

# Some Thoughts on Interprofessional Education and Practice

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# Are the Barriers to IPEP Insurmountable?

- Is IPEP good or bad for business?
- Why is IPEP similar to baseball?
- A hypothesis and a suggestion



# Making the business case

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- The conventional wisdom: effective interprofessional care will lead to decreased demand for acute care services and less revenue
  - But this belief is based on a static analysis of current situation
  - Does not account for changes in demography, payment models, available technology, etc.



# Making the business case

- Baby boomers will be spiking demand for services over the next 2 decades
- While demand for acute care for some diseases (e.g., diabetes and hypertension) may diminish, the need for others (e.g., cancer and Alzheimer's) will increase as people live longer
- The payment model is expected at some point to shift to more value-based purchasing which makes volume-driven care less lucrative



# Making the business case

- The net effect of these factors is likely to overshadow the potential negative impact on revenue
- There may be some marginal reduction in the rate of increase of net revenues, but net revenue loss is unlikely
- Any effect would be gradual and possibly eliminated by the impact of other factors



# Making the business case

- Lastly, there should be an increase in core provider competences available to patients
  - Which leads to increased effectiveness of care
  - Which improves outcomes and quality while lowering cost
  - Which is in the best interest of the healthcare system



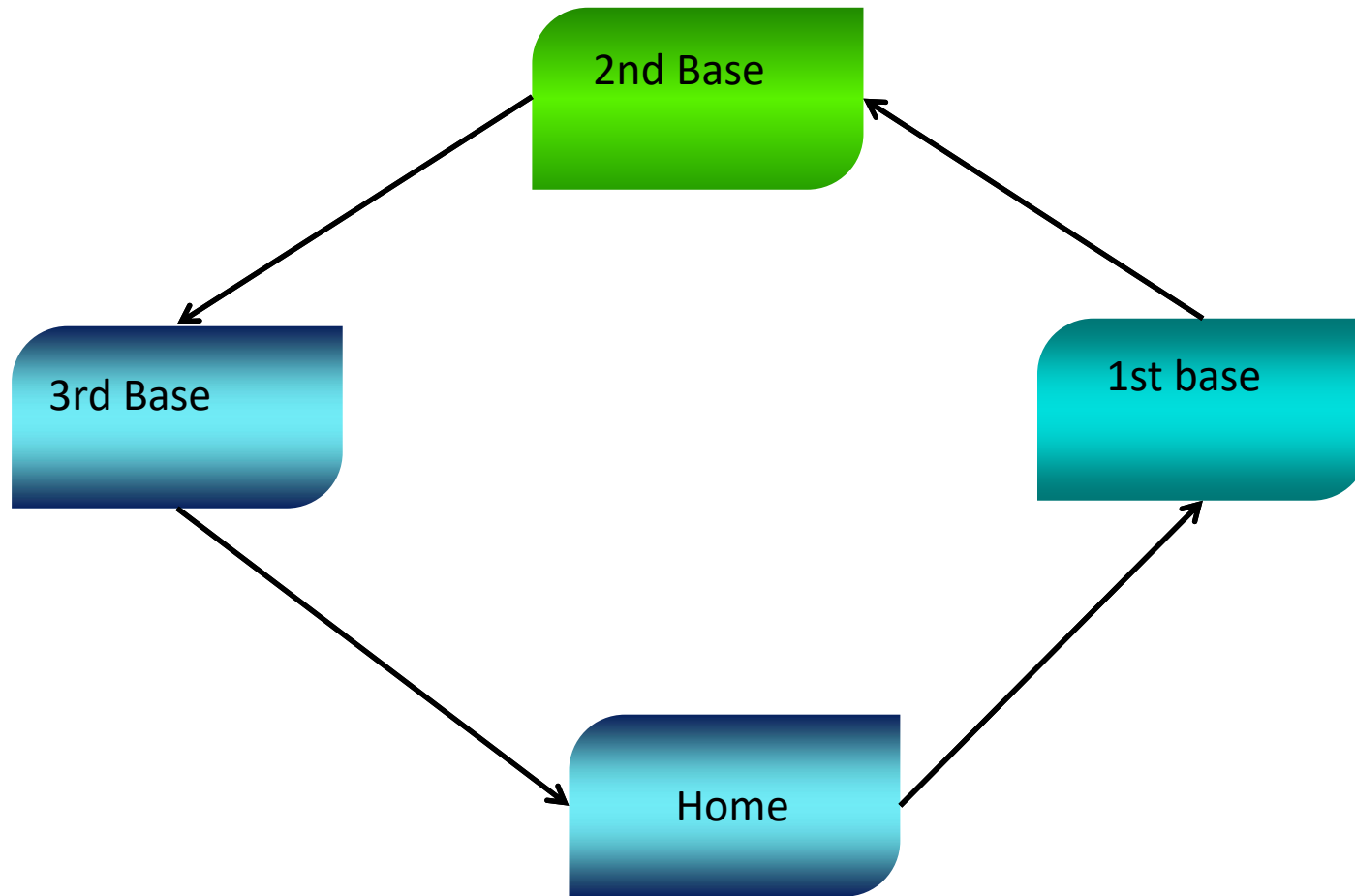
# A Baseball Analogy



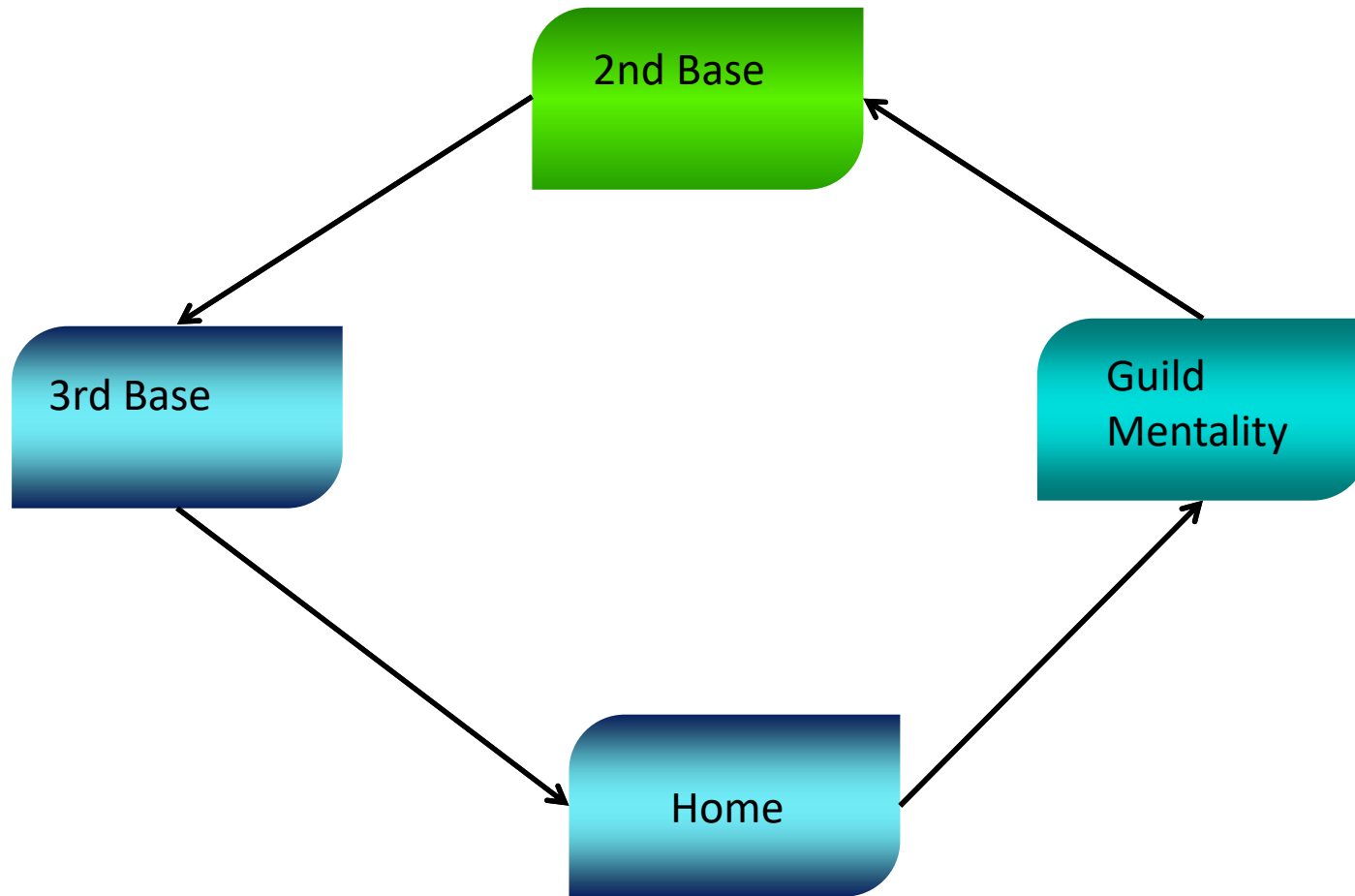
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# Lessons from Baseball



