Aligning Interprofessional Education with Healthcare Transformation

Implications for Nursing

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National Advisory Council on Nurse Education and Practice
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National Center for Interprofessional Practice and Education: Vision

We believe high-functioning teams can improve the experience, outcomes and costs of health care.

The National Center for Interprofessional Practice and Education is advancing the way stakeholders in health work and learn together.

National Center Funders:

Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067

Robert Wood Johnson Foundation (RWJF)

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Key Considerations for Nursing (and all professions)

Reframing workforce thinking away from how many of X health professionals (nurses) to *what is needed to transform health care*

Exploring new models of care for workforce development

Incorporating all stakeholders in health on the "team"

Thinking and acting differently at the "Nexus":
aligning higher education and transforming health care

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Our Vision for Health

- Improving quality of experience for people, families, communities and learners
- Sharing responsibility for achieving health outcomes and improving education
- Reducing cost and adding value in health care delivery and education

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National Center's Aspirational Elements of the "Nexus" - 2012

- integrate clinical practice and education in new ways,
- partner with patients, families, and communities,
- strive to achieve the Triple Aim in both health care and education (cost, quality, and populations),
- incorporate students and residents into the interprofessional team in meaningful ways,
- create a shared resource model to achieve goals, and
- encourage leadership in all aspect of the partnership.

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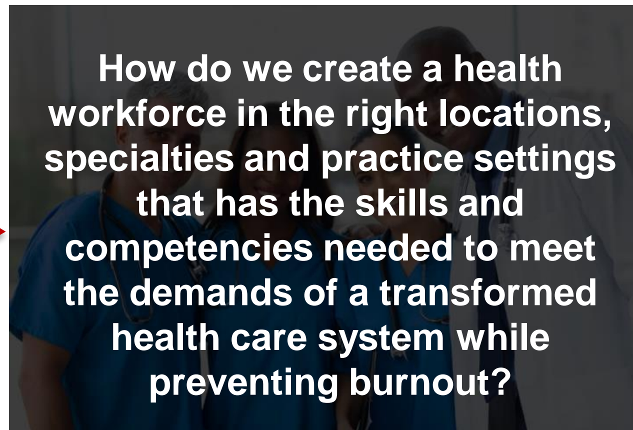
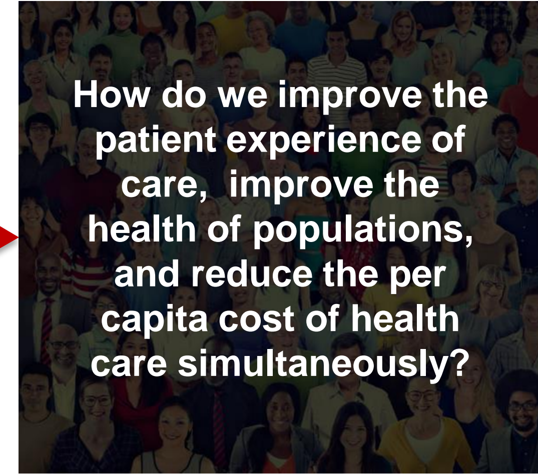
Building the Workforce for New Models of Care

Learner Pipeline

Health Workforce for New Models of Care



Patients, Families & Communities



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What Are the Key Characteristics of “New” Models of Care?

- Goal: provide patients with more comprehensive, accessible, coordinated and high quality care at lower costs
- Emphasis on primary, preventive and “upstream” care
- Care is integrated between:
  - primary care, medical sub-specialties, home health agencies and nursing homes
  - health care and public health systems and community-based social services
- EHRs used to monitor patient and population health—increased use of data for risk-stratification and hot spotting
- Interventions focused at both patient- and population-level
- Move toward “risk-based” and “value-based” payment models

What will be the impact on workforce of Secretary Burwell's announcement on value-based payment goals?

