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Special Report on the IOM Global Forum on Innovation in Health Professional Education: Social Determinants of Health in Health Professional Education

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Reminder - The ACCAHC year-end review and annual meeting is tomorrow on Tuesday, December 15, 2015 at noon (PST). Please join us. [Register here.](#)

Overview, Background, Priorities and Team

ACCAHC continued in 2015 in its fourth year as a dues paying member of the [IOM Global Forum on Innovation in Health Professional Education](#). The ACCAHC involvement has been made possible 2012-2017 through a generous investment from a foundation that wishes to remain anonymous. ACCAHC's goals remain:

- Represent ACCAHC professions in this Forum that includes almost all other health professions;
- Educate ACCAHC members to topics prioritized by other health professions leaders (the principal reason for this Collaborator Special Issue); and
- Whenever possible, advocate for the innovation most important to ACCAHC: creating a health professional workforce that focuses less on reactivity and more on health creation and healing.

This report shares elements of each of ACCAHC's goals. The core team is ACCAHC's Global Forum member, **Elizabeth A. Goldblatt, PhD, MP/HA**, co-executive director, and ACCAHC alternate, **John Weeks**, past executive director and presently a consultant to the project. The work of the Goldblatt-Weeks team is supported by the members of the ACCAHC IOM Global Forum Advisory and Dissemination Task Force, listed below. Twelve members of the Task Force were able to meet for a September 10, 2015 teleconference to advise the team. Goldblatt and Weeks were joined onsite by member **JoAnn Yanez, ND, MPH** for the Social Determinants open session. Note that all members of the public are invited to the Workshops.

- **Karen Bobak, DC, EdD**, Dean of Chiropractic, NYCC; ACCAHC Board
- **Joe Brimhall, DC**, President, UWS; Past ACCAHC Board/Exec
- **Justine Clegg, MS, LM, CPM**, President, Association for Midwifery Educators
- **Stan Dawson, DC, CNMT**, Board Member, AFMTE; ACCAHC Board
- **Nick DeGroot, ND**, Dean of Naturopathic Medicine, CCNM
- **Sharon DeJoy, PhD, MPH, CPH, CPM**, Association of Midwifery Educators
- **Elizabeth Goldblatt, PhD, MPA/HA**, ACCAHC Executive Director (Co-Chair)
- **Stacy Gomes, EdD**, VP, PCOM; Board, CCAOM; ACCAHC Board
- **Melanie Henriksen, ND, LAc, CNM**, Dean of Naturopathic Medicine, NCNM
- **Dawn Hogue, MA, CMT**, Chair, COMTA; ACCAHC EWG
- **Mary Louttamas, MSW, ACC, e-RYT500**, MUIH, ACCAHC Board

Why I Support ACCAHC



JoAnn Yanez, ND, MPH, Executive Director of the Association of Accredited Naturopathic Medical Colleges:

"I support ACCAHC, because our collective voice is stronger than it is alone. Health care needs the preventive, whole person approach that our organizations represent, and patients need access to a well trained and collaborative integrative health care team.

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Featured Web Resource



Whether you are simply curious about Evidence Informed Practice (EIP) or charged with building an EIP curriculum from the

- **Will Morris, PhD, LAc, DAOM**, President, AOMA Graduate School of Integrative Medicine
- **Robb Russell, DC**, Centers of Excellence, Southern California University
- **Lynne Thames, MSOM, MA**, Past Dean, Florida College of Integrative Medicine
- **John Weeks**, Publisher/Editor, The Integrator Blog (Co-Chair)
- **Mike Wiles, DC, MEd**, Dean of Clinics, TCC; ACCAHC AIHM Education Team, ACCAHC EWG
- **JoAnn Yanez, ND, MPH**, Executive Director, AANMC; ACCAHC Board

Published in a New IOM Report: Brett/U Bridgeport and Goldblatt/U Arizona in IOM Workshop Summary

On arrival, members were presented with draft copies of the IOM report from the April 2015 workshop: [Envisioning the Future of Health Professional Education: April 23-24, 2015 Workshop Summary](#). (The PDF is available for free download.) A highlight for ACCAHC and the integrative health and medicine fields is the inclusion, in an appendix, of abstracts from two presentations.



