values/Ethics for Interprofessional Practice
 - Roles/Responsibilities
 - Interprofessional Communication
 - Teams and Teamwork

<https://www.tamhsc.edu/ipe/research/ipec-2016-core-competencies.pdf>

National IP Initiatives (continued)

➤ The Healthy People Curriculum Task Force

- Member Organizations: AACN, AACOM, AACP, AAMC, ADEA, APTR, ASPPH, NONPF, PAEA
- Mission: “Achieve the Healthy People objectives by increasing health promotion, disease prevention, population health and interprofessional learning experiences for students in health professions education programs”

The Healthy People Curriculum Task Force

Interprofessional objective accepted and included in Healthy People 2020

“Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences”

The Healthy People Curriculum Task Force Resources

- The Clinical Prevention and Population Health Curriculum Framework

Recommendations for prevention and population health education



<https://www.teachpopulationhealth.org>

Clinical Prevention and Population Health Framework

- The four components of the Framework:



Each component has associated topic areas with illustrative examples, resources and teaching tools

A crosswalk between the IPEC Competencies and the Clinical Prevention and Population Curriculum Framework

- IP student teams can achieve the IPEC competencies by working together on prevention-related initiatives

https://www.teachpopulationhealth.org/uploads/2/1/9/6/21964692/ipe_crosswalk_2016_update.pdf

- Additional resources to support interprofessional education and practice <http://www.APTRweb.org>

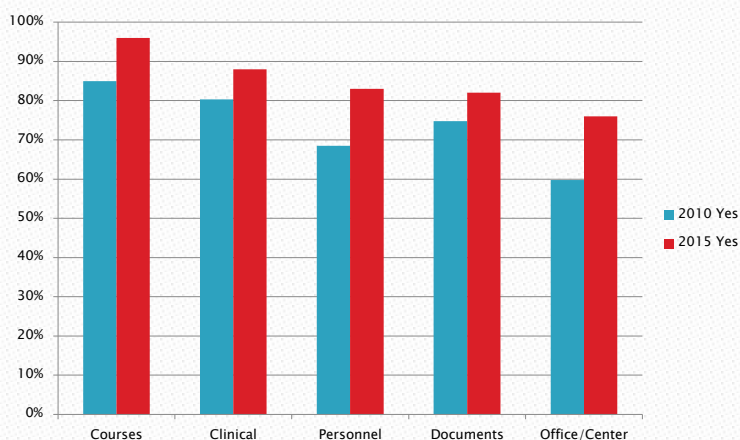
The Interprofessional Education and Interprofessional Prevention Education National Survey

- Survey to assess the prevalence and support for IP-education and IP-prevention education in U.S. academic health centers
- Conducted in 2010 with an expanded version completed in 2015
- Funded by the Josiah Macy Jr. Foundation

The Interprofessional Education and Interprofessional Prevention Education National Survey (continued)

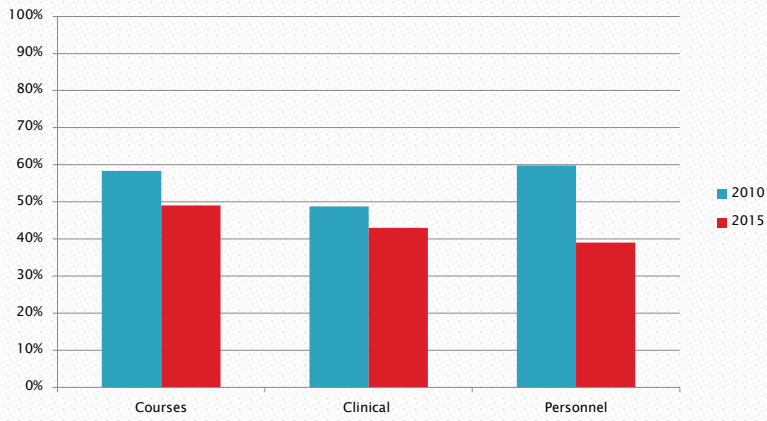
- Survey questions asked about the presence of Interprofessional...
 - Courses
 - Clinical practice opportunities
 - Support personnel
 - Institutional documentation
 - Dedicated offices/centers

Table 1: Percentage of Respondents Indicating “Yes” Comparison 2010 and 2015 Survey Data IP-Education



Clay M, Garr D et al: An Update on the Status of Interprofessional Education and Interprofessional Prevention Education in U.S. Academic Health Centers. J of Interprofessional Education and Practice. 2018; 10: 61–66.

