

Interprofessional by Design:
Meeting at the Crossroads to
Accelerate Leadership Competence &
Readiness for Transition to Interprofessional Practice



National Academies of Sciences, Engineering & Medicine

Dec 4-5, 2018

Project Leads



Dr. Liz Harrell DNP, PMHNP-BC, Doctorate of Nursing Program, College of Nursing and Health Innovation, Arizona State University, SHOW Program Director

Dr. Oaklee Rogers OTD, OTR/L, Department of Occupational Therapy, Northern Arizona University, Health Sciences, SHOW Administrative Director

Karem Garcia Clinical Quality Director, Crossroads Inc.

Dr. Jeffery Foucrier PT, DPT, OCS, SMTPT, Doctor of Physical Therapy Program, Northern Arizona University

Dr. Carol Moffett PhD, FNP-BC, Doctorate of Nursing Program, College of Nursing and Health Innovation, Arizona State University

Bonnie Ervin MSW, Instructor, Honors Faculty, School of Social Work, College of Public Service and Community Solutions, Arizona State University, SHOW Outreach Director

Karen J. Saewert PhD, RN, CPHQ, ANEF; Clinical Professor and Senior Director, Academic Innovation, College of Nursing and Health Innovation/Evaluation Lead, ASU Center for Advancing Interprofessional Practice, Education, and Research (CAIPER) Arizona State University.

Acknowledgements & Disclosures



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Dr. Liz Harrell is Crossroad's Inc. Chief Medical Officer of Integrated Care

Workshop Goals



Objective:

Examine health professions' current approaches for educating students, trainees, and practicing clinicians on non pharmacological pain management and discuss potential next steps to improving training and education within and across health professions



SHOW Overview



- Arizona's first tri-university collaborative project
- Run by students and guided by faculty- mostly volunteer service learning
- Diverse backgrounds: traditional health care disciplines, business, journalism, law, global health, and computer science
- Community focus unites students, faculty, community providers, community & government organizations, and underserved populations
- Mission: To provide holistic, client-centered health care services
- Interprofessional team-based care model
- *LEARNING LABORATORY*

Crossroads Overview



- Operating since 1960
 - Community based service
 - Transitional Living- with treatment component- VA and Federal diversion
 - Treatment center
- Mission: “To provide high quality, affordable, comprehensive substance abuse treatment programs and services that promote recovery, personal growth, accountability, self-sufficiency, and healing.”
- Moto: “ Changing lives. One person at a time.”



History of Relationship: Crossroads & Academic



Crossroads

1. Provide health assessments
2. Enhancing the care for residents due to complex cases
3. Improve outcomes
4. Keeping costs low

Academic

1. Offer clinical experiences to address opioid epidemic
2. Help to meet course objectives (social determinants of health)
3. Address population health, beyond what is typically provided in healthcare education

Program Timeline



- 2013 - Crossroads transitioned from transition living (halfway house) to a residential treatment provider
Crossroads initiated relationship with academic partners (health assessment)
- 2015 - Crossroads requested additional primary care services
- 2015 - Grant opportunity
- 2016 - Grant was awarded, planning began, PT added
Health Promotion Teams Launched
- 2017 - February Care Management Teams Launched
- 2018 - Clinic Buildout
- 2019 - Anticipated Clinic Opening

Assessment

Musculoskeletal: Bone pain: Yes/No Joint Pain: Yes/No Muscle Pain: Yes/No Fractures: Yes/No Joint Dislocation: Yes/No Sprain: Yes/No Arthritis: Yes/No Stiffness/pain: Yes/No Comments including pain scale if applicable:

Smoking Cessation	Exercise	Homeless/Marginally Housed	Medication Referral	Flu/Influenza Vaccine	Legal Issues	Independent Living Skills
HIV Testing	Chronic Pain	Independent Living Skills	Suicide Thoughts	TDap Vaccine	Disability	Vocational/Educational
Chronic Medical Conditions	Care Coordination	Personal Crisis	Psychiatric Evaluation	STD Testing	Domestic Violence	Environmental issues
Non Emergent Physical Health Concern	Chronic Psychiatric Care Conditions	Family Discord	Behavioral Health Concern	Immigrant/Refugee Status	Physical, Sexual, Emotional Maltreatment	Vocational Educational
Post-Acute Care Follow Up	Other:					

Referral Types totals collected during time of study Individual patients may have multiple referrals

