

## Interprofessional Health Care Model

**Antonette Zeiss, Ph.D.**

Type of Team	Basic Definition	Issues/Challenges
Unidisciplinary	Multiple members of the same profession, at the same professional level, share responsibility for a set of patients. Example: RN staff in a skilled nursing facility who provide round-the clock coverage, following each patient's care plan consistently.	For most complex patients, the expertise of more than one discipline is needed to provide overall adequate care.
Intradisciplinary	Multiple members of the same profession, at different professional levels, share responsibility for a set of patients. Example: RN and APN staff in a skilled nursing facility who provide round-the clock basic coverage as well as advanced nursing services such as medication management, following each patient's care plan consistently.	For most complex patients, the expertise of more than one discipline is needed to provide overall adequate care.

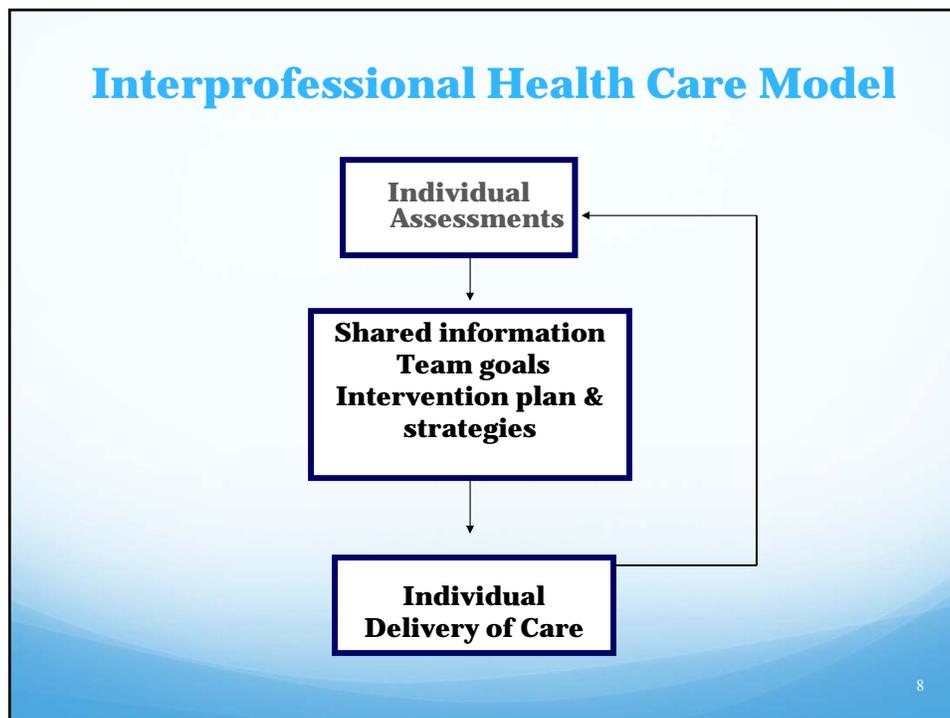
Type of Team	Basic Definition	Issues/Challenges
Multidisciplinary	Members of multiple professions share responsibility for a set of patients, with each team member primarily generating their own treatment plan and delivering services independently of other team members, although some cross-discipline communication does occur. Example: RN, MD, Psychology, and SW staff in a skilled nursing facility who determine nursing, medical, psychological, and patient/family support services independently, but who are each aware of the multiple levels of care being provided.	This model of care does provide a broader range of expertise and service, but the possibilities for inconsistent, conflicting, or redundant care are inherent in this approach.

Type of Team	Basic Definition	Issues/Challenges
Interdisciplinary	Members of multiple professions share responsibility for a set of patients, with thorough coordination among team members in generating treatment plans and delivering services. Example: RN, MD, Psychology, and SW staff in a skilled nursing facility who determine nursing, medical, psychological, and patient/family support services as a team, coordinate delivery of all services, and monitor progress and need for care refinements, with full awareness of the multiple levels of care being provided and how they are being coordinated.	Learning to deliver care in this model is not part of core training of any profession, so advanced training and support are needed to develop relevant skills. Also, current health care reimbursement does not adequately cover time needed for coordination of treatment planning, monitoring, and refinements in care over time.

