

ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

The purpose of this meeting is to identify a topic for the ACICBL fiscal year 2013.

Location: Telephone Conference Call

Date and Time: Friday, December 7, 2012, 1 pm – 5 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
Susan Kwan, MPH
Sandra Y. Pope, MSW
Jay H. Shubrook, Jr., DO, FACOFP, FAAFP
Carl M. Toney, PA
James C. Norton, PhD
Cecilia Rokusek, EdD, RD

HRSA Staff:

Joan Weiss, PhD, RN, CRNP, Designated Federal Official, ACICBL and Chief, Geriatrics and Allied Health Branch, Division of Public Health and Interdisciplinary Education (DPHIE)
Nina Tumosa PhD, Geriatrics and Allied Health Branch, DPHIE

FORMAT OF MINUTES

These minutes consist of four sections:

I. Introductions/Opening Remarks

II. Update on Health Resources and Services Administration (HRSA) Mental and Behavioral Health Activities

III. Discussion: Topic for Fiscal Year 2013

IV. Discussion: 12th Report – Preparing the Interprofessional Team to Care for Diverse Populations

V. Next Steps

I. INTRODUCTIONS/OPENING REMARKS

Dr. Joan Weiss, Designated Federal Official (DFO) for the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), welcomed Committee members, conducted an official roll call of Committee members, and introduced federal staff in attendance. Dr. Weiss then invited the ACICBL chair, Dr. Linda Redford, to provide opening remarks.

Dr. Linda Redford thanked the ACICBL for their presence and contributions to the ACICBL during her tenure. This meeting marked the transition in Chair leadership for the ACICBL. Dr. Redford introduced the new Chair, Dr. Carmen Morano, and turned the meeting over to him.

II. UPDATE ON HRSA MENTAL AND BEHAVIORIAL HEALTH ACTIVITIES

Dr. Joan Weiss presented an update on HRSA's Mental and Behavioral Health Activities. From HRSA's perspective, behavioral health includes mental health and substance abuse. The categories that are included under mental behavioral health include depression, mood disorders, suicide, co-occurring disorders, substance abuse, abuse, addictions and prescription drug abuse and overdose. The magnitude of this health condition is increasing with approximately 25% of the adult population having mental and behavioral health disorders. Of that, approximately 68% have co-occurring medical conditions.

HRSA has two programs under Title VII part D interdisciplinary community based linkages that specifically address mental and behavioral health. The programs are the Graduate Psychology Education (GPE) Program (section 755(b)(1)(J) and the Mental and Behavioral Health Education and Training (MBHET) Program (section 756). The purpose of the (GPE) is to provide support to meet the costs of projects to plan, develop, operate, or maintain graduate psychology education programs in behavioral and mental health to train psychologists to work with underserved populations. These programs are expected to foster an integrated approach to health care services, address access for underserved populations, and evaluate outcomes related to the project objectives. The purpose of the MBHET program is to support to recruit students and provide education and clinical experience in mental and behavioral health. The goal is to increase the number of behavioral and mental health providers who pursue clinical work after graduation with high need and high demand populations. High need and high demand populations include rural, vulnerable and underserved, military and veterans, military and veterans families, children, and geriatrics. Fiscal Year 2012 was the first year HRSA received an appropriation for this program and HRSA funded 24 grants.

Another program addressing mental and behavioral Health is the Community Health Worker Behavioral Health Primary Care Integration Project. This is a pilot program and it resides in the Area Health Education Program (AHEC). This is a special initiative in collaboration with support from HRSA, the Substance Abuse and Mental Health Services Administration, and the Office of the Assistant Secretary of Health. The Texas AHEC East received a new award to create an additional component to their current community health worker curriculum. They are going to pilot it in primary care settings and disseminate it broadly. In addition, HRSA's

Alzheimer's initiative provided \$2 million in supplemental funding to the geriatric education center.

