Despite spending nearly 20% of the expended U.S. gross domestic product (GDP) on health care, the burden of chronic illness continues to rise.1,2 Furthermore, despite an investment of over $2.5 trillion, when compared with other developed countries, the United States continues to have a higher burden of preventable deaths from multiple factors, which reflects the nation’s limited response over the past decade to improve patient care, quality, and safety.3,4

Accountable care organizations (ACOs) have been established as an early reform mechanism to facilitate the provision of seamless, patient-centered care. The development of ACOs as financial structures that embody key elements of the chronic care model reminds all health care professionals that the majority of patients navigate and engage in self-management of their health and illnesses.5–10

Today’s medical schools are responsible for training a majority of the physicians who practice academic medicine and for creating curriculum structures that are agile in the changing clinical environment. This info-graphic provides an overview of some of the complex areas that could serve as the basis for future instructional models.11–14

Patient-centered improvements to the health care system are only one piece of improving health. The key to optimal health is to adopt a perspective that leads to improvement in all of the social determinants of health as defined by the World Health Organization.15

The U.S. population is steadily aging as well as becoming more diverse (in terms of race, gender, physical/mental abilities); thus, more health care encounters require a multiskilled approach from a variety of medical fields to improve patient care.1,2 Moreover, health care professionals need to be trained both in caring for a diverse population regardless of age or stage of illness and in working collaboratively with other health care professionals as well as in the community. All health care professionals will need to work to the full extent of their training and capacity to provide early-contact, patient-centered care, whether primary or acute care, intervention or chronic care.6

References:
6. The U.S. population is steadily aging as well as becoming more diverse (in terms of race, gender, physical/mental abilities); thus, more health care encounters require a multiskilled approach from a variety of medical fields to improve patient care.1,2 Moreover, health care professionals need to be trained both in caring for a diverse population regardless of age or stage of illness and in working collaboratively with other health care professionals as well as in the community. All health care professionals will need to work to the full extent of their training and capacity to provide early-contact, patient-centered care, whether primary or acute care, intervention or chronic care.6

The views in this Last Page are those of the authors alone and do not necessarily represent those of the Department of Veterans Affairs or the U.S. federal government.

Disclaimer: The views in this Last Page are those of the authors alone and do not necessarily represent those of the Department of Veterans Affairs or the U.S. federal government.