HHS.gov
U.S. Department of Health & Human Services

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News

FOR IMMEDIATE RELEASE
March 25, 2015

Contact: HHS Press Office
202-690-6343

Better, Smarter, Healthier: Health Care Payment Learning and Action Network kick off to advance value and quality in health care

Over 2,800 patients, insurers, providers, states, consumer groups, employers and other partners have registered; dozens have set goals that meet or exceed HHS's goals

The Affordable Care Act established an ambitious new framework to move our health care system away from rewarding health providers for the quantity of care they provide and toward rewarding quality. These new models have been put to work in Medicare, and have contributed to 50,000 fewer patient deaths in hospitals due to avoidable harms, such as infections or medication errors, and 150,000 fewer preventable hospital readmissions since 2010, when the Affordable Care Act became law.

To engage private sector leaders in building on this success, Department of Health and Human Services Secretary Sylvia M. Burwell was joined today by President Obama, as well as state representatives, insurers, providers,

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell

Now that the Affordable Care Act (ACA) has expanded health care coverage and made it affordable to many more Americans, we have the opportunity to shape the way care is delivered and improve the quality of care systemwide, while helping to reduce the growth of health care costs. Many efforts have already been initiated on these fronts, leveraging the ACA's new tools. The Department of Health and Human Services (HHS) now intends to focus its energies on augmenting reform in three important and interdependent ways: using incentives to motivate higher-value care, by increasingly tying payment to value through alternative payment models; changing the way care is delivered through greater teamwork and integration, more effective coordination of providers across settings, and greater attention to population health; and harnessing the power of information to improve care for patients.

As we work to build a health care system that delivers better care, that is smarter about how dollars are spent, and that makes people healthier, we are identifying metrics for managing and tracking our progress. A majority of Medicare fee-for-service payments already have a link to quality or value. Our goal is to have 85% of all Medicare fee-for-service payments tied to quality or value by 2016, and 90% by 2018. Perhaps even more important, our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018. Alternative payment models include accountable care organizations (ACOs) and bundled-payment arrangements under which health care providers are accountable for the quality and cost of the care they deliver to patients. This is the first time in the history of the program that explicit goals for alternative payment models and value-based payments have been set for Medicare. Changes assessed by these metrics will mark our progress in the near term, and we are engaging state Medicaid programs and private payers in efforts to make further progress toward

The New England Journal of Medicine
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Principles:

Incentives to motivate higher value care

Alternative payment models

Greater teamwork and integration

More effective coordination of providers across settings

Greater attention to population health

Harness the power of information to improve care for patients

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Lesson from the Nursing “Shortage”

The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025

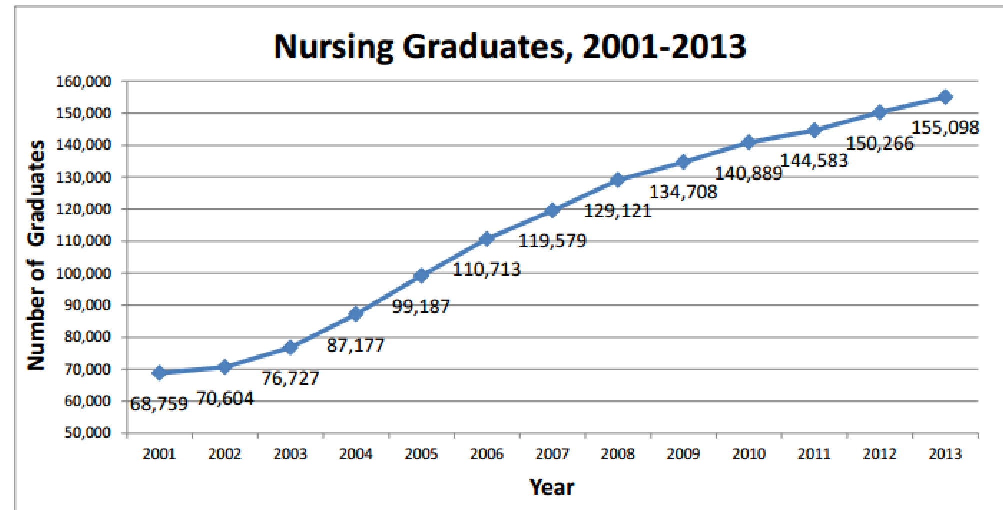
December 2014

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
National Center for Health Workforce Analysis

Why?

