

Advisory Committee on Training in Primary Care Medicine and Dentistry

November 4- 5, 1999

(Approved 12/7/00)

The Advisory Committee met in the Jefferson Room in the Washington Plaza Hotel, 10 Thomas Circle, N.W., Washington, DC. The Meeting began at 8:30 a.m., November 4, 1999. The Advisory Committee was adjourned at 3:05 p.m. Dr. Carol Bazell, Executive Secretary, presided. The Advisory Committee reconvened at 8:30 a.m. and adjourned at 5:26 p.m. on November 5. Dr. Brookmyer, Deputy Executive Secretary presided until the Chair, Dr. Denise Rodgers was elected.

Members Present:

Ruth Ballweg, MPA, PA-C, Member
George Blue-Spruce, DDS, MPH, Member
Frank Catalanotto, DMD, Member
James Crall, DDS, MS, DSc, Member
J. Thomas Cross, MD, MPH, Member
Thomas DeWitt, MD, Member
Staci Dixon, DO, Member
Ronald Franks, MD, Member
John Frey, III, MD, Member
Julea Garner, MD, Member
Ryan Hughes, DDS, Member
Ronald Mito, DDS, Member
Carlos Moreno, MD, MSPH, Member
Harry Morris, DO, MPH, Member
Denise Rodgers, MD, Member
Joseph Scherger, MD, MPH, Member
Terrence Steyer, MD, Member
Valerie Stone, MD, Member
Justine Strand, MPH, PA-C, Member
Walter Tunnessen, JR., MD, Member
Shaun Wright, PA, Member
Billie Wright-Adams, MD, Member

Others Present

Carol Bazell, MD, MPH, Executive Secretary, ACTPCMD
John Heyob, Deputy Director, Division of Medicine and Dentistry
Barbara Brookmyer, MD, MPH, Deputy Executive Secretary, ACTPCMD

Welcoming Remarks:

Carol Bazell, MD, MPH, Director Division of Medicine and Dentistry, BHPPr and Executive Secretary of the Advisory Committee opened the first meeting of the Advisory Committee, welcoming the members and outlining the goals for the meeting.

Thomas Morford, Deputy Administrator, Health Resources and Services Administration (HRSA) welcomed the Advisory Committee members on behalf of Secretary Shalala and Dr. Claude Earl Fox, HRSA Administrator. He mentioned that HRSA, a \$4.3 billion corporation, is operating on a Continuing Resolution pending Congressional action on a final bill. Mr. Morford described various programs administered by HRSA - health professions, community health centers, Ryan White HIV/AIDS programs, and the maternal child health programs, and an organ donation program. The goal for the agency is to contribute to the achievement of 100% access with zero disparities. Despite the relatively little support available for health professions education from HRSA in comparison with programs like Medicare and Medicaid, HRSA has a disproportionate impact for its dollars. HRSA partners with others to have a disproportionate impact with its wedge dollars. HRSA's Oral Health Initiative was mentioned. Mr. Morford described HRSA's focus on health professions education as a means to impact distribution, diversity and cultural competency of the nation's health professions workforce. HRSA is also involved in data evaluation of the workforce to guide policy decisions. Mr. Morford invited the Advisory Committee to help implement HRSA's goals and philosophy in addition to providing input derived from wisdom and experience on issues of import to the Advisory Committee's charge.

Dr. Vincent Rogers, DDS, MPH, Associate Administrator for Health Professions, HRSA, welcomed the Advisory Committee members. Dr. Rogers talked about the shift in emphasis from aggregate supply concerns in the 1970's to medically underserved communities and diversity of the workforce. He outlined the core functions of the Bureau of Health Professions (BHPr) - to impact distribution, racial and ethnic diversity, and cultural competence of the health professions workforce. The other four Advisory Committees and Councils administered by the BHPr are the Council on Graduate Medical Education (COGME), the National Advisory Council on Nurse Education and Practice (NACNEP), the Advisory Commission on Childhood Vaccines, and the Advisory Committee on Interdisciplinary and Community-Based Linkages. Dr. Rogers spoke about his interest in increasing the visibility of dentistry and the organization's structural changes in response to the structure outlined in the reauthorization of the primary care medicine and dentistry programs. He briefly reviewed the major activities in each of the Divisions of Quality Assurance, Vaccine Injury Compensation, Student Assistance, Health Professions Diversity (formerly Disadvantaged Assistance), Nursing, Interdisciplinary and Community -Based Programs, and the Division of Public Health and Allied Health. He discussed the role that diversity plays in promoting access and the efforts of the BHPr to improve the diversity of the Health Professions workforce. Dr. Rogers described academic partnerships of the new National Center for Health Workforce Information and Analysis.