The AHEC Veterans Behavioral Health Project trains AHEC staff using the citizens soldiers support project curriculum to provide continuing education to civilian providers. The goal of this training is to reach 10,000 civilian primary care behavioral health and other healthcare providers by September 30, 2013. To date HRSA has trained about 3700 providers.

In addition, the 45 Geriatric Education Centers program received \$2 million in supplemental funding to provide interprofessional training on Alzheimer's disease and related dementias. The start date for this project was July 1, 2012. We will be able to report progress on this activity at the next reporting period.

III. DISCUSSION: TOPIC FOR FISCAL YEAR 2013

Dr. Carmen Morano opened the discussion and directed the members to a list of potential topics for the 13th ACICBL report. The topics presented were:

- Emergency Preparedness
- Palliative Care
- Emergency Care of Vulnerable Populations
- Allied Health in Interprofessional Care
- Vaccination and Infection Control
- Patient Transitions
- Oral Health

Many of the committee members found the topics *Allied Health in Interprofessional Care*, *Patient Transitions*, and *Oral Health* to be the most relevant and timely. The topic of allied health meshes very well with the current work of the Committee around interprofessional education and population health. It is important to include allied health on the interprofessional team in order to have a much more effective and broad based team. There are significant shortages in primary care and allied health professionals can play a role in addressing them. The term allied health professional as defined by Title VII, section 799B was then discussed. It was noted that the definition is based on the exclusion of disciplines rather than inclusion. The Committee preferred to use of term "health professional" rather than the term "allied health"

The Committee also discussed the importance of incorporating oral health into the topic chosen because oral health plays a major role in many medical conditions and oral health care providers are an important part of the interprofessional team. Oral health is critical at all stages of the lifecycle especially in light of recent literature documenting that early diagnosis of chronic disease can occur in a dentist's office. However, one of the real challenges in the healthcare system is the continuing isolation of oral health in private dental offices.

The members discussed workforce shortages in primary care and the need to look at the range of services advanced practice nurses and physician assistants can provide. A recommendation was made to look at the expanded range of abilities within the different professions and the effect that these contributions have on the interprofessional team, scope of practice, and practicing at the

top of the health profession license issues. The goal is to have all health professionals work together to provide high quality care and meet the needs of the community. Consideration was given to focusing on maximizing the contributions of interprofessional team members, discussing their limitations either by reimbursement or licensure and what needs to be done differently.

After considerable discussion, the members agreed on the working topic for the 13th Annual Report: **Optimizing Interprofessional Team Member's Contributions to Population Health**. The discussion then turned to the components of the 13th report and to identifying speakers for the next ACICBL meeting in April 2013. The report will tentatively have sections on education, funding and legislation.

The 13th Report Planning Committee for identifying speakers for the April meeting include: Helen Fernandez, Susan Kwan, James Norton, Sandra Pope, and Carl Toney.

The 13th report Writing Committee include: Patricia Hagemen, Carmen Morano, Jay Shubrook, and Carl Toney.

IV. DISCUSSION: 12TH REPORT – PREPARING THE INTERPROFESSIONAL TEAM TO CARE FOR DIVERSE POPULATIONS

Dr. Linda Redford led the discussion of the draft 12th report, Preparing the Interprofessional Team to Care for Diverse Populations. The Committee discussed revising the definition of diverse populations and revising the report to expand on the topic of incentives, primary care and public health and the changing health care system.

Dr. Redford then requested members to volunteer to participate on a writing team to revise and finalize the 12th report. The 12th report Writing Committee includes: David Garr, Carmen Morano, Linda Redford, and Cecilia Rokusek. The committee expects to finalize the 12th report in January.

V. NEXT STEPS

The ACICBL will begin researching, writing and selecting speakers for the 13th report. The committee will work closely with the technical writer to write the report. The next meeting will be held April 22-23, 2013. Dr. Weiss thanked the ACICBL for their participation and adjourned the meeting.