

Building an Ark: Anticipating the Future of Healthcare

Jana Zaudke, MD

Wendi Born, PhD



"'Build an ark'? — Why do we always have to do everything the *hard* way?"

Sometimes it is difficult to find the energy for change – especially when it doesn't make sense in the current environment

What is Interprofessional Education (IPE)?

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

Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.”¹

¹ World Health Organization (WHO). *Framework for action on interprofessional education & collaborative practice*. Geneva: World Health Organization. 2010.

Background

- HRSA Pre-doctoral training grant in Primary Care (2011-2016)
 - Develop Interprofessional Teaching Clinic = IPTC
 - Track attitudes
 - Measure skills/behavior = iTOSCE
 - Develop a population management curriculum = Studio Pop
 - IP curricular activities

Interprofessional Teaching Clinic (IPTC)

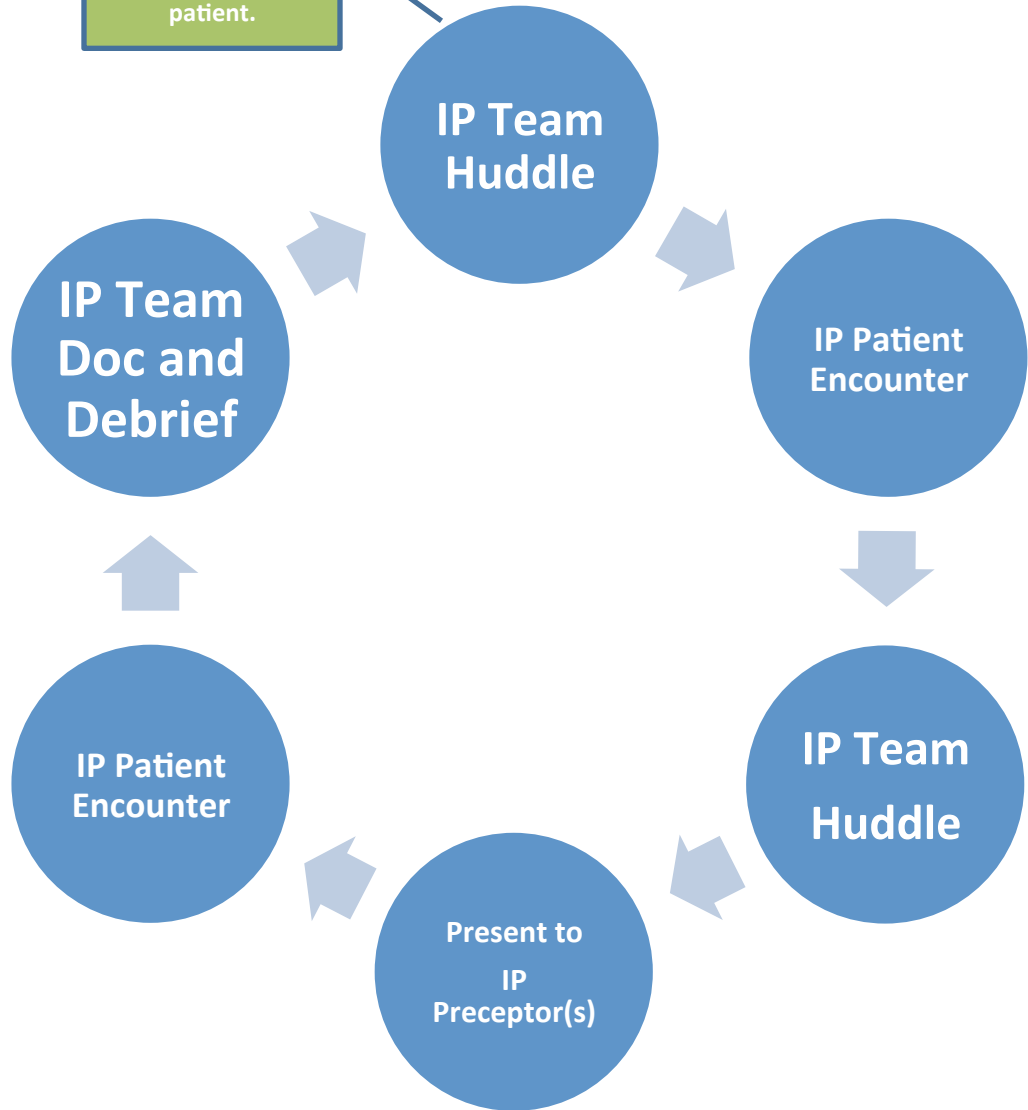
- Currently, IPTC runs 6 half days a week.
 - Pharmacy and Medicine are together everyday.
 - Other professions include:
 - Nursing
 - Clinical Psychology
 - Occupational Therapy
 - Physical Therapy
 - Law
 - Health Information Management

IPTC Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8AM-12PM	M3/6P/Psy	M3/6P/N4/Psy	M3/6P/N4/Psy	M3/6P/Psy	M3/6P/PT
1PM-5PM	NO IPTC	Studio Pop	M3/6P/OT/Psy	NO IPTC	NO IPTC

**START
HERE**

Form an IP team,
and assign
yourselves to a
patient.



