

Transforming Health Care: Preparing the Workforce

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Health Care Delivery Reform

- *In its current form, habits, and environment, American health care is incapable of providing the public with the quality health care it expects and deserves.*
 - *IOM: Crossing the Quality Chasm, 2001*

Realities & Challenges

- Health care quality and safety in the U.S. is still suboptimal and inconsistent
- Unsustainable rising health care costs
- Population that is aging and becoming more diverse
- Escalating burden of chronic disease
- Widening disparities in health and health care
- The inability to keep up with rapidly expanding science and technology
- Increasing need for public accountability

Views on Health Care Delivery Reform

- Nine of 10 health care opinion leaders think the organization of the health care delivery system requires fundamental change to achieve significant gains in the quality and efficiency of care in the United States.

- Shea K, Shih A, Davis K, Health Care Opinion Leaders' Views on Health Care Delivery System Reform. Commonwealth Fund Commission on a High Performance Health System Data Brief. NY: The Commonwealth Fund, 2008.

6 National Aims for Improving Health Care Delivery

- **Safe**
- **Effective**
- **Patient-Centered**
- **Timely**
- **Efficient**
- **Equitable**

Changing the Systems that Deliver Care: 6 Strategies

- Redesign care based on evidence-based **best practices**
- Use **information technology** to improve access to information and to support clinical decision-making
- Develop effective care **teams**
- **Coordinate** care among services and settings
- **Measure** performance and outcomes
- ***AND...***

Changing the Systems that Deliver Care

- Improve workforce knowledge and skills

Educating Health Professionals

- In 2004, the Healthy People Curriculum Task Force emphasized that *“an essential element of any effort to change a healthcare system must be the education of future clinicians who will practice new approaches in new contexts.”*

- Is the health care workforce adequately prepared to meet these challenges and practice in a new health care delivery system?

Is the Health care workforce adequately prepared?

- No—IOM, Crossing the Quality Chasm, 2001
- No—IOM, Health Professions Education: A Bridge to Quality, 2003
- No—IOM, Retooling for an Aging America: Building the Health Care Workforce, 2008
- No—IOM, Redesigning Continuing Education in the Health Professions, 2009

IOM: On Preparing the Workforce

- *“Clinical education [for health professionals] simply has not kept pace with or been responsive enough to shifting patient demographics and desires, changing health system expectations, evolving practice requirements and staffing arrangements, new information, a focus on improving quality, or new technologies.”*
 - *Crossing the Quality Chasm, 2001*

IOM: Health Professions Education

- *“Doctors, nurses, pharmacists, and other health professionals are not being adequately prepared to provide the highest quality and safest medical care possible and there is insufficient assessment of their ongoing proficiency.”*
 - *Health Professions Education: A Bridge to Quality, 2003*

IOM: Building the Health Care Workforce

- *“The future health care workforce will be woefully inadequate in its capacity to meet the large demand for health services for older adults if current patterns of care and the training of providers continue.”*
 - *Retooling for an Aging America: Building the Health Care Workforce, 2008*

IOM: Redesigning Continuing Education

- *The current system of continuing education for health professionals is not working. Continuing education for the professional health workforce needs to be reconsidered if the workforce is to provide high quality health care.*
 - *Redesigning Continuing Education in the Health Professions, 2009*

6 Core Competencies and Current Deficiencies

- Provide Patient-centered care
- Work in interdisciplinary teams
- Employ evidence based practice
- Apply quality improvement
- Utilize informatics

