

Interprofessional by Design: Meeting at the Crossroads to Accelerate Leadership Competence & Readiness for Transition to Interprofessional Practice



National Center for Interprofessional

Practice and Education

Nexus Summit

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Presenters



Dr. Liz Harrell DNP, PMHNP-BC, Doctorate of Nursing Program, Arizona State University, College of Nursing and Health Innovation, SHOW Program Director

Dr. Oaklee Rogers OTD, OTR/L, Department of Occupational Therapy, Northern Arizona University, Health Sciences, SHOW Administrative Director

Karem Garcia, Crossroads Inc., Quality Manager

Co-Author: Karen J. Saewert, PhD, RN, CPHQ, ANEF; Clinical Professor and Senior Director, Academic Innovation, College of Nursing and Health Innovation/Evaluation Lead, ASU Center for Advancing Interprofessional Practice, Education, and Research (CAIPER) Arizona State University.

Acknowledgements & Disclosures



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Dr. Liz Harrell is Crossroad's Inc. Chief Medical Officer of Integrated Care

Workshop Goals



Objectives:

Through engagement in this workshop, participants will:
Experience the process of developing an interprofessional substance use treatment clinical site.
Create Interprofessional practice and health management and promotion education goals for preceptors, students and populations.
Explore strategies for building evaluation plans that are meaningful to academia and community practice sites

Learning Strategies:

Exercise in aligning and leveraging health professional academic training and community partner practice site resources.
Creation of an evaluation plan that captures, translates, and links interprofessional practice and Triple Aim goals with practice site metrics.



SHOW Overview

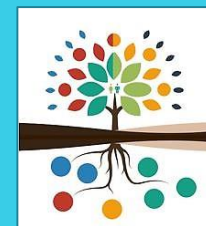


- Arizona's first tri-university collaborative project
- Run by students and guided by faculty
- Diverse backgrounds: traditional health care disciplines, business, journalism, law, global health, and computer science
- Unites students, faculty, community providers, community & government organizations, and underserved populations
- Mission: To provide holistic, client-centered health care services
- Interprofessional team-based care model

Crossroads Overview



- Operating since 1960
 - Community based service
 - Transitional Living- with treatment component- VA and Federal diversion
 - Treatment center
- Mission: “To provide high quality, affordable, comprehensive substance use treatment programs and services recovery, personal growth, accountability, self-sufficiency, and healing”.
- Moto: “ Changing lives. One person at a time.”



History of Relationship: Crossroads



1. Provide health assessments
2. Enhancing the care for residents due to complex cases
3. Improve outcomes
4. Keeping costs low

History of Relationship: Academics



1. Offer clinical experiences to address opioid epidemic
Increase access to prevention, health promotion, and transitional care for a highly vulnerable population of individuals recovering from substance use disorders in residential care in Phoenix, Arizona through collaboration with a community-based clinical partner, The Crossroads, Inc.
2. Help to meet course objectives (social determinants of health)
3. Address population health, beyond what is typically provided in healthcare education