**START
HERE**

Form an IP team,
and assign
yourselves to a
patient.

Review chart **TOGETHER**.
Document professions
involved in care via
Flowsheet. Determine
roles/
responsibilities.

**IP Team
Huddle**

**IP Team
Doc and
Debrief**

**IP Patient
Encounter**

**IP Patient
Encounter**

**IP Team
Huddle**

**Present to
IP
Preceptor(s)**

**START
HERE**

Form an IP team,
and assign
yourselves to a
patient.

**IP Team
Huddle**

Review chart **TOGETHER**.
Document professions
involved in care via
Flowsheet. Determine
roles/
responsibilities.

**IP Team
Doc and
Debrief**

**IP Patient
Encounter**

Communicate in a
patient-centered
manner as a
team.

**IP Patient
Encounter**

**IP Team
Huddle**

**Present to
IP
Preceptor(s)**

**START
HERE**

Form an IP team,
and assign
yourselves to a
patient.

**IP Team
Huddle**

Review chart **TOGETHER**.
Document professions
involved in care via
Flowsheet. Determine
roles/
responsibilities.

**IP Team
Doc and
Debrief**

**IP Patient
Encounter**

Communicate in a
patient-centered
manner as a
team.

**IP Patient
Encounter**

**IP Team
Huddle**

Develop
Assessment and
Plan as a team.

Present to
IP
Preceptor(s)

**START
HERE**

Form an IP team,
and assign
yourselves to a
patient.

**IP Team
Huddle**

Review chart **TOGETHER**.
Document professions
involved in care via
Flowsheet. Determine
roles/
responsibilities.

**IP Team
Doc and
Debrief**

**IP Patient
Encounter**

Communicate in a
patient-centered
manner as a
team.