Type of Team	Basic Definition	Issues/Challenges
Interprofessional	Members of multiple professions share responsibility for a set of patients, with thorough coordination among team members in generating treatment plans and delivering services. Very similar to “interdisciplinary” teams, but the interprofessional label is generally used in international contexts. In addition, some observers attribute an enhanced appreciation of and respect for the professional expertise of each profession in the interprofessional model. Example: RN, MD, Psychology, and SW staff in a skilled nursing facility who determine nursing, medical, psychological, and patient/family support services as a team, coordinate delivery of all services, and monitor progress and need for care refinements, with full awareness of the multiple levels of care being provided and how they are being coordinated. Each team member has extensive knowledge of and respect for the potential contributions of other team members and how they complement one’s own profession.	Learning to deliver care in this model is not part of core training of any profession, so advanced training and support are needed to develop relevant skills. Also, current health care reimbursement does not adequately cover time needed for coordination of treatment planning, monitoring, and refinements in care over time, or time to learn more extensively about other team member’s training, perspective, and potential contributions.

Type of Team	Basic Definition	Issues/Challenges
Transdisciplinary	Members of multiple professions share responsibility for a set of patients, with thorough coordination among team members in generating treatment plans and delivering services, and all team members can deliver any of the required services. Example: RN, MD, Psychology, and SW staff in a homeless care program who determine housing, food provision, and patient/family support services as a team, coordinate delivery of all services, and monitor progress and need for care refinements, with every team member sharing responsibility for preparing and serving food, working to develop housing options, seeking employment and child care opportunities, etc.	Examples are hard to generate in true health care settings, since most patients require the specific expertise associated with licensing standards for each profession.

	Multidisciplinary	Interprofessional
Attitudes	<p>Assessment and treatment plans formed by other disciplines are peripherally relevant for one's own discipline-specific care plan</p> <p>Team discussions optimally focus on specific cases</p> <p>Some disciplines are inherently more appropriate for team leadership role due to knowledge and organizational prestige</p>	<p>A biopsychosocial model provides best understanding of the patient, clinical problems, health factors, and overall team goals Quality care of complex/chronic cases requires coordination among various disciplines with overlapping and unique contributions</p> <p>Team discussions should address group process and functioning in addition to issues of patient care Team development must be supported – hiring staff with needed clinical skills is essential but placing them in a common setting will not enable effective collaboration; the organization and team must support time and resources to develop effective team functioning over time</p> <p>All team members have the capacity to develop and exercise team leadership functions which are best shared across team members</p>
Knowledge	<p>Able to describe core patient care functions performed by the other disciplines</p> <p>Thorough understanding of roles and responsibilities for one's own discipline within the team</p> <p>Recognition of designated team leader and that individual's responsibilities for managing the team</p>	<p>Able to describe the training, professional milestones, and competencies of other disciplines</p> <p>Able to articulate areas of role overlap vs. unique contributions among the disciplines and how team collaboration and interdependence can make optimal use of all contributions</p> <p>Knowledge of team process and development issues</p>
Behaviors	<p>Each discipline generates own assessment and treatment plan, evaluates progress, and refines independently</p>	<p>Team collaborates on joint plan for patient assessment &amp; treatment</p> <p>Members acknowledge areas of role overlap with aim to prevent duplication and enhances coverage of key areas</p> <p>Members can handle disagreement as a valuable resource for understanding a breadth of information that no single team</p>



# Interprofessional Education in VA

**Robert A. Zeiss, PhD**  
Director, Associated Health Education - Retired  
Office of Academic Affiliations (OAA)



## OAA Commitment to Interprofessional Education (IPE) & Collaborative Care

Developed under leadership of Chief Academic  
Affiliations Officer Malcolm Cox

With support from

- USH
- Secretary
- Professional Organizations

## OAA Commitment to Mental Health Expansion

### **Mental Health Expansion**

- 5 Year Commitment
- 1200 Positions in Mental Health Disciplines
- Phase I: 200 Positions (62 in Psychology)
- Phase II: 127 Positions (65 in Psychology)
- Phase III: Request for Proposals forthcoming soon for 2015-16

