

Advisory Committee on Interdisciplinary, Community-Based Linkages

Transforming Interprofessional Health Education and Practice: Moving Learners from the Campus to the Community to Enhance Population Health

June 5, 2013
Conference Call

Meeting Minutes

Attendance

ACICBL Members:

Carmen L. Morano, PhD (Committee Chairperson)
Helen M. Fernandez, MD, MPH
David R. Garr, MD
Patricia A. Hageman, PT, PhD
James C. Norton, PhD
Sandra Y. Pope, MSW
Linda J. Redford, RN, PhD
Cecilia Rokusek, EdD, RD

Health Resources and Services Administration (HRSA) Staff:

Joan Weiss, PhD, RN, CRNP, Designated Federal Official, ACICBL and Chief, Geriatrics and Allied Health Branch, Division of Public Health and Interdisciplinary Education (DPHIE)
Nina Tumosa, PhD, Public Health Analyst, DPHIE
Crystal Straughn, Technical Writer, DPHIE

Format of Minutes

These minutes consist of three sections:

- I. Introduction
- II. ACICBL 13th Report Discussion
- III. Draft Outline and Recommendations
- IV. Next Steps

I. Introduction

Dr. Joan Weiss, Designated Federal Official, welcomed Committee members and called the meeting to order. Committee members approved the April 22-23, 2013 meeting minutes. Dr. Carmen Morano, Chairperson, welcomed Committee members and began discussion of the ACICBL 13th report.

II. ACICBL 13th Report Discussion

Focus of the 13th Report

The ACICBL members discussed the draft 13th report and revised the report outline and recommendations. They noted that the report needs to make a strong case to expand health professions education to the community and that the community should be a learning laboratory for students. Academic/Community Partnerships should be developed to identify the information students need to learn, experiences they need to have in a community-based interprofessional collaborative practice, and the necessary tools to ensure that the student has a positive experience. The goal is for students to remain in community practice after completion of their studies.

The report should address the advantages of an interprofessional approach to high-quality health care delivery including improved health outcomes, patient satisfaction, and cost effectiveness. It should also discuss training the future workforce and provide examples of ways health systems, such as the Geisinger Health System, work to improve health outcomes at lower costs using an interprofessional model. A discussion of reimbursement for team-based care should also be included.

Although the Institute of Medicine's (IOM) 2003 report, *Health Professions Education: A Bridge to Quality* discussed a vision for transforming health professions education, there has been minimal progress in this area. The 13th report should include a discussion of the reasons for this lack of progress and what is needed to accomplish this goal.

Continuing Education and Faculty Development

ACICBL members stressed the importance of examining ways to transform continuing education (CE) and continuing professional development (CPD) that foster team engagement. The relationship between academic centers and preceptors need to be explored. Faculty and preceptors must be taught the principles of team-based care with a goal of communicating this information to their students.

Some members argued that the problem with CE is its traditional modality and method of counting continuing education units. Previous ACICBL reports should be cited because they discuss the need for a shift from traditional CE to CPD and with an emphasis on learner outcomes and practice improvement. Although CE is slowly moving into the direction of CPD (expansion of CE) it should be accelerated to accommodate the needs of interprofessional teams. In addition, state regulations are having a negative effect on CE progressing to CPD.

CE/CPD should tailor a curriculum to learners needs. Teams should be given the opportunity to state what they would like to improve in a specific area and have training created to fit their needs.

Models and Examples

The following are several examples of community-based education that will be added to the report:

Dr. Jim Norton will provide a paragraph discussing the American Medical Association's recent decision to include Category 1 continuing medical education (CME) for physicians who teach residents, students, and fellows. While this initiative does not specifically address professional development in the teaching of collaborative care, such professional development is consistent with the aim of encouraging physicians to participate in this activity. Since the awarding of AMA Category 1 CME can be an incentive for physicians to participate in CE, academic health centers who are Accreditation Council for Continuing Medical Education providers should develop mechanisms to provide CME Category 1 credit to community physicians and develop educational programs that support collaborative care.

Dr. Patricia Hageman will provide a summary on the newly adopted regulations in Nebraska for physical therapist and physical therapy assistants. These regulations permit physical therapists and physical therapy assistants to receive credit towards their continuing competency requirements for licensure and certification if they supervise students as part of the students' professional education.

Dr. Cecilia Rokusek will provide models and examples of community-based opportunities provided at the Center for Interprofessional Education and Practice (CIEP) within the College of Osteopathic Medicine at Nova Southeastern University. The CIEP and representatives from 17 health and health-related professions across campus developed interprofessional learning opportunities whereby students from several disciplines could work together, both on and off-campus. As a result of this ongoing work from the faculty members, over 40 community based educational offerings were identified for students.

