Breaking down silos: engaging students to help fix the US health care system

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Problem: The field of health care is becoming a team effort as patient care becomes increasingly complex and multifaceted. Despite the need for multidisciplinary education, there persists a lack of student engagement and collaboration among health care disciplines, which presents a growing concern as students join the workforce.

Approach: In October 2013, the Emory–Georgia Tech Healthcare Innovation Program organized a student driven symposium entitled “US Healthcare: What’s Broken and How to Fix It: The Student Perspective”. The symposium engaged students from multiple disciplines to work together in addressing problems associated with US health care delivery. The symposium was organized and carried out by a diverse group of student leaders from local institutions who adopted a multidisciplinary approach throughout the planning process.

Outcomes: The innovative planning process leading up to the symposium revealed that many of the student-discipline groups lacked an understanding of one another’s role in health care, and that students were interested in learning how to work together to leverage each other’s profession. The symposium was widely attended and positively received by students and faculty from the Atlanta metropolitan area, and has since helped to promote interdepartmental collaboration and multidisciplinary education across institutions.

Next steps: The student symposium will become an annual event and incorporate broader discipline representation, as well as a patient perspective. Proposals for additional institution-wide, multidisciplinary educational offerings are being addressed with the help of faculty and health care providers across the network. Accordingly, the implementation of student-driven symposia to engage students and stimulate institution-wide changes may be a beneficial and cost-effective means for academic health centers looking to facilitate multidisciplinary health care education.

Keywords: multidisciplinary health care education, multidisciplinary student engagement, multidisciplinary team-based learning

Problem

In the era of US health care reform, providers, payers, and patients across the country are being held more accountable to improve the quality, access, and cost of health care. Given the multifactorial nature of health care, it is no surprise that initiatives including accountable-care organizations and patient-centered medical homes are emerging as viable new care models across the country. These new approaches have one resounding goal in common: to bring multiple professions together in teams to provide better patient-centered health care. In fact, more than a decade ago in 2001, the Institute of Medicine (IOM) report Crossing the Quality Chasm: A New Healthcare System for the 21st Century called for such a multidisciplinary approach to health care.1 More recent
reports from the IOM have established guiding principles and values for team-based health care while reiterating the need for health care practitioners to embrace the transition from being soloists to members of an orchestra.2 Adding to the urgency is the ongoing transition from a predominantly volume-based health care system to one governed by value.3

Multidisciplinary teams have the potential to create value by increasing quality and patient satisfaction while simultaneously decreasing costs.2 Additionally, such teams allow individuals with different expertise to complement one another for the holistic care of the patient. One study has estimated that the average primary care physician connects to 266 other physicians when assessing the medical care network of his or her Medicare patients over a span of 1 year.4 However, this estimate does not include the interaction with other professionals, including nurses, physician assistants, pharmacists, social workers, dieticians, technicians, administrators, and many other integral team members. Given the diversity and quantity of health care disciplines, it is imperative for all health care professionals to understand the issues afflicting one another for increased transparency and communication.

The problem of ill-equipped health care professional graduates is not local to the US. The international community has also underscored the need for interprofessional collaboration; in fact, the World Health Organization has indicated that interprofessional education is necessary in creating a “collaborative practice-ready health workforce” capable of improving health outcomes.5 Similarly, the groundbreaking report Health Professionals for a New Century featured professional and academic leaders from around the globe who beckoned for an end to the “tribalism of professions”, while sharing a global vision and framework calling for change and system redesign of professional health care education.6

As noted in the IOM report, change begins in the classroom. To help students and future health care workers prepare for this transition, educators and institutions should provide a means for students to learn and actively problem-solve with one another. Eventually, integration of interprofessional collaboration and endorsement of a team mentality into educational programs will increase multidisciplinary competence, thus leading to better patient outcomes as students join the workforce.

The Emory–Georgia Tech Healthcare Innovation Program (HIP) is a multi-institutional network focused on facilitating health services research, education, and service (http://www.hip.emory.edu). As part of its activities, HIP hosts quarterly symposia with prominent guest speakers from around the country on the topic of “US Healthcare: What’s Broken and How to Fix It?” In October 2013, HIP organized its first-ever student-driven symposium to feature the multidisciplinary student perspective on the challenges facing the US health care system.

