



Interprofessional Practice: Implication for Improving the Continuum of Care

***Addressing Substance Use Disorders Through
Interprofessional Collaborative Practices
December 7-8, 2015
Newark, DE***

Linda Rose Frank, PhD, MSN, ACRN, FAAN

Associate Professor of Public Health, Medicine, and Nursing

Director, MPH Program, Department of Infectious Diseases

Principal Investigator, MidAtlantic AIDS Education and Training Center

Graduate School of Public Health

University of Pittsburgh

Greetings from Pittsburgh



Graduate School of Public Health

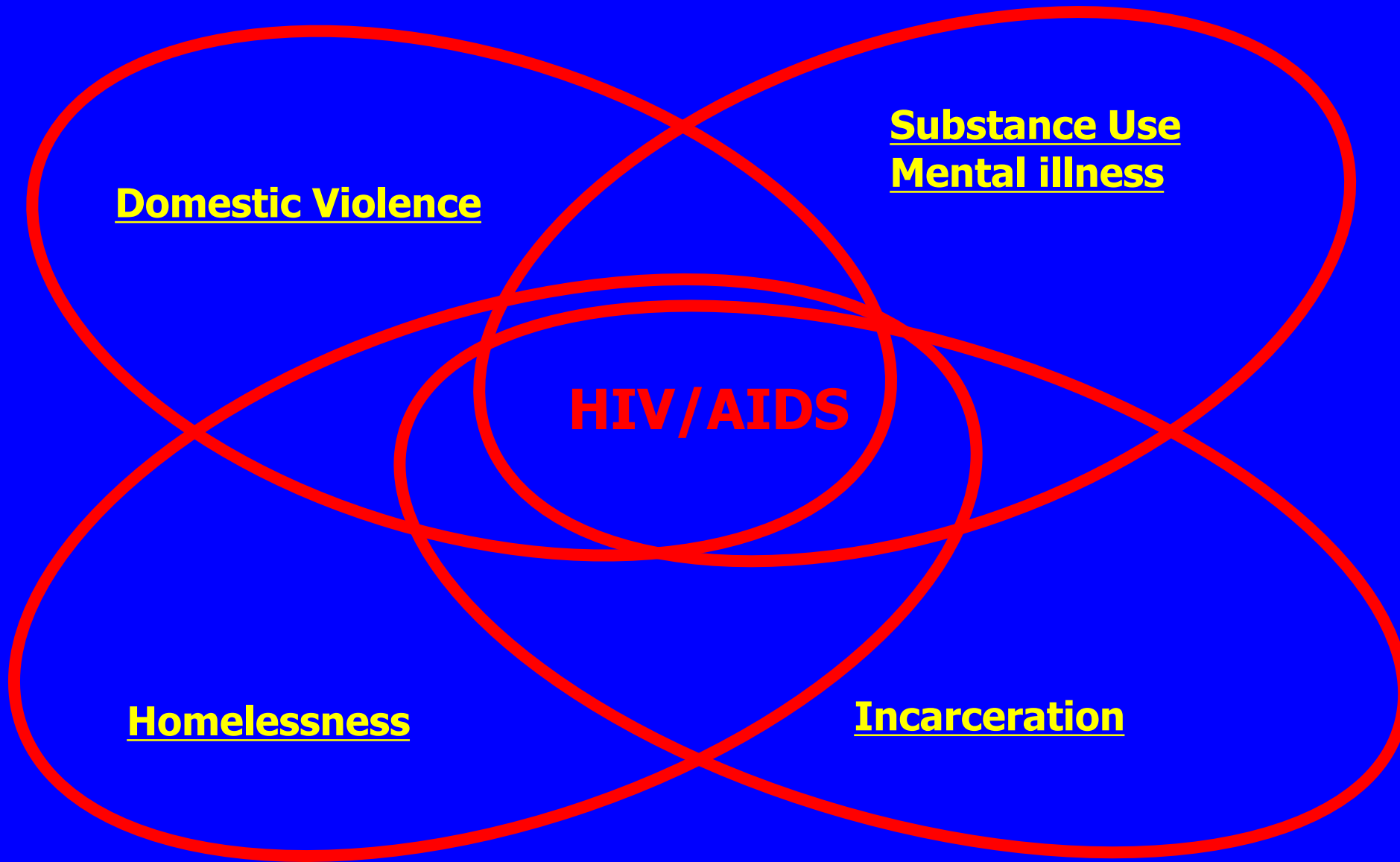
University of Pittsburgh Campus





Current Populations

- **Across the life span**
 - **Adolescents, young adults**
 - **Over age 50**
- **Further challenges**
 - **Poverty**
 - **Culturally diverse**
 - **Language barriers**
- **Co-morbid disorders:**
 - **Substance use**
 - **Mental Illness**
 - **Hepatitis**
 - **Sexually transmitted infections**
 - **PTSD, trauma**





