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The UNM HSC Inter-professional Education Team

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March, 2014

Volume 2014 – No. 1

HSC Environmental Scan Survey

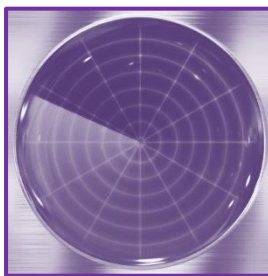
By the IPE Team

While there are pockets of IPE activities across campus, the environmental scan was designed by the IPE Team to gather information about what is going on right now across Colleges. The Team's goal is to also see where we can connect with other programs doing similar things, and help expand and increase IPE programming.

Krista Salazar reviewed the survey questions and response results with the IPE Committee on February 10th. The survey produced an impressive 184 responders.

- **Question 1: Which Program or School do you represent?** Of 177 responders, Medicine was represented by 61.33%; Nursing 10.5%, and Pharmacy 9.94%; the remaining distribution across 12 disciplines ranged from .55% to 4.97% each (dental medicine, medical lab sciences, radio/nuclear imaging, emergency medical services, public health, psychology, and research).
- **Question 2: Are you aware of Interprofessional Education (IPE) at UNM HSC?** Of 181 responders, 75.14% said Yes; 24.86% No.
- **Question 3: Are you interested in being involved with Interprofessional Education at UNM?** Of 181 responders, 81.22% Yes; 18.78% No.
- **Question 4: List IPE content ideas you would like to see implemented at UNM HSC.** Several topics were listed and out of the 147 responders, there was an emphasis of interest in: Team Communication 29.25%; Patient Safety 23.13%; Ethics 19.05%; and Communication with Patients 19.05%; and Public Safety 6.12%. In addition, they are interested in Public Health; teaching in other settings (long term care, rehabilitation, home care); Geriatrics; Population-specific topics; Humanities; and Reflective writing.
- **Question 5: In what way would you like to be involved in future IPE at UNM HSC?** Of the 64 responders, there was well-rounded response for: Teaching 46.88%; Clinical Practice 32.81%; and Assessment 15.62%.

The 72.93% (or 132 individuals) who chose not to respond to the question may likely indicate that there are a lot of people who are 'not sure' or who may want to know what's going on before saying they are interested in a particular area.



- **Question 6: Have you ever received formal education to provide IPE?** Of 61 responders, only 13.26% said Yes, 20.44% said No, and 66.3% did not answer, which may mean that they don't know what 'formal education' in IPE consists of or whether they had it or not, and therefore, these could possibly be included with the count for No's, meaning that about 87% of faculty may require formal IPE education.

IPE Teaching Experience

Responders were given the option to continue the survey with further in-depth information, if available. The continued

responses identified 15 IPE courses or practice activities that faculty have been involved with, either at UNM or elsewhere. The majority of IPE courses or practice activities involved multiple disciplines of both faculty and students and identified ongoing or recent IPE instruction at UNM HSC in these areas: IPE Geriatric electives (3 separate courses); UNM Senior Health; Clinical Research Collaboration between College of Nursing and Dental Residency; Post-

Discharge Home Visitation; Psychology/Mental Health; HSFD, Genetics and Neoplasia, HSR&A; Chronic Disease Management; Neurodevelopmental Diagnostic Evaluations at the CDD. There is also past experience in the following IPE coursework: Obstetrics; Advanced Physical Assessment; RHIP, and an IP Rural Health grant.

Instruction tools included: Didactic instruction, simulation, clinical skills lab, grand rounds, case presentations, group discussion, standardized patients, community learning, patient care, in-home care, debriefing, student presentations, writing case studies, telehealth clinic, structured group work, and clinical observation, evaluation and post-conference.

All learning activities in the IPE curriculum must be interprofessional, according to the definition of the World Health Organization (2010). This differs from multi-professional education where students from various professions may be learning together, but not from each other and their professional perspectives. IPE is not as simple as taking a classroom that is uniprofessional and begin to call it IPE.

