Interprofessional Care: The Ideal Pathway for Geriatric Care in the Medical Home

Cecilia Rokusek, Ed.D., M.Sc., RDN

Assistant Dean of Education, Planning, and Research
Executive Director of the Geriatric Education Center (GEC)
Professor of Family Medicine, Public Health, and Disaster and Emergency Preparedness

College of Osteopathic Medicine Nova Southeastern University Ft. Lauderdale, FL





Florida!



The state with the highest percentage of persons over 65 years in the United States – 21.4% and growing!



Objectives

- Identify the context of interprofessional education in geriatric care delivery
- * Discuss the environment for interprofessional geriatric practice
- * Identify the barriers and impacts related to interprofessional geriatric care
- Discuss the medical home and the role of the interprofessional team within the home





"No one is ever old!"

Florida exemplifies the new aging paradigm...

- 50-70 years = middle age
- 71-85 years early maturity
- 86+ = latent maturity



Interprofessional vs Interdisciplinary

- Discipline refers to a distinct area of study or particular branch of science
- Profession refers to a group of practitioners who have a particular set of values, ethics, skills and practice methods
- * Interprofessional is not interdisciplinary, multidisciplinary, nor trans-disciplinary
- * This is the day for Interprofessional....we must be IPE



Context for Interprofessional Practice in Geriatric Care

5 Key Reports of the Institute of Medicine

- * To Err is Human: Building a Safer Health System: As many as 98,000 patient deaths each year in the United States are the result of medical errors (IOM, 2000)
- * Crossing the Quality Chasm: A New Health System for the 21st Century: Health care delivery system needs to be redesigned to provide safe, quality patient-centered care (IOM, 2001)
- * Health Professions Education: A Bridge to Quality:
 Interprofessional training of healthcare professionals must become the norm. (IOM, 2003)



IOM Reports (cont'd)

- * Retooling for an aging America: Building the health care workforce. The aging "tsunami" will challenge us more than ever before. Two-thirds of an individuals total health care dollars are spent after age 65 years. (IOM, 2008)
- * Redesigning continuing education in the health professions. Education must be designed to focus on team-based collaborative practice. (IOM, 2010)



Core Competencies

- * Values/Ethics
- * Roles/Responsibilities
- * Interprofessional Communication
- * Teams/Teamwork



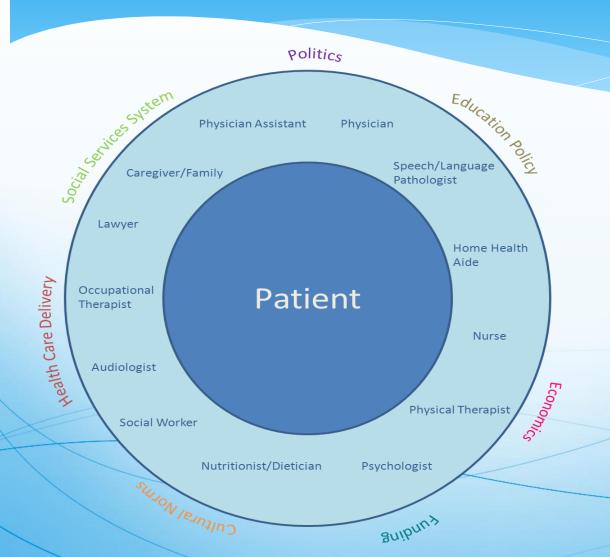
Public Health Foundation

- * Growing need to focus on chronic illnesses, such as arthritis, hypertension and diabetes (both prevention and reduction of complications)
- * Effective management of chronic illnesses requires health and social care professionals to work together

Professional Bodies Promoting IPE

- * Institute of Medicine
- * World Health Organization
- * American Association of Colleges of Pharmacy
- * Association of Schools of Public Health
- American Association of Colleges of Nursing
- * American Dental Education Association
- Association of Schools of Allied Health Professions
- Association of American Medical Colleges
- * American Association of Colleges of Osteopathic Medicine

Interprofessionality



"Dynamic and ongoing linkages between the determinants and processes of collaboration at several levels"



"In the majority of regions in the world geriatric health and social care delivery, especially for the young and more mature, is fragmented and duplicative, resulting in higher costs, increased patient errors, and overall poor patient outcomes."



