Interprofessional Team Structure and Collaboration in a Rural Nursing-Led Clinic

Erik W. Black, PhD, MPH
Associate Director, Office of Interprofessional Education – UF Health
Associate Professor of Pediatrics and Education, College of Medicine

Amy V. Blue, PhD
Associate Vice President for Interprofessional Education – UF Health
Professor and Associate Dean for Educational Affair, College of Public Health and Health Professions

UFHealth
UNIVERSITY OF FLORIDA HEALTH

Disclosures

Take Home Messages

- Interprofessional collaboration can promote a more engaged, dynamic and fulfilling workplace.

- Diverse professionals can provide critical insight into many aspects of patient care.

- Transformation takes time, effort and empowerment.

Definitions

"Interprofessional education occurs when two or more professions learn **about, from and with** each other to improve collaboration and the quality of care." (WHO 2010)

"Interprofessional practice happens when multiple health workers from different professional backgrounds work together with patients, families and communities to deliver the highest quality of care." (WHO 2010)
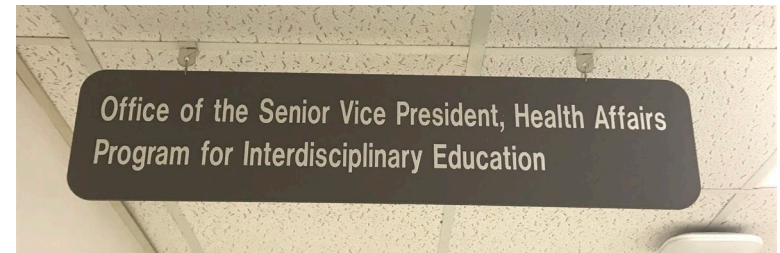
Terminology (has evolved)

"Interdisciplinary"

Internist, cardiologist, cardiovascular surgeon, etc.

VS

"Interprofessional"

Cardiologist, pharmacist, physician assistant, occupational therapist, etc.

Office of the Senior Vice President, Health Affairs
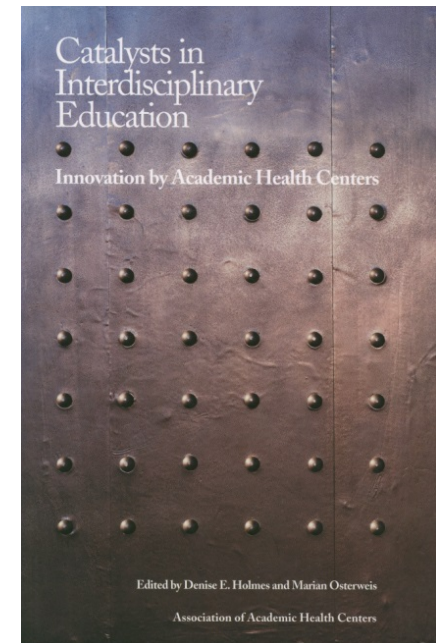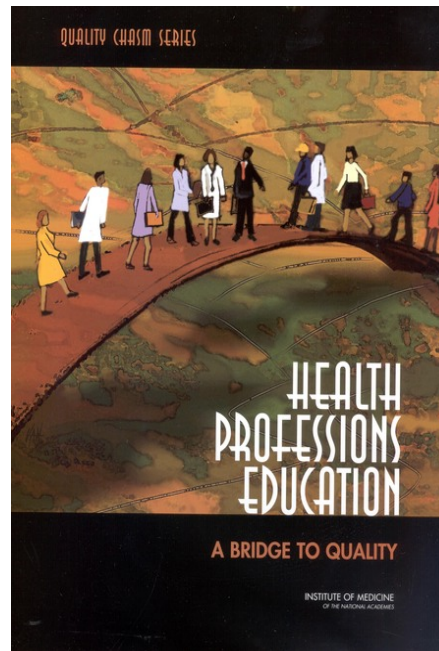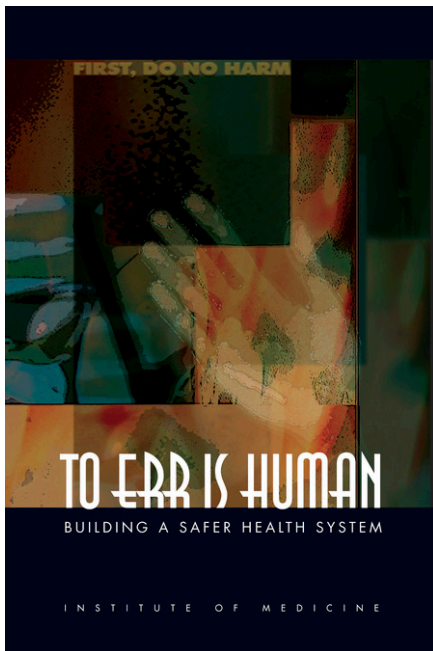Program for Interdisciplinary Education