IOM Interprofessional Learning Continuum (IPLC) Model



FIGURE: The Interprofessional learning continuum (IPLC) model

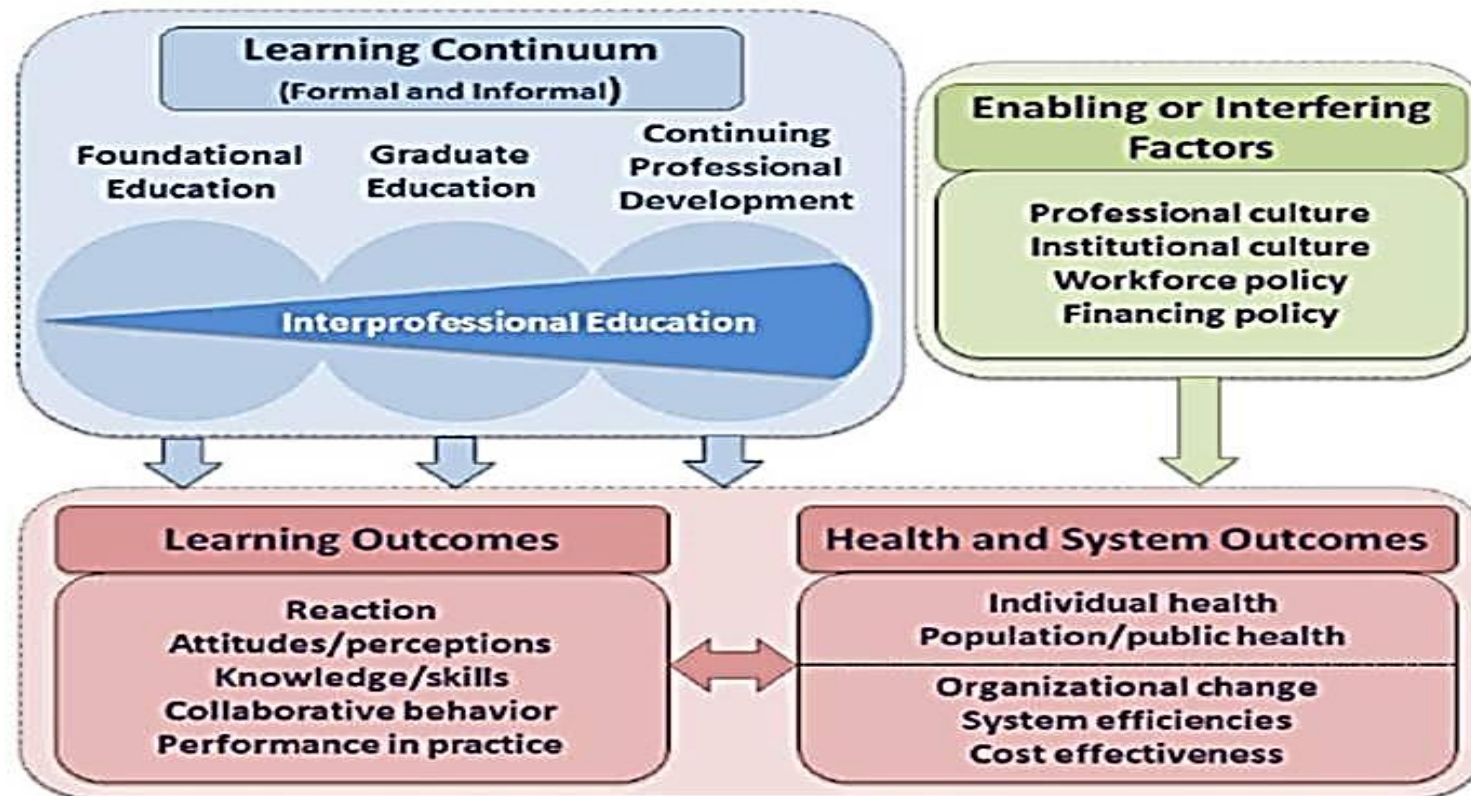


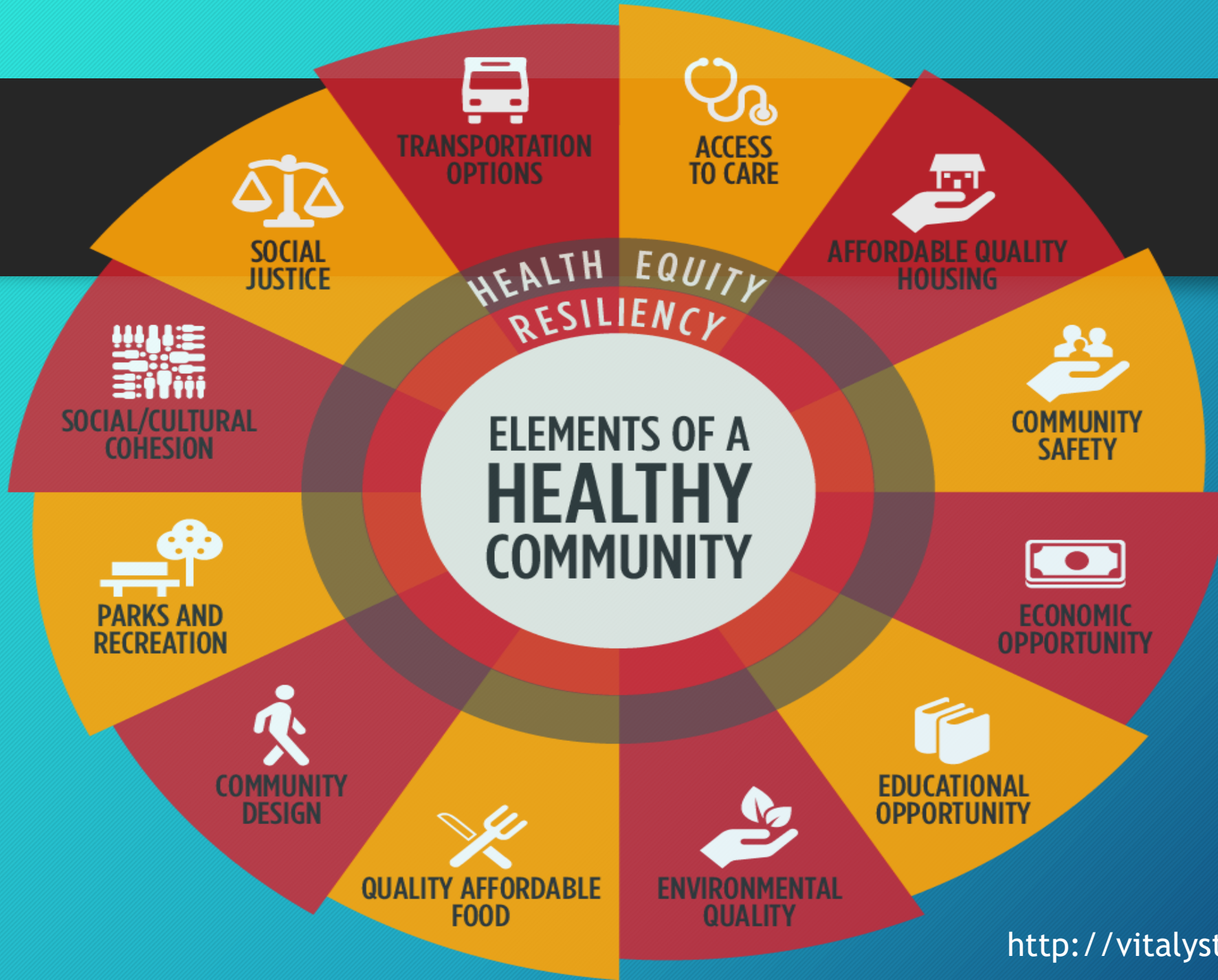
Figure 3-2, Reprinted with permission from *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*, 2015 by the National Academy of Sciences, Courtesy of National Academies Press, Washington, D.C.

NOTE: For this model, “graduate education” encompasses any advanced formal or supervised health professions training taking place between completion of foundational education and entry into unsupervised practice.

