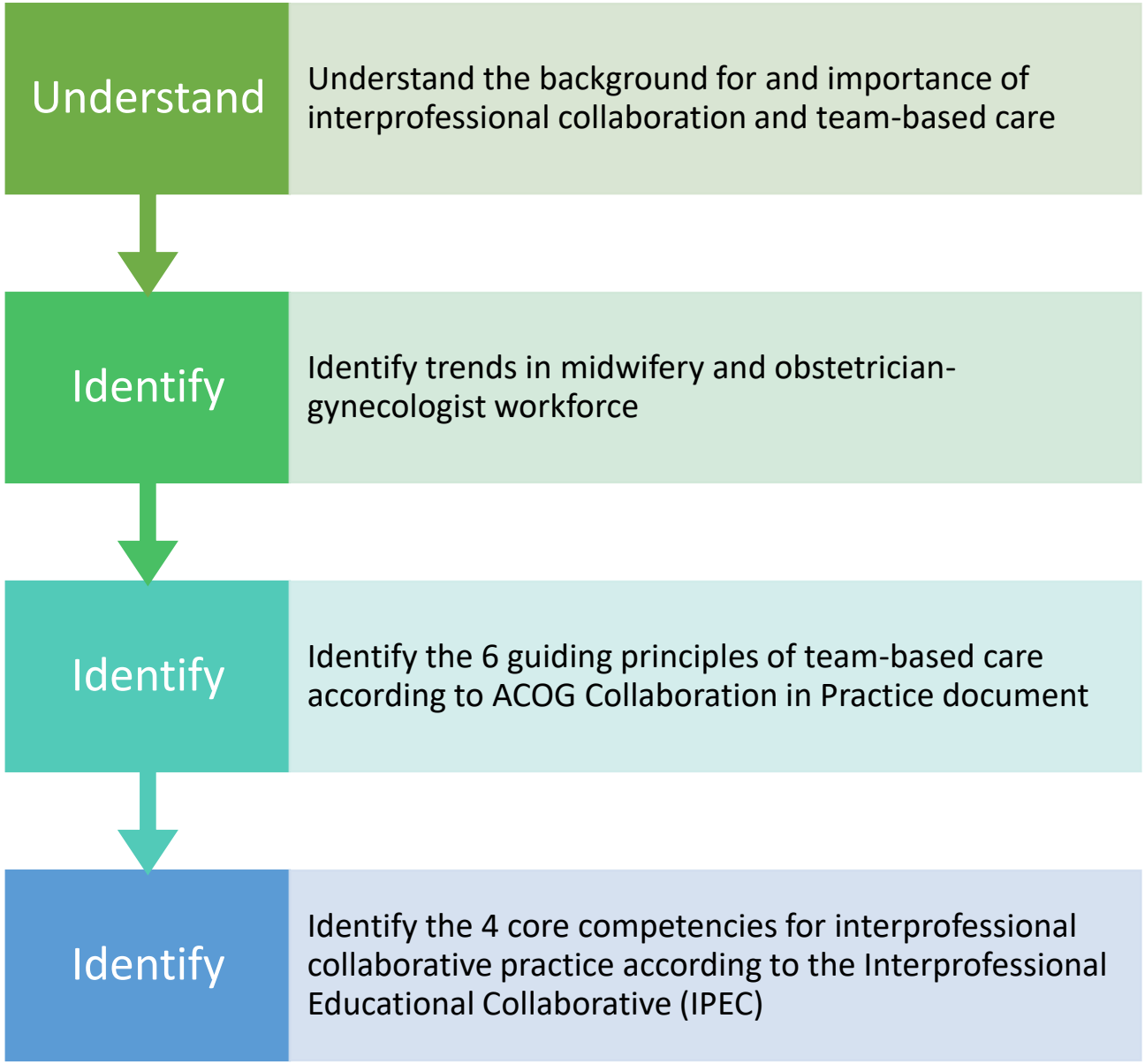
Introduction to Guiding Principles for Interprofessional Collaboration

Learning Objectives



Why interprofessional collaboration?

- A look at the US health system shows many challenges:
  - High cost
  - Lack of access for many
  - Lack of care coordination
  - Sub-optimal outcomes
- Many reports suggesting need for change:
  - *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. (2013)

    National Research Council; Institute of Medicine; Woolf SH, Aron L, ed.;Washington (DC): National Academies Press (US)
  - *Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care*.(2017)Commonwealth Fund; Schneider EC, Sarnak DO, Squires D, Shah A, and Doty MM.

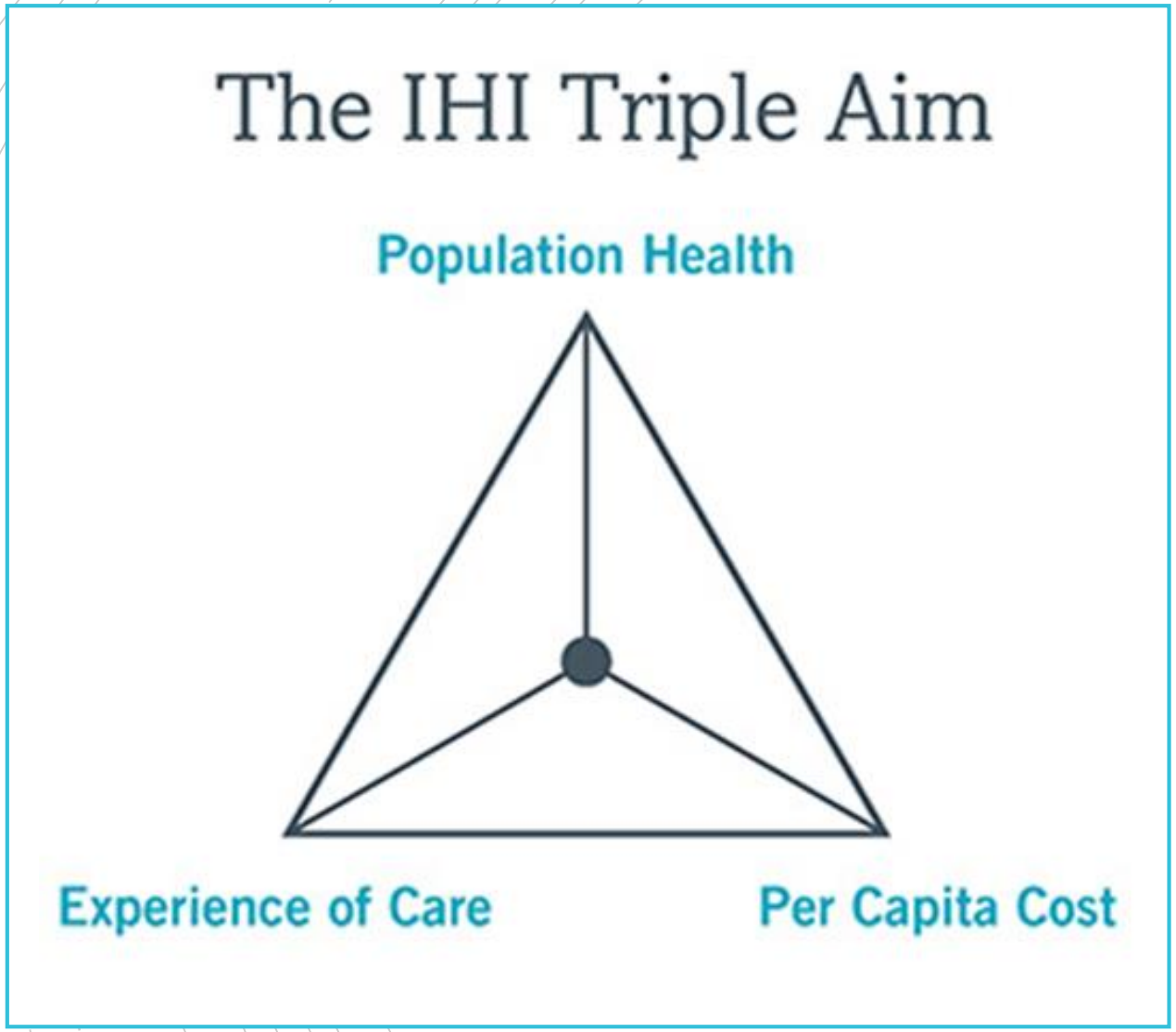
US per capital growth in healthcare spending (particularly hospitals) has grown unsustainably, particularly given our overall health outcomes