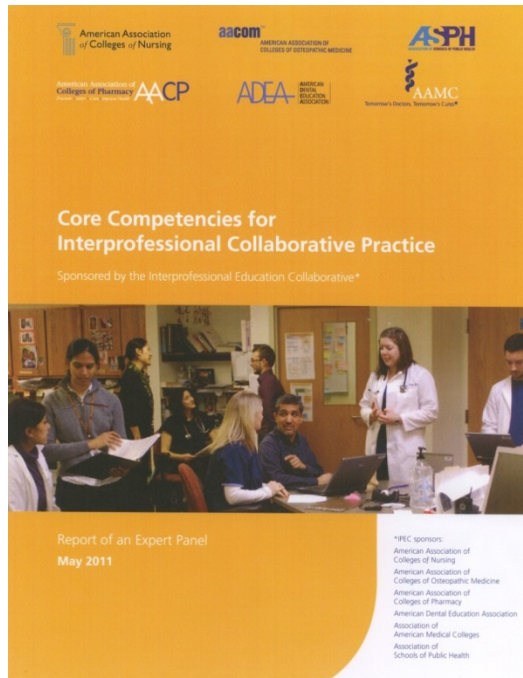The sign outside our office suite is in need of an update

IPE Is Not New

IOM 1972 Report: Educating for the Health Team
"How should we educate students of health professions in order that they might work in teams."

IPE Core Competencies

May 2011
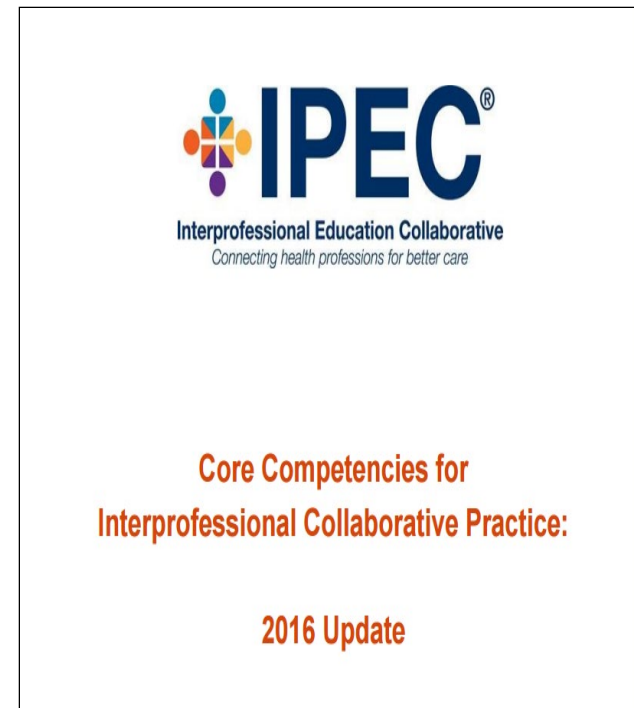
July 2016

Competency Domains

|	
Competency Domain 1:	**Values/Ethics for Interprofessional Practice**
Competency Domain 2:	**Roles/Responsibilities**
Competency Domain 3:	**Interprofessional Communication**
Competency Domain 4:	**Teams and Teamwork**

Many Professions Involved…..