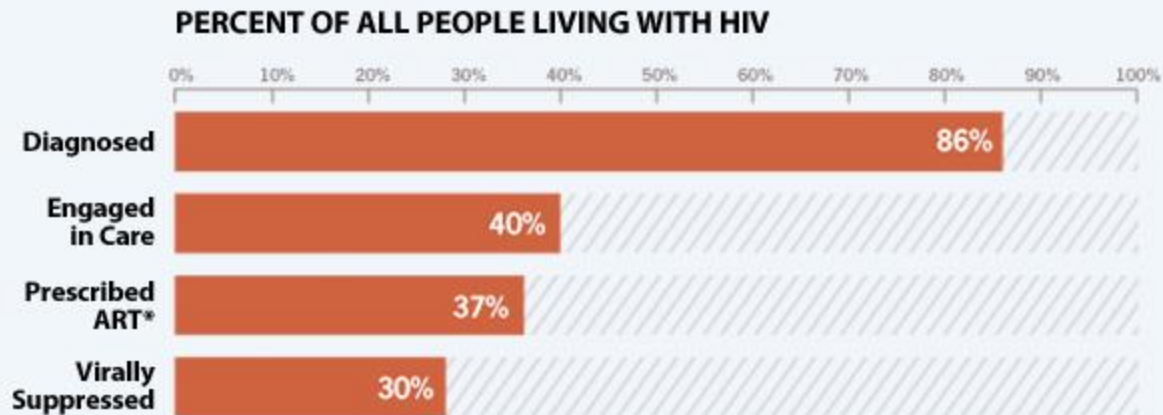
Treatable Conditions

- **HIV**
- **Substance use**
- **Psychiatric disorders**

However, individuals with any of these disorders may have a history of trauma that should be assessed and treated and is sometimes overlooked.

HIV Care Continuum

There is an urgent need to reach more people with testing and make sure people living with HIV receive prompt, ongoing care and treatment.



