CAIPPER Implementation Taskforce Report

Introduction

In July 2022, the Illinois Board of Higher Education approved the Office of Vice Chancellor for Health Affairs’ (OVCHA) proposal to establish CAIPPER – the Center for the Advancement of Interprofessional Practice, Education and Research. The center will serve as the coordinating body for offering comprehensive and rigorous interprofessional education (IPE) experiences to students and practitioners with the ultimate goal of achieving the Quintuple Aim (improved clinical outcomes, improved patient experience, a reduced per capita cost of care, improved provider well-being and advancing health equity) in training, service, and research.

The CAIPPER Taskforce (Appendix 1) was convened in February 2023 to help develop a roadmap for CAIPPER implementation based on the overall goals outlined in the Center Proposal. The Taskforce met four times over a two-month period. The Taskforce built upon the previous Strategic Plan for 2016-2021 that included a SWOT analysis, an environmental scan and the 2016-2021 logic model that framed IPE activities in the 5-year period leading to the decision to submit a Center proposal.

The meetings of the CAIPPER Taskforce centered on the four goals of CAIPPER that were in the approved Center proposal:

- **Goal 1**: Establish IPE curricula for pre-qualification learners and practicing professionals that is evidence-based, intentionally designed to flexibly meet the needs of a wide range of learners and grounded in principles of adult learning and interprofessional collaborative practice.
- **Goal 2**: Build interprofessional collaborative practice (ICP) models that achieve the Quintuple Aim.
- **Goal 3**: Create and disseminate knowledge of the impact of ICP on health equity and improved individual and population health through research that is informed by advice from stakeholders across our communities.
- **Goal 4**: Establish systems and infrastructure to continuously improve ICP and IPE at UIC in alignment with CAIPPER and UIC goals.

The CAIPPER strategic planning was focused on addressing interprofessional education (IPE), interprofessional collaborative practice (ICP) and the intersection of IPE and ICP.
CAIPPER Taskforce Focus and Deliverables

Meeting 1: Review of CAIPPER Activities and SWOT Analysis

In the first part of Meeting 1, taskforce members reviewed the scope of CAIPPER activities in small groups and rated activities based on importance and urgency. In the report-out, groups discussed their ratings and identified activities that needed additional stakeholder input before they could be prioritized.

In the second part of Meeting 1, the taskforce members did a SWOT analysis with the full group working on opportunities and with small groups focusing on strengths, weaknesses, opportunities, and threats.

Key Issues from the SWOT Analysis

- **Strong foundation for CAIPPER** - Several taskforce members emphasized the outcomes of IPE/ICP over the last ten years at UIC which has laid the groundwork for the implementation of CAIPPER. This includes an engaged cohort of faculty/staff, students, executive leadership, and strong partnerships with UIC health science colleges and supporting units/departments.

  - Other structural barriers include:
    - **CAIPPER has a limited amount of centralized funding to support curriculum development, and this can stymie collaboration and sustainable culture change.**
    - **Varying and limited mechanisms for aligning faculty workload and recognition to support involvement in CAIPPER.**
    - **Fixed curriculum and schedules for each program across the seven health science colleges.**
    - **Complexity of centralized coordination across programs and across the seven health science colleges.**
    - **Resource inequity across campuses and between colleges/programs.**
    - **Lack of shared understanding of ICP in the healthcare delivery portion of UI Health.**
    - **Lack of resources for ICP training in the healthcare delivery portion of UI Health.**
    - **Little effort to understand to what extent team-based care has been implemented and the outcomes of team-based care and ICP at UI Health.**

- **Opportunities to have a positive impact in both education and practice environments** - Recent opportunities in education and the clinical environment have advanced IPE/ICP including...
increased familiarity with telehealth, simulation, and virtual platforms as well as the value placed on addressing social determinants of health for achieving health equity.

- Residual effects of the COVID 19 pandemic – Issues that should be considered include student and faculty burnout and virtual platform isolation.

**Current projects addressing elements of SWOT:**
- Transition of IPE learning experiences database to a new platform to house a complete inventory of IPE learning experiences.
- Development of processes for awarding CE/CME for participation in faculty development.
- Initial efforts to develop interprofessional collaborative practice models.
- Pursuit of external funding for the development of clinical/community learning environments with a focus on addressing health equity.
- Support for faculty and student presentations at regional and national conferences and participation in regional, national, and international associations.
- Identification of a standardized set of outcomes measures for interprofessional education and practice at UI Health.

**Supporting Materials**

**SWOT Analysis**

**Meeting 2: Stakeholder Identification**

Meeting 2 focused on discussing the following stakeholder identification questions:

1. Who will be impacted by CAIPPER activities?
2. Who will have changes to their systems or processes because of certain activities in CAIPPER?
3. Who will have to approve changes/processes?
4. Who are the people or groups most knowledgeable about, and capable of dealing with advancing the goals of CAIPPER?

