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Triple Aims Healthcare Policy Voices of Graduate Student Interprofessional Team Members

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Abstract

The purpose of this study is to share the voices of healthcare graduate students participating in an interprofessional course experience, particularly as their voice relate to fundamental healthcare issues care embodied in the Triple Aims. Two research questions guided study efforts: (1) how do graduate students perceive the value of interprofessional learning experiences for their professional development as future healthcare providers? and (2) based on these experiences, how do students perceive the potential for interprofessional teams to address the Triple Aims of health care? This study was based on the qualitative approach of inductive thematic coding (Braun & Clarke, 2006). Findings indicated that course experiences led to favorable perspectives towards interprofessional practice, with students citing particular benefits regarding more effective and efficient patient service. Students also perceived that interprofessional healthcare would advance current practice regarding the first two triple aims (patient healthcare outcomes and patient satisfaction) due its focus on patient-centered care, improved provider communication, and better-informed treatment decisions. Regarding the third triple aim (reduced costs), students noted that healthcare cost savings were possible, but these must be viewed with a macro lens from a long-term perspective.

Keywords

Interprofessional, Healthcare, Triple Aims, Student Voice, Healthcare Policy, Thematic Coding

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The purpose of this study is to share the voices of healthcare graduate students participating in an interprofessional course experience, particularly as their voice relate to fundamental healthcare issues care embodied in the Triple Aims. Two research questions guided study efforts: (1) how do graduate students perceive the value of interprofessional learning experiences for their professional development as future healthcare providers? and (2) based on these experiences, how do students perceive the potential for interprofessional teams to address the Triple Aims of health care? This study was based on the qualitative approach of inductive thematic coding (Braun & Clarke, 2006). Findings indicated that course experiences led to favorable perspectives towards interprofessional practice, with students citing particular benefits regarding more effective and efficient patient service. Students also perceived that interprofessional healthcare would advance current practice regarding the first two triple aims (patient healthcare outcomes and patient satisfaction) due its focus on patient-centered care, improved provider communication, and better-informed treatment decisions. Regarding the third triple aim (reduced costs), students noted that healthcare cost savings were possible, but these must be viewed with a macro lens from a long-term perspective. Keywords: Interprofessional, Healthcare, Triple Aims, Student Voice, Healthcare Policy, Thematic Coding

While the United States (US) claims status as one of the wealthiest countries in the world, the country's healthcare system often falls short of the standard of care experienced in other countries (OECD, 2017). The US outspends the rest of the world on the provision of healthcare services, devoting more than 2.5 times the average per capita amount spent by peer countries (OECD, 2017). Despite high healthcare expenditures, health outcomes in the US lag behind those in other high-income countries (National Research Council & Institute of Medicine, 2013). US residents experience more injuries and illness than their peers in other countries with similar incomes, including a greater number of homicides, drug-related mortality, obesity, heart disease, diabetes, chronic lung disease, and disability (NRC & IOM, 2013). This contributes to lower life expectancies among American men and women compared to peer countries (NRC & IOM, 2013). Though US residents experience poor health and lower life expectancy overall, adverse health outcomes are more prevalent among those who are non-white, uninsured, have lower-income, and are without a college education (NRC & IOM, 2013).

For economically disadvantaged US residents, medical care can be more difficult to access given the often-fragmented healthcare system, high costs, and relative lack of public health "safety net" programs (NRC & IOM, 2013). The introduction of the Affordable Care Act in 2010 helped close some of these gaps by increasing health insurance enrollment rates, particularly among those with fewer financial resources (Cohen & Martinez, 2015; Levitt,

2017). Despite these gains, access to high-quality, affordable care continues to be a challenge in the US and has remained a controversial legislative topic (Katon & Unützer, 2013; Vanderbilt, Dail, & Jaberi, 2015). Given the challenges inherent to the US healthcare system, innovative strategies are needed to guide improvements in healthcare access & outcomes. This study emphasizes the perspectives of health and wellness students on the Triple Aims of Healthcare as they experience interprofessional education within a graduate nursing program.

Triple Aims of Health Care

In combination with legislative efforts at healthcare reform, healthcare providers have introduced initiatives to help drive improvements in the field. Recent efforts have centered around three goals known as the Triple Aims of healthcare (Berwick, Nolan, & Whittington, 2008; Lewis, 2014). The Triple Aim framework for healthcare and personal wellness includes goals for (1) improving population health, (2) providing a meaningful patient experience, leading to patient satisfaction, and (3) reducing health care costs (Berwick et al., 2008; Lewis, 2014). These integrated goals have been widely accepted by healthcare organizations in the US and beyond because of their relative simplicity and emphasis on a macro-level perspective and were codified in the US national strategy for health care issues with the implementation of the Affordable Care Act in 2010 (Dentzer, 2013; Mery, Majumder, Brown, & Dobrow, 2017; Whittington, Nolan, Lewis, & Torres, 2015).

