

# **Advisory Committee on Interdisciplinary, Community-Based Linkages**

January 14, 2009

## **ATTENDANCE**

### **ACICBL Members**

Stephen Wilson, PhD, Chairperson  
Alan Adams, DC  
Robert J. Alpino, MIA  
Brandy Bush, OTD, OTR, CLVT  
Jane Hamel-Lambert  
Beth D. Jarrett, DPM  
Linda J. Kanzleiter, MPsSc, DEd  
Barbara N. Logan, PhD, MA, MSN  
David H. Perrin, PhD, ATC  
Elyse A. Perweiler, RN, MA, MPP  
Ronald H. Rozensky, PhD, ABPP  
Steven R. Shelton, MBA, PA-C

### **HRSA, Bureau of Health Professions (BHP) Staff**

Marcia Brand, PhD/Associate Administrator, BHP  
Joan Weiss, PhD, RN, CRNP/Director – Division of Diversity and Interdisciplinary Education (DDIE) and Designated Federal Official (DFO) – ACICBL  
Louis Coccodrilli, MPH, Chief – Area Health Education Centers (AHEC) Branch, DDIE, BHP, HRSA and Former DFO – ACICBL  
Marcia Starbecker, MSN, Chief – Geriatrics Branch, DDIE, BHP, HRSA  
Norma J. Hatot, CAPT/USPHS, Area Health Education Centers Branch

### **Others**

Rodney Peele, AOA  
Anne DeViasi  
Eric Moore, Focal Point Consultants  
Julie Zagars, Focal Point Consultants

## **FORMAT OF MINUTES**

These minutes consist of the following sections:

- I. Opening Remarks
- II. ACICBL Outstanding Business
- III. Ninth Report – Potential Topics, Approach
- IV. Next Steps/Closing

## **SECTION I. OPENING REMARKS**

The meeting was opened by Mr. Louis Coccodrilli who conducted a role call of the members of the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) followed by the introductions of Federal staff and members of the public. Dr. Marcia Brand, Associate Administrator welcomed the committee members and provided an update regarding the impact of the presidential leadership transition in government on the Agency. She discussed the decisions made up to this point that included the selection of former US Senator Thomas Daschle as the nominee for the Secretary of the Department of Health and Human Services. She explained that while the administrators for the National

Institutes of Health and the Center for Medicare and Medicaid Services must be confirmed by the Senate, the leadership of the Health Resources and Services Administration (HRSA) does not require Senate confirmation. She added that the FY 09 Appropriation does include Title III, VII, and VIII and the stimulus package includes health centers and the National Health Science Corps.

Dr. Brand provided the framework for the April 2009 meeting of the BHP All Advisory Committee within the Bureau of Health Professions (BHP) and the proposed joint project that would result in a position paper of 10 pages, "Why Interdisciplinary Practice is Important." Each advisory committee will respond to a specific section of the paper with Bureau staff developing the introduction, executive summary, conclusion, and bibliography. Dr. Brand discussed a request that involved individual responses to the impact of the financial downturn on the health workforce, educational institutions and programs, students, and parents. A statement from the BHP will be provided that requests observations/thoughts on impacts that have occurred and that could potentially occur with an opportunity to offer recommendations.

Dr. Brand elaborated regarding the important work that has evolved as the result of the memorandum of understanding with HRSA and the Department of Veteran Affairs (VA) under Mr. Louis Coccodrilli. She provided information specific to the resources that will become available as the result of the VA contract with Georgetown University and others to support access to primary care services. The goal is to involve AHECs in this effort. Dr. Wilson, ACICBL Chairperson thanked Dr. Brand for pushing the ACICBL to do more but asked what can be done now. What impacts on small change and then the longer term can be done tomorrow to improve primary care: Dr. Brand shared some interests expressed by Dr. Daschle to include medical homes and investments in primary care, prevention, and wellness.