*Antiretroviral therapy

SOURCE: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

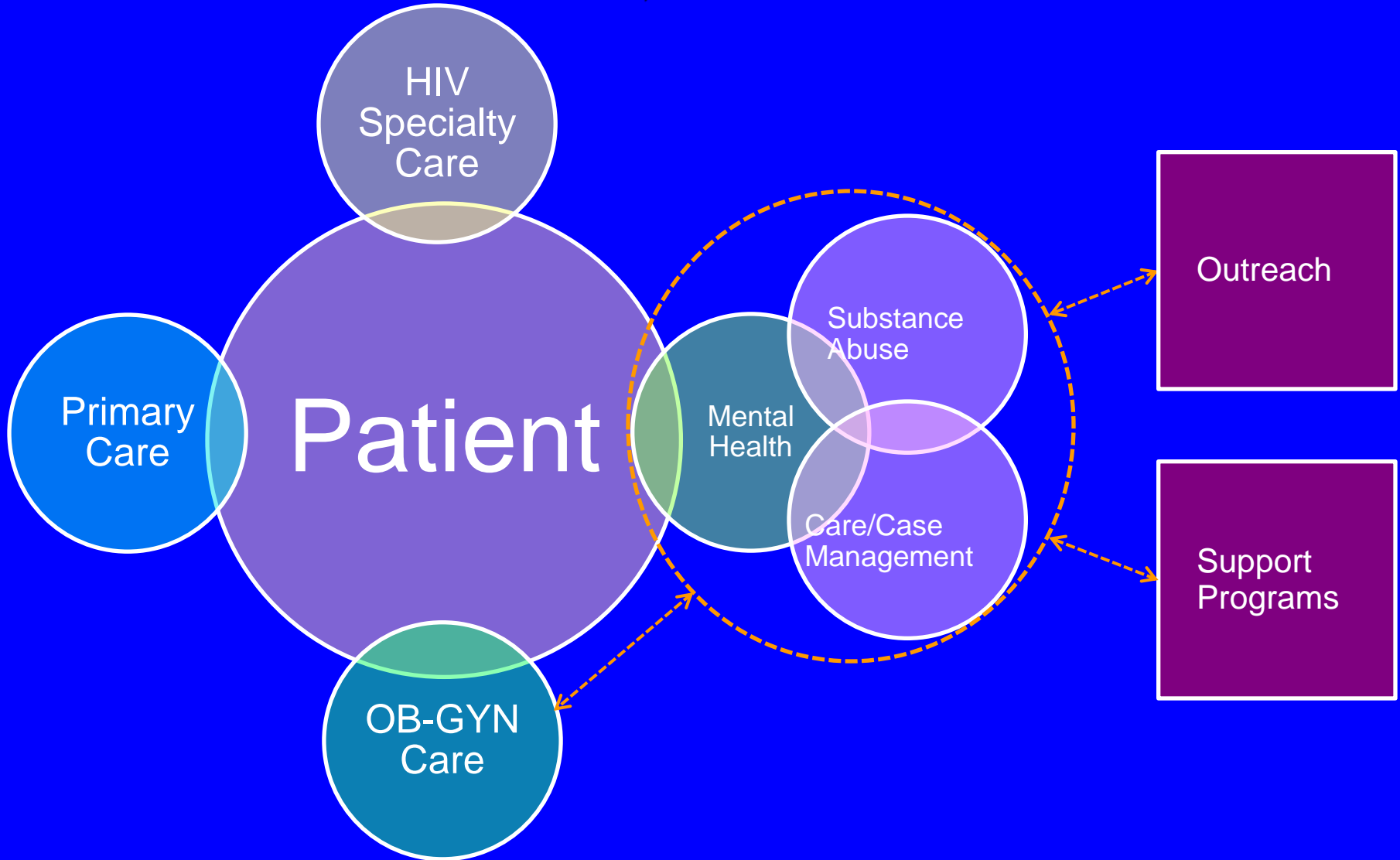


CDC
*Vital*signs™

www.cdc.gov/vitalsigns/HIV-AIDS-medical-care

Holistic Integrated HIV Care

Frank, 2011





HIV Drivers for Integration

◆ Success of antiretroviral treatment

- Delays progression, improves quality of life, prevents complications, opportunistic diseases, neurocognitive complications
- Treatment as prevention
 - » Reduction of perinatal transmission: huge success since 1995
 - » IAS 2015: recommendations that drug users be given easy access to ART, reduce community viral load

◆ Pre-exposure prophylaxis (PreP)

- Shown to be effective in reducing transmission with daily dosing. At IAS, new data suggests that less than daily dosing can also be effective
- IAS 2015: recommendation that drug users, including active drug users have access to PreP



Hepatitis C Drivers for Integration

- ◆ New and effective treatments
 - Costly initially but cheaper than treating chronic liver disease and failure
 - Cost of transplants is significant
- ◆ Greater risk than transmission than HIV
- ◆ Commonly seen in persons with mental illness and substance use
- ◆ Demands screening for Hep C in mental health and substance use treatment facilities
- ◆ Requires training of the health care team in all settings



