



World Health Organization

THE CHALLENGE
OF CHRONIC
CONDITIONS



PREPARING A
HEALTH CARE
WORKFORCE

FOR THE
21ST CENTURY

Preparing a health care workforce for the 21st century

THE CHALLENGE OF
CHRONIC CONDITIONS



World Health Organization
Noncommunicable Diseases and Mental Health Cluster
Chronic Diseases and Health Promotion Department

WHO Library Cataloguing-in-Publication Data

Preparing a health care workforce for the 21st century: the challenge of chronic conditions.

1. Health personnel – education 2. Health personnel – trends 2. Professional competence – standards
3. Competency-based education – organization and administration 4. Patient care 5. Chronic disease
I. World Health Organization.

ISBN 92 4 156280 3 (NLM classification: W 18)

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Printed in France

Design by Inis: www.inis.ie

Acknowledgements

This publication was produced under the overall supervision of Judith Canny (Technical Officer, Health Care for Chronic Conditions, Chronic Diseases and Health Promotion) and JoAnne Epping-Jordan (Coordinator, Health Care for Chronic Conditions, Chronic Diseases and Health Promotion). The principal author was Sheri D. Pruitt (Kaiser Permanente, USA). Rafael Bengoa (Director, Health System Policies and Operations) and Robert Beaglehole (Director, Chronic Diseases and Health Promotion) provided leadership and guidance at different stages of the publication's development.

Case examples were contributed by: Alberto Barcelo, Judith Canny, Joan Dzenowagis, JoAnne Epping-Jordan, Fu Dongbo, Berhane Gebru, Tesfamicael Ghebrehiwet, Wendy Hoy, Holly Ladd, Rashad Massoud, Satu Siiskonen, and the European Respiratory Society Task Force on Integrated Care.

Valuable technical input was received from a range of WHO staff at Headquarters and Regional Offices. In addition, WHO is exceedingly grateful to the many policy-makers, health care leaders, and other experts who gave their time to provide comments and suggestions on this publication at different stages. In particular, WHO would like to acknowledge the valuable input of the World Health Professions Alliance (The World Medical Association, The International Council of Nurses and The International Pharmaceutical Federation), the European Respiratory Society and the International Alliance of Patients' Organizations.

Administrative support for the production of this publication was provided by Elmira Adenova (Health Care for Chronic Conditions, Chronic Diseases and Health Promotion). Photographs were identified and chosen by Elmira Adenova and Aku Kwamie (Health Care for Chronic Conditions, Chronic Diseases and Health Promotion). Editing, graphic design and layout were completed by Inís (www.inis.ie).

The production of this publication was made possible through the generous financial support of the European Respiratory Society.

List of all acronyms and abbreviations used in this report

CDSMP	Chronic Disease Self-Management Programme
COPD	chronic obstructive pulmonary disease
DEHKO	Development Programme for the Prevention and Care of Diabetes
DPP	Diabetes Programme for Pharmacies
ERS	European Respiratory Society
FIP	International Pharmaceutical Federation
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IAPO	International Alliance of Patients' Organizations
ICCC	Innovative Care for Chronic Conditions
ICCP	Integrated Care Programme for Chronic Patients
ICN	International Council of Nurses
ICT	information and communications technology
IMAI	Integrated Management of Adolescent and Adult Illness
PAHO	Pan American Health Organization
PAL	Practical Approach to Lung Health programme
WHO	World Health Organization
WHPA	World Health Professions Alliance
WMA	World Medical Association

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Supporting statement: World Medical Association

It is a privilege for the World Medical Association (WMA), the global representative body for physicians, to speak in support of this important World Health Organization (WHO) project. With almost nine million physicians worldwide forming an integral part of the health care workforce, the expansion of the core competencies mentioned in this report will help the medical profession and all other health professionals to provide care for patients suffering from chronic conditions more effectively.

The WMA Declaration of Geneva¹ asserts one of the fundamental principles of medical practice: "The health of my patient will be my first consideration." It is therefore particularly encouraging to see WHO emphasizing the need to make patient-centred care a priority in the development of the health workforce of the 21st century. This will hopefully enable patients suffering from chronic conditions to become active participants, rather than passive recipients, in all aspects of the health care system they are exposed to. This should include the way we develop health care facilities, diagnostic and therapeutic methods, and most important of all, the way in which health professionals partner with their patients to co-manage their chronic health problems on a day-to-day basis.

