Economic, Physical and Social Infrastructure for Trans-disciplinary Professionalism

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In an effort to control Medicaid spending in your state, a pilot study is undertaken in a low-income neighborhood. More than 40% of the members in this community are obese and many suffer from diabetes, heart disease and depression.

You lead this state-supported pilot initiative, which aims to assess the community’s needs and implement an intervention that would bring down the high rate of chronic disease in the community and decrease costs.

You are one of a number of health professionals brought in to address the complex needs of the community and its members.
Case Study (cont’d)
Economic, Physical and Social Infrastructure

- For years the community has been neglected and experienced negative interactions when accessing and using the health care system. Many community members now seem to mistrust some of your team members.

- You know that for your team to succeed you will need to gain the trust of community members.

- You believe the community might respond to a unified message of the “health team,” with health professionals from diverse backgrounds and disciplines involved.
How do you establish a shared contract among the health professionals on the team that will be presented to the community members?

• What might be a starting place for establishing the “contract”?
• What roles might organizations, including delivery organizations, payers, and professional associations play in establishing this shared social “contract”?
• What infrastructure might be needed to develop and implement the contract (e.g., physical space, social norms, communication skills and tools, knowledge, financial support, time, etc.)?
Can diverse health professionals be held accountable for their collective actions by patients and society?

If so, how and what factors might come into play? (If not, why?)

• Maybe. We need to accept the notion of “us” as broadly as possible.

• We believe diverse health professionals, patients and society can hold each other accountable for their collective actions.
Can diverse health professionals hold each other accountable for decisions made collaboratively?

If so, how and what factors might come into play? (If not, why?)

- Hierarchy within the profession and/or power.
- The ability to reach consensus.
- Accountability as trust and team support or placing blame.
- Relational autonomy
What specific/measurable attributes should organizations and training programs exhibit to create and support the preparation of health care providers, patients and communities for transdisciplinary professionalism?

- Team sets, explicit attributes, “walking the walk”
- Shared values and shared language
- Team responsibility
- Concept of just culture