

PACER Team Report Summary University of Colorado

Team Mission Statement:

“We will create an Interprofessional Primary Care Alliance (IPCA) to increase collaborative practice through education of faculty and learners regarding interprofessional practice transformation.”

What They Did:

Educational Transformation Accomplishments

- Four PACER team members were planners, lecturers, panelists, and participants in a Project Echo five part telehealth learning series called “Precepting Across the Disciplines” and continue to teach in this recurring series.
- NP faculty worked with FM faculty to begin a rotation at a fully interprofessional student–run free clinic called DAWN that has hosted over thirty NP students thus far.
- Our NP faculty added more Interprofessional education (IPE) to their practicum requirement
- FM clinic faculty expanded IPE through:
 - Creating an **Ambulatory Care Conference** for students and residents in Pharmacy, Psychology, PA Program, Family Medicine, and medical students
 - Further developing the **Care Team Complex Patient Meeting** for graduate-level learners in Family Medicine, Psychology, Pharmacy, and Social Work and sharing the model with IM
 - Developing the **Practice Transformation Foundations Rotation** for residents with enhanced IPE content (new IPE panel workshop) and hosting the first IM residents for two years and IM instructor added for one year
- Internal Medicine created an outpatient-focused, **Interprofessional Morbidity and Mortality Conference** and studied its effect on resident knowledge regarding interprofessional case management

Clinical Transformation Accomplishments

- Sharing Best Practices
 - We visited each other’s major clinical sites
 - FM experimented with Pediatrics’ dyad care management model
 - Pediatrics adopted FM’s Epic e-huddling
 - FM was able to facilitate the acquisition of a pharmacist at the IM Lowry clinic
- IM Anschutz clinic instituted weekly IPE hypertension huddles between pharmacists and providers. They reviewed the patients with uncontrolled hypertension, discussed barriers to care, and developed a multi-disciplinary treatment plan. The residents improved their hypertension control by 10%.
- A combined IM/Pediatric M&M led to a multidisciplinary working group that includes a PACER member to begin better transitioning of pediatric patients to adult care
- PACER helped facilitate practice transformation in IM, particularly as a result of an established relationship between PACER IM faculty and PACER FM faculty. A new clinic model called Primary Care Redesign had been started at AFW Family Medicine. The relationships formed by PACER collaboratives and time together helped accelerate the dissemination of that model at IM teaching practices.
- AFW Family Medicine grew as the premier interprofessional transformed practice in the CU primary care system. Although much of this would probably have happened without PACER, the extra emphasis and time afforded by our team’s involvement certainly helped. Notable IPE advancements have been:
 - Expansion of the psychiatry telehealth program with the Depression Center utilizing psychiatry residents and faculty to see patients in a primary care setting.
 - The interprofessional Transitions of Care program has driven readmission rate to the hospital to be the lowest in the system (down to 13% from 25%).

- Our model of advanced primary care, Primary Care Redesign, has evolved to the point of showing reduced burn out of providers, going from 53% to 13%. This has caught the eye of researchers. Tom Bodenheimer has called our practice a "primary care bright spot" and made a site visit in March 2018.

How They Did It:

Key Elements

- Expertise in practice transformation
- Passion for interprofessional practice
- Respect for interprofessional practice education at the level of the Dean of the School of Medicine
- Team leader with supervisory capabilities over psychologists, physicians, pharmacists, and PAs
- A Physician Assistant School and Nurse Practitioner Program that were thirsty for and receptive to innovation

Enablers

- IPE is a well-known "good, valued thing" on our campus. The former dean of our medical school was a major proponent of IPE and had built our new medical professions campus with IPE principles at its core. This has resulted in leadership and curricula in IPE principles through the School of Medicine.
- The CU Department of FM is very innovative and had risen over the past ten years as a leader in practice transformation clinical and educational work.
- The PA School and NP Program were very receptive to change and funding involvement of faculty.

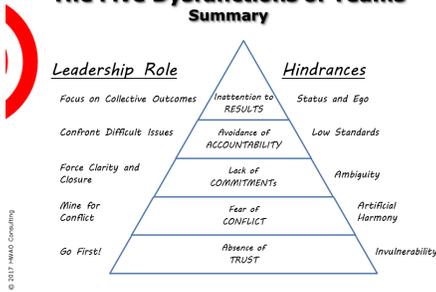
Barriers/challenges

- Different levels of practice transformation activities in the various primary care clinics made it hard to do more than share best practices.
- Different levels of interprofessional educational activities and learner interest in our residencies made it difficult to work together.
- Varying levels of interest and investment of our departmental and clinical leadership in primary care transformation and advancement made it hard to move projects along together. The different degrees of primary care emphasis that exist in FM, Peds, IM, NP, and PA programs made it difficult to have even buy-in.
- The physical distances between our clinics and our residencies made it hard to meet face-to-face. We tried to get over that with ZOOM meetings, but this proved to be a less-than-optimal platform to run productive meetings with buy-in from participants.