**Approach**

“It’s about the journey, not the destination”: this popular sentiment aptly embodies the planning process behind the student symposium. From the initial formation of the student planning committee to the final symposium presentations, a multidisciplinary mindset was adopted and integrated throughout the entire process.

**Student planning committee**

The initial student planning committee was comprised of ten student leaders from the HIP Student Advisory Group, representing different departments, schools, and universities, with each bringing a different discipline, perspective, and context. Many of these students were selected by the program director based on their leadership positions within various student organizations related to their respective disciplines. The different disciplines represented by the planning committee included public health, medicine, nursing, allied health, business, and engineering. Members of the planning committee included students from Emory University, Georgia Institute of Technology, Georgia State University, and Morehouse School of Medicine. The planning committee members were responsible for 1) selecting a student speaker on behalf of their respective discipline, 2) identifying faculty members from their respective disciplines as mentors for the student speakers, 3) organizing meetings with each of their own respective student organizations, and 4) providing multidisciplinary feedback for the student presentations.

**Student speakers**

Seven different student disciplines were selected for the symposium: public health, prehealth, medicine, nursing, allied health, business, and engineering. These disciplines were chosen based on their extensive presence across the multiple institutions. The prehealth discipline was designated for an undergraduate student, while all other disciplines were represented by graduate students. The designated planning committee members were asked to select student speakers based on who they thought would best represent their respective discipline, as well as who provided the best response to the question of “Why is a multidisciplinary approach needed in healthcare?” Student speakers representing each
The decline in primary health awareness, health care-delivery models, nursing scope of practice, the evolving role of allied health, the medical education curriculum, insurance-led quality improvement, and the risk-averse culture of biomedical engineering. All student speakers successfully presented a health care problem associated with their respective discipline and subsequently provided a multidisciplinary framework to address the problem (see Table 1; access to all the student presentations and a video stream of the symposium is available in Figure S1). Throughout the symposium, social media sites, including Twitter and Facebook, were used to help engage students. Following all the presentations, student speakers formed a panel to entertain an interactive question-and-answer session with the audience.

The symposium was unanimously well received, garnering positive reviews from both students and faculty members across multiple institutions. Since its inception, the student symposium has helped cultivate a greater interest by students across disciplines in health care delivery and multidisciplinary collaboration. It has led to the creation of multiple interdisciplinary collaboration. It has led to the creation of multiple student “mixers” between various graduate school programs and student clubs, as well as new interdepartmental activities. Of note has been the development of a university-wide course at Emory entitled “SICK: Healthcare in the Modern

### Table 1: Student-identified US health care problem and solution for each discipline

| Discipline | Problem | Solution |
|------------|---------|----------|
| Public health | The absence of public health awareness and collaboration | Development of properly aligned incentives across disciplines |
| Prehealth | The dispersed US health care-delivery model | A vertically integrated health maintenance organization |
| Nursing | The decline in primary care access | Increasing mid-level practitioner scope of practice |
| Allied health | The increasing provider shortage | Implementation of interdisciplinary care teams and care coordination |
| Medicine | The incomplete medical education curriculum | Teaching physicians how to teach to increase patient activation |
| Business | The absence of nonclinical quality improvement | A coordinated quality bonus-payment system |
| Engineering | The risk-averse culture of medical technology and innovation | Interdisciplinary refinement of medical regulation policies |
Era”, which was launched in the spring of 2014. The course was developed to provide students with a multidisciplinary and holistic understanding of the challenges facing the US health care system. The course is available to all students of all disciplines, and covers the US health care system from a myriad of different viewpoints through discussion panels and lectures covering topics in medicine, public health, business, law, ethics, policy, and informatics. Lectures are given by a multidisciplinary assortment of prominent university and health care professors and faculty members. Though the course focuses on US health care delivery, modules on international and comparative health systems are also explored. The course culminates with students forming multidisciplinary groups and presenting a capstone project addressing health care-delivery issues (Table S1; for course syllabus, visit https://scholarblogs.emory.edu/sick for additional information regarding the course). The introduction of this course has led the way for additional university-wide coursework, including a course that opened to all students in the fall of 2014 titled “Health Services Research”, which aims to provide students with a better understanding of how multidisciplinary research can be used to improve health care cost, quality, and access.

