Interprofessional Effectiveness in Caring for Individuals with Type 2 Diabetes: A Model for Primary Care

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Objectives

1. Describe the interprofessional collaborative practice (IPCP) core competencies within a care model targeting type 2 diabetes.

2. Discuss the value of incorporating an evidence-based diabetes self-management tool and TeamSTEPPS across various health professions.

3. Discuss the incorporation of IHI Triple Aim in IPCP.

4. Discuss overall impact of IPCP core competencies.
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Interprofessional Education (IPE)

Occurs when **two or more** learn about, from, and with each other to enable **effective collaboration** and improve health outcomes.

Interprofessional Collaborative Practice (IPCP)

Occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.

IPCP Environments

- Foster increased communication and shared decision-making among practitioners
- Promote mutual respect and effective dialogue among all members of the care team in care planning and problem solving
- Create more efficient and integrated practices that lead to high quality patient and population-centered outcomes
The TransforMED Patient-Centered Model
A Medical Home for All

A continuous relationship with a personal physician coordinating care for both wellness and illness
- Mindful clinician-patient communication: trust, respect, shared decision-making
  - Patient engagement
  - Provider/patient partnership
  - Culturally sensitive care
  - Continuous relationship
  - Whole person care

Care Management
- Population management
- Wellness promotion
- Disease prevention
- Chronic disease management
- Patient engagement and education
- Leverages automated technologies

Practice-Based Services
- Comprehensive care for both acute & chronic conditions
- Prevention screening and services
- Surgical procedures
- Ancillary therapeutic and support services
- Ancillary diagnostic services

Practice Management
- Disciplined financial management
- Cost-Benefit decision-making
- Revenue enhancement
- Optimized coding & billing
- Personnel/HR management
- Facilities management
- Optimized office design/redesign
- Change management

Health Information Technology
- Electronic medical record
- Electronic orders and reporting
- Electronic prescribing
- Evidence-based decision support
- Population management registry
- Practice Web site
- Patient portal

Quality and Safety
- Evidence-based best practices
- Medication management
- Patient satisfaction feedback
- Clinical outcomes analysis
- Quality improvement
- Risk management
- Regulatory compliance

Care Coordination
- Community-based resources
- Collaborative relationships
  - Emergency Room
  - Hospital care
  - Behavioral health care
  - Maternity care
  - Specialist care
  - Pharmacy
  - Physical Therapy
  - Case Management
  - Care Transition

Practice-Based Care Team
- Provider leadership
- Shared mission and vision
- Effective communication
- Task designation by skill set
- Nurse Practitioner / Physician Assistant
- Patient participation
- Family involvement options

Access to Care and Information
- Health care for all
- Same-day appointments
- After-hours access coverage
- Accessible patient and lab information
- Online patient services
- Electronic visits
- Group visits

Find out more at www.TransforMED.com
Primary Care and Shared Decision-Making

- Time constraints
- High turnover of staff
- Space/facility constraints
- Turf sensitivity
- Payment system
Population Setting

- Historically African-American neighborhood with changing demographics
- Significant percentage without high school diploma
- 50% of the families live below poverty rate
- Mortality due to diabetes, heart disease is second highest in the city
- Violent crime rates are doubled compared to general City rate
- 17% prevalence rate of Diabetes Type II
- Designation as Obama Promise Zone
Diabetes at Local Primary Care Center

- 1100 members with diagnosis codes related to diabetes
- 20% of the 1100 have A1C of greater than 9.0%
- Hispanic and African-American
- Ages 20-64 years
- Patients under 65 years struggle with adequate health insurance
UIW’s IPCP Team

- Advanced Nurse Practitioner
- Nursing Faculty and students
- Pharmacy Faculty and students
- Physical Therapy Faculty and students
- Optometry Resident and students
- Nutrition Faculty
- Athletic Training Faculty
- Pastoral support
- Clerical support
Changes in HgbA1C levels from entry to current (54 patients)
PCP referral to IPCP team

- A1C > 9 High Risk
- A1C 7-9 Moderate Risk
- DM management needs

Patient meets with IPCP team

- TeamStepps
- Clinic visit, when needed home visit
- Shared goals between team and patient
- Adoption of self-management strategies (AADE 7 self-care behaviors)

Debrief assigned PCP

- Develop plan of care
- Reassess at next visit
Impact of Core Competencies

➢ Values and Ethics
“There is peace here.. usually my doctor just tells me I need another prescription.. I would just listen.. and then go home and be non-compliant.”

➢ Roles/Responsibilities
“I learned that diabetes is a process.. the team takes care of me… just what I need to do…not tell me what to do.”

Impact of Core Competencies

- Communication
  “One unit of care”

- Teams and Teamwork
  “The team came in and talked to me ..and then left the room.. but I knew when they came back into the room it was about me and they understood me.”
Opportunities & Threats for IPCP

**Opportunities**
- Embedded provider
- Continuity of care
- Shared decision-making
- Fostering of greater synthesis of thoughts
- Flexibility
- Increased patient satisfaction
- In-house resource
- Modeling IPCP for students
- Challenging preconceived ideas of professions

**Threats**
- Resource intensive
- Scheduling
- Logistically challenging
- Sustainability

(Available on www.IHI.org)
Values of Triple Aim

- Use of measurement across population
- Sets a unified agenda for evaluation
- Commitment to common data gathering
- Within an organization, can set a strategic priority at the senior management level
Questions