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
2018
Presenters

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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.”
Healthy Community

- Active and consistent participation
- Clear purpose
- Members draw other members
- Shared history and culture
- Participant to participant collaboration
- Safe place to express honest opinions
- Shared concern and support for the community
- Sense of ownership
- Self-managing and self-governing
- Meets member's needs (value added)
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
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 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?

1. Purpose
   Why is the work important to you and the larger community?

Building A Collaborative Community Partnership: Step 2

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

2. Principles
   What rules must we obey in pursuit of our purpose?

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?

3. Participants
Who must be included to achieve our purpose?

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?

4. Structure
How will we organize to distribute control?

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?

5. Practices
What are we going to do? What will we offer to our users/clients? How

SHOW Crossroads Inc. Collaboration Example

1. **Purpose:** Crossroads is largest residential substance use treatment facility in the Southwest. U.S. is currently in an 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/SOW 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

<table>
<thead>
<tr>
<th>1 Preceptor</th>
<th># Students</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Psych DNP</td>
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<td>Family DNP</td>
<td>6</td>
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<tr>
<td>Social Work</td>
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<tr>
<td>Physical Therapy</td>
<td>22</td>
<td>Northern Arizona State</td>
</tr>
</tbody>
</table>

2016 - Quality Improvement
2 pilot houses Pre/Post

2017 Value Add - 1 Additional Service Line, 83K in salary savings and 95,500K in free service
2018 Sustainability - Clinic

Incident Reports
Length of Stay
Patient Satisfaction
1. Progress Highlights: Health Promotion

- Interprofessional Orientation
- Needs Assessment
- Program Development
- Program Implementation
- Program Evaluation
## 1. Progress Highlights: Health Promotion 2016-2018

<table>
<thead>
<tr>
<th>Pilot Site</th>
<th>Profession</th>
<th>Total Students</th>
<th>Programs</th>
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</thead>
<tbody>
<tr>
<td>Flower</td>
<td>Arizona State University Social Work</td>
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<td>Recovery Quilt</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Family Education</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>AHCCS Enrollment</td>
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<tr>
<td></td>
<td>Northern Arizona University Occupational Therapy</td>
<td>7</td>
<td>Life Skills</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Vocational Training/ GED</td>
</tr>
<tr>
<td></td>
<td>Northern Arizona University Physical Therapy</td>
<td>6</td>
<td>Exercise &amp; Wellness Education</td>
</tr>
<tr>
<td>East</td>
<td>Arizona State University Social Work</td>
<td>2</td>
<td>Family Education</td>
</tr>
<tr>
<td></td>
<td>Northern Arizona University Occupational Therapy</td>
<td>10</td>
<td>Vocational Training</td>
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<tr>
<td></td>
<td></td>
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<td>Stress Management</td>
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<tr>
<td></td>
<td>Northern Arizona University Physical Therapy</td>
<td>4</td>
<td>Exercise &amp; Wellness Education</td>
</tr>
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</table>
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*

- Health System Based On People’s Needs
- Communities
- Policy Makers
- Academic Institutions
- Health Professions

*from “Towards Unity for Health” – a WHO Working Paper, 2000*
Building an Evaluation Plan

<table>
<thead>
<tr>
<th>Improve the quality of care &amp; patient experience</th>
<th>Improve the health of populations</th>
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</thead>
<tbody>
<tr>
<td>Reduce the cost of health care</td>
<td>Measure your Nexus</td>
</tr>
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</table>
Measure Your Nexus: National Center Tools

- Six Characteristics
- ACE 15
- Development Model
### Developmental Model Data Comparisons

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

*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
<table>
<thead>
<tr>
<th>Improve the quality of care &amp; patient experience</th>
<th>Improve the health of populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increased patient satisfaction report</td>
<td>1. Provide holistic care</td>
</tr>
<tr>
<td>2. Decreased incident reports</td>
<td>2. Increased access to care</td>
</tr>
<tr>
<td>3. Increased length of stay</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reduce the cost of health care</th>
<th>Measure your Nexus</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Free care and services given</td>
<td>1. Developmental Model - each category either remained the same or improved</td>
</tr>
<tr>
<td>2. Salary savings</td>
<td>2. SOARR</td>
</tr>
<tr>
<td></td>
<td>3. ACE 15</td>
</tr>
</tbody>
</table>
Build an Evaluation Plan

Now it’s your turn!
Questions
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References