Another highlight of this report is its focus on partnerships. For too long the care of patients with chronic conditions has taken place in a compartmentalized fashion, often with significant differences in the care plans of hospital, clinic and different health professionals for the same patient. Only effective partnering can overcome this obstacle and improve health results, especially in the prevention of disease. The sophistication of communication technology will certainly enable better partnering and improvement in the quality of care. However, this should not be applied in a manner that would endanger the confidentiality of personal health information, which WMA regards as a fundamental ethical right of the patient.

The section on the measurement of care delivery and outcomes deserves credit. This is a global trend that has especially influenced medical practice

¹ *Declaration of Geneva*. Geneva, World Medical Association, 1948 (<http://www.wma.net/e/policy/c8.htm>, accessed 22 October 2004).

all over the world, and is to be commended. If a health care delivery system cannot be measured, it cannot be managed, and almost invariably this leads to unnecessary costs and suboptimal care of the individual patients involved. It is constructive and helpful for this WHO project to state that the evidence base for health care delivery is not only derived from randomized clinical trials, but also from what we learn from quality improvement efforts. The best practice examples included in the report further enable health professionals to emulate this in their respective domains.

It is exactly this last point that WMA sees as one of the greatest opportunities of this project. Whereas WHO has ministries of health worldwide as its principal members, the lessons learnt in this project shall be applied mostly in the public health care sectors of the countries represented in WHO. Because health professionals work both in the public and private sectors, they can play a pivotal role in translating the evidence-based improvements resulting from this project into practice. Imagine the synergies and increased effectiveness that can result from such cross-sectoral and interdisciplinary collaboration!

WHO should be encouraged and congratulated on this project. It will be an honour for WMA to participate as partner in helping to care for the patients we jointly serve.

Delon Human

Secretary-General

World Medical Association

Supporting statement:

International Council of Nurses

The International Council of Nurses (ICN) strongly endorses this publication and calls on educational and academic institutions, professional organizations such as national nurses' associations, and other stakeholders to use the competencies in training health care providers to meet the care needs of growing populations with chronic conditions.

ICN, as a federation of national nurses' associations in 125 countries, and as the international voice of nurses and nursing, is pleased to see a publication that aims to transform health care workforce training to meet the needs of patients with chronic conditions. ICN particularly welcomes the participatory process in developing this publication.

This document also sets the stage by calling for a new type of partnerships between lay health workers, nurses, pharmacists, dentists, physicians, and allied health professionals. In addition, the publication makes the case for a paradigm shift from the acute care model to a chronic care model, dictated by the current predominance of chronic conditions, including diabetes, heart disease, asthma, cancer, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), depression, and physical disabilities. Its central focus on patient-centred care, and the identification of the five core competencies needed to achieve this, is in line with ICN core competencies of both the generalist nurse and the family nurse.²

ICN has long been concerned that traditional training in health care focuses largely on the biomedical model of diagnosis and the treatment of acute problems, and neglects the care of the growing population of patients with chronic conditions. Over recent years, ICN has advocated widely for refocusing nursing education programmes towards a continuum of care, encompassing health promotion, disease prevention, acute and chronic care, as well as palliative and rehabilitative care. Thus, the current document is timely and highly pertinent to the health care workforce.

² ICN framework and core competencies for the family nurse. Geneva, International Council of Nurses, 2003.

Among the strongest points of the publication is the identification of a new, expanded training model, based on a set of core competencies that would prepare the health care workforce to care for patients with chronic conditions. The competencies can serve as a starting point for the reform of health training institutions and of centres of higher education.

Judith Oulton

Chief Executive Officer
International Council of Nurses

International Pharmaceutical Federation

The International Pharmaceutical Federation (FIP) fully supports the basic competencies presented in this document and looks forward to continue working together with WHO, other health professionals and their patients, for better care for patients with chronic conditions, and for the prevention of such conditions.

Pharmacists are health professionals whose role is to help people maintain good health and prevent disease while guaranteeing access to medicines and their best use.

