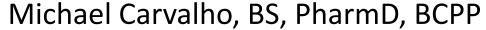


Robin Ann Harvan, EdM, EdD, FACE, FIAMSE Director of Health Sciences Programs



Assistant Dean of Interprofessional Programs and Clinical Affairs







MCPHS University Profile

- Private, healthcare-focused university with a full spectrum of healthcare programs on three campuses in Boston, Worcester and Manchester, NH
- 100+ Programs: Pharmacy, Optometry, Acupuncture, Nursing, Dental Hygiene, Medical Imaging and Therapeutics, OT, PT, PA, Pre-Medicine, Pre-Dentistry, Pre-Health Sciences, Biology, Health Psychology, Public Health
- 5,000+ FT/PT students across 3 campuses and online
- 825+ faculty with 13:1 faculty to student ratio
- 5 on-site clinics and centers
- Received AA Standard and Poor's (S&P) rating in financial strength and stability
- Ranked #1 for graduate earning power by Wall Street Journal/Times
 Higher Education College Rankings; #1 Most Transformative College for
 graduation rates, earnings and student loan repayment by Money
 Magazine; and #1 in New England/#4 nation by US Dept of Education
 College Scorecard

IPE and IPP Definitions

Interprofessional education "occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes."

Interprofessional, collaborative practice "occurs when multiple health workers and students and residents 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."

World Health Organization. (2010). Framework for action on interprofessional education and collaborative practice. World Health

Organization. http://www.who.int/iris/handle/10665/70185



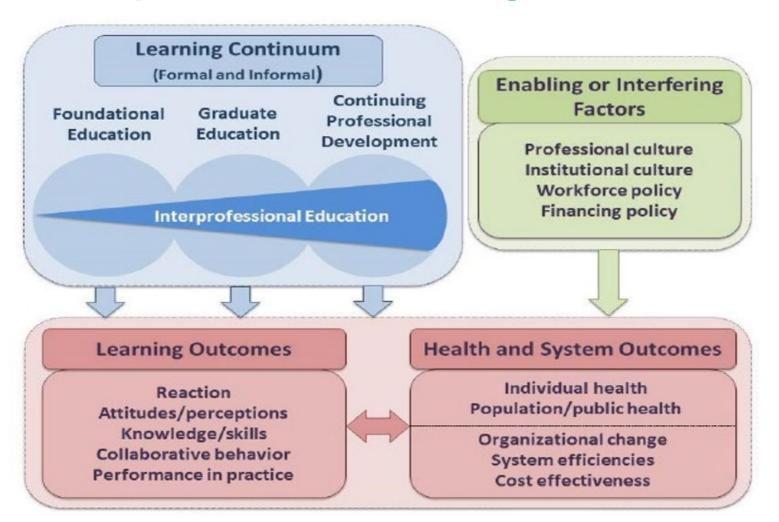








Interprofessional Learning Continuum



Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes; Board on Global Health; Institute of Medicine. Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes. Washington (DC): National Academies Press (US); 2015 Dec 15





Transforming Teams, Training the Next Generation

Integrated Team Care PATIENT CENTRIC SERVICES **Project** Continuous Quality Collaboratives Improvement **Primary Care Team** Open Access MD/MA Outcome NP/MA and Care Coordinator Patient's **Patient** Results Desires **Panels** Measures & Needs Care Management Population Nurse CM Registries вн см Continuous Quality Improvement PharmD PROACTIVE TREATMENT and its weitzman institu Presented by Community Heart

Adapted from David Dorr, MD, Care Management Plus







HSDM/MCPHS IPE Case Conferences

- Initiated in 2017 and expanded in 2018-19.
- Series of four IPE Case Conferences over the academic year involving an entire class of Harvard Dental students (35) and a total of 120 6th year MCPHS Pharmacy students.
- Cases involved Pain Management, Asthma, Diabetes and Pregnancy.
- Facilitated by Dental, Medical, Pharmacy, Psychology, and Nurse Practitioner faculty.







