

Letter from U of M National Center for Interprofessional Practice and Education

December 21, 2023

Jan Malcolm
Chairperson
Governor's Task Force on Academic Health at the University of Minnesota

Chairperson Malcolm:

As you've heard from many, the University of Minnesota Academic Health Sciences is a cornerstone for health in Minnesota, preparing the physicians, nurses, pharmacists, dentists, public health professionals, and veterinarians serving families across the state's diverse communities and populations. I write today to underscore support for the continued transformation of the University's vision for Academic Health Sciences and the importance of approaching workforce development from an interprofessional lens as it has been outlined in the draft Task Force recommendations. The local to national collaborative education, clinical practice and scholarship and most significantly implementation within clinical care systems facilitated through the National Center for Interprofessional Practice and Education is proudly situated within Academic Health Sciences at the University of Minnesota and brings a commitment to full collaboration.

The National Center for Interprofessional Practice and Education (National Center) was established in 2012 through a unique public/private partnership to serve as the national coordinating center to advance leadership, scholarship and evidence about interprofessional models of practice and learning. Located at the University of Minnesota, the Center not only builds on a rich history of more than 50 years of interprofessional education and collaboration. This history and demonstrated impact served as key factors in the University of Minnesota being selected as the national home for advancing interprofessional education and practice; it serves as both the inspiration and the practical necessity for the core concept that drives our work today, the Nexus.

The Nexus vision is to simultaneously transform health professions education and healthcare delivery to achieve the Triple Aim (improving the patient experience, improving the health of populations, and reducing the per capita costs of health care)¹ and has been written about extensively. In 2014, this was extended first to the Quadruple Aim², including the well-being of the health team, and most recently the Quintuple Aim³, recognizing the imperative to advance health equity. By intentionally linking health professions education and healthcare systems for

¹ Berwick et al. (2008) The Triple Aim: Care, Health and Cost. *Health Affairs*, 27(3):759-769. DOI: [10.1377/hlthaff.27.3.759](https://doi.org/10.1377/hlthaff.27.3.759)

² Bodenheimer and Sinsky (2014) From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Annals of Family Medicine*. 12:573-576. doi: [10.1370/afm.1713](https://doi.org/10.1370/afm.1713).

³ Nundy et al. (2022) The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*. 327(6):521-522. doi:[10.1001/jama.2021.25181](https://doi.org/10.1001/jama.2021.25181)

interprofessional workforce development of future and current health professionals, it is possible to simultaneously demonstrate learning, organizational, health and wellbeing outcomes.

The National Center works closely with University of Minnesota Academic Health Sciences schools and colleges to support interprofessional learning. Our national perspective informs our understanding of critical success factors for transforming practice and education models to meet the changing needs of health systems and the communities they serve. Among the critical success factors is the engagement of patients, families and caregivers to ensure models of care and learning are guided by local priorities and especially the needs of those served, especially noting the underserved and specific needs of rural communities.

By working at the Nexus of health care delivery and health professions education, we, collectively, have the ability to have a profoundly positive impact across metrics of import to all involved, including:

- Addressing workforce recruitment, retention and burnout: Effective teamwork has been demonstrated to reduce burnout and improve retention of the healthcare workforce. Effective interprofessional practice also enables teams to function at the highest levels of each member's license, supporting the ability of teams to flex to meet the local needs.
- Driving value by demonstrating outcomes including efficiency in both education and practice.
- Supporting local teams to transform practice and education to achieve Quintuple Aim outcomes in alignment with state and local community health needs through use of proven tools and strategies to continuously improve practice and education at local and system levels.

The National Center is proud to serve the University of Minnesota and Minnesota health care communities, including the Minnesota Geriatric Workforce Education Program (MN GWEP), where we are supporting M-Health Fairview and CUHCC through their primary care transformation as Age Friendly health providers to better meet the needs of older Minnesotans and Children's Minnesota, where a team of clinicians and educators are designing new ways to offer learning for all members of the health care team.

Thank you for the opportunity to share the National Center's perspective on the importance of approaching workforce development from an interprofessional lens as it is being outlined in the draft Task Force recommendations. We understand that refinements and clarity of definitions of interprofessional are being addressed and stand ready to serve in any capacity that may be appropriate.

Sincerely,
/s/ Christine Arenson, MD

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