

Issue Brief #6 – Connecticut Service Track (CST)
Description and Proposed Activities
January 1, 2015 – December 31, 2018

SUMMARY:

Evidence is accruing that Patient Centered Medical Home (PCMH) team-based practice models improve health outcomes with some decrease in utilization in high cost areas (e.g. ER use).¹ The heightened interest in interprofessional (IP) team-based healthcare delivery as a mechanism to control costs, improve outcomes, care experiences and population health (the triple aim) has resulted in a flurry of activity at health professions' schools to develop IP team-based care curricula, whose inclusion is now a required for the accreditation of all major health professions' schools.

CT's AHEC Program at the University of Connecticut School of Medicine, a recognized leader in development of IP team-based health care delivery curricula, will administer the Connecticut Service Track (CST), a curriculum for a team-based approach to serving disadvantaged populations across the state. This constitutes an extension of UConn's nationally recognized Urban Service Track (UST), which has focused solely on disadvantaged populations in the state's urban communities. Since this extension requires increased capacity, CT's Area Health Education Center (AHEC) Program will reach out to all health professions' schools in the State and then work with those interested to incorporate interprofessional team based community care curricula into their school's course of study.

The goal of the Connecticut Service Track (CST) is to create a learning environment at all of Connecticut's health professions schools that afford skills in the interprofessional (IP) team based delivery of health care to all their graduates and future health care providers.

In establishing CST,

- Curricular content will examine IP teams, their leadership, function, member interaction and outcomes and address competencies for interprofessional education (IPE) developed by the Interprofessional Education Collaborative (IPEC).
- Curriculum will include lecture, case based discussion, simulation, and reflection targeting participating professions.
- IP team based service events (free clinics, health fairs, screenings, outreach efforts) will be lead by IP teams of students and used to demonstrate team based care delivery with situational leadership. Event focus, population and location will be determined in

¹ Hoff T, Weller W, & DePuccio M. The patient-centered medical home: A review of recent research. *Medical Care Research and Review* 2012, 69(6): 619-644.

collaboration with participating health professions schools and be based on needs analysis or local/state public health agency priorities.

- Curricula addressing the cost effective introduction of IPE into functioning clinical practice venues will be developed and disseminated.
- Connecticut’s health professions schools, including medicine, nursing, pharmacy, dental medicine, physician assistant, social work, mental health, public health and allied health as well as a diverse array of community providers will participate, increasing the number of occupations and community service locations available. Community Health Workers will also participate.
- The focus of the program will be extended beyond urban communities to reach all of Connecticut, including its more rural counties;
- Post graduate training (medicine, pharmacy, nursing, etc.), having already been piloted within UST, will be included; and
- Faculty development curricula will also be developed to assure the availability of trained interprofessional instructors able to deliver IPE curricular content.
- AHEC and its four regional centers, will serve a coordinative function, inventorying and assessing existing IPE programs within single schools or amongst HP schools, identifying needs for curricular content or interprofessional partners at individual schools and facilitating partnering amongst schools. Best practices at Connecticut’s health professions schools will be identified, disseminated and multi school consortia developed/facilitated. Evaluation strategies will be developed and shared. Technical assistance in the development, implementation and evaluation of IPE programs will be offered to individual schools and consortia as required.

CST PREPARATION ACTIVITIES:

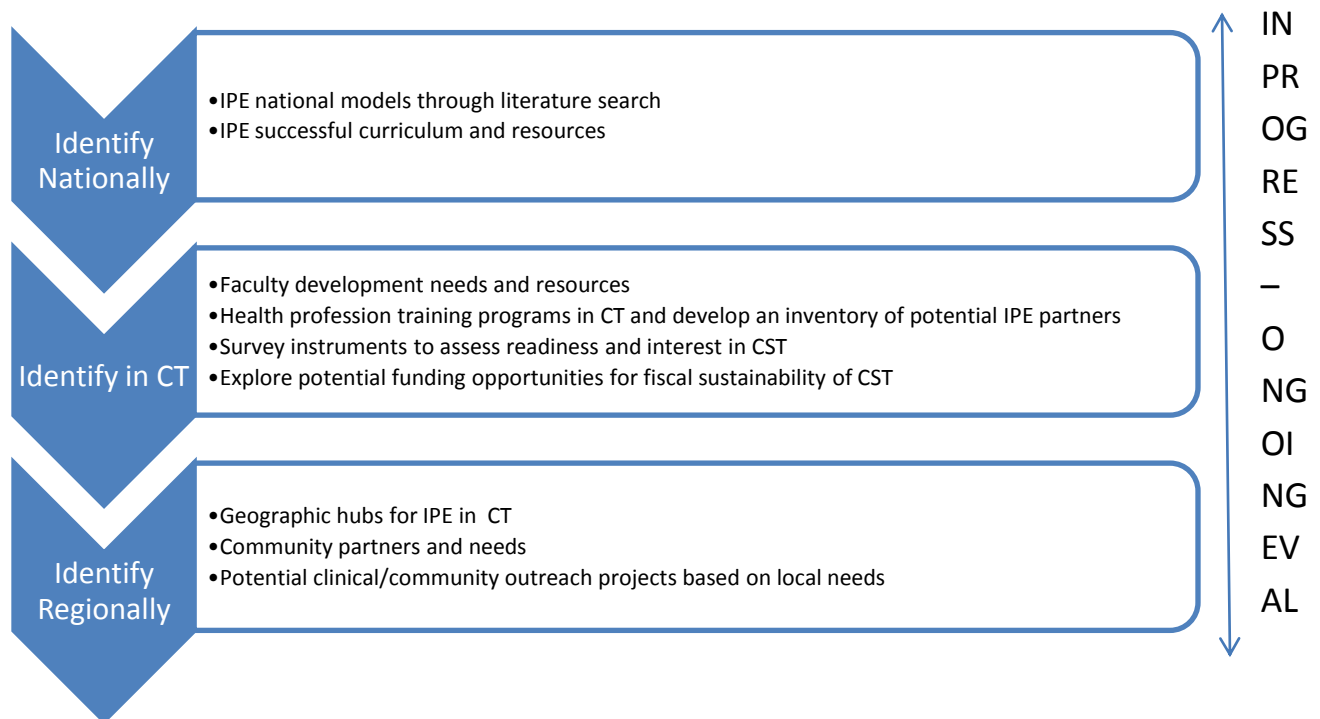
The University of Connecticut through the CT AHEC Program, is building the foundation for the Connecticut Service Track. Utilizing the Urban Service Track as the model for interprofessional education, CT AHEC will provide guidance and support to interested partners to “jumpstart” the development of a state-wide service track of health profession students. CT AHEC has already begun this process by:

