New Models of Care: Interprofessional Practice and Education Teams

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Objectives

Upon completing this session, participants will be able to:

1. Describe working models of community based interprofessional practice

2. Define strategies to maximize successful integration of health professions students into projects.

3. Understand some effective methods of interprofessional education and sustainability of interprofessional practice
Create sustainable interprofessional centers of excellence for practice and training education

Minnesota Medical Education Research Costs (MERC).

Interprofessional Practice and Education (IPE)

Rural Health Network Development Planning grant proposal, CFDA No. 93.912
Faculty Leadership Council

FLC Vision: works toward meeting the health needs of greater MN through innovative, sustainable, and interprofessional health professions education.
Faculty Leadership Council

- FLC leads collaborative development of interprofessional education opportunities for health professions students in rural and underserved areas
- FLC cultivates and engages academic programs for rural and underserved communities
Faculty Leadership Council

Functions:

I. Serve as liaison between AHC health professions schools and Minnesota AHEC to provide strategic oversight and coordination of rural health educational opportunities through the Minnesota AHEC network and its service platform.
Faculty Leadership Council

Functions continued

II. Engage and advise the professional schools in the development of rural and underserved educational opportunities through Minnesota AHEC.
Faculty Leadership Council

Functions continued

III. Provide strategic oversight for program development and related initiatives.

IV. Advocate for support and funding for rural and underserved and interprofessional education.
Faculty Leadership Council

Functions continued

VI. Connect with and advise the AHC Experiential Education Committee.

VII. Communicate with Career and Community Learning Center, Health Careers Center, Council on Outreach and Public Education, Center for Public Health Outreach, and Community Campus Network.
Faculty Leadership Council

- The council is made up of faculty leaders representing the AHC including the schools of dentistry, medicine, nursing, pharmacy and public health. The faculty were appointed by the deans of their respective schools.
Faculty Leadership Council

Members

I. James Begun, PhD, the James A Hamilton Term Professor in Healthcare Management in the Division of Health Policy and Management

II. Paul Schulz, DDS, is an Associate Clinical specialist and the Director of the Mobile Dental Program at the University of Minnesota School of Dentistry.
Faculty Leadership Council

Members continued

III. Gwen Halaas, MD, MBA, is the founding director of the Center for Interprofessional Education, which will provide the structure and systems to formalize interprofessional education in the Academic Health Center.

IV. Rodney Carter, PharmD, is the Associate Dean of Professional and External Relations for the College of Pharmacy.
Faculty Leadership Council

Membership continued

VI. Kathleen Krichbaum, PhD, MS, is an Associate Professor in the School of Nursing and in the graduate minor in Gerontology.

VII. Sara Axtell, PhD, is the Community-Campus Health Outreach Liaison at the University of Minnesota.
Faculty Leadership Council

Membership continued

VIII. Timothy Stratton, PhD, BCPS, FAPhA, is an Associate Professor in the Department of Pharmacy Practice and Pharmaceutical Sciences.

IX. Ray Christensen, MD, is an Assistant Dean for Rural Health and an Associate Professor in the Medical School.
Faculty Leadership Council

Membership continued

X. Kelli Johnson, MBA, is Center Director at the State Health Access Data Assistance Center (SHADAC) in the School of Public Health.

To learn more about the Minnesota AHEC Faculty Leadership Council, contact AHEC Program Staff.

www.mnahec.umn.edu/AHEC/about/council.html
Moose Lake’s project

The “Community Geriatric Project”
- Has evolved over the last three years to its present-day form

Purpose of the project
- Decrease hospitalizations, ER/UC visits, and death in the elderly population
- Educate health care professionals in a way that they learn to work together
Moose Lake’s project

- Patients are admitted to Mercy Hospital
- Utilize a “probability of readmission” score to predict patients with a higher risk of re-hospitalization based on easily administered questionnaire
- High risk patients are randomized to usual care or intervention group
Moose Lake’s project

- Students and health professionals assess the patient to determine which interventions may benefit the patient.
- The interprofessional team determines which interventions are appropriate for the patient during a team meeting.
- The team presents their recommendations to the primary care physician.
“Lunch and Learn”

Topic discussions about important geriatric topics
- Falls
- Delerium
- Dementia
- Incontinence
Integrating Students

- Collaboration between health care systems and learning institutions
- Coordinate student participation with preceptors
  - This project is in addition to the requirements of their college or university
  - Each college or university is on a different schedule
- Utilize your AHEC director
Other examples of successful interprofessional projects...
Now it’s your turn....
Lessons learned

- It takes time to develop a working interprofessional team
- Essential to have support of administration and staff
- Financial sustainability
  - Direct reimbursement vs. cost savings
  - Work within the existing systems to minimize costs
Lessons learned

- Don’t need a specific idea from the beginning
  - Need a high level commitment from the beginning and a small team that can design the right project for your institution with some flexibility
Questions?