



## Health Informatics as a Bridge to the Underserved – Primary Care Strategy

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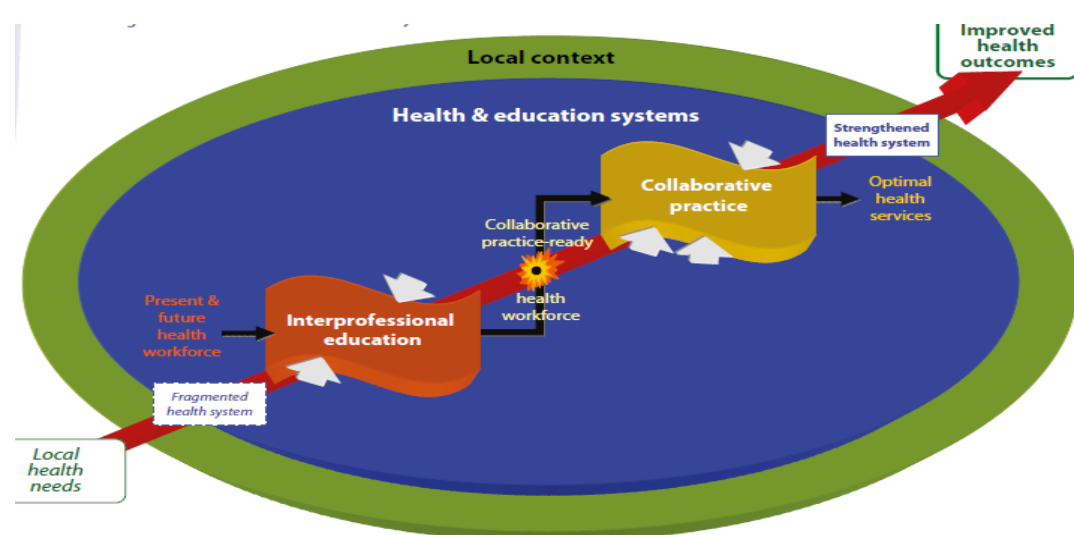
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### INTRODUCTION

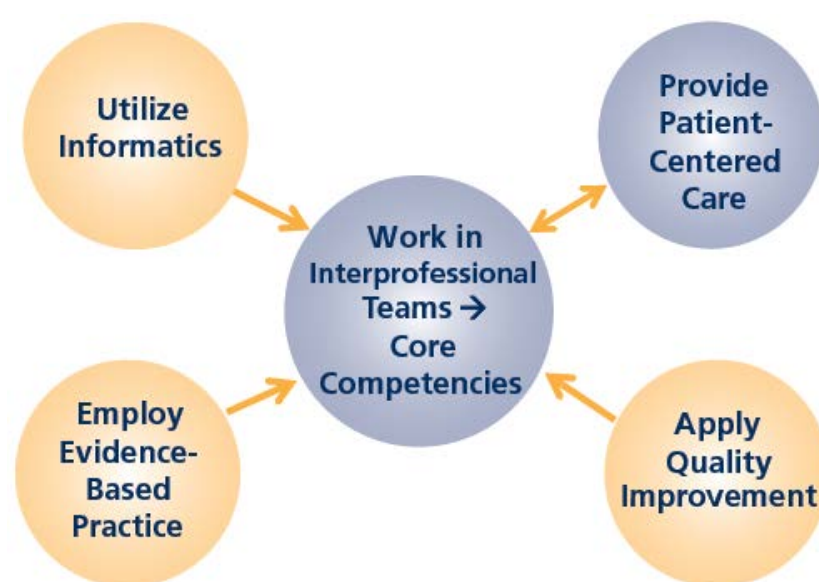
#### Interprofessional Education

Interprofessional collaborative practice

- Key to safe, high quality, accessible, patient-centered care (HPNNMO, 2010)



- Interprofessional teamwork - IOM Core Competency
- Interprofessional learning activities usually applied to entry-level educational programs.
- **Little is known about interprofessional learning at post-professional level.**



#### Clinical Informatics

- Discipline focused
- Acquisition, storage, and use of information
- Specific setting or domain (clinical expertise)

### PURPOSE

- To implement an interprofessional learning activities and assess their effectiveness using real health care delivery problems
- Supported by HRSA Advanced Nursing Education Program Grant Number D09HP25021

### METHODS

#### Interprofessional Students



- Advanced Practice Registered Nurses
- Physical Therapy
- Occupational Therapy
- Nutrition Science
- Health Systems Management/Finance
- Education consistent with IPE Guidelines

#### Interprofessional Learning Activities



#### Tiny Town – Real Town

- Isolated rural clinic in southwestern Texas
- Labor-intensive, minority workforce
  - High poverty level
  - Multiple chronic illnesses
  - FNP practitioner as model provider

#### Goal

- Benchmark population health outcomes through interprofessional collaboration
- Plan future EHR and PT services

#### Analysis and Assessment Assignment

- Micro, meso, macro system
- Needs assessment
- Potential funding sources

#### Informatics and Practice Project

- EHR implementation
- PT - traditional, hybrid, telerehabilitation
- Outcome measurement to assess interventions at population level

#### Data Collection – Formative Assessment

- Discussion boards
- Oral and video presentations
- Written papers
- Survey with open ended questions

#### Matt Long Story

- Fireman with multiple injuries
- Focus on technology, patient engagement, and interprofessional collaboration
  - Interprofessional team
  - Improve outcomes through engagement

#### Goals

- Benchmark improved outcomes of care through current technologies and interprofessional collaboration
- Development of “New Professionalism”

#### Analysis and Assessment Assignment

- Case management within system context
- Three different periods of recovery

#### Informatics and Practice Project

- Technology-based interventions, applications, software, telemedicine
- Promote patient engagement in care
- Cost/benefit, benchmark outcomes

#### Data Collection – Formative Assessment

- Discussion boards
- Comments during telehealth labs
- Written papers
- Survey with open ended questions

### HRSA GRANT

#### Interprofessional Team



### RESULTS

#### Data Analysis

- Qualitative data coded
- Positive, neutral, and negative feedback
- Comparison of coding and theme development using the Colaizzi analytical method approach (Holloway & Wheeler, 2002)
- Methods to achieve rigor
  - Triangulation, rich description, peer review (Creswell, 2013)

#### Tiny Town

- Participants white (75%), females (88%), age in 40s (42%)  
Health Informatics learned and applied
- EHR focus – current challenge in own workplace
  - Telehealth focus – viewed as impractical due to barriers at this time

#### Interprofessional Collaborative Practice

- Basic practice issues across disciplines – different ways of knowing
- Communication – avenues and skills explored and expanded

### CONCLUSION

- An interprofessional shared assignment centered around a real world problem promotes professional engagement, knowledge of other professions, communication, recognition of unique skills, abilities, and perspectives of each profession.
- **Future - Cases foundation for CHIT Certification education**

### CLINICAL RELEVANCE

*“Addressing our patients with a team approach at any level in the medical community is vital to their wellbeing and continued care. Every profession approaches the health [care] model from a different angle and being aware of the differences in knowledge and how to communicate leads to better health care delivery.”*