HSDM/MCPHS Pharmacy Clinical Practice IPE Collaboration

Starting in 2018-2019, MCPHS 6th year Pharmacy students participated in the **Foundational Continuity Clinic (FCC)**, a weekly Primary Care integration clinic model with Harvard Dental students and Dental, Medical, Nurse Practitioner, and Pharmacy faculty.







IPE Collaboration with Pharmacy, Medical and Dental Students to Mitigate Opioid Risks

Background: The opioid crisis requires a concerted and coordinated effort from health profession educators to provide their students with the tools and skills to recognize opioid abuse potential and to be able to assess risk in the patients who potentially are exposed to these agents.







THE OPIOID EPIDEMIC BY THE NUMBERS



130+ People died every day from opioid-related drug overdoses³ (estimated)



11.4 m People misused prescription opioids¹



47,600 People died from overdosing on opioids²



2.1 million
People had an opioid use
disorder¹



886,000 People used heroin¹



81,000
People used heroin for the first time!



2 million
People misused prescription
opioids for the first time¹



15,482 Deaths attributed to overdosing on heroin²



28,466
Deaths attributed to overdosing on synthetic opioids other than methadone²

SOURCES

- 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
- 2. NCHS Data Brief No. 293, December 2017
- 3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.









COMBATING THE OPIOIDS CRISIS

367%

increase in naloxone prescriptions per month from January 2017 to October 2018



\$2 BILLION+

in grants from HHS to states, tribes, and local communities to fight the opioids crisis in FY 2018

162



defendants charged for prescribing or distributing opioids and other dangerous drugs as part of the largest Healthcare Fraud Takedown Day in history

64%

increase in medication-assisted treatment patients at HRSAfunded community health centers



state waivers in Medicaid to expand access to inpatient options for substance-use disorder From Jan. 2017 to Oct. 2018

21%

increase in number of patients receiving buprenorphine monthly

22%
reduction in opioids
dispensed monthly
by pharmacies



HHS.gov

* For more information see the full document at: hhs.gov/sites/default/files/2018-opioids.pdf







HHS 5-POINT STRATEGY TO COMBAT THE OPIOIDS CRISIS



Better addiction prevention, treatment, and recovery services



Better data



Better pain management



of overdose reversing drugs



Better research









HEALTHCARE PROVIDER EDUCATION TO COMBAT THE OPIOID CRISIS

HEALTH SCIENCES TREATMENT PHARMACY IMENTAL HEAL







Opioid Risk Mitigation IPE Activity

Since physicians, dentists and pharmacists must be able to work together to stem the tide of opioid addiction, overdose and deaths, it is logical that establishing an interprofessional learning environment among medical, dental and pharmacy schools should be a major goal to improve future individual, population and public health outcomes.







The Interprofessional Education Collaborators

- MCPHS University School of Pharmacy-Boston is a 6 year Doctor of Pharmacy (PharmD) program, 300 students per class
- Tufts University School of Dental Medicine (TUSDM)- 250 students per class
- Tufts University School of Medicine (TUSM)- 200 students per class







Timeline

- 2015-16: TUSDM initiates collaboration with MCPHS School of Pharmacy which results in 6th year pharmacy students interacting with dental students in Dental ER clinic.
- 2017: TUSDM-MCPHS students meet at each campus to discuss motivational interviewing and pharmacological treatment for smoking cessation.
- April 2018: TUSDM-MCPHS pilot at MCPHS
 - IPE opiate case and naloxone training.







Timeline - continued

- May 2018: Discussions with TUSM to include medical students in expanded pilot for 2019 agreed upon and MOU signed.
- 2018-19: IPE leaders from each institution, Mary Brown (TUSM), Michael Carvalho (MCPHS), and Ellen Patterson (TUSDM) along with key faculty meet to agree on learning objectives, develop a case, and plan logistics.







