

## **Advisory Committee on Training in Primary Care Medicine and Dentistry**

April 20-21, 2000 Minutes of Meeting

(Approved 12/7/00)

The Advisory Committee met in the Georgetown Room of the Hilton Washington and Towers Hotel, 1919 Connecticut Avenue, N.W., Washington, DC. The Meeting began at 8:00 a.m., April 20, 2000. The Advisory Committee was adjourned at 5:00 p.m. Dr. Denise Rodgers, Chair, presided. The Advisory Committee reconvened at 8:00 a.m. and adjourned at 3:00 p.m. on April 21.

### **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  
Maxine Papadakis, MD, Member  
Denise Rodgers, MD, Chair  
Joseph Scherger, MD, MPH, Member  
Justine Strand, MPH, PA-C, Member  
Walter Tunnessen, JR., MD, Member  
Shaun Wright, PA, Member

### **Others Present**

Carol Bazell, MD, MPH, Executive Secretary, ACTPCMD  
Barbara Brookmyer, MD, MPH, Deputy Executive Secretary, ACTPCMD

### **Welcoming Remarks**

Denise Rodgers, MD, Chair, opened the meeting with a review of the statutory charge of the Advisory Committee. She emphasized the opportunity that the preparation of the Advisory Committee's first report presents in shaping the future of the section 747 (of the Public Health Service Act as amended by the Health Professions Education and Partnerships Act of 1998, Public Law 105-392) programs in terms of demonstrating the impact that the funds have had and the need for continued support. She

challenged the members to think outside the box when developing recommendations for the future. Dr. Rodgers reminded the members of the presentations during the last meeting that spoke to the need to work collaboratively.

Claude Earl Fox, MD, MPH, Administrator, HRSA, thanked the members for their participation and expressed the importance of the primary care medicine and dentistry programs authorized under section 747 of title VII. Given the graduate medical education (GME) funding context of nearly \$11 billion spent in a generally non-directed manner by other payers and the approximate \$80 million specifically targeted to primary care medicine and dentistry by HRSA, Dr. Fox framed the policy issues of HRSA. Dr. Fox spoke of improvements in demonstrating the impact that HRSA programs have had on the distribution of the health professions workforce to medically underserved communities. He also spoke of the increased percent of minorities graduating from HRSA supported programs compared to the general population of graduates. Dr. Fox emphasized the need to protect and grow the relatively small amount of GME and the only HHS support directly targeted to making sure that the graduates of health professions training programs reflect the communities that need care and the communities that they are going to serve.

Dr. Fox challenged the members to look at the section 747 programs and think about new and different ways to promote the programs and to think outside the box for the future design of the programs to meet the needs of the communities that HRSA is trying to serve. He finds it compelling that HRSA is providing the only directed dollars to primary care training and that the dollars are targeting policy objectives. He mentioned one of HRSA's cross-cutting priorities - an oral health initiative, which is being developed in collaboration with the Health Care Financing Administration (HCFA). Dr. Fox stated that there have been discussions about the appropriate federal role in dental education given the recent closure of 10 schools amidst increased numbers of dental school applicants. Dr. Fox also mentioned the forthcoming GME financing report from the Council on Graduate Medical Education (COGME), the new Children's Hospital GME Program, and the National Center for Workforce Analysis. HRSA is contracting with states to look at health professions shortage areas and other workforce related data. The health workforce information is being used by states, HRSA, and HCFA to make informed policy recommendations.

Carol Bazell, MD, MPH, Director Division of Medicine and Dentistry, BHP and Executive Secretary of the Advisory Committee welcomed the members and reviewed the agenda for the meeting. She encouraged the members to consider short and long-term opportunities for the members to contribute to the programs and policies of the section 747 programs. Dr. Bazell invited input and feedback on the administration of the programs in the context of the current law and in the context of the reauthorization. She announced the formal name and programmatic responsibility change for the Division of Medicine and Dentistry (formerly the Division of Medicine).

Dr. Denise Rodgers invited the members to introduce themselves.

Dr. Vince Rogers, DDS, MPH, Associate Administrator for Health Professions, offered welcoming remarks on the second day of the meeting. Dr. Rogers reviewed some of the initiatives of HRSA that the Bureau of Health Professions (BHP) is addressing - oral health, border health, kids into health careers, geriatrics, and genetics. Additional focus areas within the BHP are patient safety, mental and behavioral health, public health, and data and research. Dr. Rogers described a new web site of the BHP which identifies the number of BHP grants by state and funding site.

### **Legislative History of Title VII**

Barbara Brookmyer, MD, MPH, Deputy Executive Secretary presented a chronologic legislative history of the Title VII of the Public Health Service Act programs, specifically the primary care medicine and dentistry programs. The members were referred to tab 3 in their program books for a written description of the changes and a table format with additional information was distributed during the meeting. The chronology begins with the Health Professional Educational Assistance Act of 1963 which focused on construction grants to increase the aggregate number of graduates. Special project grants were introduced in 1968 to support a variety of activities including significantly improving curricula and strengthen existing training programs. The gradual shift in legislative intent to increase the number of health professionals practicing in medically underserved areas and to increase the number of primary care physicians was discussed. Physician assistant, general pediatric, and general internal medicine training support was added in the mid-1970's to the authorized family medicine activities. The Congressional position on federal support for GME was read from the 1976 authorizing legislation. The members were encouraged to read the change in the priorities and authorized activities over the years.

