

Academic Pharmacy: Improving Health Care Quality through Education

Development of a federal health professions education strategy

“We will not view the workforce in isolation, but as the principal component in strengthening health systems and tackling priority health problems – all integrated into a nation’s health and development priorities.” WHO Global Health Workforce Alliance

Recommendation:

As a component of a comprehensive federal health professions workforce strategy, Congress should reauthorize the Title VII programs by making the majority of the programs, including those addressing residencies, faculty development and curriculum development, interprofessional in nature and focused on issues of state or national concern.

Current Law:

The Public Health Service Act Title VII health education programs are authorized under 42 USC Section 293 et seq.

Background:

- ◆ According to the Bureau of Labor Statistics, a large number of health professions can expect average or greater than average job growth through 2014. [1]
- ◆ The demand for health care professionals will exceed the supply for the foreseeable future. [2],[3],[4]
- ◆ Our ability to meet that need is compromised [5] and new approaches, such as team-based care, should be supported as a way to extend the health care team so high quality care and consistent messages of health and wellness can be delivered.
- ◆ Our approach to health workforce recruitment and retention has international impact. [6]

The United States faces a significant challenge in providing access to care as the number of health professionals decreases. An aging population, geographic mal-distribution of the workforce, and technology advances increase the demand for services. An aging workforce, faculty shortages, and stressful work environments make it difficult for health professions education institutions to meet that demand. Our inability to meet our own health professions workforce needs has a global impact. The health workforce of countries around the world is being depleted, too often in the very countries struggling with significant health challenges, by our lack of comprehensive action. The federal government has never instituted a comprehensive health professions education strategy. The best attempt has been the varied and disparate programs that are authorized under Title VII of the Public Health Service Act. These programs have been under considerable funding stress over the last several years resulting in program changes, elimination and uncertainty.

Supported by the 2003 IOM report on health professions, AACCP acknowledges that improving the quality of care patients receive will come from team-based, patient-centered care. AACCP recommends the development and support of interprofessional health education programs to facilitate this quality-improvement challenge. Improvements in the quality of care patients receive, as well as the opportunity to improve the nation’s research output for their benefit, are current expectations of interprofessional education, improved communication between health professionals and collaborative research. [7], [8], [9], [10], [11] Health professions education institutions and organizations are developing interprofessional

educational models and frameworks reflecting both the Institute of Medicine's and National Institutes of Health's recommendations. U.S. colleges and schools of pharmacy, within and outside academic health centers are: creating interprofessional residency programs; developing educational programs to prepare pharmacists to function in interprofessional care teams; and implementing faculty development programs to foster quality interprofessional research, education and patient care delivery.

Congressional appropriations remain unstable and the Administration does not support the current iteration of health professions education programs authorized under Title VII of the Public Health Service Act. The Act's pending reauthorization creates the appropriate time to recreate these programs within a comprehensive federal health workforce strategy that recognizes the need for high quality, safe health care that is delivered effectively and efficiently by health care professionals educated to provide patient-centered, team-based care.

Therefore, it is timely for the stakeholders around the PHSA Title VII table to consider a further reorganization and consolidation of programs under 42 USC Sections 293c-294f into a group of programs that are:

- interprofessional in their entirety;
- aimed at improving faculty development, residence training and curriculum development; and
- focused on issues of national significance.

For additional information:

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[1] Occupational Outlook Handbook. Bureau of Labor Statistics. <http://www.bls.gov/oco/home.htm>.

[2] The Pharmacist Workforce. HHS. <ftp://ftp.hrsa.gov/bhpr/nationalcenter/pharmacy/pharmstudy.pdf>.

[3] "Toward a Method for Identifying Facilities and Communities with Shortages of Nurses, Summary Report." HHS. <http://bhpr.hrsa.gov/healthworkforce/nursingshortage/default.htm>.

[4] "Recent Studies and Reports on Physician Shortages in the U.S." AAMC. <http://www.aamc.org/workforce/recentworkforcestudies2007.pdf>.

[5] "Vacant Budgeted and Lost Faculty Positions- Academic Year 2005-2006." AACP Institutional Research Brief. March 2007. http://www.aacp.org/Docs/MainNavigation/InstitutionalData/8087_IRBNo7-Facultyvacancies.pdf.

[6] Global Health Workforce Alliance. GHWA Strategic Plan. http://www.who.int/workforcealliance/GHWA_STRATEGIC%20PLAN_ENGLISH_WEB.pdf.

[7] "To Error Is Human: Building a Safer Health System." 2000. Institute of Medicine.

[8] "Health Professions Education: A Bridge to Quality." April 8, 2003. Institute of Medicine

[9] "Preventing Medication Errors: Quality Chasm Series." July 20, 2006. Institute of Medicine.

[10] National Science Foundation: 42 USC 1861 et seq.

[11] Zerhouni, E. The NIH Roadmap. *Science*. 2003;302:63.