In addition to the initial 6 IPEC professions, more than 60 other professions have participated on Institute teams, including:

- Allied Health
- Architecture
- Athletic Training, Sports Studies, and Exercise Science
- Basic Science, Genetics, Microbiology
- Behavioral and Community Health
- Chiropractic Care
- Communication Science and Disorders
- Curriculum Evaluation and Education Research
- Dental Hygiene
- Education Administration and Leadership
- Global Health
- Health and Environmental Sciences
- Health Services Administration and Research
- Law
- Library Science
- Nurse Anesthesia
- Nursing and Law
- Nutrition and Dietetics
- Occupational Therapy
- Optometry
- Palliative Care
- Physical Therapy
- Physician Assistant
- Psychology
- Radiologic Sciences
- Rehabilitation Services
- Respiratory Therapy
- Social Work
- Speech-Language Pathology
- Veterinary Medicine

IPE in Accreditation Standards

- Accreditation Council for Pharmacy Education
- Accreditation Council for Occupational Therapy Education
- Accreditation Review Commission on Education for the Physician Assistant
- Commission on Collegiate Nursing Education
- Council on Dental Accreditation
- Liaison Committee on Medical Education
- Others…..

Evolution in Thinking about Health, Healthcare and Health Professionals
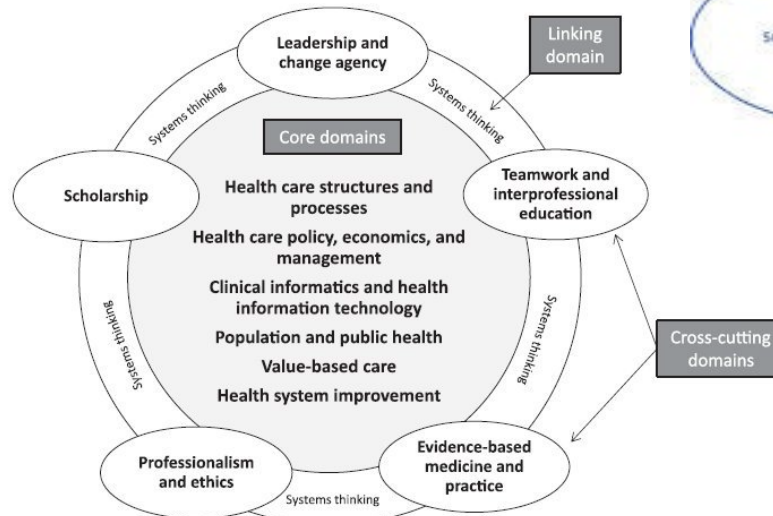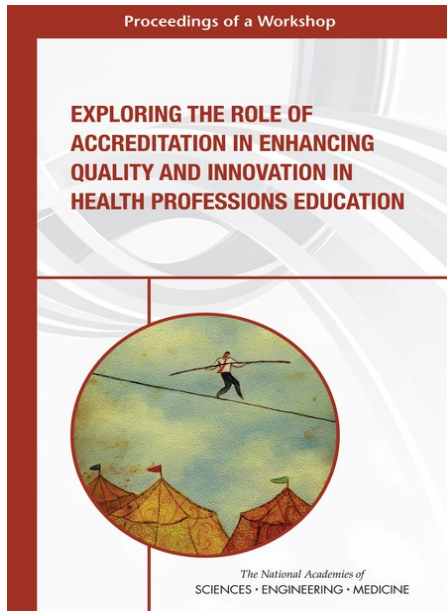
(Adult) Learning Theory

- Need to know reason for learning and should have relevance.
- Learn best when based on experience (including errors).
- Learn through practice, application, problem-solving.
- Learning is a socio-cognitive process.
- <u>We can't know everything.</u>