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## OAA Driven and Managed

### **Centers of Excellence in Primary Care Education**

- 5 Sites selected in national competition began operation 2011
  - Boise
  - Cleveland
  - San Francisco
  - Seattle
  - West Haven
- Curriculum, Evaluation, & Fellow Selection overseen by OAA's Advanced Fellowship Section under direction of Stuart Gilman, MD, MPH

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## OAA Driven, Locally Managed

- Most common model
- All OAA RFPs require Interprofessional Education (IPE) & Collaborative Care (CC) in the classroom and care delivery curricula
- RFP for MH Expansion Initiative Phase II stated
  - Expansion is intended to . . . promote the utilization of interprofessional team-based care
  - An essential component of patient-centered . . . care practice is interprofessional teamwork
  - Initiative is designed to enhance the development of true interprofessional care delivery teams

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## Externally Driven & Managed

Example: Psychology Postdoctoral Fellowships with an emphasis on HCV & HIV care

- Pilot Program
- Funded by VA's Office of Public Health
- Based on recognition that successful engagement and treatment of these patients requires behavioral health care as well as physical medicine

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## Errors in Proposals

- Interchangeable use of the terms “multidisciplinary, interdisciplinary, & Interprofessional” demonstrates a failure to grasp the concept
- Assuming that having two or more professions in the same clinic area constitutes interprofessionalism
- Assuming that allowing non-physician trainees to attend MD-focused trainings is sufficient to demonstrate IPE
- Presenting “education as usual” as evidence of IPE & CC

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## Predictions\*

Growth will continue be in areas emphasizing  
Interprofessional Care & Education

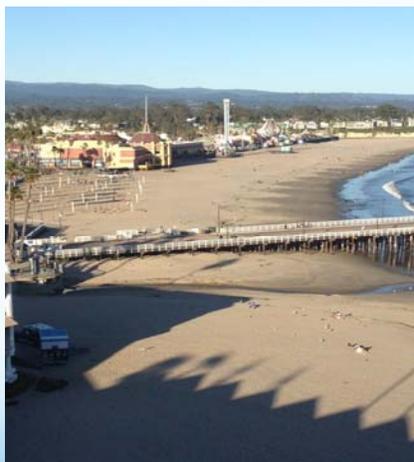
OAA will become increasingly rigorous in its  
evaluation of the IPE & CC components of  
proposals submitted