Dr. Jim Norton and Dr. David Garr will provide a summary on different interprofessional models of teaching students in a community-based setting. They will discuss the role of the faculty, campus-based as well as volunteer or paid community faculty, and the importance of all faculty playing an active role in each student's education. When teaching in interprofessional collaborative practices, students need to learn their own role as well as all the other members of the team including the nonprofessional staff.

Sandra Pope will provide a summary surrounding the issue of hospital systems and student placement clinical sites. Many hospital systems are beginning to limit the number of their clinical training sites and this is beginning to have a negative impact on health professions education. Academia needs to work collaboratively with health care systems and providers to develop and sustain community-based clinical experiences that enhance student learning.

Dr. Garr will provide a summary on the efforts of the Institute for Primary Care Education and Practice in South Carolina. Recently, the Institute hosted a retreat for 47 health professions students from medicine, advanced practice nursing, physician assistants, and 22 preceptors from across the state. They discussed meeting with the teams in practices with a goal to reengineer their practice and maximally utilize team members to improve high care quality.

13th Report Outline

I. Background

- Importance of interprofessional education (team-based care and improving health outcomes)
 - IOM Bridge to Quality 2003 report- lack of progress since 2003
 - Transformation to interprofessional education
 - Chronic Disease Management and Prevention
 - Reimbursement for interprofessional care
 - Affordable Care Act
 - Cochrane Report
- Community based education (move learners from campus to education)
 - Reference 9th-11th ACICBL report
 - Population Health- Electronic Health Record advantages (refer to 12th report)

II. Advantages of Inteprofessional Education

- Geisinger, Kaiser, VA, Patient Centered Medical Home
- Cost effectiveness of interprofessional education
- Patient Outcomes (few studies showing long term outcomes as a result of team based care)

III. Challenges in linking the academic setting with community practices and health systems

- Faculty development
 - Definition of faculty
- Lack of financial support and institutional support
- CE and CPD
 - Licensing
 - Accreditation
 - Competition for community sites (the need for more community sites)
 - Shortage of clinical placements and health professionals
- How do we move learners to the community

IV. Lessons learned and strategies to overcome challenges

- Models and examples (Committee members examples)
 - Organization initiatives – restructuring
 - AMA portal
 - Programs should make interprofessional education a part of their programmatic missions.
 - Recruit and retain preceptors
- Financial incentives from all health plans
 - Convince health system leaders to be supportive of interprofessional education
 - Promotion and tenure

Proposed Recommendations

Recommendation 1: (Design and build) Establish and nurture partnerships between academic programs and community-based clinical practices to help community practices become a learning laboratory for interprofessional and population-focused education and care

- Convince health system leaders to be supportive
- Addressing triple aim - improving outcomes and decreasing costs
- Preparing future providers to work in new and emerging health care system (EHRs etc.)
- Convince payers of their role

Recommendation 2: Provide an incentive and recognition system designed to recruit and sustain the involvement of community-based providers in teaching and modeling the provision of interprofessional and population-focused health care

- Providing financial incentives for practices that accept students
 - Medicaid
 - Academic programs pay preceptors
 - Examine non-financial incentives
- Free continuing education, other perks (library access, conference attendance)
- Special certificate of added qualification in interprofessional education or population health

Recommendation 3: Provide ongoing faculty development and team-based training for campus and community-based teachers who will be leaders in interprofessional and population health education

- Provide lifelong IP learning opportunities for health professionals that improve their abilities to enhance their capacity to practice interprofessional education (technology)
- Online education, conferences, certificate programs, involvement in research
- Provide training for the team
- Exploring option of credit bearing certificate that can be used for degree
- All members of team can be teachers

Recommendation 4: Advance the education of students for interprofessional practice by enabling, encouraging and rewarding the active teaching and precepting of students by clinicians from other than their own professional disciplines

- Joint appointments
- Promotional guidelines and rewards for faculty based on interprofessional education
- Programs should be encouraged to make interprofessional education a part of their mission

III. Next Steps

Committee members would like to develop a master list of individuals and organizations they want to receive the 12th and 13th reports. The ACICBL technical writer will compile the list and provide these contacts with ACICBL website link when the reports are posted.

The members also expressed interest in a pilot interprofessional project that was funded by Division of Medicine and Dentistry. Two awards were made. Dr. Weiss will provide more information on this project.

The committee will receive a revised report July 19. The committee has designated members to review each section: Background (Norton), Advantages of Interprofessional Education (Hageman), Challenges in Linking the Academic Setting with Community Practices and Health systems (Fernandez and Pope) and Lessons Learned and Strategies to Overcome Challenges (Morano and Rokusek). The report is expected to be finalized in September.