

Healthcare leaders recommend restructuring health care system to better serve needs of US throughout 21st century

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To keep up with the evolving needs of our nation's health and health care system, a series of papers published in the *Journal of the American Medical Association (JAMA)* on Sept. 26 recommends restructuring the U.S. health care system in ways that will support more efficient, targeted health care delivery.

One of these papers, "Workforce for 21st Century Health and Health Care," was authored by Steven H. Lipstein, MHA, president and [chief executive officer](#) of BJC HealthCare, and Arthur L. Kellermann, MD, MPH, dean of the F. Edward Hébert School of Medicine at the Uniformed Services University of the Health Sciences. This paper summarizes the recommendations of a National Academy of Medicine writing team, made up of distinguished healthcare leaders chaired by Drs. Lipstein and Kellermann.

Today, our nation's health is evolving – the U.S. population is aging, and our [health care](#) system is gradually adopting more patient-centric and value-based models of care to better serve the needs of the U.S. throughout the 21st century.

As outlined in their paper, Lipstein and Kellermann envision an interdisciplinary healthcare workforce that is organized to care for four major groups of patients:

1. People who are generally healthy, including those who experience only intermittent or minor episodes of illness or injury and those who need maternity and perinatal services for uncomplicated delivery of healthy newborns. To promote health and prevent minor problems from developing into major ones, physicians, registered nurses, physician assistants, social workers, nutritionists, exercise physiologists, public health and other health professionals, will work together in multidisciplinary teams, and use telehealth and other technologies to extend their reach outside the walls of fixed healthcare facilities.

2. People who experience acute and major episodes of illness and injury, such as a car crash or a heart attack. Regionalizing care of these individuals in high volume, high expertise centers will improve outcomes, reduce costs and improve education of future healthcare professionals.

3. People who have significant chronic medical and behavioral conditions, especially those with multiple, complex and co-occurring conditions. The workforce that cares for these patients should be interdisciplinary, and include paraprofessionals such as community health workers, primary care technicians, and others who can work with chronic diseases. Home monitoring technologies may help keep more of these patients out of the hospital, reducing costs and improving quality of life.

4. People approaching the end of a natural lifespan. Each year, nearly 3 million Americans reach the end of their lives. With additional numbers of providers skilled in palliative and hospice care, the U.S. could provide people with the end-of-life experience that most Americans hope to have but many fail to receive.

"To improve the care Americans receive in the 21st century, we need to recruit, educate, and sustain a diverse workforce of compassionate

health professionals that are comfortable working in interdisciplinary teams, technically skilled, adept at using telehealth and [health information technology](#), and consistently responsive to patients' needs," Kellermann said.

Provided by Uniformed Services University

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