The Triple Aim goals are meant to be pursued simultaneously, and require careful balancing of tensions between policy constraints, budget demands, and the need for equity (Berwick et al., 2008). While the Triple Aim represents a meaningful and necessary framework for the healthcare field, the need for balance often makes the implementation process challenging and fraught with chances for error. There is often a disconnect between these elusive, challenging goals and the practical steps undertaken to reach them. An international body of research suggests the mark is often missed in real world settings (Berwick et al., 2008; Hinshaw, 2011; Storkholm, Mazzocato, Savage, & Savage, 2017).

Interprofessional Practice in Health Care

Interprofessional practice has emerged as one potential strategy for moving the field closer to the Triple Aim goals (Pechacek et al., 2015). Interprofessional practice involves a collaborative approach to healthcare, incorporating multiple practitioners from varying fields in an effort to holistically meet a patient's needs (Vanderbilt, Dail, & Jaberi, 2015). This growing trend recognizes that the provision of health care services has been hampered by the more traditional "silo" approach to healthcare, where providers are separated by disciplinary divisions (Earnest & Brandt, 2014; Nagelkerk, Coggan, Pawl, & Thompson, 2017; Vanderbilt et al., 2015). The efficacy and usefulness of interprofessional practice effort—both in general and as they relate to the Triple Aims—are increasingly being validated in the literature, including improvements in teamwork, patient satisfaction, quality of care, and patient-centered care (Beebe et al., 2015; Brandt, Lutfiyya, King, & Chioreso, 2014; Cooper, Carlisle, Gibbs, & Watkins, 2001; Kururi et al., 2014; Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013; Vanderbilt et al., 2015).

In an effort to promote a more collaborative, unified approach to healthcare goals, some healthcare-focused training organizations are starting to incorporate elements of interprofessional education into their curriculum (Beebe, et al., 2015; Earnest & Brandt, 2014). In line with the goals of interprofessional practice, interprofessional education efforts encourage healthcare workers to "learn with, from and about one another to facilitate collaboration practice" (Faresjo, 2006, p. 1). In many cases, interprofessional healthcare

education mirrors the structure that students might experience in their later work roles (Beebe, et al., 2015). This may involve the incorporation of students from multiple health professions into one classroom, the collaboration between faculty from multiple disciplines, or efforts to approximate interprofessional teams during field placements (Hamilton, 2011). In addition to preparing students to work in collaboration with other health professionals, interprofessional education can help correct negative ideas that students may hold about other disciplines, increase understanding of professional roles, promote collaborative team behavior, and positively impact patient satisfaction, and care management (Cooper et al., 2001; Hamilton, 2011; Reeves et al., 2013).

Incorporation of Student Voice

As the literature on interprofessional care grows, there is an opportunity to add another layer to the research and policy perspectives regarding the voice of healthcare students. The healthcare graduate students who have experienced interprofessional education and related practice can offer meaningful perspectives for research and policy conversations. Despite this, student voices tend to be missing from discussion related to both their own interprofessional experiences and the wider healthcare landscape. While a handful of studies have explored student reflections following their participation in interprofessional education programs, they have focused on topics related to program outcomes, including perceived knowledge growth (i.e., Housley, Neill, White, Tedder, & Castleberry, 2018), perspectives on interprofessional supervision (i.e., Chipchase, Aleen, Eley, McAllister, & Strong, 2012), and stereotypes of other professions (i.e., Lockeman et al. 2017). These available studies have not elevated the voices of these students in broader discussions of healthcare policy underlying the program intervention. Thus, this study advances a unique lens not reflected in current program evaluation studies, studies with an unnecessarily narrow participant focus on the intervention, not the broader policy. This is problematic given that these are the professionals whose interprofessional training and educational experiences will be impacting healthcare for decades. Moreover, the student voice can be especially insightful, and may offer fresh, new insights and perspectives on the Triple Aim goals. Student insights can lend perspective that is relevant and meaningful within the ongoing healthcare policy debates.

Purpose of Study

Accordingly, the purpose of this study is to highlight the voices of healthcare students as they participate in their initial interprofessional experiences, particularly as they pertain to the fundamental national policy issues of health care embodied in the Triple Aims goals. Towards this goal, two research questions guided study efforts: (1) how do graduate students perceive the helpfulness of interprofessional learning experiences for their professional development as future health and wellness providers? and (2) based on these experiences, how do students perceive the potential for interprofessional teams to address the Triple Aims of healthcare?

