

The Minnesota Story: Education for Interprofessional Collaboration

**National Health Policy Forum
June 17, 2011**

Barbara F. Brandt, PhD
Associate Vice President for Education
Director, Minnesota Area Health Education Center
Professor, Pharmaceutical Care and Health Systems



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Topics for Discussion

- **“Long and Winding Road” of IPE**
- **National and Minnesota Legacy**
- **Minnesota and National Health Care Reform**
- **University of Minnesota Response**



Framework for Action on Interprofessional Education and Collaborative Practice , World Health Organization, 2010

- *Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.*
- *Interprofessional education is a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs.*
- *A collaborative practice-ready health worker is someone who has learned how to work in an interprofessional team and is competent to do so.*
- *Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care.*
- *It allows health workers to engage any individual whose skills can help achieve local health goals.*



“The Long and Winding Road” of IPE (Hall & Weaver, 2001)

National & International

1970s “Birkenstock” IPE
1972 IOM Report - Teams
Area Health Education Centers
Geriatric Education Centers
Health Professions Schools in Service to the Nation
Pew Health Commission Reports
Kellogg Community-Campus Partnerships
Quentin Burdick grants
Hartford Geriatrics Interdisciplinary Team training Projects
National Health Service Corps – Community Health Center movement
Various Academic Health Centers
Association of Academic Health Centers: Group on Multi-Professional Education (GOMPE)
World Health Organization Declaration, 1988
United Kingdom, Canada, Australia, New Zealand
Centre for the Advancement of Interprofessional Education (CAIPE), 1987
Journal of Interprofessional Care
Canadian Interprofessional Health Collaborative
All Together Better Health Conferences
Many more. . . .

Minnesota

Center for Health Interprofessional programs
ACT II
Minnesota Area Health Education Center
Minnesota Area Geriatric Education Centers
End-of-life Patient-Centered Teamwork
Physician & Society courses
Community-University Partnership for Health
Walker-Methodist Transitional Care Unit
Burdick geriatrics fellowship in Moose Lake
Institute for Healthcare Improvement Collaborative
Immunization Tour
Duluth strategic initiatives
Health Careers Center multiple activities
CLARION retreats and national case competition
Fourteen AHEC rural interprofessional sites
Hartford GITT
IERC faculty development activities
Tufts Institute on Systems
Systems-based Practice
Center for Bioethics courses
Center for Spirituality and Healing
Many more. . . .

National Health Policy Legacy: Most Academic Health Centers History

“Discussions with students disclosed the desire to see far more emphasis on the “team” approach to providing health care. Students assert that if future health care delivery systems require a team approach to provide the necessary services, today’s health student must be exposed to the approach in his educational experience.

Students recognize the impossibility of training all professionals in the same courses and program, emphasize the necessity of integrated training when practical.”

Report of the External Committee on Governance of University Health Sciences, University of Minnesota, February 1970

About health reform

Past perspectives by
former Commissioner of
Health Dr. Sanne Magnan

[Archive](#)



Implementation continues on Minnesota's nation-leading 2008 health reform law, a comprehensive package of reforms also called "Minnesota's Vision for a Better State of Health."

The provisions of this law focus on achieving the Triple Aim goals of improving the health of the population, the patient experience of care and the affordability of health care.

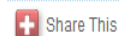
The reform package includes:

Statewide Health Improvement Program (SHIP)

SHIP will improve health and reduce demands on the health care system by decreasing the percentage of Minnesotans who are obese or overweight or use tobacco.

Health care homes

Minnesotans with complex or chronic conditions will receive coordinated care through health care homes. This new approach to primary care



Proceedings from May 18 "Taking Stock: Accountable Care Organizations in Minnesota" meeting are now available

[more announcements](#)

Minnesota Health
Information

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For more information about
health reform, please
contact:
health.reform@state.mn.us.