Dr. Wilson prefaced his opening remarks by thanking Mr. Louis Coccodrilli, outgoing designated federal official of the committee and Captain Norma Hatot for their support during the past several years. He also welcomed Dr. Joan Weiss, incoming designated federal official, who welcomed the committee and provided a transition update that included Mr. Daschle's intent to reinstate a science driven environment with wellness being *cool* and prevention *hot*. She agreed to provide her notes to the committee. Dr. Weiss also discussed the division's strategic plan that will embrace cultural competency and an advanced study of geriatrics. Case Western Reserve University is the recipient of a five year grant to improve evaluation within the Geriatric Network. Dr. Weiss responded to an inquiry about community health workers with the reminder that they are not counted because they are considered to be paraprofessionals and not health professionals. She ended her remarks by informing the committee that the Patient Navigator program has been funded with 6 awardees for the first cycle.

Mr. Coccodrilli provided a detailed update specific to the VA workforce issues and implications for training. He discussed the VA/HRSA Memorandum of Understanding, HRSA Collaborative Demonstration Project, and VA expansion efforts to capture rural workforce issues. Additionally he discussed the timeline for the release of seventh and eighth reports of the ACICBL.

## **SECTION II. OUTSTANDING BUSINESS**

The September 10 – 11, 2009 minutes were approved via electronic communication prior to this meeting. Dr. Wilson elaborated on Dr. Brand's joint proposal for the BHP All Advisory Committee. Each committee will develop two of the pages of the proposed comprehensive report of 10 pages based on the pre-defined topic areas. Dr. Wilson requested that the ACICBL members receive copies of the bibliography and timeline shared with the chairpersons of the four committees. The committee reviewed the proposed outline and agreed to center on Reexamining the Concept of the Interdisciplinary Healthcare Team to include a focus on (1) Defining interdisciplinary health care teams; (2) Task driven team practice; (3) Challenges of team practice; and Models of success. The goal is to develop a policy focused paper with three measurable recommendations. The plans include one to two conference calls of 60 minutes during early February. Dr. Wilson will finalize the committee's efforts with assistance from Brandy Bush, Linda Kanzleiter, David Perrin, Ronald Rozensky, Robert Alpino, and Elyse Perweiler. Ms. Starbecker agreed to provide the committee with the definition of interdisciplinary education used by the Quentin Burdick Program.

Additional business included filling the vacant position of Vice-Chairperson, which had two nominations – Steven Shelton and Ronald Rozensky. Committee members were requested to email their votes to Norma Hatot. Upcoming ACICBL meetings are confirmed for April 20 and 22, 2009 and August 12 and 13, 2009. The one-day meeting of the four BHPa advisory committees is confirmed for April 21, 2009.

Eric Moore, contractor writer for the ninth report, provided an overview of his commitment to the ACICBL. He will be able to support the ACICBL by conducting a review of the literature and understands the need to develop compelling recommendations. He agreed to provide a summary of today's discussions as they related to the selection of the topic of the ninth report along with the research questions that will be answered by the report.

### **SECTION III: NINTH REPORT – POTENTIAL TOPICS, APPROACH**

Members discussed three major aspects of the ninth report: title and topics, suggested speakers for April meeting, and research questions as summarized below.

#### **Title and Topics**

In discussing potential titles and topics to be addressed in the report, members emphasized the importance of ensuring that the title and content are relevant to the overall health care reform initiatives underway. In addition, there was concern expressed that some previous reports have been too general. Titles suggested included:

***Improving Interdisciplinary Primary Care Towards Quality Health Care Reform***

***Reform the Interdisciplinary Health Care Workforce for Cost-Effective, Quality Health Care***

***Improving Interdisciplinary Primary Care: Developing/Building the Direct Care Workforce to Provide Quality Care as a Key to Healthcare Reform***

- ***To improve access***
- ***Improve quality***
- ***Contain costs***

***Primary Health Care Reform: Transformation for Quality and Cost-effective Interdisciplinary Health Care***

***Transforming the Healthcare Workforce to Improve Access and Quality of Care***

There was also discussion of topics that should be addressed in the report. These included: prevention and wellness, workforce development, community-based models of care, health literacy, access to underserved populations (but not “universal health care”), linguistic and cultural competency, medical/healthcare home, training approaches, interdisciplinary team approaches, reimbursement structure and financial incentives. Other topics that were discussed as likely as components of the major topics included evidence-based and best practice models, cost effectiveness, mental health and substance abuse, and oral healthcare.

