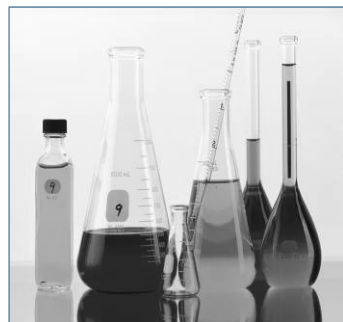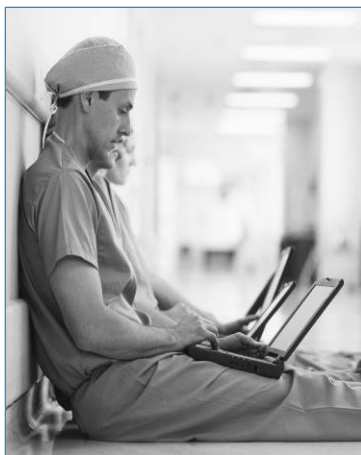# NEHI

Team-Based Primary Care

The Role of Collaborative Health Professions' Education in Developing Effective Care Teams

The national network for health innovation

March 15, 2011 ▪ Population Health & Care Coordination Colloquium

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NEHI is an independent, nonprofit national network focused on enabling innovation to improve health care quality and lower health care costs.

In partnership with members from all across the health care system, NEHI conducts evidence-based research and stimulates policy change to improve the quality and the value of health care.

Together with this unparalleled network of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy.

Primary Care in Crisis – A Few Headlines

- A "crisis of care on the front line of health" declared by the New York Times.

- The American College of Physicians warns of an "impending collapse of primary care."

- Internal medicine and family medicine are "critically stressed" according to the Massachusetts Medical Society.

…but what can we do to fix it?

NEHI's Work on Primary Care

Remaking Primary Care:

A Framework for the Future

January 2010

NEHI — New England Healthcare Institute

JOSIAH MACY JR FOUNDATION

Root Causes

- **Aging population**
- **Increasing chronic disease**
- **Workforce shortage**

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Limited Access to Primary Care Services

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Innovations

- **Team-based practice**
- **Improved health professions education**

Primary care teams are needed for efficient care delivery

- **Primary Care Teams lead to better clinical and financial performance and reduced clinician workload. [1]**

- **"High-functioning care teams"— those with high levels of collaboration and teamwork—performed 40–90% better than low-functioning teams in caring for chronic diseases, including diabetes, hypertension, and asthma. [2]**

- **In the United Kingdom, care teams were the "only variable that was associated with high quality care across a range of aspects of care." [3]**

Sources:

1. Bodenheimer T (University of California, San Francisco). Building teams in primary care: lessons learned [Internet]. Oakland (CA): California HealthCare Foundation; 2007 Jul [cited 2010 Jun 28]. Available from: http://www.chcf.org/~/media/Files/PDF/B/Building-TeamsInPrimaryCareLessons.pdf

2. Roblin DW, Kaplan SH, Greenfield S, Roberts MH, Jacobs LD, Carlton DG. Collaborative clinical culture and primary care outcomes (abstract). Abstr Acad Health Serv Res Health Policy Meet. 2002;19:3.

3. Campbell SM, Hann M, Hacker J, Burns C, Oliver D, Thapar A, et al. Identifying predictors of high quality care in English general practice: observational study. BMJ. 2001; 323(7316):787.

"All health professionals should be <u>educated to deliver patient-centered care as members of an interdisciplinary team</u>…"

- Institute of Medicine, *Health Professions Education: A Bridge to Quality*, 2003

Yet collaborative education is <u>not</u> the norm

What is required, in the words of Loren Roth of the University of Pittsburgh School of Medicine,

"is a revolution in how we train our providers"

Collaborative Education Summit

Primary Care Innovation in Action: Collaborative Education
A Summit of Medical and Nursing School Deans

Participating Institutions

- Columbia University

- Saint Louis University

- University of Colorado

- University of Connecticut

- University of Massachusetts

- University of Pittsburgh

Collaborative Education

- **Collaborative education, also known as interprofessional education, occurs "when members (or students) of 2 or more professions associated with health or social care engage in learning with, from, and about each other."[1]**

- **Multiple Approaches**
  - Classroom, clinic or community
  - Courses directly in team development and management
  - Courses on chronic disease care, patient safety, and health care ethics, to highlight the importance of teamwork in those areas
 - Case-based curriculum with students from multiple disciplines

Sources:
1. Centre for the Advancement of Interprofessional Education. Interprofessional education: a definition. London: The Centre; 1997. CAIPE Bulletin 13.

