Creating the Right Team for Every Patient: Interprofessional Practice and the 21st Century

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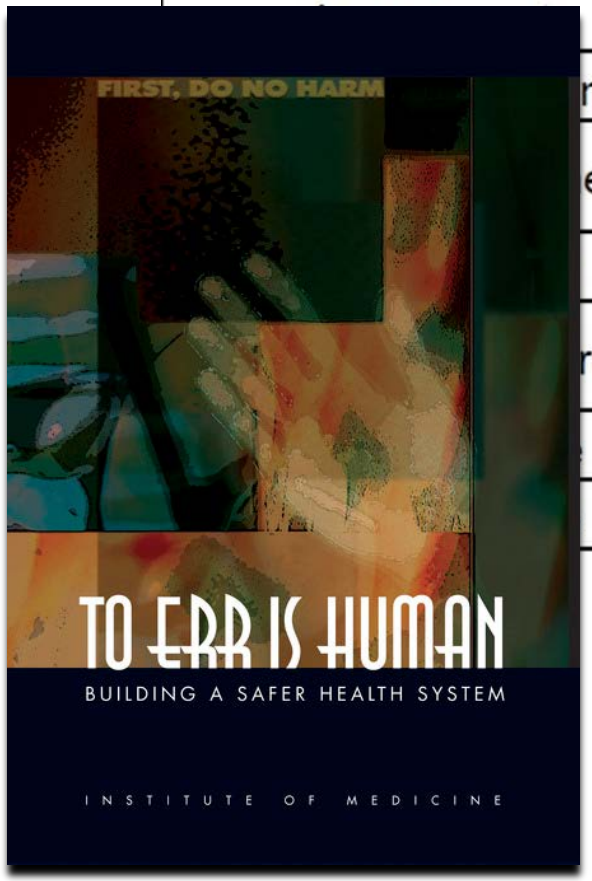
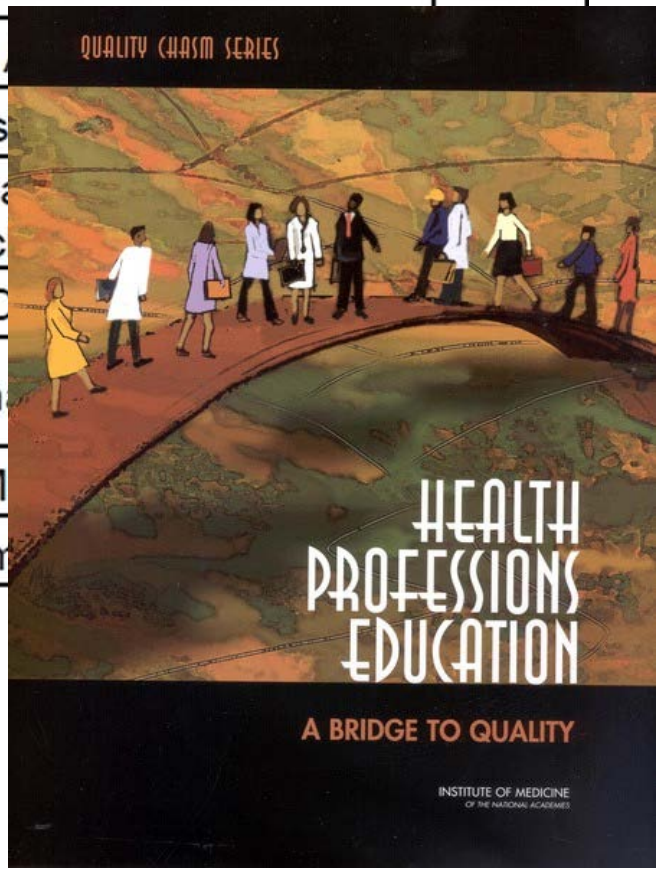
The First Perspective

2013 (N=887)		2014 (N=764)		2Q 2015 (N=474)	
Human Factors	635	Human Factors	547	Human Factors	464
Communication	563	Leadership	517	Leadership	382
Leadership	547	Communication	489	Communication	343
	505	Assessment	392		
ment	155	Physical Environment	115	Phys	
ent	138	Information Management	72	Hea Tec	
	103	Care Planning	72	C	
re	97	Health Information Technology-related	59	Inform	
	77	Operative Care	58	M	
	76	Continuum of Care	57	Perform	





The Second Perspective

The Dimensions of Quality

Safe

Timely

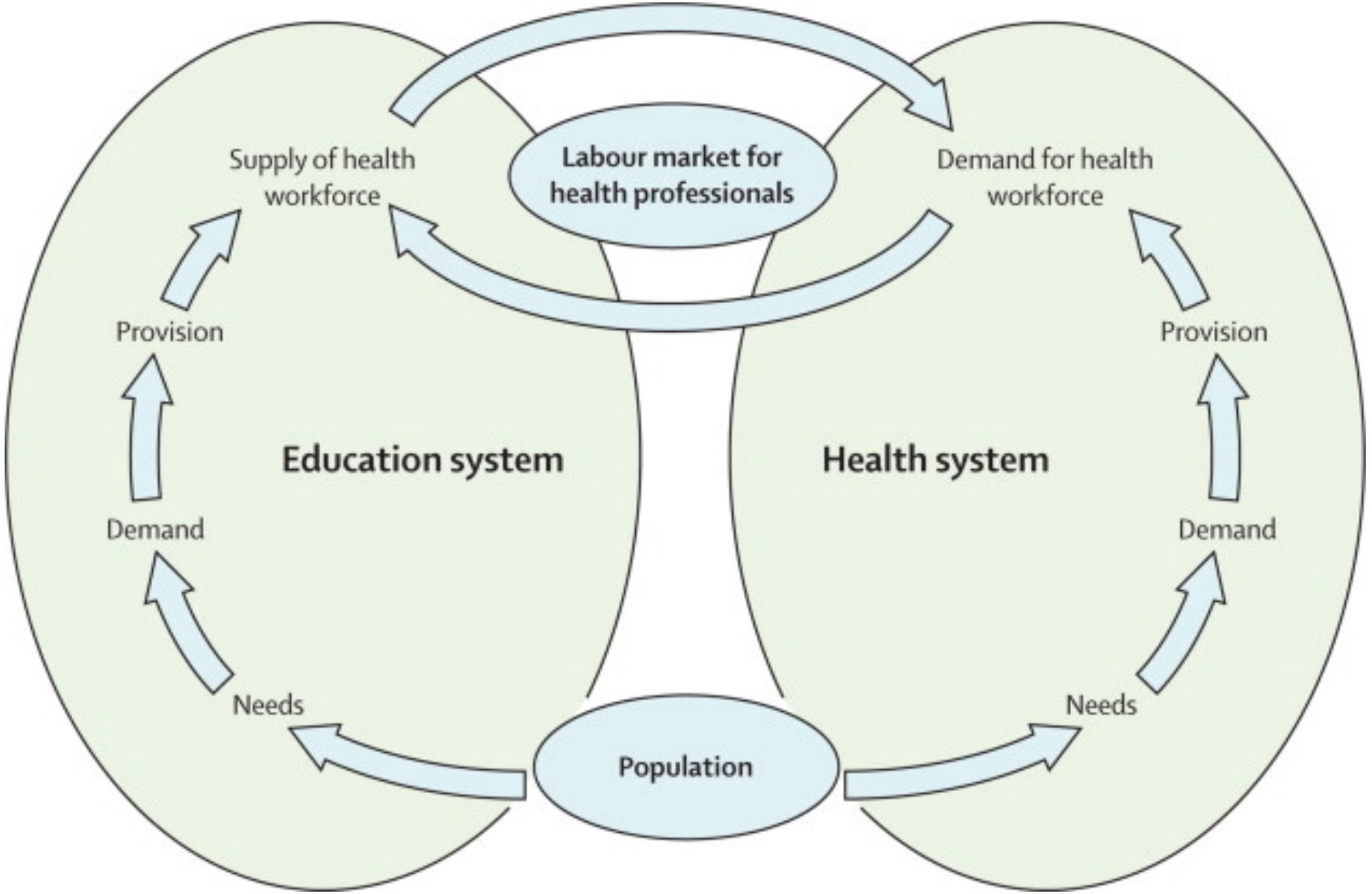
Effective

Efficient

Equitable

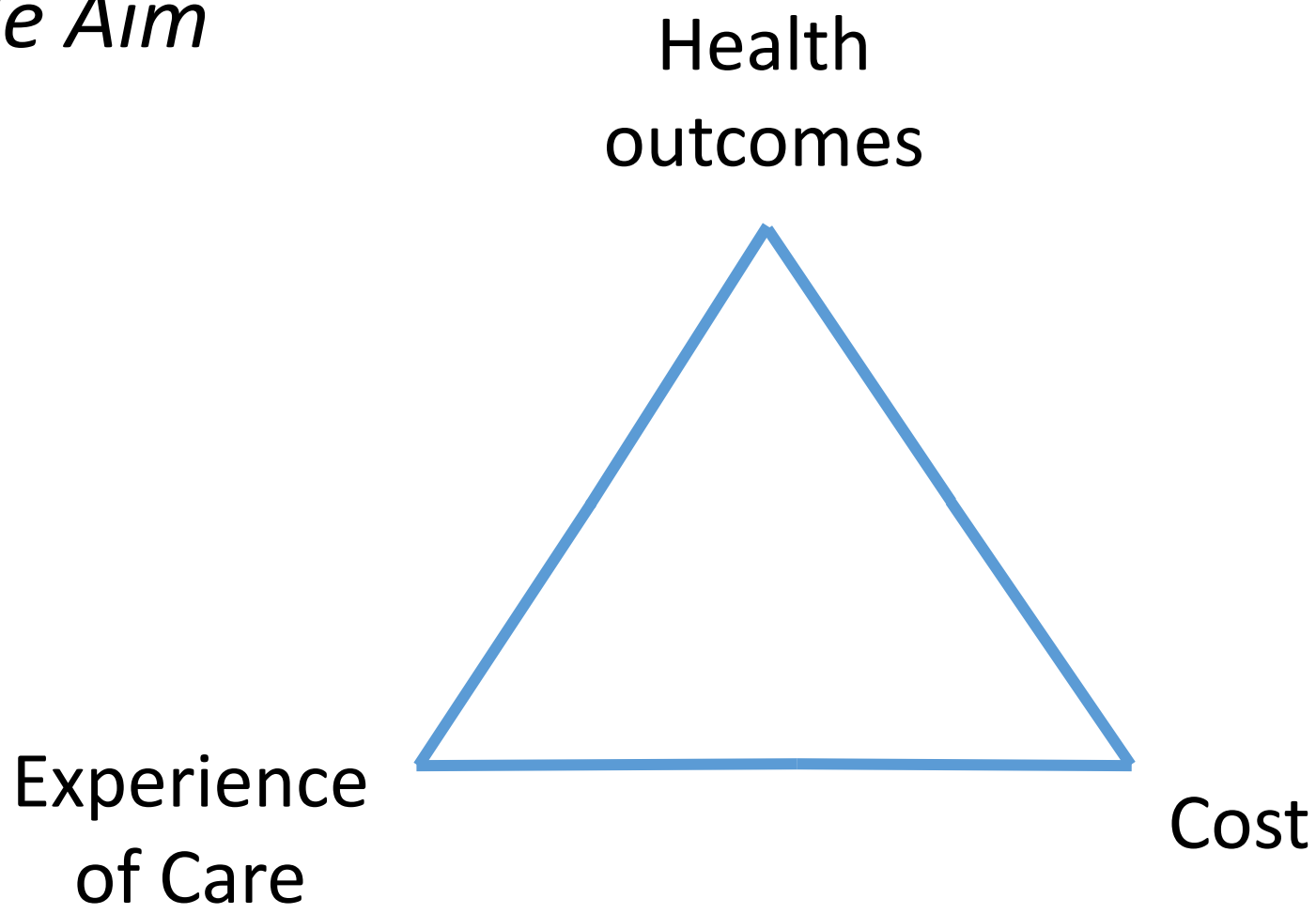
Patient-centered

Institute for Healthcare Improvement



Frenk et al. Lancet. 2010.

The Triple Aim



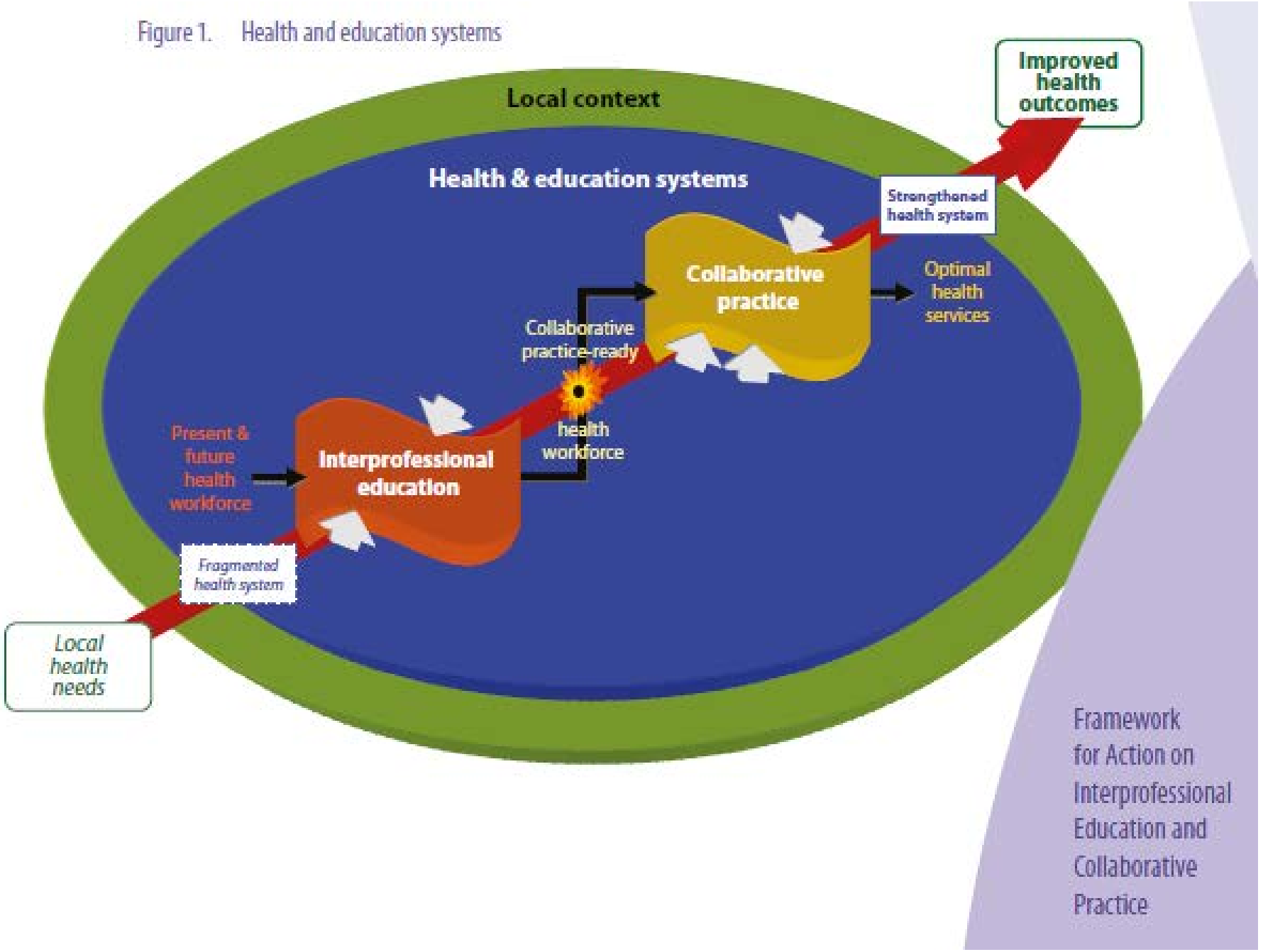
Health Professions Networks
Nursing & Midwifery
Human Resources for Health

Framework for Action on Interprofessional Education & Collaborative Practice

World Health Organization

WHO. 2012.