Reform Elements – Implication for IPE

- Statewide Health Improvement Program
- Health care Homes
 - 134 clinic sites and 1,651 providers certified
 - 20% of primary care clinics
 - Serving 1.8M Minnesotans
- Care Navigation and Coordination
 - 200,000 Medicare beneficiaries eligible for care coordination
- Chronic Care/Palliative Care
- New incentives for outcomes
- “Practicing at the Top of Your License”
- Accountable Care Organizations



Drivers for rethinking education linked to practice

The pace has quickened for implementing IPE:

- Impact of Health Care Reform: National / Minnesota
- Many association meetings
- 2010 Reports
- National Consensus Team-based Competencies

Growing impatience with health professions education and our “product”



THE CARNEGIE FOUNDATION
for the ADVANCEMENT of TEACHING

CONFERENCE SUMMARY

June 16–18, 2010 | Palo Alto, California

Educating Nurses and Physicians: Toward New Horizons



Team-Based Competencies
Building a Shared Foundation For Education
and Clinical Practice



Conference Proceedings
February 16–17, 2011
Washington, D.C.

American Association
of Colleges of Nursing

aacnm

AMERICAN ASSOCIATION
OF COLLEGES OF NURSING

ASPH

AMERICAN ASSOCIATION
OF COLLEGES OF PHARMACY

AACP

ADEA

AMERICAN DENTAL
EDUCATION ASSOCIATION

AAMC

AMERICAN MEDICAL
COLLEGE ASSOCIATION

**Core Competencies for
Interprofessional Collaborative Practice**

*Sponsored by the Interprofessional Education Collaborative**



Report of an Expert Panel
May 2011

*IPEC sponsors:
American Association of
Colleges of Nursing
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Colleges of Osteopathic Medicine
American Association of
Colleges of Pharmacy
American Dental Education Association
Association of
American Medical Colleges
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Schools of Public Health



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What does IPE look like on the ground at UMN?

- Managing a history and legacy of many overlapping and duplicative individually funded grant programs (HHS / DOE / USDA, many foundations) to individual faculty
- Continuing multiple courses, activities, experiential education
- Working to focus on clinical and translational science with a strong link to education
- Intentionally positioning programs at a systems level
- Directing resources to community-campus partnerships to develop and test collaborative practice
- Periods of *intense* progress in change: We are in one now.
- Bottom line:
 - Many interdisciplinary and interprofessional activities
 - No framework
 - No IP requirements across the AHC
 - No focus on outcomes or expected IP competency achievement

Until recently



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What is 1Health?

1Health represents the AHC vision of health for Minnesota and how all of our health professions can contribute to meeting the ideal.

***Mission:** To establish a longitudinally integrated structure through which the health professional programs can orchestrate the curriculum necessary for graduates to be competent in interprofessional collaboration necessary for optimal health.*

What led to this initiative?

- **Strong history of interprofessional education & collaboration**
- **1995 – 2010: Senior Vice President Cerra**
- **2000: Strategic Plan – AVPE position**
- **2001: Present – Academic Dean's Council**
- **2002: New AHEC development**
- **2006: Dean's Leadership Statement**
- **2007: Center for Interprofessional Education**
- **2007: Collaborating Across Borders I**
- **2011: Senior Leadership Change: VP Friedman**

Current -- *Strong* collective leadership of deans & associate deans during leadership transitions

http://www.ipe.umn.edu/imgs/AccreditationDocFinal030510.pdf

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Favorites http://www.ipe.umn.edu/imgs/AccreditationDoc...

