

# **Agenda Item 9: Interprofessional Education for Primary Care Teams**

Policy Considerations for California

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# Interprofessional Education for Primary Care Teams: Policy Considerations for California

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<https://www.chcf.org/wp-content/uploads/2024/05/EducationPrimaryCarePolicyConsiderations.pdf>

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# Interprofessional Teams: The Future of Primary Care

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Definition: Groups of health professionals and allied health workers that collaborate and share responsibilities for the care of a patient

- **Core health team** of clinicians (such as medical doctors, nurse practitioners, physician assistants), nurses, medical assistants, and office staff
- **Extended health team** of social workers, behavioral health specialists, dentists, community health workers, care managers, and pharmacists
- **Extended team of community providers**, such as home health aides and social service providers
- Improves patient outcomes and health care quality, use and costs for patients with complex needs
- Decreases burnout among primary care clinicians and staff
- Allows clinicians and staff to work at “top of their license”

National Academies of Sciences, Engineering, and Medicine, 2021

# Interprofessional Team-Based Primary Care

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- Well-structured teams
- Evenly distributed and clearly assigned tasks and optimized workflows and communication channels
- Pre-visit planning
- Daily care team meetings
- Nonphysician standing orders
- Colocation of team members
- Workflow mapping

# Interprofessional Education

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Definition: Training students from two or more professions to learn about, from, and with each other to enable effective collaboration to improve health outcomes.

- **Interprofessional Education Collaborative (IPEC) 33 essential competencies for interprofessional collaborative practice across four area:**
  - Values and ethics
  - Roles and responsibilities
  - Communication
  - Teams and teamwork
- **Endorsed by 24 accrediting entities**
- Spawnd the establishment of the **National Center for Interprofessional Collaboration and Practice (Nexus)** in 2012 which disseminates research and tools to help advance interprofessional collaborative practice and interprofessional education

# This Report

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- **Study questions:**

- What education and training are currently in place for primary care teams
- How can education, training and support for primary care teams be enhanced, spread, and scaled?
- How can California advance the education and training of primary care teams?

- **Methods:**

- Literature review
- Key informant interviews with 14 experts across California and nationally

# Interprofessional Education for Primary Care Teams Pre-licensure Level

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## ▪ % medical schools engaged with:

- Nursing (baccalaureate) 83%
- Pharmacy (69%)
- Physical therapy or occupational therapy (50%)
- Physician assistant (48%)
- Social work (38%)
- Nurse practitioners (38%)
- Dentistry (32%)
- Public health (25%)
- Psychology (12%)

## Teaching strategies

Didactic

Experiential (simulations or case studies)

## Drivers

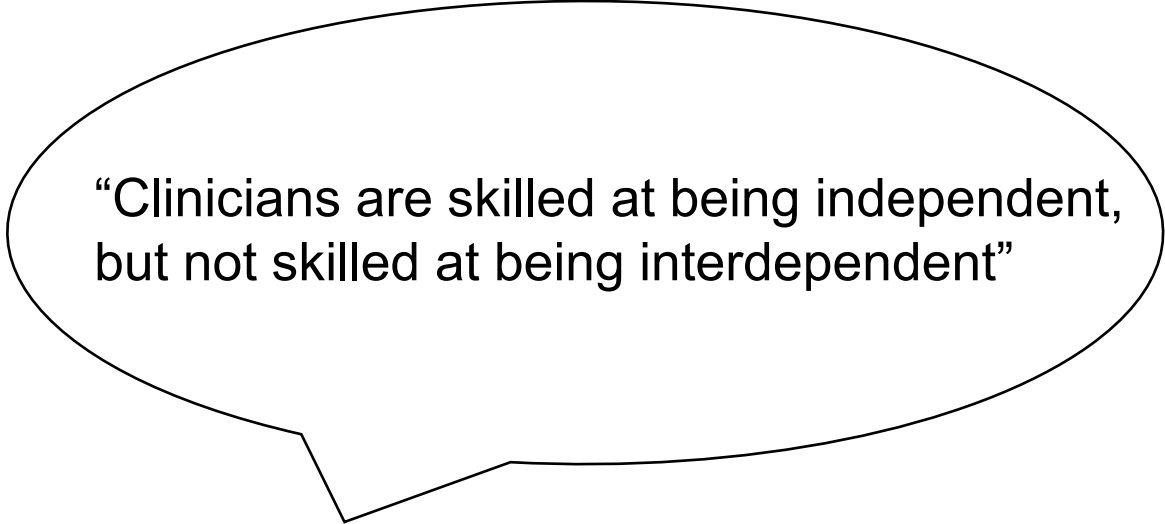
Accreditation standards that mandate interprofessional education

Financial support for interprofessional education (e.g. HRSA and VA)

# Interprofessional Education for Primary Care Teams GME and Nurse Practitioner Level

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- Combination of classroom- and clinic- based learning to reinforce roles and responsibilities, and teamwork skills
- Clinic-based learning offers opportunity for role modeling interprofessional collaboration



“Clinicians are skilled at being independent, but not skilled at being interdependent”



# Factors Affecting Implementation

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## ▪ Interprofessional education