Figure 1. Health and education systems



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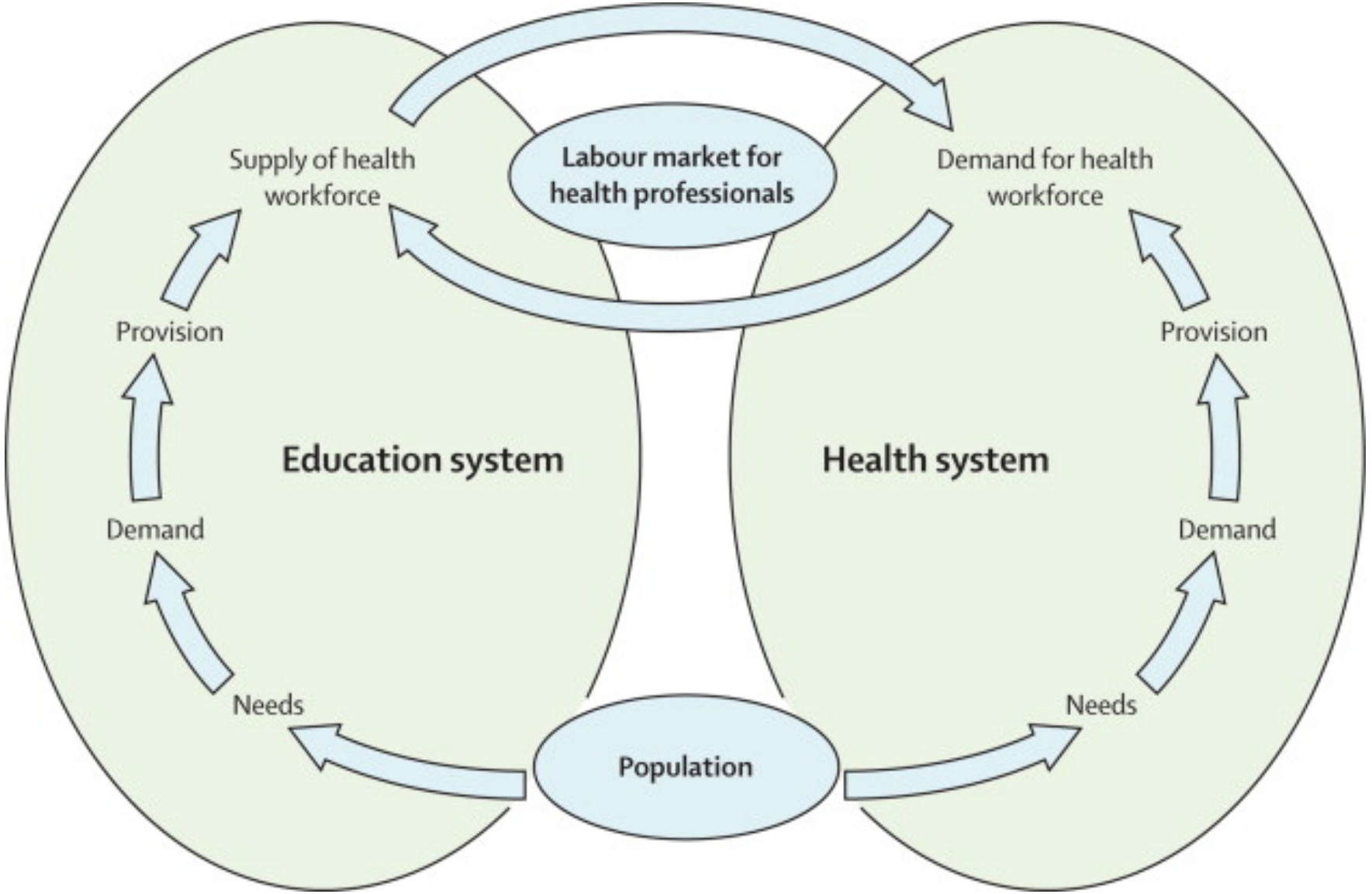
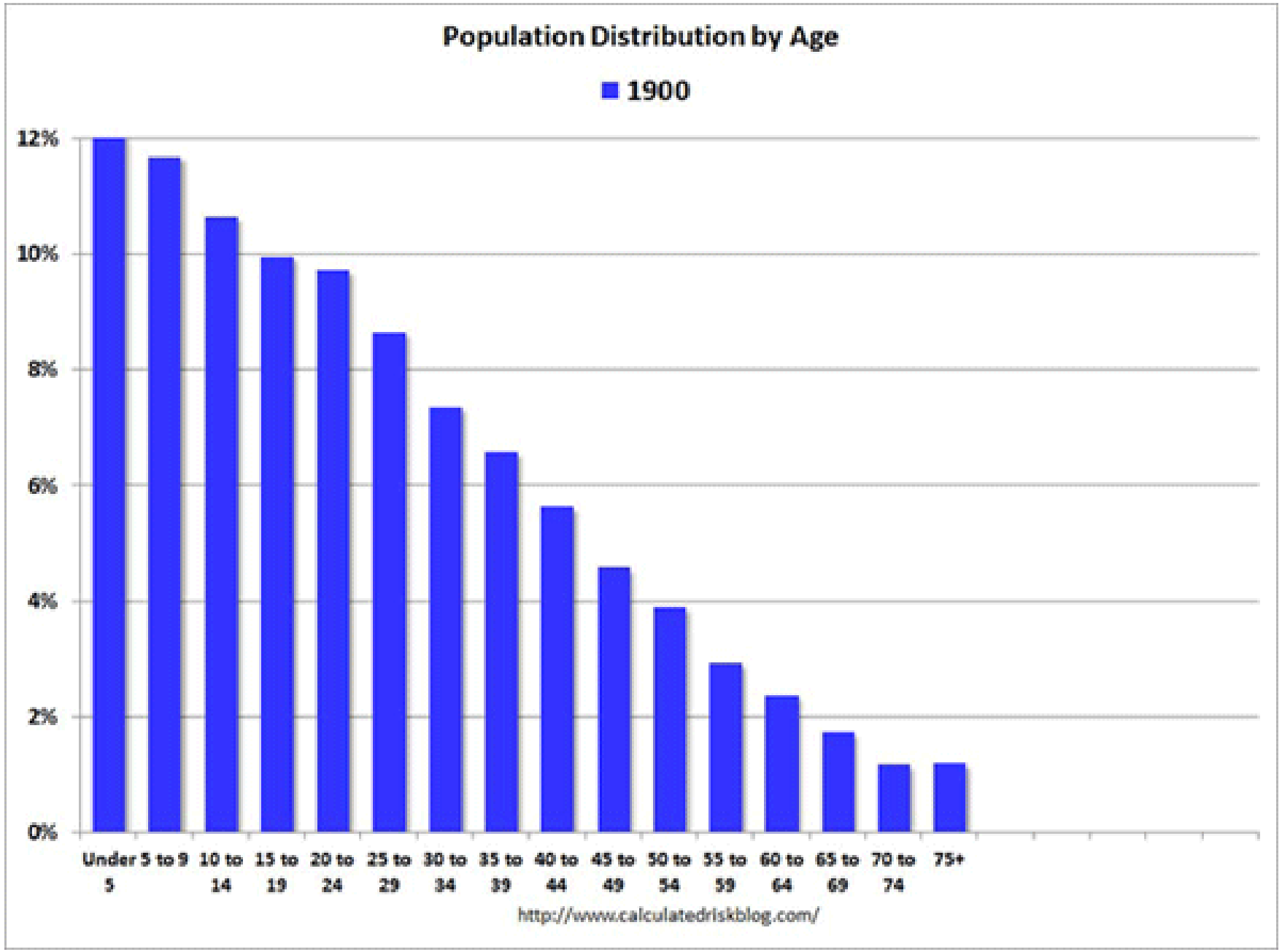


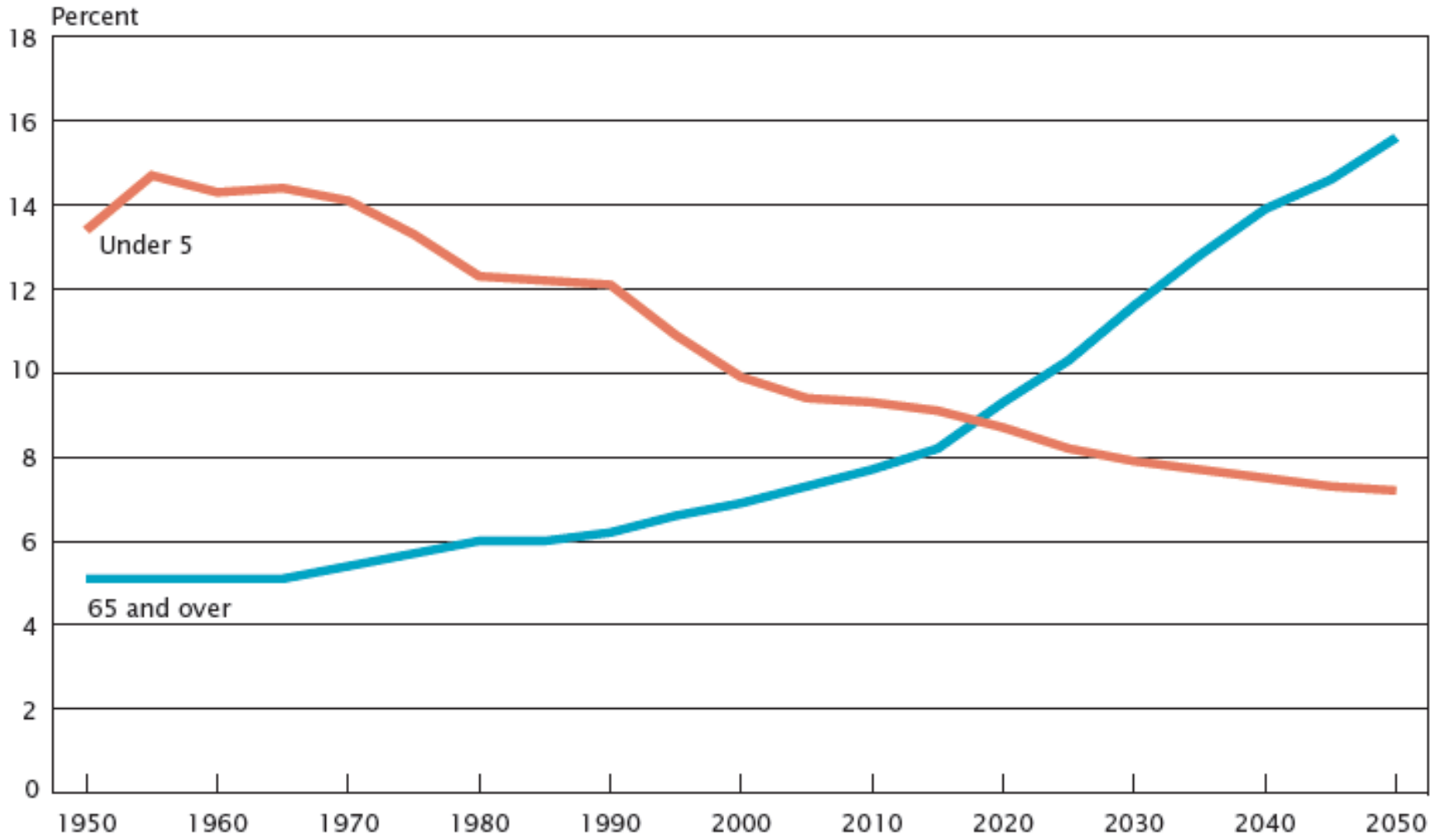
Frenk et al. Lancet. 2010.


Population Distribution by Age
1900
12%
10%
8%
6%
4%
2%
0%
Under 5
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75+
http://www.calculatedriskblog.com/

link

Figure 2-3.