MH/SA System Drivers for Integration

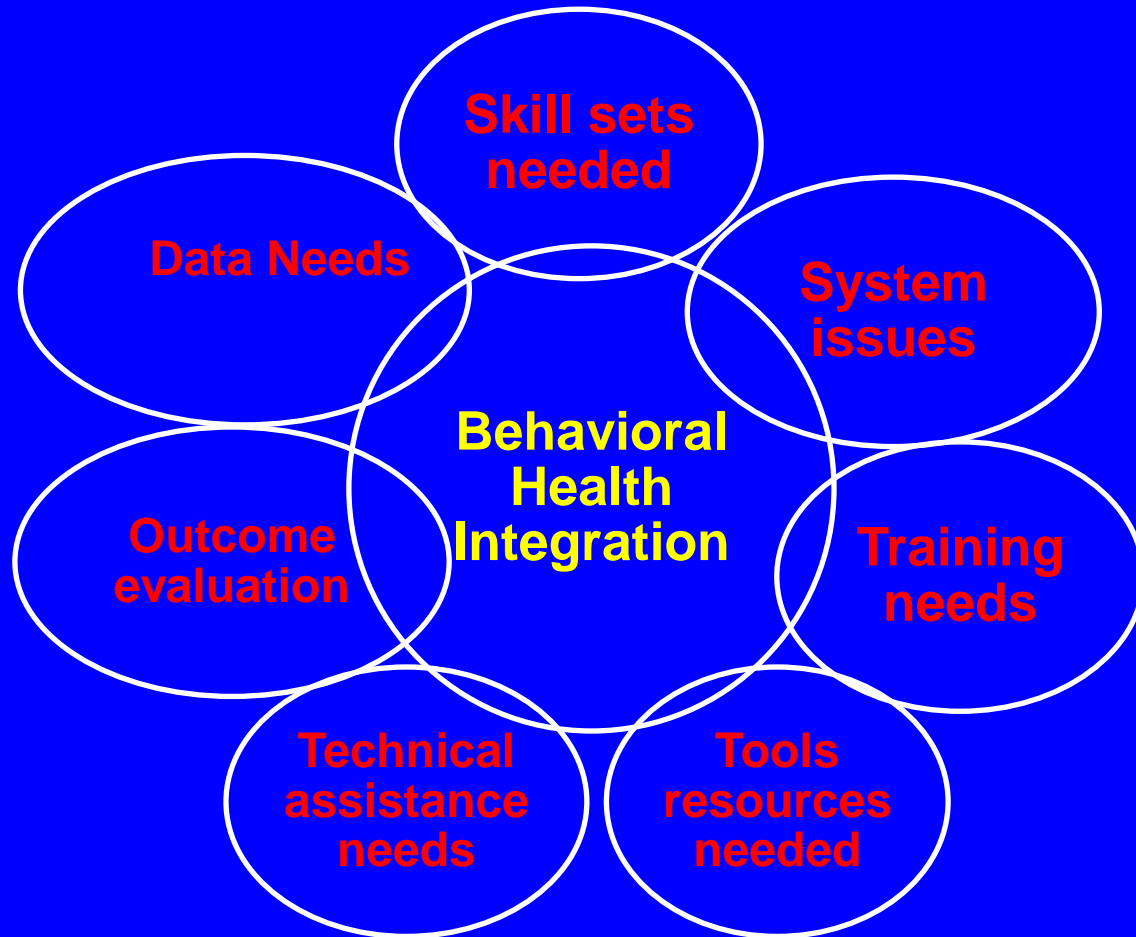
- ◆ Fractured and dysfunctional mental health system
 - Continued lack of understanding of MH diseases
 - Incarceration of the mentally ill
- ◆ Lack of adequate substance use treatment resources
 - Continued lack of understanding of addictions
 - Incarceration of drug users
 - IAS 2015: significant problem internationally leading to high rates of HIV, HepC, TB, and MDR-TB
- ◆ Known success of harm reduction
 - Opioid substitution
 - Needle and syringe exchange
 - IAS 2015: these evidenced based interventions are being ignored internationally and in the US.



Overarching Drivers

- **Emphasis on primary, preventive care**
- **Integration of care**
 - **Primary**
 - **Medical sub-specialties**
 - **Home health agencies**
 - **Behavioral health care**
 - **Social services**
- **EHRs monitor patient and populations health**
- **Interventions focused at both patient and populations levels**
- **Focus on “risk-based” and “value-based” payment methods**