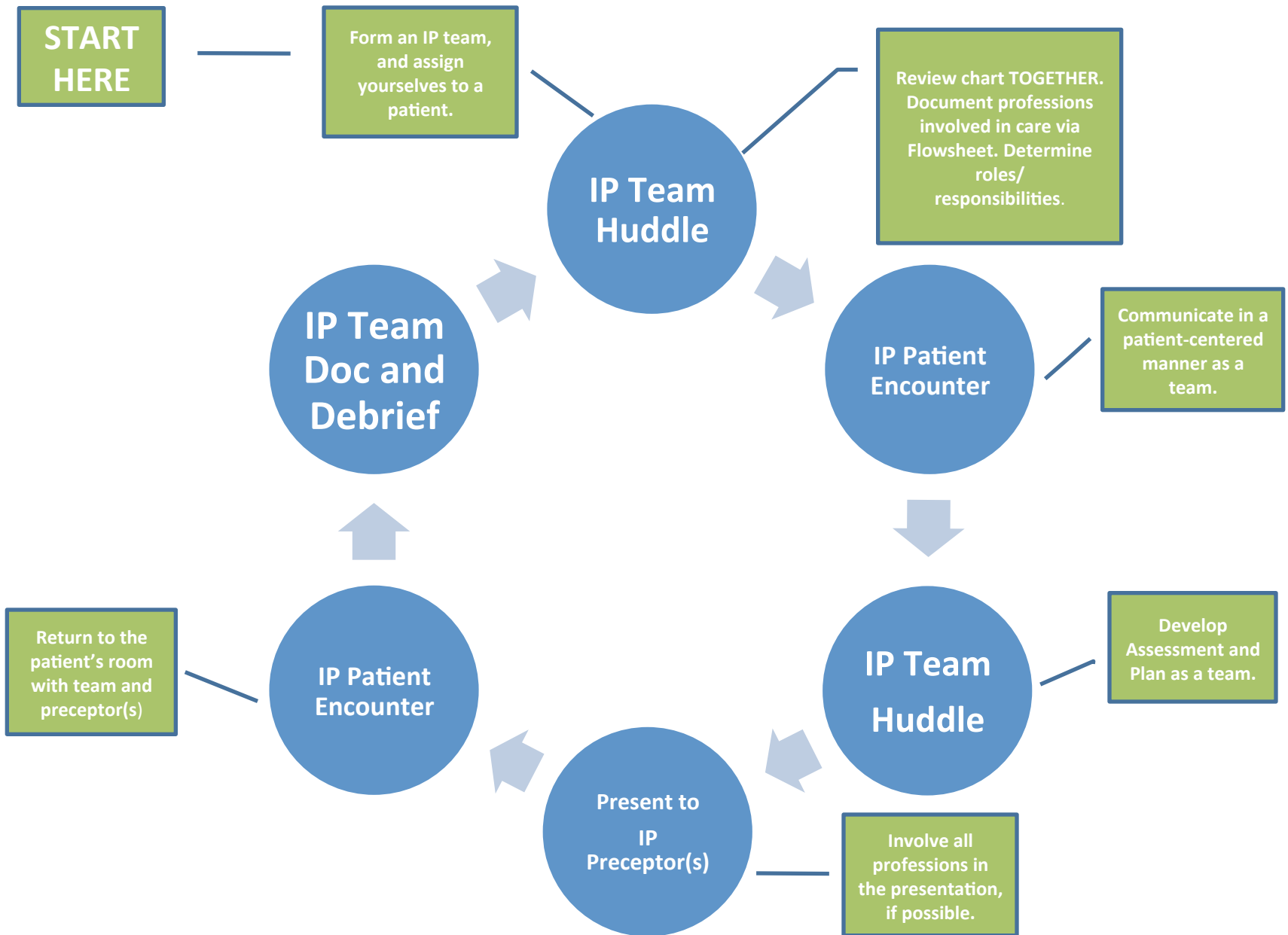
**IP Patient
Encounter**

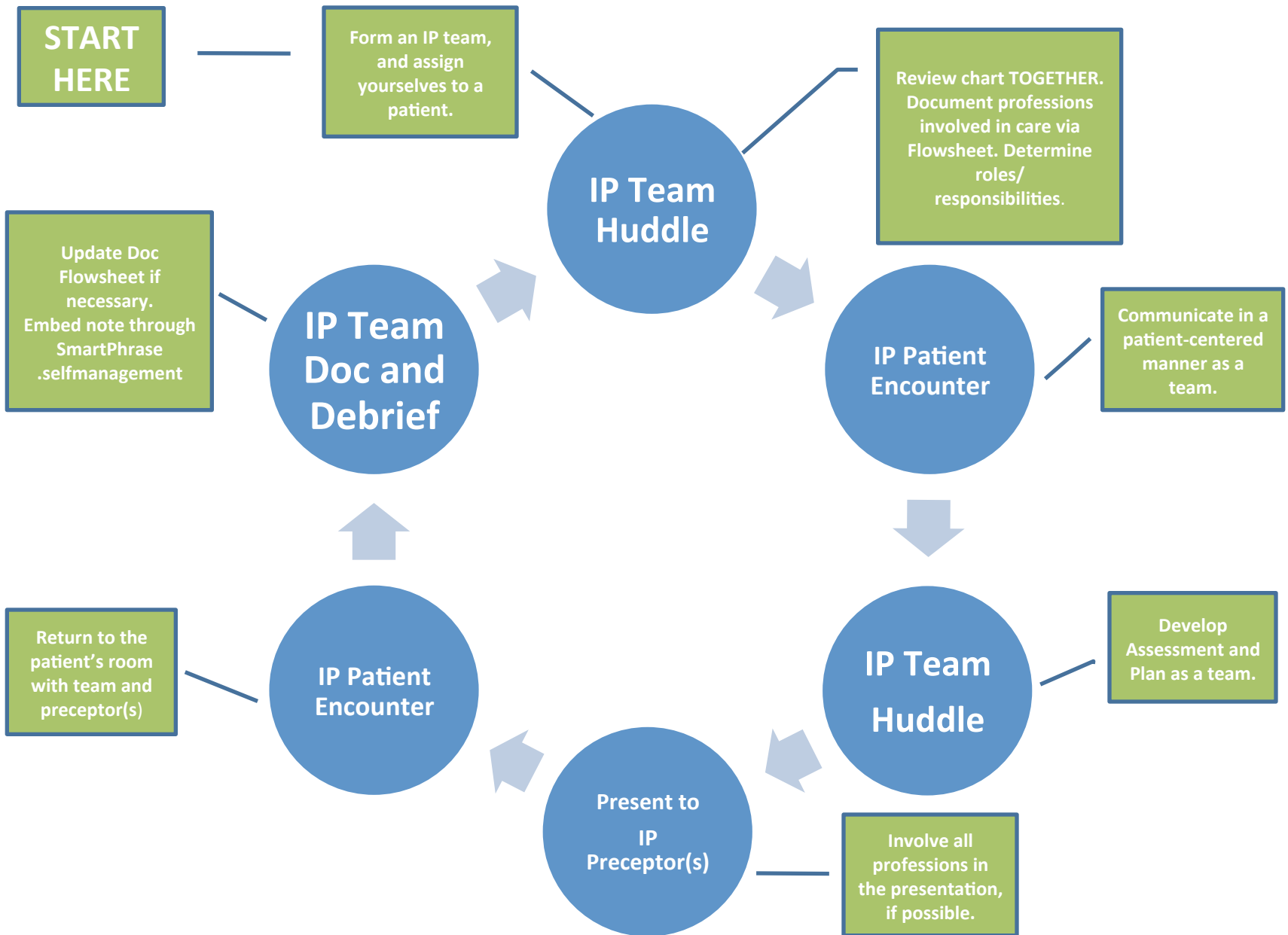
**IP Team
Huddle**

Develop
Assessment and
