

Interprofessionalism: What it Means and Why You Should Care

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Interprofessionalism in education and in practice is a growing trend across health care in the United States. The idea that team-based care and collaborative practice can improve health care has been around more than 50 years. Interest in interprofessionalism dropped off for several years and was then renewed after a series of reports from the Institute of Medicine^{1,2} raised concerns about the quality of health care delivered in the United States, including reductions in patient safety and increases in medical errors, and noted a connection to the need for health professionals to work better together.

The lack of teamwork, collaboration and communication was leading to increased health care costs and poorer health outcomes. Leaders in quality improvement recognized the importance of team-based and collaborative care models - starting with students and continuing into professional settings - to meet the Triple Aim:³ improved patient or consumer experience, lower costs, and better health outcomes, in all settings and professions. The NCIPE and its supporters believe that high-functioning teams can improve the experience, outcomes and costs of health care.

Traditionally, IPE has referred to interprofessional education. The most commonly accepted definition, adapted from the Centre for the Advancement of Interprofessional Education in the United Kingdom and the World Health Organization, states that it "occurs when two or more professions (students, residents and health workers) learn with, about, and from each other to enable effective collaboration and improve health outcomes." According to the NCIPE website, "While called by different names, we call it interprofessional practice and education, or the "new" IPE. We use the phrase "interprofessional practice and education" (IPE) as a way to create a shared space between interprofessional education, interprofessional practice and collaborative practice. The 'new IPE' does not replace the principles related to these concepts - rather, it embraces them."

The "new" IPE is not about education for education's sake. It's about improving health, creating support systems and trying different models of practice. It intentionally supports people - including health professionals, health workers, students, patients, families and communities - to learn together every day to enhance collaboration and improve health outcomes while reducing costs. This is an exciting vision that holds opportunities for the acupuncture profession, and one that is relevant to all of us as health care consumers.

Current practitioners

So, what can current practitioners who are interested in working more interprofessionally with conventional health care providers do? The NCIPE has created the Nexus: A means of connecting health professions education, specifically interprofessional education, and transforming health care practice - creating a true partnership and shared responsibility, conversation, language and learning. In the Nexus, clinical practices in transforming health systems that partner with health professions education programs think and act differently, serving as learning organizations that

support continuous professional development while educating the next generation of health professionals.

The Nexus provides a wealth of online resources, which can be accessed at: <https://nexusipe.org/>. These include a directory of members, educational resources, IPE events, and updates on ongoing research projects. Acupuncturists can register as a user on the site at no charge, and can download papers, participate in discussion groups and attend webinars. There are also several free, e-learning modules on topics such as "Interprofessional Communication" and "What is Interprofessional Education." The NCIPE is a wonderful resource for educators and acupuncturists interested in interprofessional education and practice.

An additional resource is the Academic Consortium for Complementary and Alternative Health Care. ACCAHC also provides many free resources for integrative health practitioners, such as a desk reference on the integrative health professions, a webinar series, resources for evidence-informed practice and credentialing of practitioners, and a newsletter with current events in integrative health. Sign up for the ACCAHC newsletter, the Collaborator, at their website: www.accahc.org.

Perhaps most important, however, is for practitioners to network with other health care providers, both conventional and integrative, within their own communities. Attending events at local hospitals and introducing yourself can be a great way to increase referrals as well. Look for continuing education opportunities for health care providers at area universities, and consider attending these, especially if there is a lunch or social time scheduled as part of the event. You may be able to attend at a reduced cost if you are not registering for CEUs. And if you are interested in attending a national event, think about the International Congress on Integrative Medicine and Health, focusing on research, education, clinical practice and policy, to be held in Las Vegas, NV, May 17-20, 2016. Visit the conference website for more information: www.icimh.org/.

References:

1. Institute of Medicine. Committee on Quality of Health Care in America. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press.
www.iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-NewHealth-System-for-the-21st-Century.aspx.
2. Institute of Medicine. Greiner, A., & Knebel, E. (2003). Health Professions Education: A Bridge to Quality. Washington, DC: The National Academies Press.
www.iom.edu/Reports/2003/Health-Professions-Education-A-Bridge-to-Quality.aspx.
3. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff (Millwood)*. 2008 May-Jun;27(3):759-69.

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