Young Children and Older People as a Percentage of Global Population: 1950 to 2050

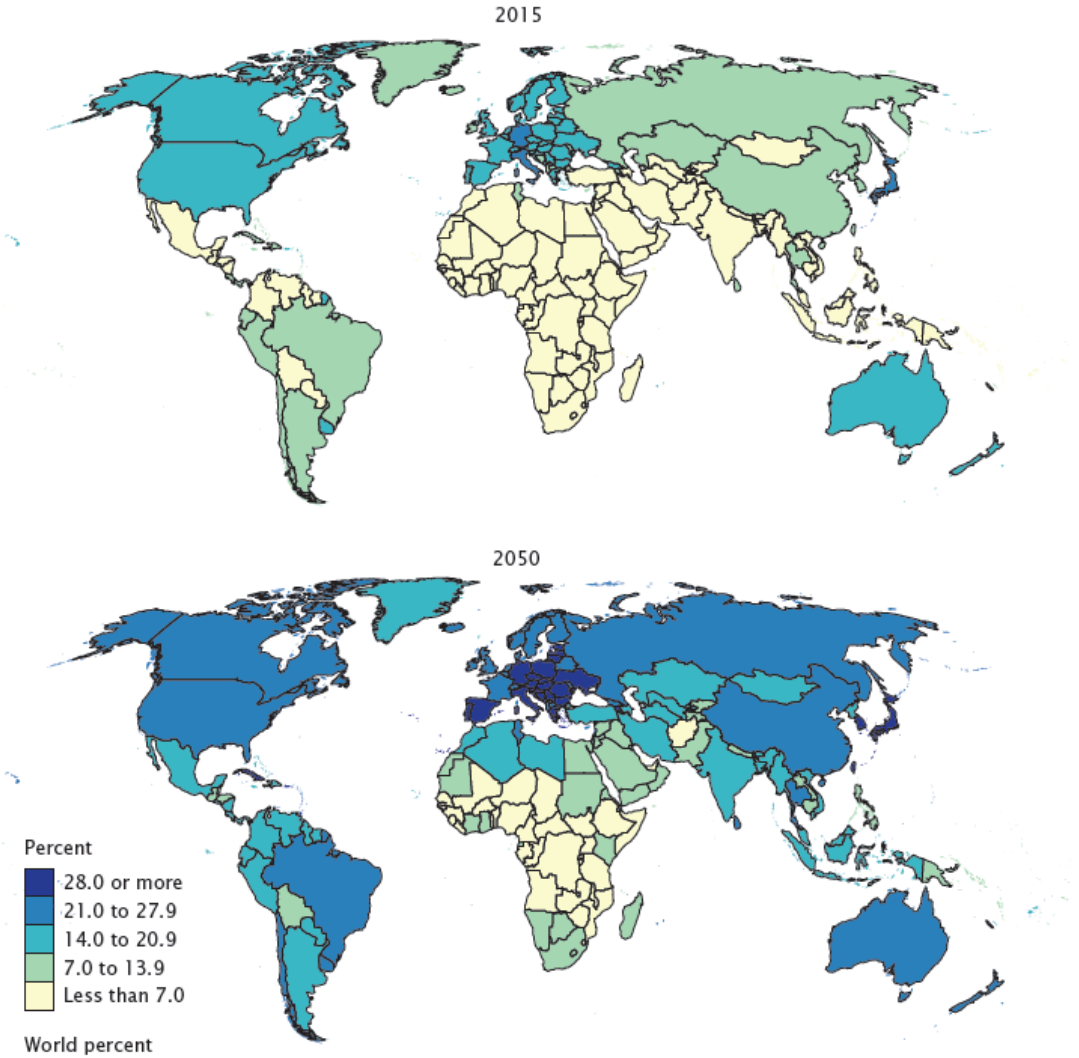


Source: United Nations, 2013.

An Aging World: 2015.
US Census Bureau. 2016.

Figure 2-1.

Percentage of Population Aged 65 and Over: 2015 and 2050

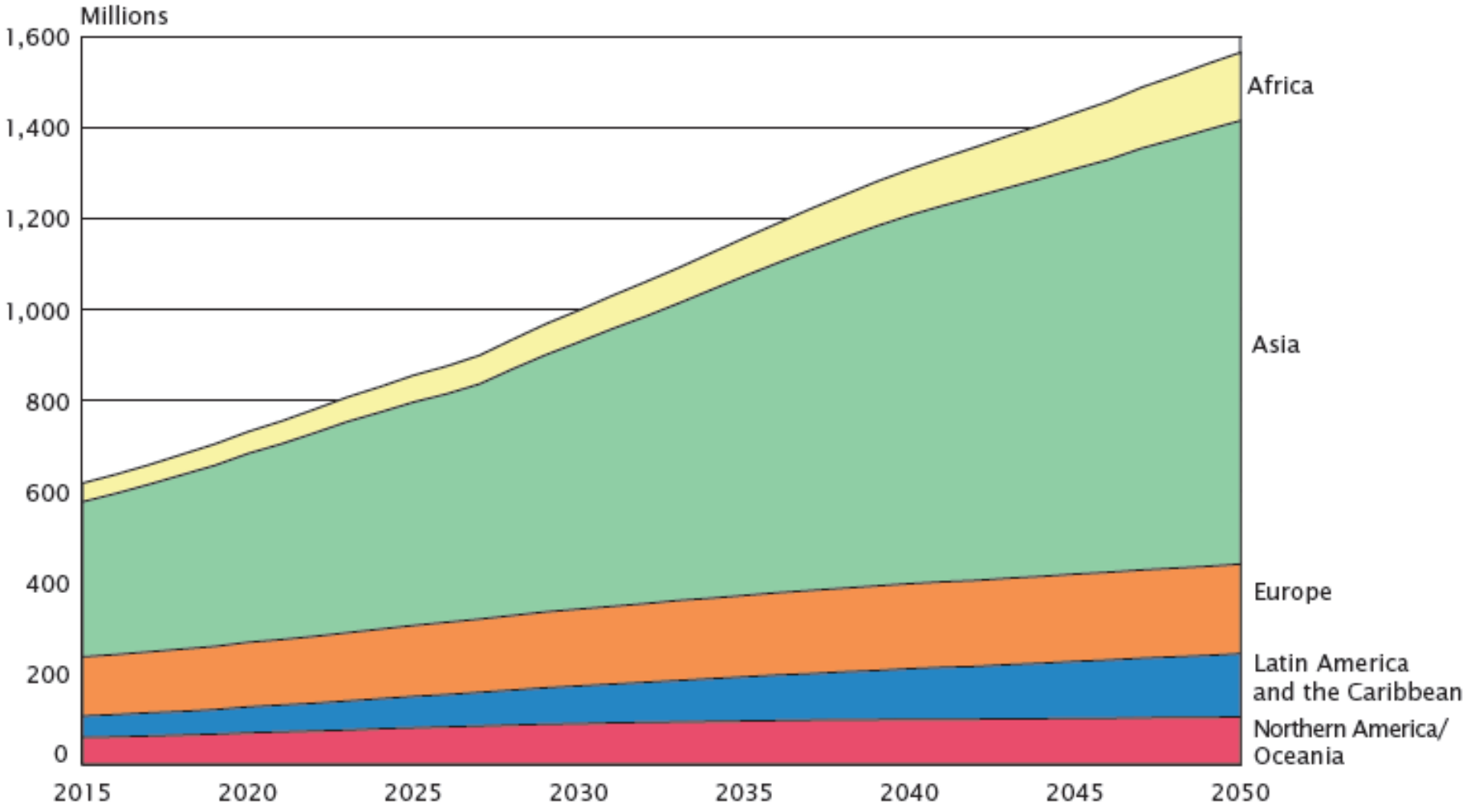


Sources: U.S. Census Bureau, 2013, 2014a, 2014b; International Data Base, U.S. population estimates, and U.S. population projections.

An Aging World: 2015.
US Census Bureau. 2016.

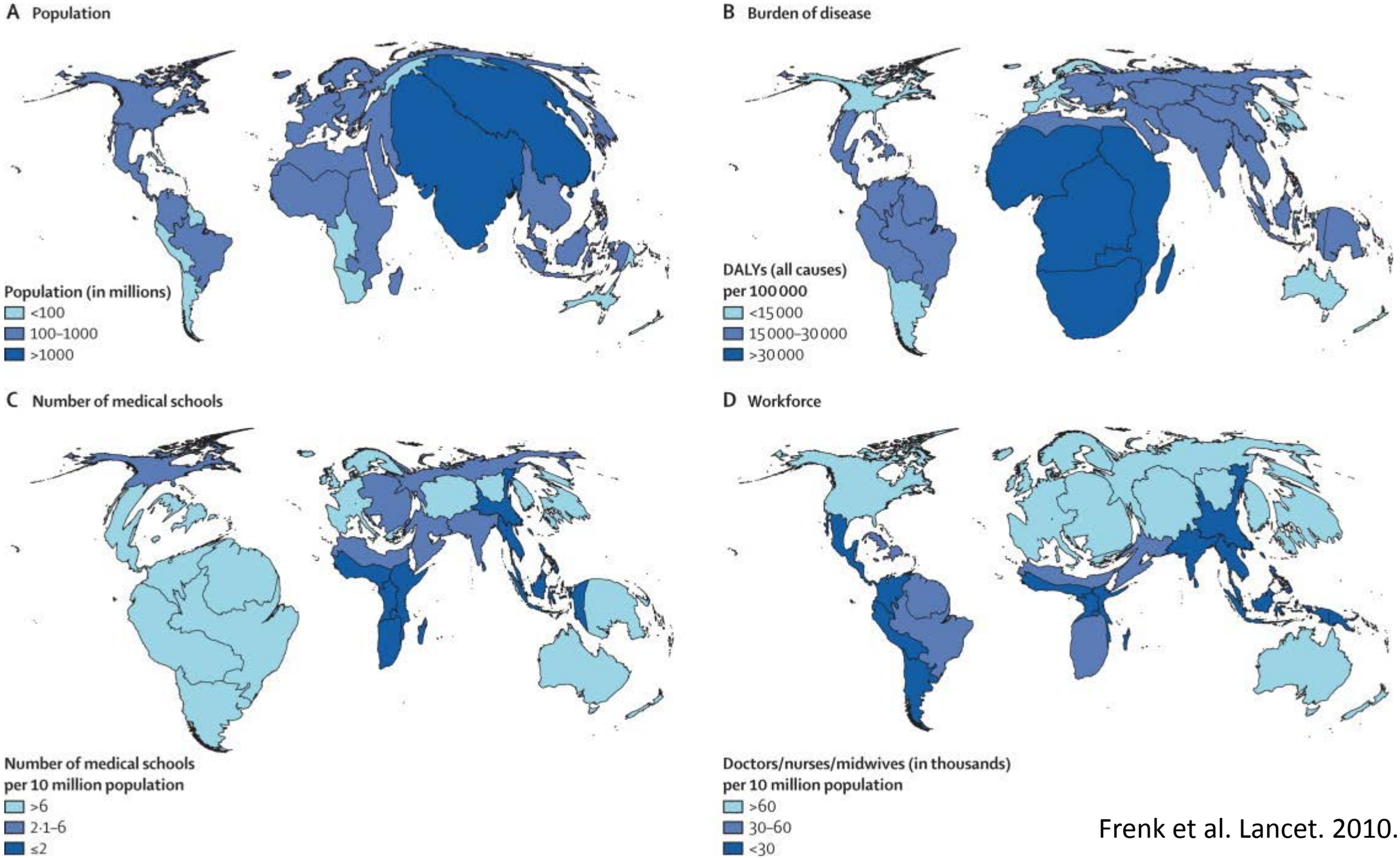
Figure 2-4.

Population Aged 65 and Over by Region: 2015 to 2050

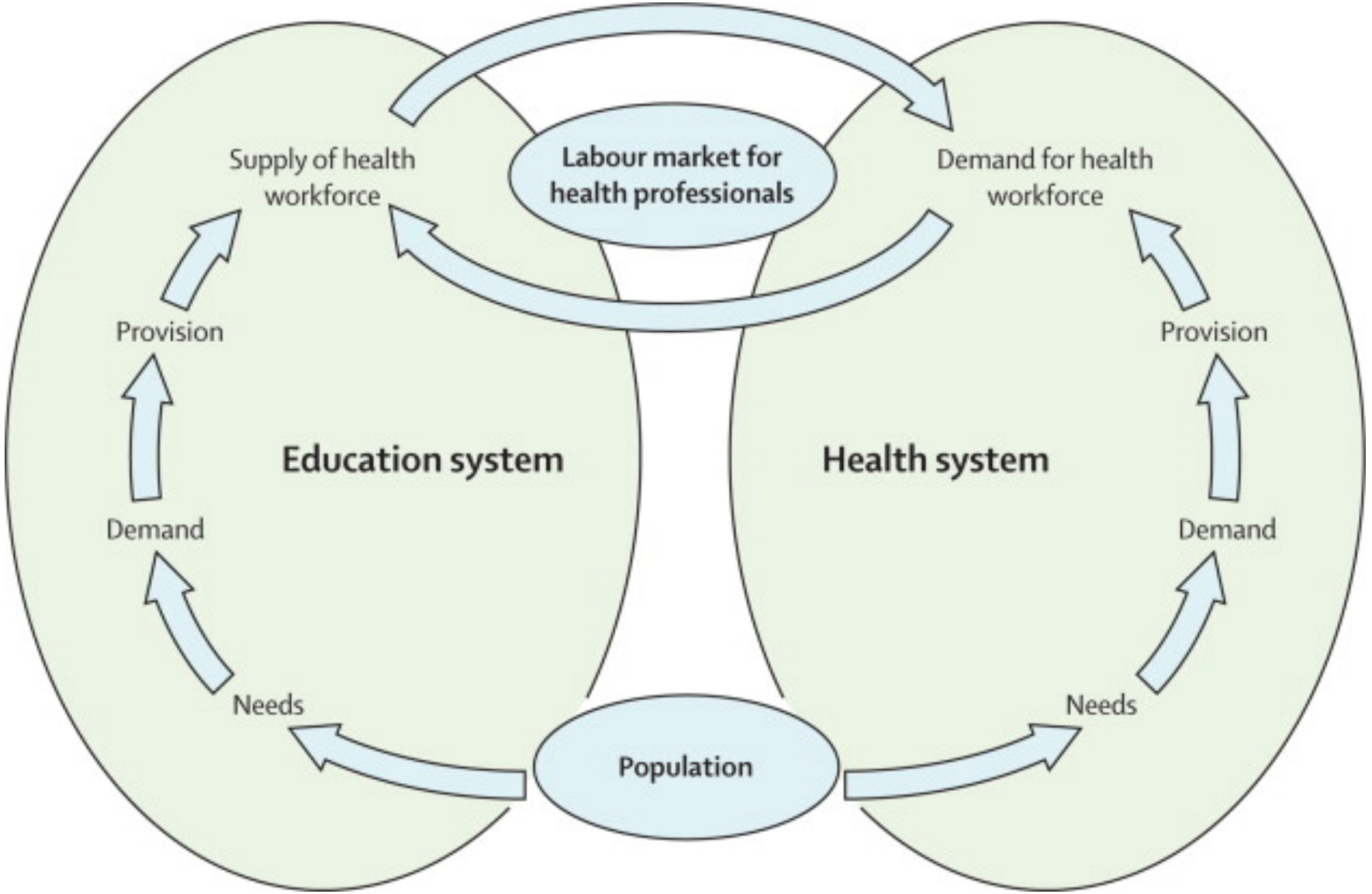


Source: U.S. Census Bureau, 2013; International Data Base.