Project Timeline



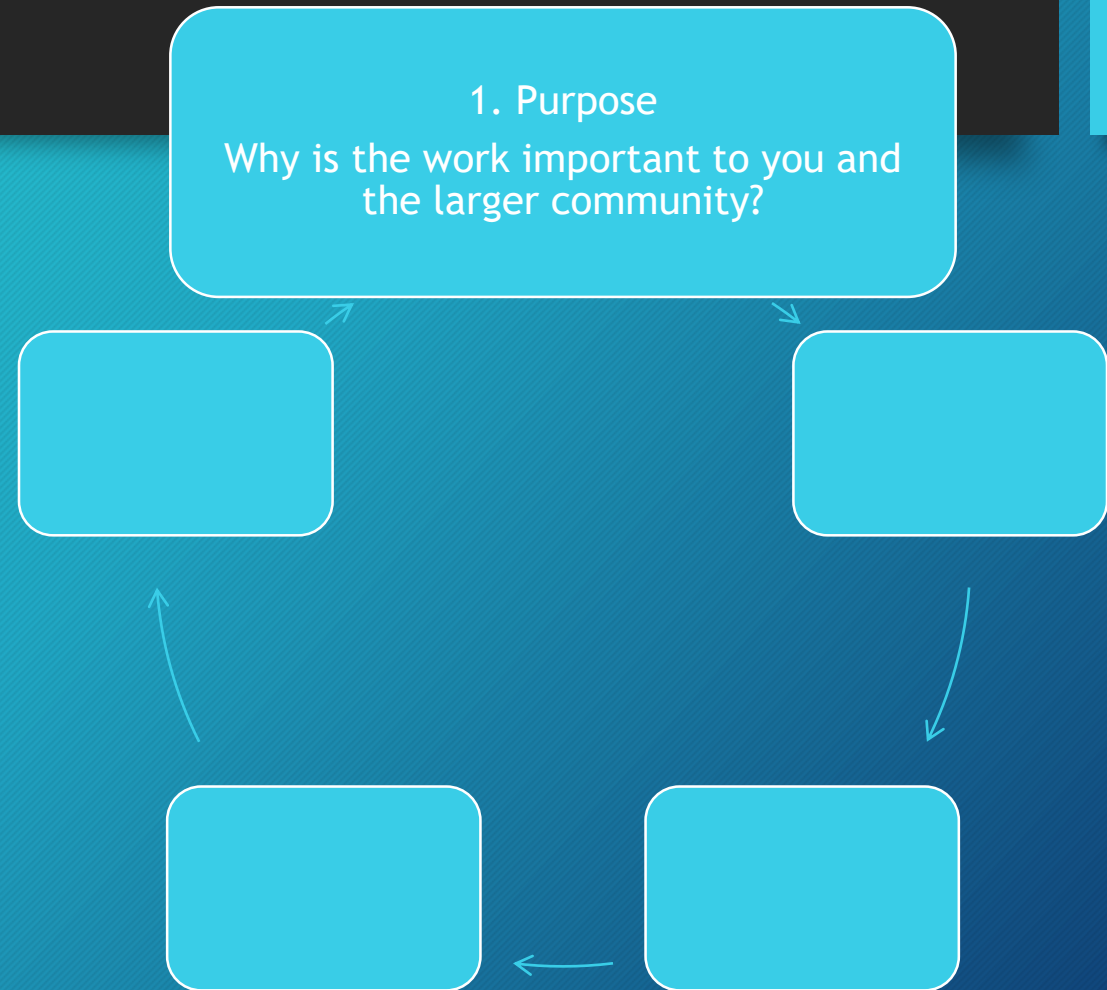
- 2013 - Crossroads transitioned from transition living (halfway house) to a residential treatment provider
Crossroads initiated relationship with academic partners (health assessment)
- 2015 - Grant opportunity
- 2016 - Grant was awarded, planning began
Health Promotion Teams Launched
- 2017 - February Care Management Teams Launched



