

From Invitation to Innovation: Seeding transformative partnerships to improve the health of Chicago

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BACKGROUND

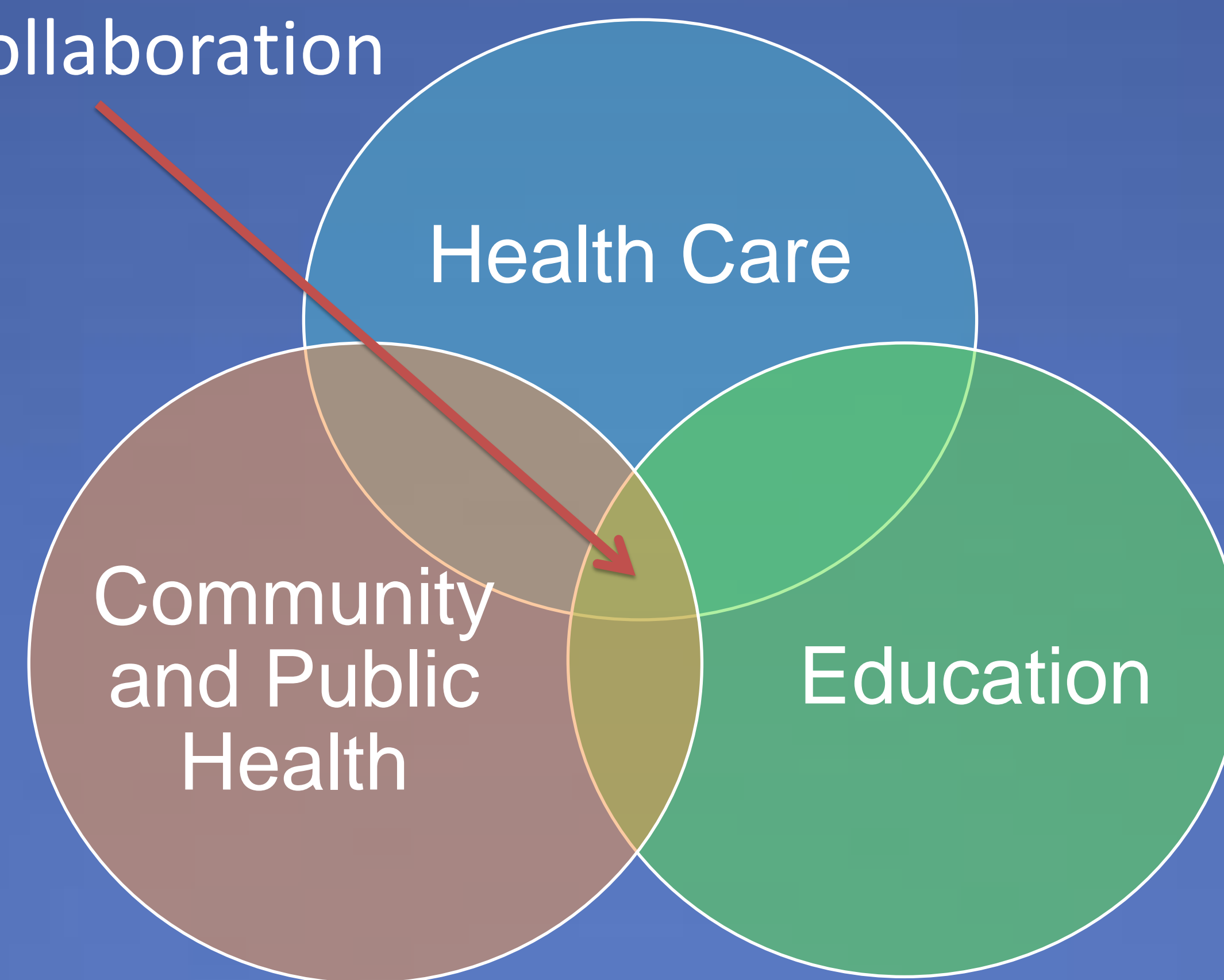
- National landscape (ACA, emergence of PCMH, Accountable Care Entities) shift care focus from patient to population—from clinic to community.
- Chicago site of great need in many communities.
- Countless health care institutions and universities, and massive public health care entities
- Lack of communication and coordination of effort among spheres of partnership.

PROBLEM

- Traditional definition of “interdisciplinary” health teams includes only clinical care workers
- Failure to consider public health perspectives in training and delivery of “interdisciplinary care”
- Failure to include diverse partners from education, technology, community health, finance, etc.
- Graduates with IPECP experience entering workforce that fails to model IPECP.