It is important to note that the authors of this study are associated with this mental health interprofessional project as a member of the project evaluation team or the faculty implementation team. Well into the first year of the three-year grant program, program and evaluation staff discussed how initial program implementation and evaluation efforts were not capturing student voices, voices that appeared to have much to offer regarding broader perspectives of health care policy. The teams jointly decided to capture, explore, and better understand student voice relevant to the larger policy issues, especially regarding the “Triple

Aims" which was a key national policy focus of the federal funding agency (HRSA - Health Resources and Services Administration).

Methods

Study Design

This study was part of a larger HRSA-funded training effort seeking to test a creative model of Interprofessional education. The model being pilot tested included interprofessional team development, team learning, and team delivery of services to patients at a facility addressing patient mental health needs. The design of the study was based on the approach of generic qualitative research and it was interpretive in nature (Kennedy, 2016). For this study, data were primarily drawn from annual focus group interviews conducted by the project evaluation team as part of a broader, mixed-method efficacy study of the model training (Patton, 2017). The evaluation team members are included as study authors.

Study Setting and Program Intervention. The graduate level educational intervention being examined in this study involved a multi-week interprofessional education activity fitted within a semester-length course. In the fall of 2013, faculty from the four participating project professions (psychiatric mental health nursing, exercise physiology, nutrition and pharmacy) collaboratively developed a team-based learning environment that provided students with specific content knowledge and skills related to healthcare delivery through Interprofessional collaboration. Project faculty designed learning activities intended to enable students to identify, develop, and share their unique professional disciplinary competencies, common professional competencies, and those team-related competencies in a team-based collaborative setting. Didactic and experiential instructional offerings were integrated across all project phases. Strategically designed patient care scenarios and simulations introduced to focus and prepare students for Interprofessional clinical encompassing core values of the recovery model (holism, person centered focus, multiple pathways).

The interprofessional education activity followed a weekly curriculum, described below:

- **Week 1 – Introduction & Team Formation.** Faculty and student team assignments and introductions, pre-assessment, and informed consent.
- **Week 2 – Interprofessional Practice Content. F**aculty content delivery to students including PowerPoint slides and videos. Students engage in readings related to Interprofessional practice, including models of Interprofessional practice.
- **Week 3 – The Recovery Model.** Students are introduced to the recovery model and related wellness tools. Students read recovery model literature, and they complete a paper related to course content.
- **Week 4 - Simulation Learning:** In a problem-based approach, student Inter-Professional Education (IPE) team members create solutions for standardized patient care scenarios likely to be encountered in the upcoming field setting. Paid actors were used to standardize simulated real-life situations, interacting with students. Interactions were videoed and reviewed by students as they developed comprehensive recovery-based care plans. Faculty then evaluate the process of problem-solving and the quality of patient care solutions derived by the teams.

- **Week 5 – On-Site Clinical.** IPE student teams provide direct recovery-based care to clients at multiple clinical sites. This includes communication with the care providers, ensuring that clinic personnel oriented and prepared to work with the teams of IPE students. Clinic personnel assist in selection of patients to be cared for by the IPE teams.
- **Week 6 - Team Reflection (Focus Group Session).** IPE teams participate in debriefing and evaluation of the experience, including post assessment surveys and focus group.

A new cohort of students participated each year of the three-year project (including a fourth no cost extension year). Four interprofessional student teams were in operation each year. For the purpose of this study, the triple aims of healthcare policy were operationalized into three focus group questions for student team participants at the end of their project experience. Informed consent forms, as approved by the university, were shared with annual project participants (typically about 24 students each year), and a large majority of students (i.e., 12 to 18 students) elected to participate each year. A team of two experienced external evaluators conducted the annual focus group, with each focus group session lasting over an hour in length. The evaluation team recorded the focus group sessions, and then transcribed, read and reviewed participant comments through multiple iterations, identified emergent themes, grouped and coded emerging themes, and then summarized focus group findings. Specifically, the data were analyzed using inductive thematic coding (Braun & Clarke, 2006). There were several iterations through the data by two evaluators. The initial iterations provided a sense of the participant comments, focusing on meaning. Subsequent iterations were used to establish the themes, followed by an iteration to identify representative participants' statements through coding. The remaining iterations were used to identify which statements were representative of these themes and related statements. Both evaluators had to agree for particular themes and codes to be established. The resultant findings addressed student perceptions of the value of their interprofessional learning experiences as well as their voices and perspective as to how interprofessional healthcare delivery is likely to impact content areas included in the triple aims.