Building A Collaborative Community Partnership: Step 1



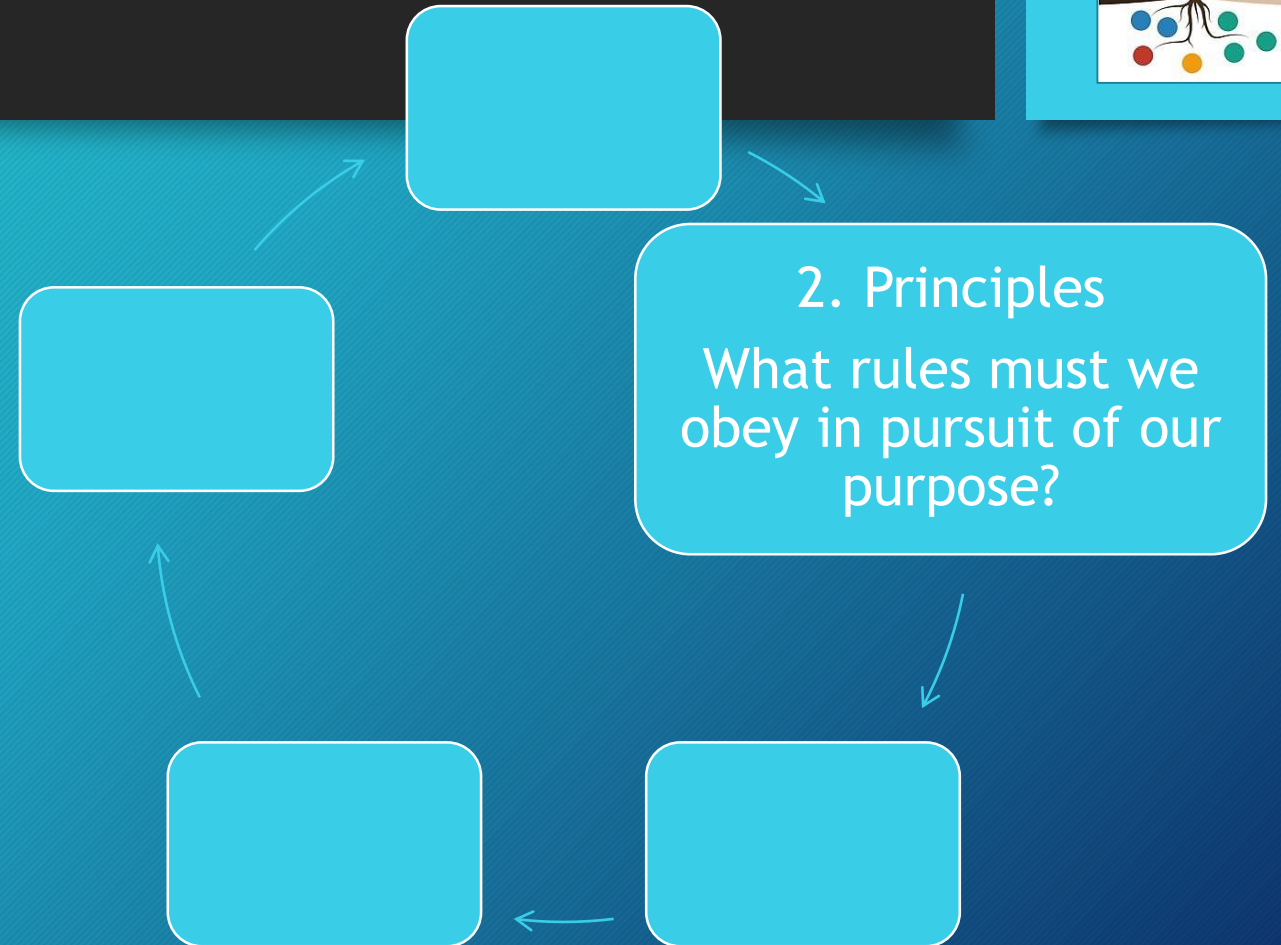
- Problem Identification
 - What problem do you want to solve?
 - Define the goals.
 - Is there a desire for change?
 - Why is solving the problem important?
 - How will success be measured?



Building A Collaborative Community Partnership: Step 2



- Those Impacted
 - Who in the community is impacted by the problem identified?



