

ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

Location: Telephone Conference Call

Date and Time: Tuesday, October 4, 2011, 11 am – 3 pm

MEETING MINUTES

ATTENDANCE

ACICBL Members:

Linda J. Redford, RN, PhD (Committee Chairperson)
Carmen L. Morano, LCSW, PhD (Committee Co-chair)
Helen Fernandez, MD, MPH
David R. Garr, MD
Patricia A. Hageman, PT, PhD
Swan Kwan, MPH
James C. Norton, PhD
Sandra Y. Pope, MSW
Carl M. Toney, PA

Not Able to Attend:

Cecilia Rokusek, EdD, RD (absent)
Jay H. Shubrook, Jr., DO, FCOFP, FAAFP (absent)

HRSA Staff:

Joan Weiss, PhD, RN, CRNP, Designated Federal Official, ACICBL and Director, Division of Public Health and Interdisciplinary Education (DPHIE)
Louis Coccodrilli, MPH, RPh, Branch Chief, Area Health Education Centers Program, DPHIE
Norma J. Hatot, CAPT, United States Public Health Service, Senior Program Officer, DPHIE
Patrick Stephens, Technical Writer, DPHIE

Public Guests:

Pamela Murphy, American Association of Colleges of Osteopathic Medicine (AACOM)
Merilynn Bender, AACOM

FORMAT OF MINUTES

These minutes consist of five sections:

- I. Introductions/Opening Remarks
- II. Update on 11th Annual Report
- III. Strategies for Developing the 12th Annual Report
- IV. Additional Comments
- V. Committee Business – Upcoming Meetings, Timelines, Responsibilities

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I. INTRODUCTIONS/OPENING REMARKS

Dr. Joan Weiss, Designated Federal Official (DFO) for the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), welcomed Committee members, introduced federal staff in attendance, and conducted an official roll call of Committee members and public guests. Dr. Weiss stated that the purpose of the meeting was to discuss Committee activities for the fiscal year, particularly topics to consider for the ACICBL's 12th Annual Report. She shared priorities for the Health Resources and Services Administration (HRSA) and the Department of Health and Human Services (DHHS) as a strategy to prompt a discussion that focused on the development of topics. Dr. Weiss then invited the ACICBL chair, Dr. Linda Redford, to provide some opening remarks.

Dr. Redford welcomed and thanked Committee members for their active involvement and input with the ACICBL's 11th Annual Report, and stated that the report was a very good one. She also commented that she was interested in receiving HRSA's input regarding its priorities, so that a meaningful 12th Annual Report might address some of those areas.

Dr. Weiss then thanked the Committee and Mr. Stephens for their work on the 11th Annual Report, and asked Mr. Stephens to comment on its status.

II. UPDATE ON THE 11TH ANNUAL REPORT

Mr. Stephens also thanked the Committee for their contributions to the 11th Annual Report, and mentioned that he had sent out a final draft to the Committee and federal staff on Monday, October 3, 2011. Mr. Stephens stated that comments regarding the final draft were due by close of business, Friday, October 7, 2011 and that he would send an email reminder of this due date to all Committee members upon the conclusion of this teleconference. Committee members expressed their appreciation to Mr. Stephens for both his work and his responsiveness to the Committee's suggestions for the 11th Annual Report.

III. STRATEGIES FOR DEVELOPING THE 12TH ANNUAL REPORT

Dr. Weiss opened the meeting to discuss topics for the 12th Annual Report, referring to a list previously submitted by Committee members in response to an earlier request from Dr. Redford, Chairperson. She referenced topics of interest to the DHHS and HRSA, Bureau of Health Professions (BHP). Dr. Weiss asked Committee members if there were any additional topics they wished to consider.

Dr. Redford, ACICBL chair, commented that the role of technology would be a topic for consideration, particularly the impact of technology on medical records, transitions in care, and the effect on professionals learning and obtaining information. Dr. Weiss added that technology involving care coordination and quality of health care could be part of this topic. Committee

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members then considered the role of technology in translational research, medical records and quality of care, and that this topic expanded upon recommendation number two from the 11th Annual Report (presently in final draft). Concern was expressed that technology was a topic too broad for a 12th report comprising 20 pages or less. Dr. Weiss replied that the report could be targeted, and Dr. Redford concurred, suggesting that technology could be examined in the context of population health or health disparities. Dr. Weiss stated that it would be important to address technology in the context of *interprofessional health education and training*, with Dr. Redford adding that the focus should be on utilizing technology to strengthen Title VII, Part D programs. Dr. Weiss added that Title VII, Part D covers such programs as: (a) Area Health Education Centers; (b) Geriatric Education Centers; (c) Geriatric Training for Physicians, Dentists, and Mental Health Professionals; (d) Geriatric Academic Career Awards; (e) Chiropractic Demonstration Projects; (f) Graduate Psychology Education Programs, (g) Quentin N. Burdick Program for Rural Interdisciplinary Training; (h) Podiatry Programs; (i) Allied Health; and (j) Mental and Behavioral Health Education and Training Programs. The last two programs are presently authorized, but have not received an appropriation. Ultimately, the programs offer interprofessional education and training to the health professions workforce to advance the goal of providing high-quality, culturally-competent health care.

Dr. Morano mentioned that a topic for consideration would be to explore the use of technology in transforming health care and enhancing transitions and training. Dr. Norton added that one could examine the implications for technology, specifically how one would train practicing professionals in a community setting.

