INTER-PROFESSIONAL WORK GROUP
DAY 1 OVERVIEW

May 9, 2017
AGENDA

• Overview
• IPE from patient perspective
• IPE from provider perspective
• Mind-Map of Current Status of IPE
MAP

- Key Principles
- Professionals
- Methods
- Assessments
- Outcomes
- Barriers
- Solutions
KEY MESSAGES

- No incentive / no penalty
- Country/health system makes a difference
- Why are we doing IPE?
  - In-thing
- Should we be considering social determinates of disease?
  - Current focus on health care delivery
- Lots of barriers/challenges
- Translation to practice
  - 15-20 years
- <25% from countries with incentives for IPC
PROFESSIONS

- Health Care
  - Intra-professionals
  - Inter-professionals
- Social Care
- Legal
- Support
- Technology
- EHR
METHODS

• Today's discussion
ASSESSMENTS

• Today’s discussion
OUTCOMES

• Today’s discussion
BARRIERS

- University Governance & Infrastructure
- University Legal Issues
- Barriers Involving Other Health Professions
- Scheduling Barriers
- Other
SOLUTIONS

- Today’s discussion
- Key themes
  - Leadership
  - Ownership
  - Clear goals
  - Faculty development
  - Communication and consultation
AGENDA

• Defining the future
  • Exploration of best practices/cases
  • Faculty participation
    • Development
    • Incentives

• Strategies for success
  • How to effectively implement an IPE program
  • How to effectively evaluate an IPE program
THANK YOU

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<tr>
<th>Name</th>
<th>Role</th>
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<tbody>
<tr>
<td>Joan Davis</td>
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and to the entire work group
NEW KEY THEMES

• It is about "Integrated Patient Care" rather than IPE

• Delegates from various countries – wide spectrum of programs
  • Some had “best” practices
  • Some had no programs

• Stop talking; start doing

• Big Data Opportunity
  • Use of data to show that IPP has resulted in
    • Better care outcomes (health)
    • Lower costs

• Focus on what is best for
  • The patient
  • The student

• Need to create the right attitudes and the right culture
BEST PRACTICES

- Curriculum strand
  - Integrated early into training

- Integrated assessments

- Newer schools – better integration of IPE

- Work in areas that make a difference
  - Geriatrics
  - Special needs
  - Craniofacial
  - Pathology/oncology
  - Pharmacy and dental screening

- Faculty development
- Electronic Health Record

- Real patients in real settings
  - Integrated practice (IPP)
  - Community immersion

- Remove financial barrier
- Need to get students together –

- Need to have them leave with the right mind set
  - Get them together
  - Need them to learn what are the right questions from each providers perspective (every member of the team must grasp what other teams members look at)

- Reciprocity
- Required by accrediting groups
FACULTY DEVELOPMENT

• Scholarly activities
• Start with those most engaged
• Need learning/teaching support
  • Focus on team training
  • Reflection on IPE teaching
• Faculty exchanges – see other places
• Student evaluations should impact on this
• Link with university mission
FACULTY INCENTIVES

- Carrot vs. stick
- Appointments and promotions
- Scholarly activities (research/data/publication)
- Funding
  - Grants
  - Funding if incorporated IPC into practices & clinics
- Financial incentive IPP and IPE
  - Attendance at IPE conferences
- Research & data collection
- Publication
EFFECTIVE IMPLEMENTATION

- Key themes
  - Leadership
  - Ownership
  - Clear goals
  - Faculty development
  - Communication and consultation

- Develop reports
- Increase informal interactions
EFFECTIVE EVALUATION

• Not many good assessments
• Need to look from both the patient and student perspective
• Simulated patients (actors)
• 360 degree evaluations
• Should be both on the individual and school level