Learning can be Transformative

- Learning changes how we **see ourselves, others and the world**

- Learning from experience, critical reflection, and personal development

- New roles and ways of acting
  - Disorienting dilemmas
  - Long-held beliefs are challenged and re-examined
  - Integrate new thoughts

Iterative Processes
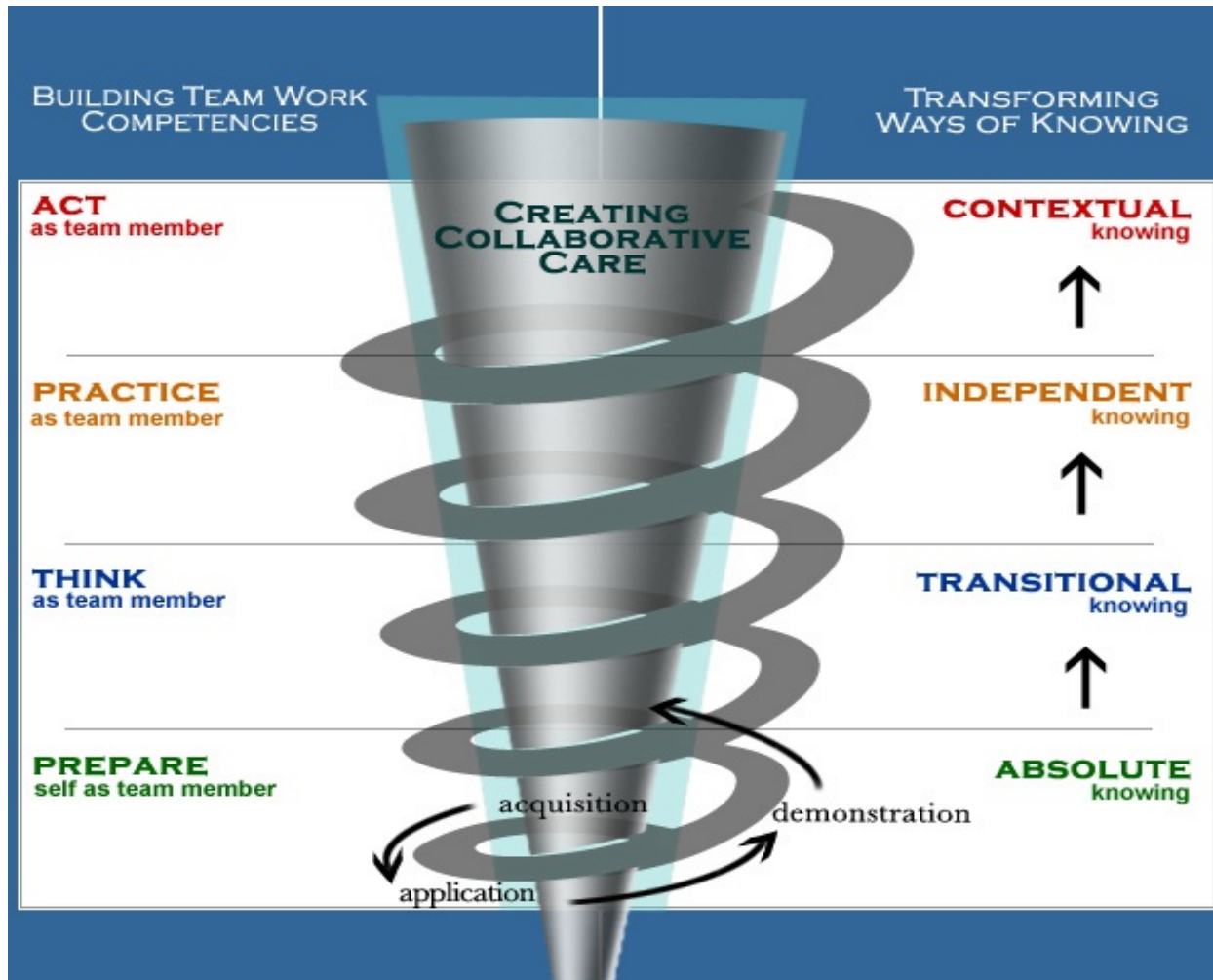
Archer Family Healthcare
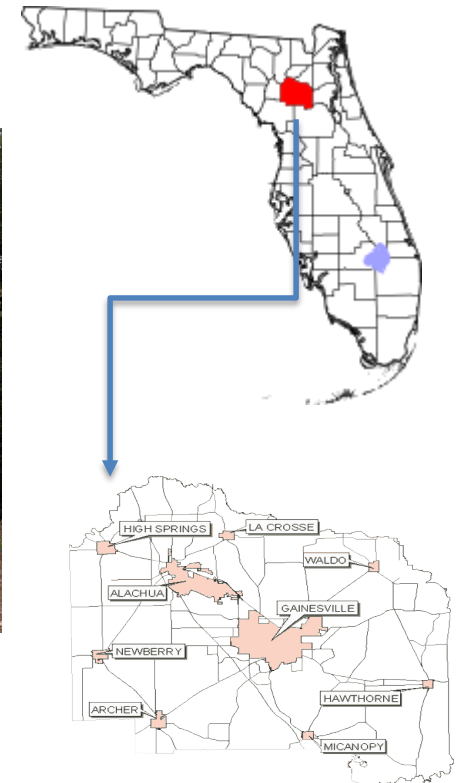
Rural PHCM: adult, peds, psych and women's healthcare since 2001.

