Objectives:
Building the Framework - IP Education to Practice

1. Enumerate the basic tenets to transform health care delivery and the critical importance of our work

2. Provide a ‘logic model’ and lessons learned to support collaborative practice and mitigate practice barriers

3. Facilitate net-centric/transformational leadership within the IPEC enterprise

4. Inspire programmatic action plans that transform education to practice

• Disclaimer
Transform

It takes no great skill to reproduce the consensus.

FACILITATE THE PARADIGM SHIFT FROM HEALTH CARE TO HEALTH...
WE ARE AT A CRITICAL THRESHOLD

- “A Tipping Point”
- The moment of critical mass, the boiling point
- Like a virus
- 3 Rules of Social Epidemics:
  1. The Law of the Few
  2. Stickiness Factor
  3. Power of Context

Resistance to Change

PUBLIC perception

Outcomes

New legislation

Unified Front

Older legislation
Health Care Challenges: “The Big 3”

1. Chronic Care Demands

• Leading cause of death and disability in the U.S.
• Affect 45% of U.S. population
• 99% of all Medicare spending
• # of visits
• cost
81% of ALL hospital admissions

91% of ALL prescriptions filled
2. Access

- Affordable coverage ≠ access to services
- ~60 million Americans lack primary care access

3. Provider Challenges

- Provider shortage is projected (estimated 85,000-200,000 by 2020)
- Panel size increasing
- Unequal distribution of health care providers
- Payment models will affect many providers
Interprofessional Education:
Building A Framework For Collaboration

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Evidence?

- Evidence-based outcomes support HCP collaboration
- Discordant data is much less ‘evident’
- There is no consistent construct that ensures delivery of the best patient care.

Report to the Surgeon General...


Goals:
1. Improve patient and health system outcomes
2. Transform the profession to meet the nation’s health needs

- We have good data (qualitative and quantitative)
- We have a match between need and capacity
n=118 PHS physicians from 13 different states

96% of physicians reported overall benefit
- Improved primary care (88%)
- Reduction in complication of Tx (77%)
- Allow shift in workload for physician (82%)
- Increased patient access to care & improved disease outcomes (75%)

Background
- Run by pharmacists in collaboration with MDs and nurses
- Followed 67 patients for 4 years
- Post-diagnostic prescriptive and lab authority to pharmacy
- Education and referral capacity with pharmacy/nursing

Outcomes
- Decreased 1-yr readmission rate by 72%
- Improved referral for ICD/CRT
- Improved medication usage and target dosing from 19% to 84% (ACE, BB, etc)
EXAMPLE: “ELEVATOR SPEECH” OUTLINE FOR PHARMACY

- Chronic disease is the biggest burden in the United States (# of visits, cost to the country, access challenges, PCP shortages)
- The primary form of tx for chronic conditions is through medications
- Pharmacists’ expertise and formal training lies post-diagnosis in the treatment of chronic conditions thru medications
- Arguably the most accessible health professional in U.S.
- Proven cost-containment strategies
- Evidence-based data that says it works across decades and is supported by informed physicians
- Rarely evidence that these expanded roles are ineffective.

The years teach much which the days never knew.
- Ralph Waldo Emerson

- “Common Practice” like “Common Law”
- Successful interprofessional practice is not uncommon
  - Can easily become a non-territorial environment
  - Physicians are misperceived as not supportive
- You need a logic model and evidence to leverage
- We teach collaboration mostly in the clinical setting but not the policy or leadership setting
- You have to be the Law of the Few
Transformational Leadership

- Individualized Attentiveness
  ✓ Maximize Scopes
- Stimulate innovation and creativity
  ✓ Challenge to identify logic model
- Inspirational v. motivation
  ✓ Health care to health
- Idealized Influence
  ✓ Accepting of change
- Sincerity in approach

Net-Centric Leadership

Highly adaptable
Leadership v. management
Network v. individual
Dispersed

You can drive the future or be a victim of it.
EVERYONE HAS A PLAN ‘TILL THEY GET PUNCHED IN THE MOUTH.

Why is the ‘IPE Enterprise’ so important?

You are the “Law of the Few” You can drive the future state.
Call-to-Action: From Education to Practice:  
*Programmatic Action Plan?*

1. Develop an IPEC brand of nomenclature
2. Enumerate another provider’s maximum scope and current barriers to it.  
3. Select 1 collaboration barrier and address it as a team.  
4. Emphasize policy collaboration, not just clinical  
5. Develop an ‘elevator speech’ based on logic  
6. Practice transformational leadership - negate the ‘herd mentality’. Filter out the noise.

Interprofessional education enables 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.”
Questions?

REAR ADMIRAL SCOTT GIBERSON
Acting U.S. Deputy Surgeon General