The IPE Team offers 2 workshops for IPE faculty development:

- 1) **IPE 101**--to assure all faculty understand what is meant by interprofessional education, and
- 2) **Designing an Effective IPE Experience**--to develop learning activities and provide a proven framework that strengthens the team approach to patient and community health care for students in each profession. These will be offered next on **April 2** and **April 9**. (See p. 2 for info)

Interprofessional Geriatric Elective--Spring 2014

Save the Dates

IPE Faculty Development Workshops

Time: 8:30-11:30 am

Location: Domenici West Building, Room 2112



IPE 101

Date offered:

Wednesday, **April 2**, 8:30-11:30, DW Rm 2112

By the end of this workshop you will be able to:

1. Describe the mission of the IPE Office and meet the IPE team
2. Define IPE and IPC core competencies
3. Describe why IPE is relevant
4. Discuss challenges of implementing IPE
5. Value the roles/responsibilities of diverse disciplines' contributions to improving patient/population health outcomes
6. Network with other faculty interested in IPE
7. Describe how you can stay involved



Designing an Effective IPE Experience

Date offered:

Wednesday, **April 9**, 8:30-11:30, DW Rm 2112

By the end of this workshop you will be able to

1. Describe and apply Fink's taxonomy as a framework for developing an IPE curricular initiative
2. Apply a model to evaluate the quality of an IPE activity
3. Collaborate with a group to present an IPE initiative
4. Discuss ways to effectively implement your curricular initiative

Register at:

https://docs.google.com/forms/d/1tyzQtI5EB8Kh-GvV9rL9_fcPLVMzkgBFZLYvGyGt2bU/viewform

Contact: IPE-Office@salud.unm.edu

Michel Disco, 272-1508

The Interprofessional Geriatric Elective course, taught by faculty from multiple disciplines, is designed to provide the necessary tools for health care professionals to successfully assess and care for the older adult as a team. It involves the interprofessional study of the treatment of common geriatric conditions in multiple care settings and across the care continuum.



During this course students:

- Learn from each other about the roles and responsibilities of different team members
- Explore community support services and health literacy issues
- Facilitate patient-centered, team-oriented care.

Teaching and learning methods include: Interprofessional case-based discussion, the use of team simulation, and development and presentation of team care plans for geriatric patients who experience a variety of important health conditions. In addition, students observe actual healthcare teams in action and engage in service learning addressing the needs of geriatric patients.

Students from programs including Medicine, Nursing, Nutrition, Pharmacy, Physician Assistant, Physical Therapy, Occupational Therapy and Social Work participated in this elective which ran from 9:00 AM - 4:00 PM for four class sessions. Faculty included:

Carla Herman, Medicine
Loren Kelly, Nursing
Judith Harris, Nursing
Debra Serrino, Nursing
Diana Gonzales-Pacheco, Nutrition
Deborah Cohen, Nutrition
Elle Skinner, Nutrition
Betsy Vanleit, Occupational Therapy

Stephanie Singleton, Occupational Therapy
Melanie Dodd, Pharmacy
Janet Popp, Physical Therapy
Deborah Doerfler, Physical Therapy
Kathy Johnson, Physician Assistant
Amanda Hausner, Social Work (NMHU)
Gail Leedy, Social Work (NMSU)

The program continues with 2 area health fairs, March 29 and April 5. (See p. 3 for further information)

Supported by

Donald W. Reynolds Foundation



Interprofessional Education

"When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength."

(WHO, 2010)

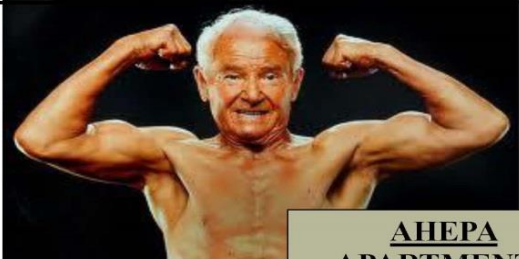
March 29 and April 5 Upcoming IPE Student Health Fairs

The upcoming HSC IPE Student Health Fairs will be held on **Saturday, March 29** at the HUD Housing complex on Los Volcanes, and on **Saturday, April 5** at La Vida Llena Senior Housing, both here in Albuquerque. Students from Nursing, Pharmacy, OT and PT who are not enrolled in the IPE Geriatric Elective are invited to participate.