University of Bridgeport (UB) Integrated Clinics - Interprofessional Education - The presentation from **Jennifer Brett, ND, LAc**, ACCAHC Clinical Working Group past co-chair and current member, summarizes her concise look at the interprofessional engagement at the UB Clinics. Students in chiropractic, naturopathic medicine, acupuncture and dental hygiene were involved. Brett shared documented outcomes. Brett's video

presentation on the IOM site, including data on its impact on student, [is here](#).

The University of Arizona's National Center for Primary Integrative Health Care: Changing Primary Health Care Professionals' Education to Incorporate an Interprofessional Integrative Health Approach - The abstract from **Elizabeth Goldblatt, PhD, MPA/HA**, a member of the U Arizona project's leadership team, describes goals and activities to date. She described core traits of this \$1.7-million interprofessional collaboration. [Goldblatt's video presentation is here](#).



ACCAHC is also present in the report in a segment in which Goldblatt was assigned a "pro" role in a mock debate on whether "The Creation of New Task Specific Roles Should be the Strategy for Health Professionals to Meet Individual and Community Health Needs." Credit ACCAHC member institution U Bridgeport and the U Arizona initiative, on which ACCAHC is a partner, for creating this presence for our professions, and for the integrative health and medicine movement.

Planning Day #1: "Financing of both delivery and education are not giving us what we need"

The IOM first day is a closed meeting in which ideas for future meetings are discussed. One topic under consideration for a possible future forum is financing of change in the system. Perhaps the richness of the topic is evidence in these comments - each non-attributable because it was a closed session - from a breakout on the topic. A general gripe of many with the current system was expressed this way: "A huge portion of funding is coming from the federal government to support MD residencies in hospitals and there is no accountability, no rules, no outcomes, and no social accountability." A



ground up; you will find resources and ideas here. The links and documents presented here provide background information and definitions of Evidence Informed Practice. Additional links direct you to EIP training programs and resources developed by multiple institutions funded through an NCCAM grant to create academic programs to enhance research literacy, and increase the use of research in clinical decision-making. Explore ways to promote a culture of research at your institution, [click here](#)

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topic

quickly brought forward is the growing debt load of graduates. One rejoinder: "In some other countries there are lower requirements for professions, yet they have better outcomes. Do our programs need to be so long? One view problem with supporting interprofessionalism: "There are systems that don't support it. For instance, tenure is for work in your own field, not IPE." Another added a positive note that the MD testing agency is exploring ways to test or IP functioning and team skills."

One interesting financial strategy is in place in Maryland. To provide hands-on education to nurses - for whom there are no federally-supported residencies - the state of Maryland has a program of deducting a set amount from medical encounters in the state's hospitals. Is a state-by-state campaign for a similar delivery organization tax a means of directing support to nurses and potentially other professionals? One participant remarked on how many of our problems flow from the fee-for-service, production-oriented payment model "which we are supposed to be changing - but I am not sure how well we are doing that yet." Another added: "The financing of both delivery and education are not giving us what we need." Massive use of [MOOCs](#) was suggested. No decision has been made as to whether financing will be selected. Its importance has been repeatedly promoted by ACCAHC's Goldblatt in multiple open session remarks and was given additional push by Weeks.

Planning Day #2: Reducing the Stress of Being a Health Professions Student

ACCAHC's Elizabeth Goldblatt, PhD, MPA/HA co-led an afternoon breakout with Harvard medical resident Sandeep Kashore on a topic with which the two have been part of a Global Forum team for two years. The focus of their work was on the development of a paper that discussed reasons for resident and other health professional student burn-out and suicide and recommended strategies to cope with this pressing situation. The group also reviewed the draft of a potential workshop related to health and well-being in health professional education that the ACCAHC team has been developing with a prospective philanthropic partner and with IOM staff. (See brief description at the end of this report.)