Therapy with prescribed medicines is understood as a collaborative process involving the patient, the physician, the pharmacist and other health care providers. Medicines are primarily self-administered, their success depending therefore upon the active participation of patients. Objective information and guidance is required from health professionals in order to obtain maximum therapeutic benefit and to avoid unwanted side-effects from courses of treatment.

Pharmacists have, consequently, adopted a patient-centred approach in the professional services they provide. This ensures that both patient care and economic aspects are considered and correctly balanced in the interests of the patient, creating an adequate setting for the provision of pharmaceutical care.

The goal of pharmaceutical care is to optimize the patient's health-related quality of life and to achieve positive clinical outcomes. Pharmacists, through the practice of pharmaceutical care, can prevent or stop drug interactions, monitor and prevent, or minimize, adverse drug reactions, and monitor the cost and effectiveness of drug therapy, as well as provide life-style counselling to optimize the therapeutic effects of a medication regime. The concept of pharmaceutical care is particularly relevant to special groups, such as the elderly and chronically ill patients.

FIP has drafted a code of ethics³ to reaffirm and state publicly the principles forming the basis of the roles and responsibilities of pharmacists. These

³ *FIP statement of professional standards: Code of ethics for pharmacists.*

Vancouver, Council of the International Pharmaceutical Federation (FIP), 1997
(<http://www.fip.org/pdf/2004codeofethics.pdf>, accessed 22 October 2004).

principles, based on moral obligations and values, were established to enable national pharmaceutical organizations to guide pharmacists in their relationships with patients, other health professionals, and society in general.

All practicing pharmacists are obliged to ensure that the service they provide to every patient is of appropriate quality. In 1993, FIP compiled international guidelines for good pharmacy practice⁴, with the goal of concretely raising the quality of pharmaceutical services. These guidelines have been – or are in the process of being – adopted around the world. The revised guidelines were adopted by WHO and approved by the FIP Council in 1997.

Maintaining competence throughout a career, during which new and challenging professional responsibilities will be encountered, is another fundamental ethical requirement for all health professionals. It must be a continuous, cyclical process of quality improvement by which health professionals seek to maintain and enhance their competence in both current duties and anticipated future service developments.

Effective collaboration among health professionals is key to delivering cost-effective and quality health care. In 2000, the international organizations representing the world's pharmacists, nurses and physicians unveiled a unique and powerful alliance, the World Health Professions Alliance (WHPA). The founding organizations are FIP, the International Council of Nurses, and the World Medical Association.

WHPA believes that reaching out to people in times of illness and wellness requires the resources and expertise of health professionals with diverse training and skills. Building on this belief, the international nurse, pharmacist and physician professions are strengthening their collaboration to bring about a higher quality of service to the public and patients.

A.J.M. Hoek

General Secretary and Chief Executive Officer
International Pharmaceutical Federation

⁴ *Standards for quality of pharmacy services*. Vancouver, International Pharmaceutical Federation (FIP), 1998 (http://www.fip.org/pdf/gpp97_en.pdf, accessed 22 October 2004).

Supporting statement:

European Respiratory Society

It is a great honour and a privilege for the European Respiratory Society (ERS) to express full support to this seminal WHO initiative. This project will certainly guide future worldwide strategic developments on education and training of health professionals. The current publication should be considered an important component of a coherent and well planned policy conducted by WHO to meet the challenges generated by the increasing impact of chronic conditions.

During the previous century, enormous progress was made in improving health, and therefore, life expectancy. However, the realization of further improvements and the achievement of seamless standards of care seem to be hampered by the inefficiencies in applying existing knowledge at the level of clinical practice. There is increasing awareness of the need for bridging the gap between research and delivery of health care services. This shall be achieved by following the new paradigms that guide this WHO initiative. Basic science, clinical discovery, and patient-oriented research are interdependent; they should not necessarily be considered successive steps.

This publication continues WHO efforts to update health care capacities to meet the needs of chronic conditions. The weight given to respiratory diseases could not be more timely, when the latest trends categorically position chronic respiratory disorders among the major causes of death. Facing this increase requires a good understanding of the clinical context and perfect knowledge of the local environment. Feasibility first, and success later, will come about only if these two factors are fully harmonized. In this sense, the insights of the case examples collected in this work provide a useful frame of reference for both physicians and policy-makers. Much can still be done through local initiatives to lessen the predicted rise in prevalence and impact of chronic conditions if such a change in the paradigm of delivering care is adopted on a large scale.

