Multi-Method Evaluation of an Interprofessional Primary Care Education and Training Program

Daniel Coletti, Ph.D. and
Julie DiGregorio, CCRP

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Northwell Health℠

Objectives

- Outline IMPACcT, our interprofessional primary care training and education program.
- Describe our strategies for evaluation, focusing on ways we are integrating quantitative and qualitative methodologies.
- Describe ways we are utilizing data for program improvement.

IMPACcT
Primary Care Training Program

Five-year PCTE Grant. Collaborators:

- The Donald and Barbara Zucker School of Medicine at Hofstra Northwell—**Medical Students, PA Students**
- Northwell Division of General Internal Medicine—**IM Residents; Clinical Health Psychology Externs**
- St. John's University College of Pharmacy and Health Sciences—**Pharm.D. Students**

Hofstra North Shore-LIJ School of Medicine
Northwell Health
St. John's University

PROGRAM OBJECTIVES

EDUCATION

Create a longitudinal interprofessional educational program.

CLINICAL CARE

Improve patient access, quality, and cost of care by implementing a collaborative practice IP team.

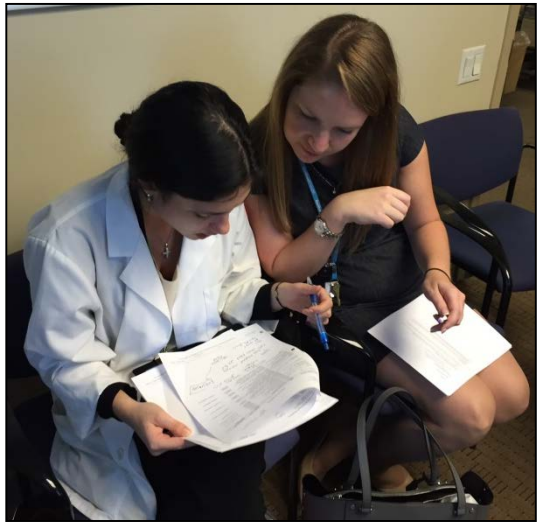
MENTORING

Increase the number of trainees entering primary care by providing structured mentoring opportunities.

EDUCATION: "Mini-Didactics"

- **Held 30-minutes before clinical sessions.**
- **Case-based, all professions participate and contribute.**

Illness Management		
• Migraine Headaches	• Upper GI Illness	• Nephrolithiasis
• Diabetes/Oral Agents	• Asthma	• Osteoporosis
• Depression	• Hypertension	• Knee Injury
• Chronic Kidney Disease	• Rashes	• Asthma



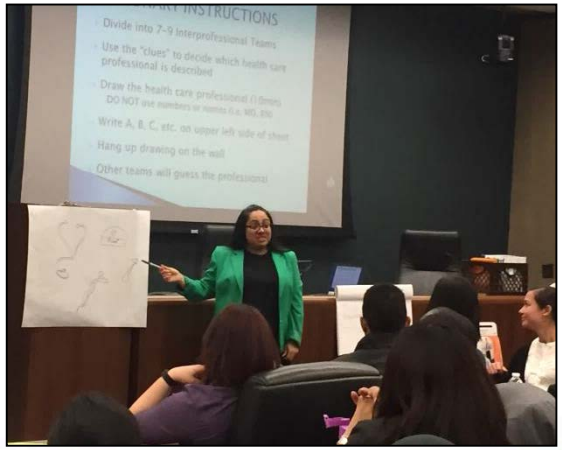
Population Management		
• Social Determinants	• Veterans Health	• LGBT Health

Special Issues in Primary Care	
• Medication Adherence	• Advance Directives
• Complementary/Alternative Medicine	• Health Literacy
• Trainee Wellness	• Medication Reconciliation Skills

EDUCATION: Interprofessional Retreats

- **Half-day workshops with 50–70 learners from all professions**
- **Five workshops/academic year**

Topic Areas
IPE & Leadership Skills
Medication Management
Healthcare Disparities
Behavioral Health
PCMH Principles