Trustworthiness. The student focus groups were one set of project evaluation data, and for the evaluation itself they were triangulated with two additional data sources. The first source was a validated survey that The National Center for Interprofessional Practice and Education had shared with project staff, a survey for assessing participant effects regarding leadership, communication, coordination, conflict management and team cohesion. The second triangulation source was a newly developed instrument that assesses the extent to which a group of health professional have developed into a productive team (Beebe et al., 2018). Both of these data sources produce consistent and confirmatory results with regard to the comments students offered in the focus group; they coincided with student perception regarding nature and strength and weaknesses of their project experiences. This suggests that focus group participants were answering questions in open and consistent manner. We believe that this consistency and frankness continued with focus questions that provided them with a voice in reference to the Triple Aims. A second approach to strengthen the trustworthiness off findings was supported by the evaluation team process, which required that both team member review and audit of focus group transcripts, codes/analyses, and findings.

Findings

The study findings are categorized into four sections. The first section establishes student perceptions regarding their overall Interprofessional project learning experiences and team development. Participant perceptions on policy (i.e., the Triple Aims) of (1) Overall Population Health, (2) Patient Satisfaction, and (3) Healthcare Costs) grew out of their project experience. To gain insight into these student perspectives on the Triple Aims, it is necessary to get a sense of student's project experiences. Accordingly, this section includes students' perceptions regarding how well students understood their interprofessional project role, and to the extent to which Interprofessional teams were effective in achieving the desired collaboration. The remaining three sections directly address students' perceptions regarding the potential impact of Interprofessional health practice to address the challenges expressed in the triple aims.

Participant Perceptions: Project Experiences and Team Development

A necessary expectation for the success of an interdisciplinary team engaging in a common task is that team members understand their role and the corresponding role of the other participants (Weiss, Tilin, & Morgan, 2014). A common theme among all project focus group participants was an understanding of their role and the roles of other team members,

> I think it [project role] was pretty clear. Early on we met in our disciplines, and we all had mutual respect for each person's level of what they knew and when they could chime in and when I could chime in, we didn't try to step on each other's' toes or anything like that.

Efforts to promote understanding of team roles by project faculty were considered helpful in particular, especially the assigned project readings which sought to explicate and clarify the roles of each of the different disciplines, "They also had us do some preliminary reading about the other professions online, so we got an idea through that."

Despite this understanding, participant team roles were of some initial concern for some Exercise Physiology and Nutrition participants, as these students noted the project's patient care settings provided healthcare venues more typical for other disciplines represented on the team (e.g., nursing). However, these participants reported that team training content and initial team interactions reassurance that other professionals on the team respected their knowledge and what they could offer in regard to patient care. For example, participants reported that early online interaction within assigned team groupings, before teams engaged patients as a group, enabled the sharing of discipline perspectives manner promoting further role identification and clarity,

> We met on the [Course Management System] before we met face to face. We had a good understanding of what questions we could answer and which ones we would pass off to other disciplines… I think the meshing started even earlier than face to face.

A related theme reflected that participants began collaborative work as an integral team early in the project, "Our group meshed really well right from the beginning…the first time we met with the simulation, it just really went pretty well. We were all a little bit apprehensive, I think, but, overall … it worked!" Communication within the group was reported to play a major role in early collaborative efforts, "We kind of figured out how we could communicate, could work

together, but we really put that into play the first time." However, for a smaller group of participants, this group team negotiation process took a bit more time, "…it got better and better as time went on just like a team goes to practice, they get better." Another participant offered: "We practiced outside (of the course). It just took us time to figure each other out and … our different personalities … to be able to work together." Regardless of variations in the speed in which teams came together, a common theme among all participants indicated that as they continued to spend time together group cohesion improved, "it got better and better as we worked together – we melded."

Mutual Understanding and Respect

For some participants, interacting with students from other disciplines caused them to reflect on their understanding of their own profession. As one participant indicated, such reflected let to awareness of, "…being respectful of those disciplines, that your way, your experience and background is not the only way. There are others…" One team member in particular shared that this reflection process was particularly meaningful; they noted that they had always felt excluded or marginalized by other healthcare disciplines, and that had let to anger on their part,

> coming from our discipline, we're not included in this stuff, ever. So, I was just, coming into this, kind of angry already…always gets the shaft. So, I was like, I'm just going to go and be the boss…but other team members were really nice - thank you very much.

Another participant similarly remarked, "…I thought we were just kind of an island before this."