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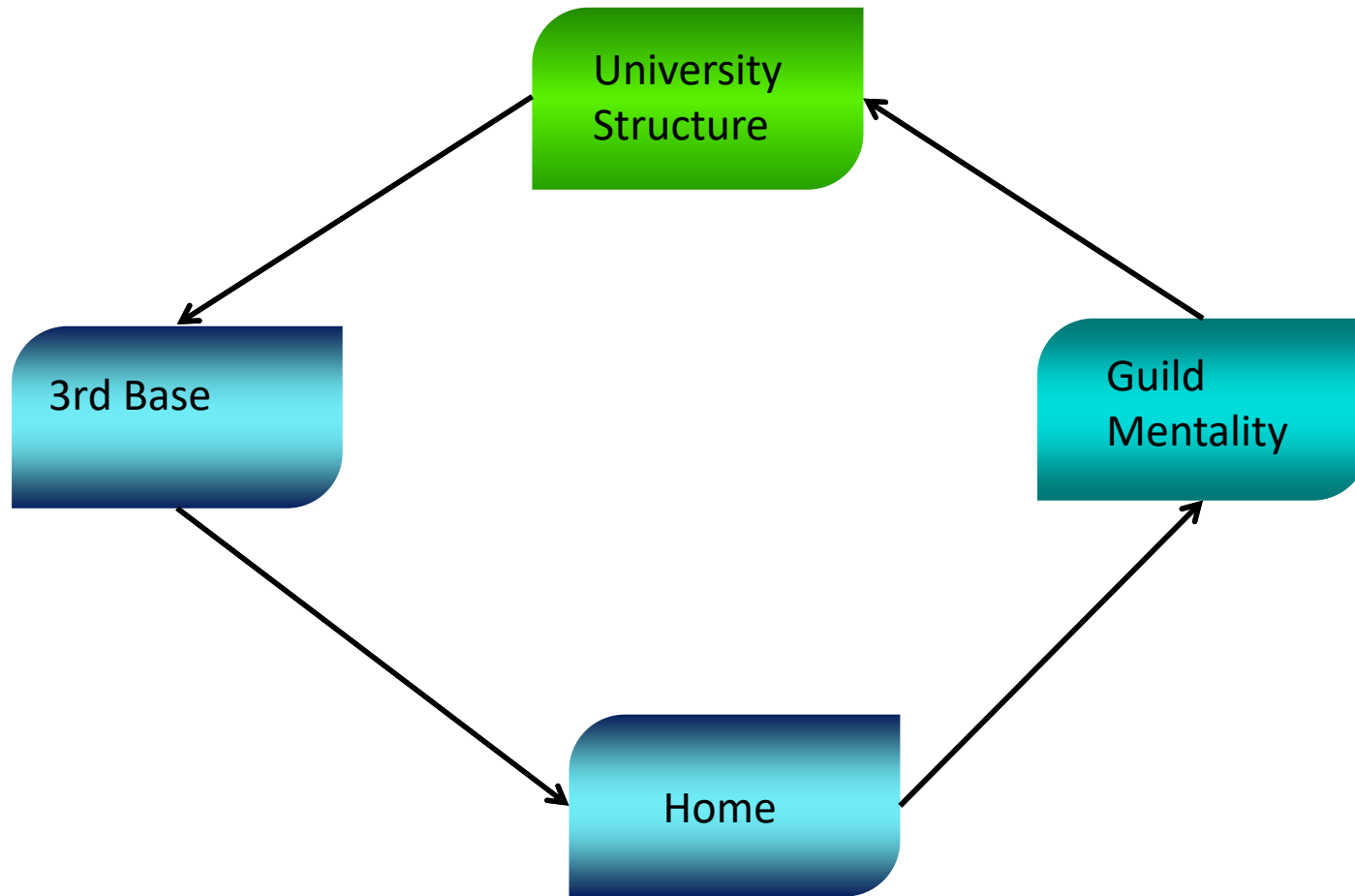