An Aging World: 2015.
US Census Bureau. 2016.



Frenk et al. Lancet. 2010.



Frenk et al. Lancet. 2010.

The Third Perspective

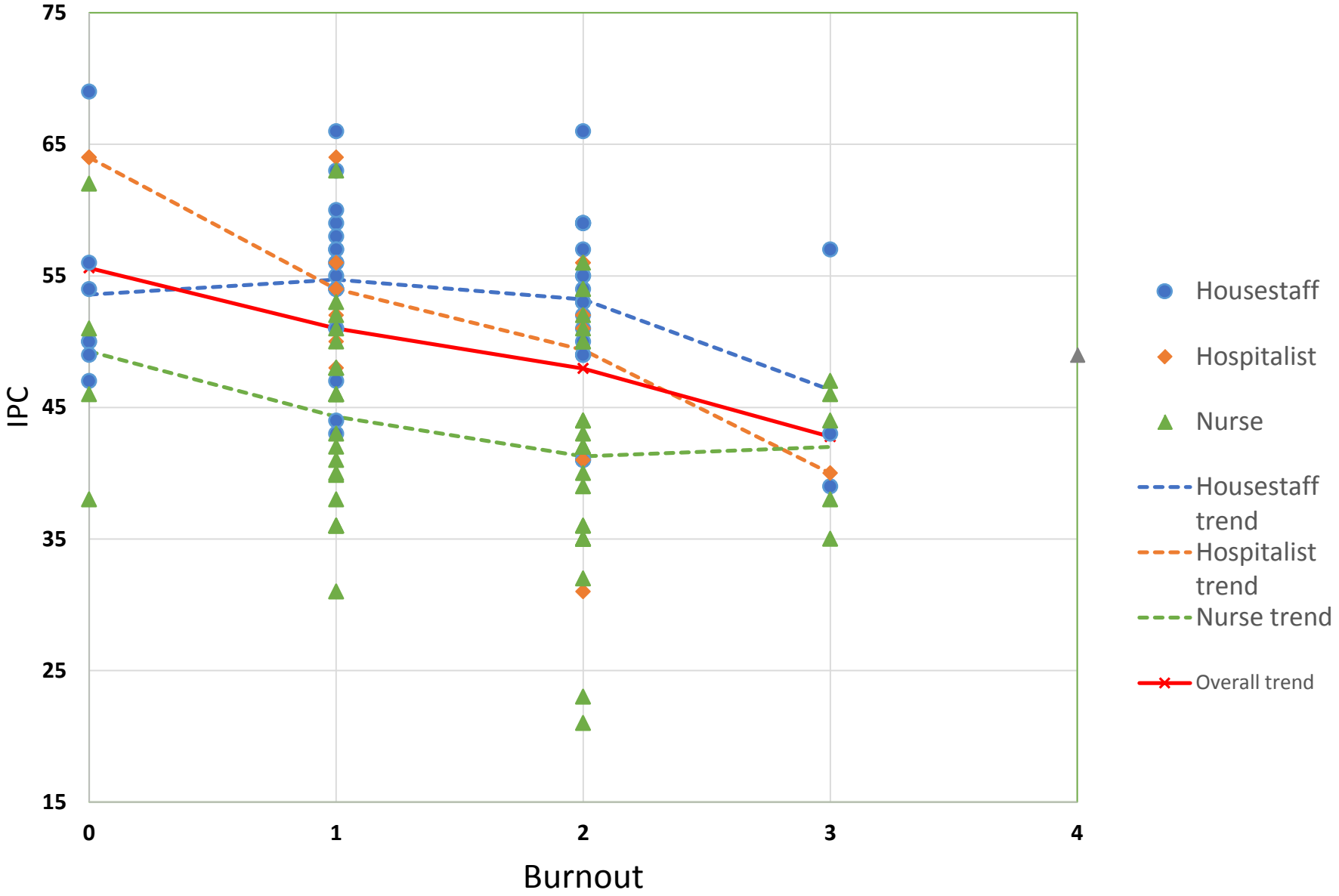
Burnout among Different Professions

Burnout[a] (Maslach Burnout Inventory, 1981)	Professions, %[b] Nurse (n=54)	Housestaff (n=47)	Hospitalist (n=18)	Total (n=119)
Level 0 - I enjoyed my work. I had no symptoms of burnout.	7.4	14.9	11.1	10.9
Level 1 - Occasionally I was under stress at work, but I did not feel burned out.	37.0	38.3	38.9	37.8
Level 2 - I had one or more symptoms of burnout such as physical or emotional exhaustion.	44.4	40.4	44.4	42.9
Level 3 - The symptoms of burnout that I was experiencing would not go away. I felt frustrated at work a lot.	9.3	6.4	5.6	7.6
Level 4 - I felt completely burned out and often wondered if I could go on.	1.9	0.0	0.0	0.8

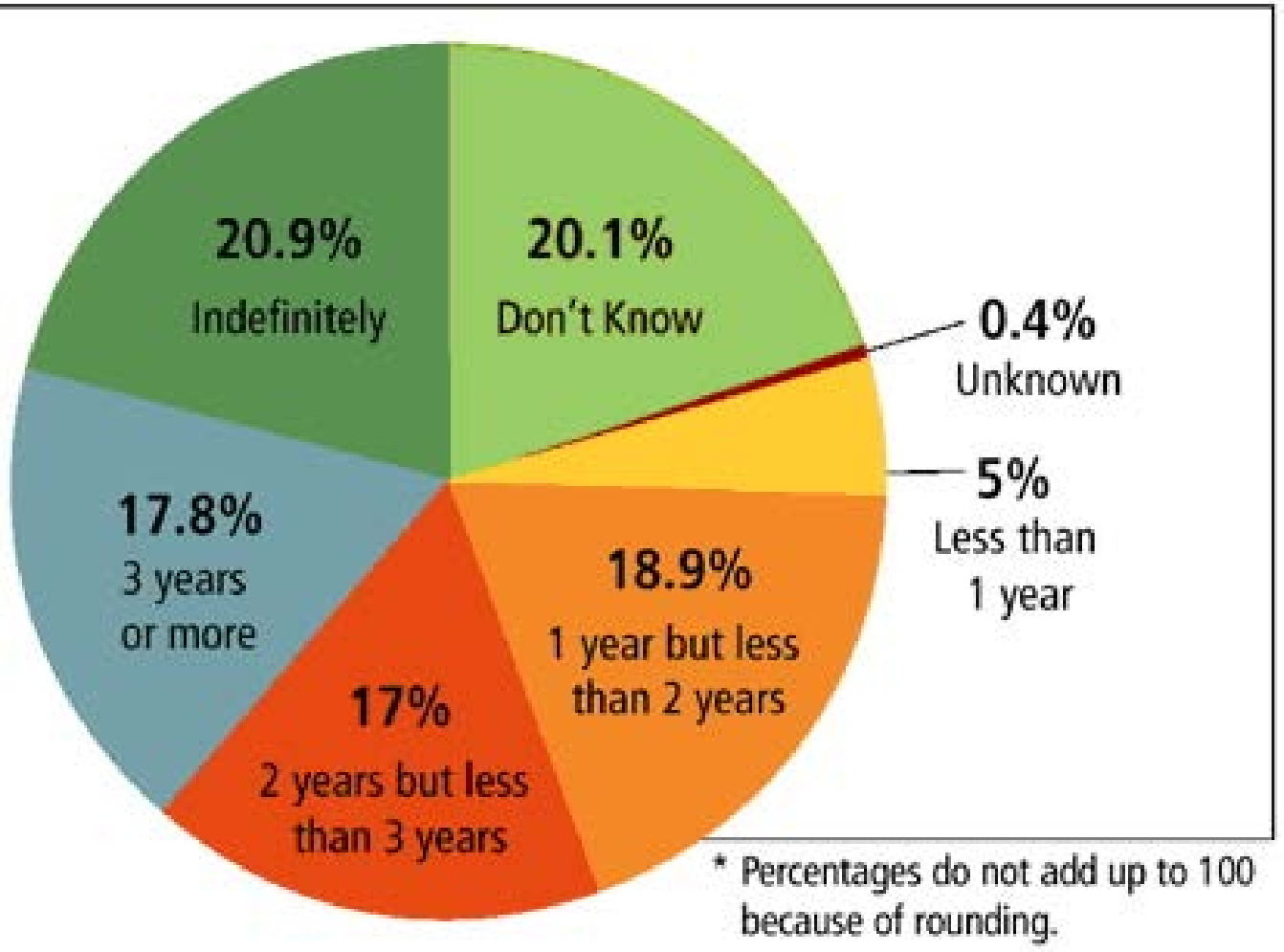
a. There is no association between levels of burnout and professions ($X^2_{(8)}$==3.4, p=0.91)

b. Data are presented as percentage of respondents within each profession. Because of rounding, not all percentages total 100.

