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ANNUAL MEETING UPDATE: PART I

SGIM Plenary Speakers Reflect on Advancing Teams in General Internal Medicine

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SGIM's 2015 Annual Meeting theme of "Generalists in Teams: Adding Value to Patient Care, Research, and Education" will be reflected in the conference's plenary sessions. SGIM President William P. Moran, MD, professor of medicine and director of General Internal Medicine & Geriatrics at the Medical University of South Carolina, will open the meeting on Thursday with his presidential address. Friday morning, Jeffrey Turnbull, MD, FRCPC, chief of staff at The Ottawa Hospital, will speak on "The Role of the General Internist in Canada's Evolving Healthcare System." Finally, the Malcolm L. Peterson Honorary Lecture at the Saturday awards breakfast will feature Malcolm Cox, MD, who will present a talk titled "Building Health Care Value through System Redesign: Leverage at the Point of Interprofessional Care and Education."

SGIM recently asked each of our plenary speakers to address several questions as they prepare for the meeting. Their answers illustrate just how exciting this era is in our field and how advancing teams will change the landscape of general internal medicine (GIM). Here are their responses:

What are the current opportunities for advancing teams and teamwork in general medicine?

Dr. Moran: The opportunities for advancing teams and teamwork in general medicine are many. First, teams with physicians and other professionals offer us the ability to more efficiently and effectively deliver care in both the inpatient services and the outpatient primary care setting. Many tasks that physicians currently are responsible for could be effectively managed by another team member. For example, pharmacists offer incredible depth of knowledge in medication management and are especially valuable to patient care when focused on high-risk medications, complex medication regimens, and titrating existing regimens for chronic illness such as diabetes and hypertension. Medical assistants can be trained to perform accurate and thorough medication histories within the clinical setting, and care coordinators can focus on challenges patients face when moving from hospital to home or other care delivery venues. Each team member brings his/her unique skills and training to the entire patient experience, and each contributes uniquely to patient care.

Dr. Turnbull: New strategies for chronic disease management will require the general internist to work in teams to provide integrated care for the complex patient. As most patients that we see have a number of chronic diseases, it is important that there be oversight and coordination among specialists, family practitioners, and other health care providers. It is inevitable that we will be working in teams in the hospital and within the community. General internists will be essential in ensuring that transitions in care are safe and effective.

Dr. Cox: Interprofessional education has had an "on again, off again" history over the past 40 or so years. However, recent changes in the US health care delivery system—most especially those generated by the Affordable Care Act and the growing realization that effective teamwork is essential if we are to achieve the so-called triple aim (improving the experience of care, enhancing population health, and limiting increases in per capita health care costs)—have moved interprofessional education and team-based collaborative care once again to the top of the agenda. Interprofessional teams have long been an important part of geriatric and end-of-life care and are now being increasingly employed in primary care settings such as the patient-centered medical home—a natural domicile for the general internist. Leadership from the general medicine community is seen by many as essential to the continued growth of collaborative practice… and especially of interprofessional education and research.

What do you see as current barriers to adoption of team medicine in clinical practice, education, and research?

Dr. Moran: One significant barrier to moving toward team medical care is the financing of care. In primary care, the resources are still inadequate to support interprofessional teams in managing complex patients. Payment driving the patient-centered medical home transformation will support interprofessional teams in improving care. A cultural barrier also exists in physician training and practice: We as physicians are not trained to work in teams and have not learned to trust in the knowledge and skills of our team members.

Dr. Turnbull: The challenges of team-based care are often misalignment of expectations and reward systems with lack of a clear description of scopes of practice and encouragement for integration of care. There are institutional barriers such as regulation and legislation as well as cultural and practice impediments. It is important that education and research programs focus on team-based care.

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Dr. Cox: If team-based collaborative care is to grow and thrive, we will need more effective ways of educating the health professions together rather than separately… and we will need to do this across the entire continuum of education rather than focusing only on a particular segment of that continuum. Learning together in classroom settings may be foundational, but it is hardly sufficient. Interprofessional learning must continue into clinical settings, graduate education, and lifelong continued professional development. The scope of this effort alone is an enormous challenge, requiring strong and enduring leadership, agreement on taxonomy and educational models, development and testing of interprofessional competencies, and measurement of learning, practice, and system outcomes. In the present environment, cost may also be a significant barrier unless it can be shown that patient, population, and health system outcomes provide an overall positive return on investment. Changes in education and practice of the magnitude envisioned will only be achieved by more effective alignment of education, health care delivery, and policymaking than is presently the case.

What are the gaps in research or education in this area?

Dr. Moran: We need to build interprofessional training environments in both the inpatient and outpatient venues that break down barriers to interprofessional communication, build appreciation of the knowledge and skills each team member brings to the patient care experience, and entrust each team member to be accountable within the team. We also need to more thoroughly study and define systems of care of care that engage team members at the point in care at which they are needed—and in a way that is accountable to other team members. Furthermore, we need to leave behind our hierarchal view of patient care and be cognizant of the communication needs among team members as an interdependent team. Finally, we need to study gaps in care—inpatient, outpatient, or other facility-based environments—where quality or cost issues emerge. At the same time, we must be mindful of the social and cultural characteristics that patients bring to the care experience and work within the patient's social and cultural norms to achieve a healing relationship with the patient by all team members.

Dr. Turnbull: There is very little high-quality research in the area of team-based care to demonstrate its cost effectiveness. Educational programs do not emphasize this enough at an undergraduate or postgraduate level.

Dr. Cox: There is much work to be done to move the vision of interprofessional education and collaborative practice toward more widespread adoption, and two areas in particular would greatly benefit from more active involvement by the general medicine community. The first is testing the models of interprofessional education that are being developed or deployed. More robust design and more reproducible toolkits for student assessment and program evaluation are needed. Learning outcomes would also benefit from more definitive analysis. Measures of team—as opposed to individual—excellence would be especially welcome. The second area is working toward a comprehensive analysis of the health and system outcomes of interprofessional education, without which a realistic description of the potential return on investment of interprofessional education will never be realized. The history, as well as the particular educational and research skills, of general medicine makes it an ideal candidate for both roles.

Join us at the SGIM 38th Annual Meeting, "Generalists in Teams: Adding Value to Patient Care, Research, and Education," April 22-25, 2015, in Toronto, ON, Canada. For more information, visit www.sgim.org/meetings/annual-meeting.

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