Dr. Bazell reviewed the statutory definition of the disciplines of primary care medicine and dentistry and the charge of the Advisory Committee - to provide advice and recommendations to the Secretary and to prepare a report for the Secretary and Congress regarding issues of training in primary care medicine and dentistry. She encouraged the Advisory Committee to provide a long-term, future-oriented vision in addition to providing input on current activities. Dr. Bazell recalled the earlier presentations that described various roles of the federal government; how the primary care medicine and dentistry programs are aligned with goals of the Bureau and the Agency in the context of local, state, and national issues; what is done programmatically to move toward those goals; and how to assess the effectiveness of the primary care medicine and dentistry programs.

Other BHP staff in attendance in the audience were introduced. Each member of the Advisory Committee was given the opportunity to take five to ten minutes to introduce himself.

Nicole Lurie, MD MSPH, Principal Deputy Assistant Secretary for Health in the Office of the Secretary, Office of Public Health and Science, DHHS described two major initiatives of the Department of Health and Human Services - Healthy People 2010 and the race and ethnic disparities initiative. She encouraged members to conduct Healthy People 2010 launching and educational events in their health professions schools. Two overarching goals of the Health People 2010 are to increase the number of years of quality life and to eliminate racial and ethnic disparities in health. The race and ethnic disparities initiative focuses on six clinical conditions which Dr. Lurie described and supported with data. The need for teaching cultural competence in primary care education was also discussed.

Harold Slavkin, DDS, Director of the National Institute of Dental and Craniofacial Research, National Institutes of Health (NIH) discussed various activities of the NIH to address the diversity in the workforce and health disparities. He talked about the need for clinicians to speak a common language, to be grounded in evidence-based practices and to bridge dental and medical clinical practice to better serve patients. He talked about a role for collaborative NIH and HRSA funding of training of clinicians and researchers and described the Centers to Reduce Health Disparities. Dr. Slavkin provided data on the deficit of physician and dentist researchers. He proposed that national workforce needs could be met by skimming off and retaining two percent of each incoming class in medicine and dentistry. The current amount is approximately one tenth of a percent yield from all of the health professions schools. The need to increase the pool of applicants by introducing young individuals to the potential for careers in the health professions was emphasized.

Americo Bracho, MD, MPH, Executive Director of Latino Health Access in Santa Ana, California began with a description of her rural practice in Venezuela. Community health workers played a critical role in health care delivery in Venezuela and also in her town of Santa Ana. She emphasized that primary care must be part of a national agenda and a local agenda building on community ideas. Dr. Bracho described collaborative educational activities with the community health workers and medical students.

Debra Nichols, MD, MPH, Health Policy Consultant reviewed the legislative process and discussed the background behind the reauthorization of the section 747 programs. Introductory statements made by Senator Frist when he introduced the Health Professions Education and Partnerships Act of 1999 were distributed. She emphasized the importance of a collaborative and interdisciplinary vision and advocacy for the programs. Dr. Nichols challenged the Advisory Committee to think about how things are going and how they things need to be changed prior to the next scheduled reauthorization of the Title VII programs. Dr. Nichols explained that the advisory committee reports not only to the Secretary, but also to Congress so that its data will be taken into account during the next reauthorization.

Mary Moseley, MN, RN, EdD, Staff member to Senator Frist, discussed the importance of demonstrating outcomes and cited the findings from the GAO evaluation of the Title VII and VIII programs. She emphasized that data is important in justifying appropriations. The origin of the funding cluster approach was to encourage collaborative projects. The three main goals of the legislation were to promote a workforce with a mix of competencies and skills to deliver cost-effective quality care, to support the ability of programs to meet the needs of vulnerable populations and to improve the number of underrepresented minorities in the

health professions. She presented a vision for the Advisory Committee to be a communicator of what is needed in the communities and on the front lines of health care delivery. The concept of using funds as seed money was emphasized. The cluster approach to funding (grouping of family medicine, general internal medicine, general pediatrics, physician assistants, general dentistry, and pediatric dentistry) with the possibility of a ratable reduction within the cluster if one group in the cluster experiences a funding cut was described as intending to encourage common goals, collaboration, and more cost-effective leveraging of funds.

