

Population Health and the Patient

Author Commentary

CHAPTER ABSTRACT:

Through innovations in health-related research, teaching, and service, academic health centers can train the healthcare workforce and lead innovations in the delivery and dissemination of high-quality, affordable, patient-centered care.

By recognizing and addressing the stark reality that social determinants of health significantly influence the health and wellbeing of populations, academic health centers can promote health equity.

The authors identify manageable priority areas that academic health centers can focus on to empower and activate patients in self-management of disease and to contribute to health promotion and disease prevention.

Interwoven in this chapter are two themes that need to come together: the connection between social determinants of health and interprofessional care. First, we are clearly in an age when we need to address population health. When we talk about that, we quickly get to the factors that impact health that are not classically thought of as biologic in nature—other than one’s genetic makeup—such as the environment in which you live, education level, and level of income. All those factors impact health. Second, if we want to have a healthy population or return people to health, particularly those people with chronic diseases, then we have to think about team-based care.

In regard to the first theme—population health—academic health centers are beginning to understand both the need to address the social determinants of health in education, research, and service delivery and how to meet that need. As just one factor in a complicated landscape, the trajectory of reimbursements further compels hospital partners to make sure that they address the social determinants of health for the populations they serve.

That links directly to the second theme—team-based care. Leaders of academic health centers need to fully understand and embrace the fact that healthcare, particularly in terms of addressing chronic diseases and whether it is to return people to health or to keep people from getting chronic diseases, is about much more than a physician or another kind of healthcare provider seeing a patient, making a diagnosis, and writing the correct prescription. It is about considering all the factors that affect health—such as environment, education, income, toxic stress levels, and so forth. Given that social determinants of health are beginning to be acknowledged as core to the mission of academic health centers, we have to commit to making sure that the students for whom we are responsible are educated in a way that fosters “team.”

Thinking in this way has several important implications. For one, it suggests that leaders of academic health centers need to think about—and recruit for—the healthcare workforce in the context of teams. Our workforces can no longer be just about physicians and nurses—they also have to include social workers, lawyers, community health workers, and all the other practitioners that contribute to care. That’s one thing that leaders of academic health centers need to appreciate now.

That leads to a final point. As leaders of academic health centers, we need to appreciate the fact that we were educated and have practiced in an era when our education, training, delivery of healthcare, teaching of healthcare, and our study of healthcare have all been very much siloed. Given that, we cannot simply turn around and suddenly say to the faculty

and the academic health center workforce that it's a whole new ballgame and now we all have to work with each other.

While we underscore the importance of preparing students to work in an environment that emphasizes teams, we have to be cognizant of the fact that the very people that we are asking to educate those students were not prepared that way. That's perhaps a long-winded way of saying that ongoing faculty and staff development will be critical components as we move forward in team-based care.

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