Taskforce members reviewed the stakeholder map that was completed during the 2016 strategic planning phase and discussed which units and groups would need to be involved with advancing activities and the four goals of CAIPPER.

**Summary of Key Stakeholders**

- Many stakeholders were identified for the ongoing development and involvement in activities for CAIPPER. Input from stakeholders will be conducted on an ongoing and recurring basis using focus groups, one-on-meetings, and other mechanisms for gathering input such as surveys.
- Stakeholder span faculty, staff, and students in the health science colleges (HSC) across all campuses, other UIC academic units, the UI Health care delivery enterprise, campus offices who are important partners in achieving CAIPPER goals and community partners with whom CAIPPER aspires to engage.
Supporting Materials
Stakeholder Diagram

Meeting 3: Environmental Scan

In Meeting 3, taskforce members reviewed and updated the PEST (political, economic, social-cultural, and technological) environmental scan. The draft PEST scan was updated based on factors raised in meetings 1-2 and included relevant content from the 2016 version. Taskforce members referenced the PEST scan during the second part of the meeting to identify facilitators, barriers and resources needed for implementing interprofessional education and interprofessional collaborative practice in the clinical settings. The discussion on resources and facilitators was revisited at the fourth meeting.

Summary of Key Issue

- On the education side, barriers that were discussed in Meetings 1 and 2 were raised in Meeting 3 including:
  - lack of faculty and staff recognition
  - ensuring the regional campuses are reflected in CAIPPER’s goals
- On the practice care side, taskforce members discussed the importance of changing the hierarchy mentality in the clinical environment. There is discordance between what students are learning regarding interprofessional collaboration and what students are experiencing in the clinical environment. Often, trainees and employees are placed on teams that are siloed.
- Advancing both the interprofessional education and interprofessional care needs to be an iterative process and will include:
  - attention to current and evolving priorities in the educational and healthcare delivery environments at UIC.
  - continuous monitoring of key relationships with stakeholders.
  - developing outcome measures that can demonstrate change over time.
  - ethically deploying educational and clinical practice technology.
- Community members and health professions that are often not included in interprofessional collaborative practices – such as health informatics, public health, and health information – should be included upstream.
- The potential of value-based care models is encouraging health care systems and payers to look at ways that collaboration and coordination contribute to improved outcomes.

Supporting Materials
Environmental Scan

Meeting 4: Action Steps

Meeting 4 centered on three forward facing questions:

1. How should we advance ICP at UI Health and regional clinical partner health systems?
2. How do we develop a comprehensive IPE curriculum for pre-qualification students in all programs that includes the clinical learning environment?
3. How should faculty support and recognition for involvement in IPE and ICP be compensated/recognized?
Summary of Key Issues: Advancing ICP

- The taskforce identified the challenge of economic models that are not structured to reward service line and teams as a major barrier. While restructuring economic models is beyond the scope of CAIPPER, taskforce members recommended that by adopting a top-down approach and piloting smaller initiatives, CAIPPER can help clinical teams collaborate more effectively through:
  - Creating awareness of ICP in the clinical settings and creating a value map of how ICP fits in with high value care and operational efficiency.
  - Help clinical partners define ICP, an effective team, and attributes of ICP/an effective team. Use agreed upon shared language across the University and Health Systems.
  - Recommend evaluation tools that can be used to evaluate ICP in clinical environments and align strategically to demonstrate a return on investment. Results can be used to help teams take actionable steps to improve their team functionality or help advocate for additional resources.
  - Highlight and share promising results/successes from clinical teams that meet the minimum attributes of ICP. Communicate the value of ICP (patient outcomes and cost effectiveness) to encourage buy-in at the hospital leadership and department level which will be necessary to collaborate with various teams.
  - Emphasize synergies between the clinical and education environment and demonstrate how student trainees should be seen as added value.

Explore Promising UI Health Collaborative Models Suggested by Taskforce Members:
Development of interprofessional care models at the College of Dentistry dental care services, IP vaccinations during the COVID 19 pandemic, and the Comprehensive Sickle Cell Center.

Examples of National Successful Collaborative Clinical Models

1. Cherry Health: [https://cherryhealth.org/](https://cherryhealth.org/)
   - For more information on Cherry Health’s collaborative practice program, please refer to [https://doi.org/10.1080/13561820.2017.1372395](https://doi.org/10.1080/13561820.2017.1372395)

2. CHI Health Creighton University Medical Center:
   - [https://www.youtube.com/watch?v=fWZk4QNatgA&t=3s](https://www.youtube.com/watch?v=fWZk4QNatgA&t=3s)
   - For more information on the CHI Health Creighton University Medical Center’s approach to collaborative clinical care, please refer to [https://doi.org/10.1080/13561820.2021.1932776](https://doi.org/10.1080/13561820.2021.1932776)

Outstanding Stakeholder Question(s):
How do we measure success related to ROI, Patient Outcomes, and Team Functionality?