Participants noted that a substantial benefit of working with other health care professionals related to greater recognition of common professional needs and challenges. A participant offered, "It's the same with our discipline. We've had the same conversation – we're facing a lot of the same battles. Another similarly shared, "professionals from other discipline are also having the same struggle that we are…," Offering a discipline specific example, one student stated,

> I work in mental health (nursing) already – everyone I work with is mental health. So, going in there with a pharmacist and…a nutritionist, and an exercise physiologist… this is where health care is going, I always knew it and wanted to do it...I always thought it would be awesome – now I know it is!

Listening to other students' disciplinary perspectives during focus group sessions proved to be enlightening to many,

> …when you sit down and actually listen to the other professionals talk to the patients about their specialties, I realized "I now know nothing" about their fields, so I became knowledgeable, and can "see how" their knowledge complements my knowledge." Another stated, "I gained an understanding of the roles of other disciplines and how to apply my own unique skill set in an inter-disciplinary team.

This self-awareness promoted mutual respect along the disciplines, "Mutual respect for all professions was the most important experience I'm taking away from this training. Our group

really bonded and clicked. Everyone in the group was flexible, open, and respectful of each profession." One student noted that this openness to other professions and mutual respect was a project expectation, but this level of collaboration may not happen as easily in the real world, "Interprofessional practice brings about a mutual respect for each of the professions," but participants had to earn trust,

> Earning trust is another thing…we want to be able to trust someone. I felt that kind of came with the territory here. …walked in and I felt like everybody kind of had this understanding or this respect for each other and for each other's professions, so I hope that that would be the case in the real world as we move forward in our professions, but we may not encounter that.

Shared Team Leadership

Evidence of mutual respect was especially reflected in comments regarding shared team leadership. While **s**tudents generally identified that their teams negotiated roles in situ, the most often mentioned topic of such negotiation was the role of leadership,

> At the very beginning, as we were all getting introduced to this, we talked about leadership a lot, and so, that was probably uppermost in our minds, but I really think that kind of creeped in naturally in the different groups. But, I felt there was a lot of sharing of leadership.

For some participants, team leadership was strategically shared on an equitable basis, with all having an opportunity to lead, "I was given a leadership role, and the next person was given a leadership role, so it was paying it forward, shared, on our team." In a smaller number of cases, teams allowed leaders to emerge given the demands of the situation, usually meaning the needs of the patient being served,

> I think with our team, because of the nutritionist and pharmacy student didn't have experience with the psychiatric population, they delegate me to be the leader to take the lead in doing the initial assessment, so I was ok with that. But, I would often look to them when we got to sections that they were needing to give their professional recommendations (and) pass it off to them. But, they were more comfortable with me, initially, talking to the patient because of my psychiatric background.

Leadership was a particular challenge for some participants. For example, some team members representing the Nursing discipline noted that they had to adjust to not being in charge. For example, one participant shared,

> I've never worked with a nutritionist and exercise physiologist, so it was a new experience - to be mindful and listen to their recommendations. Cause sometimes nursing in healthcare can be the dominant force on the team. And so, you have to learn to step back, so for me to be very mindful and listen to the other disciplines.

Overall Participant Perspectives of the Program

A substantial sign of student success occurs when students perceive the value of a learning experience and recommend its continuance or expansion. This theme was dominant among the project participants, "This needs to be part of a longer curriculum… not just for a few days." In addition, many participants indicated that other healthcare professions should have a similar Interprofessional educational experience, "Every student should have this – for every health care, nutrition specialist, Pharmacy… they should all have this experience." Central to the recommendation for expanding this educational opportunity was the need for patient interaction, I feel like I got the most out of my time with the patient -- I kind of wish we had more opportunity there…I felt that as we were just getting the flow with the interaction with the patient, the time was over… As graduate students, participants also noted that this could be beneficially introduced earlier in a student's career, "You need to integrate this into all the health care professions – and I think this should start with undergraduates." In all of the focus groups, not one student offered a negative comment regarding the value of Interprofessional education.

Students uniformly reported how much they gained from the learning experience,

> We have such different roles - it's really educational working with people from other fields and not only did I learn more how to work in teams, but I have a better understanding (and appreciation) for what other team members do.

Many reported that these lessons will stay with them in their future practice,

> The most important learning experience I obtained during the RIDE training involved actually working with the other inter-professional members. This involved pre-planning, the team interaction with the clients, and the post-debrief period was an incredible experience that I will always remember and take with me in the future when I work with other professionals.

A similar theme related to implications for the health field, suggesting a preview of a triple aims theme addressed in the next section,

> This experience was very eye-opening, and I really enjoyed it. I feel like i learned a lot from being on an inter-personal team, and feel they are important to the future of the health field. I feel more comfortable working inter-professionally and would like to do it more in the future.

