Journal of Professional Nursing xxx (2016) xxx–xxx

Contents lists available at ScienceDirect

Journal of Professional Nursing

Providing primary care using an interprofessional collaborative practice model: What clinicians have learned

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ARTICLE INFO

Article history:
Received 13 August 2016
Accepted 14 November 2016
Available online xxxx

Keywords:
Interprofessional collaborative practice
Primary care
Medically underserved
Team-based care

ABSTRACT

This article details a nurse-led, interprofessional collaborative practice (IPCP) model that was developed to provide primary care to a medically indigent population in Birmingham, Alabama. Funding to develop and implement this project came from a federal Nurse Education, Practice, Quality and Retention award to the University of Alabama at Birmingham (UAB) School of Nursing, with additional support coming from the UAB Hospital and Health System. The clinic is housed within a local community-based, non-profit organization and all services, including supplies and pharmaceuticals, are provided free of charge to this vulnerable population.

The IPCP model that was developed includes three primary care teams and incorporates faculty clinicians from a variety of disciplines, including nursing, medicine, optometry, nutrition, mental health, social work and informatics. Evaluation of the project has included annual structured interviews of project personnel, a variety of survey instruments completed electronically at various intervals, and assessments by students as well as patients experiencing team-based care.

The focus of this article is the qualitative data collected from structured interviews of clinician faculty annually over the three years of the funded project. The learning, understanding and growth that have taken place by the experienced clinicians from multiple disciplines regarding IPCP are detailed.

The Institute of Medicine (IOM) and others have focused for the past 30 to 40 years or more on the importance of interprofessional education and practice as a means of reducing medical errors and improving healthcare quality (IOM, 1972, 2001, 2003; Josiah Macy Jr. Foundation and The Carnegie Foundation for the Advancement of Teaching, 2010; World Health Organization [WHO], 2010). Despite this call for change in education and practice for health professionals, it has only been in the last 10 years that significant strides have been made in interprofessional education and team-based care. Many of these changes have come as the result of a rapidly evolving healthcare system, driven by passage of the Patient Protection and Affordable Care Act in 2010 and a national focus on improving the patient's experience of care, improving health, and reducing the cost of healthcare – also known as the Triple Aim (Berwick, Nolan, & Whittingdon, 2008; Josiah Macy Jr. Foundation, 2013).

Many experts suggest that the Triple Aim can only be accomplished by health professionals with fundamental knowledge and skills in teamwork and among individuals who have developed and sustained a culture of mutual respect (Earnest & Brandt, 2014; Josiah Macy Jr. Foundation and The Carnegie Foundation for the Advancement of Teaching, 2010). Breaking down the silos that exist in education and clinical practice of health professionals is necessary in order to meet the nation's increasingly complex healthcare needs and provide care that is truly patient-centered (Interprofessional Education Collaborative [IPEC], 2011; Josiah Macy Jr. Foundation et al., 2011).

With the publication of the *Core Competencies for Interprofessional Collaborative Practice* (IPEC, 2011) and the recognition that several academic accrediting bodies now require interprofessional education and practice opportunities for reaccreditation, health professions schools are looking for ways to partner with others in both the classroom and clinical areas. Challenges exist, however, stemming from a lack of interprofessional care role models, limited clinical sites where teamwork competencies can be developed by faculty and students, and limited

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http://dx.doi.org/10.1016/j.profnurs.2016.11.004
8755-7223/

preceptors who practice or teach within a collaborative, team-based model (Blue, Mitcham, Smith, Raymond, & Greenberg, 2010; Pilon et al., 2015).

As interprofessional education has expanded, research efforts have focused more on the knowledge, skills, and attitudes of students or learners trained in the model (Barr, Koppel, Reeves, Hammick, & Freeth, 2005; Brandt, Lutfiyya, King & Chioresco, 2014) than on faculty and their experiences with interprofessional team-based care (Loversidge & Demb, 2015). This article details one model that was developed to provide interprofessional collaborative care to a medically indigent population in Birmingham, Alabama and describes the learning and understanding that have developed among the experienced clinician faculty who have participated in this new model of care.

Description of the IPCP model

In September 2012, the University of Alabama at Birmingham School of Nursing (UAB SON) received a Nurse Education, Practice, Quality and Retention (NEPQR) award from the Division of Nursing, Bureau of Health Professions (now Bureau of Health Workforce) to expand a partnership with a local, faith-based community organization by implementing an interprofessional collaborative practice (IPCP) model for medically underserved patients. A previously existing four hour per week nurse-managed PATH (*Providing Access to Healthcare*) Clinic expanded to 18 hours per week (three, six-hour days) as of December 2012 through a collaborative, team-based care model. Initially, the IPCP model included nursing, social work, nutrition, optometry, medicine, mental health, and informatics. Over time and with continued experience with the model, staffing changed and included a nurse care manager and pharmaceutical patient assistance program (PAP) coordinator in lieu of a social worker. Fig. 1 displays the current interprofessional staffing plan for the three day per week PATH Clinic.