- IOM: Health Professions Education, 2003

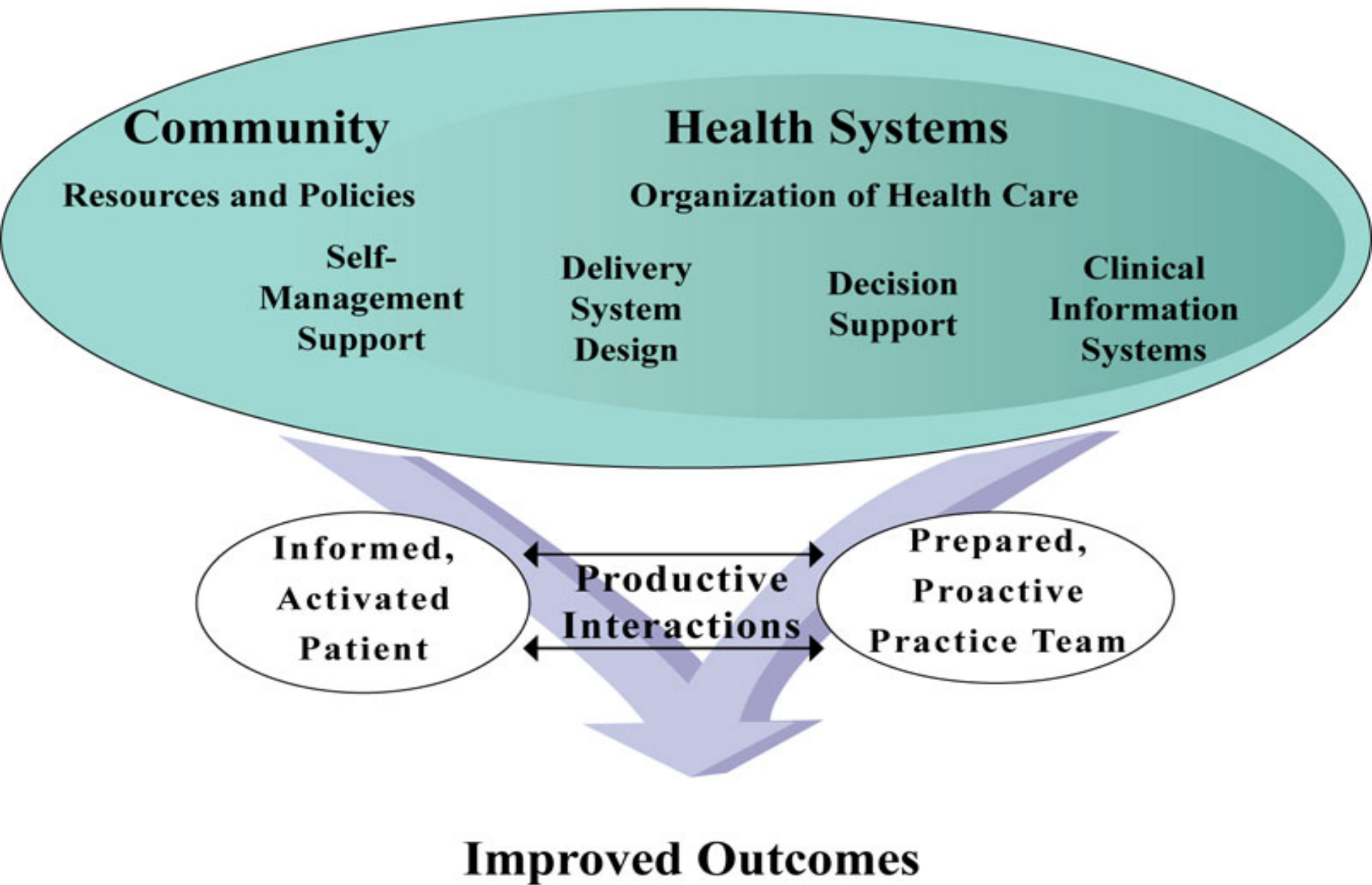
Main Points

- Flaws in the education of health professionals both reflect and contribute to the failures of our current health care delivery system.
- Health professions education and training needs to be redesigned to enable health care transformation.

Flaws in Education & Practice

- Focus on care for acute illness
- Focus on a biomedical approach to patient care
- Lack of communication and coordination between providers and among health care professionals
- Failure to adequately address disease prevention and chronic disease management
- Failure to adequately address the social, economic, and cultural factors
- Failure to coordinate care across transitions and settings

The Chronic Care Model



Health Care Delivery Reform

- Failure to fundamentally alter health professions education and training will constitute a profound obstacle to realizing actual transformation of health care delivery and improving the health of our population.