Example Collaborative Education Programs

Approach	Description	Example
Coursework	Courses on developing teambased skills (collaborative) decision-making, team management) or applying collaborative techniques to health issues such as chronic disease care or patient safety	The **University of Pittsburgh's** "Basic Science of Care" is a mandatory introductory course on interdisciplinary collaboration for medical students and open to all other disciplines.
Areas of Concentration/ Alternative Tracks	Elective academic concentrations or topic specific tracks that enroll students across disciplines	The **University of California at San Francisco's** "Pathways to Discovery" program brings together multiple health professions for targeted medical studies. Similarly, the **University of Connecticut's** "Urban Service Track" program prepares pharmacy, medical, dental and nursing students to serve urban communities.
Student Initiatives	Student-created and led organizations and competitions that reach across disciplines	At the **Medical University of South Carolina**, teams of students from different disciplines compete to develop team-based care plans.

Example Collaborative Education Programs (cont.)

| Approach	Description	Example
Interprofessional Education Centers	Centers that serve as a focal point for coordinated efforts and research across an institution	The Center for Interprofessional Education and Research at **Saint Louis University**, supported by faculty from across the health sciences, coordinates collaborative education, community outreach, research and extramural activities.
Campus-wide Quality Initiatives	The integration of interprofessional education with broader quality improvement initiatives	The **Medical University of South Carolina's** "Creating Collaborative Care" program is redesigning the school's training programs to prepare graduates to work in team-based care.
"e-Cases"	Online, electronic case studies for students from multiple disciplines to practice team-based approaches to diagnosis and treatment	**McGill University's** students develop web-based, discipline-specific care plans which are then merged by faculty into a single plan for student review and discussion.

Culture

- **Compartmentalized structure of the health care system → Significant lack of communication across discipline**

- **Preconceptions about professional roles and responsibilities**

- **Competition and distrust between professions (both students and faculty)**

- **Traditional hierarchical structure**

  - Physicians as primary decision makers

  - Others to secondary status
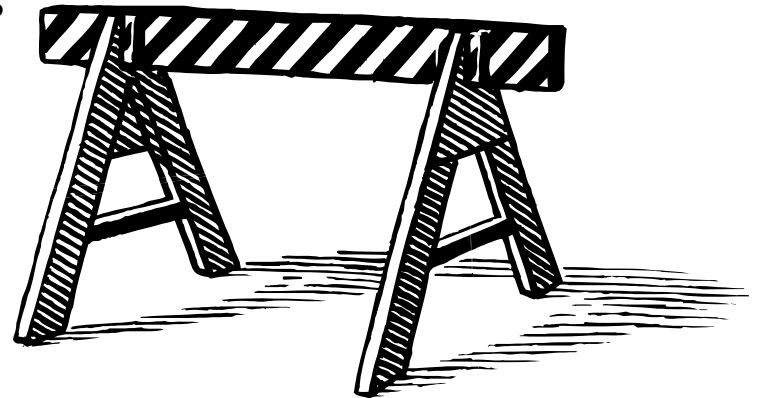
Administration

- **Even within the same institution, medical, nursing, and other health professions schools are administratively separate.**

  – Conflicting academic calendars and separate faculties make it hard to schedule shared courses and other activities.

  – Differences in tuition structures make it difficult to organize, offer, and bill for shared courses.