The UNM HSC Health Fairs are a component of the **Spring 2014 Interprofessional Geriatric Elective Course**. This year, we have close to 60 students and 18 faculty participating in the course which is almost double from last year. In addition to HSC students from Medicine, Nursing, Pharmacy, OT & PT, we have UNM Nutrition students and social work students from NM Highlands University and New Mexico State University. Among other things, social work students provided the elderly with information regarding durable power of attorney and community resources.

Students are required to participate in at least one of three Health Fairs as part of the Service Learning Component. At the fairs, they work in interprofessional teams. The first fair was held in February at Manzano del Sol Senior Living. The students were divided into five interprofessional teams and provided health counseling, education and assessments to more than 25 older adults.

For more details, contact Shelley Modell, Program Coordinator, Internal Medicine/Geriatrics at smodell@salud.unm.edu.




**AHEPA
APARTMENTS**
Saturday,
March 29, 2014
10 AM – 12noon
PH II Community Room

Come Join Us
at the
50 to FOREVER
**HEALTH
FAIR**

Students from Medicine, Nursing, Pharmacy, Occupational Therapy, Physical Therapy and Social Work will be offering education and screenings including:

- Blood Pressure
- Nutrition Counseling
- Falls Prevention
- Medication Review
- Health Counseling
- Diabetes Education

FREE for all residents




THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER

Come Join Us at the
50 to FOREVER

**HEALTH
FAIR**

La Vida Llena
Saturday, April 5, 2014
10 AM – 12noon



THE UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER

Students from Medicine, Nursing, Pharmacy, Occupational Therapy, Physical Therapy and Social Work will be offering education and screenings including:

- Blood Pressure
- Nutrition Counseling
- Falls Prevention
- Medication Review
- Health Counseling
- Diabetes Education

FREE for all residents of La Vida Llena



Reaching Out to HSC Students for IPE Patient Care Challenge

By Candace Mims
cmims@salud.unm.edu

Candace Mims, a PharmD Candidate 2016 at the UNM College of Pharmacy, invites HSC students to join her in an interprofessional patient care challenge. She is working through **SSHP (Student Society of Health-System Pharmacists)** to initiate a project which envisions teams consisting of different disciplines --such as, pharmacy, nursing, medical, PA, and PT/OT students-- working together through a patient case. Candace is trying to incorporate a standardized patient interaction as well as a paper component.

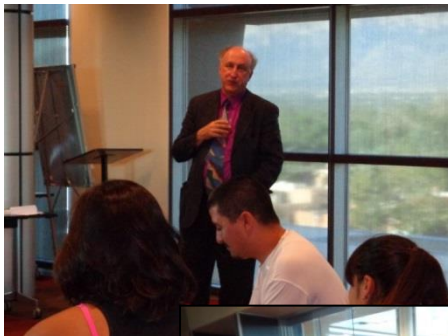
Right now, everything is just in the planning stages. She is sending out notices to gauge interest from all the disciplines. Please fill out the following Google doc if you are interested in participating so Candace can gauge the level of interest. There is no obligation:

<https://docs.google.com/spreadsheet/ccc?key=0Al2zyhoEBcsdHhZUnVKdkRGZG5iLWWhYmM1bGotOGc&usp=sharing>

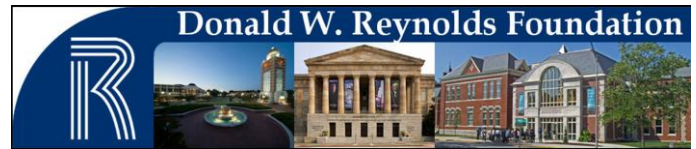
Students can email Candace Mims with any ideas or to be involved in the planning stages. She would also like to set up some trial runs of the competition later in the semester.

HSC Student Council IPE Activities

Peter Boling, MD, of Virginia Commonwealth University was invited to visit UNM last September to present VCU's innovative web-based course developed as their IPE geriatric course. Later, Dr. Boling was invited to the kick-off meeting of the HSC Student Council. He spoke with the students about Interprofessional Education and had them work in small groups to practice Interprofessional communication.