Funding beyond 3 years MAY be dependent on  
successful implementation of IPE

\* These are my predictions and not endorsed by OAA

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## Retirement



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## Questions

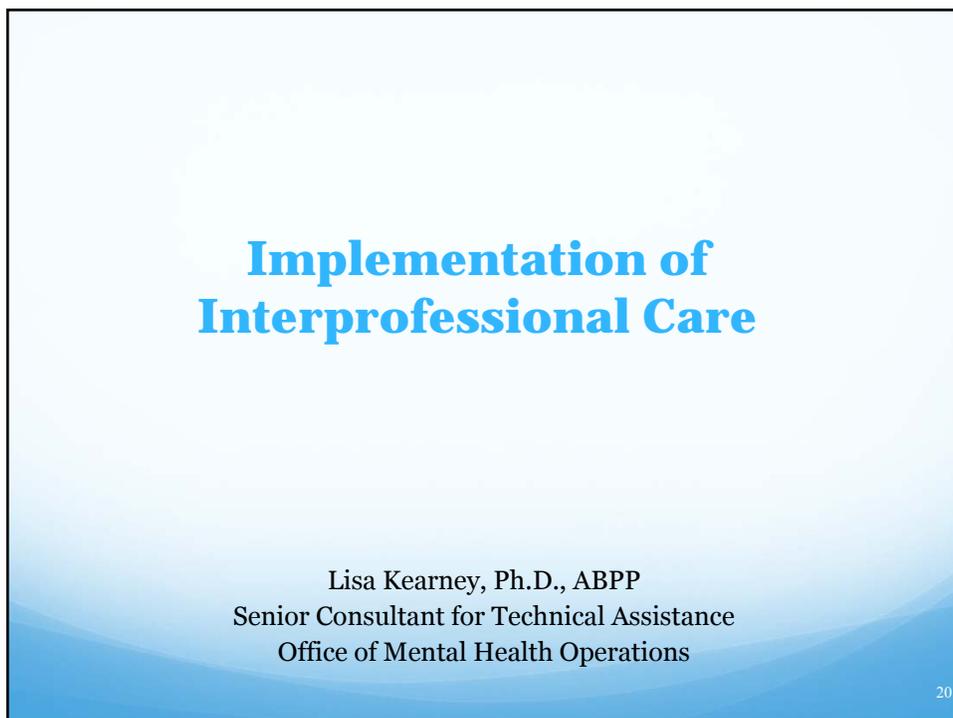
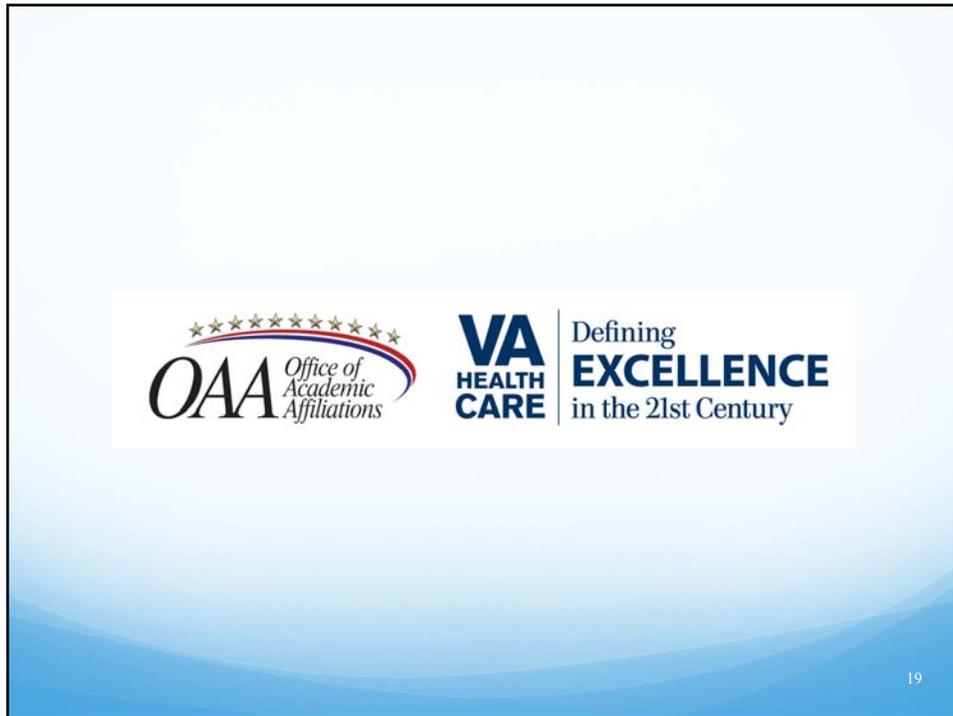
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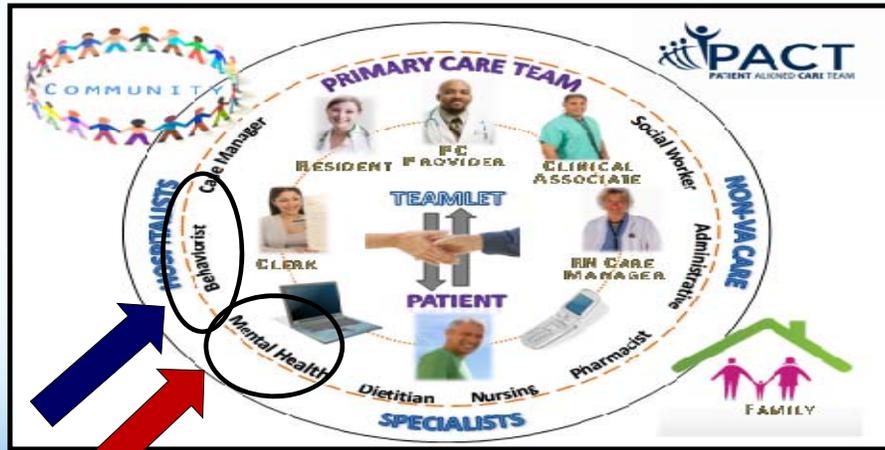
Intranet: [vaww.va.gov/oa](http://vaww.va.gov/oa)  
Internet: [www.va.gov/oa](http://www.va.gov/oa)

There are no known conflicts of interest associated with this presentation.