The semiannual Healthcare Innovation Seed Grant Program is also sponsored by HIP to fund multi-investigator, multidisciplinary teams examining health care services and clinical effectiveness. Following the symposium, and for the first time in the 3 years of the program, a proposal was submitted by a group of students to examine the effectiveness of their own multidisciplinary volunteer health care-related programs.

Next steps
The success of this symposium and the processes that have engaged multiple student disciplines and activities will be extended to become an annual series of events, and will be expanded to include additional perspectives. The patient perspective will be an especially integral and enlightening perspective to include, mirroring the recent emergence of patient and family advisory councils across a majority of health care systems. Indeed, such a perspective can help reinforce the patient’s central role in every health care team and the increasingly popular “nothing about me, without me” mentality.

Initiatives similar to the student symposium, though small, can help lay the foundation and trigger a domino effect for multidisciplinary collaboration and education. Health care educators should view the open-call student roundtable as evidence for the need and interest among students for multidisciplinary education. In addition, the student presentations should be a testament to how multidisciplinary collaboration can engage students and help them think “outside the box” to formulate innovative, multidisciplinary solutions to real-world problems.

As a parallel, business schools across the US have long been recognized for their team-based course structure, where students from all branches of business work together on case studies for which they share the same grades. In fact, certain business schools have recently adopted nondisclosure policies in which students’ final grades are only disclosed to employers after being offered employment, as a means to reduce internal competition among students and increase collaboration within the classroom. Conversely, the majority of students pursuing fields in health care are often still taught in independent silos, despite being “graded” and assessed on the same common denominator of patient outcomes upon graduation. Consequently, a strong case can be made for health care educators to adopt a similar approach in which students from all branches of health care interact and work together prior to entering the workforce.

Although a multidisciplinary approach to health care starts at the bottom with students as the foundation, the adoption and implementation of such a philosophy starts from the top. Administrators and faculty members of all disciplines should seek to work together to transform the education system for future health care professionals. In addition, they must serve as role models when interacting and collaborating with one another. It is incumbent upon educational institutions to indoctrinate students into a culture of multidisciplinary collaboration. Though there is no quick fix to the US health care system, a cultural transition toward team-based care could certainly be one of the most crucial and enduring solutions for future generations.

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Disclosure
The authors report no conflicts of interest in this work.
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Supplementary materials

US Healthcare: What’s Broken & How to Fix It

Healthcare Innovation Symposium VII
The Student Perspective

October 9, 2013
Emory University

Click here to view video stream
Click below to view presentations from the symposium