Left: Dr. Peter Boling discusses Interprofessional Education with members of the Health Science Center Student Council in September 2013



UNM HSC Expands Interprofessional Education through Reynolds Foundation Grant

The University of New Mexico is embarking on a collaboration with Virginia Commonwealth University that will enable UNM to access VCU's innovative Interprofessional On-Line Geriatrics Course. The course brings together students from the College of Nursing, School of Medicine and College of Pharmacy to manage a virtual patient through four episodes of care. The full course extends over a period of six weeks, during which time interprofessional teams of 7-8 members learn about the care of geriatric patients while also improving skills at collaborative practice. To manage the patient optimally, the students have to find ways to work together to as a team.

The UNM/VCU collaboration will begin in April with a small pilot to test the technical aspects of accessing the VCU system and evaluating the course content and on-line experience. Following this initial test, Dr. Peter Boling, VCU's Chief of Geriatric Medicine, will revisit UNM to conduct a simulation of the course with HSC deans and faculty. A larger pilot of the course, using all four units, is planned for fall 2014.

Funding for the UNM/VCU collaboration is provided through a grant from the Donald W. Reynolds Foundation. The Reynolds Foundation funds select institutions committed to expanding both geriatric medicine and interprofessional education. The University of New Mexico has been a recipient of two Reynolds Foundation cycles of funding totalling \$2million.

You are Invited!!

- to submit articles to **The IPE Insight** to share information about *your* current or upcoming IPE course or activity
- tell us what types of news you'd like to see
- and, let us know what you think!?!

Email IPE-Office@salud.unm.edu

Deadline: 1st of each month

Reflections on IPE Health Fair

Health Fair Site: Manzano Del Sol



Reflections by Bryn Smith, 4th yr student, UNM BS Nutrition & Dietetics

- **Describe the service learning event/activity.**

The service-learning event was a health fair at the Manzano del Sol senior living community. Residents were invited to attend the health fair where they were assessed by an interprofessional team of students. This provided a one-stop shop for the residents. They were able to get insight from each profession and ask any questions they had.

- **Describe the interactions you had with other professions.**

My interactions with the other professions were enlightening. We were all very curious as to what each person did. We deferred to each other when we did not know the answer to questions and we asked each other clarifying questions throughout the night. When we were not with a resident, we even asked each other questions about our own health or loved one's health.

- **How did you think this experience will modify your future practice as a healthcare provider?**

This experience has made me more open to asking other professions for their opinions. In my future practice, I will readily ask a pharmacist or nurse when I do not know the answer to questions. I will happily acknowledge that I do not know everything and that I am not supposed to know everything. I will be respectful of the opinions of each profession, even when they are not in line with mine. I realize that there is more than one way to approach healthcare, but when they work together, greater care can come out of it.



- **What was the role of your profession on the team? (If your team was not represented, how could your profession have contributed to the team discussion?)**

I assessed the resident's risk for malnutrition and current nutritional status. I used the MNA-elderly form in order to do this. I also answered any nutrition-related questions that the residents had, which was not very many. While the pharmacist was taking a medication list, I was looking up each medication to look for possible interactions.

Reflections by Masters of Social Work student Emma Okamoto, Highland University



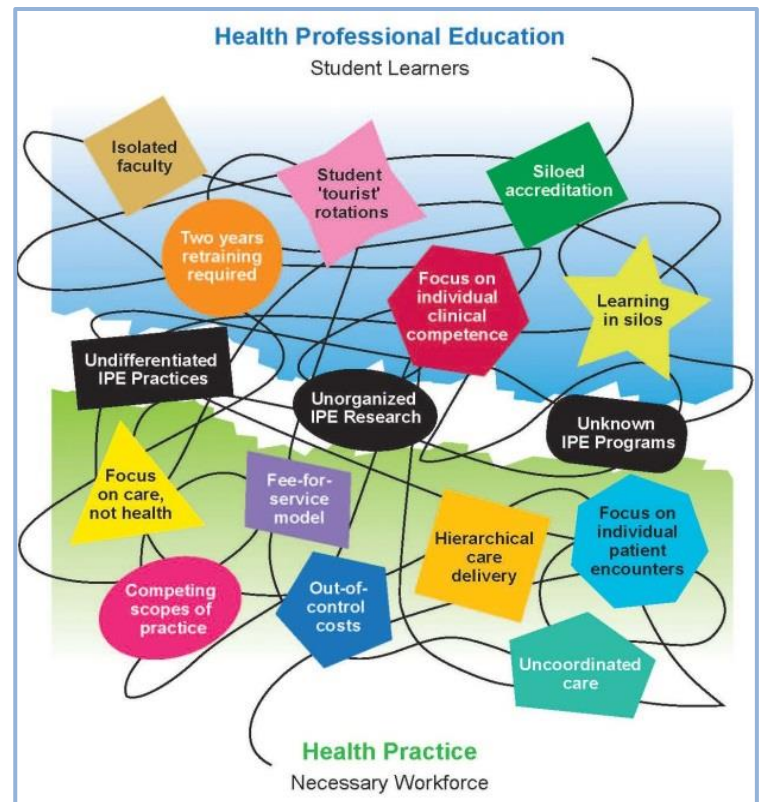
- **Describe the interactions you had with other professions.**