**Table 2: Percentage of Respondents Indicating “Yes”
Comparison 2010 and 2015 Survey Data IP–Prevention Education**



Clay M, Garr D et al: An Update on the Status of Interprofessional Education and Interprofessional Prevention Education in U.S. Academic Health Centers. *J of Interprofessional Education and Practice*. 2018; 10: 61–66.

South Carolina IP Practice Initiatives

- Institute for Primary Care
 - Medical, NP, PA and PharmD students from 2 campuses 110 miles apart
 - Monthly seminars on timely primary care topics using videoconferencing technology

South Carolina IP Practice Initiatives

- Institute for Primary Care (continued)
 - Opportunities for IP, community-based clinical experiences
 - Annual retreat



Interprofessional Team Case Conferences

- IP teams of students on community-based clinical rotations
- Involves Medical, NP, PA, PharmD, PT, OT, Public Health and Social Work students
- Students participate either on-site or by video
- The focus: The role of the IP team in developing and implementing a care plan for the patient with an emphasis on population health

The Area Health Education Centers (AHEC) Scholars Program

- An initiative of the national AHEC system to prepare leaders to care for the underserved
- Two year longitudinal IP experience for health professions students
- Supplemental didactic and clinical education experiences tailored for AHEC Scholars
- Focus: IP Practice, Social Determinants of Health, Cultural Competency, Behavioral Health, Practice Transformation and optional area(s) of focus (ours are Telehealth and TeamSTEPPS)

Access To Affordable Technology

- Technology for health professions education and clinical practice
 - Access to the internet anytime, almost anywhere
 - Improved access to health care services using telehealth technology
 - Remote monitoring for medical and preventive care
 - Feasibility for community-based interprofessional (IP) education, IP tele-precepting and IP simulation

Telehealth Expands The Team

- The role of the PharmD in primary care:
 - Consultative services for patients at primary care centers
 - Tele-precepting for pharmacy, NP, PA, & MD students
 - Focus on chronic disease management



The Future

- Need to prepare IP teams for the changing healthcare system
 - Provide experiences in population health, the design and implementation of quality improvement initiatives, and the use of data to track health outcomes
 - Opportunity to establish their roles as members of Accountable Care Organizations and PCMHs

The Future

- Need to prepare IP teams for the changing healthcare system (continued)
 - Provide opportunities to work with the new members of the healthcare team
 - Community health workers (CHWs) or Promotoras



Expanding scope of practice for members of the health care team

- Prepare IP team members to practice at the top of their license to address the health needs of an aging population and those with complex medical problems
- Designate NPs and PAs to serve as leaders of IP teams and work with CHWs and other members of the outreach team
- Utilize a “hot spotting” approach and technology to identify and reach out to higher risk patients and populations

Need to develop community-based ambulatory educational models of care

- Provide faculty development for preceptors to help them understand, use and model an interprofessional approach to providing care
- Inform decision-makers about the increasing challenge of securing a sufficient number of community-based preceptors
- Seek support for initiatives to provide incentives for clinicians to teach students in their offices

Technology and its future in providing care

- Access to diagnostic tools in the home (e.g. stethoscope, otoscope, spirometer) to help with the provision of healthcare via telehealth technology to engage the patient as a member of the IP team
- Precision/personalized medicine – designing and implementing tailored healthcare plans that engage the members of the IP team



Technology and its future in providing care (continued)

- Use social media and technology to connect members of the interprofessional team with one another and with those they are serving
- Use of simulation to provide IP teams of students with the opportunity to practice how to collaborate effectively in the provision of health care services

Technology and its future in providing care (continued)

- Educational approaches designed to educate IP team members how to access and analyze data relating to health outcomes of the population(s) they are serving
- Provide opportunities for the population being served to help design the outreach and engagement strategies

Conclusion and Discussion

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