Commonwealth Fund Health Rankings

11 Developed Countries

Category	US Rank
Overall ranking	11
Care Process	5
Access	11
Administrative Efficiency	10
Equity	11
Health Care Outcomes	11

https://interactives.commonwealthfund.org/2017/july/mirror-mirror/



A framework for change

- Institute for Healthcare Improvement (IHI) developed a framework to optimize health system performance, known as the Triple AIM:
  - Improve the patient experience of care including quality and satisfaction
  - Improve the health of populations
  - Reduce the per capita cost of health care

Health Systems Improvement

- Change payment mechanism to encourage quality and efficiency improvements
- Must meet **BOTH** quality and cost metrics
- Improve population health care outcomes, quality and efficiency through care coordination

Why team-based care?

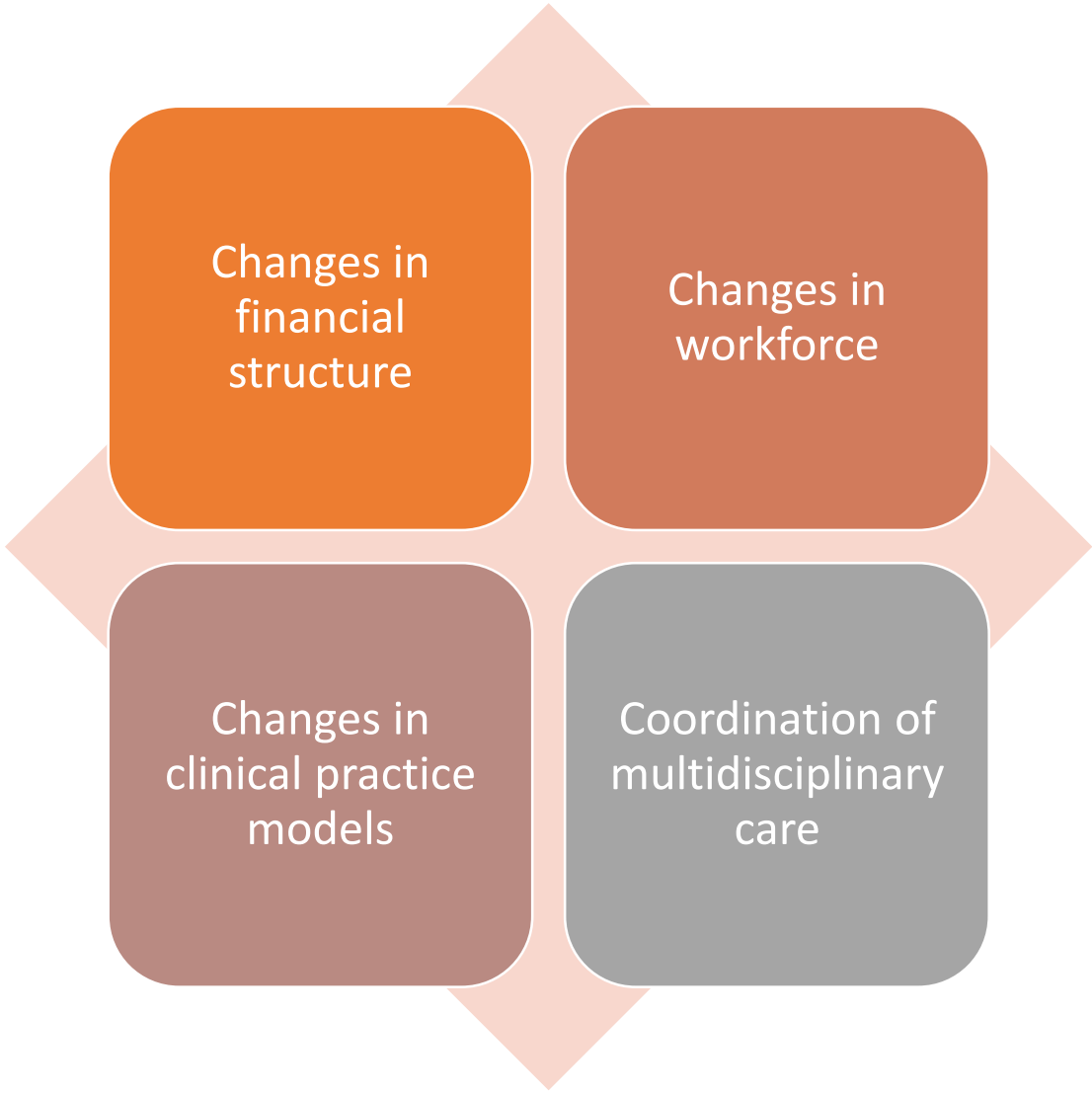
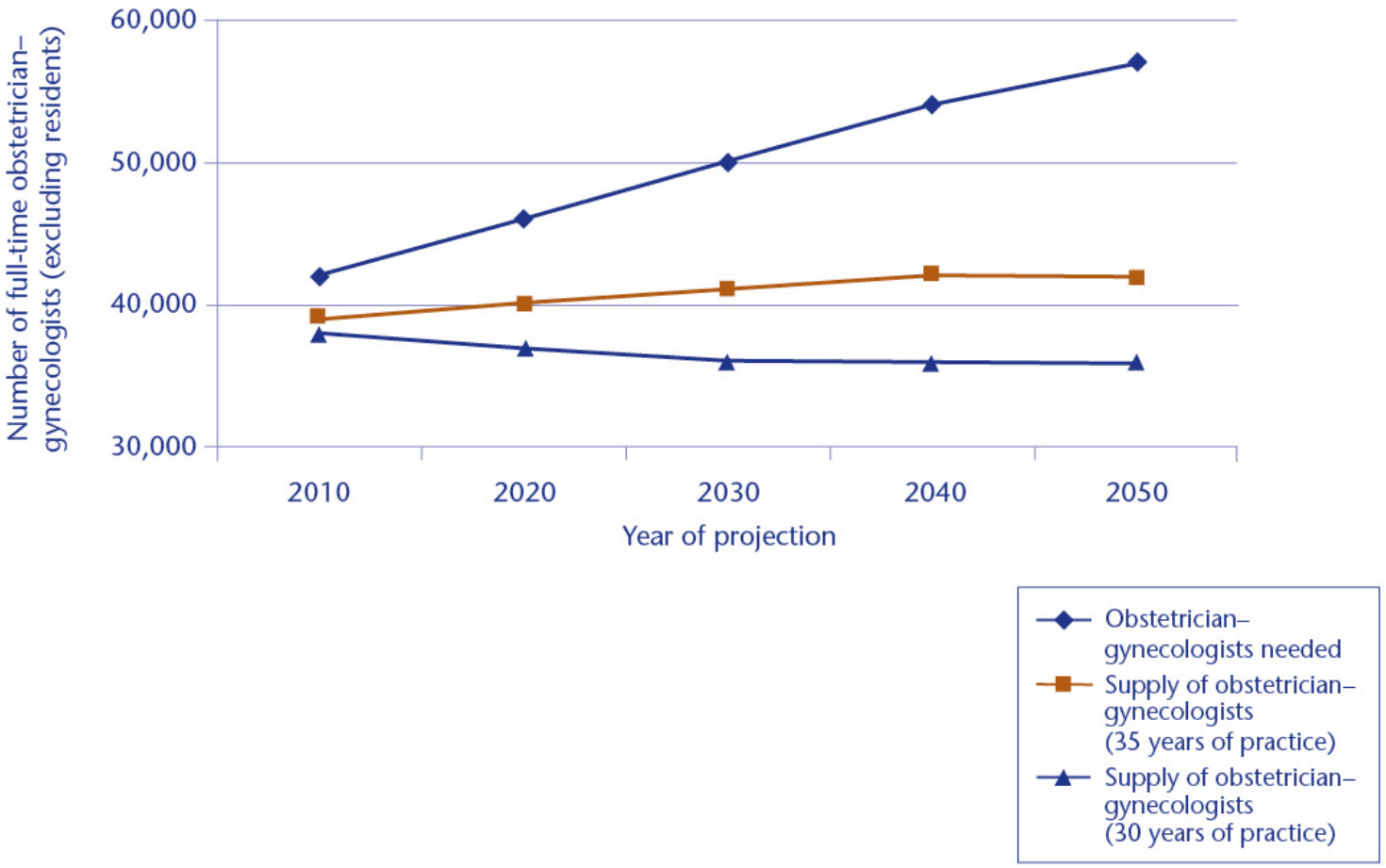
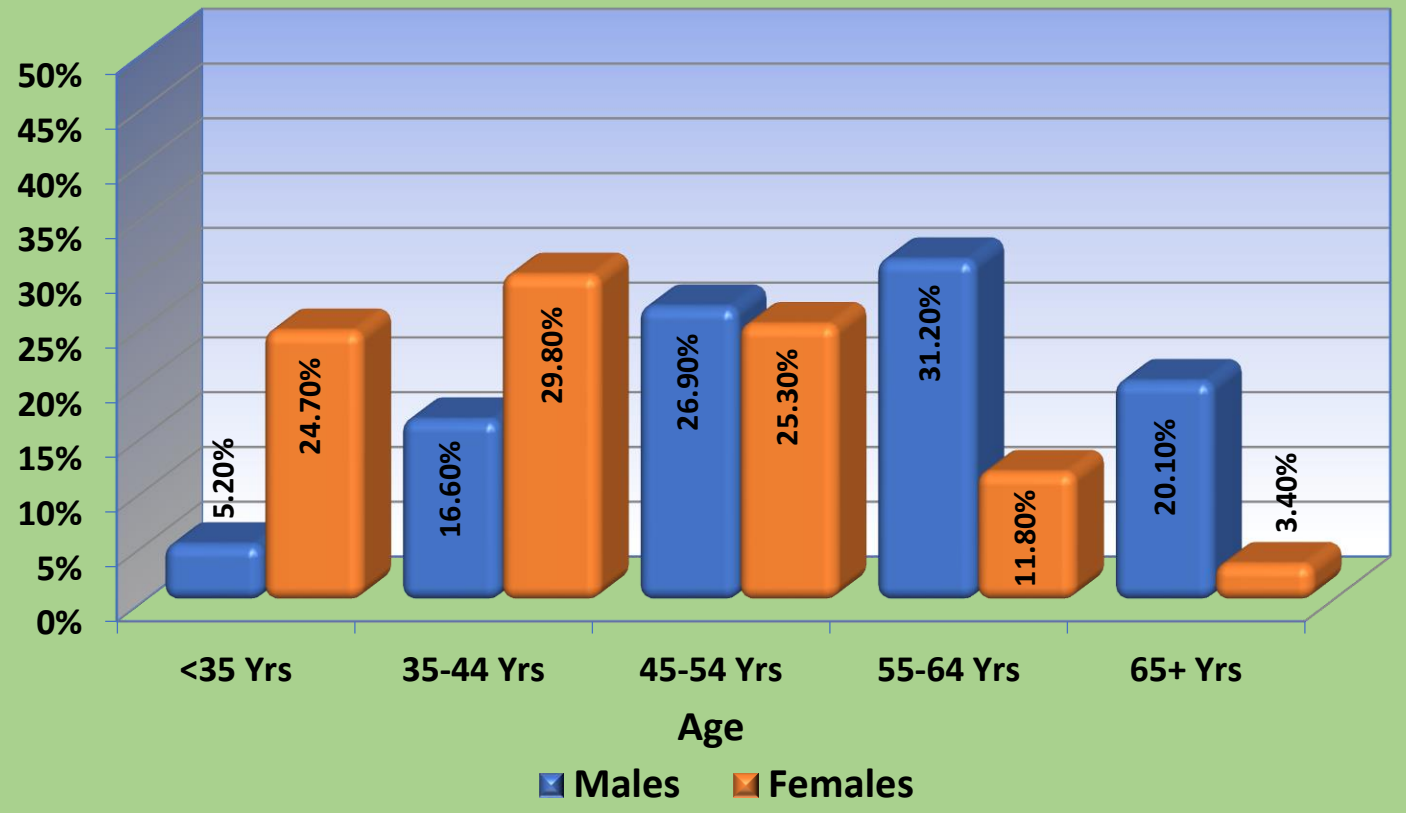


Figure 9-9. Projected shortages in the numbers of obstetrician–gynecologists.



What about the Ob/Gyn Shortage?

Distribution of OB/GYNs by Age



- More than 15,000 OB/GYNs will likely retire in the next decade, outpacing the rate of new OB/GYNs entering the profession by 20%.
- In 2013, 82.6% of first year OB/GYN residents and interns were women.
- Over time, the OB/GYN profession will become predominantly female.

Sources in Notes View.

Multiple Studies Show Female Physicians Work Fewer Hours than Male Physicians

A 2006 AAMC survey found that among physicians who had the option to work part time, 34% of female physicians did so, while only 7% of male physicians did.