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## PACT: Who's on the Team?



*Great appreciation for our Primary Care Colleagues in Operations and Policy for being true partners in these endeavors*

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### Mental Health Providers as Part of Interprofessional PACT

- Paradigm/culture shift for mental health clinicians (not just for primary care!)
- Formal education efforts, while critical, will not be sufficient in producing long-term cultural shifts in care required
- Unique competencies required for psychologists in interprofessional care settings, including primary care (e. g., McDaniel et al., 2014)
  - Focus is on the patient's goals and providing rapid interventions related to immediate concerns (McDaniel & Fogarty, 2009).
  - Note Dr. Wray's presentation tomorrow on key differences between care provided in PC vs. MH settings
- Modeling, mentoring, and training in roles is needed, yet frequently may not be readily available

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## Mental Health Providers as Part of Interprofessional PACT

- Utilization of PACT team meetings and brief huddles is critical
- Finding methods for curbside consultation and collaborative communication are key to success

### Co-signing note ≠ Collaboration

- Focus on service to the team and to the Veteran
- Create interprofessional care environments where Veterans
  - Drive experiences and
  - Engage Veterans' values, preferences, and selections for care (VHA, 2008).

*In integrated care settings, this involves moving from a provider-driven interview to a functional based assessment.*

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## How are we doing with this culture shift?

- We are moving there, but we aren't yet where we want to be
- OMHO site visit analyses and PC-MHI Evaluation Surveys note we are still in progress
  - Indicate PC-MHI providers are still working to become full participants in the PACT team,
  - Are often not part of daily huddles or PACT team meetings,
  - Yet many sites were noted as having excellent teamwork and that collaboration between PC-MHI and other PACT staff was overwhelmingly positive (42% of reports specifically commented on this)
  - Same day access services are increasing likely reflecting more warm hand offs are occurring

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## Psychologists' Roles in Transformation to Interprofessional Care

“Psychologists play a crucial role in establishing these patient-centered models of primary care by collaborating with other health care providers in PACT teams, increasing patient engagement as a partner in their own care, and putting the “home” in the patient-centered medical home model (Holleman, Bray, Davis, & Holleman, 2004; McDaniel & Fogarty, 2009). “

(Kearney, Post, Pomerantz, & Zeiss, 2014)

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## Transforming the Culture

- Clinics are NOT machines that can be changed simply by adding additional resources
- Team members must move through their own development stages to fully implement an interprofessional spirit
- Medical home is realized as integrated care providers begin viewing themselves as much a part of the care clinic as of mental health.

(Kearney, Post, Pomerantz, & Zeiss, 2014; Leykum, 2007; Nutting et al., 2009)

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## Conclusion

- Providing resources for implementation of interprofessional care is necessary but not sufficient.
- Critical importance of engagement of each individual involved in the transformation
- At the core of this engagement is the contribution of mental health providers.
- Psychologists have unique skill sets to assist with difficult and systematic change process necessary for paradigm shift.
- Build upon the Veteran as the center of care, upon which all other aspects of the transformation can be built

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## Establishing an Interprofessional Training Program: Minneapolis VAHCS

Bridget Hegeman, PhD LP  
Staff Psychologist  
Minneapolis VAHCS  
Serious Mental Illness (SMI) Team

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## SMI Team Selected

- Representation of full range of mental health disciplines
- Team that already worked well together
- Able to accommodate multiple new trainees
- Staff willing to train other disciplines
- Staff willing to reflect on their own practices
- Staff willing to make changes to procedures

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## Identify Involved Staff

- Point Person/“Champion”
  - Understands the philosophy and concepts
  - Familiar with the literature
  - Active member of the selected team
  - Willing to provide education to other staff and trainees
  - Able to coordinate a training program
- Primary mentors/preceptors/supervisors
- Regularly involved staff
- Adjunct staff