ERS, like other scientific societies, has the potential to effectively contribute to the transition toward the new health care landscape by increasing the emphasis on patient-oriented care, and the focus on public health issues. Our support for this WHO project is in full alignment with our mission. Additionally, the collaboration on this report has been a gratifying and enriching experience.

Founded in 1990, ERS is a non-profit, international organization committed to promoting education and research in respiratory medicine. With members from more than 90 countries worldwide, ERS is the leading forum in Europe for the exchange of knowledge between scientists and health professionals involved in respiratory medicine. The Society has a key role in establishing recommendations and guidelines to ensure the highest standards for health care delivery. Through the ERS School, we strongly support educational and training activities. ERS is also a founding member of the Forum of International Respiratory Societies (FIRS), an organization established in 2002 by leading professional societies from all over the world to promote education, research, patient care and public health in the field of respiratory medicine.

WHO should be congratulated for this initiative. It will be a privilege for ERS to further expand the partnership in this stimulating endeavour.

Walter McNicholas

President

European Respiratory Society

International Alliance of Patients' Organizations

The International Alliance of Patients' Organizations (IAPO) strongly supports WHO in addressing the issues of education and training of the health care workforce. It commends this work and, in particular, the opportunity for patients (through representation by patients' organizations) to contribute their very relevant opinions and experience, which IAPO asserts are a vital consideration in all aspects of health care and health care policy-making.

Relationships between health professionals and patients are of paramount importance to build patient-centred health care for patients with chronic conditions. Chronic conditions often continue for many years and affect all aspects of a person's life. This necessitates a shift in focus from the general characteristics of a disease to the personal needs and expectations of individuals and how they manage their condition, so that they can participate in life.

A productive relationship requires the involvement of health professionals, patients, families, carers, patients' organizations, and the wider community. Patients, as well as health professionals, must have the skills necessary to interact and work together. The benefits, in addition to patient satisfaction, will include improved health outcomes, and will counter some of the imperfections of health care systems, whether they are in the developing or developed world. Communication and partnering are key in these relationships.

Communication must include interactive dialogue between patients and health professionals, where listening is as important as speaking. Presentation of health information should consider health literacy principles. IAPO defines health literacy to include an individual's reading level, as well as language, education level, cultural background and readiness to receive health information by oral, written or pictorial means. Low health literacy affects a person's ability to make informed decisions about his or her health, and can result in ineffective treatment and rehabilitation of the patient's condition. A 1995 study in the United States found that one third of English-speaking hospital patients could not read or understand basic health materials; however, poor levels of health literacy exist in all countries.

Partnerships are vital. Working collaboratively with other health professionals, with patients and with the wider community will help to increase patient engagement, improve continuity of care, and overcome fragmentation of health care systems. Patients and health care professionals need to work more closely together, appreciating each other's expertise (e.g. a health professional is medical expert, and a patient is an expert in what the condition and treatment mean to them), and interacting to determine desired outcomes of the treatment.

Patients' organizations can play a vital role in these partnerships. Health professionals and patients' organizations should be encouraged to foster these relationships. Patients' organizations have a wealth of knowledge and experience of chronic conditions. Among the many opportunities to work collaboratively with health professionals, patients' organizations can provide support and information to patients to aid the individual in active engagement in their health care, thereby helping patients to change their behaviours, and assisting with self-management and adherence to therapies. They can provide advice to health professionals on the personal experiences and needs of patients – which should be considered in all aspects of health care – as part of evidence-based care, in the design of health professional training programmes and in the evaluation of services.

The training of health care professionals is vital for patient-centred health care, but health care systems and external activities must also be examined. Education of patients, their families, and carers is essential. At present, there are many patients worldwide who do not have sufficient knowledge to take an active part in the treatment of their condition, even if they so choose. They need to learn how to articulate their needs, how to locate and analyse health information from a variety of sources, and to know more about health care professionals, their work and available treatments and medications.

The involvement of patients and patients' organizations at every level where health care decisions are made is essential to build patient-centred health care worldwide.

Jo Harkness

Policy and External Affairs Director
International Alliance of Patients' Organizations