Forging Collaboration Within Academia and Between Academia and Health Care Delivery Organizations: Importance, Successes, and Future Work

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The Institute of Medicine’s (IOM’s) report *Best Care at Lower Cost*\(^1\) indicates that team-based care is an important tool for making the transition to a learning health care system, and it is a major objective of the work the Josiah Macy Jr. Foundation has been sponsoring for the past several years. Interprofessional education (IPE), defined by the World Health Organization as persons from two or more professions learning with, from, and about each other in order to achieve better patient outcomes, offers the potential to generate such teamwork when implemented more frequently, effectively, and, ideally, pervasively.

IPE is not a new concept. An IOM report released in 1972, *Educating for the Health Team*,\(^2\) advocated for IPE. Some institutions have attempted to incorporate IPE, but until recently it has struggled to take hold. There are a number of challenges that must be faced and several of the Macy Foundation’s grants address these. For instance, there is now a growing number of different universities—one perhaps having a medical school, another having a nursing school or a school of pharmacy—that are collaborating on IPE. The University of Colorado, University of Minnesota, and University of Washington have all launched successful school-wide approaches to IPE involving multiple health professional schools. An example of a successful IPE collaboration across different academic institutions is Hunter College’s (nursing, public health, and social work) collaboration with Weill-Cornell (medicine).

However, even within a single university, different professional schools often have different schedules. Furthermore, involving multiple geographically disparate campuses or students in health professions distance learning programs presents a significant logistical challenge.

To confront these challenges and facilitate broader IPE implementation, in May 2011 the Interprofessional Education Collaborative (IPEC), which is composed of individuals representing six health professions educational institutions—medicine, nursing, osteopathy, dentistry pharmacy, and public health—issued the report *Core Competencies for Interprofessional Collaborative Practice*.\(^3\)

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This publication complemented the report of a 2011 conference on team-based competencies co-sponsored by the Macy Foundation, the American Board of Internal Medicine Foundation, and the Robert Wood Johnson Foundation. These competencies are providing major guidance for the design of IPE programs.

Moreover, in September 2012 the Health Resources and Services Administration announced that it would provide $4 million in core support over 5 years for a new Coordinating Center for IPE and Collaborative Practice (the National Center) at the University of Minnesota. At the same time, the Macy Foundation and three others—the Robert Wood Johnson Foundation, John A. Hartford Foundation, and Gordon and Betty Moore Foundation—pledged an additional $8.6 million over 5 years to support the work of the National Center. Operations of the National Center have been getting under way and should catalyze activity around the country.

Not uncommonly, leaders in health care delivery systems who are working to develop more population-oriented, team-based, coordinated care have been concerned that academic institutions have not been graduating health professionals best-equipped to deliver such care. At the same time, academic institutions have been concerned about varying degrees of unwillingness of those in health care delivery to participate in the education of the future workforce. Accordingly, going forward, we see it, and the National Center sees it, as extremely important to align IPE with clinical practice redesign and collaborative practice. We held a conference in January 2013 on this subject. Recommendations from that conference include the following:

- Engage patients, families, and communities in the design, implementation, improvement, and evaluation of efforts to link IPE and collaborative practice.
- Accelerate the design, implementation, and evaluation of innovative models linking IPE and collaborative practice.
- Reform the education and lifelong career development of health professionals to incorporate interprofessional learning and team-based care.
- Revise professional regulatory standards and practices to permit and promote IPE and collaborative practice.
- Realign existing resources to establish and sustain the linkage between IPE and collaborative practice.

Each of these recommendations includes specific high-priority work that needs to be done to help achieve them.4

To achieve the goal of “best care at lower cost,” fostering teamwork through IPE and forging a nexus between academia and health care delivery organizations should be top national priorities. The country, and each of us as individuals, needs it.

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References
Note: Authored commentaries in this IOM Series draw on the experience and expertise of field leaders to highlight health and health care innovations they feel have the potential, if engaged at scale, to foster transformative progress toward the continuously learning health system envisioned by the IOM. Statements are personal, and are not those of the IOM or the National Academies.

In this commentary, George E. Thibault and Stephen C. Schoenbaum of the Josiah Macy Jr. Foundation describe the promise offered by interprofessional education (IPE) to improve teamwork and patient outcomes throughout the care delivery process. Their discussion touches on several concepts central to continuously improving health care, including the opportunities for:

- Broad, national investment in IPE program development;
- Collaborative efforts to design and implement coordinated, streamlined IPE competencies;
- Alignment of IPE with clinical practice redesign to incorporate interprofessional learning and team-based care into health professions education reform; and
- Patient, family and community engagement to accelerate the design, implementation, improvement, and evaluation of efforts to link IPE and clinical practice.

Information on the IOM’s Learning Health System work may be found at www.iom.edu/learninghealthsystem