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Interprofessional Collaborative Practice: the Wave of the Future

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Patients and their families rely on our ability to work together, with a shared focus on their well-being, whether they're in a hospital, at home, in a clinic, or in Long Term Care. The way to achieve that is through highly coordinated teambased, patient-centered care, which is built on the idea that every discipline – as well as the patient and the family – is integral to the team.

Interprofessional collaborative practice in healthcare occurs when

multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families and communities to deliver the highest quality of care – physical, emotional and psychological – across settings, according to the World Health Organization.

In the course of just one stay, a hospitalized patient may be cared for by an array of providers: a clinical nurse specialist, dietitian, physician assistant or advanced nurse practitioner (formerly but no longer called "physician extenders"), pharmacist, physical therapist, occupational therapist, registered nurse and psychologist – just to name a few.

With top-of-the-license practice for all members of the team, each of these professionals brings a unique understanding, skill set and viewpoint to the management of patient care.

There is growing evidence that team-based care in both primary care and acute care settings is valued by patients and providers. It is linked to improved quality and safety of care and to improved health in people with chronic illnesses. The Centers for Disease Control and Prevention announced in 2012 that the Community Preventive Services Task Force, which was set up by the U.S. Department of Health and Human Services to identify best practices in health interventions, recommends team-based care for improving blood pressure control on the basis of strong evidence of effectiveness. A review of 77 studies of team-based care by the Task Force showed that patients' control of blood pressure improved when their care was provided by a team of health professionals-comprised of a primary care provider, a pharmacist, nurse, dietitian, social worker, or community health worker - rather than by a single physician. The team members shared responsibility for hypertension care, such as medication management, patient follow-up, and helping the patient follow their blood pressure control plan.

Team members are more effective healthcare providers when they work together because they tend to learn more about what role each member plays. As they work with each individual patient, the team members determine the roles and responsibilities that are expected of them based on the needs of the patient and the patient's family. For this collaborative approach to work, it is crucial that everyone involved understands and respects the role of each member of the care team.

Interprofessional, patient-centered care has received new significance when it was highlighted by the Institute of Medicine as one of the six components of quality, and the Patient Protection Affordable Care Act includes several key provisions on promoting broader integration and coordinated team-based care.

This is the future of healthcare, and it is how we see healthcare education changing.

In the past, students learned extensively about their special area of work but often knew little about what other professionals could bring to the complete treatment plans of patients. Now, as interprofessional education is gaining momentum as a strategy to improve outcomes, our education system is shifting. Interprofessional education is being championed and tested in several settings, from the University of Minnesota to Indiana University.

In Washington State, health

sciences education transformation is underway. At Washington State University Spokane, College of Nursing and College of Pharmacy programs are requiring interprofessional education as a component of both programs; nursing students at WSU Yakima, WSUTri-Cities and WSUVancouver with interprofessional work partners as well. At WSU Yakima, students work closely with Doctor of Osteopathic Medicine students at Pacific Northwest University of Health Sciences.

At the University of Washington Health Sciences schools. interprofessional education has become one of the most important curriculum new directions in planning; the university's Board of Health Sciences, made up of the deans of the six health sciences schools - Dentistry, Medicine, Nursing, Pharmacy, Public Health and Social Work, has put forward the UW Health Sciences Interprofessional Education Initiative, to integrate and transform the learning experience across the six schools.

Health professional students practice not only their specific discipline, but also learn how to work with other clinicians in an effort to better understand their areas of expertise, therefore providing team-based, patient-centered care. Students learn that a patient-centric environment with mutual respect, trust and effective communication among healthcare professionals is the key to improving patient outcomes. The challenge is to emerge from an educational program deeply knowledgeable about a specific field while also aware of other healthcare professions' knowledge base and perspective.

The team, if you think about Gestalt theory, is a unified whole. Our goals are shared: better care and patient satisfaction, better quality outcomes, lower cost (the components of the Triple Aim, the framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance.) We can achieve this through many efforts, interprofessional education and interprofessional practice being two key approaches.

For further readings on interprofessional collaboration:

- Team-Based Competencies: Building a Shared Foundation For Education and Clinical Practice
- Core Competencies for Interprofessional Collaborative Practice

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