The comments were consistent with the survey data that were collected form students, data which characterized favorable attitudes towards the project and its perceived benefits for the participants.

Participant Perceptions: Triple Aim # 1 - Overall Population Health

The first Triple Aims related question posed to project participants addressed the potential for an inter-professional team to improve the overall quality of health care. Participants consistently answered in the affirmative; in fact, when polled directly during the focus group session, all participants concurred that Interprofessional teams would likely lead to improved health care quality. The response to this question across the project years was always an immediate positive affirmation with common responses of "yes," "100%," "no

doubt" often accompanied by a look of puzzlement from the student. When asked about their looks of puzzlement, – students openly wondered why such a question would be asked when the answer was so obvious. In support of this perspective, participants offered multiple reasons related to Interprofessional care's propensity toward a holistic healthcare perspective, it's patient centered outlook, and its potential for improved Interprofessional communication, resulting in better, more informed healthcare decisions. These themes are addressed as follows.

Patient Centered. In response to the overall healthcare prompt, students immediately focused on the concept of patient centered care embodied in the inter-professional team approach.

> I think yes, it can [lead to better healthcare outcomes], especially, in the clinical setting. I know it's really hard doing an individual assessment without getting input from the doctor and just having to read from the chart versus getting an explanation of what's going on…. actually having the doctor there to provide orders instead of writing recommendations in a chart that never are followed up on. The doctors just gloss over it, or you have to chase them down to get orders. Just to have that group there, I think is beneficial.

Another aspect of the focus on the patient was preventative - an Interprofessional team working together offered a more preventative perspective, "I think it supports preventive practice – that is moving forward with health." A team would be more likely to have a holistic focus, "To make it holistic – a whole team can better address the whole system. The key to this being successful was the notion that "…holistic – a whole team can better address the whole system."

Immediate, Enhanced Communication. Students further noted that the traditional healthcare service model is problematic from the perspective of communication. For example, one participant offered that the "current model is an attending physician reading notes" from other health specialists who have separately seen the patient. The student described this as "too much specialty and very little communication – so much gets missed." At base, the challenge is that there can be elements of the specialist's observations that are being missed or not shared suggesting that there was, "…much that I am not going to write about." Students also noted that given the improved communication in team-based settings the treatment process can move along more quickly and fluidly. As one student stated, "The patient does not have to wait… we can confer in person - better communication..." Better communication leads to better patient outcomes, "The better a group connects and communicates and enjoys one another, the better the group works as a whole and the better for the patients. I believe there are better patient outcomes where there are cohesive teams." Another stated, "Patients end up going back to the doctor more often – returns – when doctors don't communicate…"

Shared Patient Focus. Students often sought to reinforce the notion that team-based care has the potential to improve healthcare outcomes based on the assumption that the team jointly and consistently shared a focus on the patient. As one student who describe the positive impact of their team in the clinical setting, cautioned, "I think as long as (the team focus) is maintained to be patient-centered, … I think the team process would work kind of like it did for us." Similarly, another student offered, "When you are looking at patient centered care you need to look at what the patients' needs… the patient needs a team that encompasses their needs and that can work together. To focus on what patient goals on are what can be done"; while another participant offered, "This suggests the importance of one stop shopping" One participant stated, I found that collaborating with other professions really does lead to improved

patient care and can generate many more ideas and goals that may help the client." One student noted the awkward pause after focus group prompt and indicated that the reason for this reaction is that it is just obvious that Interprofessional, team-based care establishes a, **"**shared responsibility – which is better for the patient."

Professional Stress Reduction. Another focus group theme indicated that participants' belief that health services improve with Interprofessional practice since healthcare providers would be under less stress; with the support of other professions they were no longer expected to know and do everything that is needed for a patient. As one participant stated,

> "as nurses we are trained to meet all the needs of the patient… but with heavy meds or major trauma – we don't know the best response. This relieves us of the pressure to know everything - I don't have to worry if I am telling them the right thing." One student simply claimed more directly, "Interprofessional practice – it is a stress reliever."

Informed Decisions. Focus group participants also noted that teams comprised of diverse health care professionals' can make more informed decisions as a result of their different technical training and perspectives. Participants indicated professional growth from each interaction, "I really learned a lot from my team." Often these comments highlighted the benefits of various perspectives, "Everybody thinks differently – it does not mean that my way of thinking is correct…somebody might just have a better idea with just generalized knowledge." Similar, one student stated, "you can tap into the knowledge of multiple individuals... it's not just the technical expertise of the team." Even highly experience practitioners among the students noted learning from the team, "I have been a nurse for over 20 years…but I learned something new from the team "Another stated, "As team you can decide – it is much stronger than one person deciding… safer..."