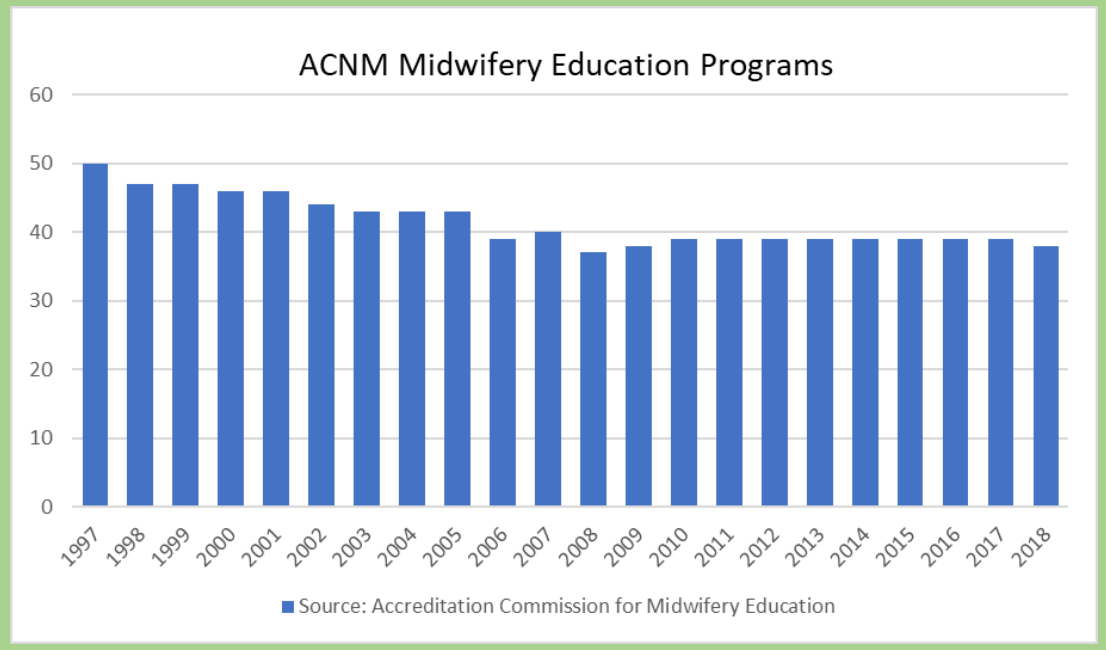
Sources in Notes View.

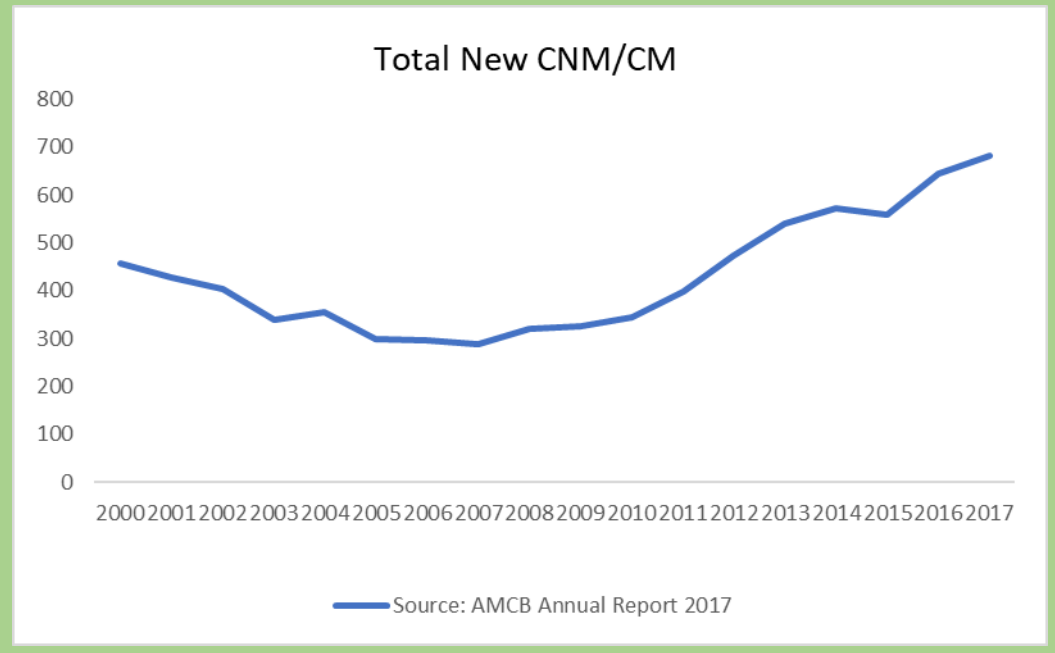
An Increasing Percent of OB/GYNs are Subspecializing

In 2000 7% of OB/GYN residents entered a subspecialty fellowship. In 2012, 19.5% subspecialized. Many OB/GYN subspecialists do not typically attend births.

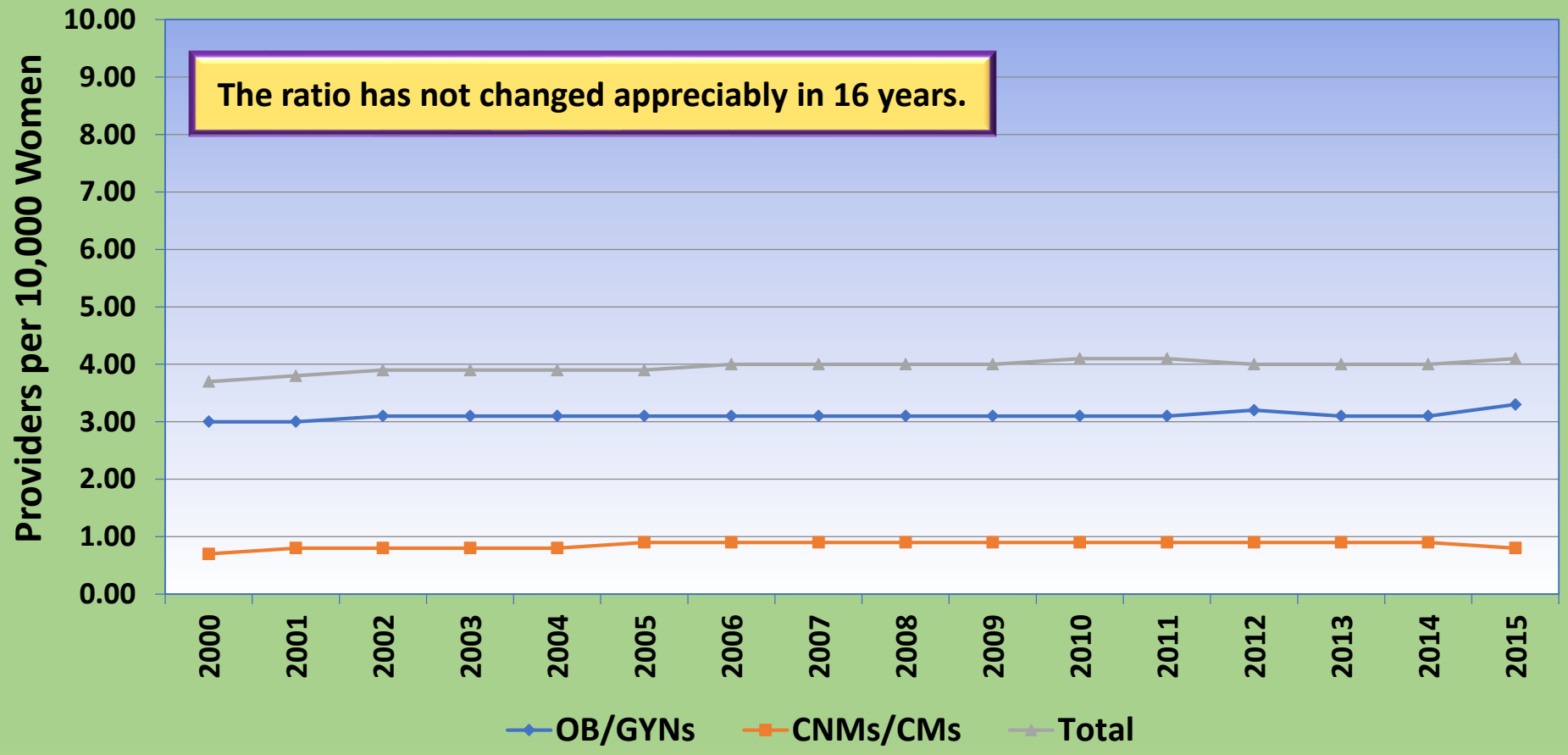
Sources in Notes View.