Plan as a team.

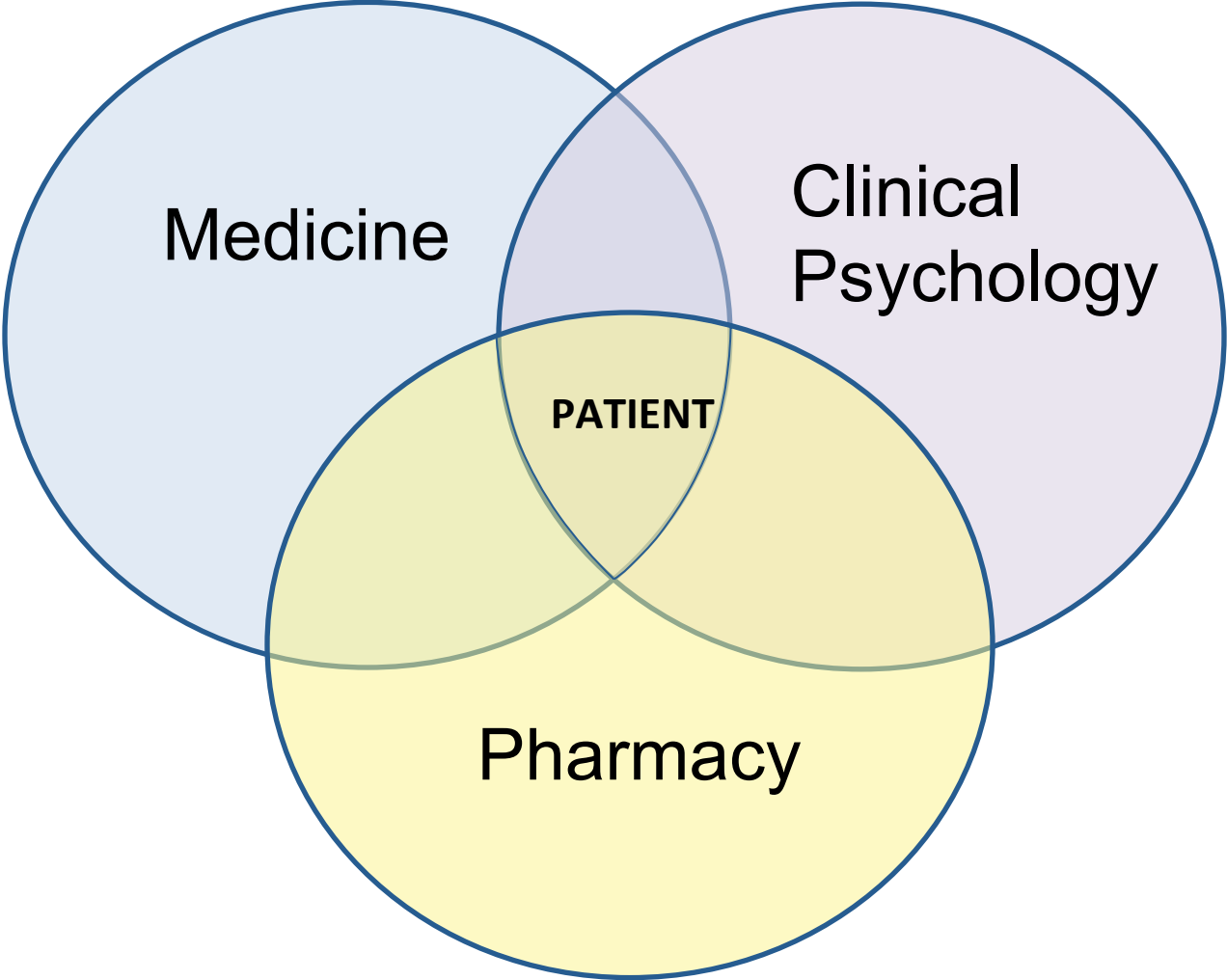
**Present to
IP
Preceptor(s)**

Involve all
professions in
the presentation,
if possible.