This activity was a wonderful opportunity to interact with other professions, and work side by side. I was able to observe how OT/PTs assess fall risk and mobility. With dietitians and nurses, I was able to discuss possible resources needed for our clients, based on their quick check-up of the patient. The interactions were very respectful. Each profession was interested in seeing what they could assist with and/or learn from the other professions.

- **How did you think this experience will modify your future practice as a healthcare provider?**

This experience will modify my future practice as a healthcare provider in that it has made me a believer of the interprofessional team approach. Observing the way that the client's responded having all professions in one area, to answer all their questions, was really amazing. The client's were very thankful for not having to go to many places to get information. In seeing this, I hope to be able to work in a team of many different professions in my future healthcare experiences.

Note: This MSW student from Highland University has volunteered for the UNM College of Nursing hospice simulation scheduled in May.



The World without Interprofessional Education and Collaboration

Promoting Interprofessional Collaboration—a Goal of Health Sciences Student Council (HSSC)

By Kyle Leggott, HSSC President and
Tiffany Stromberg, Treasurer

The Health Sciences Student Council (HSSC) is a student organization composed of representatives from all academic programs in the Health Sciences Center.

One of the goals of the HSSC is to promote interprofessional education and collaboration. Healthcare is a team effort and requires providers to work together and communicate efficiently. While we are students, there seems to be little to no collaboration or interaction with other programs. This is a missed opportunity to learn from other programs and to collaborate on a variety of projects. The HSSC provides a venue to volunteer with other students, learn about/from other students and look at healthcare from a team perspective. Some of the projects we have done this year include: an interprofessional flu shot clinic; student participation in a Valencia County Winter Health Fair; and student social events.

The flu shot clinic took place this fall. Students from the Doctors of Medicine, Physicians Assistant, Pharmacy, and Emergency Medical Services programs collaborated with the New Mexico Medical Reserve Corps and UNMH to vaccinate approximately 3,000 people over the course of 2 days. Students learned from and worked alongside Nurses, Doctors, Pharmacists, and Medical Assistants to provide this public health service.

This January, the HSSC participated in the 1st Annual Winter Health & Wellness Fair held at the Tome Community Center in Los Lunas. Students from several different programs (MD, PA, COP, OT, MLS) worked with each other to provide a variety of services including: nutrition education, blood pressure monitoring, blood glucose checks and presenting information on assisted living and prostheses.

This Spring the HSSC will be hosting a HSC student wide social event. The goal of this event is for students to get to know each other, learn about other HSC programs and de-stress from school. This will be the second social event of the year

following an interprofessional dodgeball tournament that took place in January.

Editor's note: Watch for information to come on an HSSC barbeque coming this May to raise funds for the Albuquerque homeless shelter.

Thursday, May 29th – 10 am to 4 pm



Interprofessional Education

Moving from Abstract to Reality

Interprofessional Education (IPE) Curriculum Retreat

You're Invited...

Join the HSC chancellor, deans and educational deans collectively to kick-off this very important forum to move the HSC IPE curriculum from abstract to reality. To do this, we need the insight, experience and involvement of many who are active in curriculum development in their respective schools, colleges and programs. Your involvement will be critical to the development of IPE courses and learning activities that strengthen a team approach to patient and community healthcare for students in each profession.

Event topics will include:

- Overview of IPE core competencies
- Findings from an IPE Environmental Scan
- Schematic of curricular framework developed
- Work groups to create components of IPE curriculum for schools, colleges and programs.