Midwifery workforce has been growing slowly





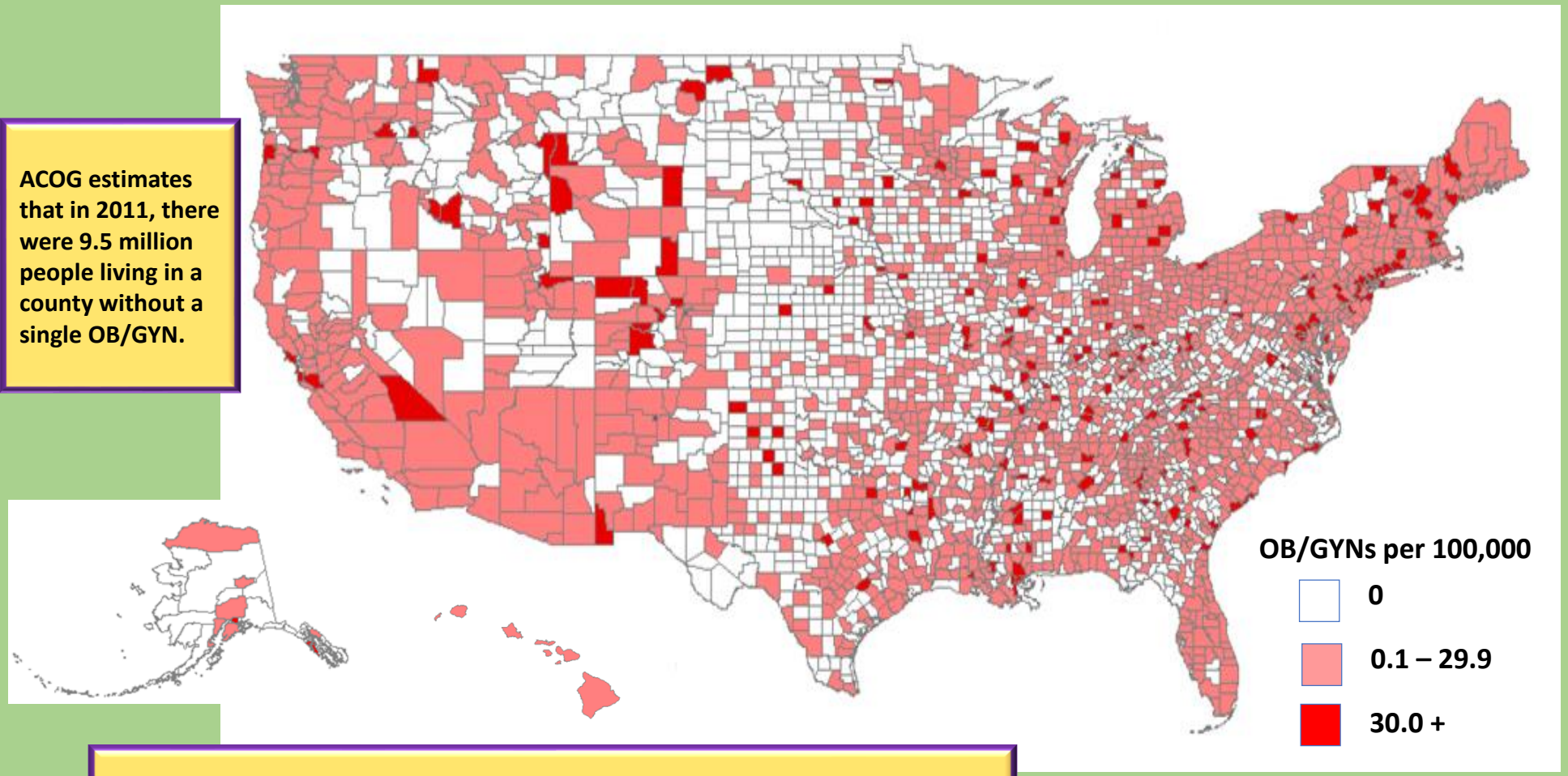
Maternity Care Providers per 10,000 Women Age 15+ Years



Sources in Notes View.

Obstetrician/Gynecologists per 100,000 Population Data Current as of 2011

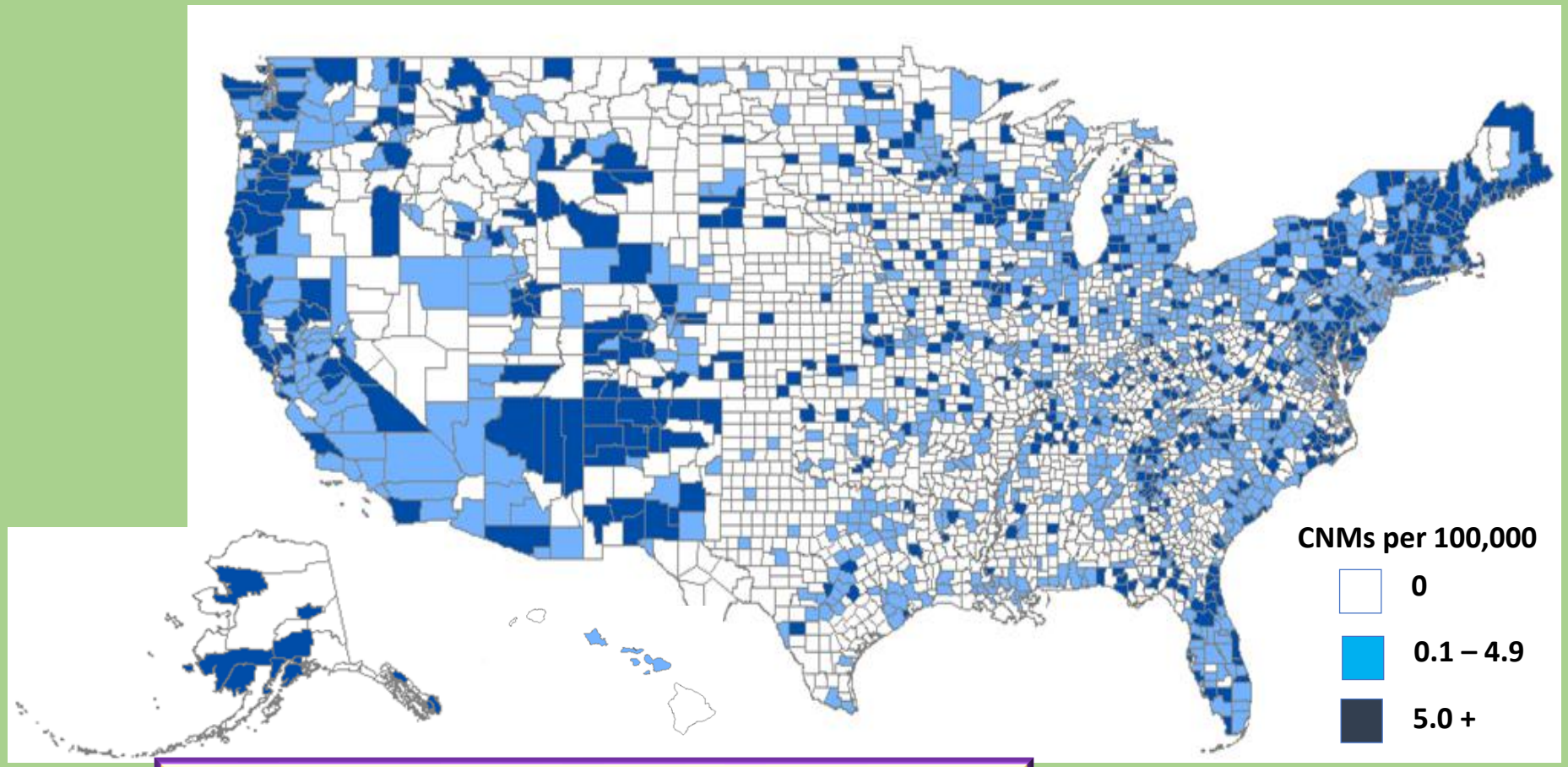
ACOG estimates that in 2011, there were 9.5 million people living in a county without a single OB/GYN.



