The National Center for Interprofessional Practice and Education

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March 13, 2014
The National Center: A New Model for Public-Private Partnership

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration $4M, five year Cooperative Agreement Award No. UE5HP25067.

In addition, the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation (RWJF), the Gordon and Betty Moore Foundation, and the John A. Hartford Foundation have collectively committed up to $8.1 million in grants over five years to support and guide the center.
HRSA Principles

June 1, 2012 Funding Opportunity Announcement

A coordinating center for interprofessional education and collaborative practice will provide leadership, scholarship, evidence, coordination and national visibility to advance interprofessional education and practice as a viable and efficient health care delivery model.
Interprofessional Education and Collaborative Practice

Interprofessional education “occurs when two or more professions learn about, from, and with each other to enable effective collaboration and (to) improve health outcomes.”

Interprofessional (or collaborative) care/practice “occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

The Nexus
Six Key Current Trends Driving IPECP

The state of readiness of the health care system for redesign and transformative change, driven by cost, quality, and policy, linked to the Triple Aim

Renewed movement toward using interprofessional teams and new workforce development models that incorporate patients, families and communities

The resurgence of interest in interprofessional education to potentially have a positive impact on learning and professional development (i.e., knowledge, attitudes and skills), and ultimately health outcomes
Six Key Current Trends Driving IPECP

The recognized need to reconnect education and practice on multiple levels (i.e., micro, meso, macro levels)

A lack of published evidence connecting interprofessional education to collaborative, team-based practice and the Triple Aim outcomes

The role of informatics and big data in health systems to create learning organizations with potential to extend to education
IPEC Competencies

- Values & ethics for interprofessional practice
- Roles & responsibilities
- Interprofessional communication
- Teams and teamwork

Other Needed Competencies

- Population health, including social determinants
- Patient-centered decision-making
- Evidence-based decision-making
- Cost-effective practices
- Quality improvement and safe practice
- Stewardship
- Systems thinking
- Informatics
Our vision for a transformed health system

Education

Practice

The Nexus

Leading to partnerships

Producing positive impact on Triple Aim outcomes
Nexus Innovations Incubator Network and the National Center Data Repository
The Nexus of Inquiry

Three Approaches

- Evaluation
- Research
- Informatics

Our Approach
Canadian Return on Investment Model: Interprofessional Education and Collaborative Practice

**Logic Model of IPC/IPE Process**

- **Input** (funding, financing, HR, interprofessional education, etc.)
- **Process** (culture, interprofessional team, communication, etc.)
- **Output** (access to care, quality of care, etc.)
- **Secondary Outputs** (policy changes, professional guidance, etc.)
- **Outcome** (health improvements, well-being, etc.)

**Benefits**
- **Changing Knowledge**
- **Changing Capacity Building**
- **Changing Practice / Policy**
- **Health / Sector Benefits**
- **Social / Economic Benefits**

**Costs**
- Metrics/measures of cost fill the matrix above.

**Logic Model**
- Use of the logic model of IPE/IPC process allows tracing input costs through to impact benefits.

**Current assumptions:** Fixed physical capital; extant legislative frameworks; negotiated contracts
Why Gather Data

1. The National Center vision is to reconnect education with clinical care, creating a Nexus that is focused on improving health outcomes as in the Triple Aim

2. The National Center working principle is that Nexi focused on health outcomes will improve that outcome

3. A National Center core outcome is to demonstrate to stakeholders the value added of the IPE and CP approach

4. To demonstrate this value, we must produce convincing data and information, both qualitative and quantitative
Process for developing

1. Core team: epidemiologist, informaticist, nurse leader, physician, educators, evaluators, economist, and other experts as needed

2. Logic model development to guide the implementation while staying focused on improving Triple Aim outcomes

3. Informatics expertise of the U of M and its skills in developing and managing data exchanges and national databases

4. Data: An integral part of the incubator performance sites participation and performance

5. Qualitative and quantitative assessment tools

6. Building both a value proposition database at National Center level as well as incubator site database that becomes incorporated into the value proposition database
National Center Data Repository:

Data to evaluate the effect of the Nexus on health outcomes

National Center standardized data sets

Nexus Innovations Incubator Network (Network) educational and clinical research data

Existing National & Federal Databases
Critical Queries of the Database

Does interprofessional education and collaborative practice…

• improve the Triple Aim outcomes on an individual and population level?
• result in improvement in educational outcomes?
• identify environmental factors essential for achieving Triple Aim outcomes?
• identify factors essential for sustainability of the transformation of the process of care?
• identify changes needed in policy, accreditation, credentialing and licensing?
NCDR Surveys

• Network Education (Lead(s) complete)

• Network Inputs (Lead(s) complete)

• IPE survey OR IPC survey OR IPECP survey (all site users complete)

• Site survey – Project level