Patient-Centered Care



Translational Challenges

- Moving Integration to the regular clinic

Clash of Cultures

- Giving ground - patient centered
- Interruptions, welcome what comes
- Shared Scheduling & Resources
- Brief therapy - referrals to specialty MH
- Progress Notes & privacy
- Communication & Collaboration
- Relationship – taking a different role

Dynamic Workflow

- ALWAYS Available – “Please Interrupt”
- Less control; Welcome what comes
- Quick initial communication
 - Physician presents in front of the patient
- Rapid feedback
- Same day appointments available
- Return appointments available

Time & Space

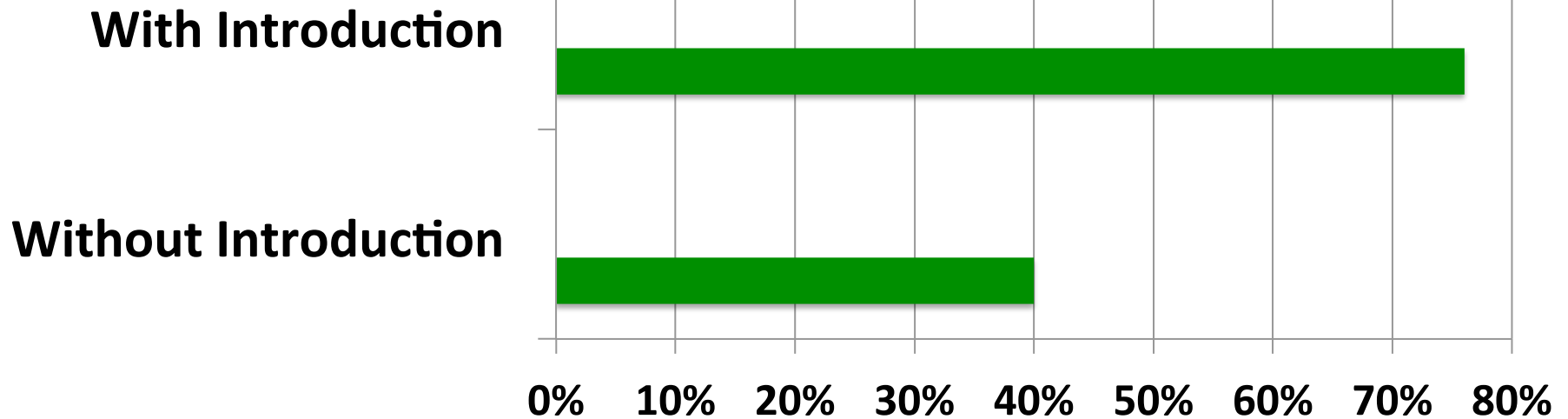
- In and out of clinic rooms – preserve workflow
- Behavioral Health space – central to clinic
- Space in schedule
 - referrals to specialty mental health
 - 30 –minute visits, more focused goals
 - Same day appointments

Advantages – Savings & Teamwork

- Decrease in No-Shows, better use of time
- Much evidence that higher MH burden leads to higher medical costs
- When health is an outcome, Behavioral Health will be essential
- Build now, before the rain starts