Building A Collaborative Community Partnership: Step 3



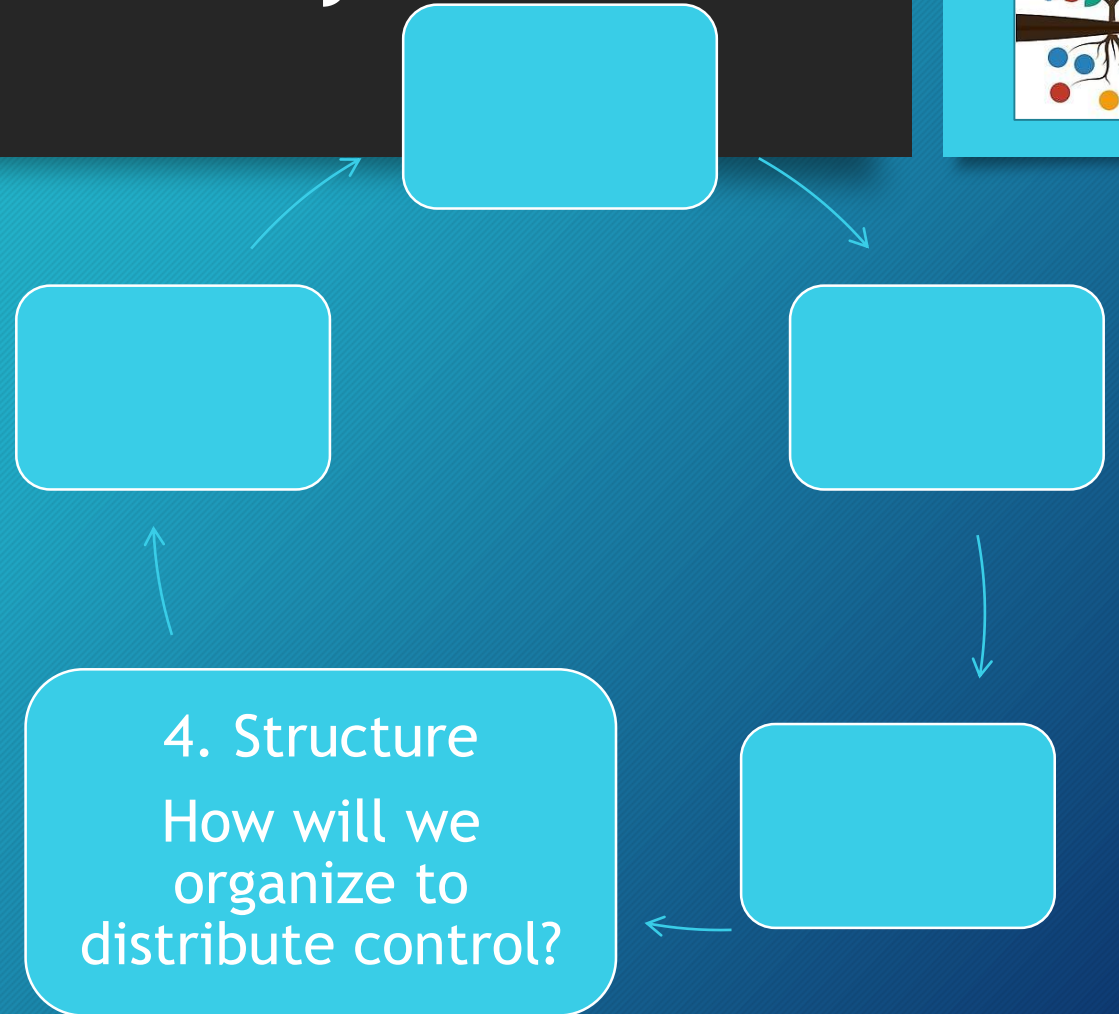
- Identification and Selection of Partnership
 - Who are potential partners?
 - What partners are critical to make changes?
 - What is the win - win?
 - Who will lead the way?
 - What are the shared vision/values?
 - What agreements need to be in place prior to partnering together?



Building A Collaborative Community Partnership: Step 4



- Designing and Building
 - What is currently working well and what is not?
 - Are there examples of models of success?
 - Locate best available and current research and evidence.
 - Do policies and practice align?
 - Will the project design and partnership address the problem identified?
 - What do you need to succeed?
 - Are all entities on the same page with the changes?



Building A Collaborative Community Partnership: Step 5



- Sustainability
 - What is needed for ongoing implementation of the program?
 - How will the partnership be monitored after the implementation of the program?
 - OTHERS?



SHOW Crossroads Inc. Collaboration Example



1. **Purpose:** Crossroads is largest residential substance use treatment facility in the Southwest. U.S. is currently in a opiate epidemic. Epidemic is especially challenging in lower socioeconomic populations due to access to treatment. Congress call for health professionals to have competencies in treating substance use disorders. SHOW and other academic partners
2. **Principles:** Agency licensure change, state incentives to offer integrated care services.
3. **Participants:** Crossroads/SHOW collaboration. National Center for Interprofessional Practice and Education- Nexus Accelerating Grant.
4. **Structure:** Student led, faculty guided, Integrated Health Management Team, Health Promotion Team, Interprofessional learning outreach specific for individuals recovering from substance use disorders. Shared Huddles
5. **Practices** Nexus Accelerating Grant, meaningful information exchange with community partners (measure IP and Substance Use Disorder treatment competency development, Length of stay, Patient Satisfaction, Incident reports, ROI, individuals served, etc.)