*Lunch
Provided*

Program Information

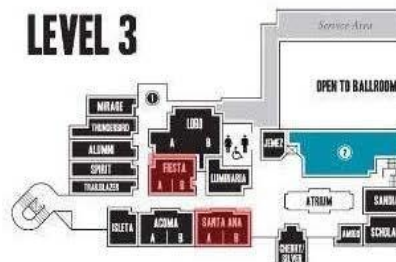
When:

Thursday, May 29, 2014
10:00am - 4:00 pm

Where:

UNM Main campus, SUB
Santa Ana Rooms A & B
Breakout Sessions in Fiesta A & B

LEVEL 3



RSVP by May 16th via:

https://www.surveymonkey.com/s/RSVP_IPE_Retreat



Interprofessional Education



Barbara F. Brandt, PhD,
Director, National Center
for Interprofessional
Practice and Education,
University of Minnesota

Months of connecting: *What I have learned*

From Barbara Brandt's blog

Clearly, the National Center is breaking new ground and doing things that haven't been done before. As we prepared for an important meeting with our funders, we have learned a lot, and we summarized those "lessons learned" for our colleagues at the meeting.

The first lesson we have learned can be summed up by the word "hunger" – **hunger for leadership and**

engagement, hunger for "how to" information about integrating education and care, hunger for connections to others with similar interests and issues. What has surprised me is the requests we are receiving from practices about how to implement team-based care, and more importantly, what is the evidence to guide us to do so.

We are responding with a number of strategies. Our National Advisory Council is very interested in working with us to showcase practices that are exemplary. We've also ramped up communication, building our website and Resource Exchange, helping you connect 1:1, delivering webinars and training, and expanding our resources. Last week our staff managed three webinars in which over 450 participated. We know that the hunger is outstripping our current capabilities, but we are well on our way to meeting that demand.

The second lesson we have learned is **how important our "connecting" role is**. We had no idea that our connection role would take on a life of its own. On average 5 – 10 new individuals and/or organizations contact us each week. Many of these want to share their own work and ask us to get out the word or want to know if their approach is the right one. It's more important that you learn from each other than telling us about your own needs, requests and work. The power of technology today can support our work together in new and exciting ways.

And the third lesson is the affirmation that **our focus on information, evidence and data is exactly where we need to be**. We've been questioned aggressively by vocal skeptics about this focus, but again and again we are seeing that we will need hard data—not opinion—to convince our stakeholders that team-based care and education can truly make a difference in the health of patients, families and communities. Therefore, it's about helping people finding common ground in the complexity and chaos of the work. I have seen many examples of people not knowing about a parallel program in their own community. I have introduced professionals to each other who I would have assumed already knew each other. I have experienced first-hand that the field is hampered by a lack of common language and definitions. What is most striking is that each sector sees the field from its own perspective rather than seeing the whole—

much like the story about the blind men describing the elephant.

To some, this is taking the long view without attending to the here and now. My answer is that it is a "both / and". We are very close to launching the National Center Data Repository work with the "pioneer" members of the Nexus Innovations Incubator Network. These colleagues all have the need for evidence now for their own funders. They are pushing our thinking about strategies for outcomes assessment of all of this work and investments. Our network of collaborators will be ever expanding. We continue to learn. And we continue to break new ground. We are working hard to manage the tension between doing it NOW and doing it RIGHT. We are opting for doing it right, but in a timely way!

Read Barbara Brandt's article in **Journal of Interprofessional Care**, *Update on the US National Center for Interprofessional Practice and Education*:

<http://informahealthcare.com/doi/pdf/10.3109/13561820.2013.852365>.

