The Continuum of Learning and Experience in the Practice of Team-Based Collaborative Care to Improve Health Outcomes

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Disclosure: The speaker does not have any conflicts of interest to report
The Changing Process of Care

**Current State –**
- Provider-Centered
- Volume-Driven
- Open ended Learning
- Scattered Data
- Fragmented Care Systems
- FFS Payment Systems

**Future State –**
- People/Health Centered
- Outcomes (performance) Driven
- Closed Loop Learning and Teams
- Data Interchange/Big Data
- Coordinated/Integrated Care Systems
- New Payment Systems
  - Value-based purchasing
  - ACO shared savings
  - Episode-based payments
  - Care management fees
  - Data transparency

Adopted from CMMI
Interprofessional Education and Collaborative Practice (IPECP)

**Interprofessional education** “occurs when two or more professions learn with, about, and from and each other to enable effective collaboration and improve health outcomes.”


**Interprofessional (or collaborative) care** “occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

*Framework for Action on Interprofessional Education and Collaborative Practice, World Health Organization 2010*
<table>
<thead>
<tr>
<th>Student</th>
<th>Resident</th>
<th>Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge, reflection, attitude and behavior change, practice(formation)</td>
<td>Deeper understanding of practice and adoption of IPECP skills and application</td>
<td>Collaborative practice with practice improvement</td>
</tr>
<tr>
<td>Classroom, simulation, experience in clinics selected with IPECP environments with meaningful roles for students</td>
<td>Needs sites with IPECP environments with meaningful roles for residents</td>
<td>Meaningful involvement of students</td>
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<tr>
<td>Metrics and measurements for learning—skills and ability to apply them</td>
<td>Metric and measures for improvement in IPECP performance and outcomes</td>
<td>Continuing Education</td>
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<tr>
<td></td>
<td>Patient Engagement</td>
<td>Continued practice improvement based on team function and health outcomes</td>
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<td>Patient Engagement</td>
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## Types of Education and Collaborative Practice

<table>
<thead>
<tr>
<th>IPE</th>
<th>CP</th>
<th>IPECP</th>
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<tbody>
<tr>
<td>• Presentation of new knowledge: classroom, simulation, patients, clinics with IPECP practice environments and meaningful student roles</td>
<td>• Collaborative practice: physician centric, nurse centric, leader most appropriate for patient centric care</td>
<td>• Care teams of educators and practitioners with meaningful roles for students</td>
</tr>
<tr>
<td>• Seeks feedback from student experiences for new skill needs, additional development of current skills or new areas of needed knowledge</td>
<td>• May or may not have meaningful roles for students or residents</td>
<td>• IPECP environment with measures and metrics of team performance, health outcomes and practice improvement</td>
</tr>
<tr>
<td>• Real time learning and experience data desirable</td>
<td>• May or may not have a desire for education of the next generation</td>
<td>• Develops understanding of where IPECP is helpful and where it is not, e.g. planning for the patient pyramid and increasing complexity of provider skills needed as patient complexity increases</td>
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<tr>
<td></td>
<td>• Uses CE/ professional meetings/etc as source for new knowledge</td>
<td>• Patient and Community engagement</td>
</tr>
<tr>
<td></td>
<td>• Needs real time practice and outcome data</td>
<td>• Closes the loop with the education system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Needs real time practice and outcome data</td>
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</table>
The Questions Needing More Data

Does interprofessional education and collaborative practice:

• Improve the health outcomes (Triple Aim) on an individual and population level?
• Result in improvement in educational outcomes?
• Identify ecological - environmental factors essential for achieving health outcomes (Triple Aim)?
• Identify factors essential for sustainability of the transformation of the process of care?
• Identify changes needed in policy, accreditation, credentialing and licensing?
• Establish the causal connection between health outcomes (Triple Aim) and interprofessional education and collaborative practice
Knowledge Status of IPECP