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Comparison Study of Health Professional Health Accreditation Standards

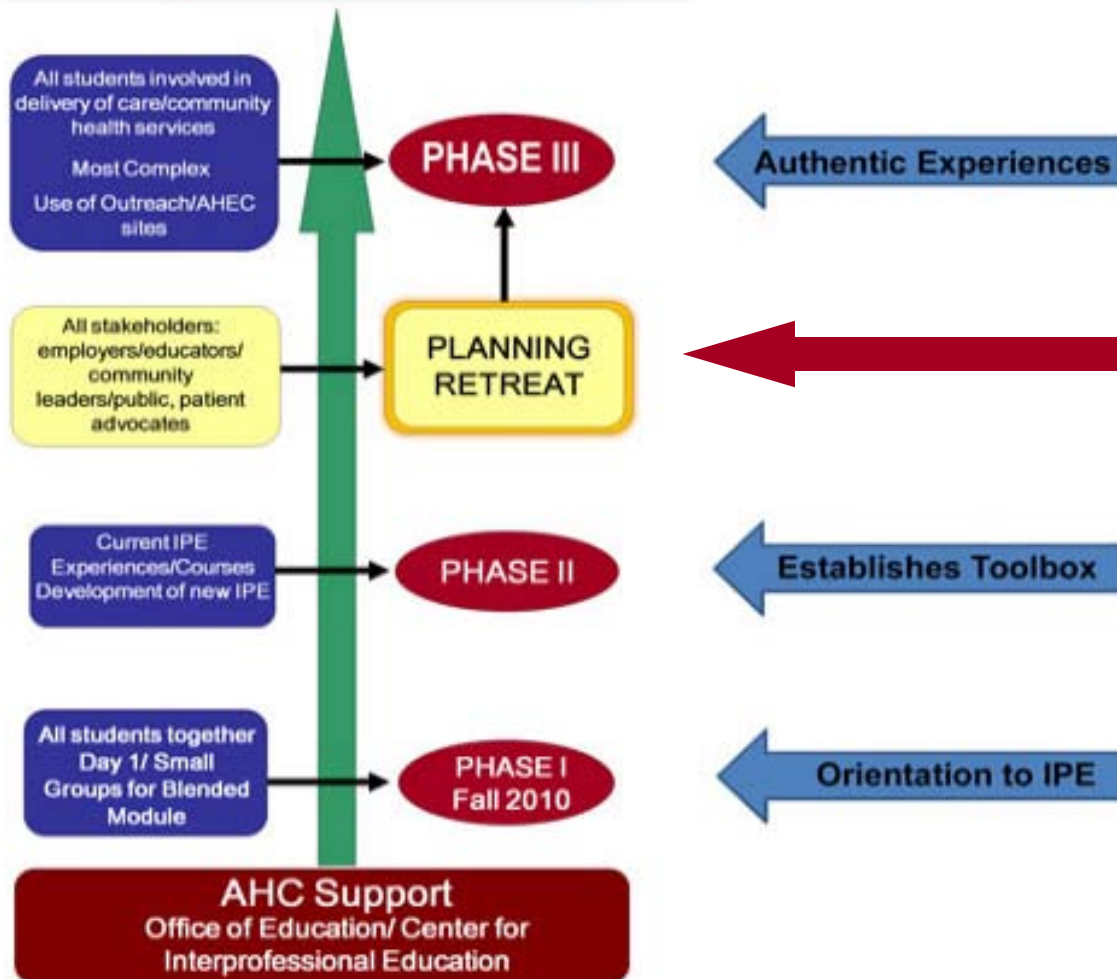


Compiled by the Academic Health Center Office of Education
University of Minnesota
Barbara Brandt, PhD, Associate Vice President for Education