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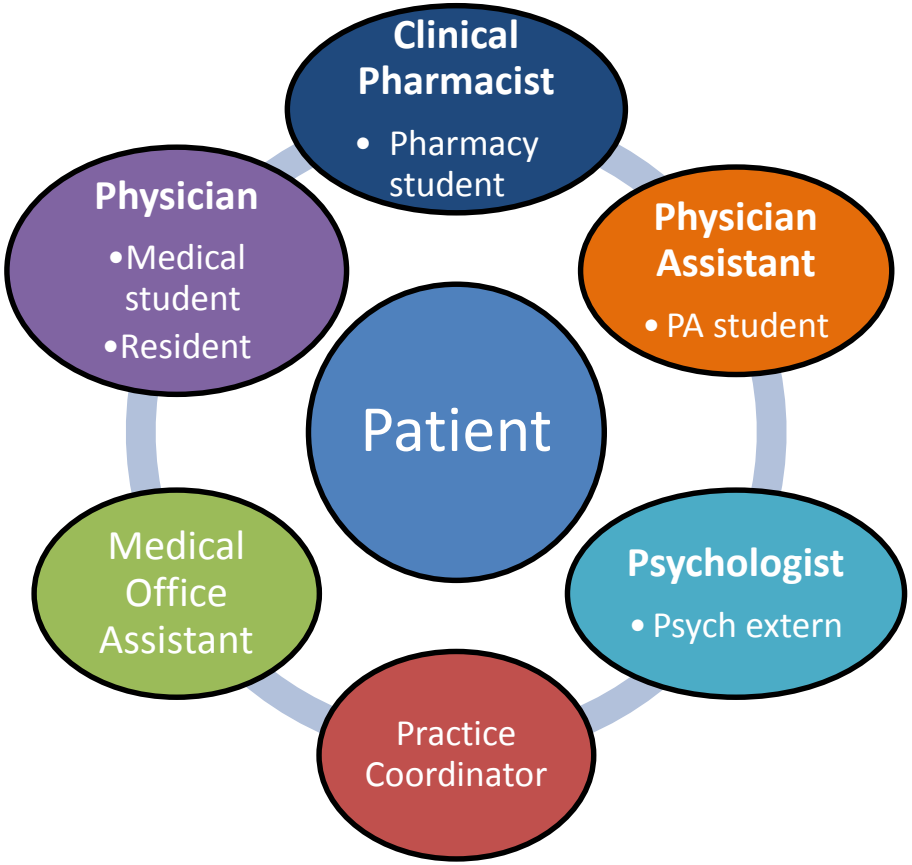
CLINICAL CARE: Expanded Clinical Team



Mentoring Program

- Each learner paired with a faculty mentor.
- Structured and semi-structured activities after half-day IP retreats.
- Formal/informal contacts encouraged and monitored throughout academic year.
- Faculty development in mentoring/coaching.

Project Timeline (to date)

Fall 2015
- Needs assessment
- Creating stakeholder buy-in

Winter 2016
- Building the team
- Recruiting staff and trainees

Spring 2016
- Faculty development

Summer 2016
- IMPACcT Launch: Capitalizing on the team

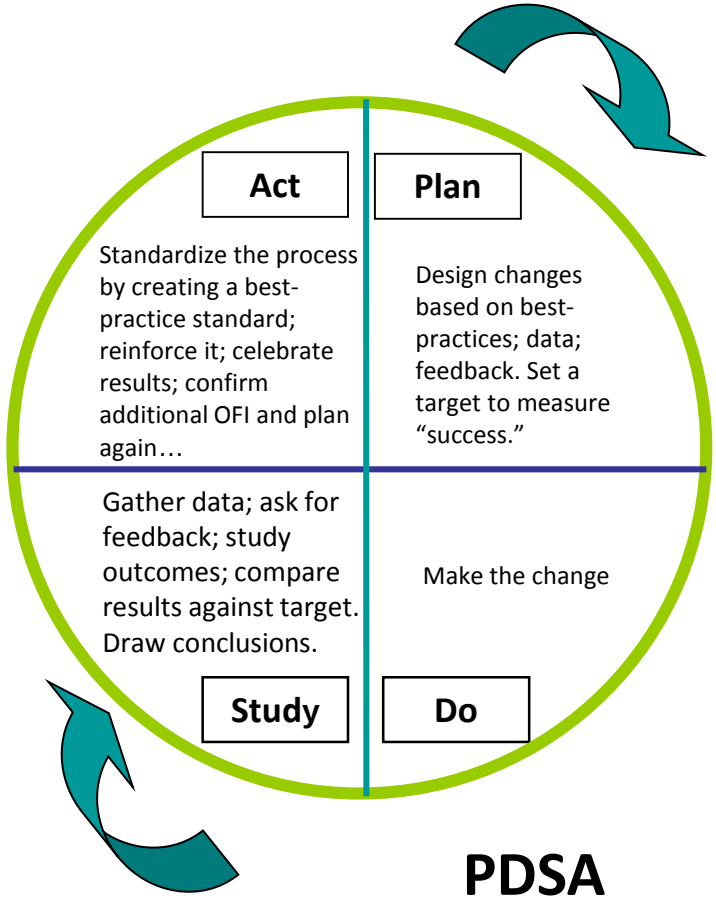
Summer 2017
- IMPACcT Year 2: Program Refinement, plans for expansion