Nursing schools responded to previous projections and significantly increased enrollments

Exhibit 1: Number of Nursing Graduates 2001-2013[a]



Notes: [a] Data Source: HRSA compilation of data from the National Council of State Boards of Nursing, Exam Statistics and Publications, 2001 to 2013. https://www.ncsbn.org/1232.htm

Key Findings

After predicting a shortage a decade ago, HRSA now forecasts that nationally RN supply will outpace demand between 2012 and 2025.

Source: NCHWA, BHW, HRSA: http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/workforceprojections/nursingprojections.pdf

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Meet Amina: www.nexusipe.org/Amina

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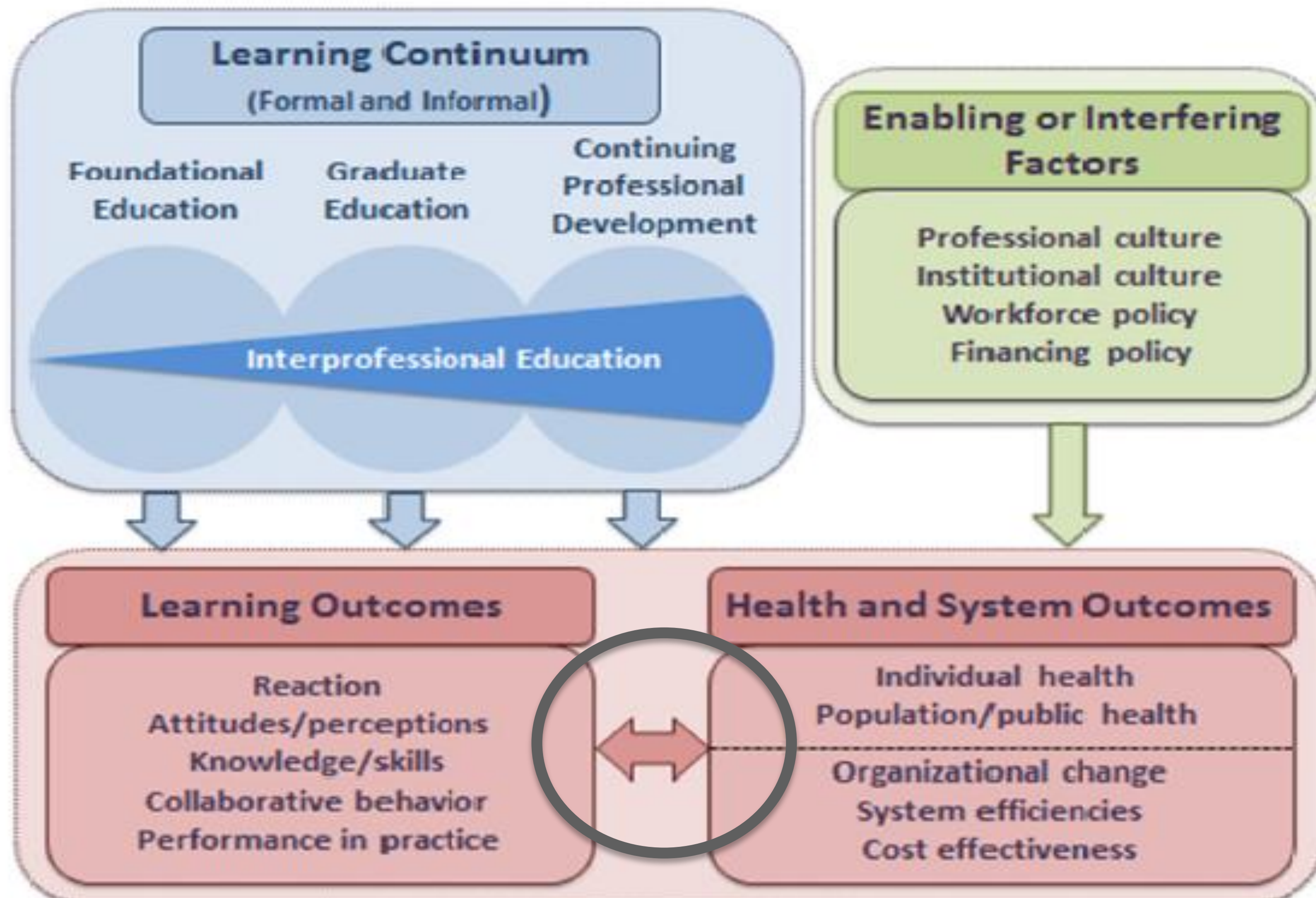
Institute of Medicine: Measuring the Impact of IPE on Collaborative Practice and Patient Outcomes