Last Revised: 12/16/2009

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1 HEALTH

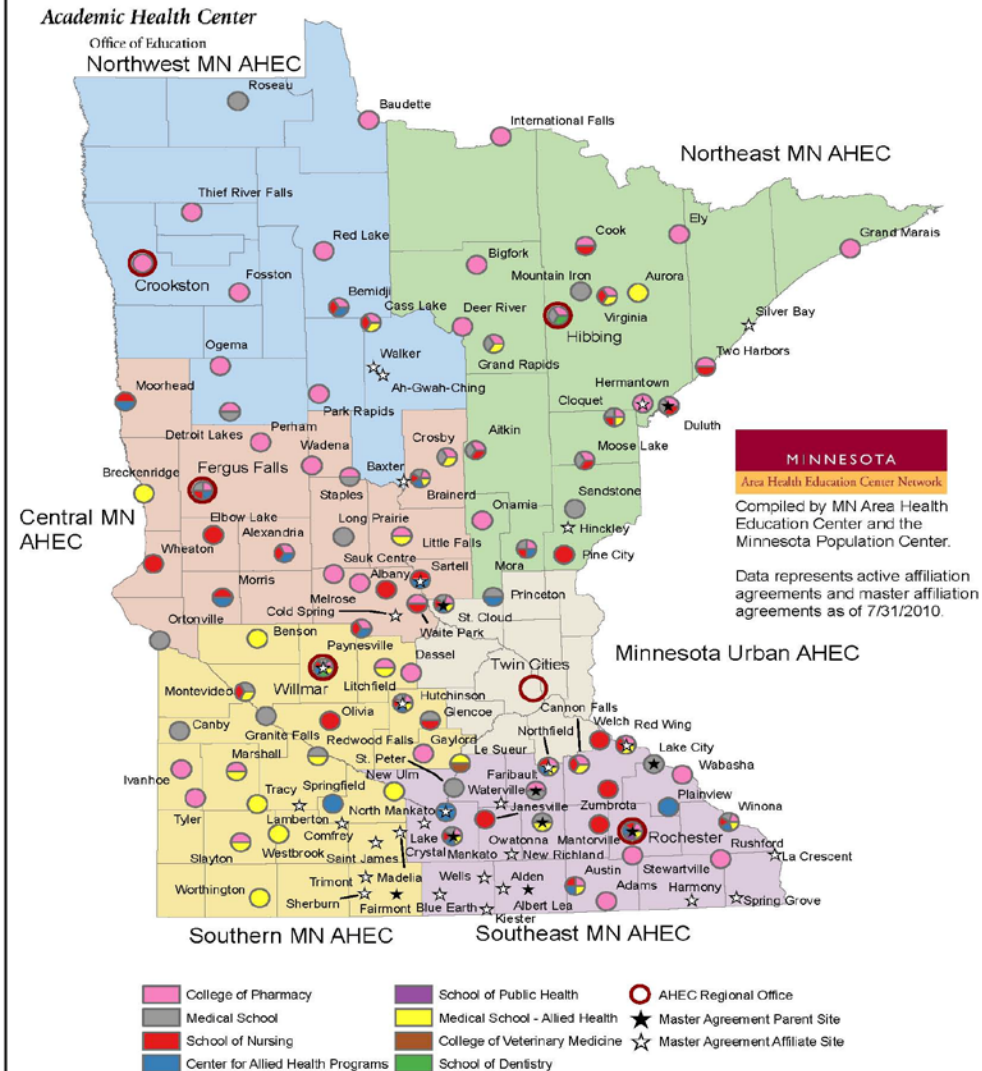


Three Phase Structure



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University of Minnesota Academic Health Center Affiliation Agreements



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Forces for Change

- Student and Faculty Energy
- Health Marketplace Dynamics and Demands
- AHC Health Professions Schools –Need Recognition
- Infrastructure supporting IPE
 - Tuition attribution – needs teams to solve
 - Curriculum Committee Approval
 - Connecting systems-level thinking (higher ed/health systems)
 - Doing more with less – innovative thinking

Lessons Learned

- It's about culture.
- A compelling vision / case is essential.
- Education and practice need to be connected.
- Resources are needed to achieve the vision.
- Reward system needs to be developed and implemented.
- Environment needs to be created where risks can be taken.
- Leadership that creates functional teams is essential.

Health policy that supports alignment with health outcomes brings IPE front and center as an imperative.