# “Guild Mentality”

- Leads to competition and duplication where we need collaboration and efficiency
- Historical divide b/w medicine and public health
- Inhibits the necessary integrated, inter-disciplinary approach to all academic health center functions



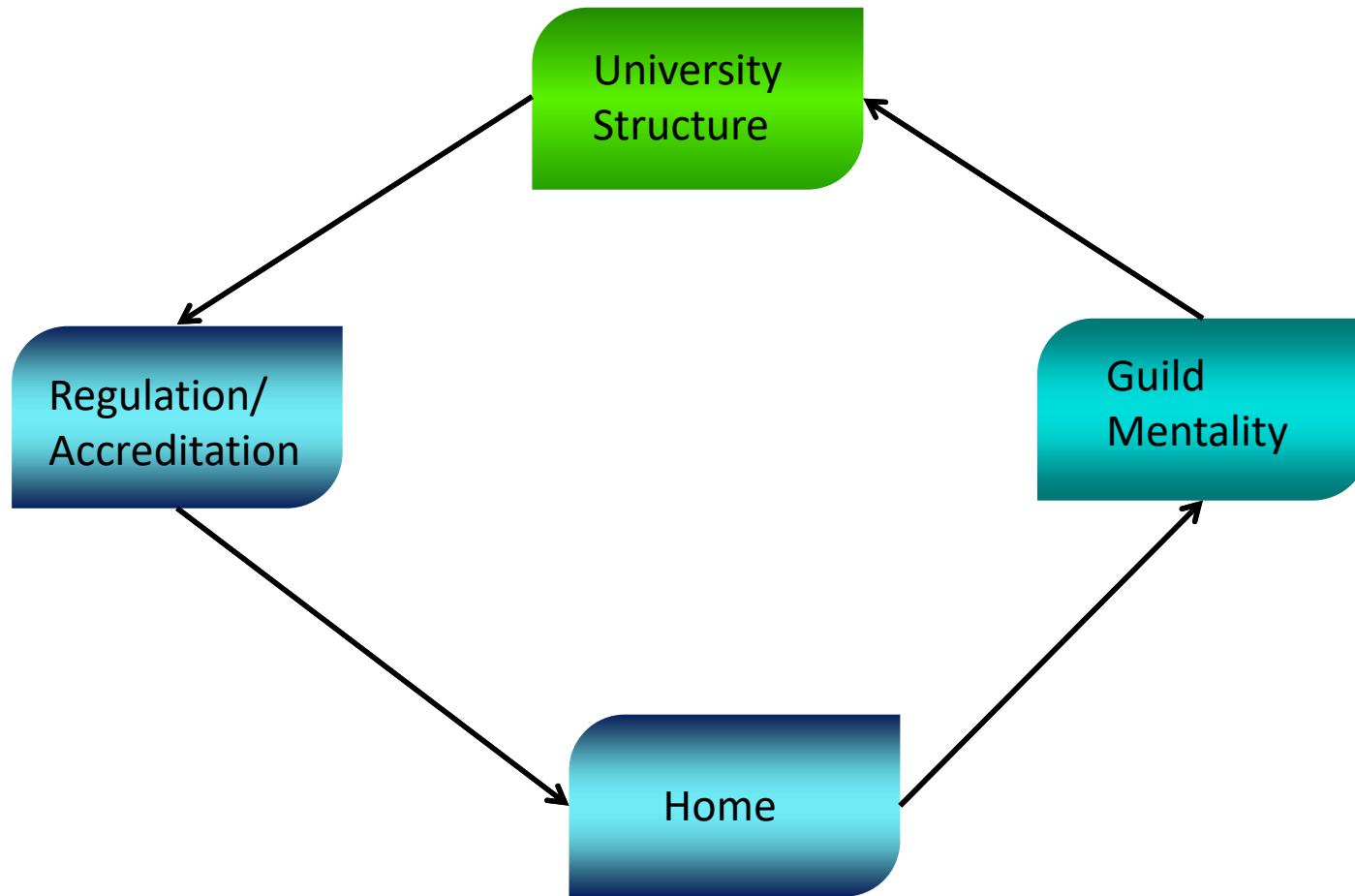
# Lessons from Baseball



# Existing University/Academic Health Center Structure

- Professions and disciplines siloed from each other