Co-Located Care & Baby Steps

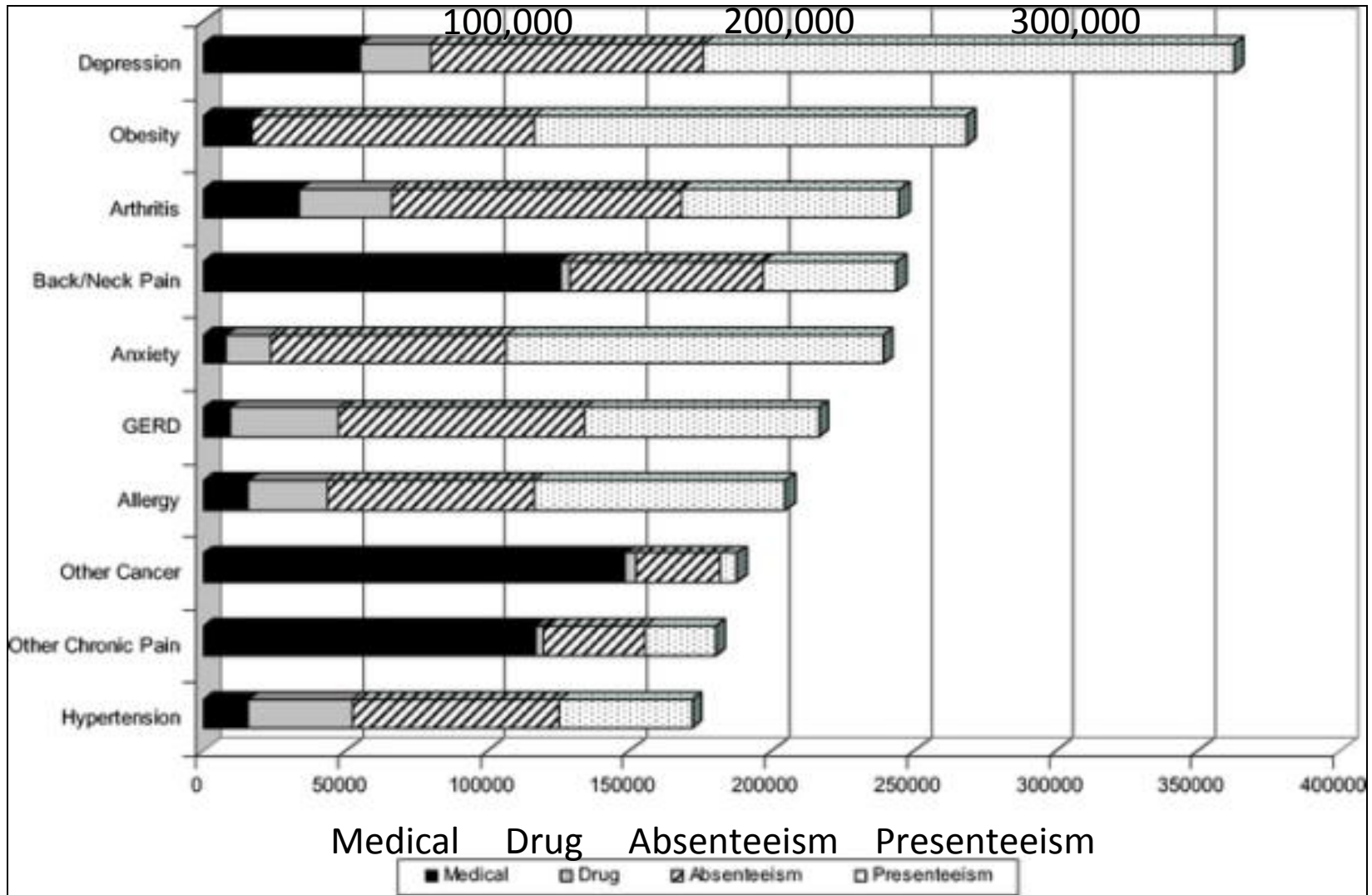
Percent of patients attending a first visit with a behavioral health provider when scheduled at the physician visit.



Apostoleris & Blount, in preparation. N = 80

Disclosed during Certificate Program for Primary Care Behavioral Health

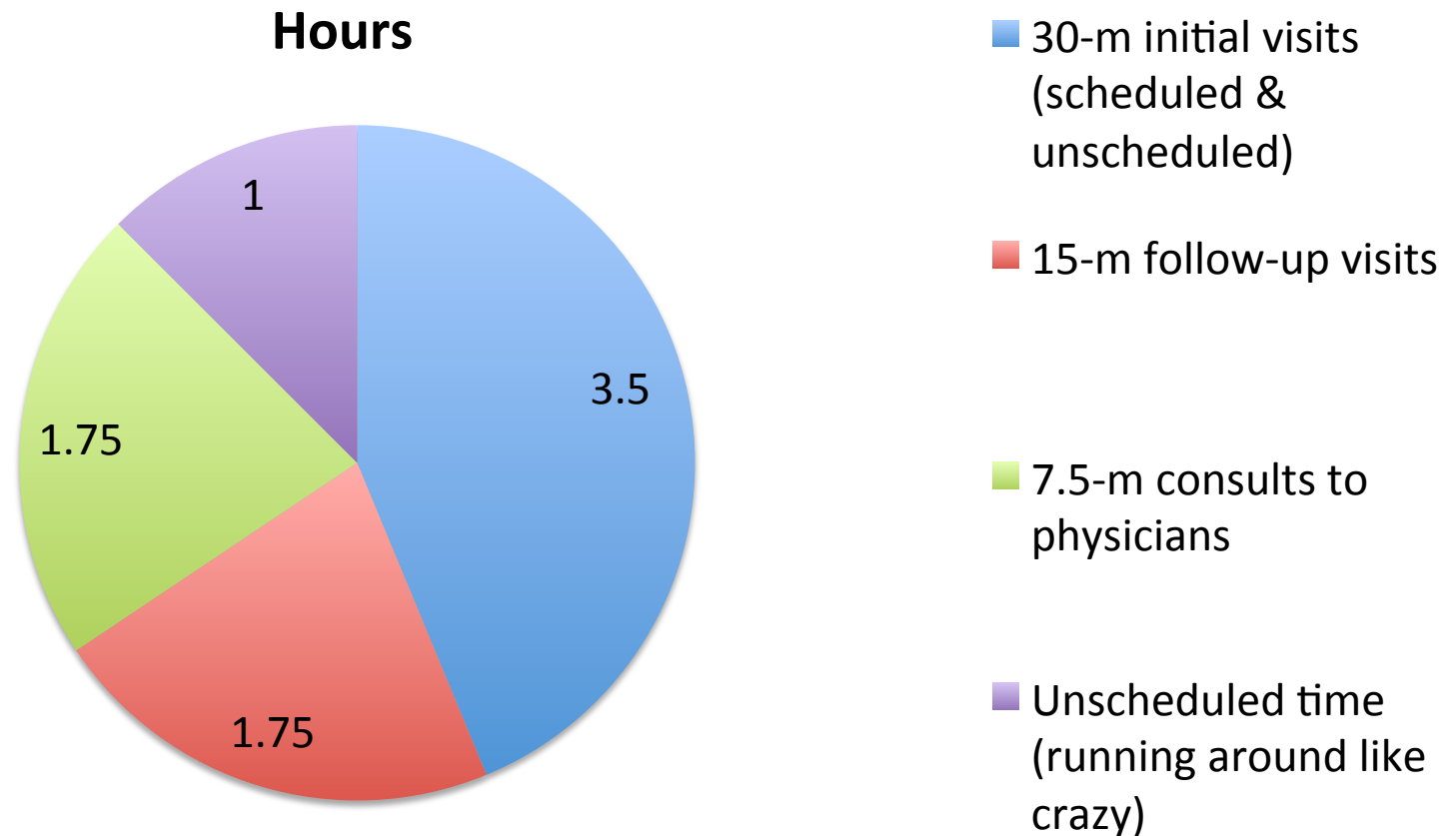
Top 10 Health Conditions by Annual Costs per 1000 FTEs