Evaluation Approach

- Deploy the best available standardized measures.
- Use qualitative comments, semi-structured narratives to support the quantitative data and describe/enrich/"color."
- Provide the team with frequent and timely analysis for ***continuous quality improvement.***

IMPACcT Tenets of CQI

- **Use PDSA—**Five-year program, evolving for the long term.
- **Humanistic Approach—**Respect all stakeholders and their perspective.
- **Apply professional standards—** Role identification, best practices, strive for excellence.
- **Seek Feedback & Manage-by-Fact—**Stakeholders are partners; listen; use *data* to initiate change.



PDSA

Evaluation Dimensions

- **Process and outcome**
  - Milestones, deadlines - Program effectiveness, quality
- **Longitudinal (pre/post) assessment**
  - Beginning/end of project - Before/after episodes of care
  - For each learner
- **Multiple stakeholders**
  - Learners - Patients
  - Faculty, other staff members
- **Mixed methodologies**
  - *Quantitative:* Surveys/questionnaires, objective patient data
  - *Qualitative:* Focus groups, key informant interviews

Project IMPACcT Evaluation Matrix

	Education/Curriculum	Clinical Care/Training	Workforce Development
Learners	• Focus Group Data • Post retreat reflections and ratings • Survey of "Mini didactics"	• Focus Group Data • Surveys of learner attitudes, perceived skills: ▪ ISVS ▪ PCAS ▪ ICCAS	• Focus Group Data • Career choice survey • Perceptions of mentoring experiences. Post training placements
Patients	• Focus group data	• Focus Group Data • Volume, attendance, continuity, access, ED visits, Hospitalizations • PCMH QI Metrics • Patient Insights & Views of Teamwork (PIVOT)	• Focus group data
Faculty	• Focus Group Data • Post retreat ratings • Annual faculty [semi structured] survey	• Focus Group Data • Annual faculty [semi structured] survey bjective Structured inical Examination	• Focus Group Data • Faculty evaluation • Mentoring experiences survey

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Barriers to Evaluation

Program is a moving target

Learners at different points in their training

Different durations and intensities of training

Larger practice transformation efforts

Formative Strategies: Focus Groups and Preliminary Survey Data

Stakeholder Focus Groups

- We conducted **five**, 60-minute focus groups with **42** stakeholders (31 men, 11 women) during the IMPACcT program development phase in March–April of 2016.

LEARNER GROUP:

- Seven Internal Medicine Residents
- Two Medical Students
- One Psychology Extern
- Two Pharmacy Students
- One Physician's Assistant Student

FACULTY GROUP:

- Seven Internal Medicine Attending Physicians
- One Social Worker
- One Nurse Practitioner
- One Clinical Pharmacist

Patient Group

(conducted in English, n=4)