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PCPCC's Report on Interprofessional Training

Download at **pcpcc.org** and **nexusipe.org**

PROGRESS
AND PROMISE:

Profiles in Interprofessional Health Training to Deliver Patient-Centered Primary Care

National Center Insert:
Interprofessional Education:
"Thinking and Acting Differently"
PCMH Workforce Development Models

Patient-Centered Primary Care COLLABORATIVE

Refined Definition of the Nexus

"Clinical practices in transforming systems that partner with health professions education programs

think and act differently

learning organizations that support continuous professional development

while educating the next generation of health professionals"

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Characteristics of the Nexus

Sharing a vision

The patient-centered curriculum

Innovation for culture change

Spontaneous team leaders

Benefits of the Nexus to the PCMH

Benefits of the Nexus to students and residents

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National Center Workforce Real Time Data Strategy:

Does intentional and concerted interprofessional education and interprofessional practice (new models of care):

1. improve the triple aim outcomes on an individual and population level?
2. result in sustainable and adaptive infrastructure that supports the triple aim outcomes of both education and practice?
3. identify ecological factors essential for achieving triple aim outcomes?
4. identify factors essential for systematic and adaptive infrastructure in the transformation of the process of care and education?
5. identify changes needed in policy, accreditation, credentialing and licensing for health care provision and education?

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New Territory: No Recipe for Teams for New Models of Care

Exact numbers of health professionals on teams will depend on the patient population served and skill mix configuration in specific community.

New models of care will deploy traditional health care setting workers with "boundary spanning" community-based workers in new "care" settings (e.g., senior housing, retail health care, hospice, long-term care, wellness centers, YMCAs, and ?)

The need exists for more opportunities for nurses with other professions with patients, families and communities others to retool and retrain: How the system redesign will get done.

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New Territory: No Recipe for Teams for New Models of Care

There is little investment in evaluating impact of new models of care and therefore, what is needed.

Skill mix will change under Secretary Burwell's Medicare value-based proposal and 3rd party payers will follow suit.

States need to invest in better health data monitoring systems to reconnect health professions education with transforming health care: ROI for education, retooling and the health workforce reconfiguration.

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Recommendations: "Think and Act Differently"

Increase opportunities to retrain and retool the current nursing workforce with other professionals and stakeholders in health: how redesign will be done

Invest in evaluating impact of new models of care and therefore, what is needed, for the current and future nursing workforce development, including IPE

Educate higher education institutions, national associations and accreditation agencies about the realities of new models of care and implications for their programs

Fund "systems" of workforce development aligning higher education and the health system to achieve health outcomes at all levels with rapid cycle adjustments

Expand faculty and preceptor programs focused on the nursing pipeline to maximize learning and practice in teams connected to health and patient outcomes

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