Behavioral Health Integration Model



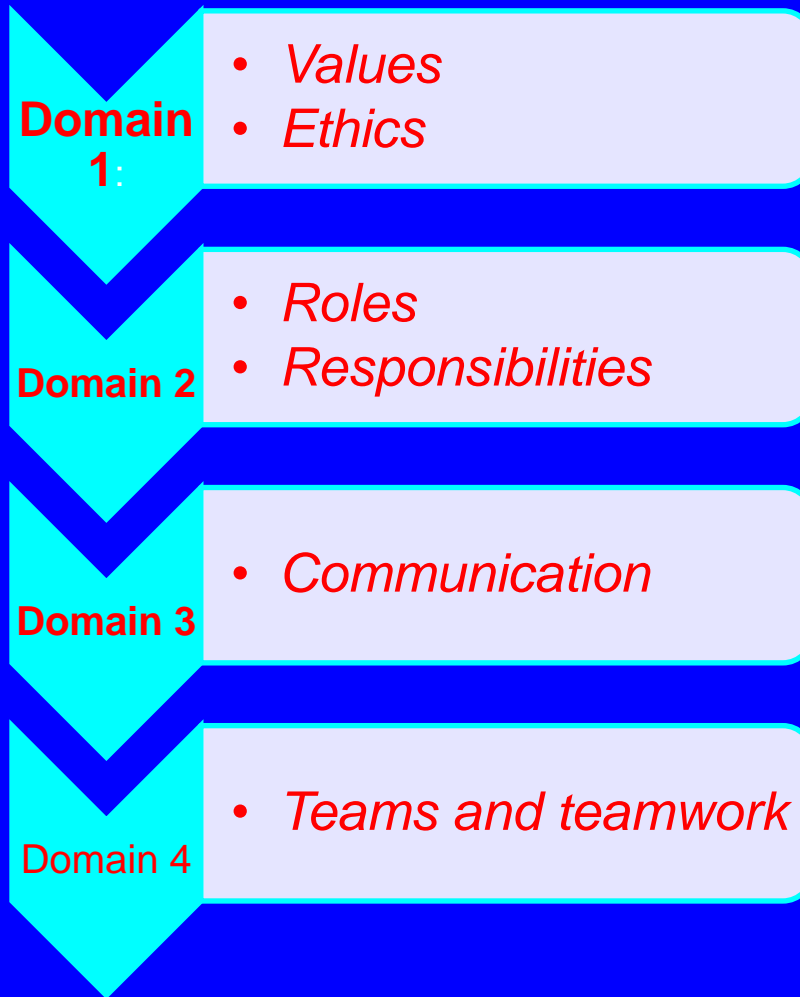


System Intervention Needed

- The HIV, MH, and SA services systems must be on the same page about testing and linkage to care
- Funding must be made a priority for services
- Models for integration and/or coordination need to be piloted but they must be regionally or locally adapted
- Cross training between HIV/MH/SA providers must take place to:
 - Learn from one another
 - Problem solves
 - Develop innovative solutions
 - Secure grant and foundation funding
 - Mutual support and collegiality.

As on the international scene, we must “scale up” to address co-occurring public health emergencies of HIV, Hepatitis, mental illness, substance use.

ICP Competency Domains*



*Core Competencies for Interprofessional Collaborative Practice, Report of Expert Panel, May 2011

How do we get to improving the continuums for clients?

- What's new about this?
- How can we improve outcomes?
- What are the metrics?
- Where is the innovation?
- How can we learn from each other?

- How can we practice?
- Can we change program philosophies
- Is there administrative support?
- What are the fiscal implications?
- Where are the human resources?
- What are the training and TA needs?



Goals of Interprofessional Practice



- Prepare all health professionals students for deliberately working together with the common goal of building a safer and better healthcare system.
- Improved *team-based* training and functioning (knowledge, skills, attitude) that leads to improved quality and safety in *team-based* patient care (behaviors, competence).
- *Impact how care is delivered*
 - Coordination
 - Innovation
 - Evidenced-based



Principles of Interprofessional Practice



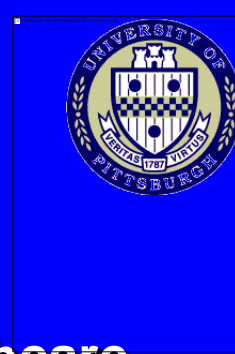
- **Patient & family centered**
- **Community & population oriented**
- **Relationship focused**
- **Process-oriented but outcomes-driven**
- **Integrated across the learning continuum**
- **Applicable across professions**
- **Sensitive to systems context**



Definitions

- **Multidisciplinary:** A multidisciplinary team is one in which members use their individual expertise to first develop their own answers to a given problem, and then come together -- bringing their individually developed ideas -- to formulate a solution.
 - Little interactions across disciplines