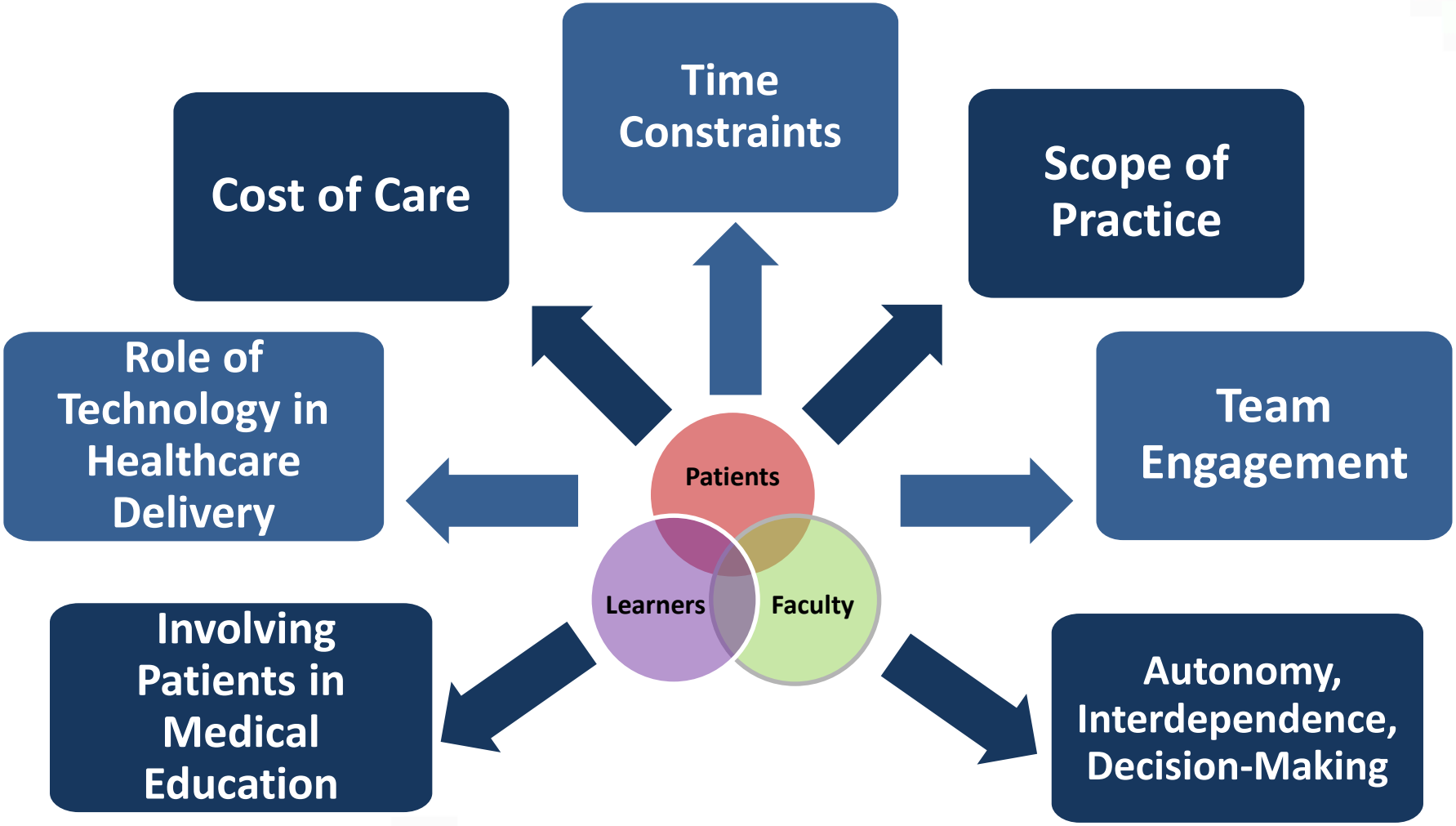
Patient Group

(conducted in Spanish, n=7)

Patient Advisory Committee

(conducted in English, n=8)

RESULTS: Common Themes Across Groups



Focus Group: Recommendations

- Maintain a document outlining information about team members: names, pictures, roles, etc.
- Incorporate training on available patient resources.
- Include training on cost-related influences on healthcare, (e.g., insurance, value-based healthcare).
- Communicate roles/scope of practice of the care team members to patients (e.g., What are they licensed to do? How do they work together?).
- Create opportunities for faculty and learners to share their passion and inspire others to also get involved with primary care.

Learner Evaluations

- Administered immediately pre- and post-training experience.
  - **Interprofessional Socialization and Valuing Scale** (ISVS, King et al., 2010).
  - **Primary Care Attitudes Scale** (PCAS, Beverly et al., 2014).
  - **Interprofessional Collaborative Competency Attainment Survey** (ICCAS, McDonald et al., 2010).
- Scales to assess level of interest in/intent to work in different settings (e.g., primary care, hospital, community settings).
- Open-ended experiential reflections on the training experience.