  - Academic calendars out of sync
  - Competition for limited resources
  - Promotion and tenure policies
  - Lack of alignment in management and infrastructure
- Current funds flows

# Lessons from Baseball



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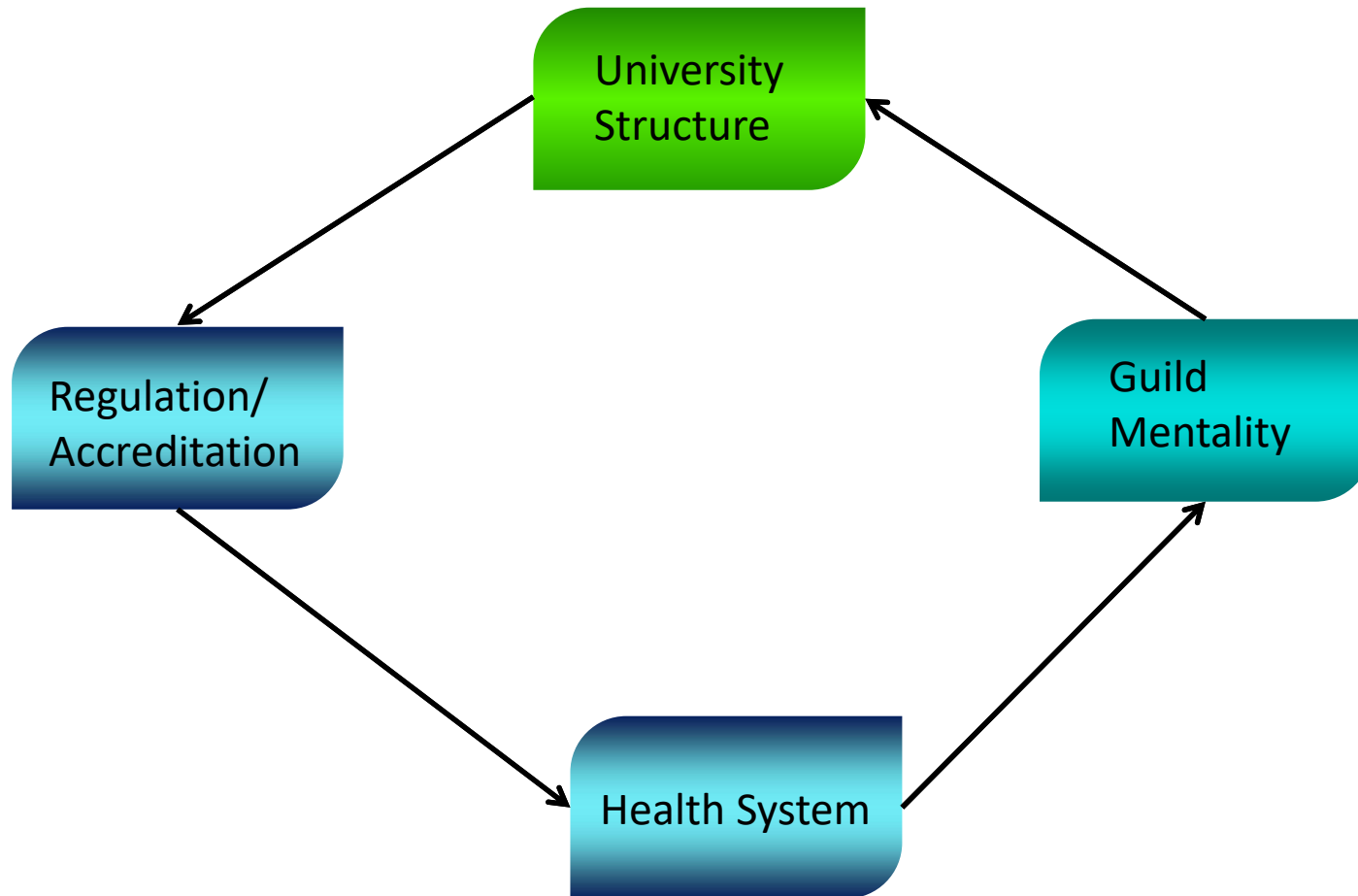
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# Regulation and Accreditation