Planning Day #3: Innovation Collaborative on Learning through Community Engagement

A new project, an Innovation Collaborative on Learning through Community Engagement, is being explored within the Global Forum. The leadership co-chairs are from George Washington University and a South African university. The present focus - not unrelated to the social determinants topic - is on measuring learning outcomes in community surroundings. In a breakout session, a global systematic review elicited less than two dozen studies with 40% from the US. Yet even these offered little real guidance as few of the studies had any measured outcomes. In fact, the sector interested in such measurement is yet so young that a clear definition of what is meant by the "community" that is to be engaged has not been established. Yet the work is important as additional resources in health creation move out of tertiary care and into community engagement. John Weeks will be tracking this project on behalf of ACCAHC. As a side note, a frequently referenced polestar for some of this work is the direction that the Robert Wood Johnson Foundation - a Global Forum member - has taken relative to creating a [Culture of Health](#).

Open Session #1: Educating Health Professionals to Address the Social Determinants of Health - A Consensus Study

The public focus of the IOM meeting came on the second day with a series of presentations and discussions related to a consensus study underway on [Educating Health Professionals to Address the Social Determinants of Health](#). Some of these are remarked on below. The following presentations are all

available for viewing:

- Overviews of "What We Want to Get Out of this Study"
 - [Joanna Cain-ACOG/ABOG](#)
 - [Angelo McClain-National Association of Social Workers](#)
- ["Bringing Different Sectors Together for Addressing the SDH" \(Kira Fortune-PAHO\)](#)
- ["Background Paper on Topic" \(Sara Willems-Ghent University\)](#)
- Learning from Examples
 - [Duke University School of Nursing \(Brigit Carter, School of Nursing\)](#)
 - [Florida International University \(Pedro Greer, Community Engagement\)](#)
- Experiential Community-Based Learning
 - [Medical Education Cooperation with Cuba \(Pierre LaRamee-MEDICC\)](#)
 - [Student Perspective \(Lillian Holloway-Latin American School of Medicine\)](#)
 - [Challenges/Opportunities of Experiential Learning \(Elizabeth Doerr, Johns Hopkins\)](#)

Open Session #2: Social Determinants in Health Professional Education - Starting Places and Anticipated Outcomes

The theme of linking the social determinants that are imbedded in family health, community health and public health with clinical medicine is a foundation of Global Forum activity. It was captured in the 2010 Lancet Report that was part of the Forum's inspiration, [Health professionals for a new century: transforming education to strengthen health systems in an interdependent world](#).

Joanna Cain, MD, with the American College of Obstetrics and Gynecology, and an international worker in the field, opened the day with clarity that the move out into SDH and communities brings in new players. She encouraged "engagement of community advocacy groups, professional societies, legal societies, and national leaders to diagnose, prioritize and support policies, education, research, outcomes that address social determinants of health." ([Slides here](#).)

Angelo McClain, PhD, LICSW, with the social workers, presented the "Model of Population Health" as part of a presentation in which he suggested new knowledge areas to address SDH: "We need to know the biological and clinical sciences, epidemiology, psychosocial factors, ecology, urban planning, sanitary engineering, architecture, anthropology, sociology, community psychology, policy, planning, administration, communications, education, politics and more." The payback for opening to these other realms of inputs on health he sees as substantial, ticking off a series of anticipated, hopeful outcomes from this re-direction of energy in health professional education. Many of them cost related and all in the [Triple Aim](#):

- Improved patient experience
- Reduced clinician burnout
- Reduced hospitalization rates
- Reduced ER visits
- Reduced redundancy in tests
- Increased savings per patient
- Higher quality of care
- Reduced cost of care

McClain's language was familiar to the integrative health and medicine community. All of this is a "holistic approach" that brings "benefits of treating the whole person." At core is "interdisciplinary collaborations." ([Slides here](#).)

A presenter from the Pan American Health Organization (PAHO), Kira Fortune, offered context. That 38-nation organization has set social determinants and particularly health equity as top strategic areas for 2014-2019. ([Slides here](#).)