Summary of Key Issues: Advancing IPE

- During all the meetings, sustainable funding and scheduling conflicts were cited as structural barriers to offering or expanding IPE activities. To better understand each of these central challenges, it will be important to define the financial and curriculum models that support IPE activities at each of the seven health science colleges and determine what resources need to be supplemented.
  - Part of this understanding will include documenting when health science students are participating in their clinical or community placements.
Financial models will need to be explored with college financial officers which may include incorporating a fee that follows students, tuition redistribution of some form or direct funding of participation.

- CAIPPER will continue to rely on IPE contacts at each of the seven health science colleges to help facilitate discussions on whether their colleges are able to meet or exceed their IPE specific accreditation standards. The College of Applied Health Sciences will have representatives from Biomedical and Health Information Sciences, Kinesiology/Nutrition, Occupational Therapy, and Physical Therapy departments. The School of Public Health will have representatives from the Health Policy & Administration and Public Health Divisions.

- To centralize IPE principles and best practices across the seven health science colleges, an academic policy committee will be formed to review interprofessional education learning experiences developed by UIC faculty. The committee will be charged with considering compliance with college standards, accreditation standards, curriculum policies, and alignment with the CAIPPER mission, values, and learning outcomes.

- Expanding student and faculty participation in IPE beyond the core group that are currently actively involved will be a central focus of CAIPPER. This should include:
  - Engaging students in the development and evaluation of IPE
  - Providing a menu of IP learning activities to an expanded group of faculty and staff
  - Expanding access to existing IP programs at UI Health that will appeal to a broader population at UIC including but not limited to:
    - Engage IL: [https://engageil.com/](https://engageil.com/)
  - Employing marketing and communications strategies that capture the value of IPE across UI Health which can include convening an annual or bi-annual interprofessional conference that highlights students and faculty contributions to advancing the IPE/ICP field.
  - Demonstrating to student and faculty/staff populations that there is a commitment to reducing organizational silos and to taking advantage of opportunities to capitalize from the shared IP efforts.

**Promising Model**

The University of Toronto’s Centre for Advancing Collaborative Healthcare & Education (CACHE) IPE Core Learning Activities: [https://ipe.utoronto.ca/ipe-core-learning-activities](https://ipe.utoronto.ca/ipe-core-learning-activities)

**Recognizing Faculty/Staff IP Contributions**

- Determining what constitutes sustainable and fair compensation for faculty involvement in CAIPPER activities is complicated by how varied salaries are across the 7 health science colleges and the care delivery system.
- Compensation options include stipends, buy out of a percentage of the faculty member’s time, or overcompensation.
- Faculty must be supported by establishing Memorandums of Understanding with academic unit leadership and CAIPPER to document that the individual faculty member who has a compensated CAIPPER appointment has their existing work redistributed to recognize their role in CAIPPER.
There are dedicated funds in the CAIPPER budget to support IP faculty appointments to lead curriculum development, student engagement, faculty development and the development of the clinical learning environment and collaborative practice.

**Strategies for 2024 – 2028**

The CAIPPER implementation logic model (pg. 9) was developed throughout the taskforce activities with consideration of the SWOT and the PEST analysis.

The logic model includes the inputs or resources that are needed to achieve the desired outcomes. Some of the resources are already available and some must be developed. The outputs of CAIPPER will engage stakeholders in a set of activities that collectively lead to the desired outcomes. Because there is not a one-to-one relationship between activities and outcomes, there may be uneven progress in completing activities based on current state - what is already in place to be built upon and what is starting from zero. The outcomes are outlined for a five-year period. Ongoing program evaluation, dialogue with stakeholders and monitoring of the environment (external factors) in which CAIPPER operates will be important to ensuring that outcomes remain aligned with UIC and UI Health mission, goals, and values. Finally, the assumed continued support of leadership in the OVCHA and all the Health Science Colleges as well as the input of advisory committees are essential to the achievement of outcomes and the sustainability of the Center.
### Assumptions:

1. The leadership team for CAIPPER will include Assistant Vice Chancellor for Interprofessional Practice and Education, faculty with appointed leadership positions in CAIPPER and appointed Directors of IPE from the Health Science Colleges.

2. Advisory committee(s) provide perspectives on IPE/ICP that will be used to inform CAIPPER on its activities, progress, and goals.

### External Factors:

1. The continuing evolution of accreditation standards for health professions education programs will require adaptation of activities and goals.

2. The evidence for effective models of interprofessional collaboration should inform initiatives at UI Health.
Task Force Recommended Next Steps

The taskforce urges that CAIPPER prioritized the following attributes as the center develops:

Specific action steps to achieve the Outcomes included in the logic model should be informed by the full discussions that took place during taskforce meetings but in most cases will require additional input by stakeholders.

NOTE TO THE TASKFORCE:
Thank you to all the taskforce members for the significant work done so far and we hope for your continued involvement and input as we look towards the next five years of advancing IPE and ICP.
APPENDIX 1 - CAIPPER Implementation Taskforce Members

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