

# **Interprofessional Team Based Training to Promote Healthy Aging in Older Adults in the United States**

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# USPHS Scientific and Training Symposium

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# Learning Objectives

- Necessity for Interprofessional Team (IPT) based training to meet the needs of older adults and promote their healthy aging (HA).
- Integration of IPT based training in the national healthcare workforce (NHW).
- Challenges in integrating IPT based training in the NHW education and ways to address these challenges.



# What is IPT Based Training?

IPT based training occurs when individuals from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.



# Necessity for IPT Based Training

- The combination of the increased lifespan and the growing number of adults aged 65 years or older with multiple chronic conditions (MCCs) has far-reaching implications for the U.S. health system.
- Older adults with MCCs may need the IPT based approach to provide patient-centered health care that emphasizes preventive health care.
- The NHW is unprepared to address complex MCCs in older adults by providing coordinated patient-centered IPT-based care emphasizing prevention and promoting HA.





## Necessity for IPT Based Training (Cont.)

- The landscape of health care delivery has changed with the Patient Protection and Affordable Care Act (ACA).
  - The ACA is moving healthcare toward a IPT based system that rewards collaboration and quality with the goal of improving population health.
  - Both the federal government and 3<sup>rd</sup> party payers moved to incentivize health care providers to improve quality and patient outcomes in their reimbursements.
  - New models of patient care include accountable care organizations (ACOs) and patient-centered medical homes (PCMHs) that utilize electronic medical records (EMRs) and focus on population health.



# Core Competencies for IPT Collaborative Practice

## (2016 UPDATE)

**Competency 1:** Work with individuals of other professions to maintain a climate of mutual respect and shared values.

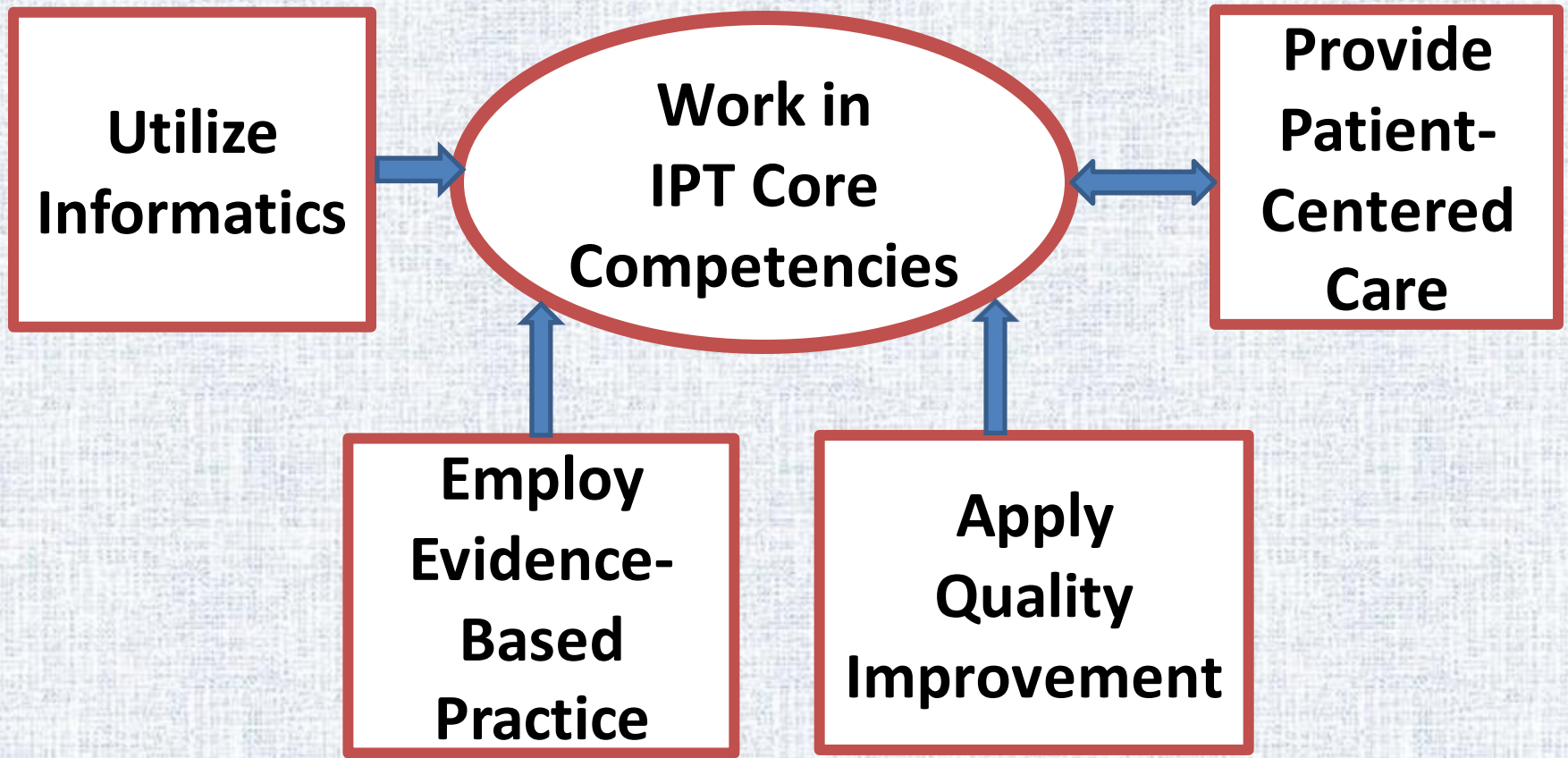
**Competency 2:** Use the knowledge of one's own role and those of other professions to assess and address the health care needs of patients and to promote and advance the health of populations.