Out of 3,142 U.S. Counties, 1,459 (46%) have no OB/GYN.

Sources in Notes View.

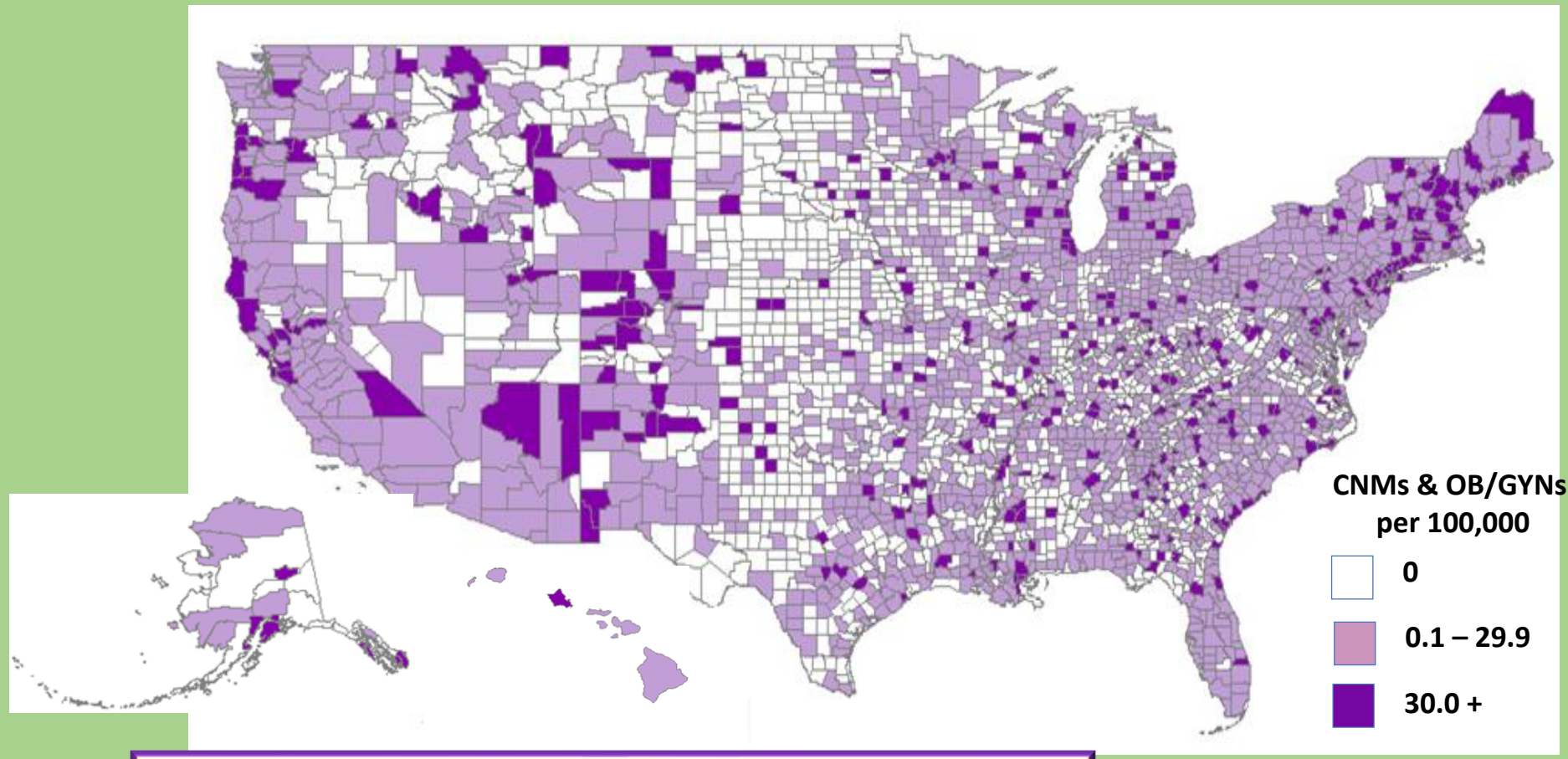
Certified Nurse-Midwives per 100,000 Population Data Current as of 2011



Out of 3,142 U.S. Counties, 1,758 (56%) have no CNM.

Sources in Notes View.

CNMs and OB/GYNs per 100,000 Population Data Current as of 2011



Out of 3,142 U.S. Counties, 1,263 (40%) have no CNM or OB.

Sources in Notes View.

Bottom Line: Serious Challenges

Static entries into OB/GYN residencies and increasing subspecialization; slow growth in #s of midwives