The PATH Clinic shares the facilities and front office staffing of a community-based, non-profit organization whose mission is to provide opportunities for people to break the cycle of generational poverty through education and healthcare services. The non-profit organization thus operates a comprehensive adult education program, an adult literacy program, and a free medical clinic which functions three evenings a week providing episodic care to adults needing temporary or stop-gap healthcare.

It has been the policy of the non-profit organization to see patients only three times at the evening clinic during a 12 month period; however, most patients seeking care present with long-term chronic care needs. Diabetes, hypertension, hyperlipidemia, asthma and depression are the most common diagnoses seen. The daytime PATH Clinic is helping to meet the demand of these high need, high cost patients while allowing experienced faculty clinicians and students an opportunity to provide care in a team-based model.

The UAB Hospital and Health System also partners on this IPCP project by supporting partial staffing and providing funds for diabetes supplies (e.g., test strips, glucometers) and pharmaceuticals. In return, the PATH Clinic serves as a referral source for uninsured patients with diabetes who are discharged from the hospital with no source of ongoing care. Morning huddles and afternoon post-conferences are also a component of the IPCP model. Each clinic morning starts with a 15 min huddle to quickly review the patients scheduled for the day and to address any concerns or special requests by team members. The last 30 min of each clinic day are devoted to team post-conferences to discuss the patients seen, present challenges, identify issues that require follow-up by team members, and recognize the strengths and weaknesses of team functioning that day. Huddles and post-conferences have been led by different clinicians throughout the project and are currently facilitated by the nurse care manager. These collaborative sessions have helped to build relationships and foster 'interprofessionality' while also allowing clinicians to become engaged in the four competency domains of collaborative practice: values/ethics, roles/relationships, interprofessional communication, and teams and teamwork (D'Amour & Oandasan, 2005; IPEC, 2011). In addition, "all-staff" meetings are conducted on a regular basis to foster communication across different team days and agencies.

Student trainees are also incorporated into the IPCP model, including undergraduate nursing and graduate nurse practitioner and nursing informatics students, optometry students, dietetic interns, internal medicine residents, and master's in public health students. These individuals are included as members of the healthcare teams and participate in morning huddles and afternoon post-conferences as their schedules allow. Despite the increased focus on interprofessional education and practice, the PATH Clinic is one of only a few clinical settings in which students and residents have the opportunity to experience true interprofessional team-based care. In addition to learning how to practice

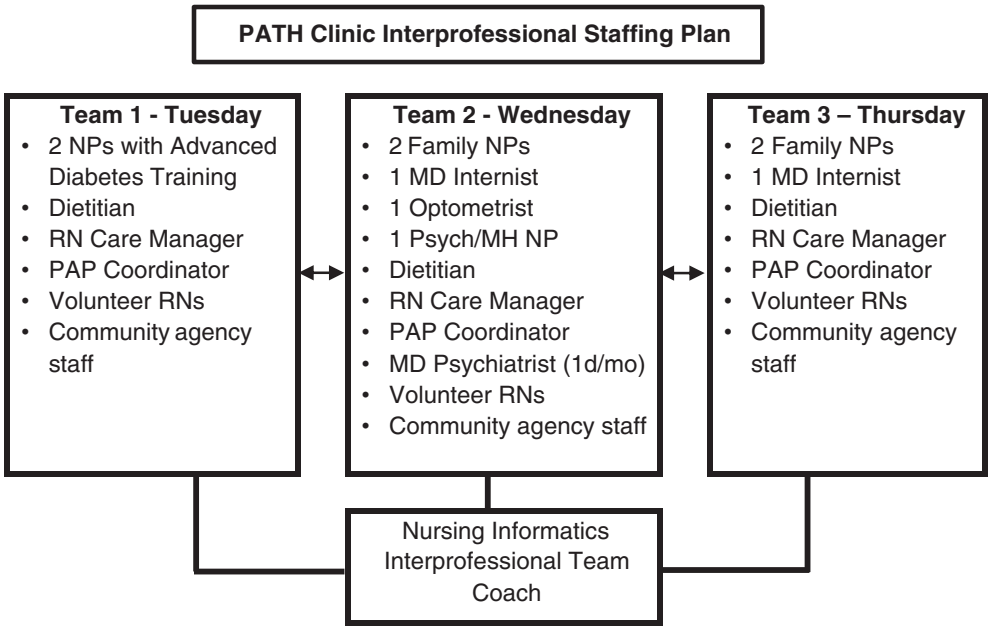

Fig. 1. Staffing plan for IPCP model.

Please cite this article as: Selleck, C.S., et al., Providing primary care using an interprofessional collaborative practice model: What clinicians have learned, *Journal of Professional Nursing* (2016), http://dx.doi.org/10.1016/j.profnurs.2016.11.004