Preliminary Data—
Attitudes to Collaborative Healthcare Practice (ISVS)

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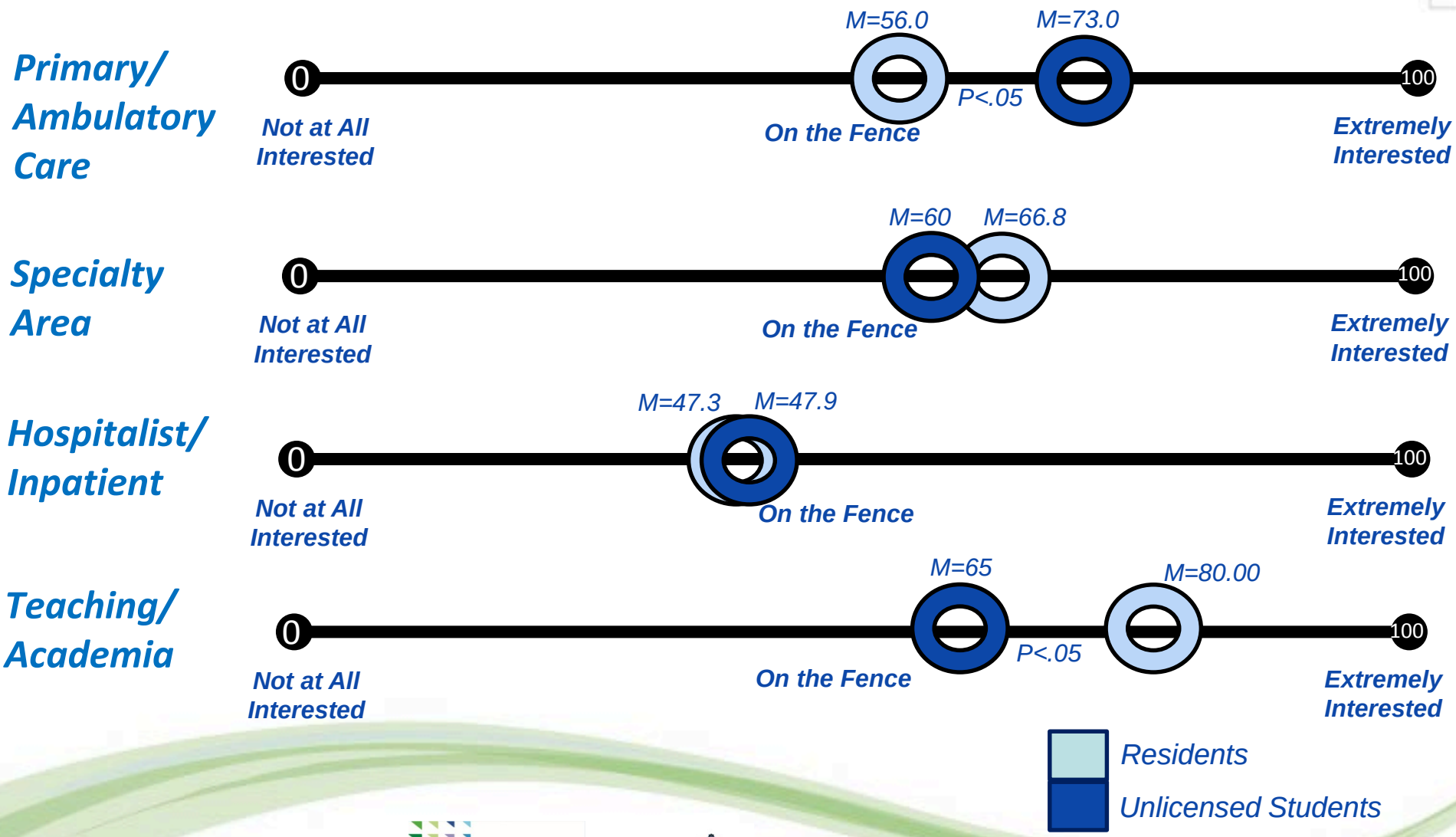
Career Plans?

How interested are you in pursuing careers in the following areas?