1. Data connecting IPECP to Triple (Quadruple) Aim outcomes
   a. Complex patients in primary care

2. There are mixed results in the literature regarding the effectiveness of healthcare teams

2. IPECP competencies have been defined; hard to measure; recognition that there are other important

3. There is a gap between the identification and application of educational best practices: learning from the redesign of the process of care in the field; professional silos; experiential and on the job learning

5. There is a great need for new tools to measure team function
   a. Getting stuck on reflection, learning, changing attitudes and behavior and not how all that affects the outcomes of the process of care
   b. Current instruments/tools need to be developed to measure capabilities and not just competencies
Research in IPECP

A. Current Research Emphasis
   a. KSA’s at the individual level
   b. Practice-based processes
   c. Health system processes

B. Needed Research Emphasis
   a. Impact of KSA’s on health outcomes—patient and population
   b. Transformative improvements in the quality of care
   c. Impact on the per capita cost of care
   d. Return on investment
   e. Education, research and clinical practice alignment
Team Knowledge and Skills: Current and Recognized

Original (IPEC)
• Values & ethics for interprofessional practice
• Roles & responsibilities
• Interprofessional communication
• Teams and teamwork

Recognized as Needed
• Population health, including social determinants
• Teams
• Patient Engagement
• Patient/Evidence-based decision-making
• Cost-effective practices
• Quality improvement and safe practice
• IT Innovation
• Systems thinking
• Informatics
• Outcomes Research
Indicate the nature of IPE implementation at your site/institution today:

**Developmental Stages for IPE Implementation (National Center Stair Step Model)**

**Driving Costs Out of Systems**
Develop and implement IPE models so that they lower costs in education.

- 25% (4)

**Driving Costs Out of Systems**
Develop and implement IPE models so that they lower costs in health care.

- 38% (6)

**Community Health Outcomes**
Intentionally link IPE efforts to improve individual, population and/or community health outcomes.

- 44% (7)

**Workforce Development**
Incorporate IPE into health workforce redesign.

- 50% (8)

**Access to Care**
Strategically implement IPE as a means to improve access to health care.

- 50% (8)

**Patient Safety/Quality**
Purposefully use IPE to teach/learn about and address patient safety and quality issues.

- 88% (14)

**Teamwork**
Intentionally teach knowledge, skills and attitudes/values on teamwork.

- 81% (13)

**Getting to Know Each Other**
Convene key stakeholders to get to know each other as a prerequisite for successful IPE.

- 100% (16)

n=16
Customer Interest in Video PCP

**Consumer interest in seeing their PCP over video**

- Very Interested: 18%
- Somewhat Interested: 44%
- Not Very Interested: 17%
- Not At All Interested: 21%

**Parents’ and non-parents’ willingness to switch PCPs for video visits**

- Parent: 34%
- Not A Parent: 14%

Base: Have a PCP, n=1,739

Base: Parents of children under age 18, n=527 & non-parents, n=1,480
Game Changer: Exponential Growth In Health Technology

1. Exponential growth of unregulated mobile applications that are faster, smaller and cheaper; and are connected to the digitization of health data and being combined with game technology
   a. Health promotion: Fitbits, wearables, digital diapers, implanter chips
   b. Education: simulation, virtual reality as a learning tools
   c. Monitoring: home care, chronic disease management, self-care

2. Robotics, e.g. drug dispensing

3. The “omics” revolution in personalized care
Implications of Exponential Growth in Health Information Technology

1. Transition from hospital/clinic to home/community care
2. Transition from provider based care to self-care, monitoring of chronic disease and prevention
3. Transition from provider control to collaborative control involving the patient, community and engagement in social determinates of health
4. Transition to personalized/individualized care as the “omics” revolution develops
5. Plethora of information requiring new skills and responsibilities for providers and patients/people to effectively use
6. Greater access to information/data (individual and Big Data)
7. Greater access to clinical trials and compassionate drug use
2017: Year of Health IT Interoperability

Office of the National Coordinator (ONCHIT) and 21st Century CURES Act

Essential Elements:
1. Use standardized application programming interfaces (APIs) or a similar data transfer enabling technologies
2. Make it easier for patients to access data
3. Vendors must demonstrate that they are not blocking information or in any way inhibiting data transfer

The shift to value-based care is happening and will continue. According to a recent KPMG survey, half of health systems are now reimbursed in part for value-based care hinging on cost and quality factors.

