Improving Fragmentation in Healthcare Delivery through Strengthening Interprofessional Communication

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Background

Interprofessional Collaborative Practice Model (IPCP)

Setting: Community-based urban clinic in a health professional shortage area where 50% of population are at or below 200% of the federal poverty level; 41% uninsured; 39% receiving Medicaid

This project targets patients with Multiple Chronic Conditions (MCC) of cardiovascular disease (hypertension, hyperlipidemia, coronary artery disease) and diabetes mellitus.

Strong interpersonal communication skills are the foundation of relationship-centered care and for working as members of interprofessional clinical practice teams. Graduate nursing, dental, pharmacy, and social work students were provided with specific interpersonal communication skills along with techniques used in motivational interviewing (MI), to better equip them for working with patients with MCC. MI is a patient-centered yet directive set of communication strategies that seek to elicit patients’ own motivation to modify their behaviors.

Roles/Responsibilities - Members of the health team collect and/or generate subjective and objective status, patient medical and medication history, social history, and present complaint/illness, along with economic information (financial situation and insurance). Completes physical exam as appropriate.

Values/Ethics – Carefully considers the psycho-social aspects of the illness/disease/treatment options and the relationship between cost and complexity of therapy and patient adherence.

Teams/Teamwork - Consults with the IPCP team in developing a patient-centered care plan by drawing on knowledge and skills for caring for a diverse patient populations with multiple chronic conditions through demonstration of cultural competencies and resulting in mutually decided patient-centered outcomes.

Interprofessional Communication – Using strong verbal and on-verbal communication skills works with the IPCP team and the patient communicating the pros’ and con’s relative to the care plan. Employs MI skills with the patient toward achieving optimal outcomes. Documents the agreed upon plan and monitors the patient’s progress.

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Using a community of practice model at an urban-based clinic in Kansas City, Missouri, interprofessional clinical practice teams of advanced practice nursing, pharmacy, dental, and social work students delivered care to a medically underserved patient population with high incidence of multiple chronic conditions.

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