“Spheres of Partnership”

Focus of Collaboration



METHODS

SYMPOSIUM

- Funding from established, local health care foundation*
- Inter-institutional and interdisciplinary steering committee
- Collaborated on design, speakers, attendee list, facilitation
- Professional event planner and rigorous recruiting of “thought leaders” (300 invited for target of 100 attendees.)

GROUP DISCUSSION

- Break-out sessions on 6 topic areas to generate “aspirational” ideas related to IPECP.
- (1) Simulation and IPECP Education
- (2) Community and Population Health
- (3) Patient and Family Engagement
- (4) Chicago Public Schools and Adolescent Health (including violence)
- (5) E-Health and Technology
- (6) Creating Partnerships/Care Coordination

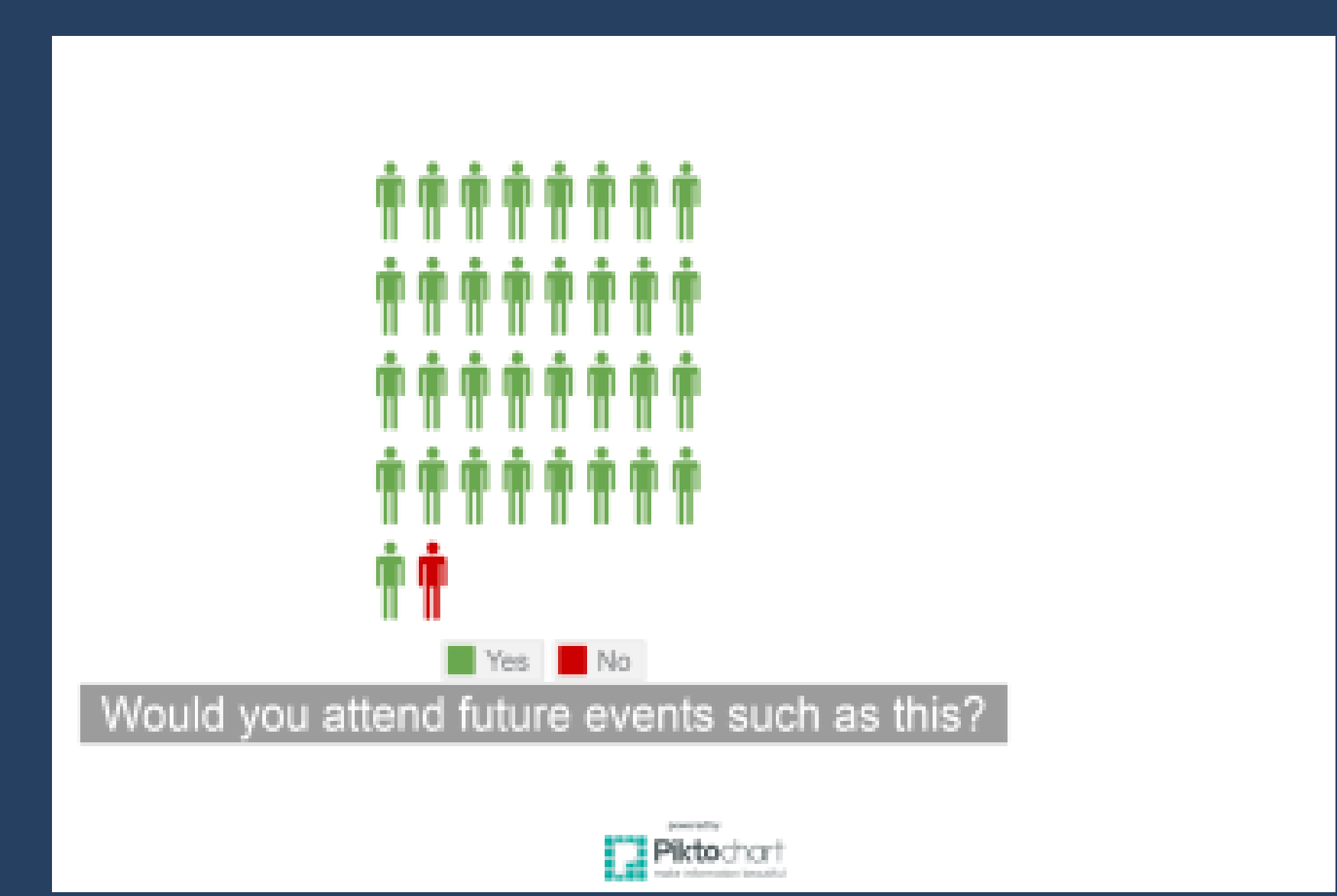
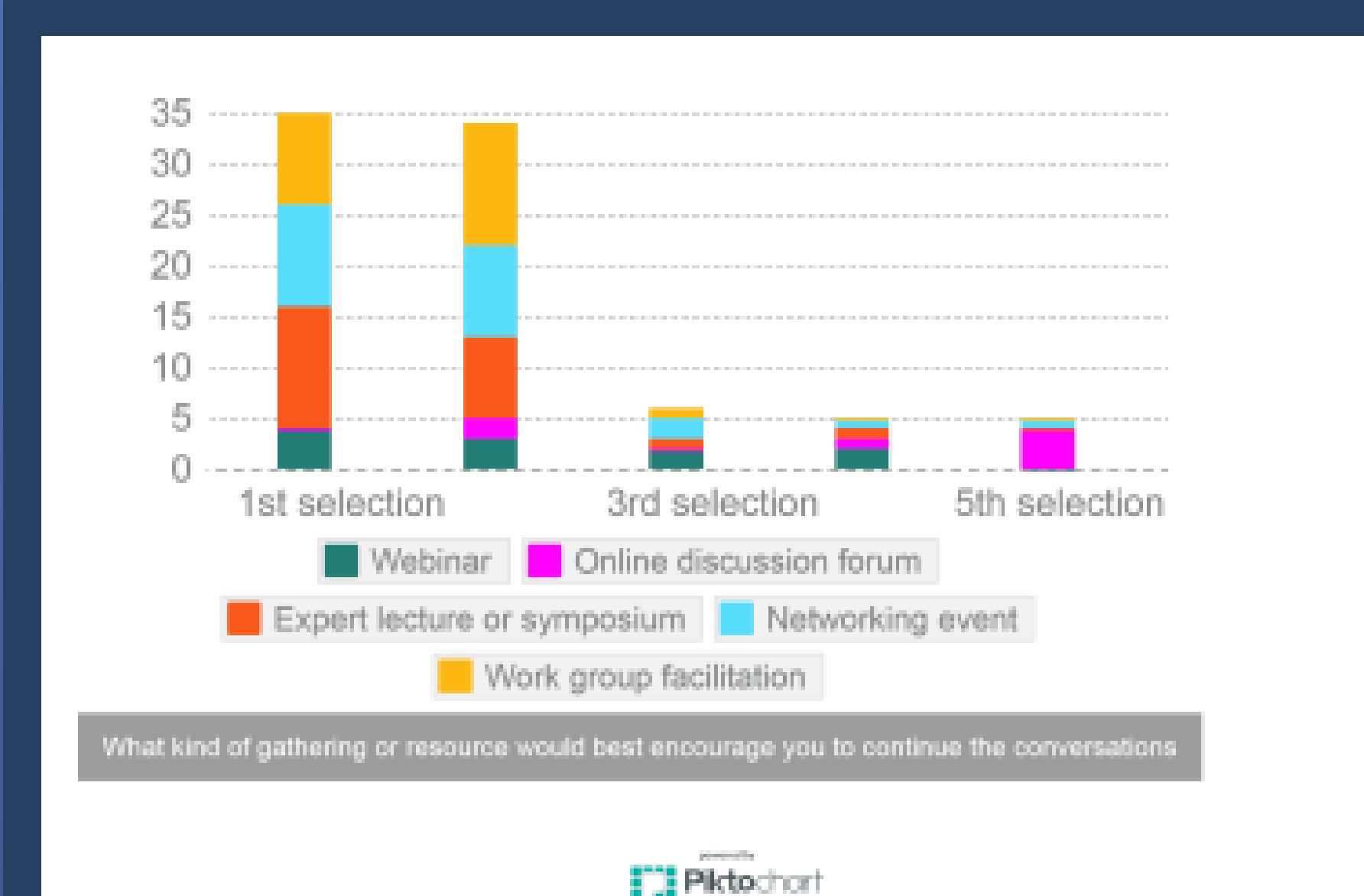
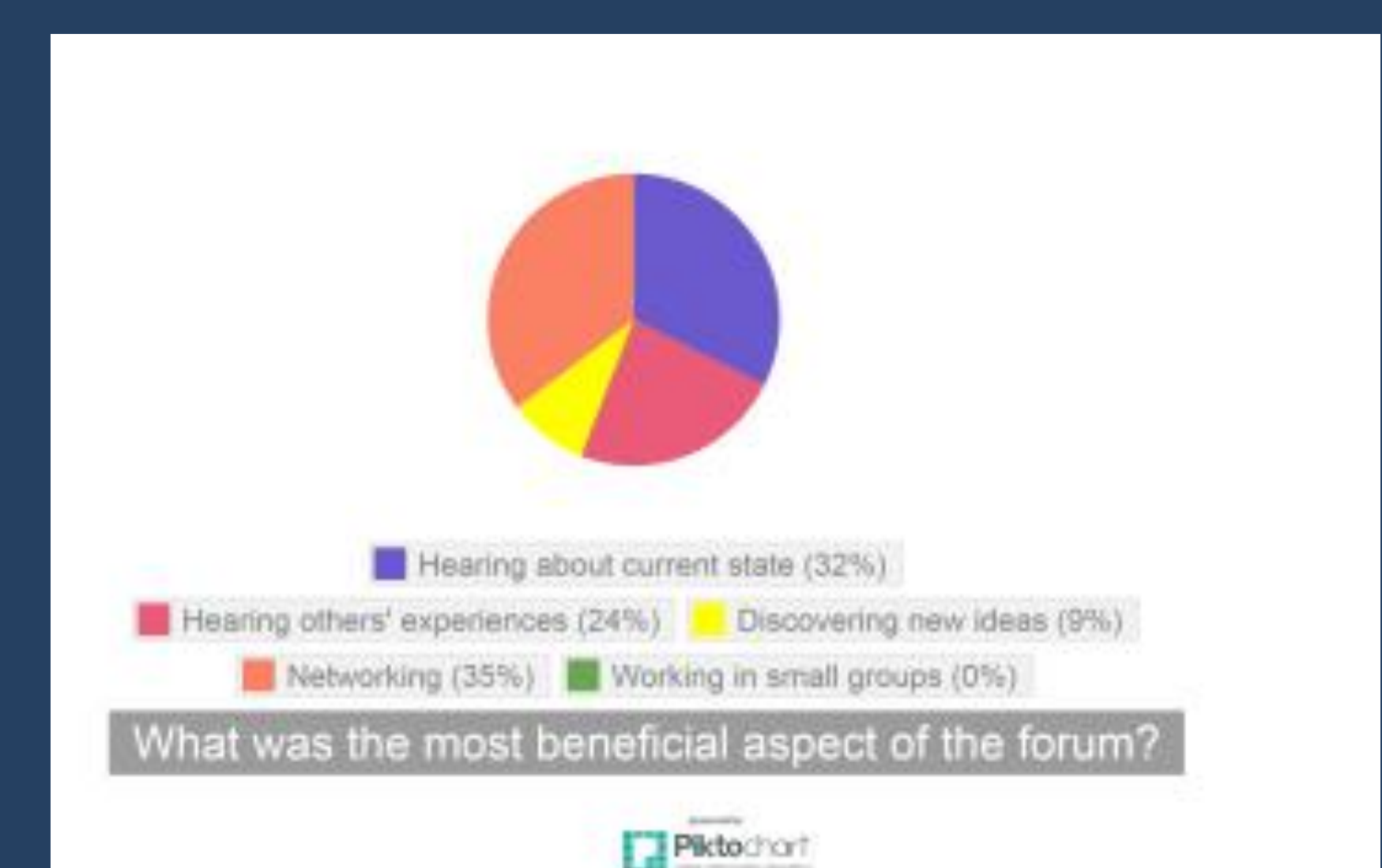
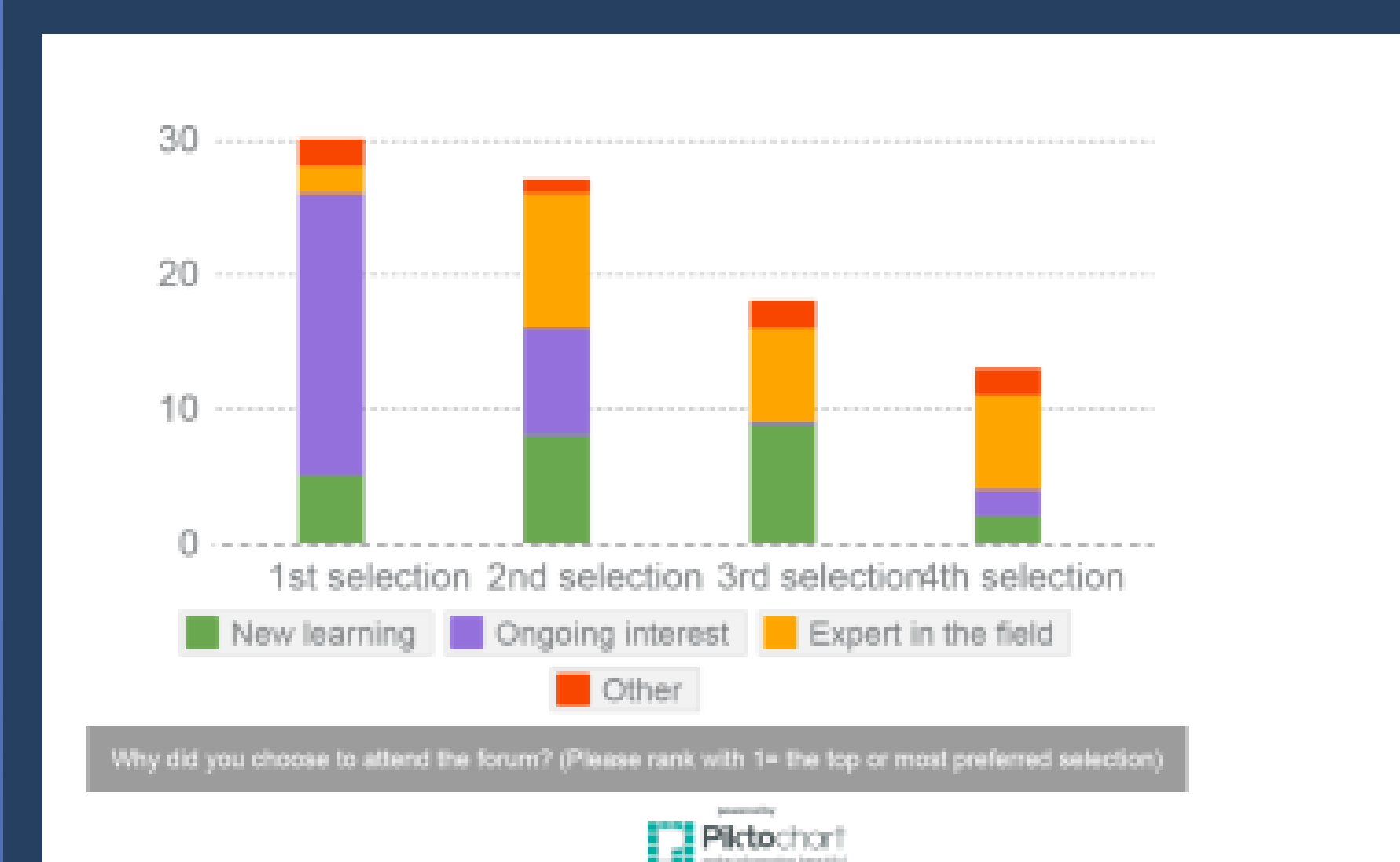
SURVEY (n= 34 of 91 attendees)

Post-event survey to gauge impact, ideas for next steps.

KEY INSIGHTS FROM GROUP DISCUSSIONS

- Need to foster **true relationships and respect** among all stakeholders at all levels of practice (education, clinical, and community—churches, councils, schools, etc.)
- Need models for reeducating **current workforce** in IPECP
- Interoperability of health IT essential to IPECP implementation
- Amount of simulation effective for IPECP must be evidence-based before accrediting bodies will support simulation in place of in vivo clinical experience.
- Expectations of the (educated) patient will force the system to change towards interprofessional collaboration
- For IPECP to be successful, assumptions about leadership must change (e.g. from designated **leaders** to distributed **leadership**)
- Financial investments in IPECP must be supported by “C Suite”

SURVEY RESULTS



Our “Take Away”

By including diverse voices from the community we were able to hear many who were seeking greater inclusion; they want their voices to be heard.

Future Directions

Serve as facilitator and host for community-health-education meetings. Seek and respond to expressed needs of community and health partners.

* Funding for symposium was provided by the Otho S. A. Sprague Memorial Institute in honor of retiring Board member, William E. Bennett.