Participant Perceptions: Triple Aim # 2 - Patient Satisfaction

The second Triple Aims inspired question for project participants inquired about the potential for team based Interprofessional health care delivery to have a favorable impact on patient satisfaction. In each of the focus groups, the immediate reaction of participants was similar – namely a silence, participant smiles, and some rolling of eyes – an awkward situation overall in the context of a focus group. When the question was repeated to break the silence, participants openly wondered why such a question would be asked since the answer is so obvious. The initial responses were always along the lines of "absolutely," "without doubt," "of course" and "yes, for certain" - there were no dissenting perspectives among any the students across all years.

Students also noted practical reasons as to why patients would appreciate the team approach to healthcare. For example, as one student stated, "when we tell patients we met this morning and "we all discussed your case" – they light up," indicating, "they knew we were there for them." Participants also clarified what Interprofessional teams are designed for,

> When you are looking at patient centered care you need to look at what the patients' needs… the patient needs a team that encompasses their needs and that can work together. To focus on what patient goals on are what can be done.

Even the reduction in the number of visits by separate healthcare professionals by various specialist during the day (as the team would have one comprehensive visit) would have a

positive impact on patient satisfaction, "People coming in and out of a room all day stresses patients."

Other students noted that patients might also be more satisfied with Interprofessional since they will be seeking fewer emergency services as a team addresses their care needs from a holistic perspective. Moreover, students noted that convenience also might have the potential to promote client satisfaction, "It helps clients, maybe, because it's not inconvenient to go many different appointments." Participants also noted that Interprofessional teams can be especially favorable regarding patient satisfaction when considering vulnerable populations. This was thought to be, "especially the case for mental health patients who have a problem communication their needs." Another offered, "They're such a vulnerable patient population, it kind of brings your defenses down when you work with such a vulnerable population."

Participant Perceptions: Triple Aim # 3 - Healthcare Costs

The third Triple Aims inspired question for project participants addressed the potential for team based Interprofessional health care delivery to have a favorable impact on the cost of healthcare provision. Of all the three Triple Aims questions asked, this one was the most problematic for students. In general, students were slower to respond, more tentative in their comments, usually speaking more slowly, deliberately, and actually to be thinking aloud as they spoke. Unlike the immediate and confident response to the first two triple aims questions, participant responses to the question as to whether Interprofessional practice could favorably impact health care costs were few in number and quite tentative. Overall, students struggled with the challenges of cost assessment, and they suggested that there were many factors to consider regarding health care costs. To participants, a quick and easy response, either favorable or unfavorable, was not realistic. As students openly reflected on the potential issues regarding the assessment of healthcare costs, only a few felt comfortable to weigh in on the question. A few very preliminary themes emerged across the cohorts.

Few Patient Returns Could Reduce Healthcare Cost. The first emergent theme relates to the potential for Interprofessional care to reduce patient follow-up returns. Students suggested that costs could be reduced if Interprofessional decreased preventable returns for healthcare service, "Patients end up going back to the doctor more often – returns – when doctors don't communicate." The basis for this assertion related to assumption that an Interprofessional team is more likely to be more holistic in their treatment perspectives, "I think it supports preventive practice – that is moving forward with health." Others suggested that Interprofessional teams were more inclined to engage in more complete and timely communication, decreasing the potential for miscommunication, "Everybody is right there and on the same page - not spending time figuring out what others have done." This perspective was supported with many students mentioning the notion that the professional on the team would be "all on same page" there would be "less walking for responses" for needed input. One student clarified,

> While we have the initial consult and create a more holistic approach and take the time to do that and make sure the patient actually understands and can take it home and apply it, they're less likely to come back in.

Participants also thought that a team approach supported and reinforced professionals supporting each other's treatment recommendations, "I think it would also lead to better compliance" and that "this compliance would led to less returns for the same health problem, "I think we'll see that patient less and less for the same problem." Students' noted a potential

for cost saving due to an increase in efficiency, "With a team you can get a lot done in a short period of time." since "you can see many more patients with Interprofessional [practice]." However, other participants were more cautious, I think it's going to be a double-edge sword because, time wise, you're spending more time with the patient."

Cost Savings to the Patient Would Decrease. Several students acknowledged that cost assessment would need to be addressed from the perspective of the patient. This position suggested that patient's costs, both in terms of time and travel, should be considered and counted as a cost factor. If so, these students argued that this would be a favorable consideration for Interprofessional practice— "It is cost efficient for the patient—they don't have to keep going using funds for transportation if more can be accomplished in one visit."

