

## Report on WHPA Forum 'Collaborative Practice'

Geneva, 20 May 2012

### Morning session

Chair: Dr Orlando Monteiro da Silva, President of FDI

#### *Foreword*

Some 35 participants registered for the WHPA forum on collaborative practice, held in Geneva on 20 May 2012. FDI President Dr Orlando Monteiro da Silva chaired the morning session, briefly addressing the session on the pressing need for close collaboration among the different health professions.

#### *Speakers*

First speaker, Dr Marylin Moffat, President of the World Confederation of Physical Therapists, focused her remarks on collaborative practice in rehabilitation and highlighted how WHO's International Classification of Functioning, Disability and Health, a framework for collaborative practice, can yield positive results in areas such as safety, client satisfaction and access to services.

The second speaker, from the International Pharmaceutical Federation, provided an example of how a hospital-based integrated health service delivery system is making significant contribution to long-term adherence to treatment by chronically ill patients. He outlined how this system is now being expanded into over 50 community-based pharmacies.

#### *The debate*

Pre-requisites to advance the cause of collaborative practice:

- Identify gaps and set direction for collaborative practice.
- Support interdisciplinary education
- Identify models professional intercommunication
- Identify catalysts for collaboration
- Stress social accountability
- Address different levels of development
- Acquire better understanding of development-related issues
- Identify education options bearing in mind extreme disparities in resources
- Leverage skills of all professions to improve outcomes
- Set higher standards for collaborative practice
- Develop a vision incorporating guiding principles for collaborative practice including cost reduction, improved efficiency and better patient outcomes
- Expand the concept of care to include well-being and patient empowerment:

Two points of view:

- Health professionals should focus on care, service excellence and positive outcomes:

collaborative practice yields good results. It would be counterproductive to focus on costs: the focus should be on value rather than cost-effectiveness. Healthcare should be projected as an investment rather than a cost

- Health professionals should face up to the fact that there is a lot of waste in health systems. Speak to politicians on their own terms: the best argument for collaborative practice is in the greater efficiencies and better outcomes it achieves. Greater efficiency with better outcomes will result in reducing the waste

#### *Other comments:*

- Patient-centred and collaborative practice achieves positive outcomes
- There needs to a greater focus on patient education
- It would be worthwhile to develop collaborative events between the different health professionals
- WHPA can project its vision of collaborative practice through members bodies at national level

#### *Quotes of the session:*

- “I want to be the CEO of my own health care”
- “better care, better health, better value”

## **Afternoon session**

Chair: Dr José Luiz Gomes do Amaral (WCPT)

### **A. Presentation: Economic Impact of Office-based physicians**

Dr Cecil Wilson of the American Medical Association

#### *1) Impacts of current recession on health care in the United States*

- fewer jobs means decrease in employer-based insurance;
- increase in the number of uninsured;
- increase in insurance premiums and more deductibles;
- a quarter of all patients decide not to seek care.

#### *2) Impact on health industry*

- health care is registering year-on year growth;
- proportion on GDP is on the increase.

3) Total input of 668,000 office-based physicians to the US economy is US\$1.2 trillion from: jobs, wages and benefits, total output, state and local tax revenue

Quote: The automobile industry accounted for 25% of GDP in the early days of the 20<sup>th</sup> century: why should health accounting for a high proportion of GDP be considered a bad thing?

### **B. Health care and the economy**

Guest speaker: Dr Olivier Raynaud, Senior Director, Global Health and Healthcare Sector, World Economic Forum

#### *1) Health/economy:*

- health as economic sector and factor of economic growth and development

- health as a shared issue between all the stakeholders, but there remain elements of distrust among the major players
- strong believer that private sector can and should do more in the sector of health
- health sector needs to be viewed less in terms of fundamental rights and be placed at the heart of economic growth. 'How do invest in my future health', not 'how do I save for my future care'.
- too large proportion of health care (17 to 18% of GDP,) weighs down the rest of the economy;
- growth in health care should not exceed economic growth

Quote: The current recession highlights the need for transformation in health care, guided by economic considerations.

### 2) *Impacts of IT, data and technology:*

- health care sector more transparent;
- greater capacity to compare and benchmark data;
- sharing of data is an enabler for health care;
- motor for integration and integrated care;
- quality information;
- better outcomes as lower cost;
- collaboration across health care and across sectors (e.g. food and beverage);

Quote: Better data, better health, better feedback for people to stay healthy.

### 3) *Globalization*

- focus on community-based health and care;
- health and care start at home;
- design health care around community, not around doctors.

### 4) *Prevention*

- no-one “owns” prevention
- no-one is making a business out of prevention.