Overall Insights:

- We should have understood the mission of the project better from the onset --- The mission of the PACER project was broad enough that it attracted both clinician educators and educators who work clinically. This mixed team composition made it difficult to get things done. Looking back over our notes, we are fairly sure that we never as a team knew what we were really charged to do. We believe that our lack of productivity in this project stems from the fatal flaw that we formed a team of educators, when, in the end, this project seemed to be more about clinical transformation.
- Be intentional about team composition: From the mission, pick your team members very carefully. Do not let the chairs or program directors appoint whomever seems to be sort of interested.
- Obtain some commitments from central leadership about providing/ funding staff
- Add some team leadership trainings in the very beginning of the process to learn things like how to make teams gel earlier and better, find shared meaning and aligned goals, and get things done We would suggest the following resource in this training:

The Five Dysfunctions of Teams Summary



- Find common ground. Try to be clear about working on interprofessional practice transformation OR practice transformation education.
- Even small advances are worth the effort in a large system like ours. All team members came away believing that the connections that we had made across the disciplines will be ones we will utilize in our work for years to come.

Future Plans:

- FM leaders are continuing to work on a Clinical Efficiency Curriculum to help primary care learners reach the Quadruple Aim.
- PACER team members were exposed through PACER to the School of Medicine's Resilience Council's work and would like to spread that to the College of Nursing and the School of Pharmacy.
- Pediatrics, IM, and FM faculty will continue to work on the Transitions of Care project for needy children growing out of pediatric care.
- FM faculty will continue to evolve and expand the Practice Transformation Foundations elective to IM, Pediatric PA, NP, Pharmacy, and medical student learners.
- We as a PACER team will work on evolving the interprofessional evaluation tool developed by our undergraduate IPE Council for graduate-level learners.
- IM, Peds, FM, and IM/Peds are working on creating a new residency training site through our regional FQHC network, Salud Health. We are currently working on the opening of a new clinic that would house tracks for these four residencies. We are currently working on a common training model with common didactics in primary care.

Presentations

University of Colorado Department of Family Medicine Grand Rounds -- April 2016

Our Next National Demonstration Project Adventure: PACER

Linda Montgomery, MD, Alex Reed, PsyD, Aimee English, MD, Julie Przwkwas, PA

STFM Annual Spring Conference-May 2017

How to Ignite Your Residency Training Through Interprofessional Practice, Teaching, and Evaluation.

Linda Montgomery MD, Alex Reed PsyD, MPH, Drew Ashby MD, Aimee English MD.

Echo Colorado Teleconference – June 2017

Interprofessional Practice and Education, What's the Buzz?

Linda Montgomery, MD

Echo Colorado Teleconference – February 2018

Communicating in an Interprofessional Team

Alex Reed, PsyD, MPH

Echo Colorado Teleconferences – February 2018 and October 2018

Precepting in an Interprofessional Team

Linda Montgomery, MD

Publications

Corey Lyon, DO, **Aimee F. English, MD**, and Peter Chabot Smith, MD, “A Team-Based Care Model that Improves Job Satisfaction,” *Fam Pract Manag.* 2018 Mar-Apr;25(2):6-11

Series Development

Nursing Center for Excellence's Primary Care Training Enhancement Interprofessional Collaborative Practice Grant's Interprofessional Precepting Webinar Recurring Series delivered through Echo Colorado:

Steering Committee and Panelists: **Linda Montgomery, MD and Julie Przekwas, PA**

Team Members:

Name	Title
Linda Montgomery, MD, FAAFP (Team Leader and interim Site Evaluator)	Program Director and Associate Professor, Family Medicine Residency Program
Aimee English, MD	Assistant Professor and Medical Director, former Practice Transformation Fellow, Family Medicine Residency
Heather Varnell, MD	Instructor, Pediatrics Residency
Amy Sass, MD	Associate Program Director, Pediatrics Residency
Michelle Nikels, MD	Medical Director, Anschutz Resident Clinic, Internal Medicine
Ed Murphy, MD	Medical Director, Lowry Residency Clinic, Internal Medicine
Alex Reed, PhD	Director of Behavioral Health Education, Family Medicine
Liza Wilson Claus, PharmD	Assistant Professor, School of Pharmacy; Clinical Pharmacy Specialist, AFW Family Medicine Clinic
Krista Estes, DNP, FNP-C	Assistant Professor, FNP Specialty Director, College of Nursing
Julie Przekwas, PA	Senior Instructor, Family Medicine