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

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Acknowledgements & Disclosures

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Dr. Liz Harrell is Crossroad's Inc. Chief Medical Officer of Integrated Care
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.”
World Health Organization. 21st Century Collaborative

Healthy Community

- Shared history and culture
- Participant to participant collaboration
- Safe place to express honest opinions
- Shared concern and support for the community
- Sense of ownership
- Meets member's needs (value added)
- Self-managing and self-governing
- Members draw other members
- Active and consistent participation
- Clear purpose
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)

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2016- Quality Improvement
2 pilot houses Pre/Post

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

Length of Stay
Patient Satisfaction
Incident Reports
Health Promotion

Interprofessional Orientation → Needs Assessment → Program Development → Program Implementation → Program Evaluation
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Benefits of Coaching from the National Center

- Six Characteristics
- ACE 15
- Development Model
IOM 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.’

- 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.

—National Center for Interprofessional Practice and Education
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)
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References