Ruth Johnson, former Bureau of Health Professions legislation staff, responded to questions posed by the members. She discussed the Congress- and the Office of Management and Budget's historic positions on funding for health professions training in addition to the historic authorized funding amounts for each discipline.

### **Program Accomplishments**

Discipline specific accomplishments of the programs authorized under section 747 of the Public Health Service Act were presented. Presenters addressed outcomes that are directly related to legislative mandate and outcomes that were unanticipated, but of positive benefit to medical education and the overall mission of the section 747 programs.

Ruth Ballweg, MPA, PA-C, an Advisory Committee member, summarized the funding levels and numbers of physician assistant (PA) programs supported since the mid 1970's. In 1974, most of the 43 existing PA programs received federal support comprising approximately 50 percent of their total budgets. There are currently about 4,000 enrollees in 120 PA programs, approximately 30 of which are supported to a lesser extent by section 747 funding. There are a number of PA programs concentrated in the Northeast while several rural states do not have a PA program. The types of activities supported originally focused on infrastructure and research. Now, the activities supported are more targeted - placement of students in rural and underserved training sites, faculty development, and

minority recruitment. As states stop affirmative action recruitment practices, Ms. Ballweg predicts that federal support for minority and disadvantaged background recruitment will be even more critical. She suggested that there is a role for collaboration among the disciplines engaging in faculty development.

Tom DeWitt, MD, an Advisory Committee member, summarized the five main areas of impact of section 747 support in pediatrics. Section 747 support contributed significantly to the establishment of divisions of general pediatrics or community pediatrics in virtually every department of pediatrics. The federal support enabled those new divisions to focus on the science of education and the science of research in general care in addition to the provision of patient care. The support has also enabled the divisions to have more influence in the departments of pediatrics. The second area of significant contribution is the increased training in underserved and community-based sites. According to Dr. DeWitt, program priorities and preferences have positively influenced the shift toward more community-based training and advocacy. Curriculum development is perhaps the area of largest impact from section 747 support. Dr. DeWitt reported that the documents produced are fairly uniformly in use throughout the country for clerkships and residency training. Faculty development in general pediatrics supported by section 747 has also had a multiplier effect on training to the extent that nearly three-quarters of pediatrics programs currently provide faculty development training. Dr. DeWitt mentioned objectives of one of the contracts supporting national and regional faculty development training. The fifth area of significant contribution mentioned was the support of collaborative projects among the primary care disciplines. Dr. DeWitt described the Primary Care Organizations Consortium, the Interdisciplinary Generalist Curriculum Project (IGC), and the Undergraduate Medical Education for the 21<sup>st</sup> Century Project (UME-21).

Maxine Papadakis, MD, an Advisory Committee member, presented outcomes of section 747 support for general internal medicine. Dr. Papadakis presented data indicating that over 16,000 general medicine and general pediatric residents have trained in Title VII recipient programs over the last 15 years. She also presented information indicating that graduates of currently funded general internal medicine and general pediatric programs are twice as likely as graduates from non-funded programs to practice primary care. Graduates from funded programs are also more likely to enter into practice in medically underserved communities. Section 747 support has funded almost half of the of general internal medicine residency training programs. Dr. Papadakis mentioned the components of a section 747 supported contract in faculty development in general internal medicine.

John Frey, MD, an Advisory Committee member, discussed the contributions of section 747 support to family medicine particularly in the advancement of collaborative activities and the expansion of opportunities in academic medicine for generalists. Dr. Frey credited section 747 support with contributing to the growth of family medicine, the exploration of innovative ideas, community-based training, and medical education reform. Dr. Frey mentioned the role of section 747 support in enhancing departments of family medicine and in building a cadre of well-trained faculty and researchers. The contributions of family physicians in meeting the needs of rural and underserved communities was also highlighted.

Richard Weaver, DDS, an education and policy analyst for the American Association of Dental Schools, presented the history of title VII dental programs. Until recently, Dr. Weaver worked in the Bureau of Health Professions administering the title VII dental programs. Legislatively authorized grant support for dental schools in the 1960's enabled for significant increases in the construction of new dental schools. The number of dental schools reached a height of 60 in the eighties, but has recently declined due to the closure of seven schools. The legislative intent gradually shifted from a desire to increase general numbers of graduates to an effort to improve the distribution and specialty mix. Funding preferences and priorities were instituted in 1985 to link training with care delivery and underserved populations. Dr. Weaver described the dental training process and care provided. He reported that 72% of the new General Practice Residency and Advanced Education in General Dentistry programs were established through title VII support. Dr. Weaver mentioned that post-doctoral pediatric dental training support was added in the last reauthorization of title VII. He reported that there is a general decline in the ratio of practicing dentists to the population and predicted a potential dental workforce shortage.