- DNP/ARNPs, RNs, LPNs, LCSW, professional office staff, consulting MD.
- Insured/Sliding scale fees
- 60% patients <2x FPL, 50% uninsured

Archer: ~15 miles from UF-GNV.

- 1200 residents
- 20% of residents < FPL
- Issues of under/unemployment, access to transportation, access to Rx, access to healthy food sources

2015 HRSA Grant to Transform Practice

1. Established a robust care coordination infrastructure for complex patients (T2DM, COPD, MDD).

2. Expanded practice to include additional MBH resources

3. Initiated team training and workplace transformation

    1. QI-based approach
    2. Needs assessment and revision of work roles
    3. TeamSTEPPS as foundation

Critical Insights from External Needs Assessment

1. Role confusion

2. Lack of autonomy (professional staff)

3. Parallel team structures

4. Disparate visions

TEAMWORK
THE LAUGHABLE IDEA THAT EVERYONE HAS THE SAME GOAL.

Interventions

1. 60min bi-weekly collaborative care conference (50% care – 50% team).
    - Each conference explored an aspect of teams, teamwork and transformation.
    - Prioritized by assessment and expressed needs
2. Process mapping and redesign
3. Voluntary changes to workforce (MD, Data Manager)

Evaluative Methods

Patient-Level Assessments:

1. HbA_{1C}
2. Patient Health Questionnaire 9 (PHQ-9)
3. COPD Assessment Test
4. Patient Reported Outcomes Measures Information System (PROMIS-29)

Teamwork Assessments:

1. TeamSTEPPS Team Perceptions Questionnaire (T-TPQ)
2. Collaborative Practice Assessment Tool (CPAT)
3. Team Compositive Questionnaire (TC)

Starting Points

1. Breaking the ice…establishing/reinforcing culture of psychological safety

2. Understanding roles and responsibilities: theoretical and actual

3. Define short-term wins: Flu vaccination rates

4. Redefining roles and responsibilities based upon new understandings

5. Working through areas of conflict to discern new approaches to concerns:
   - i.   Financial counselor as final point of clinical contact
   - ii.   The art of polite disengagement
   - iii. Critical incident response

Collaborative Care Conferences

1. Mandatory attendance for all team members, clinical and non-clinical

2. 50% focus on patients, 50% focus on team

3. Flexible curriculum based upon real-time feedback
    1. Roles/Team structures
    2. Communication
    3. Leadership
    4. Situational monitoring
    5. Mutual support
    6. Flexible curriculum based upon real-time feedback

4. When needs/incidents arose, they were addressed immediately

Patient Discussions

Typical format:
- Two patients per conference, presented by DNP/ARNP.
- DNP/ARNP described priorities and challenges from his/her perspective.
- Team provided insight and information based upon their understandings.

