Framing our Healthcare Future: The Role of Interprofessional Education

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What is AACOM?

30 Colleges at 40 Locations in 28 States

Representing:

• Over 23,000 medical students (over 1 in 5 entering U.S. medical students)

• 37,000 faculty
  ▪ 4000 full time
  ▪ >36,000 clinical (45% DO, 55% MD)

• 2000 Administrative staff

• Over $100 million research grants/contracts

http://www.aacom.org/data/Pages/default.aspx
Colleges of Osteopathic Medicine (August 2013)

Map as of 8/19/13
Framing Our Healthcare Future: The Role of Interprofessional Education

- Why Interprofessional Education (IPE)
- Why IPEC
- What is IPEC doing
- The challenges and the opportunities
Collaborative Practice--Background

Institute of Medicine:

There are serious questions about how to use the existing health workforce optimally and cost-effectively to meet patient, family, and community health care needs...

Educational institutions have a responsibility to produce a healthcare workforce that is responsive to health care needs AND ensure that they can practice to their full scope of expertise...
Collaborative Practice--Background

Optimal use of the health professions workforce requires a cooperative effort of teams sharing common goals…

Cooperation will improve care…

The existing educational system is not preparing health professionals for team work.

“Education for the Health Care Team,” IOM, 1972
Collaborative Practice--Background

Since 1972:


Institute of Medicine:

• To Err is Human: Building a Safer Health System (2000)
• Crossing the Quality Chasm (2001)
• Health Professions Education: A Bridge to Quality (2003)
Bridge to Quality

All health professionals should be prepared to deliver patient-centered care that is:

- Evidence-based
- Team-delivered
- Using informatics and quality improvement

Institute of Medicine
2003
Collaborative Practice--Background

Since 1972:


Reports by Macy Foundation (2010):
  • Medical School Mission During Expansion
  • Primary Care

AMA’s Initiative to Transform Medical Education (2007)
Macy Recommendations on IPE:

1. Engage patients, families, and communities in the design, implementation, improvement, and evaluation of efforts to link interprofessional education and collaborative practice.

2. Accelerate the design, implementation, and evaluation of innovative models linking interprofessional education and collaborative practice.

3. Reform the education and life-long career development of health professionals to incorporate interprofessional learning and team-based care.

4. Revise professional regulatory standards and practices to permit and promote innovation in interprofessional education and collaborative practice.

5. Realign existing resources to establish and sustain the linkage between interprofessional education and collaborative practice.
INTERPROFESSIONAL EDUCATION

Tenth Annual Report
to the Secretary of the
U.S. Department of Health and Human Services
and to Congress

July 2013
ACTPCMD 10th Report, July 2013

“We envision a health care system that cares for all patients within a patient-centered health home…We believe these teams are central to the goal of eliminating health care disparities and attaining accessible, high-quality, and affordable health care for all.”

Collaborative Practice—Why Now?

Growing Complexity

- 2,700 Clinical Guidelines
- 25,000 New Clinical Trials every year

Promise of Information Technology

Increased focus on:

- Patient Safety
- Access/Cost/Quality
- Patient-Centered Medical/Health Home
- Accountable Care Organizations
Growth in Elderly Population

Percent Growth (relative to 2010)

Year

2010 2015 2020 2025 2030

0% 10% 20% 30% 40% 50% 60% 70% 80%

0 to 64

65+
The Aging U.S. Population + Chronic Disease Epidemic

87% of seniors aged 65-79 suffer one chronic disease

45% of seniors aged 65-79 suffer three or more chronic diseases

By 2025, burden of chronic disease will increase at least 40% over 2010
Impact of Affordable Care Act on Physician Shortages

Projected shortages of patient care physicians, 2008 to 2020

Projections prepared by the Lewin Group for the AAMC.
Why is IPE a Priority?

Hospital systems and employers expect it
- Over 50% of physicians now employed

Primary Care → Medical/Health Homes

Federal systems: military, VA, CHCs

Increasingly interconnected culture

Consistent with many health professions accreditation competency standards
- Prevention
- Primary care
- Patient Centered
Atmosphere for Reform

Rand Study:
55% of medical care evidence-based

Institute of Medicine:
30% of medical care delivered unnecessary or inefficient

“Hospital’s lose $150-250,000/year over first 3 years of employing a physician” --Sam Nussbaum, MD, CMO for Wellpoint

<50% of PCP’s accepting new patients
Transformation is already underway.
# Shifting Paradigm of Competence

<table>
<thead>
<tr>
<th>Physician centered practice</th>
<th>Patient centered practice</th>
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<tbody>
<tr>
<td>Individual physician autonomy</td>
<td>Collaboration as a team in a system</td>
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<tr>
<td>Anecdotal practice</td>
<td>Evidence-based standards</td>
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<td>Focus on illness and cure</td>
<td>Focus on health promotion and wellness</td>
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<tr>
<td>Passive patient role</td>
<td>Involved patients and families</td>
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</tbody>
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The Vision(s):

Safe, Timely, Efficient, Effective and Equitable Care

--"Crossing the Quality Chasm", 2001, Institute of Medicine

Triple Aim: Better Care, Better Health, Lower Costs

--Don Berwick, MD, Health Affairs, 2008
“When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”

World Health Organization 2010
Competency-based education

Curriculum

Educational objectives

Assessment

Health needs
Health systems

Competencies outcomes

Assessment

Curriculum