An objective of the report should be to provide recommendations on bringing about reform or transformation in primary care by identifying models successful in the above areas and putting forward suggestions on how to scale up or facilitate adoption of the successful models.

The report should also include a clear statement of the problem or set of problems that the recommendations are intended to address.

## **Suggested Speakers for the April Meeting:**

Committee members discussed potential speakers for the April meeting to provide insights and evidence to help refine the selection of subject matter for the report and to provide additional evidence to support conclusions and recommendations. Speakers discussed included:

- Ed O'Neil: Has been writing essays on transformation for the last year
- Tom Morris: Director of Rural Health Policy
- Ed Salisbury: Rural Health Research Centers
- Jody Gandy, PT, DPT, PhD, Coordinator of the Interprofessional-Professional Competency Project
- Representatives from HRSA Office of Minority Health
- David Satcher: From the National Primary Care Center at the Morehouse School of Medicine; could discuss health disparities
- Dr. Jones: CDC office of health disparities
- Representative from a successful community health care center
- A healthcare economist: One who could address also address difference between US and other countries, and give examples of cost-effective care in the US
- Richard G. Frank: From the IOM's "Crossing the Quality Chasm, could discuss mental and substance use
- Kate Laurick: Stanford Chronic Disease Self-Management Model, a recognized best-practice
- A representative from the Prevention Institute, Oakland, CA
- Madeline Schmitt: from the University of Rochester, could talk about primary care and interdisciplinary care, based on work examining different teams around the country
- Gail Jensen: Former ACICBL member has completed her book, "Interdisciplinary Education Models" could summarize interdisciplinary best practice models
- Paul Ong, University of California LA or Leonard Syme, University of California, Berkeley: spoke at NIH Summit from November 2008: The Science of Eliminating Health Disparities In Low Socio-Economic Status Populations
- A community health organizer / patient navigator
- A public health speaker

## **Research Questions**

Committee members discussed research questions that the report should address. These questions may apply to one or more of the major topics discussed above. These questions are summarized below.

### ***How can a non-traditional workforce increase access to primary care?***

This is an important topic as community health workers are critical to reducing disparities in underserved communities because they're the link within the community. This issue is related to prevention, cultural competency, and health literacy as these workers do screens and educate and inform people. There can be obstacles to including these as part of the primary care team. For example, there may be reimbursement challenges and credentialing issues with patient navigators. The report should address the question of how members of the non-traditional workforce can be integrated to increase access to primary care.

### ***Define what is meant by quality and quality care.***

When the report refers to improving quality, it should define what, specifically, is meant by that. Different indicators and metrics have been used in different contexts. Indicators used for acute care may not be appropriate for a team-based approach that emphasizes prevention or chronic care. AHRQ, CMS, and HRSA Center for Quality might be sources for indicators. Also, it is important to consider the indicators

and outcomes that are most valued by the stakeholders (e.g., the public, the Congress, the Administration) of these programs.

***How the interdisciplinary team be used to reduce disparities through early intervention, prevention, and wellness.***

The report should address the issue of how to build interdisciplinary teams composed of traditional primary care providers and others such as community health workers that work together effectively to bring about early intervention, prevention, and wellness. The current economic conditions are causing some displacement that might create opportunities to integrate others into such teams.

***What are the economic constraints that limit the effectiveness of interdisciplinary teams?***

The report should address the issue of whether economic constraints or reimbursement/payment models pose barriers to adoption or limit the effectiveness of interdisciplinary teams.

Projections include no more than two speaker consultant presentations per day for the upcoming meetings of the ACICBL.

**SECTION IV: NEXT STEPS/CLOSING**

The meeting was adjourned with plans to advance the discussion for the Ninth Annual Report in April 2009. Additionally, there will be a conference call with members who expressed interest in collaborating on the BHPr All Advisory Committee joint proposal. (Eric Moore, Contract Writer provided the research questions and summary related to the discussion centered on the development of the ninth annual report.)

There will be two conference calls in February to develop the ACICBL's response to the BHPr All Advisory Committee policy paper. ACICBL members will respond individually to the BHPr request for experiences related to the economic downturn on academic institutions.

The next meeting of the ACICBL will be held in Bethesda, Maryland on April 20, 2009.