



The Midwest Interprofessional Practice, Education, and Research Center: A regional approach to innovations in interprofessional education and practice



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ABSTRACT

New models for delivering health care services are essential to the development of an environment where interprofessional teams work together collaboratively to provide quality care to communities. This article describes the history and development of the Midwest Interprofessional Practice, Education, and Research Center (MIPERC), a unique partnership among academic institutions, health professionals from multiple disciplines, and diverse practice partners. The Center provides an inter-institutional infrastructure for the development and implementation of interprofessional education and practice. As part of the infrastructure, a model has been developed as a guiding framework for the Center emphasizing the core competency domains of the Institute of Medicine (IOM), the recommendations of the Interprofessional Education Collaborative (IPEC), and the evaluation of Center's outcomes. Included in this discussion are the history, goals, infrastructure, and key products of the MIPERC and the sustainability efforts of this community model.

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Introduction

This article describes the history and development of the Midwest Interprofessional Practice, Education, and Research Center (MIPERC), a unique partnership among health educational institutions, individual professionals from diverse disciplines, and multiple practice partners. The Center provides an infrastructure for the development of interprofessional education (IPE) and practice for the region. As part of the infrastructure, a model was developed to guide the Center emphasizing the World Health Organization's [WHO],¹ definition of IPE and Collaborative Practice, the core competency domains of the Institute of Medicine [IOM],² and the recommendations of the Interprofessional Education Collaborative [IPEC].³ The purpose of this article is to share the MIPERC Model, the

factors (both clinical and academic) that facilitated and challenged the Center's development, and plans for future MIPERC objectives.

Background and significance

As healthcare continues to be increasingly more complex, new models to deliver safe, accessible, patient centered care are essential.⁴ Multiple factors influence changes in care delivery and the culture of health professional education,^{5,6} including not only safety issues,⁶ but also fragmentation of healthcare delivery,⁷ breakdown in communication among health professionals,⁸ rising health care costs, inadequate technological infrastructure for sharing information electronically,⁹ and health professionals often working in silos.¹⁰ Thus, new models should emphasize team care in learning and practice environments rather than silo models. The IOM publication, *Crossing the Quality Chasm: A New Health System for the 21st Century*, clearly identified the importance of interprofessional education and practice in providing safe, quality care.¹¹

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The aging of the United States (U.S.) population,¹² increasing numbers of individuals with chronic conditions,¹³ and the implementation of the Affordable Healthcare Act, have placed additional demands on an already stressed and fragmented healthcare delivery system. Interprofessional health care delivery models are needed to meet the burgeoning health care needs while containing escalating and unsustainable health care expenditures. In proportion to the Gross Domestic Product, U.S. healthcare costs have risen from 5% to 17.1% between 1960 and 2013 respectively (World Bank); the result is an increase in cost for health care that now exceeds an average of \$8713 per citizen, which is the equivalent of approximately twice as much as other industrialized nations.¹⁴ Although per capita health care spending from 2010 to 2013 had stabilized to 3.2% compared to 5.6% over the previous ten years,⁴ spending is projected to increase 4.9% per capita from 2014 to 2024.¹⁵ This unsustainable rate of increase is a strong signal that new approaches to healthcare delivery and reimbursement are needed.

Studies demonstrate that hospitals across the nation could save up to \$8 billion by eliminating redundant tests, and as much as \$5.8 billion through the elimination of preventable, hospital-acquired infections.¹⁶ Studies have also demonstrated that effective interprofessional teams are able to reduce the costs of healthcare, as well as the length of time a patient receives care.¹⁷ Blewett et al¹⁷ found that in-patient geriatric services, where patients received standard care from interprofessional teams, spent an average of \$2000 less per patient and decreased the average length of stay by seven days in contrast to comparison units. The benefits of these dramatic cost reductions and lengths of stay are twofold: they save the healthcare industry money and they allow practitioners to take care of more patients without sacrificing the quality of care.¹⁷