Dr. Denise Rodgers, Chair requested that a presentation of the impact of title VII support on osteopathic training and practice be prepared by Dr. Morris.

### **Questionnaire Results**

Members of the Committee and organizations that nominated individuals for consideration of appointment to the Committee were sent a questionnaire to elicit commonalities and differences in the interpretation of the purpose, strengths, opportunities and weaknesses of the title VII primary care medicine and dentistry programs. Despite the lack of clear trends and consensus, Dr. Rodgers encouraged the members to incorporate information from the questionnaire into the members' deliberations.

### **Discussion of the Focus of the Committee's First Report**

Dr. Rodgers suggested dividing the members into two work groups to address components of the Committee's first report to the Secretary of Health and Human Services and to the appropriate Congressional Committees due November 2001. A schedule for completion of the report drafts was presented. The timing of the report will coincide with the beginning of the reauthorization discussion. The potential impact of the Committee's recommendations on those early discussions was emphasized. The effectiveness of other Federal advisory committees was mentioned.

One work group, Work Group A, was charged with reviewing outcomes and framing them in an advocacy format. In addition to the legislative intent of the program, Dr. Rodgers encouraged members to consider unintentional positive outcomes. The challenge of solving multidimensional national problems such as the distribution of clinicians and the types of clinicians with limited title VII primary care medicine and dentistry training resources was discussed.

The second work group, Work Group B, was charged with identifying how much funding would be necessary in the future to achieve specific innovative outcomes relevant to the needs of each profession and society. The value of multi-disciplinary collaboration/ integration in training and practice in meeting the needs of communities was raised by several members.

### **Primary Care Medicine and Dentistry Grant Programs Update**

Susan Goodman, RDH, DDS, dental officer, Medical and Dental Education Branch, Division of Medicine and Dentistry, presented an update of the current grant cycle activities for the General Practice Residency, Advanced Education in General Dentistry, and Pediatric Dentistry training programs. She provided statistics on the applications reviewed and approved. Dr. Goodman reviewed reasons for disapprovals by the peer reviewers. Dr. Goodman challenged the members with several questions related to the future direction of the programs B appropriate federal role, role in pre-doctoral training, and role in enhancement of oral health.

Denice Cora-Bramble, MD, Chief, Primary Care Medical Education Branch, Division of Medicine and Dentistry, presented an update of the current grant cycle for the primary care medicine programs. She explained the role of preferences, priorities, and special considerations in the scoring of grant applications. She challenged the members to identify how to adequately measure success of the programs without burdening grantees.

### **Brainstorming Work Group Topics**

The full Committee discussed issues relevant to both work group topics prior to separating into work groups. Brief discussions occurred on collaboration, community-based education, linkages with oral and medical health, role of student choice in specialty and practice location decisions, integrated health systems, genetics, population focused care, funding allocation, self-sufficiency, long-term versus short-term outcomes, incentives for medically underserved practice, incentives for attracting underrepresented minorities to primary care, advocacy for the title VII programs, multiplier effect of training programs, impact of accreditation requirements on collaboration, discipline-specific recruitment needs, primary care health services research, leveraging funding partnerships, new models for primary care, faculty recruitment and retention, concentration of limited dollars, innovative curricula, mental health, the health of primary care, and the National Residency Match Program results.

### **Work Group Assignments**

Work Group A - Billie Wright Adams, George Blue-Spruce, Frank Catalanotto, Tommy Cross, Staci Dixon, John Frey, Carlos Moreno, Terry Steyer, Valerie Stone, Walter Tunnessen, and Justine Strand (*Chair*)

Work Group B - Ruth Ballweg, Jim Crall, Tom DeWitt, Ron Franks, Julea Garner, Ryan Hughes, Harry Morris, Maxine Papadakis, Joe Scherger, Shaun Wright, and Ron Mito (*Chair*)

### **Summary of Work Group A=s Discussions**

The work group began with a discussion of the needs of communities with respect to access, the need for underrepresented minorities in health care, and the need for current data regarding dentistry and other disciplines. The members explored the needs of the workforce in addressing the needs of communities.

Other broad topics discussed included outcomes attributable to title VII (section 747), history of the title VII programs and its accomplishments, competing market forces, current health care environment, and a synopsis of the legislative history of title VII. Specific areas to review for accomplishments were mentioned including faculty development in family medicine, clerkships in family medicine, underrepresented minority selection of underserved area practice sites, rural and underserved recruitment and retention, and primary care research. Members also discussed potential partners in advocacy.

### **Summary of Work Group B's Discussions**

Work Group B's draft vision statement was "Educate clinicians to provide primary care to meet the health care needs of the nation with an emphasis on providing care to the medically underserved." Members discussed the role of infrastructure development and the issues of recruitment, curriculum, placement of providers, and retention of providers. Research and outcomes were envisioned as drivers of those issues. Dr. Rodgers asked the members to consider the tension of expecting the title VII primary care programs to address workforce production versus workforce training.

### **Public Comments**

None

### **Next Meeting**

The next full meeting of the Committee will be held December 7 - 8, 2000 in Washington, DC at a hotel to be determined later. Work Group B considered scheduling a work group meeting prior to the December meeting.