Aligning Interprofessional Education with Healthcare Transformation

Implications for Nursing

Barbara F. Brandt, PhD, Director
Associate Vice President for Education

National Advisory Council on Nurse Education and Practice
July 29, 2015
National Center for Interprofessional Practice and Education: Vision

We believe high-functioning teams can improve the experience, outcomes and costs of health care.

The National Center for Interprofessional Practice and Education is advancing the way stakeholders in health work and learn together.

National Center Funders:
Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067
Robert Wood Johnson Foundation (RWJF)
Gordon and Betty Moore Foundation
Josiah Macy Jr. Foundation
Key Considerations for Nursing (and all professions)

Reframing workforce thinking away from how many of X health professionals (nurses) to *what is needed to transform health care*

Exploring new models of care for workforce development

Incorporating all stakeholders in health on the “team”

Thinking and acting differently at the “Nexus”: aligning higher education and transforming health care
Our Vision for Health

Transformed Health System: Our Vision

- Improving quality of experience for people, families, communities and learners
- Sharing responsibility for achieving health outcomes and improving education
- Reducing cost and adding value in health care delivery and education
National Center’s Aspirational Elements of the “Nexus” - 2012

- integrate clinical practice and education in new ways,
- partner with patients, families, and communities,
- strive to achieve the Triple Aim in both health care and education (cost, quality, and populations),
- incorporate students and residents into the interprofessional team in meaningful ways,
- create a shared resource model to achieve goals, and
- encourage leadership in all aspect of the partnership.
Building the Workforce for New Models of Care

Learner Pipeline

How do we prepare the next generation of health professionals for a transformed health care system while improving experience and decreasing costs?

Health Workforce for New Models of Care

How do we create a health workforce in the right locations, specialties and practice settings that has the skills and competencies needed to meet the demands of a transformed health care system while preventing burnout?

Patients, Families & Communities

How do we improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care simultaneously?
What Are the Key Characteristics of “New” Models of Care?

• Goal: provide patients with more comprehensive, accessible, coordinated and high quality care at lower costs
• Emphasis on primary, preventive and “upstream” care
• Care is integrated between:
  – primary care, medical sub-specialties, home health agencies and nursing homes
  – health care and public health systems and community-based social services
• EHRs used to monitor patient and population health—increased use of data for risk-stratification and hot spotting
• Interventions focused at both patient- and population-level
• Move toward “risk-based” and “value-based” payment models
What will be the impact on workforce of Secretary Burwell’s announcement on value-based payment goals?

Principles:

Incentives to motivate higher value care

Alternative payment models

Greater teamwork and integration

More effective coordination of providers across settings

Greater attention to population health

Harness the power of information to improve care for patients
Lesson from the Nursing “Shortage”

Why?
Nursing schools responded to previous projections and significantly increased enrollments

Key Findings
After predicting a shortage a decade ago, HRSA now forecasts that nationally RN supply will outpace demand between 2012 and 2025.

Meet Amina:  www.nexusiipe.org/Amina
Institute of Medicine: Measuring the Impact of IPE on Collaborative Practice and Patient Outcomes
PCPCC’s Report on Interprofessional Training
Download at pcpcc.org and nexusipe.org

PROGRESS AND PROMISE:
Profiles in Interprofessional Health Training to Deliver Patient-Centered Primary Care

National Center Insert:
Interprofessional Education:
“Thinking and Acting Differently”
PCMH Workforce Development Models
Refined Definition of the Nexus

“Clinical practices in transforming systems that partner with health professions education programs

think and act differently

learning organizations that support continuous professional development

while educating the next generation of health professionals”
Characteristics of the Nexus

Sharing a vision

The patient-centered curriculum

Innovation for culture change

Spontaneous team leaders

Benefits of the Nexus to the PCMH

Benefits of the Nexus to students and residents
National Center Workforce Real Time Data Strategy:

Does intentional and concerted interprofessional education and interprofessional practice (new models of care):

1. improve the triple aim outcomes on an individual and population level?

2. result in sustainable and adaptive infrastructure that supports the triple aim outcomes of both education and practice?

3. identify ecological factors essential for achieving triple aim outcomes?

4. identify factors essential for systematic and adaptive infrastructure in the transformation of the process of care and education?

5. identify changes needed in policy, accreditation, credentialing and licensing for health care provision and education?
New Territory: No Recipe for Teams for New Models of Care

Exact numbers of health professionals on teams will depend on the patient population served and skill mix configuration in specific community.

New models of care will deploy traditional health care setting workers with “boundary spanning” community-based workers in new “care” settings (e.g., senior housing, retail health care, hospice, long-term care, wellness centers, YMCAs, and ?)

The need exists for more opportunities for nurses with other professions with patients, families and communities others to retool and retrain: How the system redesign will get done.
New Territory: No Recipe for Teams for New Models of Care

There is little investment in evaluating impact of new models of care and therefore, what is needed.

Skill mix will change under Secretary Burwell’s Medicare value-based proposal and 3rd party payers will follow suit.

States need to invest in better health data monitoring systems to reconnect health professions education with transforming health care: ROI for education, retooling and the health workforce reconfiguration.
Recommendations: “Think and Act Differently”

Increase opportunities to retrain and retool the current nursing workforce with other professionals and stakeholders in health: how redesign will be done

Invest in evaluating impact of new models of care and therefore, what is needed, for the current and future nursing workforce development, including IPE

Educate higher education institutions, national associations and accreditation agencies about the realities of new models of care and implications for their programs

Fund “systems” of workforce development aligning higher education and the health system to achieve health outcomes at all levels with rapid cycle adjustments

Expand faculty and preceptor programs focused on the nursing pipeline to maximize learning and practice in teams connected to health and patient outcomes