Changes in provider demographics/mal-distribution of providers

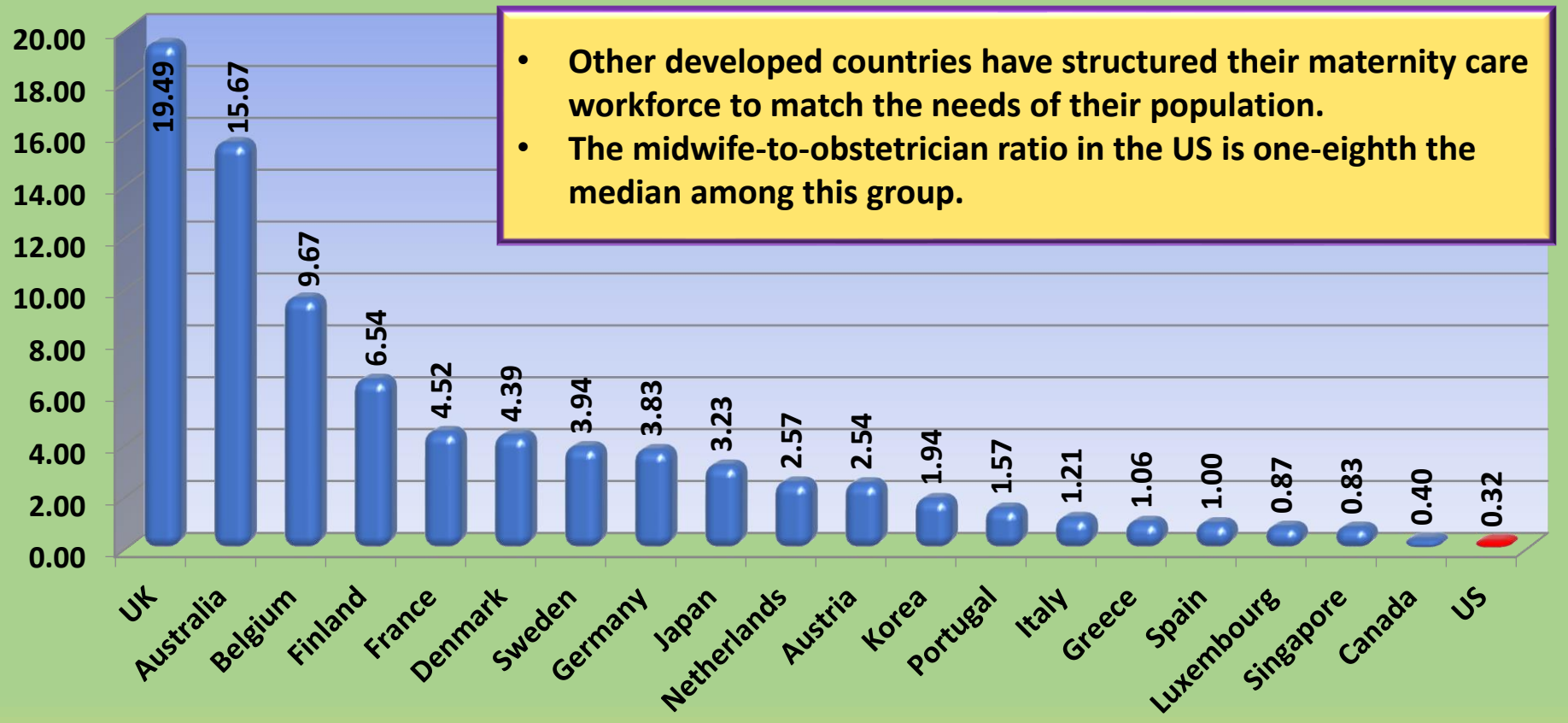
Increasing patient needs

Serious challenges with ensuring skilled attendants at birth

Using a measure of demand that takes into account population, prevalence and incidence of conditions and disease, as well as rates of insurance coverage, available supply of providers and utilization of care, ACOG has projected a shortage of between 15,723 – 21,723 OB/GYNs by 2050. A shortage of midwives already exists.

Sources in Notes View.

Maternal Care Workforce Structure in Several Developed Countries: Midwives per Obstetrician



Sources listed in Notes View.

Time for a new model in the US

- Sub-optimal outcomes in maternity care
  - Increase in maternal mortality
  - Persistent disparities in outcomes by race
  - Increase in primary cesarean rate with ensuing complications of major surgery
- Documented evidence regarding positive outcomes with midwifery model of care for low risk patients
  - CMS funded Strong Start initiative, https://innovation.cms.gov/Files/reports/strongstart-prenatal-fg-finalevalrpt.pdf
  - Mapping integration of midwives across the United States: Impact on access, equity, and outcomes, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0192523

What is team-based care?

The provision of health services to individuals, families, and/or their communities by *at least two health care providers* who work *collaboratively* with patients and the families to accomplish *shared goals* within and across settings to achieve *coordinated, high-quality care*

Collaboration

A process involving *mutually beneficial* active participation between *autonomous individuals* whose relationships are governed by negotiated *shared norms and visions*

Team-based Care + Collaboration

Together, they foster meaningful engagement of patients and families in decision making about patients' care, using an equitable approach that respects and values the skills and expertise of all members of the health care team.

ACOG Initiates Multi-disciplinary Task Force on Team-Based Care

Response to demand for coordinated, value-driven care models in the face of HCP shortages and shrinking resources;

The report was based on the philosophy that health care should:

- Prioritize quality, efficiency, and value
- Work toward the Triple Aim
- Respond to emerging demands and reduce undue burdens on health care providers
- Incorporate IOM expectations that care be safe, effective, patient and family centered, timely, efficient, and equitable
- Enable providers to practice to the full extent of their education, certification, and experience

Collaboration in Practice

- Task force report completed and released in March 2016
- Executive summary was published in *Obstetrics and Gynecology*
- Full report published on ACOG's website - open access
- Additional resources and links to the full report and executive summary are available at www.acog.org/More-Info/CollaborativePractice
- Task force members from ACOG, ACNM, AAP, AAPA, AANP, AACP

Guiding Principles for Team-based Care

Patients and family are active members of the team

- Provider respects patient values, preferences, goals
- Based on enduring personal relationship
- Patient is partner in managing her/her health and making health care decisions

Guiding Principles for Team-based Care

Team has a shared vision

- Integrated body of knowledge and skills that work together toward common goals
- Embraces patient expertise, perspectives, priorities, needs
- Identify goals that all team members, including patient, agree on.

Guiding Principles for Team-based Care

Role clarity is essential to optimal team building and team functioning

- Each member recognized for his/her expertise
- Team focus is on meeting patient needs while maximizing expertise of providers on the team

Guiding Principles for Team-based Care

All team members are accountable for their own practice and to the team

- Practice to the best of abilities
- Consistently act in best interest of patient considering cost, quality, timeliness of care
- Accept responsibilities within scope of practice and experience
- Integrate profession specific recommendations with other team members' recommendations for care
- Maintain education necessary for licensure and credentialing

Guiding Principles for Team-based Care

Effective communication is key to quality teams

- Opportunity to relay important information about team tasks
- Evidence of team's interprofessional nature
- Enables continuous learning environment; translates to better, more efficient care

Guiding Principles for Team-based Care

Team leadership is situational/dynamic

- Team member who can best address patient priority needs assumes lead provider role
- One type of training or perspective not felt to be uniformly superior to others