Public Health: A Key Partner in Interprofessional Practice and Education

As the National Center ramps up its work to demonstrate the value of team care and education, it is essential to engage the expertise and insights of public health professionals to ensure



preventing disease and treating disease are considered together to improve health in our communities. National Center leaders are hearing from colleagues around the country that what's missing is public health knowledge and skills

among health providers. There is a strong need to improve population health and individual health at the same time. To do so, health providers need to know more about public health, and public health professionals need to know more about caring for patients one at a time. Originally, public health was connected to medicine and taught in medical schools. As it evolved as a discipline in the early 20th Century, public health became separate from clinical care, and university schools of public health were established. Now considerable interest exists to reconnect them in integrated approaches to team education and care. "What we've had up to this point is really two separate systems working side by side, in silos," explains University of Minnesota School of Public Health Dean John Finnegan, Ph.D. "The U.S. has excelled at building a very sophisticated—and very expensive—acute care system—right at the edge of the waterfall. Public health allows us to go upstream and proactively address our needs as a country through prevention and policy. Bringing together public health and care delivery is really the key to creating a health care system that values affordability, access and quality." National Center and public health leaders have begun conversations to shape the broader questions of how public health can contribute to the transformation of health care delivery. Stay tuned... -

National Center for Interprofessional Practice and Education Co-Sponsors Two Free Online IPE Informatics Courses



Health care systems all over the world recognize the need for team-based, collaborative care. Interprofessional teams are able to provide high quality, effective, efficient care

when they have the information and tools to support shared decision making. **Informatics** is the scientific field that helps health care teams use data, information and knowledge to improve health care and the public's health.

The National Center is pleased to co-sponsor two free online courses on the topic of informatics.

★ Interprofessional Healthcare Informatics

Since February 10, the University of Minnesota School of Nursing and the National Center are offering a graduate-level, hands-on, interactive exploration of real informatics tools and techniques for interprofessional health care practice. Course instructors Karen Monsen, PhD, RN, FAAN and Jehad Adwan, PhD, RN will guide students as they view interprofessional healthcare informatics through the lens of clinicians such as dentists, pharmacists, physical therapists, nurses and physicians. The course will focus on electronic health records, technologies such as telehealth and simulation, and the relationship of informatics to evidence-based practice and quality improvement in healthcare.

This ten-week massive open online course is recommended for all health care or information technology professionals. Other professionals who work in education and health care will also find this course valuable to understand the context of health systems as learning organizations. Don't miss this timely opportunity to explore the rapidly evolving health care informatics milieu. Enroll and learn more at coursera.org/course/newwayhealthcare.

★ Introduction to Biomedical Health Informatics (BMHI)

The National Center also endorses and supports an ongoing short online introductory course to biomedical health informatics. The specialty of biomedical health informatics (BMHI) celebrates interprofessional discovery and is committed to improving the safety, outcomes, and efficiency of health care. Informatics touches and transforms care in nearly every setting: from the home, clinics, hospital intensive care and surgery suites, to public health.

This 45-minute online course defines and discusses the background of this exciting field and explores the benefits that

BMHI can provide to consumers, health systems, communities and research efforts.

Course content was developed by Connie Delaney, PhD, RN, FAAN, FACMI, dean of the University of Minnesota School of Nursing and director for Biomedical Health Informatics. Instructional design was provided by the University of Minnesota Academic Health Center Office of Education.

Access the course at nexusipe.org/resource-exchange/introduction-biomedical-health-informatics

What is the Nexus?

By aligning the needs and interests of education with health care practice, we aim to create a new shared responsibility—what we call the “Nexus”—for better care, added value and healthier communities.

The National Center for Interprofessional Practice and Education is discovering and sharing ways to improve health, enhance patient care and control costs by integrating health professions education and practice in a transformative **Nexus**.

The **Nexus** is the shared ground, shared conversation and shared language that creates true collaboration between education and practice.

In the **Nexus**, we engage higher education and health system leaders to test new ideas and drive sustainable national change in both health systems transformation and health professions education.



Coming Soon...!!!!
IPE Website



Peace Corps Reps on Campus

There will be four Peace Corps Regional Representatives on UNM's campus, Monday, March 31st and April 1st. If faculty is interested in having a representative give a short class talk/presentation, please contact: Shawn Abeita, sabeita@peacecorps.gov
Peace Corps Representative - New Mexico
Cell #: 505.923.0777, Office #: 505.916.0356



BROOKINGS

On the 'Front Lines' of Health Reform: Reinventing Team-Based Care

By Kavita Patel, Jeffrey Nadel, and Mallory West

With millions more Americans now eligible for health insurance coverage, health care organizations and providers throughout the U.S. are experiencing increasing pressure to balance the growing demand for health care services. At the same time, providers are being asked to improve quality and lower costs.

