

ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES (ACICBL)

Meeting Minutes: December 10, 2014

Advisory Committee Members Present:

Mary Ann Forciea, MD, Chair
Edna Apostol, MPH
Freddie L. Avant, PhD, LMSW-AP, ACSW, C-SSWS
Gert Bronfort, DC, PhD
Patrick DeLeon, PhD, JD, MPH
Jacqueline Gray, PhD
Patricia A. Hageman, PT, PhD
Neil L. Horsley, MS, DPM, FACFAS, FACFAOM
Sharon A. Levine, MD
M. Jane Mohler, NP-C, MSN, MPH, PhD
Carmen Morano, PhD
Elyse A. Perweiler, MPP, RN
Sandra Y. Pope, MSW
Linda J. Redford, RN, PhD
Peggy Valentine, EdD, FASAHP

Others Present:

Joan Weiss, PhD, RN, CRNP, FAAN, Designated Federal Official
Juliette Jenkins, RN, MSN, Deputy Director, Division of Medicine and Dentistry
Kim Kline, Director, Bureau of Health Workforce, HRSA
Crystal Straughn, Technical Writer, DPHIE

Introduction

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 8:30 a.m. at the Health Resources and Services Administration's headquarters in the Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

Dr. Joan Weiss, Designated Federal Official, greeted Committee members and took roll. Dr. Weiss reviewed the agenda and then turned the meeting over to Dr. Mary Ann Forciea, the Committee Chair. Dr. Forciea presented the September meeting minutes for Committee vote. The minutes were approved without objections or corrections.

ACICBL 14th Report Discussion

The Committee discussed the draft 14th report, *Preparing the Health Care Workforce to Foster Person-Centered Care*, and revised the report outline and report and developed draft recommendations. The Committee agreed that the goal of the 14th report is to prepare all health professionals and students to deliberatively work together with the common goal of building a safer, patient-centered, and higher value health care system.

The Committee discussed defining the disciplines under the term “health professions” and the term “interprofessional.” The members agreed to include a table in the background section that would list all the disciplines under health professions relevant to this report. They also suggested adding the term “care partners” when referring to families and caregivers in the report.

The Committee discussed how the background section should frame the topic of the report and clarify how treating multiple chronic conditions and providing person-centered care are issues that are interconnected and are part of the discussion of the complexity of healthcare. The report will focus on the broader topic of complex care instead of multiple chronic conditions. From this discussion, the Committee decided that the report should express the overarching idea that training the healthcare workforce was not just about training knowledgeable and capable workers, but training these individuals to work together to be responsive to issues of complexity.

The Committee then discussed including a foundational elements of health workforce education and training section in the report. After some discussion it was determined that social determinants of health, shared decision-making, health literacy, cultural competencies, and team-based care were all foundational elements, and that having examples of curricula or articles that illustrated these aspects would be helpful for the readers of the report. The Committee also decided that having brief vignettes would enhance the report. As the discussion continued, it was determined that chronic disease prevention and behavioral health were subjects that would not be featured in this section, but would be included in examples throughout the report.

Following this discussion, the Committee considered education models, clarifying whether this section in the report would focus on education standards or training programming, and what would be incorporated in these models. It was determined that models of practice would not be discussed, but the report would highlight the education that occurs in practical settings, including didactic training and clinical site-based training. The committee agreed that examples from the Title VII, Part D programs should be highlighted in this section.

The members discussed evaluation of teaching strategies and considered the ways outcomes could be measured. The discussion touched upon ways that patient outcomes could be translated into cost savings, but also the ways in which this can be difficult. Committee members emphasized the importance of demonstrating outcomes of successful programs, while also considering the resources needed and the patient safety and quality assurance aspects that were part of this discussion. The question was raised as to whether this section would act as a guide in the evaluation of proposed programs for person-centered care or if it was to be a description of programs that were already demonstrating successful outcomes.

The Committee then debated whether or not the report needed a cost and reimbursement section. It was determined that reimbursement for interprofessional team-based care and collaborative practice was needed to provide students with substantive experiential learning opportunities. This also raised the concern about programs having to pay for students to get experiential practice with interprofessional care. Since this was a subject that those in the healthcare workforce had been struggling with for years, the committee decided that tying the issue to the Title VII, Part D programs would be a way to address it and push for more opportunities for students.

ACICBL Draft 14th Report Recommendations

As the final part of the discussion of the 14th Report, the Committee delineated five topics that would be the basis for their recommendations to Congress and the Secretary. They include:

- Quality training for health profession students of tomorrow will require adequate interprofessional training sites. Reimbursement for interprofessional education and collaborative care is imperative to provide quality training sites for health profession students.
- Training programs should have the flexibility to involve different health professions and other providers in order to optimize the care of persons with multiple chronic conditions.
- Training programs should prepare students to involve patients and care partners in shared decision making for goals of care and treatment.
- Train for competence and capability – Lifelong learners, self-directed practice improvements.
- Endorsement of interprofessional training.

ACICBL 15th Report Discussion

Dr. Weiss started the discussion of the 15th Report, which focused on programmatic recommendations for the Title VII, Part D programs. The programs include: Area Health Education Centers; Geriatric Education Centers; Geriatric Training for Physicians, Dentists, and Behavioral Mental Health Professionals; Geriatric Academic Career Awards; Quentin N. Burdick Program for Rural Interdisciplinary Training; Allied Health Projects; Graduate Psychology Education; Mental and Behavioral Health Education and Training; and Pain Care Management. To begin the discussion, Dr. Weiss asked the committee if they wanted to hear from speakers inside or outside the programs in order to make recommendations that would make the programs more relevant to the current healthcare environment.

Considering the question, the Committee discussed what information they needed as they thought about the programs' statutory requirements, best practices, and funding status. This also raised the subject of performance measures and which outcomes were relevant for each program. The Committee brainstormed the names of potential speakers, also considering those who would know more about the legislative process and educational outcomes evaluations. The speakers will present at the ACICBL January 28th webinar.

Dr. Weiss then opened the floor to public comments. The meeting was adjourned at 4:15 p.m.