Learnings:
- Non-clinical staff were frequently more knowledgeable about SDOH related information that impacted patient health/welfare.
- Non-clinical staff instrumental in identifying patients with food insecurity, financial issues and transportation issues.
- Non-clinical staff frequently offered unique interventions to address patient-related issues: helped to facilitate home visits, identify community resources.
- Dramatic change in culture.

Outcomes

Teamwork Related
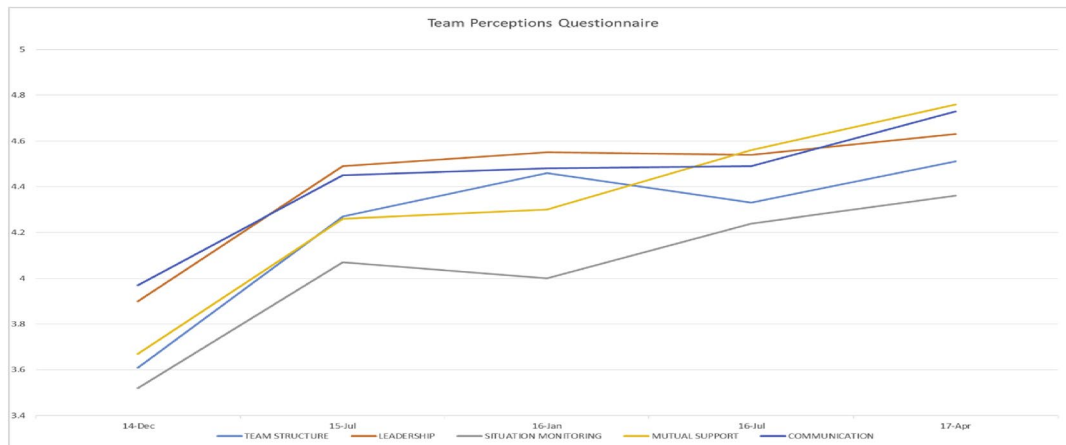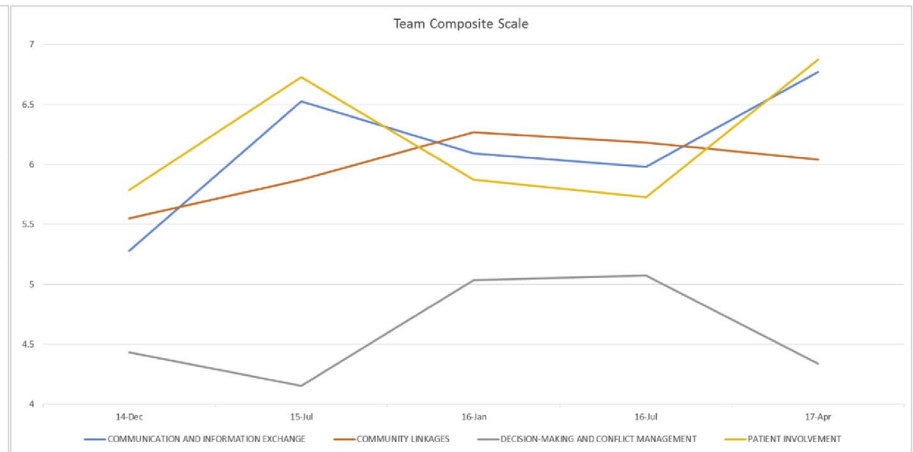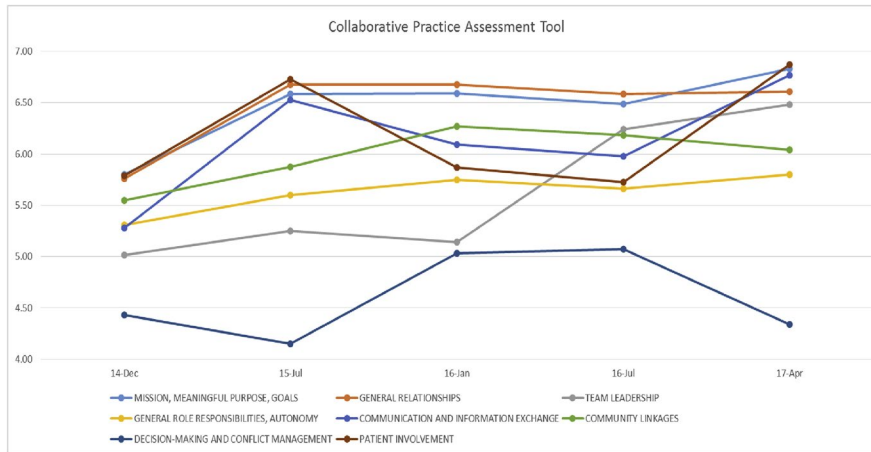
Outcomes

