Envisioning the Future of Interprofessional Collaborative Practice and Education

>>KOPELOW: Let’s sort of end this with some conversation about what we see for our future of this joint accreditation. We’ve been talking about the kinds of things, we’ve done the traditional we’ve accredited providers that are doing interprofessional education and rewarding them for doing it in an interprofessional fashion, but what about the future? What about ACOs and other kinds of emerging organizations about the different business models that pharmacy is now starting to offer? And the different kinds of interaction between your nurse practitioners and your pharmacists’ and institutions? How is that evolving and what do we see as a role for this joint accreditation in that? Any ideas?

>>VLASSES: The Affordable Care Act is, whether you like it or not, going to create a significant amount of change and the private insurance industries going to follow suit if people are showing models that work. So, we’re going to be, looking at I think, systems that inpatient and outpatient in a business model are now closer tied together. At which point how do we get that education that we have seen now maybe starting more in the inpatient arena become a cross geography, if that’s the right term, educational platform? And it’s not always going to be face-to-face, it’s not going to be at a meeting, but rather, you know, how do we create things that educate people that here’s how this ACO needs to operate in the name of better patient outcomes and who’s going to do what and how do we do that? So, we have to figure that out. And we have to work in that area. And the whole aspect of the patient’s contribution to what we’re doing here. So that, you know, I may design this beautiful thing that I think will work and the patients say, What? you know, and why are we doing that? Without bring them at the table when some of these decisions are being made. And I think that’s the other part we have to figure out is how do we embrace the patient’s contribution to continuing education?

>>KOPELOW: So, final words, the future for joint accreditation in the context of the things that you see appearing in the health care environment?

>>DRENKARD: I think one of the challenges that we’re going to have to be leaders in is figuring out how to measure the outcomes that continuing education results in. And I think we are pushing each of our disciplines to be more accountable in evaluation because the actual method of delivering the CE has, is changing. And the outcome measure may not be, how long did you sit in a chair? And was that chair comfortable? So, how do we link that to a patient outcome? And is it possible to do that, we’re going to have to start measuring some things to have that happen.

>>KOPELOW: I think that’s, I think you’re absolutely right. I think that, but our future is assured because those that are funding ACOs and those that are driving the Affordable Care Act care about outcomes and anybody who is making measurements or can make measurements will be seen as a strategic asset to those people. Because quality, safety efficiency is what people are after. And our systems and maybe that’s one of the biggest futures for the joint accreditation is being able to develop measures of the quality and the impact of the team. Because those are difficult to measure except with survivability. So, I think that our collaboration it might have been long to develop but it’s based on a firm foundation and I think the fact that it is institutionalized within our three organizations so
even if we’re not the executives directors and CEOs of our institutions it will continue. And I think it’s adaptable and generalizable because it’s based on the proper principles to be able to accommodate the Affordable Care Act, the ACOs and everything else that’s emerging.

>>VLASSES: yeah, I think our collaboration has evolved to a certain level but it needs to evolve further and I think the way it’s evolved to this point is communication, discussion, what do we do about this joint planning? And I’m sure we’ll accommodate the ACOs, the patients and other aspects of this through, you know, planning together and implementing together. And I don’t see that as stopping.

>>KOPELOW: Right. Thank you guys.

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