Behavioral Health Concern	1
Chronic Medical Condition	7
Chronic Pain	12
Chronic Psychiatric Condition	2
Dental	27
Disability	1
Domestic Violence	2
Exercise	5
Eye Exam	16
Flu Vaccine	11
Hep C	10
HIV Testing	16
Homeless/Marginally Housing Concern	2
Independent Living Skills Concern	2
Legal Issues	7
Medication Referral	11
Non Emergent Physical Health Concern	15
Personal Crisis	2
Physical/Sexual/Emotional Maltreatment	1
Post-Acute Care Follow Up	2
Psychiatric Evaluation Request	16
Smoking Cessation	23
Sexual Transmitted Disease Testing	21
Suicidal Thoughts	3
Tdap Vaccine Request	5
Vocational/Educational Concern	1
Other	10

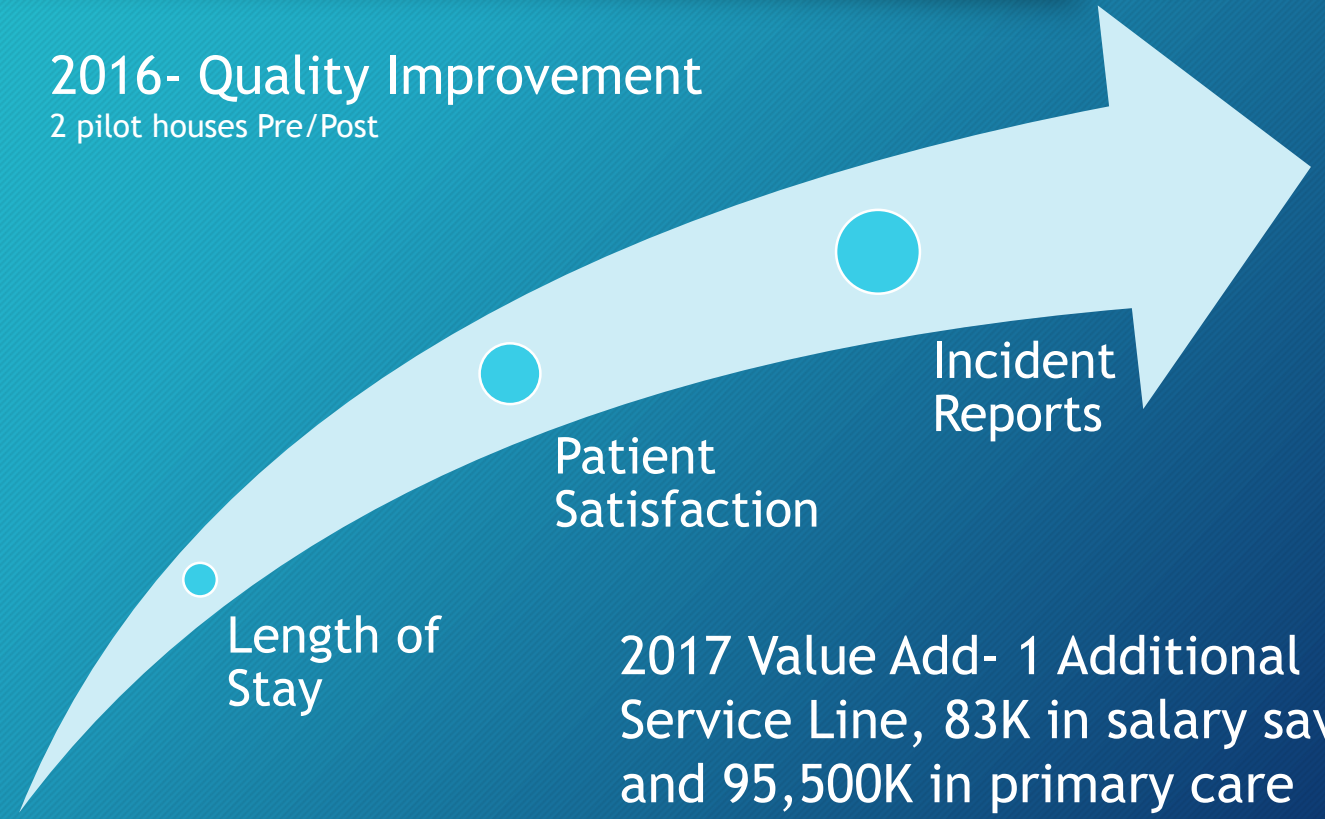
Interprofessional Health Management Team



Health Management Team
Fridays- 10 a.m.-3 p.m.
602 client visits (2016)

2016- Quality Improvement
2 pilot houses Pre/Post

1 Preceptor	# Students	Affiliation
Psych DNP	5	Arizona State University
Family DNP	6	Arizona State University
Social Work	6	Arizona State University
Physical Therapy	22	Northern Arizona State