- 1) Hiring an educational consultant to research IPE models currently utilized by academic institutions and health care agencies;
- 2) Identifying curriculum needed for successful IPE classroom and/or community based activities;
- 3) Identifying faculty development resources for IPE training of health professions students;

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- 4) Inventorying health professions training programs state-wide, and identifying point of contacts within each program;
- 5) Identifying geographic “hubs” within the state to serve as CST centers for IPE.
- 6) Identifying community agencies to partner with the CST centers for IPE.

Action Steps in Progress CST Preparation:



During its eight year history, the Urban Service Track has enrolled more than 330 students from six disciplines, 4 campuses and 2 Universities. Central to the success of the Urban Service Track is the opportunity for health profession students to apply their skills and knowledge in the community. The Urban Service Track has developed relationships with a number of community based agencies to foster better health outcomes in Connecticut communities. The types of services provided by the Urban Service Track directly address the needs of the community and partner agency. With the CST, the CT AHEC Program Office will serve as a clearinghouse to inventory community need and link community agencies with IPE teams. During times of a natural disaster, the CST can be mobilized to support local and state agencies providing relief.

The four AHEC centers will provide support directly to the IPE regional hubs in their respective areas, serving as a resource and collaborative partner. The AHEC centers will collect data through the partner schools to document reach and effectiveness of the IPE collaborations.

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The AHEC centers will support local efforts to foster collaborative relationships between potential school partners both in and between different institutions.

Resources supporting and guiding the CST include:



WORK PLAN:

Specific activities/timeframe and individuals responsible as they relate to the development of the Connecticut Service Track can be found in the attached Work Plan. The type of activities required are divided into two categories as they relate to the period January 1, 2015 – June 30, 2015 and July 1, 2015 – December 31, 2018.

January 1, 2015 – June 30, 2015:

- Organize regional meetings with stakeholders to identify interest in CST.
- Identify pre-professional (pipeline) and health professions training platforms (curricula)/opportunities – conduct a literature search that is regional, state-wide, and national.
- Look specifically at relationships that exist or could exist between different health professions programs and community agencies.
- Inventory all health professions training programs in CT. Identify existing IPE efforts and their stage of development at CT's health professions programs. Identify existing intramural or extramural IPE collaborations.
- Identify IPE and CST champions within academic partner institutions

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- Review UST curriculum to update curriculum, modularize components, and develop new topics as appropriate.
- Conduct collaborative partner CST consortium 1 day meeting (or Conference) to showcase best practices including intramural and extramural collaborations as well as faculty development activities targeting new, ongoing and advanced IP programs.
- Provide pre-clinical curriculum and activities for undergraduates, post-baccalaureate and early health professions students.
- Establish CT AHEC Network as a clearing house for state-wide service learning opportunities and partners (i.e. ACP, CT Mission Mercy, National Kidney Foundation, AAFP, etc.) with opportunity to facilitate multi school and multi profession participation in team based health care delivery, screening and health education efforts.
- Identify and/or develop curricula for teaching office based delivery of interprofessional team based health care within Patient Centered Medical Homes (Advanced Medical Homes).
- Provide an evaluation model for development of the CT Service Track Year 1.

July 1, 2015 – December 31, 2018:

- Develop a diverse inventory of resources to support the development of intramural (amongst schools at one university or college) IPE efforts/curricula and extramural (between schools belonging to different universities or colleges) regional collaborations across Connecticut.
- Integrate a robust evaluation plan and mechanisms for evaluating CST Program effectiveness and impact on training health professions students and residents.
- Analyze individual tasks involved in the delivery of patient centered health care services required to optimize both individual and population health status and outcome. Include tasks presently performed as well as those that will be required in various future health care delivery models and populations. Identify which professions presently perform each task or function. Identify unique tasks to individual professions as well as tasks shared by more than one profession (areas of overlap). Develop streamlined models of care delivery by redistributing various tasks to the most cost effective level of care delivery allowed by licensure. Distribute newly identified tasks to appropriate professions.
- Create a cross walk between the Patient Centered Medical Home standards and the Interprofessional educational competencies, and vice versa.
- Focus on the psychology of IP Teams: Integrate best practices regarding the cognitive biases and their effect on interprofessional team interactions