Collaborative Care Cohort (n=60)

- HbA_{1c}: 52% (n=26) $\geq$ 1% reduction (pre-post).

- 57.16% of those individuals maintained < 7% for 1+ years.

- 50% of patients with MDD diagnoses experienced reduction in severity.

- COPD: 40% (n=4) $\geq$ 2 point reduction in COPD symptoms

- PROMIS 29: + sleep, social engagement; - fatigue, depression, anxiety

- Preventive services (Flu, routine vaccination, mammography, colonoscopy): documentation of adherence or documented declination of service: 43% $\rightarrow$ 93% (across all active patients).

Lessons Learned

- It takes a village.

- It takes time.

- Conflict happens. It must be addressed.

- Cultural change is challenging, some may not be on board.

- An empowered workplace is a happy workplace.

- Everyone is responsible for the patient.

References

1) WHO Framework for Action (Feb. 2010): http://www.who.int/hrh/resources/framework_action/en/

2) Interprofessional Education Collaborative Expert Panel. (2011) and 2016. *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington D.C.: Interprofessional Education Collaborative.

3) National Academies of Sciences, Engineering, and Medicine. 2016. *A framework for educating health professionals to address the social determinants of health.* Washington, DC: The National Academies Press.

4) National Academies of Sciences, Engineering, and Medicine. 2017. *Exploring the Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education: Proceedings of a Workshop.* Washington, DC: The National Academies Press. https://doi.org/10.17226/23636.

5) Hall PD, Zoller JS, West VT, Lancaster CJ, Blue AV. A Novel Approach to Interprofessional Education: Interprofessional Day, the Four-Year Experience at the Medical University of South Carolina. Journal of Research in Interprofessional Practice and Education. 2011;2.1:49-62.

6) Johnson, A.W., Potthoff, S.J., Carranza, L., Swenson, H.M., Platt, C.R., & Rathbun, J.R. (2006). CLARION: a novel interprofessional approach to health care education. *Academic Medicine, 81*(3), 252-6.

7) Blue AV, Charles L, Howell D, Koutalos Y, Mitcham M, Nappi J, Zoller J. Introducing Students to Patient Safety Through an Online Interprofessional Course. Advances in Medical Education and Practice. 2010; 1:107-114. Available from: http://www.dovepress.com/introducing-students-to-patient-safety-through-an-online-interprofessi-peer-reviewed-article-AMEP

8) Perri MG, Peoples-Sheps M, **Blue A**, Lednicky JA, Prins, C. Public Health Education at the University of Florida: Synergism and Educational Innovation. American Journal of Public Health. 2015; 105:S83-S87.

9) Davidson RA, Waddell R. A historical overview of interdisciplinary family health: a community-based interprofessional health professions course. Acad Med 2005;80(4):334-338.

10) Ragucci KR, Steyer T, Wager KA, West VT, Zoller JS. The Presidential Scholars Program at the Medical University of South Carolina: An extracurricular approach to interprofessional education. J Inter Prof Care 2009;1-14.