**Competency 3:** 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 & maintenance of health and the prevention & treatment of disease.

**Competency 4:** 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.



# IPT and Institute of Medicine CORE Competencies





# Integration of IPT Based Training

## Who needs to be trained?

- Healthcare workers including direct care givers, community health workers, quality improvement and informatics specialists
- Educators
- Students
- Patients/Patient Families for engagement communication





# Integration of IPT Based Training (Cont.)

## What are methods to train?

Hands-on experiential training sessions

- IPT based projects
- Simulation-based training
- Online curricula, the Web and ITV
- Group discussion in a small/large group discussion
- Precepting or coaching
- Didactic sessions
- Continuing education & professional development
- Community-based training
- Faculty development



# Integration of IPT Based Training (Cont.)

## What are settings used to train?

- Academic institutions
- Healthcare facilities and hospitals
- Community based organizations
- Nursing homes
- Rehabilitation centers
- Alternative living facilities
- Day and home care
- Simulation lab
- Online education and Telemedicine/Telehealth



# Challenges

1. Academic institutions are challenged to find sufficient IPT based experiential training placements in community.
2. Lack of flexibility in academic programs in scheduling community-based IPT based activities.
3. Communication among team members.
4. Limited understanding of why change IPT based training is better than current practice.
5. Lack of space to train & house groups of students & HCWs.
6. Financial constraints on team teaching.
7. Lack of sufficient academic center financing.
8. Lack of motivation and leadership.



# Addressing Challenges

- Partner between academic programs and community-based clinical practices for IPT training.
- Provide an incentive and recognition system designed to recruit and sustain the involvement of community-based providers as teachers and role models for IPT training.
- Providing ongoing faculty development and team-based training for campus and community-based teachers who will be leaders in IPT training.
- Advancing the education of students for IPT training by rewarding the active teaching and precepting of students by clinicians from professional disciplines different from their own.
- Using web-based information and communication.



# Addressing Challenges

- Strengthen the institutional infrastructure of geriatric programs and in the community by seeking funding streams for IPT training.
- Private and federal funders should take further leadership to provide funding/incentive for IPT training for the NHW.
- Call for multi-sectorial leadership to effectively train the NHW in IPT training.
- Ongoing RCQI and outcome evaluation of the IPT training and share with the institution/organization leadership.





# References

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# Questions and Comments

**Thank you!**

