Political Environment

The scan of the political environment included consideration of federal and state legislation and government function, political relationships, and alliances between UIC and the state government, relationships between the colleges and campuses at UIC, between the academic and clinical enterprises at UIC, and between professions at UIC and in the larger health care context. Also included were legal and regulatory concerns relevant to interprofessional education and interprofessional collaborative practice.

- The World Health Organization, the Institute for Healthcare Improvement, and the Health Services Resources Administration are among the major organizations supporting both IPE and ICP.
- Current focus on reducing health disparities and recognizing the social determinants of health in developing quality measures, value-based payment models and as areas of research funding and policy development.
- The trend of increasing numbers of people with health insurance in conjunction with other factors such as the aging of the population is creating significant demands for healthcare workers and for changes in regulations to ensure that health care providers can practice at the “top of their training” without unwarranted restrictions.
- There is currently confusion in both the educational and practice settings about changing scopes of practice and legal liability associated with collaborative practice.
- Payment regulation, including the reporting of quality measures, will drive collaborative practice and fuel the hope that improved interprofessional communication and collaboration will reduce cost and improve quality.
- Improving population health requires the expertise of many clinical and non-clinical professions.
- Research clarifying the linkages between interprofessional collaborative practice and improved outcomes of care, population health, and reduced costs is needed to gain political support.
- From a regulatory perspective, the challenge of removing unwarranted restrictions on licensed health care professionals is due, at least in part, to concerns with overlapping scopes of practice and professional boundary disputes (aka turf wars).
- Illinois has criteria for Medicaid that could reach a large number of people, but the systems in place to manage enrollment, study outcomes and support alternative models of care are inefficient.
- UIC has over 30 educational programs that have specialized accreditation through different accrediting bodies. In addition, there are residency and fellowship programs that are accredited. Accrediting bodies have significant variation in the degree to which IPE and ICP have explicit standards.
- UI Health must meet accreditation standards set by the The Joint Commission (TJC) and has several specific programs that must meet other accreditation requirements.
- Population health, particularly following COVID pandemic, is a key component of the mission of the UIC health science colleges.
- Sharing of data between UIC programs is not currently common and there are multiple data systems that are all needed to measure resources, implementation, and outcomes of IPE and ICP.
- At UI Health, quality improvement and patient safety programs rely heavily on the participation of teams of clinical and non-clinical professionals who are competent collaborators, but current data systems look at departments and not service lines.
- The complexity of the UIC workforce resulting from a complex set of union and civil service human resource policies, in addition to the state and federal law.
Economic Environment

Economic factors were defined as those relating to the local, national, or global economy, such as growth/decline, funding for education and healthcare, and workforce supply and demand. Health care education costs and healthcare costs are a societal and governmental concern. Inadequate collaboration increases costs of healthcare delivery and demographic trends in the U.S, including a large and growing elderly population with long-term chronic disease requiring care coordination and a team approach.

- Research on the impact of collaborative practice and coordinated care models on healthcare workforce needs is prompting a shift to a focus on the workforce needed to address the health of specific patient populations and away from the ratios of number of a profession/population count.
- Changing regulations to allow all healthcare providers to utilize the full scope of their training in practice affects workforce needs & healthcare costs will require new methods of workforce analysis.
- New providers, such as community health workers, are changing healthcare workforce needs.
- Health care organizations are vocal about needing a workforce that is trained in teamwork, but it is not clear where the resources would come from to train the current workforce.
- The occupational expectations (Bureau of Labor Statistics 2021-2031) shows varying employment growth with some professions growing faster than the average occupation, some at the average and some below the average.
- Retirement and burn out are having a significant effect on some professions making health workforce needs difficult to predict.
- Declining payment to providers is a trend for both government and private insurers, with payment models continuing to shift from fee-for-service to a capitated and outcomes-based model.
- There are significant concerns about payment models for collaborative practice.
- There is increasing pressure from government, insurers, and large employers for transparent pricing and new market entrants into the continuum of care (Walmart, CVS, Walgreen’s) that are radically shifting the cost-quality dynamics in primary care.
- The shift to pay for performance and demonstrating value are encouraging health care systems to look to collaboration and coordination of care as part of their strategy for economic viability.
- There has also been a significant decline in state support for university education and it is unlikely that this will be reversed in the foreseeable future.
- Interest in health professions education is strong, with most UIC programs having strong applicant pools although applicant pools have declined in some professions.
- Financial models to support clinical training vary significantly among health professions. There are differences in financial responsibility for educating the healthcare workforce with some professions receiving government support for clinical training, others in which the cost is born by the clinical training site despite tuition being paid to the training program and for others a substantive part of the clinical training is provided in university run clinics.
- The overall costs of implementing IPE in both the pre-licensure and post-licensure environments are also poorly understood. It is not clear how much IPE is needed to meet desired learner outcomes.
- Student accumulation of debt is widely seen as a trend that must be halted or even reversed.
- The current UIC budget model creates challenges for cost sharing. Tuition policies (e.g., differentials) and course credit are not designed to support IPE activities that bring together students from different colleges.
- UIC’s core IPE efforts have been consistently funded by the university and special programs have been funded by external agencies. CAIPPER will need to establish a sustainable financial model that is endorsed by the health science colleges and university administration.
Sociocultural Environment