Association Between IPC and Burnout

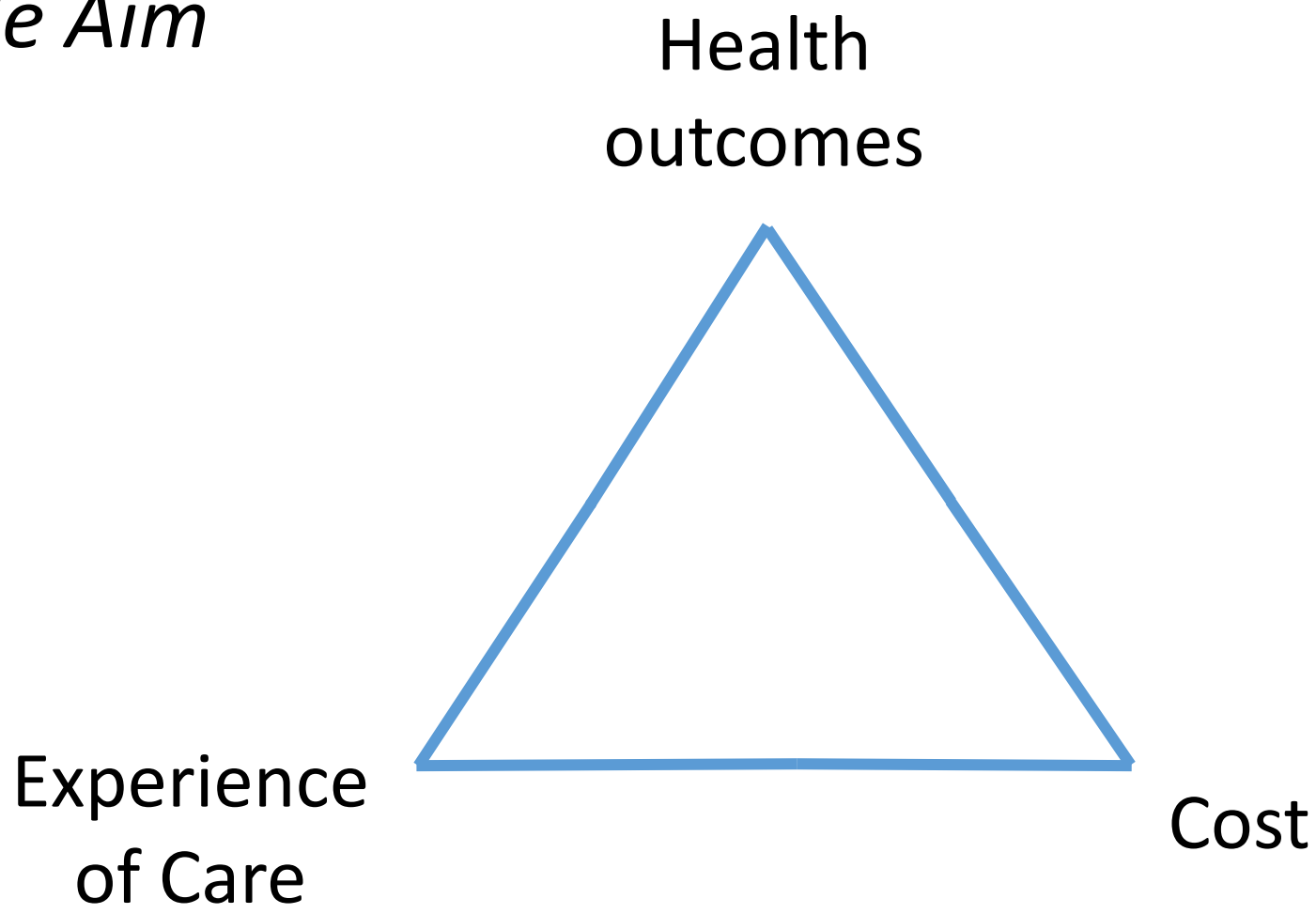


Intent to Stay in Job of Newly Graduated Nurses

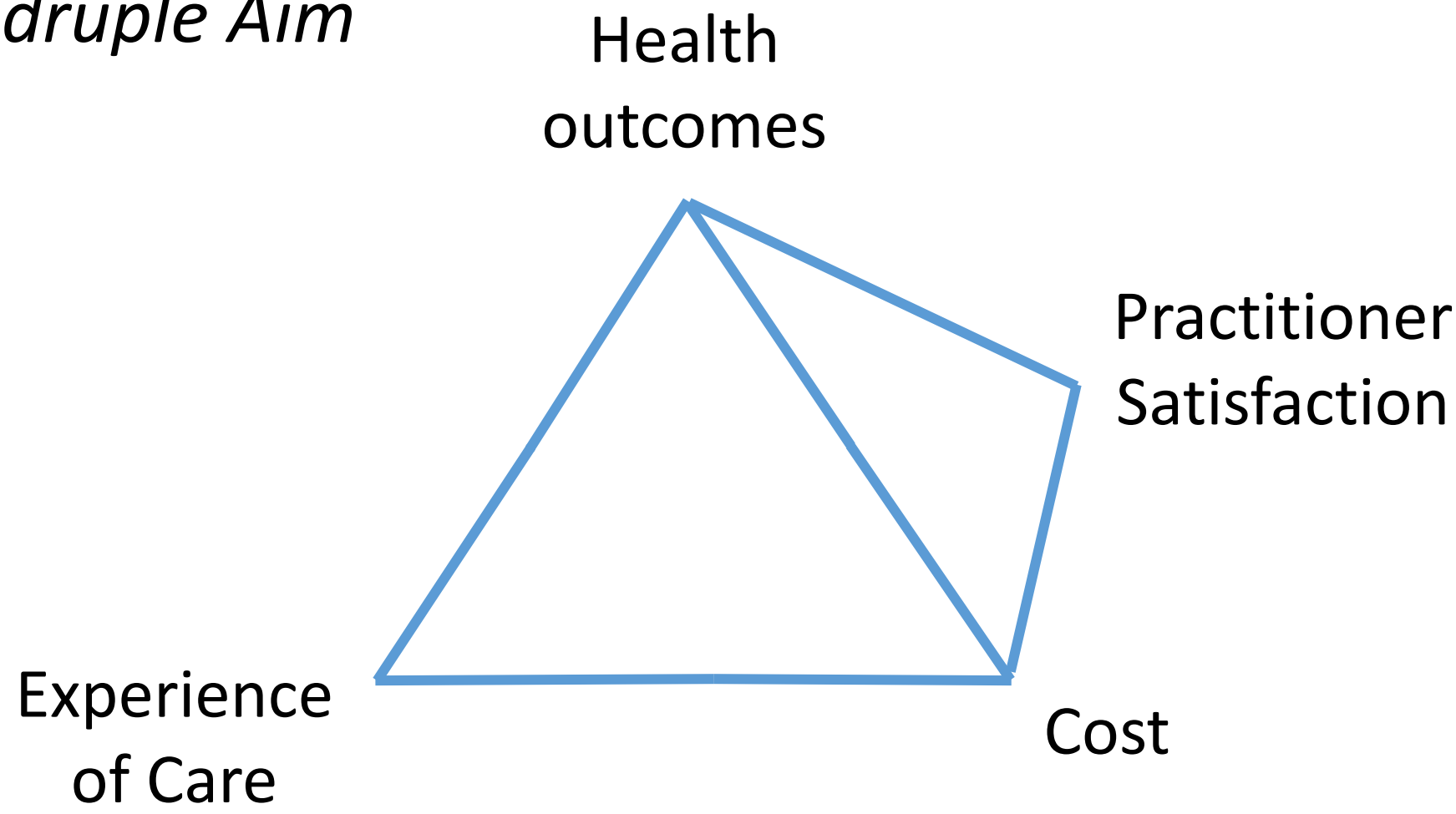


Kovner CT et al. 2007.

The Triple Aim



The Quadruple Aim

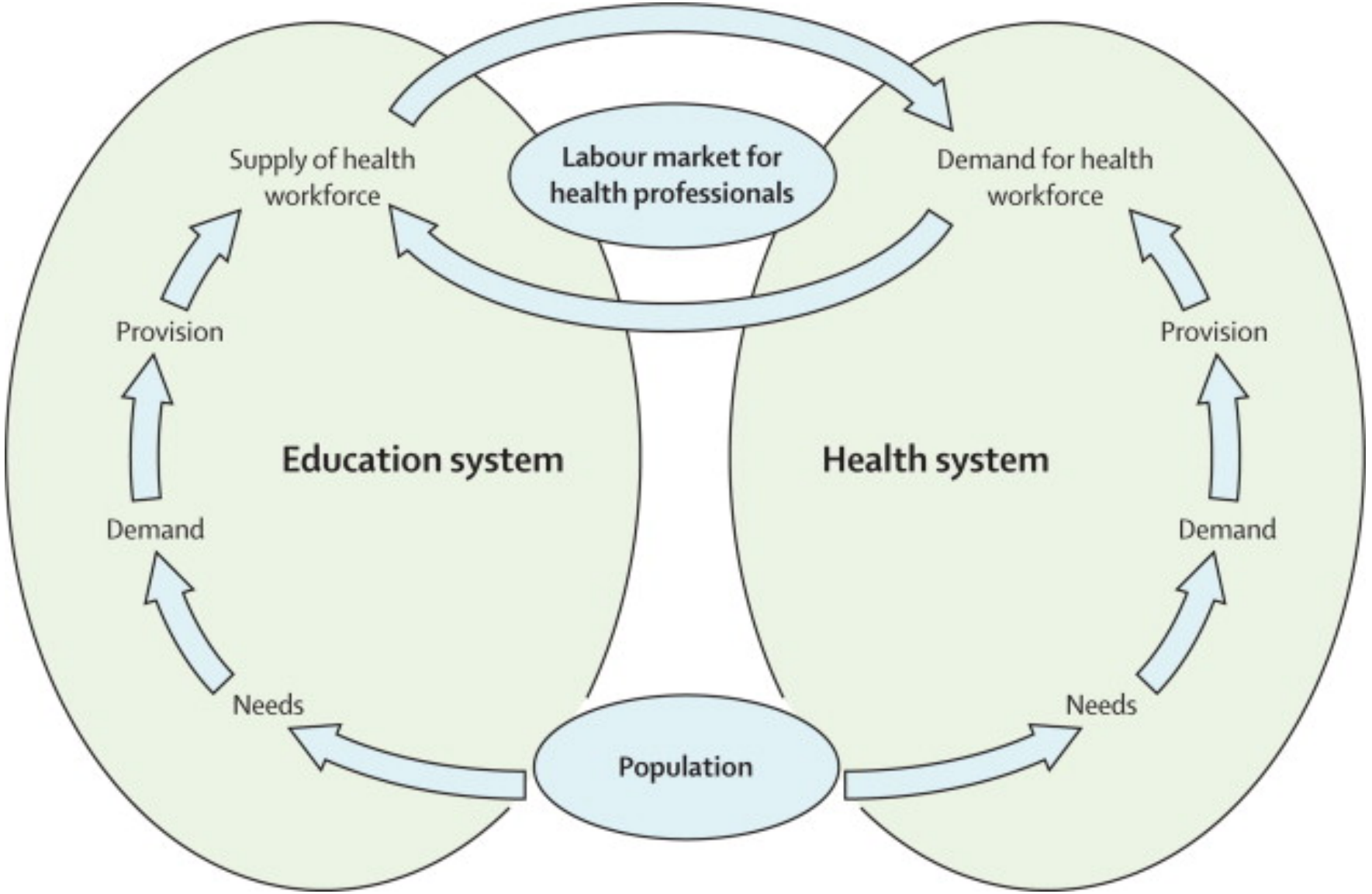


The Fourth Perspective

A story


Men
70 NEW
STYLES

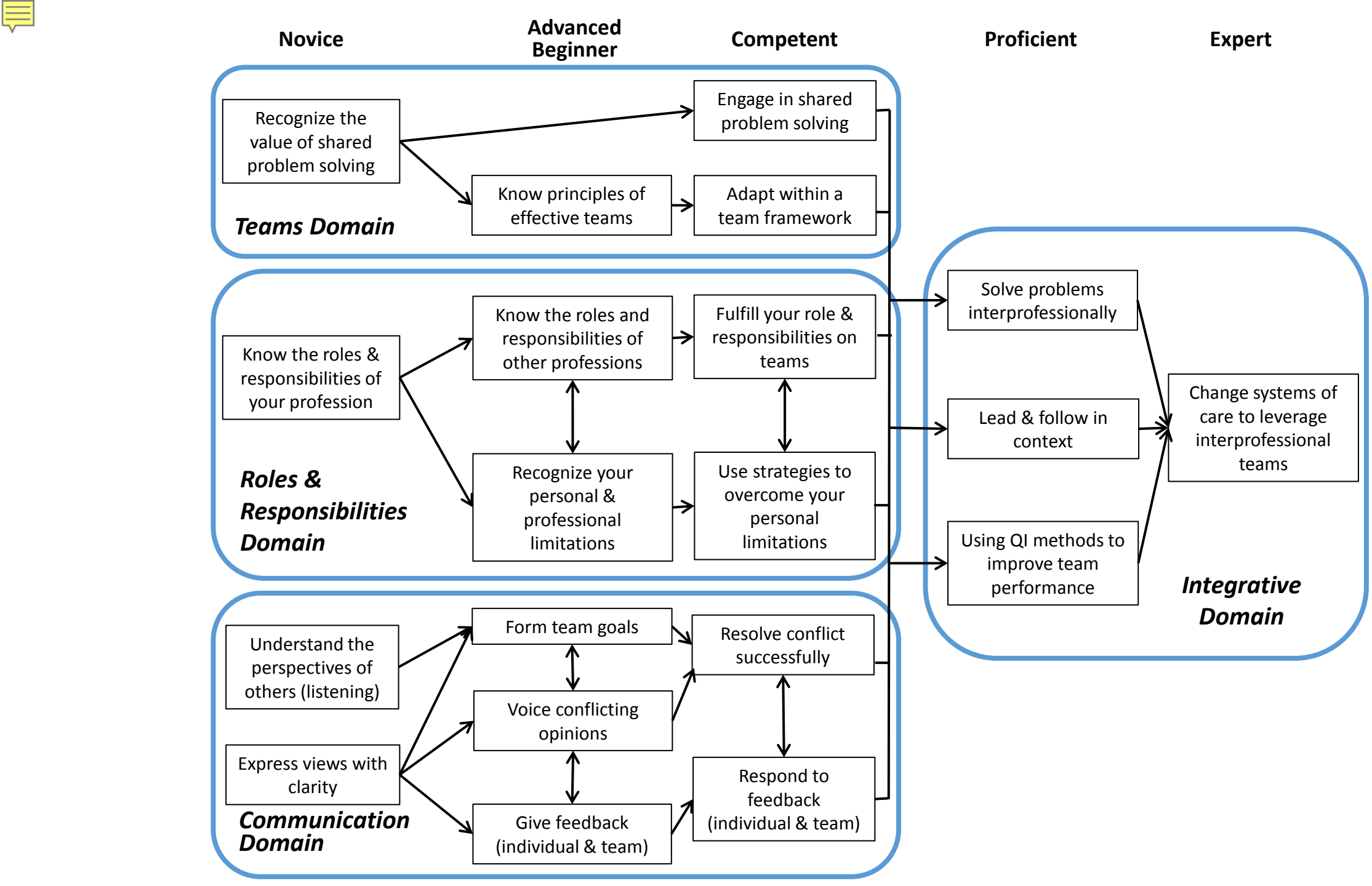

VAN INFO SHEET
CALL: 866-386-8331
AMBULATORY CARE CENTER
417 North 11th STREET
RICHMOND, VA 23298
804-828-9000
HAYES E. WILLIS CLINIC
4730 E. SMITHSIDE PLAZA
RICHMOND, VA 23224
804-230-7777
MEDICAID #: 7621055
November 2015



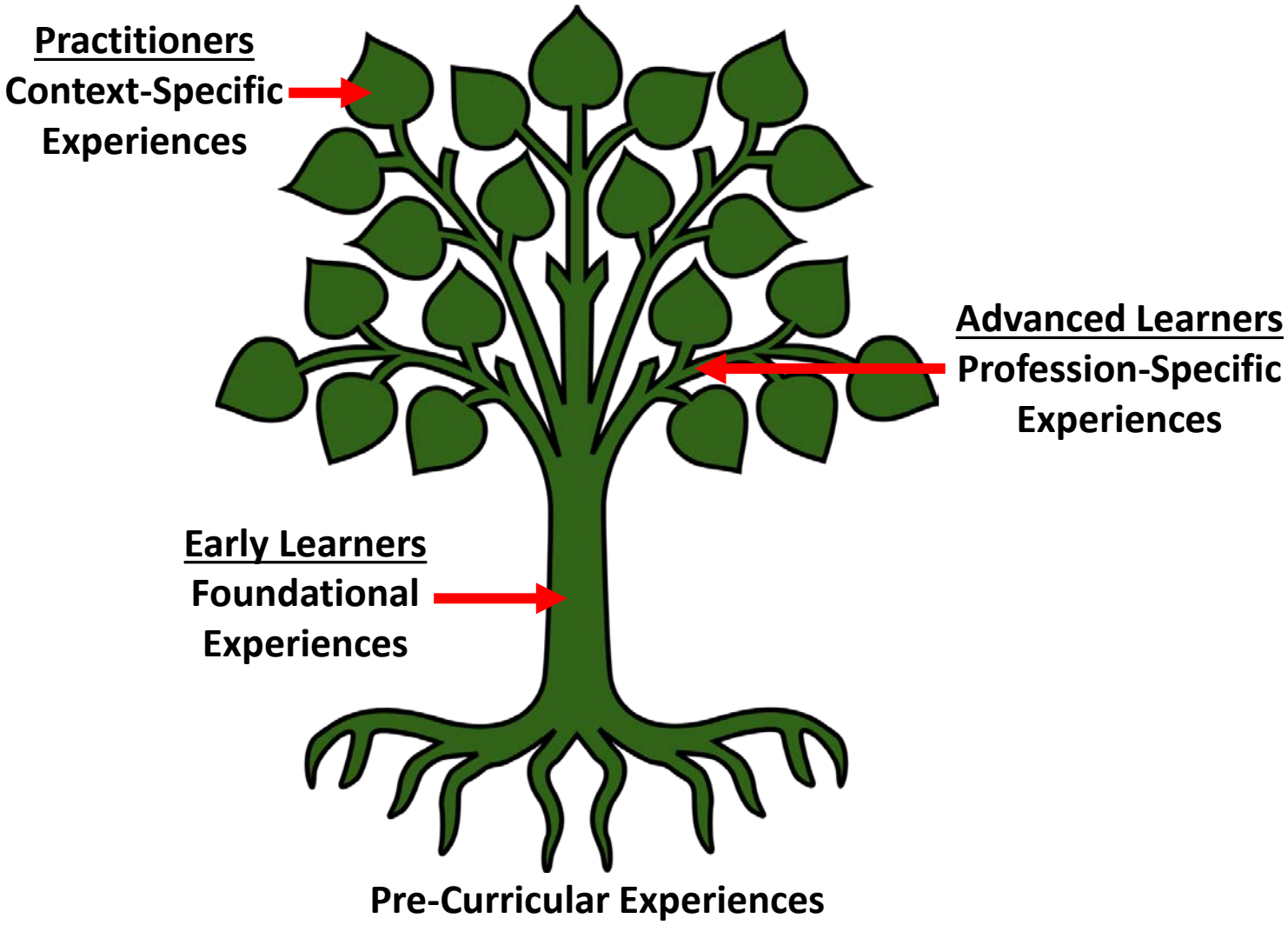
Frenk et al. Lancet. 2010.