Discussion

The student participants in this Interprofessional project demonstrated that they have something of value to offer with regard to achievement of the Triple Aims of healthcare. Yet, the current literature in the field of interprofessional evaluation retains a narrow focus on a project being evaluated. We find the literature lacking an opportunity to better inform and advise policy makers with the voice of the very participants who are experience a program, a program that is designed to implement a broader underlying policy. This study seeks to contribute to the extant literature by making an argument that participant perspectives on a campus project experience can beneficially inform the larger national policy debate on healthcare. Interprofessional health care students are intelligent, invested in supporting health, and very capable of shifting their perceptions of an interprofessional experience from the project campus level to the broader national policy level.

Students were very positive regarding the potential for Interprofessional practice to favorably impact patient health outcomes. They argued that team-based, patient-centered, more holistic healthcare leads to better communication among the healthcare professionals addressing the needs of the individual patient. In turn, improved communication helps ensure that relevant information is shared on a timely basis and opportunities for miscommunication are decreased. This leads to more effective healthcare decisions. It could also decrease stress levels on individual healthcare providers who would now be able to share knowledge and responsibility. Similarly, there was no doubt among the participants across the project years that patient satisfaction would be enhanced with Interprofessional practice.

The student program participants were discerning in their views of the program. For example, while participants were positive regarding the first two Triple Aims (Population Health and Patient Satisfaction), students were much more cautious and unsure regarding the potential impact of Interprofessional practice to effectively address the third goal, reduced healthcare costs. Some potential for reduced costs might occur if Interprofessional care led to a reduction in unnecessary patient returns for service. They also indicated an insight on costs that related to directly to the patients, by voicing the opinion that Interprofessional practice could lead to a reduction of healthcare service costs related to patient time and travel.

Study Implications and Policy Maker Recommendation

The key implication of this research study is that the evaluation field is currently missing an opportunity to inform policy makers of program participants' voice on an underlying policy, the policy that is supporting the program of interest. As participants experience a program, they have perceptions of the program, and at this time that is the limited focus of current evaluation work with program stakeholders. However, what this research study

demonstrates is that once program participants experience a program, they also have the capacity to assess and critique the assumptions and objectives of the underlying broader policy. Accordingly, study authors recommend that the policy makers provide evaluators with encouragement and support to think beyond the boundaries of a project(s) undergoing evaluation. Evaluators should be asked to keep the basic policy in mind during the evaluation and seek to address it with stakeholders, such as participants, across the life of a project. The ultimate goal of project evaluation is to inform policy, and this is why policy makers devote as much as 10 percent of a federal project budget to evaluation. Policy makers need to recognize and take advantage of the opportunity that program participants offer in the form of another lens and informed source of information in which to inform and educate policy makers about the basic underlying policy of interest. This study demonstrates that the voice of the program participants can be powerful and quite beneficial to the policy process.

Future Research

This study also has implications for future research. Future research and evaluation efforts of such healthcare initiatives could benefit by envisioning a larger role for stakeholder input. Evaluators, as applied researchers, should seek to engage participants in finding their voice, a voice reflecting an informed, broader professional policy perspective beyond perceptions of the particular local program in which they are engaged. Researchers should acknowledge that student participants have the potential to add important perspectives to the larger, national policy issue and debates under consideration (policy which is driving such local pilot projects). Too often, evaluators only tend to ask healthcare program students their perspectives regarding the project, and how it influences them (e.g., changes in knowledge, skills, dispositions). While these perspectives are essential for a local program evaluation study, study participants are rarely asked to relate their experiences and perspectives to the larger policy or societal issues that the pilot program is trying address. However, as this paper has addressed, this is a missed opportunity; future researchers and evaluators need to recognize that students can provide insights into the larger policy, often without any preconceived policy notion or bias – they tend to offer an original, independent voice and perspective. Such fresh new voices and perspectives are lacking in many policy debates, as various entrenched policy perspectives battle it out; the same arguments are advanced again and again during each policy discussion.

Study Limitations

There are specific limitations in this study. Not all Interprofessional practice can be expected to be based on such a direct and focused, patient centered perspective. Students had a very powerful and satisfying experience with serving the project patients, and as part of their learning experiences in the course they addressed few patients in very controlled circumstances. This very well may have impacted their perspectives about the Triple Aims. Finally, while all students were invited to participate in focus groups, not all elected to do so. While a majority were engaged, it is possible that non-participants would have offered different perspectives.

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