Reconfiguring health professions in times of multi-morbidity

Eight recommendations for change

Thomas Plochg, Niek Klazinga, Michael Schönstein, Barbara Starfield

OECD discussion paper June 2011
Barbara Starfield 1932-2011

- I have gone over the rest of the paper, with tracking (attached). I may have removed some sentences because I did not think they were clear or new; if you feel they are necessary, please make them clearer.

I hope the revisions make sense to you. It is very clear that we are in largely unchartered territory, at least for most readers. It is quite a challenge to do this!

Barbara

May 16
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Professions are institutionalized groups that permit the members of an occupation to make a living while controlling their own work.

Eliot Freidson 2001
Description of characteristics

• Specialized work in the official recognized economy that is to believed to be grounded in a body of theoretically based, discretionary knowledge and skill and that is given special status in the labor force;
• Exclusive jurisdiction in a particular division of labor created and controlled by occupational negotiation
• A sheltered position in labor markets that is based on qualifying credentials created by the occupation;
• A formal training program lying outside the labor market that produces the qualifying credentials, which is controlled by the occupation and associated with higher education;
• An ideology that asserts greater commitment to doing good work than to economic gain and to quality rather than the economic efficiency of work.

<table>
<thead>
<tr>
<th>Century</th>
<th>Socio-economic development</th>
<th>Population health needs</th>
<th>Type of knowledge &amp; technology</th>
<th>Type of professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>16th-18th Century</td>
<td>Feudalism &amp; Agriculture</td>
<td>Pestilence &amp; Famine</td>
<td>Folklore &amp; Anecdotal</td>
<td>Dotores medicinae &amp; barber guilds</td>
</tr>
<tr>
<td>19th Century</td>
<td>Industrialization/beginning of modern state</td>
<td>Receding infectious diseases (e.g., cholera, tuberculosis)</td>
<td>External agents (i.e., toxins &amp; organisms)</td>
<td>Generalists &amp; Hygienists</td>
</tr>
<tr>
<td>20th Century</td>
<td>Welfare State</td>
<td>Manmade diseases related to lifestyle</td>
<td>Reductionist-based (i.e., single cause, single disease &amp; single treatment)</td>
<td>Multiple health specialists</td>
</tr>
</tbody>
</table>
| 21st Century    | Global knowledge-based economy              | Ongoing degenerative diseases & societal stress | System-based (i.e., multiple causes, multimorbidity, individual risks, epigenetics & allostatic load) | ????

Health professionals focused on winning the previous war?
what we want from health professionals

• Health for all
• Multi-morbidities addressed
• Health literate citizens/patients
• Integrated care
• Coordinated services
• Efficiency, Cost-containment, Value
What we try to do

• General Practitioner/ Specialist ratio
• Nurses/physician ratio
• Nurse practitioners / physician assistants
• Task substitution within and between disciplines
• Teamwork
How professionalization is channelled

• Towards individual disease based care
• Based on disciplinary organised knowledge
• Using disciplinary organized technologies for diagnosis and treatment
• Through hospitals
• Through professional training and licensing
Reconfiguring Health Professions

- Defining and categorizing the patient and population health needs and problems
- Reorganizing professional domains around the needs of populations with specific needs
- Reorganizing professional domains by eliminating work that could be done in primary care or by patients themselves
Can we speed up and channel dynamics for change within health professionalism?
Channelling professionalization processes

• Classic patterns:
  – Mounting external pressures on profession resulting in self regulation taking over the policy agenda to avoid regulations by other stakeholders (JUDO)
  – Deprofessionalization through standardization and control of working processes (BOXING)
  – Empowering patients (TENNIS)

• should calibrate external pressures in order to channel professionalism towards the population based model.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Elevating population health needs as a core professional value</td>
<td>Elevating a population health orientation as one of the core values of health professionalism.</td>
</tr>
<tr>
<td>1) Targeted research funding</td>
<td>Establishing an enhanced portfolio of health research that provides the credentials for more integrative health professions.</td>
</tr>
<tr>
<td>1) Targeted technology funding</td>
<td>Investing in the development of integrative technologies that favour generalization rather than (sub) specialization.</td>
</tr>
<tr>
<td>1) Targeted infrastructure investment</td>
<td>Investments in infrastructure (including real estate) should be health needs based. Infrastructure investment decisions could also trigger workforce adaptation.</td>
</tr>
<tr>
<td>1) More flexible professional bodies</td>
<td>Easing the requirements that emerging integrative professions need to satisfy in order to become a fully approved health profession.</td>
</tr>
<tr>
<td>1) System &amp; multi-morbidity based health curricula</td>
<td>Including expert decision making based on the principles of systems thinking and multi-morbidity in medical education.</td>
</tr>
<tr>
<td>1) Balanced performance assessment &amp; management</td>
<td>Developing performance based instruments related to the health outcomes of the patient groups that are served rather than for individual diseases.</td>
</tr>
<tr>
<td>1) Supportive payment models</td>
<td>Developing pay-for-population-health-performance schemes that reward health professionals for maximizing population health outcomes.</td>
</tr>
</tbody>
</table>
Elevating population health needs as a core professional value.
Targeted research funding that provides the knowledge base and credentials for more integrative health professions.
Targeted technology funding that favours generalization rather than (sub)specialization.
Targeted infrastructure investments away from the classical hospital model.
More flexibility in professional bodies to acknowledge new fields of skills and expertise.
System & multimorbidity based health curricula
Balanced performance assessment & management
Supportive payment models
Key messages

• The 20th century premise of health professionalism is outdated in the 21st century
• A reconfiguring of health professionalism is warranted
• Such a reconfiguration is feasible, but requires pro-active governmental and professional leadership
• The presented eight recommendations can help to channel professionalization forces in the direction of a health workforce that can tackle the multi-morbidity health needs
Thank you for your attention

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