
CONFERENCE ABSTRACT**Workforce Capacity Building: Strategies for Interprofessional Education in Integrated Care**

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Introduction: Integrated health services are recommended as an approach to manage and deliver person-centred care across different sectors throughout a person's lifespan (WHO, 2015). Training future and current health care professionals to work in integrated care systems requires additional knowledge, skills, and competencies. Interprofessional education (IPE) is recommended as a critical strategy in preparing the healthcare workforce for more integrated service delivery models (Bookey-Bassett et al., 2022). However, it is unclear what strategies are being used to implement IPE to support the development of the current workforce for integrated care, in Ontario hospital to home programs.

Methods: This study explored the perceptions and experiences of key informants regarding how IPE is utilized in training current healthcare professionals to work in hospital to home integrated care programs in Ontario, Canada. A qualitative descriptive design was utilized. Key informants included 15 leaders from 13 integrated care programs representing varied healthcare settings across the province. Individual interviews were conducted, audio-recorded, and transcribed. Data analysis followed a thematic analysis approach (Braun & Clarke, 2006). Findings were elucidated through the lens of the interprofessional learning continuum model (Institute of Medicine, 2015) and current competencies for integrated care (Langins and Borgermans, 2015).

Key Findings: Thematic analysis revealed key themes reflecting participants' understanding and experiences of IPE within their specific hospital to home integrated care programs; participants' perceptions of informal and formal strategies to implement IPE within integrated care programs; current barriers and facilitators to implementing IPE in hospital to home integrated care programs; and recommendations for interprofessional and intersectoral collaboration to support workforce capacity and capability related to clinical and professional integration.

Conclusions: As new models of hospital to home integrated care are rolled out, IPE should be incorporated as part of the implementation process. Further, IPE should be context specific and adapted to meet the changing needs of patient populations, changing roles of health care providers, and integrated care frameworks.

Implications and next steps: Study findings provide important implications for health professions' education including formal and informal continuing education. Findings are also relevant for leaders implementing integrated care programs across various practice settings. Next steps include consultation with practice partners and patient partners to co-design and pilot test an IPE intervention within a hospital to home integrated care program for surgical patients.