The discussion shifted to population health as a topic, and how to include technology with population health. Dr. Garr suggested that the electronic health record initiative emphasized population health and interprofessional teams, including the incorporation of technology into clinical practice and academic settings. Committee members then discussed ways to include technology and population health, such as with a specific population (e.g., minority, or aging) or methodology (e.g., technological application). Dr. Garr mentioned that the report could address those populations who do not actively seek health care, since providers will need to use technology to conduct patient outreach. Discussion then ensued that a report on this topic must first cover population health, then offer examples of how technology could assist with addressing population health. Dr. Weiss asked Dr. Garr if his topic would identify which public health competencies would work in addressing primary care in communities and with specific populations, e.g., vulnerable populations. Dr. Garr agreed, adding that health care providers need to be educated to address the needs of the patient populations they serve. Dr. Norton concurred with this topic, adding that it was an alternative to covering the role of technology.

The following list of potential 12th report topics were offered by Committee members: (a) use of technology in interprofessional communication and practice, (b) preparing the interprofessional team to care for populations, (c) enhancing interprofessional communication to improve quality and safety in practice, and (d) translating research into practice.

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The Committee chose topic (b) and discussed whether “populations” required further refinement to terms such as diverse populations and health disparity populations. The point was raised that the health care for all populations has been adversely affected by the lack of interprofessional coordination within health care systems, and that the term “diverse populations” can encompass a wide range of populations. Therefore, the Committee selected the following topic for the 12th Annual Report:

Preparing the Interprofessional Team to Care for Diverse Populations

Dr. Weiss solicited and received the following suggestions for the report outline: (a) use of technology; (b) tools to advance support of population health, e.g., quality and outcomes; (c) successful programs and models; (d) implications for educators, e.g., faculty development and support; and (e) successful models that advance population health.

Captain Hatot asked the Committee if they could provide a hypothesis for the 12th report topic that could guide the selection of speakers who will present testimony. The Committee responded with this hypothesis: What will shift the education system to address population health (e.g., essential curricular content) and how to apply that content in practice.

Dr. Weiss requested the Committee to provide some topics for potential speakers, so that experts could be best identified based on those preferred areas. The Committee stated that they were interested in speakers who could address: (a) the changing paradigm towards population health care; (b) how competencies could be used to educate non-public health professionals; (c) the social determinants of health, e.g., social partnering with and within communities; (d) community-based educational experiences, with a focus on how this could inform the report’s audience about public health; and (e) the role and relevance of public health to team work.

Dr. Weiss and Captain Hatot informed the Committee that a total of eight speakers can present for the 12th report meetings, scheduled for November 7–8, 2011 and April 23–24, 2012. Dr. Weiss then solicited the following list of potential speakers who could be contacted by HRSA for the 12th report presentations:

- Lisa Alexander, George Washington University
- Janet Allen, University of Maryland School of Nursing
- David Blumenthal
- Matt Bolton, University of Michigan
- Maria Clay, East Carolina University
- Michael Gillan, Apple
- Linda Harris, Office of Disease Prevention and Health Promotion, Office of the Secretary, DHHS
- Dave Kindig, University of Wisconsin (suggested for the April 2012 meeting)
- Todd Park, Chief Technology Officer, DHHS
- Richard Riegelman, George Washington University

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- Rima Rudd, Harvard School of Public Health, Harvard University
- Doug Scutchfield, College of Public Health, University of Kentucky
- Jacob Thorpe, East Carolina University

Dr. Weiss and the Committee tentatively decided to invite five speakers during the November 7–8 meeting and three speakers during the April 23–24 meeting, based on their availability and the progression of the 12th Annual Report.

Dr. Weiss then asked members of the public if they wished to comment. No public comment was provided.

IV. ADDITIONAL COMMENTS

Dr. Weiss commented that the Substance Abuse and Mental Health Services Administration (SAMHSA) entered into an interagency agreement with HRSA, providing \$500,000 for the Area Health Education Centers Training and Evaluation contract. These funds are needed to increase the knowledge and skills of educators providing continuing education, with the goal of training the primary care workforce on issues that returning veterans and their families face regarding traumatic brain injury, post-traumatic stress disorder, and substance abuse/mental health issues.

V. COMMITTEE BUSINESS – UPCOMING MEETINGS, TIMELINES, RESPONSIBILITIES

Dr. Weiss conducted a tentative roll call for the upcoming November 7–8, 2011 meeting for ACICBL. All members were planning to attend except Dr. Norton. Dr. Weiss mentioned that CAPT Hatot would reconfirm Dr. Rokusek's attendance (she is presently in Europe), and stressed that all remaining members must be able to attend in order to establish a quorum. Dr. Weiss also stated that the All Advisory Committee Meeting will be held on November 9, 2011.

Dr. Weiss and the Committee discussed tentative timelines for the 12th Annual Report. She suggested that the Committee could compile 1–2 recommendations during the November 7–8 meeting. After this meeting, Mr. Stephens can begin a literature search for the Committee, and the Committee can provide suggestions regarding the introductory section of the report. The Committee could compile the remaining recommendations during the meeting of April 23–24, 2012, which is slated to be held as a webinar. Completion of the 12th Annual Report is slated for the end of FY 2012.

Dr. Weiss then thanked the Committee, and stated that the process would begin to contact speakers for the 12th report immediately. Dr. Redford, Committee chair, also thanked the Committee for their participation, and requested that the Committee provide continued feedback regarding the proposed outline for the 12th report.