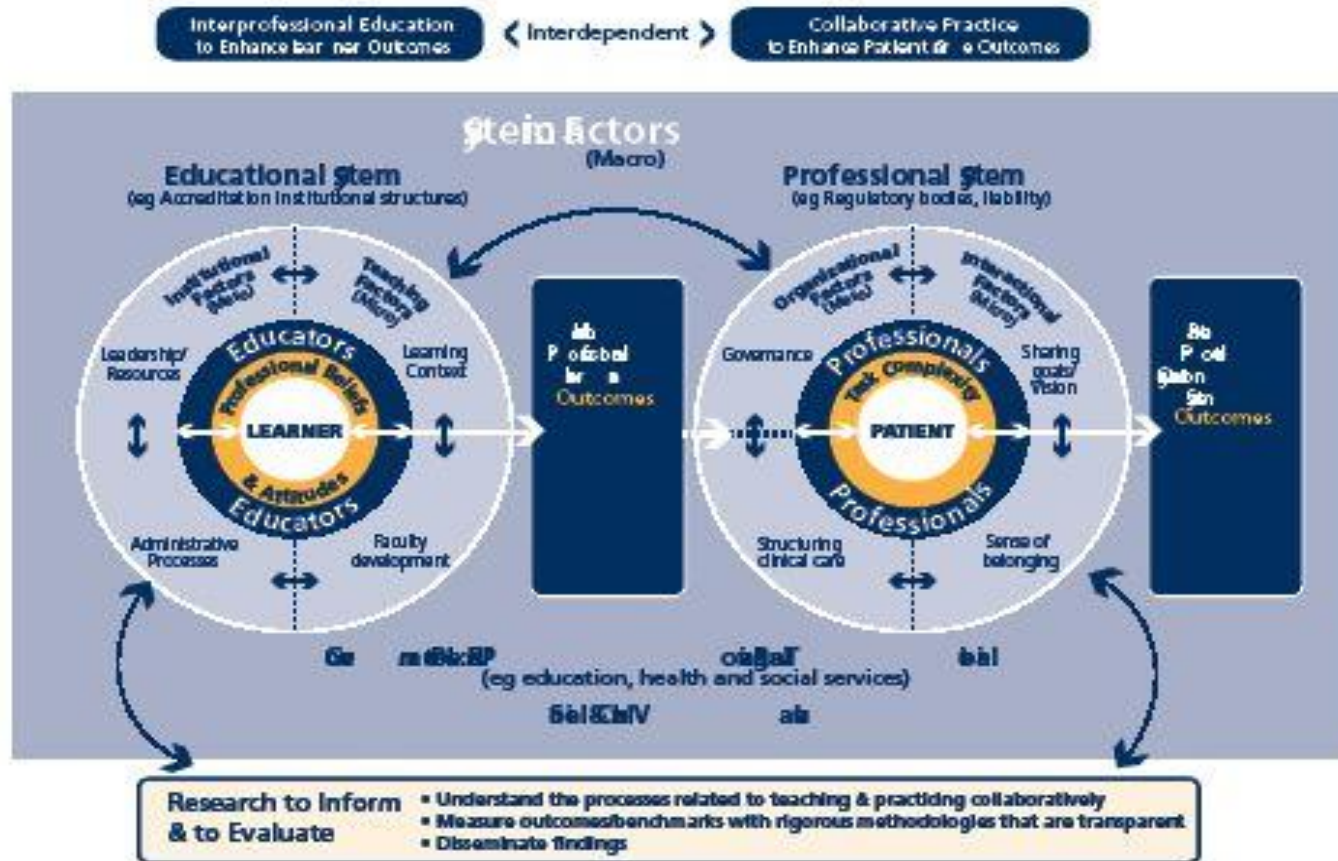
- **Interdisciplinary:** The process of combining two or more disciplines, fields of study or professions, but is also attempting to synthesis them into something new.
 - Using the methods of one discipline with another



Definitions (WHO 2010)

- ◆ **Interprofessional collaboration (IPC):** When multiple healthcare workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care.
- ◆ **Interprofessional education (IPE):** Students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes”
- ◆ **Interprofessional competencies:** Integrated enactment of knowledge, skills, and values/attitudes that define working together across the professions, with other healthcare workers, patients, families, and communities as appropriate to improve health outcomes in specific care contexts.

FIGURE 1: Interprofessionality as the field of Interprofessional practice and Interprofessional education: An emerging concept.



Reprinted with permission from D'Amour, D. & Oandasan, I. (2005). *Interprofessionality as the field of Interprofessional practice and Interprofessional education: An emerging concept. Journal of Interprofessional Care, Supplement 1, 8-20.*