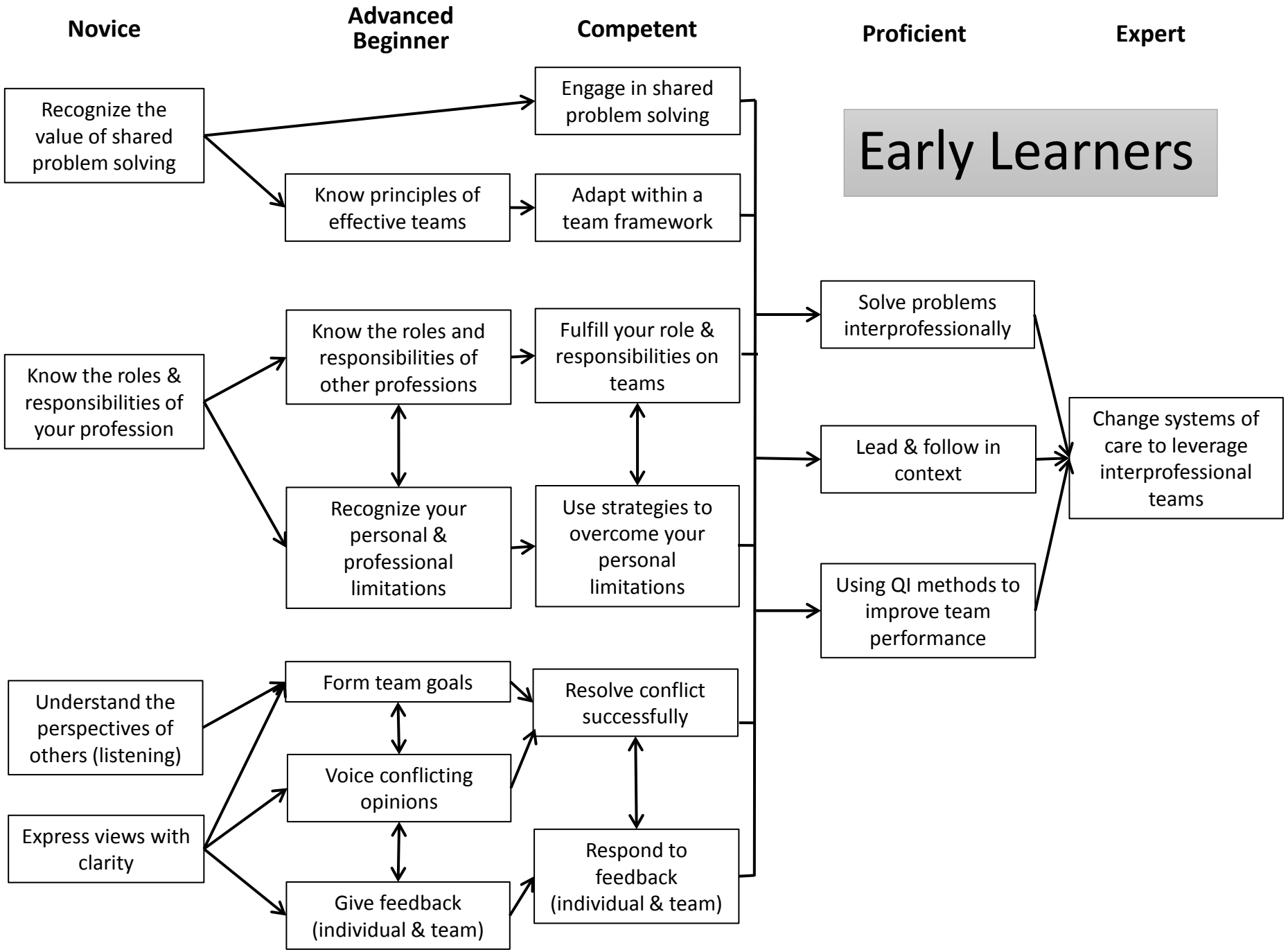
Professional Expertise

Collaborative Expertise


Novice
Advanced Beginner
Competent
Proficient
Expert
Recognize the value of shared problem solving
Engage in shared problem solving
Know principles of effective teams
Adapt within a team framework
Teams Domain
Know the roles & responsibilities of your profession
Know the roles and responsibilities of other professions
Fulfill your role & responsibilities on teams
Recognize your personal & professional limitations
Use strategies to overcome your personal limitations
Roles & Responsibilities Domain
Understand the perspectives of others (listening)
Express views with clarity
Form team goals
Voice conflicting opinions
Give feedback (individual & team)
Resolve conflict successfully
Respond to feedback (individual & team)
Communication Domain
Solve problems interprofessionally
Lead & follow in context
Using QI methods to improve team performance
Change systems of care to leverage interprofessional teams
Integrative Domain

Conceptual Framework

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Foundational IP Experience

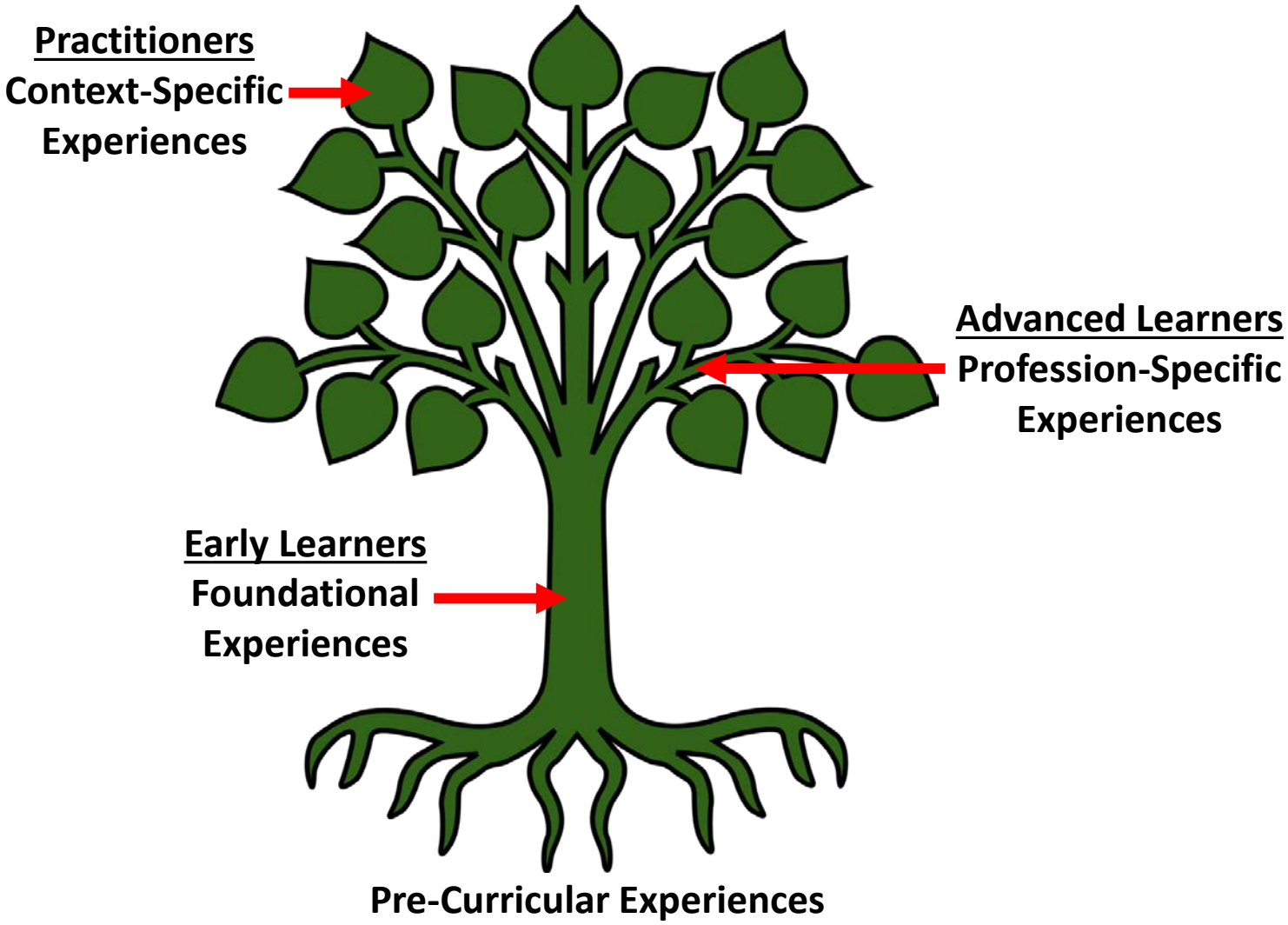
<u>Interprofessional Case Series</u>

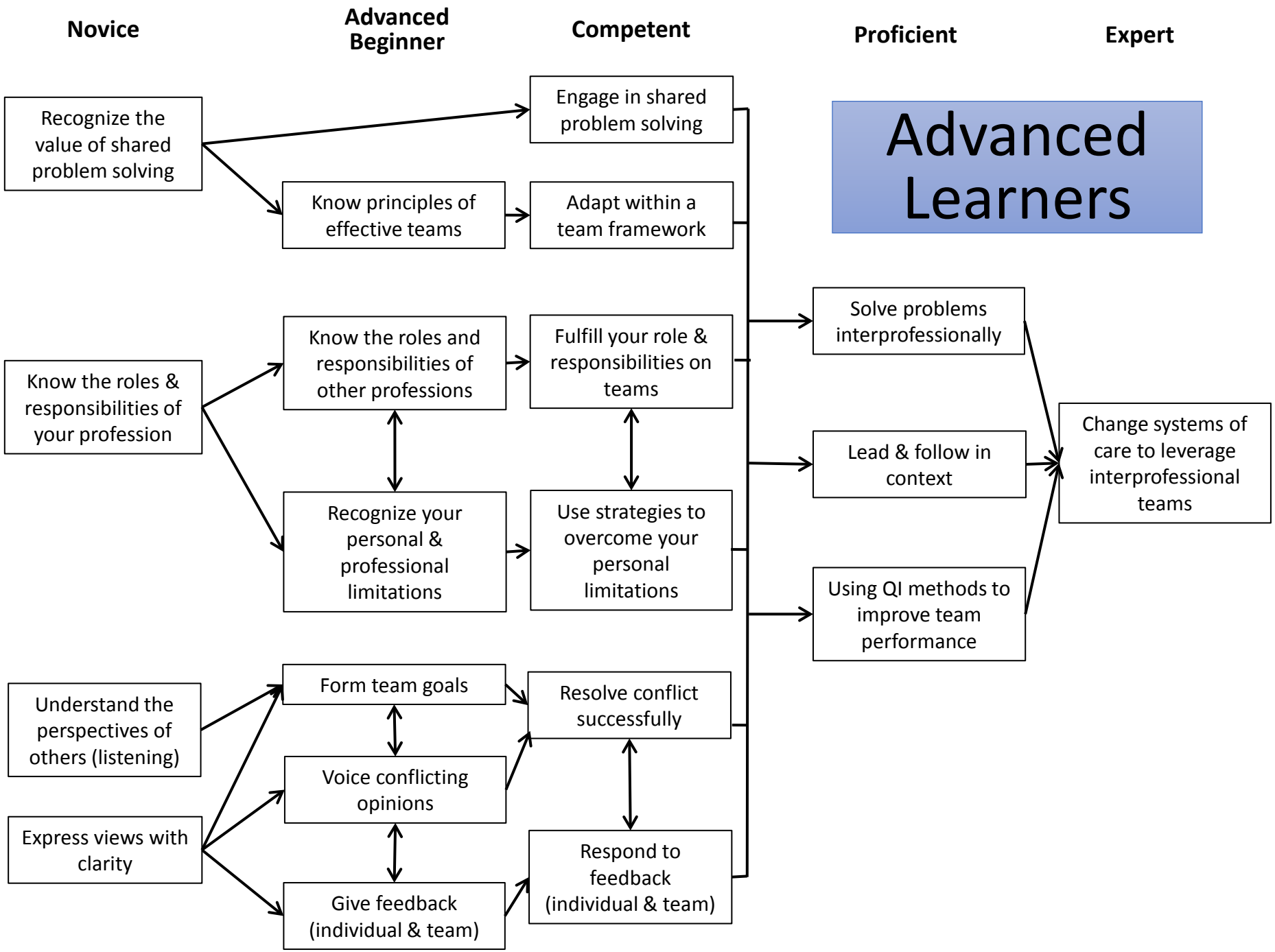
- ~550 students
- Classroom-based
- Pericurricular sessions
  → full 1-credit course

<u>Foundations of Quality and Safety</u>

- ~500 students
- Classroom-based
- Full 1-credit course

Conceptual Framework

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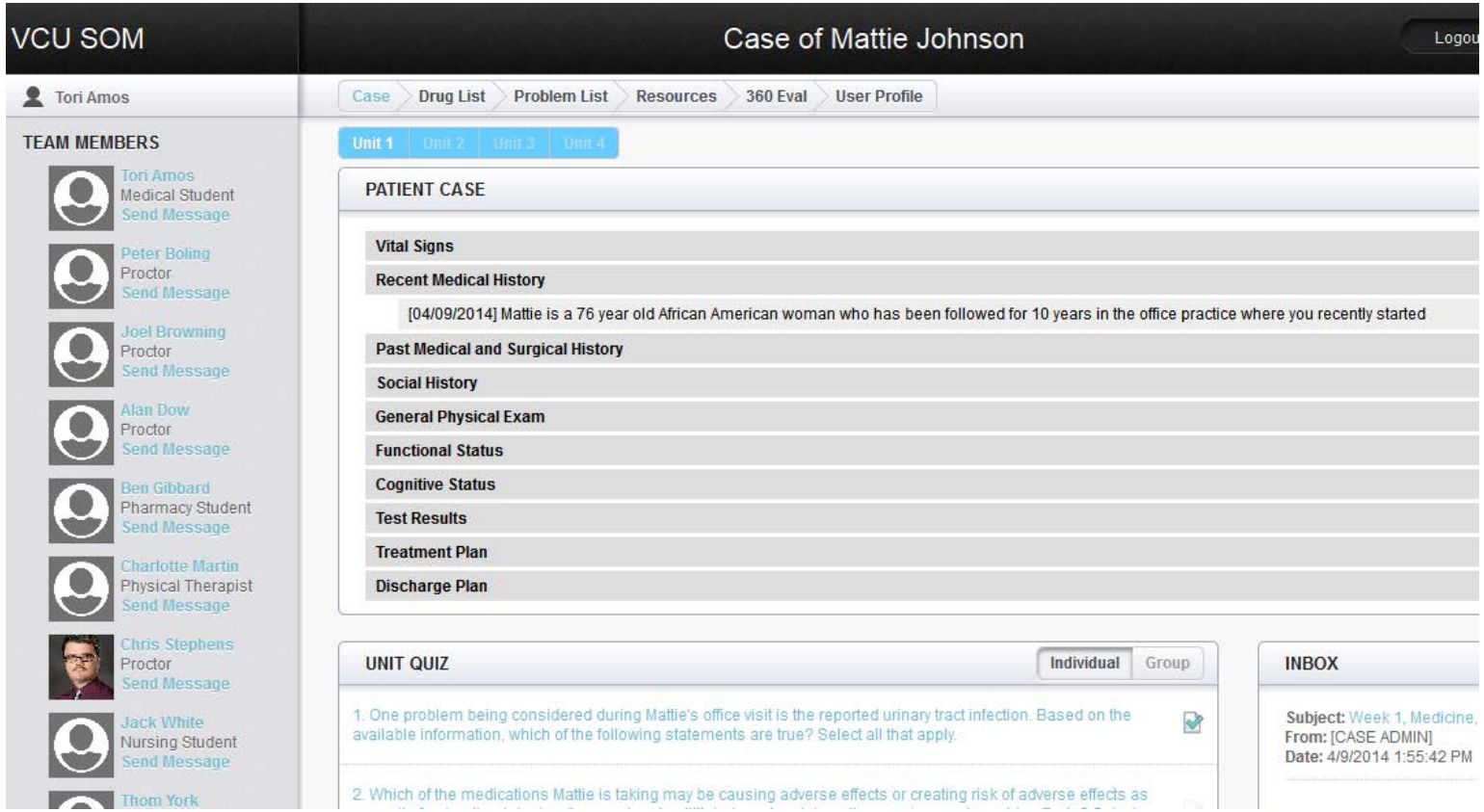
Profession-Specific Experiences: Simulations

