

**Stepwise Approach to Building Sustainable Models of Interprofessional Education and Collaborative Care in Ambulatory Community Settings**

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Background: Interprofessional education (IPE) is when two or more professions learn with, from, and about each other to improve collaboration and the quality of care. While IPE is not a novel concept, it has recently gained more traction in healthcare due to several key drivers, most notably requirements for IPE among accreditation standards for health professions schools including nursing, pharmacy, medicine, and social work, as well as others. As a result of accreditation requirements, specific IPE competencies have been implemented by the Interprofessional Education Collaborative (IPEC) around four domains: roles and responsibilities, values and ethics, teamwork, and communication. In order to meet accreditation standards and expose health professions students to exceptional clinical IPE opportunities aimed at mastering IPEC competencies, the University of Maryland's Schools of Nursing, Pharmacy and Social Work have instituted a stepwise approach towards building sustainable models of interprofessional education and collaborative care in ambulatory community settings. Methods: In Fall, 2014, UM pharmacy, nursing and social work faculty developed an IPE clinic at a safety-net clinic (clinic #1) in Montgomery County, Maryland to provide collaborative care to complex medical patients. This clinic has been successfully run for four semesters, and patients' interventions and student behaviors surrounding IPE (via the Team Skills Scale (TSS)) have been tracked. Given the success of this pilot, a national grant was obtained to expand the IPE clinic to two additional clinics in Montgomery County and to incorporate participation of nurse practitioner faculty and students. This grant is currently ongoing and is focused on tracking specific clinical parameters (e.g., Hemoglobin A1C, blood pressure, PHQ-9) in order to demonstrate the potential impact of IPE clinic on patient outcomes. Both the IPEC Competency Survey Instrument and the TSS are being completed by students' pre and post IPE clinic experience.

Results: Over the first four semesters at clinic #1, 175 patient interventions were made; the most common interventions were referrals for additional services (32%) and education on chronic conditions or medications (31%). At clinic #1, 9 of 17 items on the TSS changed significantly pre to post, many of which were behavior related statements associated with targeted IPEC competencies. The IPE clinic was implemented at clinic #2 in spring 2017, incorporating lessons learned at clinic #1, and will be implemented in a third clinic in Fall, 2017; data will be tracked as outlined above.

Conclusions and Next Steps: Interprofessional education and collaboration in ambulatory community settings is particularly challenging. Implementation of IPE clinical experiences for students and collaborative care for patients in ambulatory settings through a stepwise approach has proved successful and has allowed for barriers to be addressed on a small scale before growing the model. Clinical patient parameters as well as the two student survey instruments will be collected at clinics #2 and #3 through spring of 2018. With favorable results on patient outcomes, the next step will be to secure additional funds to enhance and expand the IPE clinic model throughout Montgomery County and Maryland, through utilization of preceptor training and development.