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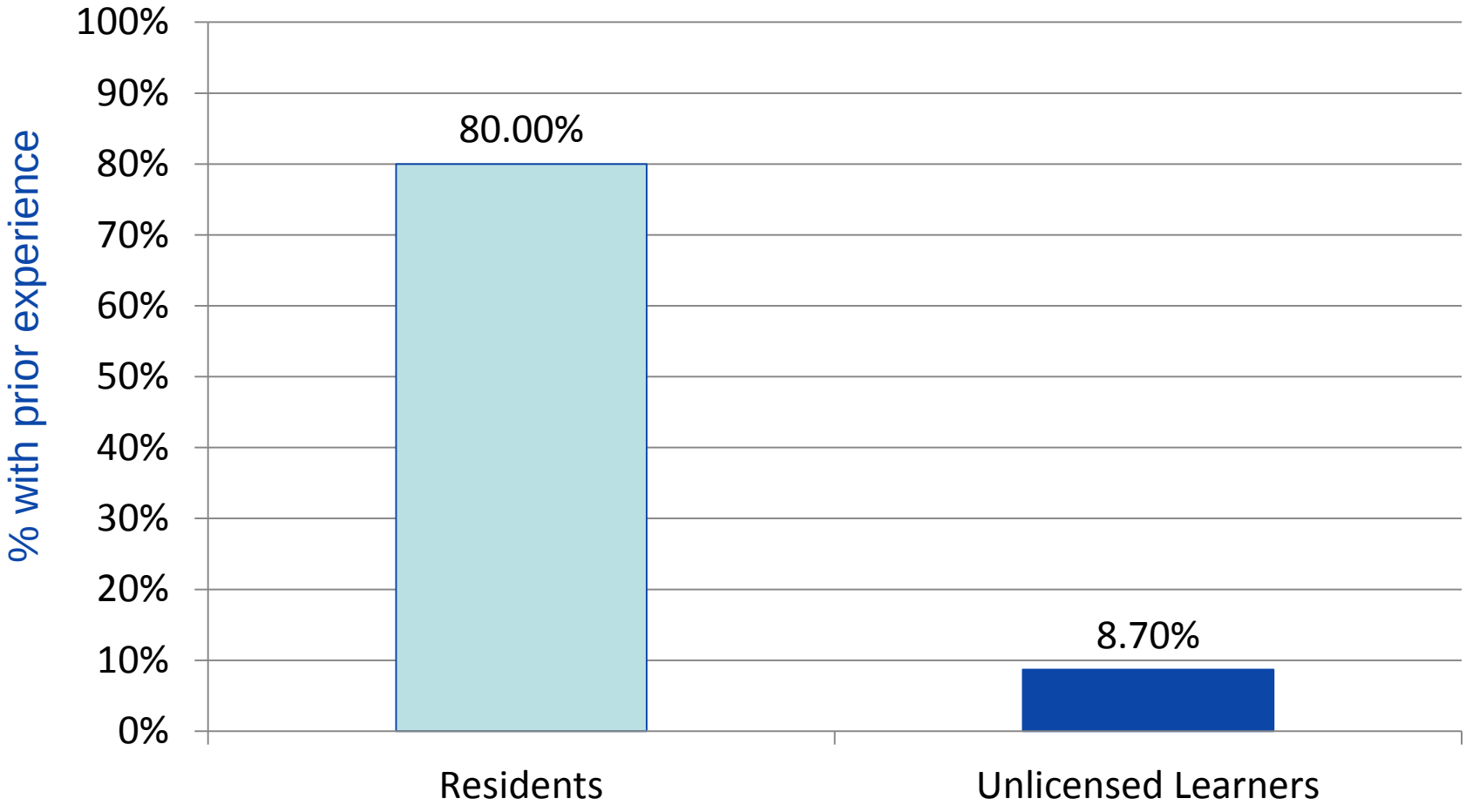
Prior Experience With Quality Improvement?