D’Arcy Guerin Gue  Vice President of Industry Relations for Phoenix Health Systems, a division of Medsphere Systems.
Qualitative Information from National Center

1. Patients need to participate in the development of care plans
2. The cost of care and other social determinant issues need to be taken into account as these relate to the success of the care plan
3. Listen to and ask the people seeking health what they need
4. Patients and families need to be part of the care team
5. Social stressors need to be addressed in the care plan
6. Elicit patient goals and experiences and use the answers to devise pharmacotherapeutic plan with the patient
Team-based care has greater odds of being provided when clinicians have received instruction on team competencies and when clinicians believe collaborative practice is essential to the process of care.

Protected time for quality improvement efforts have greater odds of being provided when health professionals have received instruction on team competencies.

Healthcare teams formed around patient needs have greater odds of occurring when health care professionals have been exposed to interprofessional education.

Healthcare teams formed around community needs have greater odds of occurring when providers have been exposed to interprofessional education.

Healthcare team leaders changing based on patient needs has greater odds of occurring when healthcare providers believe collaborative practice is essential in the process of care.
1. The redesign of the process of care is about changing culture
   a) Moving from teaching to learning; volume to value; on the job learning
   b) Evaluation and assessment using knowledge and evidence
   c) Broader engagement of communities, people and populations

2. Moving education and delivery systems requires a compelling vision and case statement
   a) Return on investment
   b) Knowledge and evidence
   c) Partnerships across health sectors

3. The IPECP effort needs to be appropriately resourced
   a) Part of strategic plan, goals and direction
   b) Positioned high in the organization with operational alignment
   c) Part of institutional budgeting and accountability processes
   d) Leadership is essential
      a) Championed from C-Suite to point of care
      b) Environment where risk is OK to take and manage
      c) Accountability in data collection and reporting
Attributes of Successful Teams

• Top ranked team-level attributes:
  • Team leadership
  • Mutual respect
  • Mutual trust
  • Team decision making
  • Information sharing
  • Conflict management

• Top ranked individual attributes:
  • Respect for other professions
  • Openness to collaboration
  • Team/collective orientation
  • Oral communication skills
  • Respect for patients and families
Current ACO Team Model for Complex Patients

Interdisciplinary care team designed for home-based care for most complex patients; NP driven; supported by fully integrated BH, social work/CHW, nursing, and physician models.
A ROADMAP FOR
Patient + Family Engagement in Healthcare
Practice and Research

Practical strategies for advancing engagement in healthcare—starting today.

GORDON AND BETTY MOORE FOUNDATION
AIR
AMERICAN INSTITUTES FOR RESEARCH
MACRA: What is it?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) is:

- Bipartisan legislation **repealing** the Sustainable Growth Rate (SGR) Formula
- Changes how Medicare **rewards** clinicians for **value** over volume
- Created **Merit-Based Incentive Payments System (MIPS)** that streamlines three previously separate payment programs:
  - Physician Quality Reporting Program (PQRS)
  - Value-Based Payment Modifier
  - Medicare EHR Incentive Program
- Provides **bonus payments** for participation in **eligible alternative payment models (APMs)**
Category 1
Fee-for-Service
No Link to Quality

Category 2
Fee-for-Service – Link to Quality

Category 3
APMs Built on Fee-for-Service Architecture

Category 4
Population-Based Payment

Payments are based on volume of services and not linked to quality or efficiency.

At least a portion of payments vary based on the quality or efficiency of health care delivery.