The adoption of a care team model is a strategy that many organizations are using today. Bringing together a broad range of skills and perspectives across an interprofessional care team is critical to accommodating the many physical, emotional, and social needs of patients. The team may include primary care physicians, nurse practitioners, social workers, health coaches, and mental health professionals. The composition should depend entirely on each patient's needs.

Frontline health care workers are also important to rounding out the care team, and they already represent nearly 50% of the estimated 18 million people employed in the health care workforce. We define “**frontline health care workers**” as professionals that provide routine and essential services in a medical practice or health system, such as medical assistants, administrative assistants, laboratory and pharmacy technicians, community health workers, health educators, and home health aides. They represent a critical role in a patient's health care experience because they are often the first point of contact for many patients and families, and also provide basic clinical support services.

As the health care system turns to more accountable, person-centered models of care, frontline workers may experience an expanded role on the care team. Two well-established models of care delivery, the **patient-centered medical home (PCMH)** and **Accountable Care Organizations (ACOs)**, strongly emphasize coordinated, team-based care. A high-functioning team allows providers see more patients, increases access to care, and ensures that patients receive the right care, in the right place, and at the right time. While redesigning practices for a team model will require significant investment and organizational change, this strategy holds tremendous promise for improving the efficiency and quality of care.

Investing in frontline workers can impart benefits to numerous stakeholders across the health care system. Direct benefits for health care organizations that invest in their frontline workforce include organizational efficiency, staff satisfaction, improved financial performance, and even community development. For providers, high performing medical assistants and technologists can greatly augment clinical efficiency and streamline workflows. Frontline workforce development is attractive to payers because training frontline workers to assist with care coordination, care management, and

patient engagement, resulting in a more efficient use of resources. Finally, frontline workers are often local to the patient's community, which offers patients and caregivers care that is culturally competent and linguistically appropriate.

Case Studies of Successful Redesign

We are delighted to partner with the Hitachi Foundation and offer a [new toolkit](#) that defines the business case for investing in the development of frontline workers. Using firsthand experiences from leading organizations and thought leaders across the U.S., our toolkit includes key strategies and factors for success, as well as the clinical and financial impact of each organization's efforts. Our case studies include:

- **Arizona Connected Care:** The Office of Care Coordination within Arizona Connected Care runs two initiatives—the Care

Transitions Program and the Care Advocacy Program. Both use medical assistants in care coordination and patient navigation roles to manage care for high-risk patients. The initiatives are used in the hospital ambulatory and primary care practice settings.

- **AtlantiCare:** AtlantiCare's Special Care Center is using medical assistants as health coaches to help deliver quality, coordinated care. Health coaches coordinate care between

visits to the practice, and conduct specific clinical tasks to create more workflow efficiency. [Watch a video of AtlantiCare's health coaching program.](#)

<http://www.youtube.com/watch?v=O1xdM3QyG5I&list=UUCdH6MXCjF509qT-wkTD49w&feature=share>

- **Cornerstone Health Care:** Cornerstone is using medical assistants to drive patient satisfaction, improve the quality of care, and reduce total expenses in their role as patient care advocates. These medical assistants identify, provide outreach, and offer support to high-risk patients by using an electronic tool that is compatible with an electronic medical record.

- **Lancaster General Health:** Within the Lancaster system, there are several pilot programs involving frontline workers in augmented roles. These include using medical assistants as care coordinators and care managers for high utilizers within the Medicaid population; leveraging pharmacy technicians as medication specialists to improve compliance with prescribed drug regimens; and providing career ladder infrastructure in various medical departments to increase employment mobility within the organization.

Overall, we believe there is great opportunity to redefine the role of frontline workers on the clinical care team, especially as we face workforce shortages and increasing demand for clinical services. Moving from the traditional single physician model of care to working clinically in teams will encourage the development of innovative care delivery models that leverage frontline workers and contribute to strengthening our deeply fragmented health care system.

Download the “[Care Team Redesign Toolkit](#).”

<http://www.brookings.edu/~media/Research/Files/Papers/2014/03/19%20frontline%20health%20worker%20toolkit%20ACO%20patel/FINAL%20%20Hitachi%20Toolkit%2032014.pdf>