- **Programs with separate campuses face the added challenge of geographic separation.**
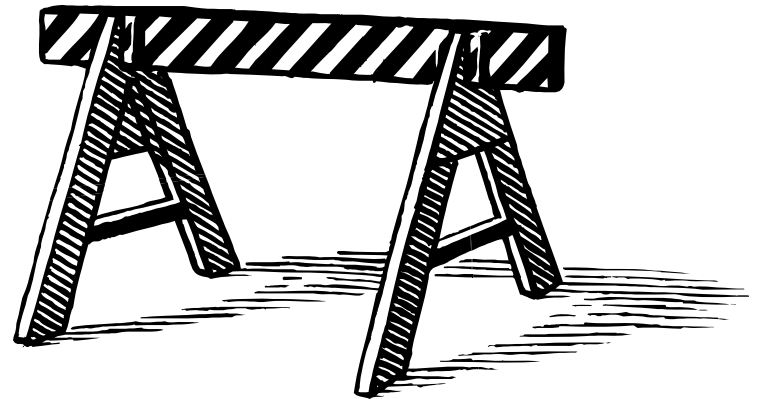
Curricula

- **Curricula are jam-packed, and programs are under pressure from accreditation and licensing bodies to ensure that students acquire essential skills and competencies.**

  – Very challenging to add any new courses or training experiences, including collaborative education.

- **Clinical Rotations/Clerkships are an ideal setting for applying collaborative education experiences to direct patient care.**

  – Students learn how to provide care in these rotations and often emulate and share the behavior of their preceptors.

  – However, clinical experience can also undo prior collaborative training. This is particularly likely if students work with practicing clinicians who are not experienced with or amenable to the team-based model.

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Funding

- **Absence of substantial and sustained funding for collaborative education makes it difficult for institutions to make long-term commitments to such initiatives.**

  – Although foundations and some federal grants have supported these efforts, recipients of short-term funding report that once the money dries up, the programs typically <u>shut down</u>.

- **The absence of evidence that collaborative education is effective continues to hamper efforts to develop sustainable funding sources.**
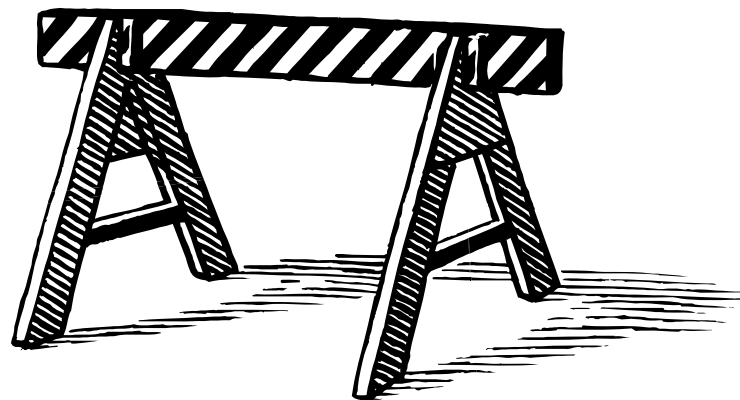
- **Conduct and Evaluate Demonstrations**

- **Reform Leadership Cultures**

- **Develop Collaborative Committee and Centers**

- **Forge Clinical Partnerships**

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- **Revise Admissions Policies**

- **Engage Accreditation and Professional Societies**

- **Develop Sustainable Public Funding**

- **Creation of a Nation Center for Collaborative Education**
  - Federally supported
  - To support the development, demonstration, and dissemination of collaborative education activities

- **Encourage team-based care in primary care residencies**
  - Led by CMS and ACGME
  - Tools and incentives incorporate team-based training in their curricula and encourage meaningful collaboration among a variety of health professionals

- **Joint action from accrediting bodies**
  - Identify best practices and support demonstrations of team-based education within and across professional schools
  - Ultimate goal: promulgation of collaborative accreditation standards

- **Collaboration between AAMC and ANA**

  - Utilize the Medical School Objectives Project (AAMC) and the American Nurses Credentialing Center (ANA) to promote interprofessional education among their members and throughout their professions

- **Define and promulgate quality-of-care guidelines that include team-based care**

  - Led by the National Quality Forum, Leapfrog Group, Joint Commission, and other national organizations

- **Revise the MCAT to better identify candidates with strong interpersonal skills**

- **Create collaborative education centers at academic institutions**
  - Will serve as catalysts for institution-wide interprofessional education activities and focal points for securing additional financial and staff resources

- **Develop robust mechanisms to demonstrate and measure the impact of collaborative education on the quality and efficiency of health care**

The national network for health innovation

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