COMMON THEMES AND BEST PRACTICES:
Results from the 2016-2018 AIM Program Site Visits

ALIGNED INSTITUTIONAL MISSION PROGRAM™
A program of AAHC and AAHCI

CROSS-SECTORAL INTERACTION

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An aligned, integrated academic health center must have strategic cross-sectoral interaction among all its schools (interscholastic), faculty (interprofessional and interdisciplinary), and staff (interprofessional and interdisciplinary)

SELECTED SITE VISIT OBSERVATIONS:

> *"Alignment of education, research, and clinical practice would be greatly enhanced by a more formalized interprofessional function both within the school of medicine and across the academic health center, including the schools of nursing and public health…examples of cross-sectoral interaction between the medical school and the rest of the university are sporadic and not necessarily strategic."*

> *"Identifying ways to integrate other health schools (dentistry, nursing, pharmacy) and health-related schools (engineering, chemistry, sociology, business) into the academic health center could create opportunities for interprofessional learning and a rich research interface….From engineering and architecture to social work and public health, there is a very diverse wealth of knowledge that would be an asset to the institution."*

> *"Further implementation of the Triple Aim IPE curriculum, mandatory for all students in all schools, is foundational to the success of the academic health center mission."*

Key Strategies for Alignment and Integrative Cross-Sectoral Interaction

The key inroads to both alignment and integrative strategies and accomplishments emanate from an understanding and agreement on values, vision, mission, and strategic priorities. These may not be the same for all parties, but significant and defined areas of overlap are essential for the subsequent decision-making to be effective and productive.

- **Develop Cross-Disciplinary Programs**
  - > Leaders from each of the components need to participate in the governance of the efforts, with recognition of and agreement on the team leader.
  - > Establish joint appointment committees with representation from the tri-partite mission sectors.
  - > Link faculty and other position evaluations to achieving joint goals and the academic health center mission.
  - > Enforce programmatic coordination to avoid physical or siloed separation; build on cross-pollination of ideas.
  - > Clarify the difference between reporting relationships and operational relationships for the team to understand what is essential for programmatic success.
  - > A process for programmatic evaluation and individual performance assessment is

essential for the continuous improvement desired in cross-disciplinary undertakings.

> Develop an institutional process for assessing risk/benefit; return on investment analysis provides key decision-making information.

- **Integrate IPE Deeply and Widely Across the University**
  - > Develop mandatory curriculum, both didactic and experiential.
  - > Coordinate schedules among the participants.
  - > Partner with hospitals/clinics.
  - > Require IPE be included in all strategic planning sessions.
  - > Integrate IPE expectations and performance into administrative and leadership job descriptions and periodic performance assessment.
- **Formalize interprofessional functions and cross-sectoral interaction within a school and among the health profession schools**
  - > Apply these principles to health and non-health related schools (e.g., engineering, architecture, social work).
  - > Formally recognize the asset value of each sector.

Alignment and Integration Functions

Alignment and integration are not the same functions: alignment can occur without integration, and activities/institutions can be integrated but not aligned. Alignment generally connotes a common vision and/or mission, values, and movement in an agreed upon direction among the parties. Integration implies the presence of an organizational structure within which the components operate at various levels of reporting—e.g., separate schools to a dean, a common budget, common communications, common human resources, etc.

Interprofessional education and collaborative practice are two essential areas of cross-sectoral interaction—important in achieving the success of academic health centers in meeting their mission to the people they serve. The World Health Organization, in its *Framework for Action on Interprofessional Education and Collaborative Practice*, provided the following generally accepted operational definitions:

> **Interprofessional education** "occurs when two or more professions learn with, about, and from and each other to enable effective collaboration and improve health outcomes."
>
> **Interprofessional (or collaborative) care** "occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings."

Integrating/aligning health provider schools (e.g., medicine, dentistry, nursing, pharmacy, and social work) and health-related schools (e.g., engineering, chemistry, sociology, and business) with an academic health center creates opportunities for interprofessional learning, research, tuning to the needs of the job market, and innovation in health delivery and outcomes. In addition, implementation of the Quadruple Aim Outcomes (quality improvement, cost reduction, improved heath, and provider burnout improvement) as mandatory for all learners in all schools and programs, is foundational to the success of the academic health center mission in achieving continued relevance to the communities they serve.

Building Robust Interprofessionalism to Achieve Alignment

It is critical to develop and incorporate a robust concept of interprofessionalism in education and clinical functions at all levels of leadership, with an appointed, empowered leader. There are a number of known success factors including changing culture, compelling vision and case statement, appropriate resourcing, and leadership. It is important to grasp that redesign of the process of care is about changing a culture. Such a change requires moving from teaching to learning, volume to value, and on-the-job learning. Evaluation and assessment processes are critical success factors, as are the broad engagement of communities and populations.

The Interprofessional Education and Collaborative Practice (IPECP) Model

A compelling vision and case statement are essential to create the mental image of where the landing point of the culture change will be. Such materials need to include knowledge and evidence, a return on investment, and "what's in it for me" analyses, as well as partnerships across health sectors. "No money, no mission" is applicable to this IPECP effort, which needs to be appropriately resourced in the values, goals, strategic plan, and operating budget. The effort must also be positioned high in the organizational reporting system. Ultimately, leadership and relationships are critical success factors with IPECP visibly championed from the C-suite to the point of care, and in an environment where taking risk is understood and to be taken and managed with accountability in data collection and reporting.

In addition to the experience-based success factors noted above, AIM site visit observations have identified the need to understand teams and team functions, as well as defined success factors for teams. Success factors for teams can be grouped into two categories: team-level and individual level. Team-level attributes include leadership, mutual respect and trust, team decision-making, information sharing, and conflict management. Individual attributes of team members include respect for each profession, openness for collaboration, team/collective orientation, oral communication skills, and respect for patients and families.

Institutions cognizant of these success factors and attributes in implementing an IPECP educational and practice program are achieving improved outcomes in promoting self-reflection, appropriately altering attitudes and behaviors, and in improving health outcomes.

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