Quote: Mirror on behaviour is the strongest driver for change

### 5) *Consequences for health professionals:*

- have been the subject of health reform, not the actors;
- should be the agents and drivers of transformation;
- if not, they will have decisions made on their behalf

Quote: Transformation, accountability, prevention

## **C. Questions raised**

Transformation of health care raises economic issues such as supply and as well as questions about social, personal and professional ethics. The current workforce and infrastructure-based model is not appropriate in many developing country settings, and innovative models need to be developed.

In prevention, the concept of the carbon footprint could be transferred to health: a health footprint could then be factored into social and economic policy. Business models exist for prevention 'ownership', tracking user behaviour, risk factors and pre-dispositions, but risk that data in the hands of non-specialists can lead to bad science.

Quote: Better health data is a prerequisite of better health care.

## **D: Collaborative practice and the implication of the financial crisis to national and international associations**

Gerhard Konrad Seeberger, FDI Counsellor

In the interests of collaborative practice:

- Technology: combining medical act with advanced technology, e.g. mobile communication, sensor technology & Apps, Hb1Ac detection from periodontal pockets
- Data gathering: (1) dental profession's long experience with data gathering, e.g. in forensic science; (2) take due account of privacy issues; (3) preserve doctor-patient relationship as basic principle
- Prevention: (1) dental profession's long experience in prevention; (2) oral prevention and NCDs; (3) advocating "green" practice, thinking and lifestyle; (4) not only health priority but economic priority.

### **Q&A**

- Q: is it a growing practice to use auxiliaries in the developing world
- A: a mid-level might be needed where full-service dentist is not available (even in some developed countries)

### **Observations**

- Given high cost of oral cancer therapy, prevention is a key tool
- Current situation is a great opportunity for health professionals (as well as with public) to develop a common approach to prevention and prevention and how can it be provided.

## **F. improving access to health care during tough financial times**

Rosemary Bryant, International Council of Nurses

- Main concern: empowerment of and outcomes for patients;
- Costs: cost efficiency cannot be ignored;
- Role of health professionals: find solutions to lead debate on best outcomes and best practice;
- Focus: access to health services;
- Nurses: have potential to change and transform health services and are key to equity and access to care;
- Education: lack of access to education for nurses – need to identify models for professionals at difference levels of education;
- Health budgets: serious cuts (e.g. Romania 25%), impacts on salaries, pensions, stress will lead to degradation in services;
- Catalyst: could also be time for innovative change such as expanding role of nurses in other areas of medical practice.

Quote: nurses are the glue that holds medical services together

### *Observations*

- We should promoting health not as a human right but as an investment with positive impacts on the economy;
- If health is an investment, how do we do it better and collaboratively?
- Every health professional should be working at the top of their competency;
- Avoid danger of fragmented health services and patients falling in the gaps.

Quote: To be CEO of your health care you have to be health literate, which is not always the case.

## **G. Discussion**

Facilitators: Prof Phil Schneider (FIP) and Dr Marylin Moffat (WCPT)

In move from reform to transformation of the health system:

- Need to move from reactive to proactive system: current pay-for-service systems does not further prevention, so is not based on health systems' current needs;
- Need to work better in the community to devise better ways of developing and delivering prevention and health care;
- Numerous challenges of changing from health reform to health transformation
- Collaboration with other sectors, food industry, health IT etc, for care and prevention;
- Maximise delivery of services with Apps;
- Ensure oversight by medical professionals for health improvement concepts (e.g. 'walking for health') to ensure quality.

### *Observations*

- National associations need to address issues that have impact on national and regional health policy, for example when economic interests such as protectionism take priority of over health and prevention, e.g. immunisation (physician/pharmacist);
- In healthcare transformation, take care not to go too far too fast, for example in deciding who is allowed in different interventions. The way forward must be understandable, acceptable and within a framework of competency in the medical team;
- Focus should be on responsibilities, roles and competencies and how to best integrate medical work to improve health outcomes. We should get the message we have here back to others;
- Crucial for health professionals to work with social care systems in the design of healthcare IT to ensure that information on the patient needs flows between providers, including a wider group of people involved in general care of the population;
- Important to provide for the high proportion of people who make a conscious decision not to visit their physician and come to their local pharmacy for advice regarding symptoms;
- Fragmentation of the health system must be addressed: focus should be on working together to become more efficient in prevention and healthcare delivery;
- Two papers should emerge from the WHPA forum:
  - Collaborative practice – opportunities for all: guiding principles
  - A conceptual framework for greening health services: leading health transformation around the world to assure sustainable health services delivery.

## **H. Closing remarks**

Dr José Luiz Gomes do Amaral

- relevance of health sector, generating jobs in the economy;
- health determines the health of the economy, but is also a drain on resources;
- investment needed in 'greening' of health and sustainability;
- need to convince government and population to ensure balance between health promotion and health care; prevention is an investment in the future;
- urgent need to merge health promotion, disease prevention, health care and rehabilitation into one encompassing concept of health;
- possible to improve efficiency and reduce costs.