

## **ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY**

### **Minutes of Meeting – May 20-21, 2013**

#### **Advisory Committee Members present:**

William T. Betz DO, MBA  
Caswell A. Evans, Jr., DDS, MPH  
Frederick Fox, MD, MPP  
Angela H. Jackson, MD  
Jean Johnson, PhD, RN  
David J. Keahey, MSPH, PA-C  
David Keller, MD  
Dawn Morton-Rias, EdD, PA-C  
Yilda M. Rivera-Nazario, DMD  
John Rogers, MD, MPH, MEd  
Bob Russell, DDS, MPH  
Kara Odom Walker, MD, MPH, MSHS

#### **Others Present:**

Mary K. Wakefield, PhD, RN, Administrator, Health Resources and Services Administration  
Janet Heinrich, DrPH, RN, Associate Administrator, Bureau of Health Professions  
Kathleen Klink, MD, Director, Division of Medicine and Dentistry  
Juliette Jenkins, RN, MSN, Deputy Director, Division of Medicine and Dentistry  
Shane Rogers, Designated Federal Official, ACTPCMD  
Shannon Bolon, MD, MPH, Chief, Primary Care Medical Education Branch

### **Monday, May 20, 2013**

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) convened its meeting at 8:30 a.m. at the Health Resources and Services Administration's headquarters in the Parklawn Building, Room 18-57, 5600 Fishers Lane, Rockville, MD 20857.

Dr. Caswell Evans, Chair, welcomed the members and attendees and invited the members to introduce themselves. Dr. Klink, Director for the Division of Medicine and Dentistry (DMD), provided some general information about the DMD and introduced many of the Division's members. Dr. Klink then introduced Dr. Mary K. Wakefield, Administrator for the Health Resources and Services Administration (HRSA).

Dr. Wakefield thanked the members for their work and provided a detailed summary of HRSA activities relevant to the ACTPCMD. She informed the members that the recommendations provided in their upcoming report were more important now than at any other point in time for the committee, primarily due to the changes coming to the health care delivery system.

Dr. Janet Heinrich, Associate Administrator for the Bureau of Health Professions (BHPr) at HRSA spoke next and provided a brief update of BHPr activities to-date, highlighting specific programs across the Bureau such as the Veteran's Initiative, geriatric care, increasing diversity into the healthcare workforce, focusing on interprofessional education and practice and other outreach activities.

Next, Dr. John Rogers, Chair for the committee's 10<sup>th</sup> Report Writing Group, provided an update of the 10<sup>th</sup> Report and informed the members that, with the exception of a few very minor issues, the report was nearly in a final and complete form. Dr. Rogers reviewed and updated the members on the minor issues. The report was then unanimously approved by the full committee.

After a short break the members began discussions pertaining to the topic of their next 11<sup>th</sup> Report to Congress. Dr. David Keller, Chair for the 11<sup>th</sup> Report Writing Group led this discussion. Dr. Keller reiterated that four ideas had been previously presented and suggested a construct to fit these four ideas together. The four topics for the upcoming report were determined to be Health Literacy, Community Health Centers, Oral Health and Primary Care and Behavioral Health. It was determined that each section would have a subject matter lead:

Dawn Morton-Rias: Health Literacy  
David J. Keahey: Community Health Centers  
Bob Russell: Oral Health and Primary Care  
David Keller: Behavioral/Mental Health

The members then received an in-person presentation from Dr. Donald Weaver, Chief Medical Officer for the National Association of Community Health Centers (NACHC). Prior to this position, Dr. Weaver was a Commissioned Officer in the United States Public Health Service and retired as the Assistant Surgeon General in January 2011. Dr. Weaver stated that the mission of the NACHC was to improve the health care of populations. He described how health centers were founded on the principals of community health and that to improve the health of the communities we need to improve the patient experience and to bend the cost. He noted how most health center patients are uninsured or publically insured and that CHCs serves 22 million people.

Dr. Weaver went on to describe some minor verbiage differences between what the NACHC now uses and what has been generally accepted in the past. Such examples include the term "Education Health Centers" rather than "Teaching Health Centers." He noted that "Educational Health Centers" describe those community health centers or CHC sites that have demonstrated commitment to primary care workforce development and that incorporate, at a minimum, the following four characteristics: 1) governance commitment to primary care workforce development, 2) provider training element, 3) multi-disciplinary staff training, and 4) commitment to inter-professional training. The term "Teaching Health Centers" have to do with receiving funding from HRSA.

He also noted how the NACHC utilized the term "Pathways" rather than "Pipeline", primarily because in a Pathways program a person can "come in or jump off" at any time, but in a Pipeline program there are two ends and no action in between them.

When asked, "how do CHCs broadly define value as opposed to volume of community health improvement", Dr. Weaver responded that UDS measures are a measure in a point of time. Some measures need to ask (for example), are you really lowering the patient's levels of heart problems? He noted that when establishing a Patient Centered Medical Home within NACHC, it is important to look at cost measures and that it is better to look at it as a "business of caring" rather than the "Health Care Business". He also noted that NACHC is moving toward looking at health outcomes and that they were openly looking for suggestions.