- Licensure requirements, scope of practice laws, and accreditation requirements complicate collaboration across professions
  - Limits who can serve as educators
  - Overburdens some providers; undervalues others
  - Impedes innovation and the efficient delivery of health care



# Lessons from Baseball



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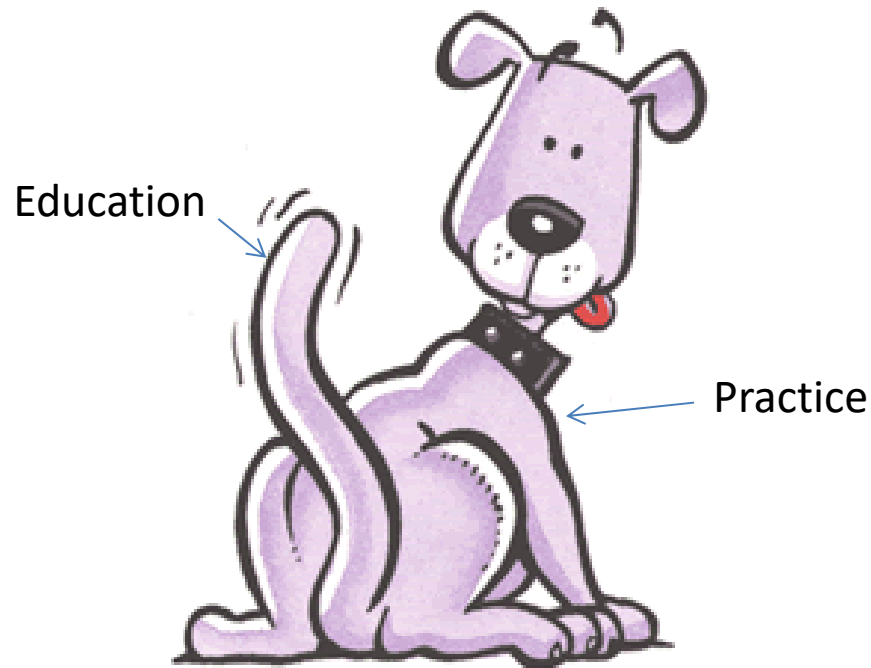
# Misaligned Incentives of the U.S. Health Care System

- System currently largely driven by profit margins
  - Limits access to care and needed services
  - Payment based on quantity, not quality
- Leads to:
  - Provider shortages in various specialties and geographic regions
  - Limited emphasis on needed but low pay areas (prevention, public health, primary care)
  - Rising cost of care



# A Hypothesis and a Suggestion

# Hypothesis: Education is NOT the tail that wags the practice dog



# Education's “Uncertainty Principle” – an old quote

*Since education itself can only play a part in the overall outcome it is expected to affect, we cannot know the precise effect of education on the outcomes of education\**

Wartman SA. Research in medical education: The challenge for the next decade. [Acad Med](#) 1994;69:613.

# A Suggestion

Practice must play a bigger role in  
informing health professions  
education

# This Conference

- Offers the opportunity for educators to study the approaches and performance of existing high functioning interprofessional clinical teams
- The challenge: *work backwards* (e.g., reverse engineer) to redesign our educational programs