Some payment is linked to the effective management of a segment of the population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk.

Payment is not directly triggered by service delivery so volume is not linked to payment. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g. >1 year).
MIPS Reporting Categories

1. They are: Quality, Cost, Care Coordination, EHR Use

2. Their Weights Change Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Quality</th>
<th>Cost</th>
<th>Care Coordination</th>
<th>EHR Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>60%</td>
<td></td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>2018</td>
<td>50%</td>
<td>15%</td>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>2019</td>
<td>30%</td>
<td>30%</td>
<td>15%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Figure 4: Medicare's Programs Categorized By Number Of Participants

- Single Org Type Participant Model
- Multi-Org Type Participant Model

- Research
- Testing
- Adoption
What Are the Implications of Repealing the Affordable Care Act for Medicare Spending and Beneficiaries?

Juliette Cubanski, Tricia Neuman, Gretchen Jacobson, and Cristina Boccuti
The Next Generation ACO Model is a healthcare delivery and payment model created by the CMS Innovation Center. The goal of the Next Generation ACO Model is to test whether strong financial incentives for ACOs can improve health outcomes and lower expenditures for Original Medicare fee-for-service beneficiaries. Additionally, it allows participating providers to assume higher levels of financial risk and reward than are available under the Shared Savings Program or were offered in the Pioneer ACO Model. The Next Generation ACO Model previously accepted organizations into the initiative for January 2016 and 2017 start dates. As of January 2017, there are a total of 45 Next Generation ACOs all over the nation.”
AMA Steps Forward: Advancing Physician Led Team Care

• Categories
  • Patient Care
  • Workflow and Process
  • Leading Change
  • Professional Well-Being
  • Technology and Finance

Examples of Modules
• Appreciative Inquiry-fostering positive culture
• Preventing physician distress and suicide
• Listening with empathy
• Quality reporting and importance of qualified clinical data registries
• Medical Assistant professional development
What Do Medical Students Need to Know Regarding TBCP Entering Residency

• **Team-based Collaborative Practice (TBCB)**
  • What it is in theory and practice
  • What skill sets are needed and practiced
  • How it functions
  • How it is evaluated and improved
  • Health outcome improvement

• **Experience in Team-based Collaborative Practice**
  • What an environment of TBCP is: clinic, hospital, outpatient
  • What meaningful experience as a member of TBCP is
  • How performance will be evaluated

• **Important Features of TBCP**
  • What patient-centeredness is
  • What patient and community engagement is
  • What desired health outcomes are
  • Role of real-time data for decision making
  • Application of outcomes (comparative effectiveness) research
  • Appreciation of new models and payment systems for process of care
  • IT infrastructure and use
  • Transparency and access to health data, both individual and collective
  • Patient, people, community engagement
Are Residency Sites Prepared for Team-based Collaborative Practice?

• Are coordinators/programs knowledgeable regarding TBCP, health outcomes, health, performance evaluation and assessment, new models of care and payment systems, health technology and patient, family, and community engagement?
• Is TBCP part of the environment of residency training sites: clinic, hospital or outpatient area?
• Are residency education programs advancing knowledge and experience in TBCP?
• Is TBCP evaluated and improved at the performance sites?
• Do appropriate data systems exist at the performance sites?
• Are health outcomes/health strategic goals part of the performance sites?
• Does the performance site and residency program provide opportunities for the resident (and participating students) to grow in understanding and experience of TBCP and where it adds value to health outcomes and achieving health?
• Are there effective community-based learning experiences?
The Closed Loop Learning Health System

In a learning health care system, research influences practice and practice influences research.

EVALUATE
Collect data and analyze results to show what works and what doesn’t.

IMPLEMENT
Apply plan in pilot and control settings.

ADJUST
Use evidence to influence continual improvement.

DISSEMINATE
Share results to improve care for everyone.

INTERNAL AND EXTERNAL SCAN
Identify problems and potentially innovative solutions.