After Dr. Weaver's presentation the members broke for lunch and then returned to break into small workgroups to further examine the four subject matter topics for their upcoming 11<sup>th</sup> Report. After the small workgroup session, the members returned and provided summaries of their discussions pertaining to each of the topics.

After a brief update from the small workgroups, the chair called for public comments. One public comment was offered by Teresa Baker, a government relations representative for the American Academy of Family Physicians (AAFP). Ms. Baker is a registered lobbyist and noted how the AAFP sees the Title VII programs as vital to supporting and increasing the primary care physician workforce and how primary care medicine and dentistry grant funding for these programs has been reduced from 93 million for both primary care medicine and dentistry in 2003 to less than 37 million for medicine and 31 million for dentistry programs in current fiscal year. She went on to note that there have been no new grant competitions for these programs since the Affordable Care Act (ACA) was enacted, despite widespread agreement that there is a workforce shortage. Ms. Baker went on to note that while things are looking bleak she wanted to thank the members for their time and for making a clear request to the Congress, which they use in supporting their requests to the Hill.

### **Tuesday, May 21, 2013**

The second day of the meeting began with Dr. Kathleen Klink providing a brief summary update of three ongoing special projects currently taking place within the BHPPr at HRSA: 1) Interprofessional Oral Health Clinical Core Competencies (IPOHCCC), 2) Performance Measures, and 3) Primary Care Faculty Development Initiative (PCFDI). Dr. Klink then introduced the next three presenters who provided more in-depth presentations on each of these special projects.

1. The first presenter was Dr. Hayden Kepley with BHPPr's Office of Performance Measurement. Dr. Kepley provided an update on the BHPPr performance measures activities, specifically focusing on those measures directly related to the programs authorized under Title VII, Section 747 and 748 of the Public Health Service Act. Dr. Kepley provided an overview of the current measures for the programs, the new submissions requirements for grantees and discussed the latest revisions to the Performance Measures manual, which was recently updated to reflect program-specific measures rather than merely providing general overall requirements. Measures will now introduce a new annual reporting requirement that will highlight accomplishments for each program, which grantees should find much more helpful.
2. The second special projects presenter was Ms. Juliette Jenkins, RN, and Deputy Director for the DMD at HRSA. Ms. Jenkins provided an update on the IPOHCCC project. The IPOHCCC was created to identify clinical core competencies for non-dental providers. These providers included: physicians, nurse practitioners, nurse midwives, and physician assistants. The project included three meetings that took place in 2012. Some of the outcomes of these 2012 meetings included the development of the clinical core competencies and strategies for their implementation and dissemination. Ms. Jenkins went on to describe the project's subsequent cooperative agreement with the National Network for Oral Health Access, who are currently piloting the competencies within three Community Health Centers. In finishing her presentation she informed the members that a final report is currently undergoing clearance within the agency that described the various phases of the project and the deliberations that occurred throughout the process. Next steps for the IPOHCC project will include obtaining the results of the pilot project and the releasing of the Final Report. Ms. Jenkins emphasized the interest within HRSA to continue this project's momentum moving forward.

3. The third and final special project's presentation was performed by Dr. Patrice Eiff, Project Director for the PCFDI. Dr. Eiff is with the Department of Family Medicine at Oregon Health & Science University. The PCFDI Project is an intense evaluation project that brings the three primary care disciplines together to train in a collaborative environment. Dr. Eiff identified the four sites selected to participate in this multidisciplinary project. They are: Advocate Lutheran Hospital, University of Minnesota, University of Nebraska and Ohio State University. Dr. Eiff discussed a recent meeting held among the selectees that included the four sites. The meeting identified some of the struggles the participants were currently experiencing that included EMRs, the Primary Care Medical Home (PCMH) and how Internal Medicine residents were challenged by seeing patients in ambulatory settings. Action plans were developed for each of the sites. One common theme among the sites in their action plans was the development of PCMHs. She described future activities that included site visits, additional trainings for the sites and the creation of specific focus groups. Dr. Eiff finished her presentation to the members by highlighting the plan to perform an in-depth evaluation of the project.

The members then broke-out again into their small workgroups to continue work on the four topics for the upcoming 11<sup>th</sup> Report, with specific focus of developing each of the topic's specific recommendations. Upon returning from their small workgroup sessions, the members presented summaries for each of their respective sections to the rest of the committee. After the brief summary updates the committee agreed to work on the report offline prior to the next meeting. The writing committees identified a date to meet and work further on their respective sections. The writing group chair, Dr. David Keller, agreed to pull much of the information together and the chairs for each of the individual writing groups agree to work on their respective narrative sections.

It was noted by Dr. Keller that this report may just set-up "hanging" questions to consider for the committee's next report, such as:

- What is the team we are trying to build and what are the parameters?
- How do we fill gaps in access to care?
- How do we make workforce estimates?
- Are the measures adequate, especially if we are looking at teams and not counting individuals?

There were no public comments and the meeting was adjourned at 4:05 p.m.