First joint statement in 1971

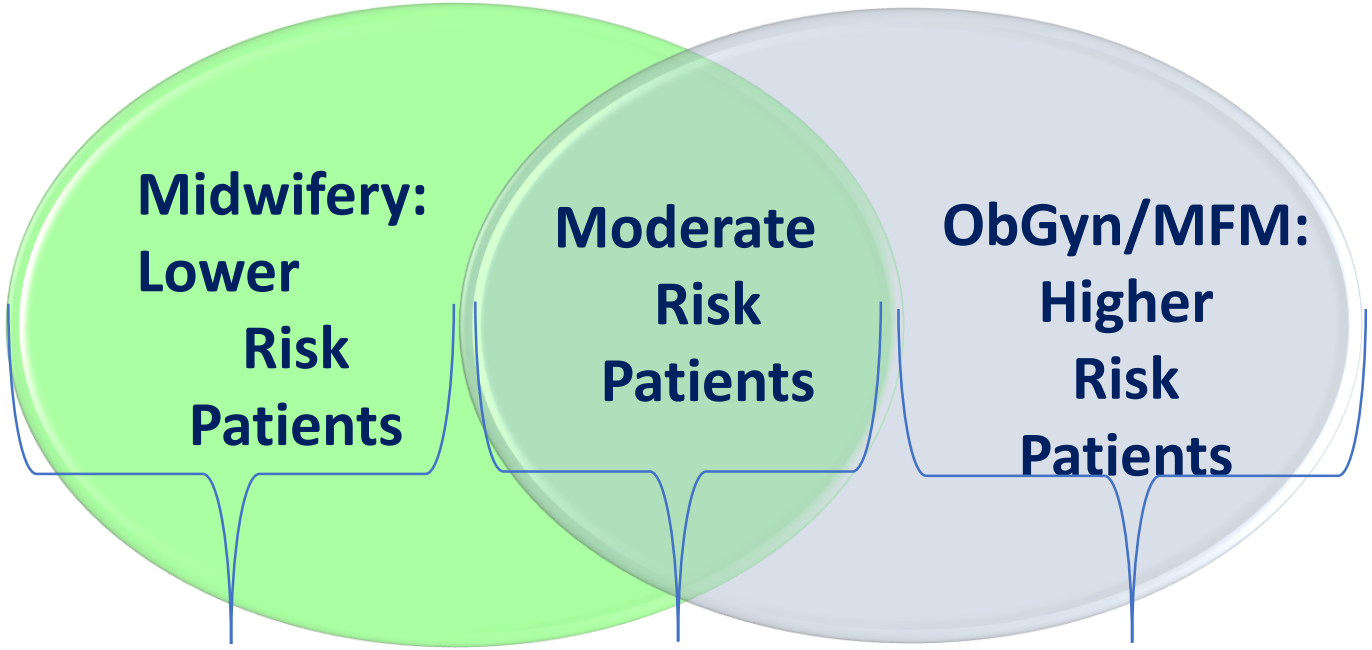
Updated every few years, last update 2018

Affirms:

- care most effective in a system that facilitates communication across care settings and among clinicians
- Ob/gyns and CNMs/CMs are experts in their respective fields of practice
  - are educated, trained, and licensed independent clinicians
  - practice to the full extent of their education, training, experience, and licensure
  - support team-based care

ACNM-ACOG statement on collaborative practice

Overlapping practice areas



"Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed independent clinicians who collaborate depending on the needs of their patients." "Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states."

Joint Statement of Practice Relations Between Obstetrician/Gynecologists and Certified Nurse-Midwives/Certified Midwives

urces in Notes View.

Interprofessional education (IPE) is the critical foundation of team based care!

Operational Definition

- IPE = “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO 2010)

IPE Core Competencies*

- Values and ethics: Work with individuals of other professions to maintain a climate of mutual respect and shared values
- Roles and responsibilities: Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

*Interprofessional Education Collaborative (IPEC): *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*

IPE Core Competencies*(cont.)

- Interprofessional communication: Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
- Teams and teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

*Interprofessional Education Collaborative (IPEC): *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*

Implementation of Team-Based Care in the Women's Health Setting

- Assess patient needs/appropriate providers
  - Preventive services and patient education
  - Low-risk vs. high-risk, collaborative approach that integrates areas of expertise
- Assess population needs/appropriate providers
  - Know your population's demographic data: age range, economic and insurance status, teen birth rate, obesity
  - Issues of diversity and cultural humility: staff education on racial and ethnic disparities, implicit bias, how to ask demographic questions; evaluate non-English language needs and proficiency

Implementation of Team-Based Care in the Midwifery and Ob-Gyn Care Setting

- “Virtual teams are groups of people with a shared purpose across space, time, and organizational boundaries who use technology to communicate and collaborate.” (Collaborative Practice Task Force (2016)).
- Telehealth, use of technology to deliver clinical services, can be considered as a non-traditional method for delivering team-based care, especially when access is limited.
  - Diagnostic test interpretation
  - Patient counseling
  - Disease management/health promotion
- Connectivity via health information exchange (HIE)

Statutory and Regulatory Considerations

Building an interprofessional health care team requires understanding of **Scope of practice** laws and regulations

- Scope of practice and licensure laws and requirements are not uniform across states.
- Important for practices to understand each health care provider's education, certification, and experience, as well as changing laws that affect scope of practice and experience
- **Regulatory frameworks** range from full practice authority to a supervisory or consultative framework.

Challenges and Opportunities for Change: Cost and Payment

Change payment models to a value driven model where all team members benefit from financial incentives based on outcomes

Until systems change, practices could consider alternate payment methods, such as pooling RVUs for all providers while allowing the most appropriate provider to perform the services

Challenges and Opportunities for Change: Cost and Payment

- “States should allow providers to practice to the full extent of their education, certification and experience”;
- Providers, practices, payers, hospitals and professional associations should advocate for this
- “Payers should allow providers to bill for services that fall within their education, certification, and experience” (Task Force on Collaboratve Practice,. (2016) (ACOG)

Challenges and Opportunities for Change: Practice functionality, work flow, and communication

- In addition to traditional care venues, legitimate, alternate options should be considered
- Telehealth options
- Virtual teams
- All roles fully use team member's expertise appropriately and efficiently (Task Force on Collaborative Practice. (2016) ACOG)

Challenges and Opportunities for Change: Building Partnerships with Patients

- Patient needs and perspectives are factored into design of health care processes, creation and use of technologies, and health care provider training
- Practices should educate team members on partnering with patient and patient engagement techniques
- Ensure patients and families understand the team member's roles
- Team members support and trust one another (Task Force on Collaboration in Practice. (2016). ACOG.

Fluid Team Leadership in Action

Regional perinatal system provides care using a team-based model, **Case 1 Example**:

- 29 year old pregnant patient with + HIV test and no other co-morbidities accesses prenatal care with a CNM at a rural clinic
- Hospital has no medical sub-specialty service, nearest infectious disease (ID) consultants >3 hours away
- High viral load at 12 weeks GA
- Interprofessional team, including MFM and ID subspecialists, connected through telehealth with CNM and consulting OB

Fluid Team Leadership in Action (Case 1 cont.)

- Appropriate additional testing, medical treatment initiated
- Adult and pediatric ID subspecialists continue to provide consultation
- Labor and delivery nursing personnel and pharmacists included
- Viral load zero at time of birth, uncomplicated vaginal birth attended by CNM, co-managed by Ob
- Neonatal care at the community hospital, newborn without infection

Fluid Team Leadership in Action

Regional perinatal system provides care using a team-based model, **Case 2 Example**:

- Patient accesses prenatal care with a CNM at a rural clinic, where patient is diagnosed with primary hypertension and Type 1 Diabetes.
- Transferred to the high-risk prenatal clinic where patient is evaluated by a WHNP, who co-manages the care with an MFM via telemedicine.
- Develops superimposed pre-eclampsia during 3rd trimester . Perinatal CNS coordinates MFM evaluation at the level 3 center, plans for maternal transport , and tracks care as QI effort.
- Patient transferred to the level 3 perinatal center for labor and birth.

Fluid Team Leadership in Action (Case 2 cont.)

- CNS and WHNP coordinate discharge plan/transition to community team.
  - Post partum visit with the CNM who will continue as the patient's health care provider
  - Internist is briefed on the course of pregnancy and follow-up visit scheduled
- The patient is satisfied with experience; metrics indicate improved outcomes with lower health care costs.

Collaboration in Practice:

Changing the Conversation

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