<u>Interprofessional Critical Care Simulations</u>

- All BSN4s and M4s (320 students)
- Three two-hour sessions around simulators: how do you manage a patient with an acute clinical deterioration?
- Critical care and interprofessional learning objectives

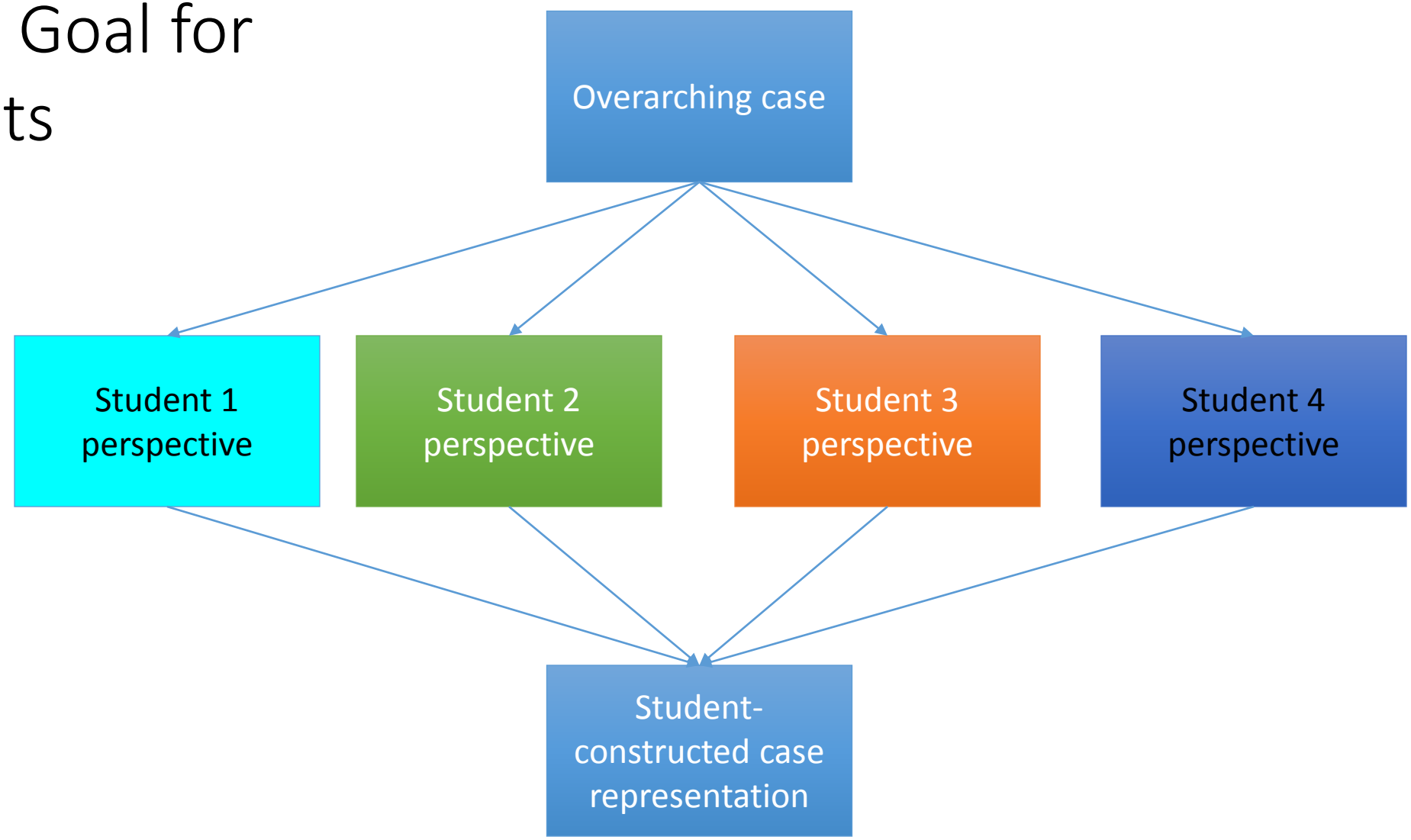
Profession-Specific Experiences: Interprofessional Virtual Case

- Homegrown case system for asynchronous collaboration
- ~600 participants annually from medicine, nursing, pharmacy, social work



Dow et al. Acad Med. 2016.

Overall Goal for Students



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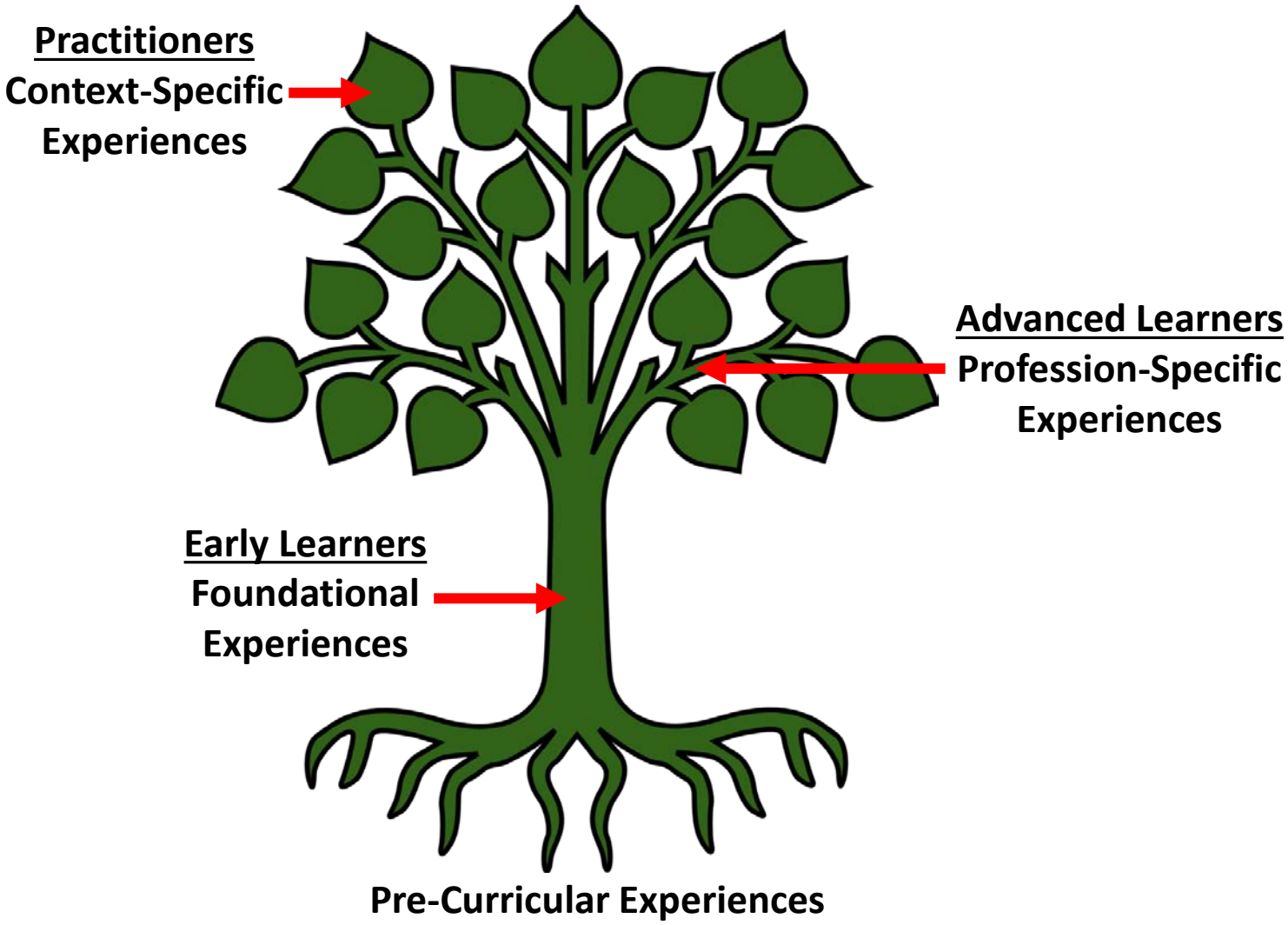

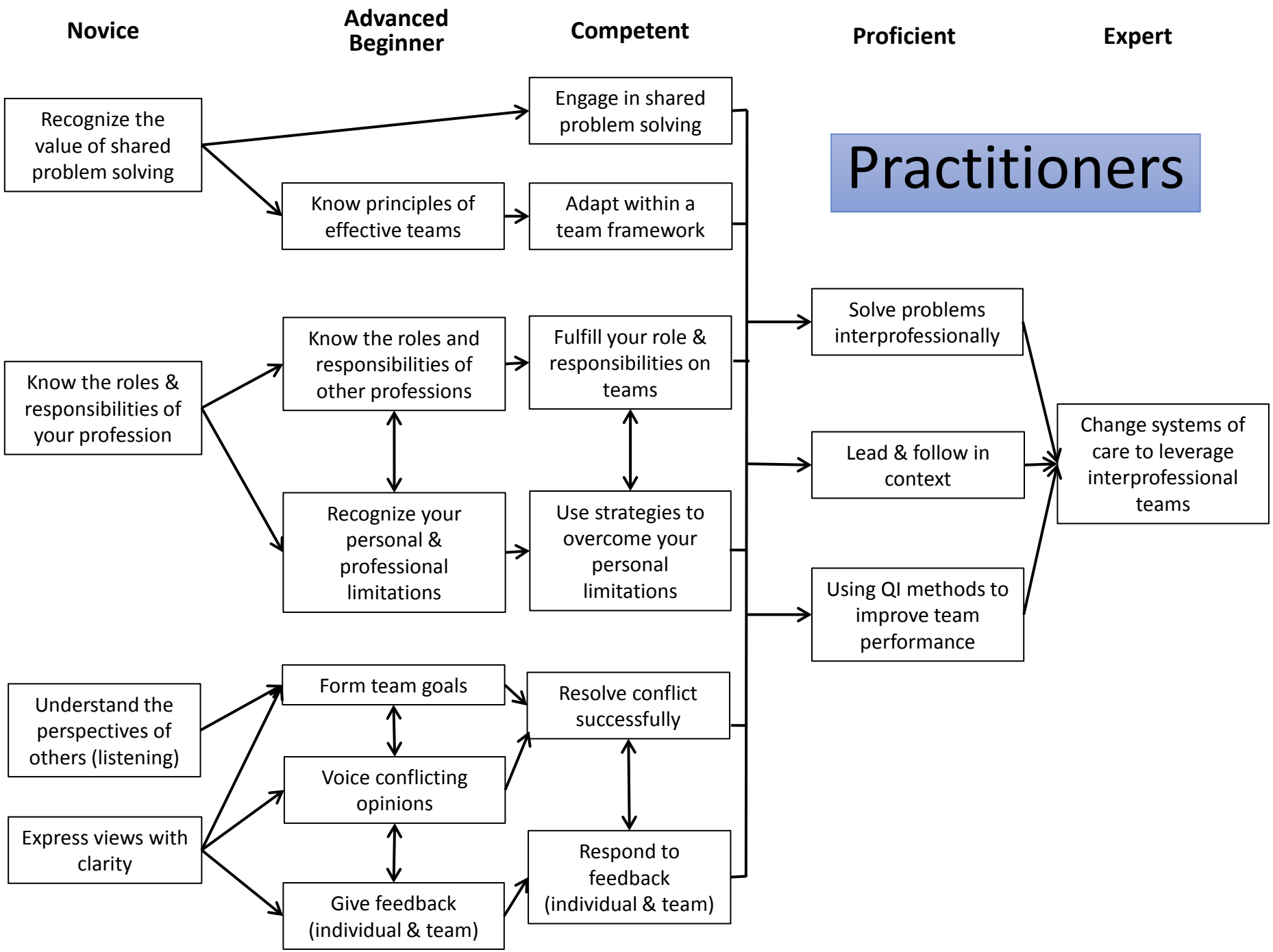
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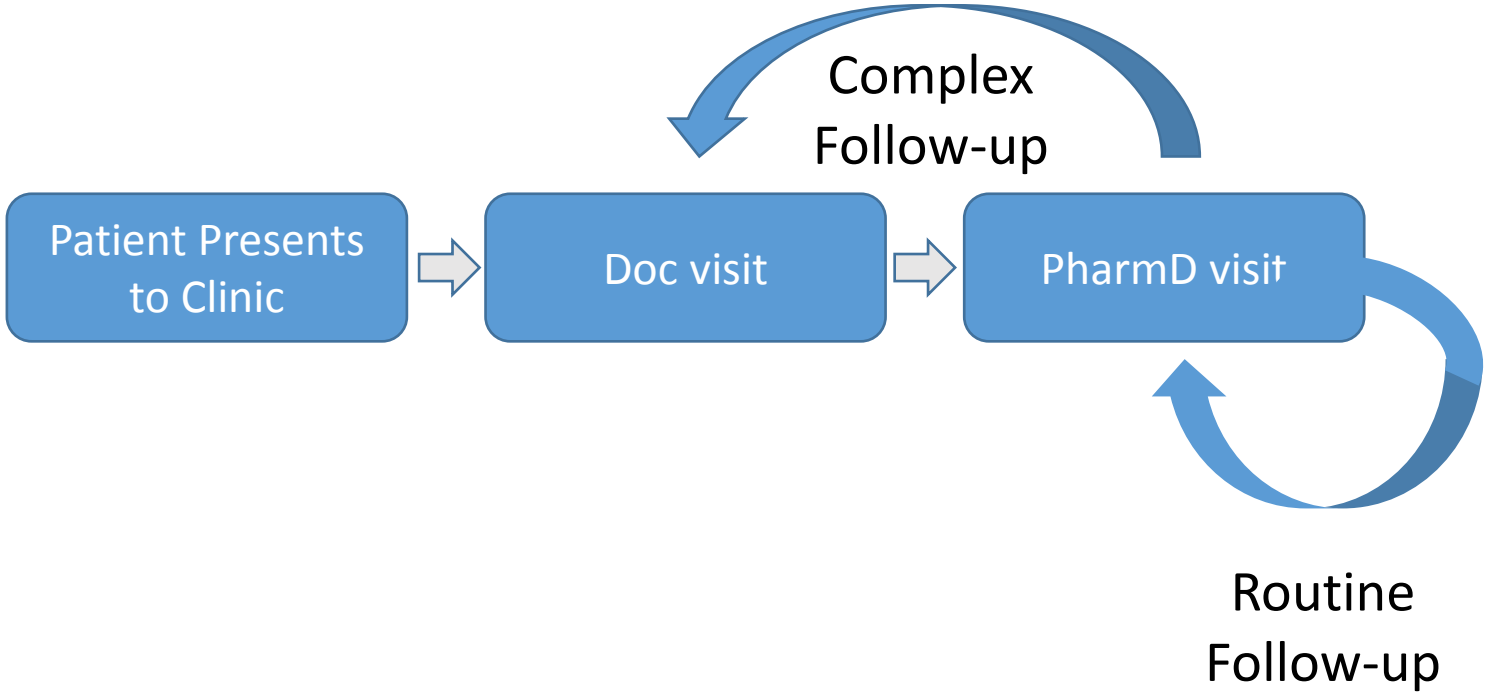
Context-Specific Experiences