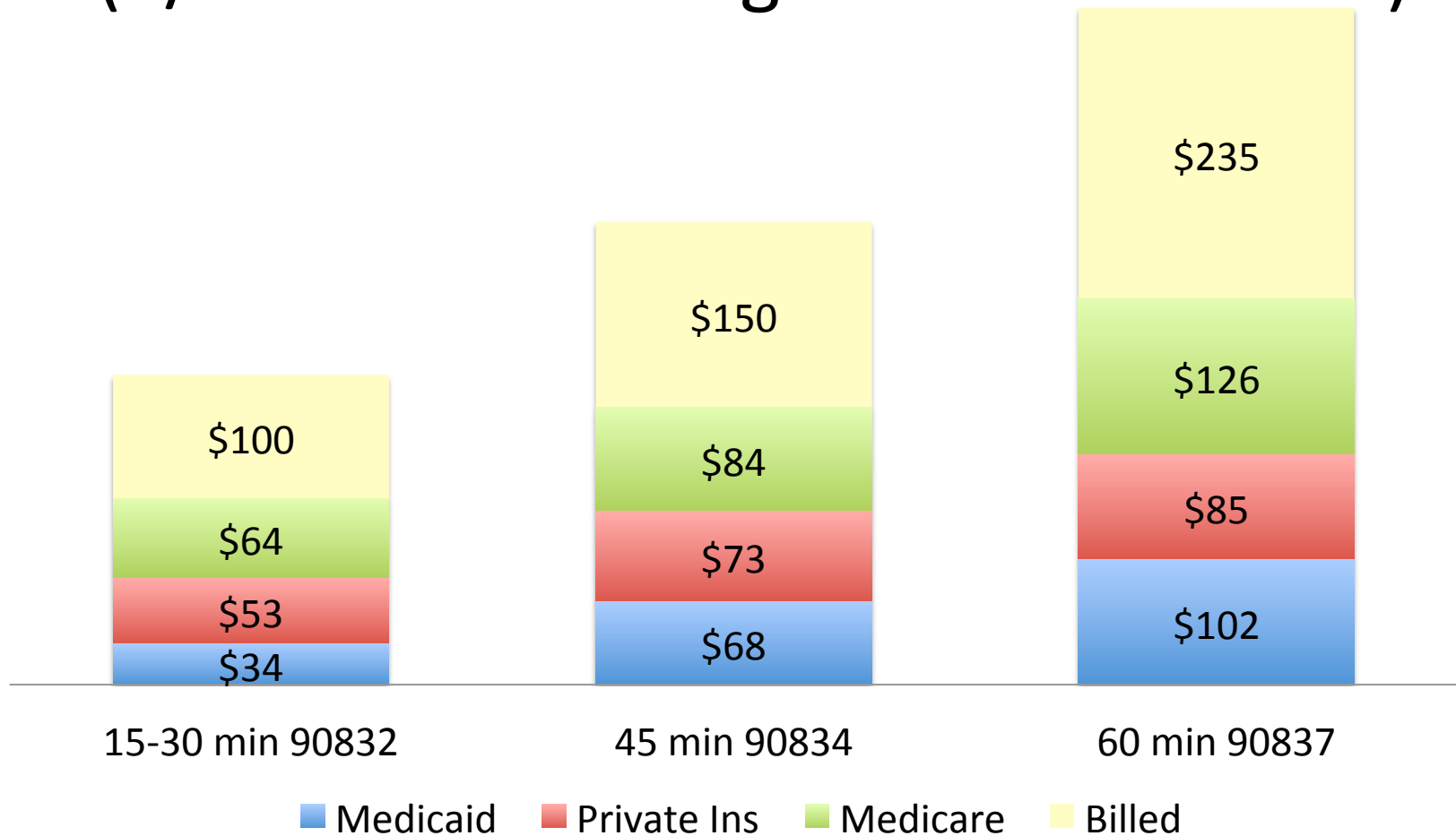
Health and Productivity as a Business Strategy: A Multiemployer Study by Loepoke et al. *JOEN*, April 2009