Donald L. Weaver, MD, Director, Division of National Health Service Corps, Bureau of Primary Health Care, HRSA, spoke about the National Health Service Corps= interdisciplinary approaches to serving the underserved. He summarized a collective challenge as making sure that the right people are trained appropriately and in the right places to provide the right care. The challenges of ensuring that the workforce is more reflective of the population, eliminating the maldistribution were discussed. Four factors have contributed to the success of the National Health Service Corps programs, 1) the clinicians in the programs and the programs themselves were community responsive, 2) programs were culturally competent, 3) an interdisciplinary approach to care, and 4) a systematic way of looking at the community. Of the 22,000 NHSC alumni, up to 70 percent of them continue to serve the underserved after completion of obligated time.

Gary Wiltz, MD, Medical Director, Teche Action Clinic, Franklin, Louisiana, recommended the graphs in the booklet, Health Care Rx: Access for All: The President=s Initiative on Race. Dr. Wiltz talked about his personal experiences that led to his current work and commitments. He was a participant in the Health Careers Opportunity Program which is authorized under Title VII of the Public Health Service Act and was a scholarship recipient of the National Health Service Corps. He mentioned other programs geared to improving the number of underrepresented minorities in the health professions such as the Association of American Medical Colleges= 3000 x 2000 Project . The Robert Wood Johnson Foundation has a Southern Rural Access Program targeting funds where they are needed. He also described how he structures medical student rotations.

Barbara Brookmyer, MD, MPH, Deputy Executive Secretary of the Advisory Committee, presented a brief overview (in Power Point) of the structural changes that occurred to the primary care medicine and dentistry programs with the most recent reauthorization of the Title VII programs - disciplines encompassed, consolidation (cluster) groups, cluster funding for FY 1999, grant funding priorities, grant funding preferences, performance goals, CPMS data system, and GAO evaluation findings.

Neil Sampson, Deputy Administrator of Health Professions, HRSA, was available to respond to questions and discuss Y2K preparedness, newly authorized programs for the Bureau, the interdisciplinary and community-based programs, and the national center for health workforce information and analysis.

Advisory Committee Member Discussions

Potential topics of relevance to the future work of the Advisory Committee mentioned by the Advisory Committee members in a brainstorming session are listed below.

- \$ identify hot topics in each specialty
- \$ identify those that the AC is advocating on behalf of
- \$ determine the purpose of title VII primary care medicine and dentistry programs
- \$ summarize what Title VII means to each discipline

- \$ list training requirements for each of the disciplines
- \$ identify what has proven successful for other advisory councils/ committees
- \$ identify potential for collaboration with programs funded under Title VII of the Public Health Service Act and the National Advisory Council on Nurse Education and Practice
- \$ identify collaboration potential with the new Advisory Committee on Interdisciplinary and Community-Based Linkages
- \$ identify potential for collaboration with NIH training programs
- \$ determine which problems are realistically likely to be solved by the Advisory Committee
- \$ determine potential to make recommendations on diversity
- \$ identify characteristics of generation X as they relate to the future pool of health professions school applicants
- \$ determine the impact of Title VII underrepresented minority requirements
- \$ consider the consistency of preferences among the grant programs
- \$ identify barriers to the effectiveness of Title VII
- \$ review current measures for the programs
- \$ list criteria for designation of an underserved area
- \$ determine outcomes of programs that have not received Title VII support
- \$ consider value of input from current student groups
- \$ consider funding priorities across programs
- \$ evaluate outcomes of previously funded programs that fail to meet subsequent funding priority criteria
- \$ identify potential for collaboration with HCFA
- \$ consider the pipeline effect
- \$ identify programs successful in improving diversity
- \$ identify innovative future oriented training programs
- \$ consider the role of community clinicians in training

Election Results

Chair: Denise Rodgers, MD

Vice Chair: Ron Mito, DDS

Vice Chair: Justine Strand, MPH, PA-C

Public Comments

None

Next Meeting

April 20 - 21, 2000 in Washington, DC