

The Growing Integration of Health Professions Education

Author Commentary

CHAPTER ABSTRACT:

A major redesign of healthcare and education is underway that: promotes mutual learning to import the transformative redesign of the scope and process of care, the workforce, and institutions that improve population health; engages individuals and communities; and improves quality while reducing the per capita cost of care. This chapter analyzes the value provided by interprofessional education and discusses how a new program will inform, connect, and engage the various stakeholders to make a sustainable, transformative redesign.

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The academic community has a major role to play in redesigning the healthcare system and workforce; and they must understand the importance of interprofessional education and collaborative practice. Academic health centers should undertake team care both experientially and didactically, while forming new partnerships with the care delivery system and its components. Some academic health centers understand this, but others do not. As a result, the product they're producing does not align with the emerging healthcare paradigm, which is a system that improves population health, engages families and communities, enhances quality, and reduces cost of care.

Payment systems must also join with care delivery organizations and work together to educate and train the workforce. Leaders of academic health centers should engage leaders from the marketplace, and collaborate to produce tomorrow's workforce. Presidents, deans, and faculty must get together and understand what is transpiring in the healthcare marketplace, and also why they risk losing their relevance. Right now, retraining time and cost is a major burden for the health system. It takes 2-3 years just to retrain new physicians and allied health professionals because practitioners require a whole new set of skills in the emerging paradigm. New graduates must possess some understanding of systems of care—particularly those systems that are horizontally integrated with employed physicians, nurses, pharmacists, or other healthcare professionals.

This will require us to ask some salient questions. What is our role in the new system? How do we design these new systems of care? How do we understand the information infrastructure, which is increasingly important to improving outcomes? How do we use real-time outcome information on the service line to improve quality, reduce cost, and monitor outcomes? Right now, our knowledge of informatics is very poor, and this will need to change.

Interprofessional team concepts are poorly taught within academic health centers. Graduates of health professions schools really have little idea what teams are or how teams can achieve outcomes by working together as equals. At the same time, within the marketplace of health, teams are already being deployed, and yet there is no agreement on how those teams should be composed, how those teams should be trained, and how they should be evaluated, particularly in the context of “triple-aim” outcomes.

In the future, there will need to be a new kind of relationship between academic health centers and the marketplace of health. We will need to work together on issues such as workforce development, curriculum and experiential education redesign, and new financial models that are win-win for everyone.