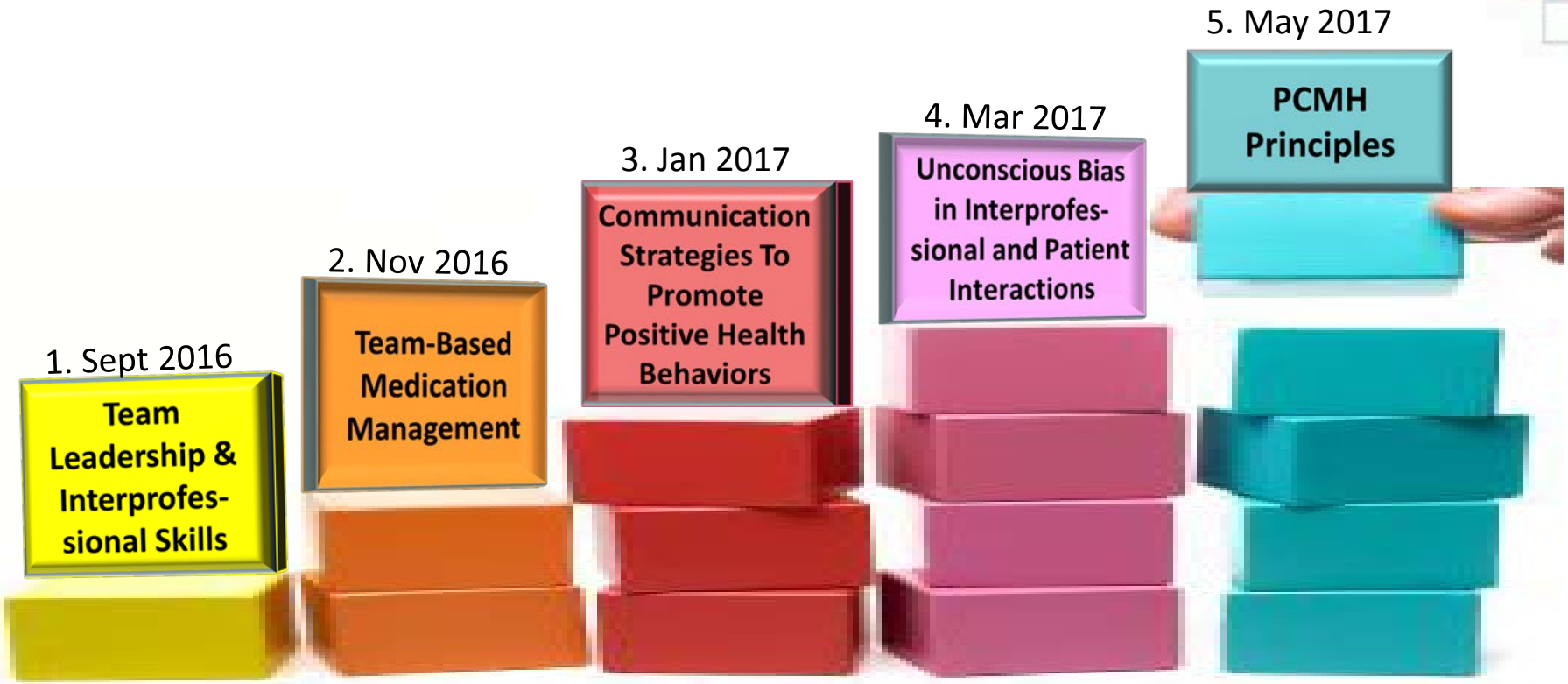


Take-Home Messages

- Learners come to IMPACcT with positive attitudes about interprofessional education and training.
- Unlicensed learners are ***less*** confident about communicating assertively and about assuming a leadership role within the team.
- Unlicensed learners are ***more*** interested in primary care careers but ***less*** interested in teaching/ academia.
- An experience gap also exists re: Quality Improvement.

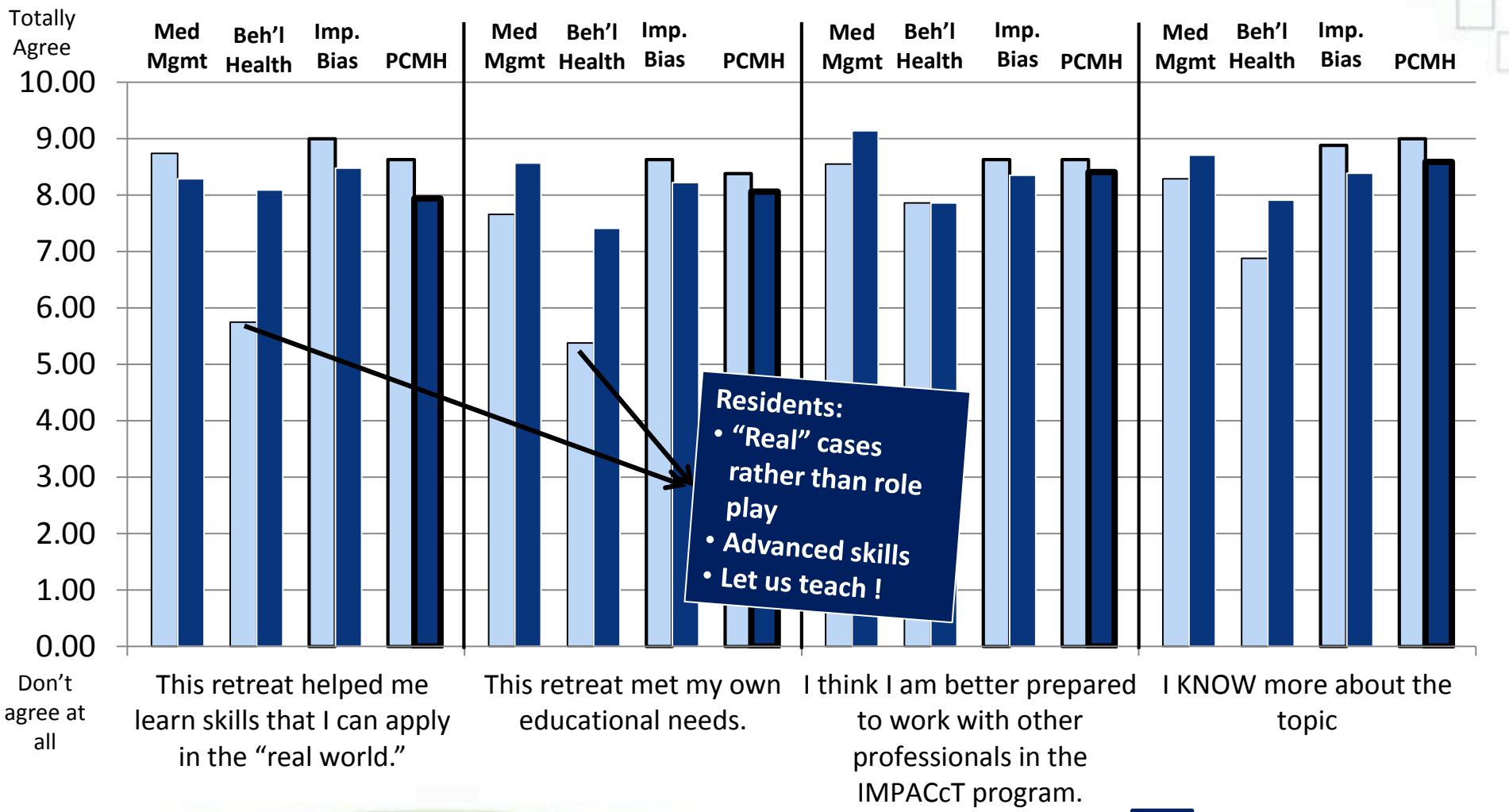
CQI n Action: Interprofessional Retreats