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## Respond to RFP

- Identify trainees to request
  - Specific disciplines and level of training
  - Consider availability of training programs for recruitment
- Preliminary identification of trainee goals
- Preliminary identification of trainee activities
- Identification of possible outcome measures
- Respond to all requested elements of the RFP
- Letters of support – templated

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## Educate SMI Team

- IPE theory and concepts
- How to facilitate IP discussions
- Self-assessment
  - Individual
  - Team
- Educate primary mentors/preceptors/supervisors how to incorporate IPE into 1:1 discussions
- Socialize team to be role models for trainees
  - Interprofessional collaboration
  - Communicate own perspective
  - Ask questions

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## Identify Trainee Activities

- Team meeting
  - Treatment planning
  - Care coordination
  - Group co-facilitation
  - Didactics
  - Patient care
  - Intake – shared appointments
  - Quality Improvement project(s)
  - Patient care project(s)
- 1 day required – when meetings took place
  - Didactics –some topics identified ahead of time, others identified later based on trainee request

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## Thursday Schedule

- 8am SMI Team meeting
- 9am IPE didactic seminar
- 10:30am Intake
  - Pharmacy PGY2
  - Psychology Intern
  - Social Work Intern
- 1:30pm Intake
  - Staff Psychiatrist
  - Pharmacy PGY1
  - APRN Trainee

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## Examples of Didactic Seminar Topics

- Unique practice of each profession
- Clarifying discipline-specific jargon
- Military history/background
- Serious mental illness/assessment of psychosis
- Medication management
- Psychiatric rehabilitation and recovery model
- Code of ethics for each profession
- Acute care/MH emergencies
- Multicultural awareness
- Capacity vs competence
- Shared decision making
- Team approach to personality disorders
- Treatment plans
- Case presentations

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## Logistics

- Hiring paperwork
- Office space
- Orientation, CPRS training, etc.
- Supervisor time, productivity, etc.
- Scheduling/clinics
- Staggered start times for different disciplines
- Availability of trainees during work week
- Negotiate responsibilities between supervisors
- Sharing documentation responsibilities
- Completing encounters
- Matching different disciplines for clinical activities

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## Resources are Available!

- You do not need to re-invent the wheel
  - Journal of Interprofessional Care
  - National Center for Interprofessional Practice and Care  
<https://nexusipe.org/>
  - *Core Competencies for Interprofessional Collaborative Practice*; Interprofessional Education Collaborative  
<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>
  - The University of British Columbia, College of Health Disciplines, interprofessional education resources <http://www.chd.ubc.ca/>
  - University of Toronto, Centre for Interprofessional Education  
<http://ipe.utoronto.ca/>
  - All Together Better Health, 7<sup>th</sup> International Conference on Interprofessional Practice and Education <http://www.atbh7.pitt.edu/>
  - American Interprofessional Health Collaborative (AIHC) <http://www.aihc-us.org/>
  - AIHC Collaborating Across Borders Conference Series <http://www.aihc-us.org/collaborating-across-borders/>

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## Lessons Learned

- Recognize this is not “the same thing we have been doing”
- Have initial activities and didactics planned ahead of time
- Get trainees started right away, even if limited time and just observing
- Get commitment from staff to attend didactics
- Educate staff about IPE concepts and facilitating IP discussions
- Have all disciplines involved
- Assure intentional focus on process and interprofessional issues
- Be willing to make changes
- Flexibility is critical
- Recognize and embrace our differences
- Give it time to develop program and learn from initial experiences
  - Get feedback from trainees and involved staff
  - Have fun!

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## Feedback From Involved Staff

“Nice to collaborate and learn from other specialties, allows me to focus on my specialty”

“Reinforced my perspective that collaboration and constructive input/feedback is invaluable”

“Helped me to be more thoughtful about info delivery to other clinicians”

“I view my colleagues as the veteran’s team”

“I’ve gotten to know members of the team better”

“Has helped me to realize how much we all know about different aspects of medicine”

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## More Staff Feedback

“I love discussing cases with others”

“I’ve spent more time interacting and educating trainees from other disciplines”

“I have encouraged trainees to actively seek out the opinions of other disciplines”

“It is important that patients are getting clinical perspectives from all disciplines”

“I like the didactic interactions, and being back in the interactive learning mode”

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