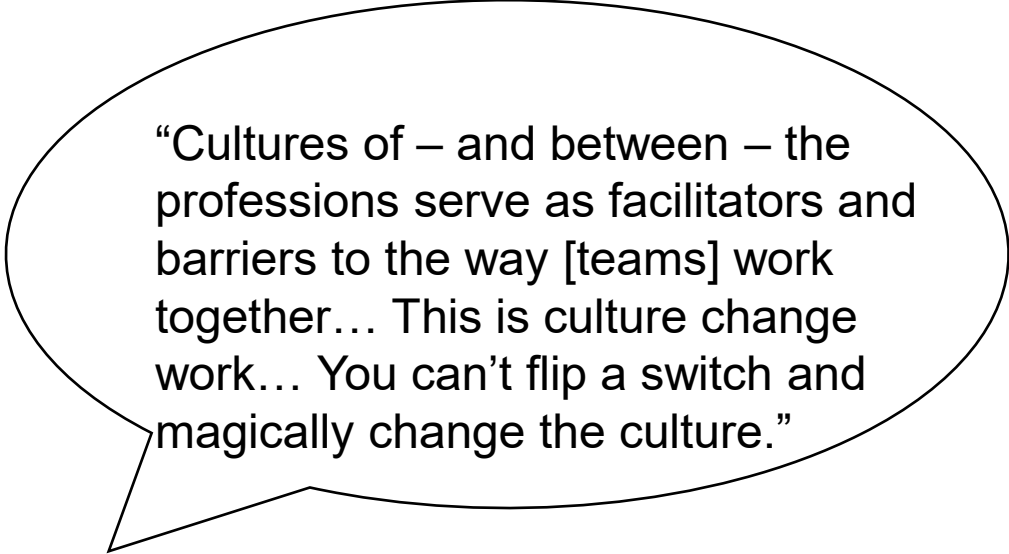
- Logistical factors
- Ease or difficulty of building and maintaining partnerships
- Availability of time and training for faculty
- Competing educational priorities
- Clinic-based learning opportunities for learners in the health professions
- Financial support for IPE to support the time and resources required to implement and improve IPE offerings
- Open interpretation of accreditation standards,
- Presence or lack of a champion for IPE among institutional leadership

# Factors Affecting Implementation

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## ▪ On-the-job training

- Presence or lack of a strong team-based culture
- Presence or lack of a clinic champion
- Support from an external practice coach
- Sufficient funding to allow practices to dedicate time to improve interprofessional collaboration and train clinicians and staff on the skills needed to work in a team-based environment
- Perceived value of on-the-job training for interprofessional collaboration among leaders in clinical and academic settings



“Cultures of – and between – the professions serve as facilitators and barriers to the way [teams] work together... This is culture change work... You can’t flip a switch and magically change the culture.”

# How can education, training, and supports for primary care teams be enhanced, spread, and scaled?

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- Academic and training institutions interested in implementing IPE initiatives at the pre-licensure and resident levels should hire or assign a designated IPE champion.
- Academic and training institutions should consider ways to increase IPE in clinical settings at the pre-licensure and resident levels — especially in community settings — to help learners experience interprofessional team-based care.
- Future IPE implementation efforts should build upon existing national and statewide initiatives.
- A need exists to identify ways to elevate and prioritize IPE beyond funding opportunities.
- In addition to backing efforts to enhance and spread IPE, policymakers and funders should support primary care practice and system transformation to promote interprofessional collaboration and allow graduates to apply IPE knowledge and skills.

# How can California advance the education and training of primary care teams?

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- **Fund demonstration projects** to foster innovation related to IPE and interprofessional collaborative practice and expand clinic-based IPE opportunities for learners and care teams.
- **Grant money to innovative institutions to package and disseminate IPE curricula and training materials** to increase access to evidence-based IPE for academic and training institutions.
- **Offer individual scholarships** to support faculty development for IPE and to mitigate barriers related to insufficient faculty with time and training to teach and oversee IPE.
- **Fund learning collaboratives** focused on IPE and interprofessional collaborative practice to help disseminate best practices and lessons learned and to cultivate peer-learning and innovation among academic and training institutions and primary care sites.

# How can California advance the education and training of primary care teams?

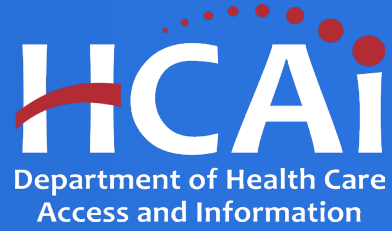
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- **Support initiatives to train practice coaches using evidence-based approaches** to increase primary care sites' access to trained professional practice coaches who can help optimize team-based care.
- **Develop resources** to help make the business case for IPE and interprofessional collaborative practice.
- **Modify Graduate Medical Education (GME) funding mechanisms** to incentivize efforts to train a broader range of interprofessional primary care team members together at the same training sites.
- **Advocate for policy changes that affect primary care teams**, such as increasing the amount of money invested in primary care and shifting away from fee-for-service reimbursement toward payment models aligned with interprofessional team-based care delivery (e.g., prospective capitated payments).

# Discussion

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- How can HCAI – through its policies and programs – advance the education and training of primary care teams?
- How can other workforce partners advance the education and training of primary care teams?



Thank you!

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