1. Progress Highlights- Health Management



Health Management Team
Fridays- 10 a.m.-3 p.m.
602 client visits

1 Preceptor	# Students	Affiliation
Psych DNP	5	Arizona State University
Family DNP	6	Arizona State University
Social Work	6	Arizona State University
Physical Therapy	22	Northern Arizona State

2016- Quality Improvement
2 pilot houses Pre/Post



1. Progress Highlights: Health Promotion



Interprofessional
Orientation

Needs
Assessment

Program
Development

Program
Implementation

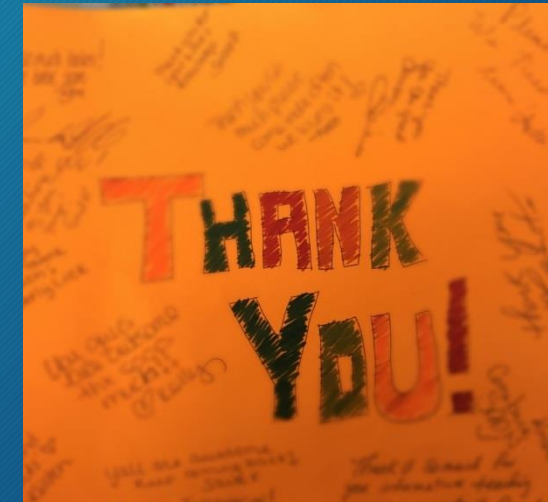
Program
Evaluation



1. Progress Highlights: Health Promotion 2016-2018



Pilot Site	Profession	Total Students	Programs
Flower	Arizona State University Social Work	6	Recovery Quilt
			Family Education
			AHCCS Enrollment
	Northern Arizona University Occupational Therapy	7	Life Skills
			Vocational Training/ GED
	Northern Arizona University Physical Therapy	6	Exercise & Wellness Education
East	Arizona State University Social Work	2	Family Education
	Northern Arizona University Occupational Therapy	10	Vocational Training
			Stress Management
	Northern Arizona University Physical Therapy	4	Exercise & Wellness Education



