Incorporating Interprofessional Education and Practice into Nursing

Thirteenth Report to the Secretary of the Department of Health and Human Services and the United States Congress

National Advisory Council on Nurse Education and Practice (NACNEP)
Based on the 130th and 131st Meetings of the NACNEP 2015

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NACNEP Council

The Secretary and, by delegation, the Administrator of the Health Resources and Services Administration (HRSA), are charged under Title VIII of the Public Health Service Act, as amended, with responsibility for a wide range of activities in support of nursing education and practice. This includes enhancement of the composition of the nursing workforce, improvement of the distribution and utilization of nurses to meet the health needs of the nation, expansion of the knowledge, skills, and capabilities of nurses to enhance the quality of nursing practice, development and dissemination of improved models of organization, financing and delivery of nursing services and promotion of interdisciplinary approaches to the delivery of health services particularly in the context of public health and primary care.

Authority

Achieving the transition to team-based care will require fundamental changes in health provider education. All schools in the health professions need to develop programs for interprofessional education (IPE), in which students from two or more disciplines learn about, from, and with each other. The Institute of Medicine (2013) describes IPE as a tool to link the education system with the health care delivery system to achieve better patient care and improve public health.

In the United States, the passage of the Affordable Care Act in 2010 has introduced new incentives that are driving demand for better coordination between different health care settings and providers. Provisions of the ACA promote interprofessional team-based care to improve quality and manage the new stresses placed on the health care delivery system.

IPE and interprofessional collaborative practice are not new concepts, but they are gaining greater attention of late. Improved communication and collaboration, along with respect for each profession's unique knowledge base, promises to help providers better address the multiple factors that influence the health of individuals, families, and populations. No single provider or profession can address today's health care challenges alone.

In the classroom, nursing students may be taught the importance of working together with other health care professionals. However, when they begin their clinical training, they often experience a professional hierarchy that inhibits collaboration. Still, nurses are involved in every aspect of health care and their contributions are linked to the availability, cost, and quality of health care.

Collaborative care models in which nurses work to the full extent of their training are critical for the future of health care. Ways to enhance nursing involvement include removing the practice limitations placed on advanced practice registered nurses (APRNs) and opening federally-funded primary care residencies to

Introduction

Nurses are the largest body of health providers and form the foundation of the nation's healthcare workforce. As such, nurses play a critical role to in the transition going on within today's health systems to develop interprofessional team-based models of practice, in which team members from different health care professions collaborate to improve patient care. Interprofessional teams may be comprised of health care professionals, such as physicians, nurses, APRNs, and pharmacists, as well as other providers such as community health workers and patient navigators.TJ 2.93w [(w)-1(.5,Te)4(f)lofP(i)-6((de(t)-24(s)-16)-)- 0 Tw 2 Td5.(f)-7(e)4, 2013, p. 9)

education system and the health care delivery system. It is a tool to achieve better patient care [and] better health for the public" (IOM, 2013, p. 25). According to Dr. Thibault, IPE is critical for the "triple aim" of health care, a framework developed by the Institute for Healthcare Improvement (2015) to achieve:

- Better patient care
- Better health outcomes
- A more efficient and affordable health care system

Within the health care system, interprofessional collaborative practice depends on the formation of teams of providers with a range of experience, education, professional knowledge, and training, all able to communicate with each other to share ideas and insights (Sullivan, Kiovsky, Mason, Hill, Dukes, 2015). In the United States, the passage of the Affordable Care Act (ACA) in 2010 has introduced new reimbursement models and financial incentives for health care providers, which in turn are driving demand for better coordination between different health care settings and providers. Provisions of the ACA support interprofessional team-based care to improve the quality of care while handling the stresses placed on the health care delivery system by the increase in the number of individuals with health insurance (Newhouse et al., 2012).

IPE and interprofessional collaborative practice are not new concepts, but they are gaining greater attention of late. Respecting the contributions of each profession's unique perspective promotes communication and collaboration, helping providers better understand and influence the multiple factors that affect the health of individuals, families, and populations. No single provider or profession can address today's health care challenges alone (Newhouse et al., 2012; Sullivan et al., 2015).

Background

Federal support for nursing education and practice under Title VIII spans over fifty years. Funding through Title VIII has served to improve the ability of nurses to address the health needs of those in underserved populations and has resulted in major contributions to the health care available to the country's population. These funds, although limited, have been used to develop numerous innovative approaches that enhance nursing's ability to address new and emerging health care issues, provide care to the underserved, and recruit into nursing more individuals from minority and disadvantaged backgrounds. Current levels of funding are inadequate to accomplish all the clearly indicated objectives of the Title VIII legislation, especi

designed to provide better care coordination and better quality outcomes while improving the health of all patients and empowering them to be active partners in their care. The goal of these care models is to improve timely access to care and the value of care.

Provisions of the ACA emphasize prevention and early intervention to reduce the development of chronic disease and avoid costly interventions, such as the inappropriate use of the emergency department for primary care. Patients can also expect expanded services providing greater access to care. Another component supported by the ACA, the electronic health record, gives patients and providers greater access to health records, promoting continuity of care. In addition, newer mobile and virtual technologies can allow providers to reach patients in their homes and communities—models of care again designed to keep patients healthy. These areas are well-suited to collaborative nursing involvement within interprofessional teams.

