The National Center: A New Model for Public-Private Partnership

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration $4M, five-year Cooperative Agreement Award No. UE5HP25067.

In addition, the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation (RWJF), the Gordon and Betty Moore Foundation, and the John A. Hartford Foundation have collectively committed up to $8.1 million in grants over five years to support and guide the center.

HRSA Principles
June 1, 2012 Funding Opportunity Announcement

A coordinating center for interprofessional education and collaborative practice will provide **leadership, scholarship, evidence, coordination and national visibility** to advance interprofessional education and practice as a viable and efficient health care delivery model.
Interprofessional Education and Collaborative Practice

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

Interprofessional (or collaborative) care/practice “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.”


The Nexus

Creating the Transformational Nexus for Health

Improved Health and Community Outcomes

National Agenda "Right Alex"

The Nexus: Collaborative linking of academics and the practice of health care

Team-based Care

Health Professionals

Leadership

Knowledge and evidence

Practice

Community

Existing integrated health systems

It’s our value system

It’s health professionals education systems

There is no problem our system is great

It’s the health delivery system

"scope" of practice

It’s a fact

It’s a story

It’s a fake

We have our own Sufi Tale!
Six Key Current Trends Driving IPECP

The state of readiness of the health care system for redesign and transformative change, driven by cost, quality, and policy, linked to the Triple Aim

Renewed movement toward using interprofessional teams and new workforce development models that incorporate patients, families and communities

The resurgence of interest in interprofessional education to potentially have a positive impact on learning and professional development (i.e., knowledge, attitudes and skills), and ultimately health outcomes

Six Key Current Trends Driving IPECP

The recognized need to reconnect education and practice on multiple levels (i.e., micro, meso, macro levels)

A lack of published evidence connecting interprofessional education to collaborative practice and the Triple Aim outcomes

The role of informatics and big data in health systems to create learning organizations with potential to extend to education
Transitions in Healthcare Creating Need for Redesign of Education and Clinical Practice

• non-integrated to integrated care delivery systems
• independent to employed providers;
• fee-for-service to new financial models and payment systems, or “volume to value” in care delivery;
• uninsured to insured; increasing demand and access;
• an emphasis on disease and acute care to greater focus on health, wellness and prevention;
• autonomous providers to interprofessional teams, necessitating new models of education and training

IPEC Competencies

• Values & ethics for interprofessional practice
• Roles & responsibilities
• Interprofessional communication
• Teams and teamwork

Other Needed Competencies

• Population health, including social determinants
• Patient-center decision-making
• Evidence-based decision-making
• Cost-effective practices
• Quality improvement and safe practice
• Stewardship
• Systems thinking
• Informatics

Our vision for a transformed health system

Education
Practice

Producing positive impact on Triple Aim outcomes
New Nexus

Working together to transform education to keep pace with the rapidly transforming processes of care

Creating a closed loop model for continuous improvement of the delivery of health care

Working collaboratively to achieve the Triple Aim in both health care and higher education: cost, quality and the user experience

Vision - Learning Health System

A system that is designed to generate and apply the best evidence for the collaborative health care choices of each patient and provider; to drive the process of new discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care. (Charter of the Institute of Medicine Roundtable on Value & Science-Driven Health Care)

Federal Health IT Strategic Plan

2011 - 2015

Better Technology
Better Information
Transform Health Care

Goal VI: Achieve Rapid Learning and Technological Advancement

Goal IV: Improve Individuals with Health IT to Improve their Health and the Health Care System

Goal III: Inspire Confidence and Trust in Health IT

Goal II: Improve Care, Improve Population Health, and Reduce Health Care Costs through the Use of Health IT

Goal I: Achieve Adoption and Information Exchange through Meaningful Use of Health IT
Strategic Priority 3: Nexus Innovations Incubator

The Nexus of Inquiry

Three Approaches
- Evaluation
- Research
- Informatics

Our Approach
Nexus Learning System

The Nexus is intended to create a meaningful system at the practice/education interface that will, over time, demonstrate that learning together and collecting data together will have a positive impact on the Triple Aim.

In the Nexus, we engage higher education and health system stakeholders to test new ideas and drive sustainable national change in both practice and education.

Why Gather Data

1. The National Center vision is to reconnect education with clinical care, creating a Nexus that is focused on improving health outcomes as in the Triple Aim
2. The National Center working principle is that Nexi focused on health outcomes will improve that outcome
3. A National Center core outcome is to demonstrate to stakeholders the value added of the IPE and CP approach
4. To demonstrate this value, we must produce convincing data and information, both qualitative and quantitative

Critical Queries of the Database

Does interprofessional education and collaborative practice…
  * improve the Triple Aim outcomes on an individual and population level
  * result in improvement in educational outcomes?
  * identify environmental factors essential for achieving Triple Aim outcomes?
  * identify factors essential for sustainability of the transformation of the process of care?
  * identify changes needed in policy, accreditation, credentialing and licensing?
National Center Data Repository: Data to evaluate the effect of the Nexus on health outcomes

National Center standardized data sets

Nexus Innovations Incubator Network (Network) educational, clinical and ecological data

Existing National & Federal Databases

National Center Data Repository (NCDR)

National Center Data Repository components:

Input: Data to a secure "user-defined" data environment with a user-friendly web interface

Core Data Set: The Core Data Set consists of education content and processes, cost inputs, outputs, outcomes and ecological (e.g. cultural and sociological facts about the site) information. Each Network member will submit its National Center Core Data Set at the commencement of its innovation project and annually. In some cases, data will be submitted more often as determined by National Center.

Project Data: In addition to the Core Data Set, each Network member will create its own project-specific database and infrastructure to document its unique IPECP interventions and outcomes. This project specific information is de-identified and linked to the NCDR.

National Center Data Repository (NCDR), cont.

National Center Data Repository components:

De-Identified Data Filter: De-identified data are filtered before input to the NCDR and aggregated for further analysis

Analytical Zone: Aggregated data are analyzed with quality control by trained evaluators and informatics experts. State-of-the-art analytical tools are employed by National Center experts.

Outcomes Research (comparative effectiveness, action research): NCDR data are made available to various stakeholders for further research, including Network members. Results of research conducted by Nexus Innovations Incubator members in conjunction with National Center will contribute to the NCDR. Evaluation of those results will contribute to the development of learning and collaborative, team-based practice models that will also be tested by the Network members.
The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. © 2013 Regents of the University of Minnesota, All Rights Reserved. www.nexusipe.org