Building a Better IPE Retreat



- Each retreat evaluated by learner and faculty survey and reflective/ narrative exercise.
- Leadership team reviews data as subsequent retreat is being planned.

Learner Ratings: Likert Scale Questions



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Faculty Perspectives on IP Retreats

	Comments
They're great!	"educational strategies are diverse." "a reminder of the passion for primary care that inspired the IMPACcT project." "The topics have been quite variable and comprehensive." "really interactive and [they] bond the [IP] groups."
Too much	"wish they were shorter"; " a little too long." "Not enough breaks." "trying to do too much."
Challenges	"…the multi-level learning needs of early vs. late learners across professions [is] a big challenge." Ambitious: "trying to squeeze in [a lot:] mentoring, QI, faculty devpt, etc." "making [retreats] inter*disciplinary* as well as inter*professional* (including Family Medicine, Pediatrics)."
Getting Better	"Plan curriculum for publication from the beginning." "Design[ing] elements so that different professions could deliver and learners could [moderate] some sections was very smart." "With each successive retreat, we were able to learn from the previous one and improve upon it."

CQI Process for IP Retreats

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Future Directions

Evaluation

- Cost and quality of care metrics
- Patient satisfaction
- Assessing change in learner attitudes and behavior pre-/post-training
- Follow-up focus groups
- "Deep-dive" in December

Program

- Incorporating other professions (nursing, psychiatry)
- Disseminating to other primary care sites
- Piloting new workflows
- Partnering across primary care disciplines (peds, family medicine)

Thank you!
For more information, contact
Daniel Coletti, Ph.D.
Northwell Division of General Internal Medicine
865 Northern Blvd Suite 102, Great Neck, NY 11021
516-622-5035
dcoletti@northwell.edu

IMPACcT

Primary Care Training Program

Leadership Team:

- ***Joseph Conigliaro, M.D., M.P.H.***
- ***Alice Fornari, Ed.D., RD***
- Julie DiGregorio, CCRP
- Daniel Coletti, Ph.D.
- Nancy LaVine, M.D.
- Nissa Mazzola, Pharm.D.
- Johanna Martinez, M.D., M.S.
- Crystal McGeown, PA
- Celia Lu, Pharm.D.
- Lauren Block, M.D., M.P.H.
- Frank Cacace, M.D.
- Jennifer Verbsky, M.D.
- Jason Ehrlich, M.D.
- Lawrence Carter, M.D.
- Ankita Sagar, M.D.
- Christine Chim, Pharm.D.
- Danielle Ezzo, Pharm.D.