Systems Approach to Health Professions Education Reform

- Not just adding more to current curriculum
- Redesign the organization and delivery of education
- Requires a coordinated approach among and within all health professions

Systems Approach to Health Professions Education Reform

- Identify effective educational methods and integrate those methods into coordinated, broad-based programs that meet the needs of the diverse range of health professionals
- Support competency-based educational models that demonstrate improvement in performance
- Continually evaluate and improve the effectiveness of educational methods and their impact on patient care

Redesigning the Organization & Delivery of Health Professions Education

- Learning methods
- Composition of the workforce
- Characteristics of the learning environment
- Organizational structures
- Sources of support
- Determinants of culture

Learning Methods

Traditional methods

- Teacher-driven
- Curriculum designed to meet regulatory requirements
- Didactics
- Conducted in traditional settings
- Knowledge-based education

Innovative methods

- Learner-driven
- Curriculum designed by identifying gaps in personal knowledge and skills
- Practice-based learning
- Service-learning
- Competency-based education
- Measure outcomes and evaluate program

Composition of the workforce

- Diversity of the workforce
- Distribution among health professions
 - Nursing shortage
 - Difficulty retaining direct patient care workers
- Distributions among specialties
 - Primary care, geriatrics

Composition of the Workforce

• **Increasing Diversity**

- Associated with better access and quality of care for disadvantaged populations
 - Greater patient choice and satisfaction
 - Better educational experiences for students
 - Minority physicians are more likely to provide care for poor and underserved communities.
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- Institute of Medicine, *In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce*, Washington, DC: National Academy Press, 2004.
 - Cohen JJ, Gabriel BA, Terrell C, The case for diversity in the health care workforce, *Health Affairs*, 2002; 21 (5): 90-102.

Increasing diversity

- **Racial diversity**

- In 2007-2008, African Americans made up 12.3% of the US population but only 6.3% of allopathic medical school matriculants
- Hispanics made up 15.1% of the population, but only 7.9% of medical school matriculants
 - AAMC, Diversity in Medical Education: Facts & Figures, Washington D.C., 2008.

- **Economic diversity**

- In 2005, 55% of medical students came from families in the top quintile of family income, while only 5% came from the lowest quintile

- **Geographic diversity**

- Considered important for maintaining access to care across the country
- Disproportionately from urban areas
 - AAMC, Diversity of U.S. medical students by parental income. Analysis in brief, vol. 8, no. 1, Washington, DC, 2008

Composition of the workforce: Increasing supply of Primary Care Providers

- Countries with primary care providers as the foundation of the health care system achieve better health outcomes at lower cost.
- Projections anticipate a growing shortage of primary care providers, the supply of which many already believe to be insufficient.

- Association of American Medical Colleges, The Complexities of Physician Supply and Demand: Projections Through 2025, Washington D.C., 2008.

Increasing supply of primary care providers

- Steady decline in number of medical students choosing primary care specialties and an overall preference for subspecialties
- The role of financial debt in specialty choice
- Loan forgiveness for those pursuing a career in primary care
- Increasing payments for clinical services

- Association of American Medical Colleges, Medical School Tuition and Young Physician Indebtedness: An Update to the 2004 Report, Washington D.C., 2007.
- Pugno PA, McGaha AL, Schmittling GT, DeVilbiss AD, Ostergaard DJ, Results of the 2009 National Resident Matching Program: Family Medicine, *Fam Med*, 2009; 41 (8): 567-77.

Characteristics of the learning environment

- Education by and with interdisciplinary teams
- Education delivered in transformed models of care
- Education utilizing informatics integrated into clinical systems
- Education in relevant settings

Organizational Structures

- **Need for communication and coordinated oversight**
- The IOM identifies the lack of coordinated oversight
 - *across* the continuum of education and
 - *between* oversight processes including accreditation, licensing, and certification
 - within and among the *various health professions*

Sources of Support

- **Financing mechanisms for clinical education**
- Financing of education is embedded in the financing of health care
- Call upon payers and stakeholders to support changes and innovations in payment that will enhance patient care outcomes and provide productive training experiences for health professionals.
- Support faculty to develop expertise and become leaders

Changing the culture of organizations

- **We teach what we practice**

- Significance of of the institution's mission

- Core values of an enterprise

- *“The current culture of medicine has been characterized by the subordination of teaching to research, the intensifying pressure to increase clinical productivity, and the narrowing focus of medical education on biologic matters.”*

- Cooke M, Irby DM, Sullivan W, Ludmerer KM, American Medical Education 100 Years after the Flexner Report, N Engl J Med, 2006; 355: 1339-44.

Conclusion

- Health care delivery reform is critical for improving the health of our population
- Reform will be limited without a concerted effort to address the preparedness and education of health care professionals
- Such education, much like our health care system, needs to be fundamentally redesigned and continually evaluated to ensure a prepared workforce and ultimately, improve health outcomes