IPE Pain Case Therapeutics Seminar

- IPE activity took place over a two day span in February of 2019 at the MCPHS University Boston Campus
- involved the entire cohort of 5th year MCPHS pharmacy students (300),
- the entire cohort of second year TUSM medical students (200),
- and a mixed cohort of TUSDM dental students (80).







IPE Pain Case Therapeutics Seminar



Welcome and Introduction in Large Group







IPE Pain Case Therapeutics Seminar









Case Discussion in Small Groups







IPE Case Development

An emergent case of acute dental pain in a patient with Opioid Use Disorder on medication assisted treatment was developed. Problem-based learning was incorporated into the case so that discussion around defined decision points could occur. A naloxone demonstration with hands-on participation was built into the activity.







Case Summary Part I (The Presentation)

As a part of an Interprofessional Emergency Department team, you are asked to participate in the assessment of Mr. Kevin Smith, a 35 year-old Caucasian male who presents to the ED with intense left-sided facial/jaw pain that has worsened over last 7 days. The patient denies any current medical problems or allergies; he states that his only prescription medication is buprenorphine/naloxone (Suboxone), 16mg/4mg daily, currently prescribed by his primary care physician for medication assisted treatment (MAT) of opioid use disorder (OUD).







Questions for discussion (based on limited data as a preliminary workup):

- 1. What are the potential medical/dental differential diagnoses of a patient presenting with localized oral/facial pain?
- 2. To continue the assessment of this patient, what additional information would you obtain from the history and physical, and what are the benefits of an interprofessional approach at this stage?







- 3. What is the purpose of MAT in OUD and what are the pros and cons of the various treatment options?
- Discuss the formulations and practical considerations of prescribing buprenorphine in OUD.
- 5. What are some of the ethical issues related to treatment of OUD? In what way might the stigma associated with the diagnosis of OUD contribute to barriers to care for an individual presenting with an acute pain problem? Patient factors? Provider factors?







Case Summary Part 2 (The Plot Thickens)

Additional Hx and PE consistent with abscessed mandibular molar.

Questions:

- 1. How would you use this additional data to narrow differential diagnosis?
- 2. Any additional information you would seek at this point?
- Topic for Discussion: Understanding the MA Prescription Monitoring Program (PMP)







Case Summary Part 3 (Pain Management Interprofessional Considerations)

Questions:

- 1. What are the goals of therapy for pain management for this patient?
- 2. What factors are important to consider when choosing and analgesic regimen for this patient?
- 3. If we prescribe an opioid, how can we mitigate the risks?
- 4. How can an interprofesstional approach upon discharge improve follow-up care?
- 5. What are the risks of opioid overdose? Is patient candidate for take-home naloxone?







Case Summary Part 4 (Opioid Overdose Recognition and Response: Naloxone Training)









Results

- Faculty from all schools facilitated mixed groups of students in small group settings.
- Pharmacy students that had previously been trained in naloxone use helped facilitate the training of the medical and dental students under faculty supervision.
- Students participated in a reflective discussion on their professional roles and responsibilities related to this case and how they can collaborate as an interprofessional team to contribute to better patient outcomes.







Results

- Students completed a Post test and Program Perceptions Evaluation Survey
- Response from students were very positive with enhanced appreciation of the contributions of each profession in patient centered care, especially in the treatment of those with high risk of opioid misuse and overdose.







Public Health Ramifications

- Interprofessional education of healthcare students in opioid use disorder, opioid risk mitigation and naloxone training galvanizes the medical professions to better understand, treat, and prevent opioid misuse and overdose.
- Using an oral health case illustrates the importance of oral health/primary care integration.
- Sustainability of this IPE model over time will result in the enhanced ability of a new generation of practitioners to deal with the opiate crisis.







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- TUSM: Mary Brown, Scott Epstein
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Engaging with us in IPE



Domain: (WHAT?)

Oral Health and Primary
Care Integration (e.g., opioid epidemic, pain management, diabetes, asthma)

Community: (WHO?)

Community participants in IPE planning and activities

Practice: (HOW?)

Opportunities and options for community participants to engage in IPE