Collaborative Team-based practice

- * Enhances patient outcomes
- * Reduces overall care costs
- * Reduces patient errors
- * Reduces procedural duplication
- * Enhances pharmaceutical compliance
- * Involves the patient in his/her own health care



The environment for interprofessional team-based collaborative practice

- * Mutual respect
- * Willingness to be collaborative
- Openness to shared leadership
- Coordinated payment system



The environment for interprofessional team-based collaborative practice (cont'd)

- * Ongoing assessment of patient outcomes
- * Open communication
- * Shared visions
- * Trust



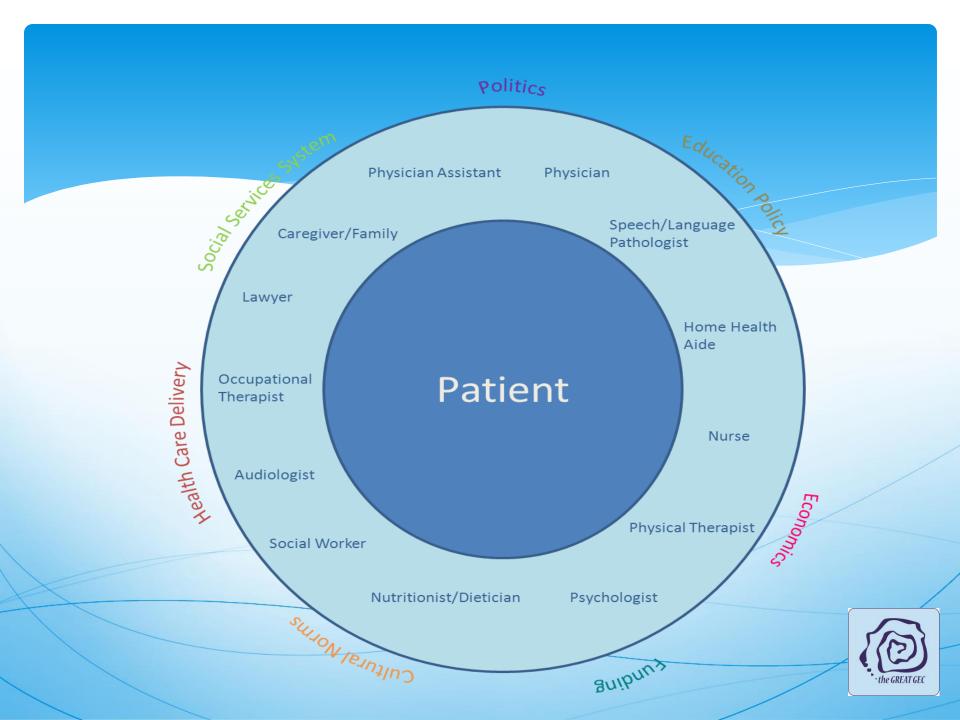
Geriatric Care must create this interprofessional environment

- * "the aging tsunami"
- * "the world fiscal crisis"
- * "the reality of a global society"
- * "the paucity (lack of) health care professional"
- * "the growing impact of technology in health care"



So why has it taken so long for health and social care delivery to adopt interprofessional care?





Adopting interprofessional practice... barriers & realities... Now

- * Implementation of ongoing professional development for the interprofessional team
- Recognition of IPE and its benefits
- * Willingness to adapt, given the benefits to the patient
- * Willingness to change and not work in a SILO
- Policies and reimbursements that support collaborative practice
- Recognition of collaboration and the value of everyone, including the patient

Geriatric Care Delivery is ideally suited for interprofessional practice

- * Patients/families/caregivers are at the center of collaborative care
- Complex interprofessional health and social needs
- Challenges related to health and social needs are evident in the home, long-term care facility, hospital, and transitional living environment
- With increasing longevity, the complexity of issues brought to the team will increase concurrently



Interprofessional Geriatric Practice

- Must become a <u>focused aim</u> within your faculty/agency
- * Ongoing professional development in the area of interprofessional practice must be initiated
- * The IPEC core competencies are a good start
- * Attitudes of staff should be assessed
- * Interprofessional geriatric care must become a standard for accreditation



The Medical Home

How do we create it and preserve it within the context of interprofessional care delivery?



Policy considerations for effective interprofessional practice

- Coordinated payment system (medical and social)
- * Payments tied to outcomes
- Coordinated and system-wide biomedical record systems
- * Tracking of hospital re-admissions; long-term indicators, and independent living status options available
- * Identification



Educational Imperatives

- Professional development
- * Student education programs
- * Clinical rotations in interprofessional practice sites
- Paradigm shift



"Collaborative interprofessional team-based care for geriatrics is the future and the future is NOW!"

-Rokusek, 2010



THANK YOU!

rokusek@nova.edu

954-262-1644

http://medicine.nova.edu/epr/cipep.html.