Common Obstacles & Strategies to Overcome



Stigma

Communication

Differing Agendas / Goals

Bureaucracy

Resistance to Change

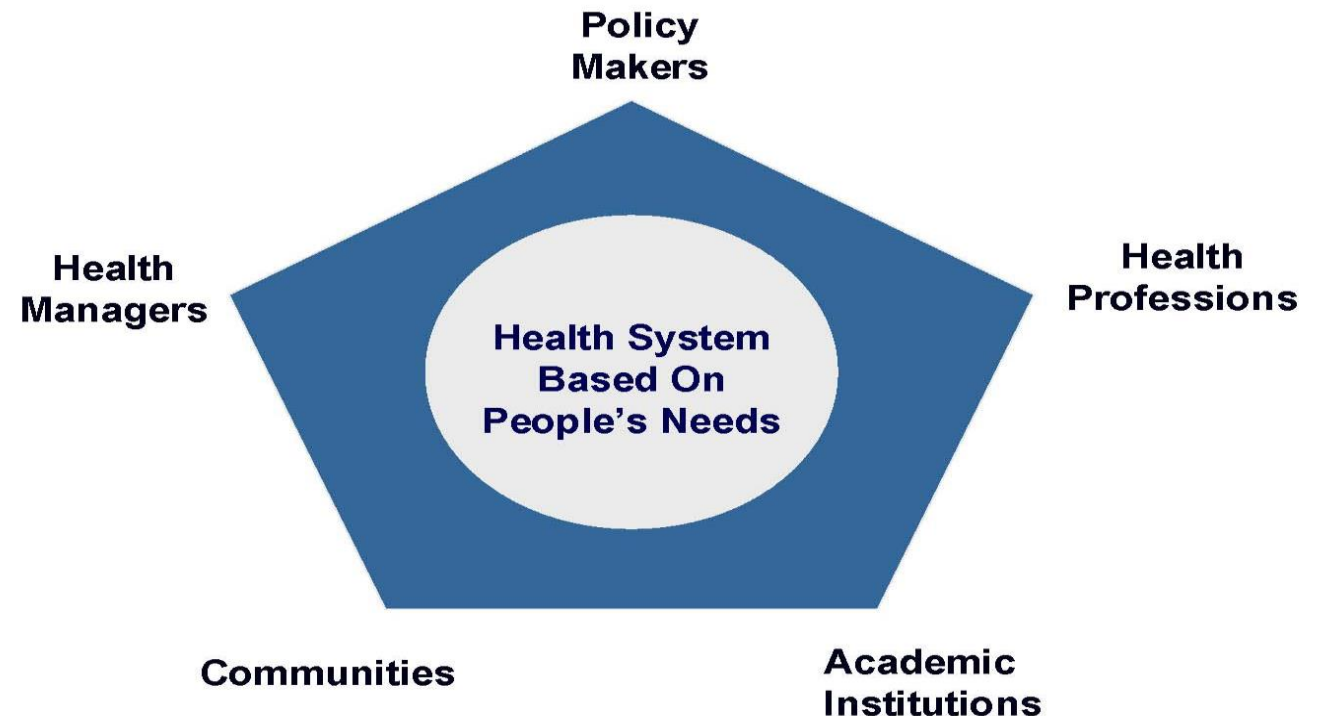
Implementing New
Practices

Personalities

Financial / Resources

Expectations / Outcomes

The Partnership Pentagram*



*from "Towards Unity for Health" – a WHO Working Paper, 2000

Building an Evaluation Plan



**Improve the quality of care &
patient experience**

Improve the health of populations

Reduce the cost of health care

Measure your Nexus

Measure Your Nexus: National Center Tools



- Six Characteristics
- ACE 15
- Development Model

IPE:
Opportunities for
Community-University
Partnerships Linked
to Health



Integrated
Health Care &
Higher Ed
System
Transformation



Improved
Health
and
Learning
Outcomes

Driving Costs Out of Systems

Health Outcomes

Workforce Optimization

Access to Care

Patient Safety/Quality

Teamwork

Getting to Know Each Other

Brandt, B.F. (2009). Past, Present & Future. Presentation to HRSA
Advisory Committee on Community-based Interdisciplinary Linkages.

Developmental Model Data Comparisons



Developmental Step	October 2016*	February 2017**	November 2017**
Driving Costs Out of Systems: Education	1	3	4
Driving Costs Out of Systems: Practice	4	3	5
Health Outcomes	4	3	4
Workforce Optimization: Education	4	3	5
Workforce Optimization: Practice	4	3	4
Access to Care	4	3	5
Patient Safety/Quality	1	4	3
Teamwork	2	3	4
Getting to Know One Another	3	3	5

*Scale: 4 = Significant Extent; 3 = Some Extent; 2 = Slight Extent; 1 = Not At All

**Scale: 5 = Significant Extent; 4 = Moderate Extent; 3 = Some Extent; 2 = Slight Extent; 1 = Not At All

Improve the quality of care & patient experience

1. Increased patient satisfaction report
2. Decreased incident reports
3. Increased length of stay

Improve the health of populations

1. Provide holistic care
2. Increased access to care

Reduce the cost of health care

1. Free care and services given
2. Salary savings

Measure your Nexus

1. Developmental Model - each category either remained the same or improved
2. SOARR
3. ACE 15

Build an Evaluation Plan



Now it's your turn!



Contact Information



- Liz Harrell

Liz.Harrell@asu.edu

- Oaklee Rogers

Oaklee.Rogers@nau.edu

- Karem Garcia

Karem.Garcia@thecrossroadsinc.org

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