2017 Value Add- 1 Additional Service Line, 83K in salary savings and 95,500K in primary care service
2018 Sustainability- Clinic

Health Promotion



Interprofessional
Orientation

Needs
Assessment

Program
Development

Program
Implementation

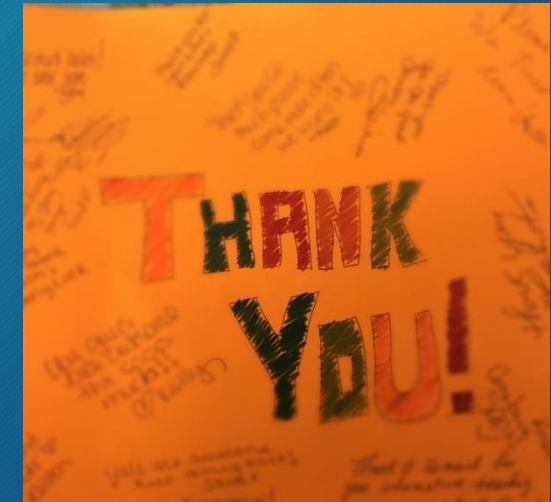
Program
Evaluation



Health Promotion Teams 2017 Snap Shot



Pilot Site	Profession	Total Students	Programs
Flower	Arizona State University Social Work	6	Recovery Quilt
			Family Education
			AHCCS Enrollment
	Northern Arizona University Occupational Therapy	7	Life Skills
			Vocational Training/ GED
	Northern Arizona University Physical Therapy	6	Exercise & Wellness Education
East	Arizona State University Social Work	2	Family Education
	Northern Arizona University Occupational Therapy	10	Vocational Training
			Stress Management
Northern Arizona University Physical Therapy	4	Exercise & Wellness Education	



Benefits of Coaching from the National Center



ACCELERATING INITIATIVE

Accelerating Interprofessional
Community-Based Education and Practice

Site Visit Feedback
Arizona State University (ASU)
**Interprofessional by Design: Meeting at the Crossroads to Accelerate
Readiness for Transition to Interprofessional Practice**
March 16, 2018

Expanding a Successful
Interprofessional Approach
with a Strong Community
Partner: Arizona's Nexus
Team

A Case Study for the Accelerating
Interprofessional Community-
based Education and Practice

