Evidence is mounting to suggest that interprofessional collaboration is an innovative strategy that governments worldwide can use to strengthen their national health systems and improve population health outcomes (WHO, 2010). From a global health perspective, interprofessional collaboration offers a way to synergistically maximize the contributions of every available health worker while conserving limited resources. Interprofessional collaboration is also said to result in more flexible health workforces that are better prepared to tackle unexpected challenges. Evidence from empirical studies and systematic reviews highlight several system-wide benefits of interprofessional collaboration which are relevant to achieving global health goals. These include improved quality of services, access to care and patient safety as well as reductions in costs, hospital admissions and mortalities (CHSRF, 2006; Reeves, Goldman, Burton, & Sawatzky-Girling, 2010; Reeves, et al., 2008; Zwarenstein, Goldman, & Reeves, 2009). Interprofessional collaboration is also increasingly recognized as an important part of broader efforts to strengthen national health systems. Calls for transforming the way health professionals are educated and the manner in which they practice are accordingly growing louder (Frenk et al., 2010).

However, equally important to education and practice reforms are the health system policies that must be enacted to enable, support and sustain interprofessional collaboration. Various mechanisms have recently been demonstrated to influence the success or failure of interprofessional collaboration in national health systems. The World Health Organization, for example, recently emphasized how supportive funding streams, remuneration models, capital planning, regulation, professional registration, accreditation and risk management can contribute to effective interprofessional collaboration (WHO, 2010). The importance of appropriate clinical governance models, national health legislation, integrated information systems and communication platforms has also recently been highlighted (Mickan, Hoffman, & Nasmith, 2010).

At this point in time, very little research or other knowledge is available on whether, how and why particular health system reforms aiming to promote interprofessional collaboration actually achieve positive outcomes. Considerable research has been amassed that focuses on individual- and institution-level interventions and outcomes, but few inquiries have been conducted at the system level of analysis. In particular, policymakers often ask for evidence on the comparative effectiveness, cost and likely stakeholder responses to implementing the various health system interventions presented to them. Increasing the production of high-quality, policy-relevant and locally applicable health system evidence on interprofessional collaboration is therefore a strategic opportunity for the interprofessional community to make a significant contribution to national and global health efforts. More of this knowledge will help shape whether and how governments worldwide invest in this strategy.

In terms of actually producing this knowledge, it is true that health systems are complex and challenging to study, but they are certainly not “black boxes” that are too complicated or intricate to understand. Everyday new knowledge is uncovered on what works and what does not work, and why, in different health system contexts (Frenk, 2010). What is unfortunate is that too often opportunities to evaluate health system reforms are not seized. This appears to be the case for interprofessional collaboration: the past decade has witnessed various major system-wide initiatives on nearly every continent, yet very few of them have been rigorously evaluated. Indeed, while efforts to support interprofessional collaboration have been reported in at least 41 countries worldwide (Rodger & Hoffman, 2010), knowledge of the
success, failure and good practices learned through these diverse experiences has not been gleaned from all of them. Correcting this evaluation gap requires robust partnerships among researchers, practitioners and policymakers who are all essential players in this knowledge enterprise. International cooperation and capacity-building efforts across traditional boundaries are also important to ensure that knowledge is gathered and shared from all experiences no matter whether they emanate from developed or developing countries, or from the education, practice or policy communities. Evaluating interprofessional collaboration initiatives across different jurisdictions will also maximize the international relevance and applicability of this new evidence at the health system level. However, once this new knowledge is produced, translating it into action is equally important. Generated health system research on interprofessional collaboration must be optimally packaged in a reader-friendly format to facilitate its use by decision-makers and also actively pushed throughout policymaking processes. Interaction between researchers and decision-makers may be especially valuable and has been widely recognized as one of the most effective ways to promote evidence-informed policymaking (Innvaer, Vist, Trommald, & Oxman, 2002; Lavis, 2009; Lavis et al., 2005). Specifically, involving decision-makers in prioritizing research questions, preparing policy briefs and other important steps in scientific and communication processes have been suggested to increase the use and impact of health systems research (Oxman, Vandvik, Lavis, Fretheim, & Lewin, 2009). Knowledge translation efforts in interprofessional collaboration, like those on other health system issues, promise to yield significant rewards for everyone involved and for national and global health more broadly.

New knowledge is essential, and has always been essential, to improving health around the world (Frenk, 2006). We acknowledge this Journal’s leadership in catalyzing this new knowledge through its recent call for papers on global health and development (Hoffman & Reeves, 2011), and we encourage researchers, practitioners and policymakers everywhere to respond. Greater production and translation of internationally relevant health system evidence on how governments can support interprofessional collaboration will help make this global health strategy a reality.

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Declaratio n of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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