Challenges & Growing Pains?

Snapshot of Integrated BH: A typical BH clinician's day



Current Reimbursement Guesses (2/3 of BH time might be reimbursed)



Schedules

- Suggested Schedules:
 - Scheduled appointments on the hour
 - Unscheduled appointments on the half hour
- Our transition:
 - Scheduled appointments on “clinic half-days”
 - Unscheduled appointments at useful & PREDICTABLE times every day (11-12 & 3-4)
- Working on a group: Coping with Chronic Illness

What would be useful to your
organization?

How can we support change?

- Formal Support: Administration & Leadership
- Formal Support: Physician Advocate
- Formal Support: Data and QI
- Informal Support: Talking about each other and patients – creating a culture of respect
- Informal Support: Teams make complex patients easier – interpersonal support
- SELF CARE
- Have faith in and contribute to the future:
Students

Mental Health Integration Within a Student Run Free Clinic

Teresa Y. Pan, M.A.
University of Kansas

Clinical Psychology Graduate Student

Erin Atwood

University of Kansas

School of Medicine – Class of 2017

Executive Co-Director – JayDoc Free Clinic

JayDoc Clinic

- Student-run free clinic
 - Non-emergency urgent and preventative care for uninsured and underinsured in Greater KC
 - Immigrants, non-English speaking patrons
 - General clinic on M and W evenings
 - Specialty clinics on Tu evenings
 - Clinic supported entirely by volunteers, donations, grants

JayDoc Clinic

- Specialty services offered:
 - Women's health
 - Diabetes
 - Dental
 - Physical therapy
 - Occupational therapy
 - Radiology
 - Ophthalmology
 - Dietetics
 - Pharmacy
- Psychology services first implemented into clinic in August 2014 with doctoral level clinical psychology student

Assessment of Mental Health Need

- Embedding of psychology services as part of an integrative treatment team promotes mission of patient-centered medical home
- Current program development research involves:
 - Mental health questionnaire to evaluate:
 - What mental health concerns do patients have?
 - Do patient mention mental health concerns to providers?
 - PHQ-2 to assess for depression
 - Do patients want to meet with mental health professional?
 - Do patients know where to find mental health in their community?
- Questionnaire:
<https://docs.google.com/forms/d/1-26heNywlkN13woEBruq5Rxn-VBiADUKRLVWwAd4XtY/viewform>

Preliminary Findings

- Patients endorsed that they struggle with anxiety/panic, depression, insomnia, desire to quit smoking, marital/parenting/family problems, and difficulty remembering to take medications
 - Patients do not mention most of these concerns to their current providers
 - Patients are “very interested” in visiting with a clinical psychologist or other mental health professional in general and at JayDoc
 - No patients are aware of where they can find a clinical psychologist or mental health professional in their community
- There is a need for mental health in a free clinic

Resources

- Center for Integrated Primary Care
<http://www.umassmed.edu/cipc/>
- Society of Teachers of Family Medicine
<https://www.stfm.org/CareerDevelopment/BehavioralScienceFamilySystemsEduFellowship/Fellows>
- SAMSA-HRSA Center for Integrated Health Solutions
<http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care>
- Agency for Healthcare Research & Quality
<http://integrationacademy.ahrq.gov>



© 2011 FRITZ CARTOONS ALL RIGHTS RESERVED

WWW.RACKAFRACKA.COM

COULDA, WOULD A SHOULD A.

Soon, our environment will change, our team will be more varied, and our investments will pay off