November 2018 – DRAFT

- Six Characteristics
- ACE 15
- Development Model

IOM Interprofessional Learning Continuum (IPLC) Model



FIGURE: The Interprofessional learning continuum (IPLC) model

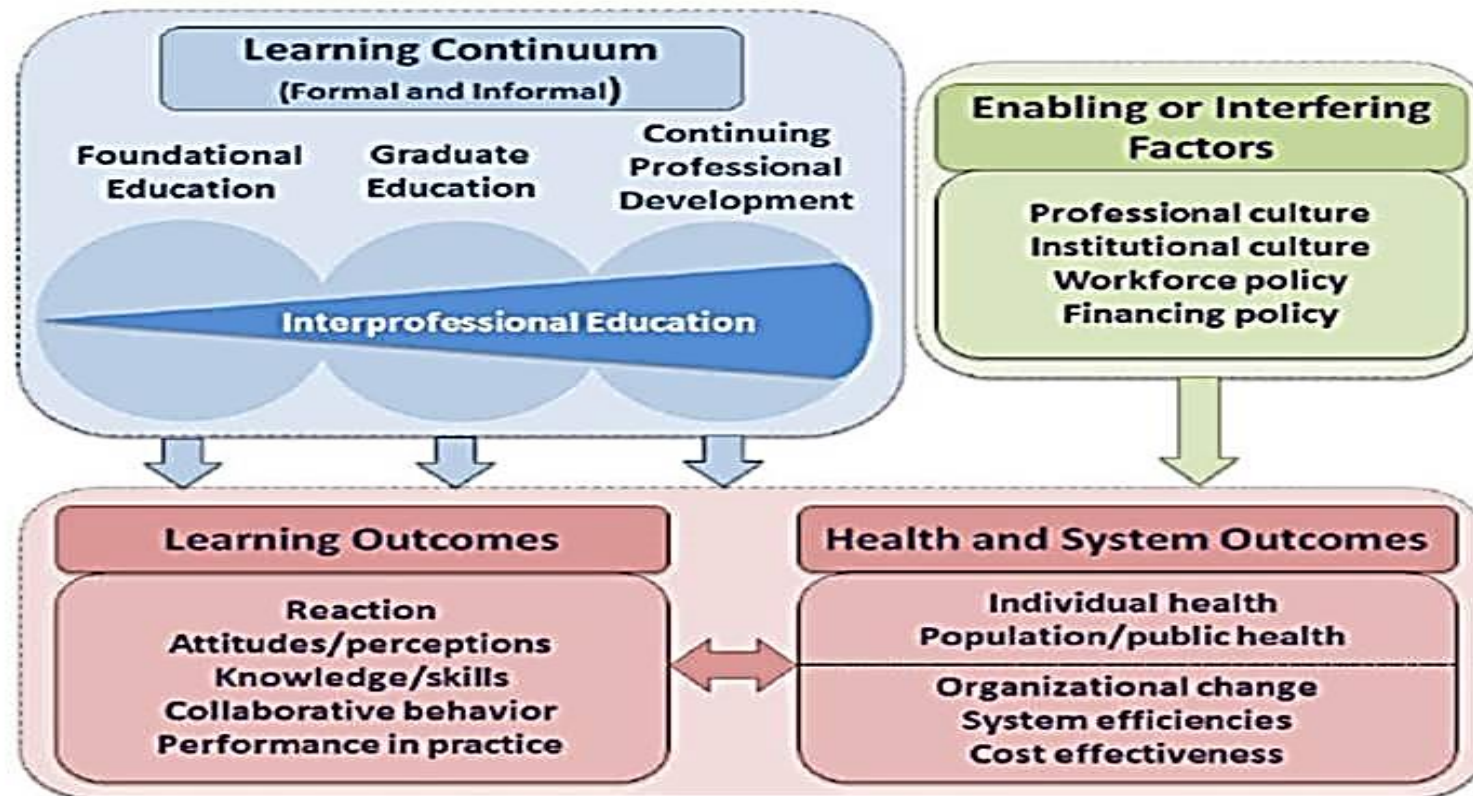


Figure 3-2, Reprinted with permission from *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*, 2015 by the National Academy of Sciences, Courtesy of National Academies Press, Washington, D.C.

NOTE: For this model, "graduate education" encompasses any advanced formal or supervised health professions training taking place between completion of foundational education and entry into unsupervised practice.

Outcomes from a Nexus



“Creating a deeply connected, integrated learning system to transform education and care together.”

-National Center for Interprofessional Practice and Education

- Investing in a strong relationship with a community partner pays dividends over time.
- Addressing a critical community need brings potential long-term benefits.
- Understanding the context of a practice setting is critical for interprofessional curriculum development.

SHOW/Crossroads Model vs. Mayo Clinic Pain Center Program



SHOW/Crossroads

Interdisciplinary Team focus on Functional restoration

General Med (NP)

Psych (NP)

Physical Therapy

Occupational Therapy

Social Work

Substance Use

Student Led

Counselor

People with addiction meeting ASAMS criteria for residential care

45 day average length of stay

Social Determinants of Health, Organizational and Client assessment guide Holistic Health care delivery

Substance Recovery based on empirically supported treatment approaches including 12 Step, CBT, Motivational Interviewing, etc.

Simultaneous treatment plans

Mayo Clinic Model

Interdisciplinary Team focus on Functional restoration

Medical Team (MD, PA and RN)

Psych

Physical Therapy

Occupational Therapy

People with chronic non cancer pain or chronic debilitation symptoms

Intensive 3 week outpatient treatment program (100+ hours)

Incorporates Opioid withdrawal and reduction of polypharmacy

Curriculum is based on an empirically supported pain rehabilitation design

Simultaneous treatment plans

Current and Future Directions



- Health Systems and Academic Partnerships (Change)
 - Shared cost models (academic, health organizations)
 - Shared health delivery models (academic, health organizations)
 - Interprofessional experiential learning opportunities embedded in learning
 - Curriculum Development in harmony with practice context
 - Increased learning laboratories that allow for interchangeable, blended leadership (student, faculty, health organization)
- Research
 - Guided, funded student research (Exercise, women's health, care coordination). Small investments could “grow” bodies of knowledge
 - Explore intersections of pain, substance use and recovery interventions
- Health Policy Change
 - Facilitate Interprofessional supervision at preceptor level (health governing bodies policy change)



Contact Information



Liz Harrell

Liz.Harrell@asu.edu

Oaklee Rogers

Oaklee.Rogers@nau.edu

Karem Garcia

Karem.Garcia@thecrossroadsinc.org

Jeffrey P Foucrier

Jeffrey.Foucrier@nau.edu

Carol Moffett

Carol.Moffett@asu.edu

Bonnie Ervin

bervin@asu.edu

Karen J. Saewert

Karen.Saewert@asu.edu

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