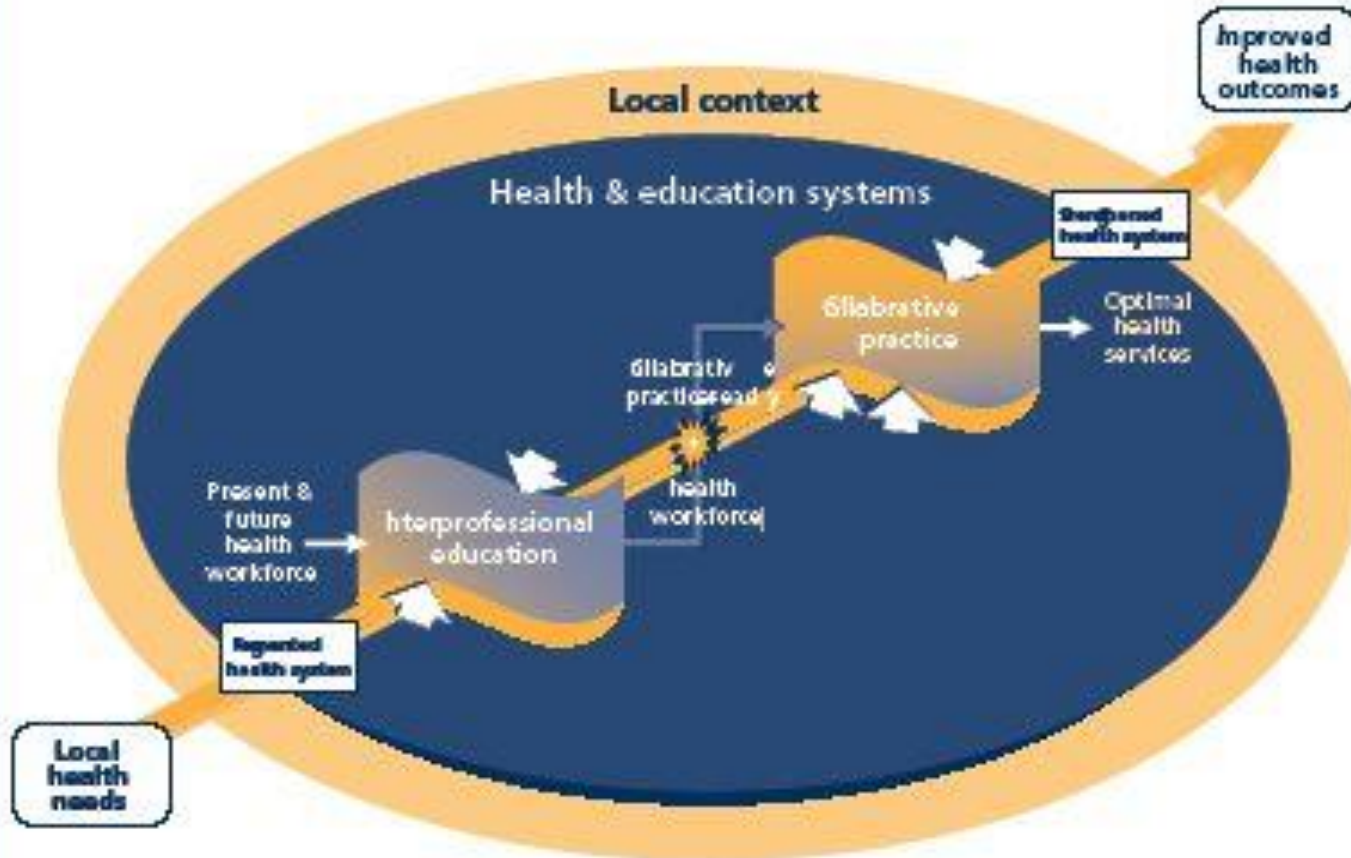
Other factors:

One Labor Force – Five Generations*

Generation	Age Grouping
Traditionalists	70+
Baby Boomers	55-60s
Generation X	35-54
Millennials	20's – Early 30s
Generation "I"/ Alpha	Teens

Yoedt, J., Miklos, F. (2015) Three Rivers , Area Labor Management Committee Pittsburgh PA, February 17, 2015

FIGURE 2: Framework for Action on Interprofessional Education & Collaborative Practice



Reprinted with permission from: World Health Organization (WHO). (2010). *Framework for Action on Interprofessional Education & Collaborative Practice*. Geneva: World Health Organization.

FIGURE 3: Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world



Reprinted with permission from Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T. et al. (2010). *Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. The Lancet*, 376 (9756), 1923-1958.



Interprofessional Education

“.....occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes...”

Framework for Action on Interprofessional Education and Collaborative Practice, 2010
http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf p 13 accessed Jan 12, 2012

IPE IS:

- **An longitudinal, comprehensive educational approach**
- **Requires interaction for change to occur**
- **An exchange occurs on perceptions of how members view self and others**
- **Changes positively affect clinical practice**