Open Session #3: Models at Duke and Florida International

Throughout the day, the members of the consensus committee sat around a horseshoe shaped set of tables listening to presentations then asking questions. The next content section related to working models. Brigit Carter, PhD with the Duke University School of Nursing described a [Health Equity Academy](#) they use to successfully enroll members of underserved communities and transition them toward leadership roles in their communities on graduation. ([Slides here.](#)) A team from Florida International University shared an institutional strategy that, rather than following an ivory tower medical school model instead sought to directly focus on drawing students from, and developing a workforce to support, the local community. A significantly higher percentage of graduates, for instance, took advantage of classes related to service learning, cultural competence and health disparities. ([Slides here.](#))

Open Session #4: A Look at the Cuban System

Pierre M. LaRamee, director of [Medical Education Cooperation in Action in Cuba](#) provided perspective from a nation with significantly different inputs and outcomes than the United States. The per capita investment in medicine is \$606 versus \$8608 in the US, yet the Cuban population has a longer lifespan and a 50% higher "healthcare systems efficiency." The basic structure is to have "family doctors and nurses in every neighborhood." The system is more focused on primary care. In fact, the MEDIC program is now "bringing together Cuban health professionals and leaders from US medically underserved communities to work on priority local health problems in South Los Angeles, Oakland, Albuquerque, South Bronx, Akron OH and Milwaukee." A participant in the Ohio program noted that one feature as that "you are assigned to a population and if they don't come to you, you go to them." She added that neighborhood groups have roles in specific programs. Notably, while the Cuban system is known for a high level of integration of non-pharmacologic, complementary and alternative approaches and practitioners, the speaker did not reference this. ([Slides here.](#))

Open Session #5: An ACCAHC Question to the Study Team on Integrative Practices and SDH

In the open comment period, John Weeks took the mike to make a point related to ACCAHC's professions and medical doctors and others in integrative health and medicine. He noted that, unlike much of regular care, with its focus on drug approaches and surgeries, integrative practitioners are likely to engage patients in individual social determinants such as food, movement, stress, and family in the whole system approach. He put forward the general suggestion that there are presently multiple models from these fields how to put social determinants in health professional education. Is it possible, he suggested, that clinical medicine, approached in an integrative model that engages social determinants in these ways can contribute more than the 10%-15% of influences on health typically attributed to clinical care. Note that in retrospect, ACCAHC would optimally have submitted content on this topic to the consensus team.

Movement on an ACCAHC Priority: Steps toward Possible Workshop on Integrative Strategies to Create a Health-Focused Workforce



While the IOM meetings are the center pieces of Global Forum work, the ACCAHC team is involved in various between session activities. (For instance, Goldblatt has had a lead in two writing projects.) An ongoing focus was stimulated in mid-2014, when Weeks spoke to a significant philanthropist in integrative health and medicine. He shared ACCAHC's work at the Global Forum to implant the theme of a health and well-being focus in the personal and clinical practices of the future health professions workforce. The theme has been carried by ACCAHC's Goldblatt in multiple planning sessions. The most significant impact to date came with significant help from an ACCAHC-recommended speaker in a May 2013 IOM workshop, ACCAHC Council of Advisers member **Mary Jo Kreitzer, RN, PhD, FAAN**. That work was reported in the IOM's [Establishing Transdisciplinary Professionalism for Improving Health Outcomes - Workshop Summary](#) (2013) and discussed in this [Collaborator #46 Special Report](#) (October 17, 2013). Now that philanthropist has connected with ACCAHC and the IOM. Weeks has had the lead in working with the prospective investor and IOM staff to help craft the session outline for the possible 1.5 day event. If it is given a go-ahead, it will likely take place in late 2016 or 2017. Weeks, Goldblatt and an IOM staff member will be on a call on the topic in late November. Exciting to consider! We will keep you posted as it develops.

Workshop Dates for 2016

Each of the workshops are open to all, via webinar or onsite. Please let anyone in your community know. ACCAHC accrediting agency member organizations, please note the focus of the April workshop.

2016 Meetings:

April 20, 2016 Forum Meeting

April 21-22, 2016 Workshop on Accreditation

October 5, 2016 Forum Meeting

October 6-7, 2016 Workshop T.B.D.

Thanks to ACCAHC's philanthropic partner for making this participation possible!

Edited and produced by Renée Motheral Clugston and John Weeks. Please send news items and announcements to mmenard@accahc.org.

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