INTERPROFESSIONAL EDUCATION & COLLABORATIVE PRACTICE: A KEY ELEMENT IN HEALTH CARE REFORM

George E. Thibault, MD
President, Josiah Macy Jr. Foundation

National Health Policy Forum
Washington, DC
May 15, 2015
WHO Definition of Interprofessional Education (IPE)

“When students (and faculty) from two or more professions learn about, from and with each other to enable effective collaboration and (to) improve health outcomes.”

(WHO Study Group on Interprofessional Education and Collaborative Practice, 2010).
The Case for IPE

1. There is evidence that care delivered by well-functioning teams is better care.
2. Yet we educate health professions separately by design.
3. And there are many examples of poorly functioning teams due to lack of appropriate knowledge, attitudes and skills.
4. And the adverse consequences of poorly functioning teams are greater than ever.
5. Therefore, team-based competencies should be a core goal of health professions education, and some part of health professions education must be interprofessional.
Obstacles to IPE

1. Logistics
2. Timing/Match
3. Curriculum Content
4. Clinical Experiences
5. Faculty
6. Culture
Areas of IPE Activity

1. New Content not previously emphasized in the curriculum
2. Shared Clinical experiences
3. Joint curriculum planning between Nursing and Medical Schools
4. Medical Center-wide planning involving multiple health professional schools
5. Use of new technology
6. Faculty Development
New Content with IPE

1. Institute for Healthcare Improvement: Six medical/nursing school pairs develop curriculum for quality improvement and patient safety
2. UC Davis: Chronic pain management with four health professions
3. Arizona State/Arizona: Rural primary care with four health professions
4. Dartmouth: Shared decision making with three health professions
IPE Clinical Experiences

1. Cornell/Hunter College: Early patient and simulation experiences with four health professions
2. Vanderbilt: Outpatient experiences with four health professions
3. Case Western: Student/faculty free clinic with five health professions
Medical/Nursing Curriculum Reform

1. Case Western Reserve
2. New York University
3. University of Virginia
Medical Center-wide IPE

1. Univ. of Colorado: 750 health professional students/year in six schools
2. Univ. of Minnesota: More than 1,000 health professional students/year in six schools
3. Virginia Commonwealth Univ.: 1,500 health professional students in six schools
4. Columbia Univ.: Campus-wide seminars for four health professional schools
Technology for IPE

1. Univ. of Washington: Simulation capstone experience for four health professions
2. New York University: On-line learning for medical and nursing students
3. Univ. of Kentucky: On-line modules for consortium of five universities
Faculty Development for IPE


2. University of Kansas: IPE faculty development for rural primary care
Lessons Learned From Early IPE Activity

1. Leadership from the top is essential.
2. Extensive planning is necessary for rigorous experiences.
3. Experiences need to be repeated throughout the educational continuum.
4. New technologies can assist in accomplishing goals.
5. A major commitment to faculty development is required.
6. IPE must accomplish real work; it is not an end in itself.
Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign

Proceedings of a conference chaired by Malcolm Cox, MD and Mary Naylor, PhD, RN, FAAN

January 2013 | Atlanta, Georgia

June 2013
“We envision a healthcare system in which all learners and practitioners across the professions are working collaboratively with patients, families and communities and with each other to accomplish the Triple Aim.”
University of Minnesota

September 2012

Health Resources and Human Services Administration

with supplemental funding from

Josiah Macy Jr. Foundation
Gordon and Betty Moore Foundation
Robert Wood Johnson Foundation
Our Vision

Transformed Health System: Our Vision
National Center for Interprofessional Practice and Education

Our Goal

• To provide the leadership, evidence and resources needed to guide the nation on the use of interprofessional education and collaborative practice (IPECP) as a way to enhance the experience of health care, improve population health and reduce the overall cost of care.
National Center for Interprofessional Practice and Education

Our Strategies

• **Co-create** and **evaluate** IPECP models that reconnect education and collaborative practice in Nexus sites across the U.S. and show the impact of this work on the Triple Aim.

• **Strengthen** and **increase** the availability of evidence about the effectiveness of IPECP in achieving the Triple Aim.

• **Lead** and **facilitate** the national dialogue among stakeholders in education and health care about the effectiveness of IPECP in achieving the Triple Aim.

*The Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org).*
IPE is a tool to

1. Link the education system and the health care delivery system.
2. Achieve better patient care.
3. Achieve better health for the public.
4. Achieve a more efficient, affordable health care system.