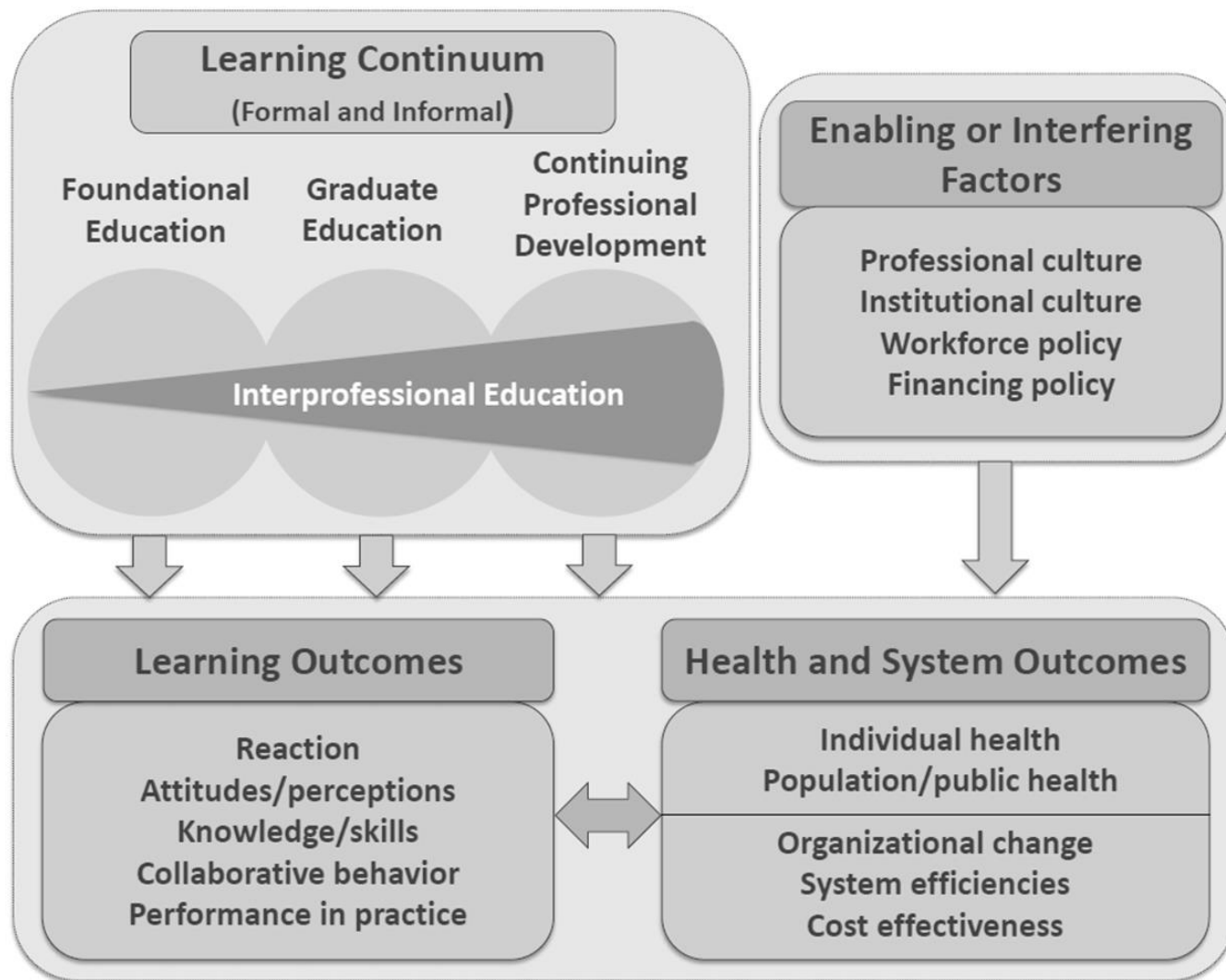
http://www.afmc.ca/aiphe-afiss/documents/AIPHE_Principles_and_Implementation_Guide_EN.pdf

IPE IS NOT:

- **collective of learners from different professions sitting in the same room listening to the same lecture**
- **learners from one profession sharing knowledge with one or more other professions in a one way exchange**

http://www.afmc.ca/aiphe-afiss/documents/AIPHE_Principles_and_Implementation_Guide_EN.pdf

FIGURE: The interprofessional learning continuum (IPLC) model



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.

Developing Core Competencies



Domain	Definition
Professionalism	Commitment to ethical principles, respect, accountability
Patient centered care	Collaboration with health care team, patients, families to meet health related needs
Communication	Exchange of information with patients, families and the health care team
Critical thinking	Decision making based on open-minded analysis and deliberate thinking
Systems-based practice	Awareness of larger context of health care and ability to promote changes that enhance care delivery
Leadership	Influence change for the benefit of clients, the health system, and the professions