<u>Richmond Health and Wellness Program</u>

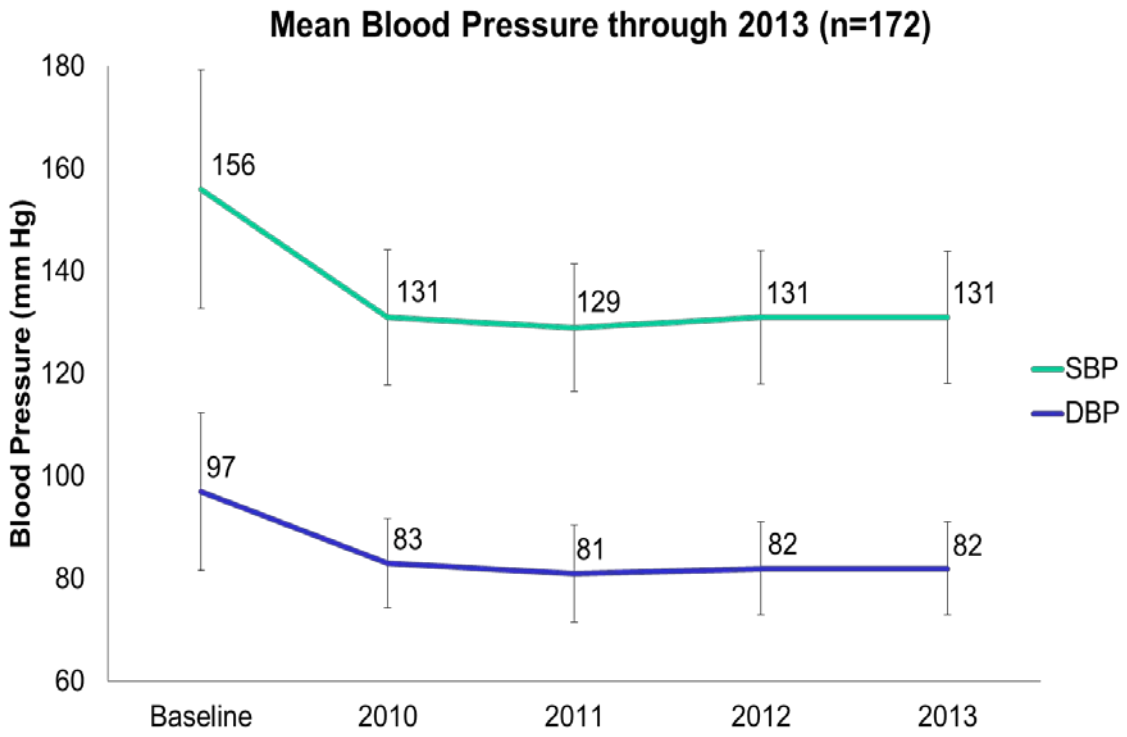
- Community-focused care coordination in an indigent setting
- “Hotspotting”
- Nursing, Pharmacy, Social Work, Medicine, Psychology
- HRSA-funded
- Patient and student impact

Context Specific Experience: Center for High Blood Pressure



Mean Number of Visits between 2010 and 2013		
	Patients with Stage 2 Hypertension (n=84)	**All Other Patients (n=94)**
PharmD (Range)	7.51 (1-20)	7.04 (0-23)
Physician (Range)	1.19 (0-5)	1.05 (0-3)

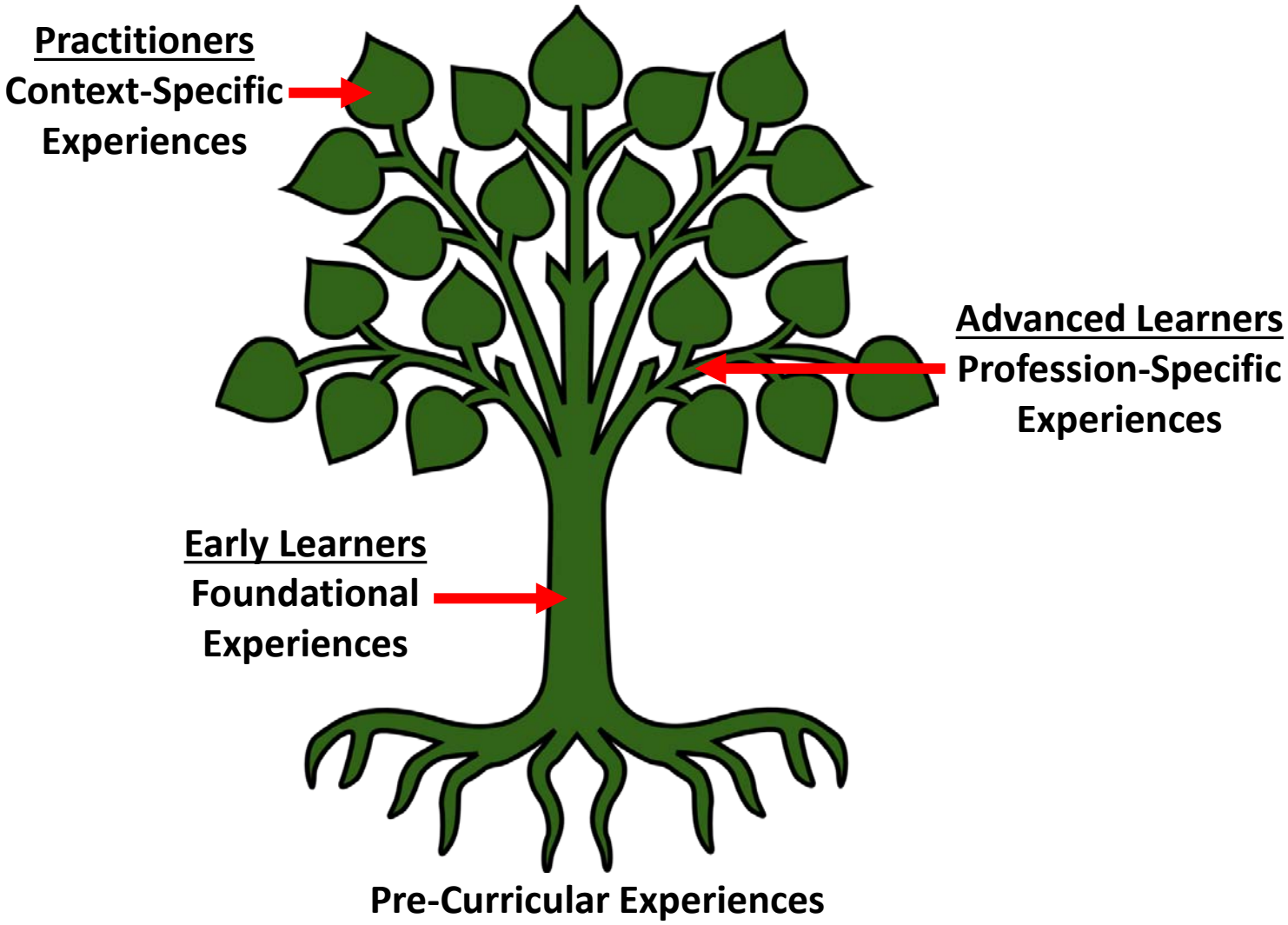
A Medium Complexity Innovation: Richmond High Blood Pressure Center model



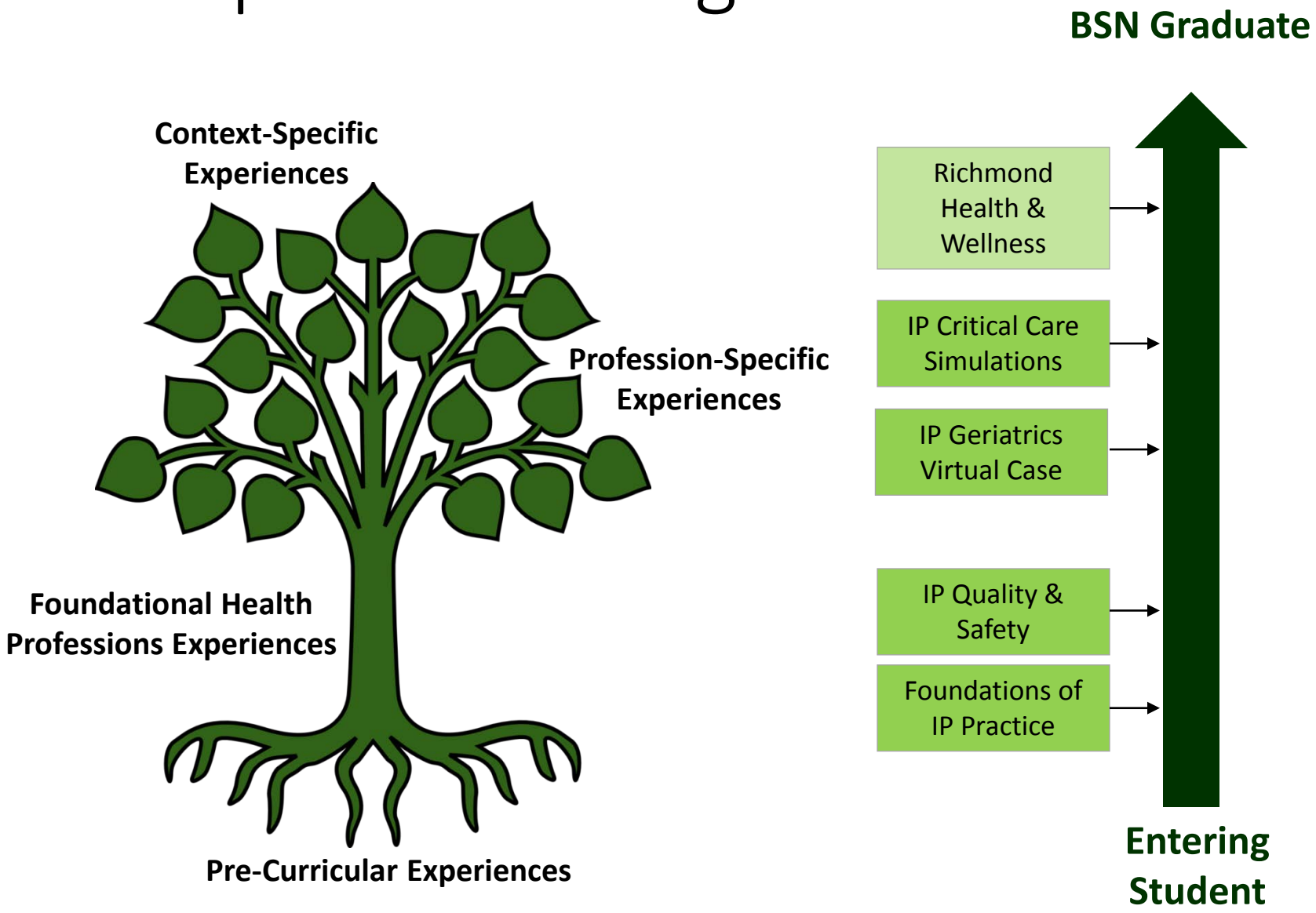
	Center for High Blood Pressure (2010-2013)	General Population	Non-Hispanic Blacks	Uninsured Population
% Patients with BP <140/90				29.8

[1] Heart Disease and Stroke Statistics – 2015 Update. *Circulation*. 2015;131:e29-e322
[2] Haves and Have-Nots: Gaps Widen in Control of BP Among Insured and Uninsured. *Medscape*. Available at: http://www.medscape.com/viewarticle/825367. Accessed May 20, 2014.

Conceptual Framework



Example in Nursing



Conclusions

- Tremendous challenges ahead
- Tremendous opportunities ahead
  - Better health
  - Lower cost
  - Happier patients
  - Happier practitioners
- Key tenets of success:
  - Collaboration
  - Leadership
  - Community Engagement


Questions and Discussion
alan.dow@vcuhealth.org