Mathu Kumarasamy
Research Assistant
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Mary Micikas
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Leena Murthy
Goizueta Business School
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Meredith Brazell
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Figure S1 HiP student symposium presentations and video stream.
Abbreviation: HiP, Healthcare Innovation Program.
| #  | Date  | Category          | Session topic          | Lecture topic                                           | School  | Dept   | Lecturer(s)       | Min |
|----|-------|-------------------|------------------------|--------------------------------------------------------|---------|--------|-------------------|-----|
| 1  | 1/16  | General/medical   | Introduction           | Introduction to course schedule and grading            | Medicine| Neurology| Convener(s)       | 30  |
|    |       |                   |                        | Doctor's perspective with cases                        | Medicine| Neurology| Jaffar Khan, Bob Gaynes, Jeff Mullins | 60  |
|    |       |                   |                        | A social perspective with cases                        | Arts and Sciences| Sociology|                |     |
| 2  | 1/23  | Economics         | Macroeconomics         | Overview healthcare economics US                       | Arts and Sciences| Economics| Sarah Markowitz   | 60  |
|    |       |                   |                        | Payment models: current and alternative                | Public Health| Health Policy| Steve Culler      | 60  |
|    |       |                   |                        | Old and new care models                                | Medicine| Neurology| Gregory Esper     | 60  |
| 3  | 1/30  | Context and       | Historical context for | Arts and Sciences                                      | History |        | Elena Conis       | 90  |
|    |       | comparison        | modern healthcare      |                                                        |          |        |                   |     |
|    |       |                   |                        | Comparative health systems                             | Public Health| Health Policy| Richard Saltman | 90  |
| 4  | 2/6   | Operations I      | Operations management  | Physician/provider financial challenges                | Business| Neurology| Diwas KC          | 60  |
|    |       |                   |                        | Workforce solutions and alternatives                  | Nursing |          | Dena Gilland      | 60  |
|    |       |                   |                        | Care models                                            | Medicine |          | Rick Gitomer      | 60  |
| 5  | 2/13  | Operations II     | Prevention             | Cost control and prevention                            | Public Health| Health Policy| David Howard     | 60  |
|    |       |                   |                        | Measures                                               | Public Health| Health Policy| Kimberly Rask     | 60  |
|    |       |                   |                        | Comparisons                                            | Public Health| Health Policy| Edmund Becker     | 60  |
| 6  | 2/20  | <<Midterm presentations/evaluations>> | | | | | | 90  |
| 7  | 2/27  | Operations III    | Access Social         | Access to care, Medicaid, Vulnerable populations:     | Public Health| Health Policy| Kathleen Adams    | 60  |
|    |       |                   | determinants           | Indigence, Pediatrics, Elderly, LGBT                  | Panel   | Panel   |                   |     |
| 8  | 3/6   | Healthcare and    | Healthcare policy      | Doctors and congress: politician perspective           | NA      | NA      | Tom Price          | 60  |
|    |       | politics          |                        |                                                        |          |          |                   |     |
|    |       |                   | Healthcare policy      | Doctors and congress: lobbyist/liaison                 | Multiple| Multiple| Matthew Hicks, Andy Lord | 60  |
|    |       |                   |                        | Current healthcare reform and ACA                      | Medicine| Medicine| Maura George       | 60  |
| #  | Date | Category                  | Session topic                          | Lecture topic                                         | School   | Dept     | Lecturer(s)          | Min |
|----|------|---------------------------|----------------------------------------|------------------------------------------------------|----------|----------|----------------------|-----|
| 9  | 3/20 | Medicine and the law      | Mass regulations on healthcare and ACA | GSU Law                                              | Law      | Fuse Brown | Leslie Wdl           | 60 |
|    |      |                           | Liabilities, regulations and implications | GSU Law                                              | Law      |          | Ani Staz             | 60 |
|    |      |                           | Patient advocacy and vulnerable populations | Law                                                  | Law      |          |                      | 60 |
| 10 | 3/27 | Ethics and philosophy    | Principles of medical ethics overview  | Medicine                                             | Neurology | John Banja | Adam Webb; Tammie Quest | 90 |
|    |      |                           | “Death panels”/end of life             | Medicine                                             | Neurology |           |                      | 90 |
|    | 4/3  | Scholarship              | State of health professional education | Medicine                                             | Medicine | Melissa Faulkner | David Stephens | 60 |
|    |      |                           | The state of research in the US        | Medicine                                             | Medicine |           |                      | 60 |
|    |      |                           | Academic medical centers               | Medicine                                             | Neurology | Fred Sanfilippo |                      | 60 |
| 12 | 4/10 | Technology               | Health and clinical informatics        | Medical informatics                                  | Medicine | GA Tech   | Dan Russler          | 60 |
|    |      |                           | Medical informatics Specifics TBD      | Medical informatics                                  | Medicine | GA Tech   | Mark Braunstein      | 60 |
|    | 4/17 | Special populations      | Global health                          | International health and outreach                    | Public Health | Medicine | Carlos Del Rio | 60 |
|    |      |                           | Emergency care                         | Emergency care in the US                             | Medicine | Emergency Medicine | Jason Liebzeit | 60 |
|    |      |                           | Vulnerable populations                 | Indigent care and other vulnerable populations       | Medicine | Emergency Medicine | Jada Bussey-Jones | 60 |
| 14 | 4/24 | << Final presentations >> |                                        |                                                      |          |          |                      |     |

Abbreviations: ACA, Affordable Care Act; Dept, department; GA, Georgia; GSU, Georgia State University; LGBT, lesbian, gay, bisexual, and transgender; Min, minutes; NA, not applicable; TBD, to be determined.