Many of the medical and health conditions commonly seen in today's health care system cannot be managed effectively by a single type of provider. Team-based care is one strategy to deliver effective care to individuals, families, and communities.² Other factors and processes actively driving the system toward team-based care are: care navigation, accountable care organizations, primary care, chronic care, palliative care, new incentives for performance, and "practicing at the top of your education".¹⁸ However, foundational work is needed to prepare faculty and practitioners to teach and deliver interprofessional, team-based care. Preparation includes education for academic and clinical faculty in IPE and interprofessional collaborative practice (IPCP). Students and practitioners may develop integrated care plans, grapple with the leveling of hierarchy, and reflect upon "Who should provide leadership at this moment in the patient's care management?" To be a collaborative member of a team, shared values, goals, objectives, and outcomes are needed.¹⁹

IPE plays a crucial role in developing effective communication with colleagues and patients.¹ Students should be immersed in interprofessional education at the beginning of their education and continue to use these skills into their practice. Related competencies range from communication and conflict resolution skills, to an understanding of team dynamics, and greater respect and understanding for contributions made by those from different professions.²⁰

According to a report issued by the Lucian Leape Institute, medical schools across the nation are not adequately providing their students with the basic knowledge of high reliability principles and communication skills needed for the provision of safe patient care.²¹ Similarly, a report by the IOM suggests the educational system is not providing nursing students with the skills to effectively improve patient care, and stresses the need for interprofessional training among nursing and other health professions

students.⁵ As healthcare providers search for better and more creative ways to increase the efficiency of their practices, it is becoming increasingly evident that interprofessional care is poised to become the gold standard of patient care.

Development of the Midwest Interprofessional Practice, Education, and Research Center

In 2007, the Vice Provost for Health at Grand Valley State University (GVSU) met with the President and Chief Executive Officer of Grand Rapids Medical Education Partners (GRMEP), and the Associate Dean for College-wide Assessment from Michigan State University College of Human Medicine (MSU-CHM), to develop the infrastructure for interprofessional education and practice for students across health professions programs. From this meeting, the three founding members established the West Michigan Interprofessional Education Initiative (WMIPEI). To accomplish the work of the Initiative, an infrastructure was created through the formation of a steering committee and six champion workgroups. A working alliance of community partners throughout the region began working together and is currently comprised of 24 member organizations. Collaborative partners include community healthcare agencies, hospital systems, rehabilitation and long-term care facilities, and individual community members. In 2009, Ferris State University (FSU) College of Pharmacy joined the WMIPEI partnership. In 2014, the founding members convened to discuss broadening the initiative to encompass the Midwest Region. This was done in response to queries from practice and educational organizations across Michigan and in Indiana and Wisconsin to join the Initiative. As a result of this broadening, WMIPEI was renamed the Midwest Interprofessional Practice, Education, and Research Center (MIPERC) in 2015 to better represent the expanding member base. At this same time, the MIPERC Advisory Council was established.

The community partners are central to the work of the Center. Collectively, these partners work with MIPERC to explore alternative, interprofessional approaches to provide curricula that integrate core competencies across healthcare disciplines into education and practice.

The mission of the MIPERC is to identify ways for the founding members and partners to develop collaborative, innovative, and interprofessional initiatives across disciplines, learning institutions, and health care systems. The MIPERC uses the definition of interprofessional education (IPE) and collaborative practice as defined by the World Health Organization, which states that IPE "occurs when (students from) two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes".¹ Interprofessional collaborative practice occurs "when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings".¹ The goals of the MIPERC are to:

1. Integrate interprofessional learning throughout the curricula;
2. Identify, develop, implement, and assess interprofessional clinical experiences for teams of students to practice and learn about, from and with each other; and
3. Implement interprofessional scholarship across disciplines and institutions

Fig. 1 depicts the MIPERC model, titled "Midwest Model of Interprofessional Practice, Education, and Research: A Model Contributing to Transforming U.S. Healthcare." The box on the left of the model identifies our learners and collaborative partners. The

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