The sociocultural environment for interprofessional education and collaborative practice includes the cultures of individual health professions, the historical development of professions and interprofessional relationships, the relationships between patients and providers, and the role of the patient and caregivers in health care decision making.

- Historically, health professions have worked through their professional associations to emphasize unique bodies of knowledge and scope of practice for their unique professions and do not acknowledge shared knowledge and overlapping scopes of practice.
- Clear differences in roles have been important in establishing a place in the health care market.
- Interprofessional education, which frequently results in the illumination of similarities, can present a threat to professional identity and the social status of professions.
- As an academic community, UIC has deep roots in health professions education. It includes programs that were among the first established in the US and is recognized as providing a substantial portion of the Illinois health care workforce.
- There is strong synergy between the UIC Mission, the UI Health mission and the foundational principles on which IPE is based.
- The number and diversity of health professions education programs at UIC create an unusual and valuable range of perspectives on health and health care.
- There is a significant range of education levels (undergraduate, graduate, and post-professional) among the health professions programs at UIC.
- Even among academic leaders at UIC, there are limitations in the degree to which the roles and responsibilities of professions are understood.
- Although individual faculty work collaboratively on specific IPE offerings, the degree of collaboration between the health sciences colleges is limited and collaboration about curriculum development is minimal.
- There are differences between the health science colleges in the forms of pedagogy used, in the degree to which change is likely to be embraced, and in willingness to adjust schedules and shift resources to successfully integrate IPE into existing programs.
- Curricular change occurs continuously within individual UIC health professions programs due to uniprofessional forces. The timing and processes for change are not synchronized across programs.
- There are differences in the philosophical approach to health and health care between the health sciences colleges, with the biomedical, the biopsychosocial, and the social models each having strong proponents.
- There is recognition of the importance of social determinants of health and of socially mediated health care disparities, but the emphasis varies significantly between professions.
- Up to this point, faculty involvement in IPE has been seen as “voluntary” and based purely on individual commitment to its value with minimal recognition in determining faculty workload.
- Students in UIC health professions education programs have demonstrated strong interest in developing their understanding of all health professions and being trained to successfully collaborate to provide safe and effective patient centered care.
Technological Environment

In the context of interprofessional education and collaborative practice, the technological environment extends beyond consideration of how technology can be used in health professions education and health care delivery. The impact of technology on human relationships, which are critical in both education and health care delivery, are also important components.

- Technology is seen as a part of the solution to problems with access to health and healthcare information by the public, but levels of health literacy vary greatly.
- Telehealth is already beginning to have a significant impact on health care and its influence will continue to grow.
- Current practitioners and health professions students will need to learn to practice and collaborate in telehealth and virtual environments.
- Technology will improve access but may also introduce new risks because effective means of public protection, which is the focus of health care licensure and regulation, have not been established.
- Provider and consumer openness to wearable technology, smart phone-linked devices and mobile apps is not well understood within a range of resistance to ready acceptance.
- The availability of in-home data collection and the use of mobile apps may affect healthcare practice.
- The rebalancing of privacy and convenience concerns as consumers choose easy access to health care services over protection of their personal information.
- The use of technology for collaboration is an educational need for both pre-licensure and post-licensure learners.
- IPE must rely on opportunities to use online and blended teaching formats to overcome logistics of scheduling, location, and the availability of facilities for large numbers of students.
- UIC provides strong support for the use of technology in education college-based and campus educational technology support units.
- Students are generally “digital natives” who have grown up using technology throughout their education and are therefore very comfortable in this arena. Faculty includes a mix of “digital natives” and “digital immigrants” (those who have adopted educational technology following their formal education) and comfort with technology varies widely among faculty.
- A burgeoning area of research is the impact of health care technology, in particular the electronic health record, and how it impacts the interactions between patients and providers.
- The creation, management, and utilization of health care information has been identified as a critical area in both uniprofessional and interprofessional education.
- UIC includes health information management and health informatics education and research in its portfolio of health professions education programs.
- The unmet workforce needs for informatics health professionals with and without clinical backgrounds, is documented at the state and federal levels.