Health care reform requires redesigning care processes, using health information technologies, improving care coordination, and designing appropriate performance and outcome measures. Reform must also be responsive to contextual factors such socio-economic indicators, ethnicity, and differences between urban and rural healthcare systems. Numerous reports document the need to prepare health professionals to practice collaboratively (i)-2(on(or)3(,(5u1- [(R)-t)-2(s12(y)1(s)-1(uc)4

IPE

Historically, health care has been delivered within a professional hierarchy,

are fully integrated into an academic health center and those without an academic health center but in locations near to other health profession programs are better positioned to engage in IPE. Stand-alone schools and colleges without other health care professional schools can experience greater challenges. It is not impossible to create IPE opportunities while lacking partnerships within the same university; however, greater commitment between institutions and between the different colleges,

- Rosalind Franklin University of Medicine has developed an Interprofessional Healthcare Teams course as a required experiential learning opportunity. Students learn within interprofessional healthcare teams with emphasis on team interaction, communication, evidence-based practice, and quality improvement (Bridges et al., 2011).
- The University of Florida instituted an Office of Interprofessional Education within the Office of Health Affairs to promote the successful integration of IPE within the health

care and there is a national trend to develop nurse practitioner residencies, it is essential that nurse practitioners also receive training support in these interprofessional primary care residency programs.

Licensure barriers

Licensure barriers form another challenge to nursing. APRN practice is regulated by each state. Only about one third of the states have adopted practice authority licensure and regulations that support the full extent of APRN practice, which should include the ability to evaluate patients, diagnose, order and interpret laboratory and diagnostic tests, initiate and manage treatments, and prescribe medications (Hain & Fleck, 2015). As a result, APRNs with the same educational preparation and national certification often face restrictions in practice when moving from one state to another (Safriet, 2011). Licensure or regulatory requirements for physician supervision also limit APRN and midwifery practice (Newhouse et al., 2012). Restrictions in the scope of practice of APRNs directly impacts access to care for patients and payment policies (Newhouse et al., 2012; Yee, Boukus, Cross, & Samuel, 2013), and inhibits interprofessional collaboration.

Next steps

Moving beyond the development, implementation, and testing of IPE models to the promotion and inculcation of values in which IPE is a central mission of universities and colleges is an important next step. Such an educational shift reflects the embrace of core competencies in preparing students for interprofessional collaborative practice as an essential component for all health professionals to provide integrated, high quality care (Interprofessional Education Collaborative Expert Panel, 2011). There is insufficient evidence that these efforts are occurring.

Recommendations

Since its inception in 1998, NACNEP has conducted its examination of the Title VIII administration and regulations with respect to the nurse workforce, education, and practice improvement during a time of continual and rapid change in the health care environment. Nursing must be responsive to these changes to fulfill its responsibility to provide timely, high-quality health care to the nation's populace. NACNEP specifically targets aspects that influence federal policy and for which the federal government can be instrumental in effecting change, while recognizing that change can come about only through the concerted activities of all public and private partners, including those in the profession, the health care industry and consumers, and all levels of government. However, NACNEP sees a distinct role of leadership for the Federal government through Title VIII and other Federal government vehicles that fund nursing education and nursing services. NACNEP developed the following three recommendations in the following categories: Education, Practice, and Policy and Research.

Recommendation 3.4: HRSA should establish a mechanism within the National Center for Health Workforce Analysis to examine the impact of the ACA on nursing quality and skillset related to interprofessional practice.

Recommendation 3.5: HHS should reinstate and fund initiatives that promote Interprofessional Education and Collaborative Practice (IPECP) in reducing profession-specific silos for funding by expanding the funding opportunity announcements to support interprofessional education and collaborative practice.

Recommendation 3.6: Congress and HHS should designate a portion of the total amount appropriated for HRSA funded health centers and Nurse-Managed Health Centers in order to promote and sustain interprofessional collaborative practices to serve underserved populations and contribute to the reduction of health disparities.

Recommendation 3.7: CMS should realign its payment system with interprofessional practice in order to recognize all member of the interprofessional team.

Conclusion

Education and practice transformation in nursing hinges on effective interprofessional primary care training models, especially new community-based programs. Educational realignment will not achieve maximum impact without including reimbursement model reform and assuring that the contributions of all the team members are recognized. This is especially challenging to nurses who often are inadequately reimbursed for services provided and hidden within a reimbursement hierarchy that does not recognize nursing's direct contribution.

This report of the NACNEP addresses the health care system's need for a more targeted focus on IPE and collaborative practice, and emphasizes investments in policy and action that are needed to strengthen nursing's ability to lead and to practice team-based care effectively. These investments promise to solidify the link between education and practice, and provide critical support for educational institutions and partners to devise new models of care that serve to move the nation toward better health.

Recognizing the integral role of nursing in our health care system, the NACNEP strongly believes that prioritizing clinical training in interprofessional team-based care will increase the capacity of health care teams to deliver quality, coordinated, safe, and efficient care to patients, families, and communities.

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