

**ADVISORY COMMITTEE ON TRAINING IN
PRIMARY CARE MEDICINE AND DENTISTRY (ACTPCMD)**

Meeting Minutes: August 5-6, 2014

Advisory Committee Members Present:

Caswell A. Evans, Jr., DDS, MPH, Chair
David J. Keahey, MSPH, PA-C, Vice Chair
Vicki Chan-Padgett, MPAS, PA-C
Frederick J. Fox, MD, MPP, FACP
Jean Johnson, PhD, RN
David Keller, MD
Elizabeth Kalliath, DMD
Allen Perkins, MD, MPH
Yilda M. Rivera Nazario, DMD, FAAPD
Gina Sharps, MPH, RDH
Eve Switzer, MD, FAAP
Elizabeth Wiley, MD, JD, MPH
Stephen Wilson, MD, MPH

Others Present:

Shane Rogers, Designated Federal Official
Jennifer Fiedelholz, Acting Director, Office of Workforce Development and Analysis
Juliette Jenkins, Deputy Director, Division of Medicine and Dentistry

Tuesday, August 5, 2014

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) convened its meeting at 10:00 a.m. at the Health Resources and Services Administration's (HRSA) headquarters in the Parklawn Building, Room 18-67, 5600 Fishers Lane, Rockville, MD 20857.

Dr. Caswell Evans, Chair, welcomed returning and new Committee members, and invited the members to introduce themselves. Next, the meeting minutes from the prior meeting were approved without corrections.

Ms. Jennifer Fiedelholz, Acting Director for the Office of Workforce Development and Analysis at the Bureau of Health Workforce (BHW), briefed the Committee on the Bureau's reorganization and the structure of BHW, as well as its priorities for the 2014 fiscal year. She also spoke to the Committee about new BHW academic and outreach initiatives, such as the Teaching Health Center Graduate Medical Education (THCGME) program, Behavioral Health Workforce Education and Training (BHWET) program, new funding for Mental and Behavioral Health Education and Training (MBHET), efforts in public health and preventative medicines, and new funding for Alzheimer's, among others.

Dr. Evans opened a discussion on THCGME programs. The Committee discussed the need for the program to be reauthorized. They also touched on matching residency programs with students and their goals, in addition to hospital versus community-based residencies.

The members also addressed the need to have the ACTPCMD draft a letter to Congress voicing its support for the continuation of THCGME funding. The members discussed the importance of THCGME, in training health professional students in an environment where teamwork and team care has been essential to the success of community health centers. Mr. David Keahey agreed to lead drafting the letter of support and the members discussed the main points to be included in the letter.

Designated Federal Official, Mr. Shane Rogers, then took the floor with Committee updates. He acknowledged the passing of Iwona Grodecki from the Bureau of Health Workforce. She was a valued member of the team and worked tirelessly for HRSA Committees. He then indicated that the Committee now has a full-time writer on staff, and noted the Committee member travel schedules in order to update and organize the agenda for ACTPCMD presentations.

Mr. David Keller opened the Committee's discussion on the ACTPCMD 11th Report. The writing committee decided to split the 11th report into 2 reports. The 11th report would focus on community health centers, collaborative training, linking oral health into the primary health care team, and integrating behavior health into primary care practice. The next report would focus on patient engagement and health literacy. He also noted that the Committee has undergone a transition, as some previous members completed their terms and are no longer Writing Committee members.

Dawn Morton-Rias, EdD and PA-C, and President and CEO of the National Commission on Certification of Physician Assistants spoke to the Committee about a national action plan to improve overall health literacy. She touched on the different needs of specific patient populations: pediatrics, women's health, prenatal care, those living with chronic diseases, the elderly, and the general population.

The Committee then heard from Dr. Bob Russell, Public Health Dental Director for the Iowa Department of Public Health. He discussed the integration of medical care and dental services, which was a focus in the Committee's 10th report, and how it is a good foundation for the 11th report. He asked the Committee for feedback on what is needed to put together an integration plan, and addressed the need to focus on the tools with which HRSA has leverage. He addressed the point that oral health is integral to overall health, and stressed the distinction between oral health prevention and oral restoration. It was emphasized that dentists and other oral health care professionals restore mouths, but cannot prevent oral problems.

Dr. Keller then discussed the 11th report before the Committee members started breakout sessions. Dr. Keller reminded the Committee that the underlying theme of the report is that, if you're going to train health professionals to work in a transformed system, they need to train in systems that are transformed or transforming.

The first group focused on revising the report and refining the recommendations. Plans were also made for the continuation of the ACTPCMD's meeting on the following day, and homework was assigned to assist with references and other ways to strengthen the report.

The second group focused mental and behavioral health and the types of funding needed for both fields that would help eliminate the structural barriers between the two. The members discussed the need for comprehensive care that includes both mental and behavioral health. Seriously mentally ill individuals are not receiving the care they need, especially those in rural areas, and as a result they are dying earlier. Lastly, the group discussed the need to address Congress with these concerns, and brainstormed some ideas of how to successfully broach this need.

The third group discussed dental refinements and broadened their recommendations for the 12th report. It was also discussed that funding should be made available for an electronic health records system that could be made available to all HRSA-funded entities. There was also discussion of HRSA funding critical access hospitals that will work with the Centers for Medicare & Medicaid Services to define oral health-specific guidelines for organizations and also identifying a funding source for oral health activities.

The Committee then opened the floor to public comments. Ms. Hope Wittenberg, with the Society of Teachers of Family Medicine, expressed her gratitude for Title VII funding for grants. Questions were also asked about how Congress might affect the Committee's work in the future, and how best guidance practices could be defined for state licenses.

The meeting was adjourned for the day at 5:00 p.m.

Wednesday, August 6, 2014

The meeting commenced at 8:00 a.m. and began with a summary of day one and a review of the plans for the second day. It was again emphasized that the main focus of this meeting was to complete work on the 11th Report and outline plans for the 12th Report.

Dr. Keller received feedback on his copy of the 11th Report, which was followed by an open group discussion. The Committee also addressed the timeframe for getting the 11th Report approved. It was noted that health literacy was meant to be addressed in the 11th Report, but was later postponed for the 12th Report in order to develop the matter fully. The Committee turned to discussions on the potential theme and content of the 12th report, and encouraged new members to voice their thoughts and suggestions.

The Committee members discussed health literacy as a potential topic for the 12th report. Some members believed health literacy should not be the topic because it is challenging to change the behaviors of health educators and Americans. They also felt there wasn't enough information to warrant a whole report and in the future it could possibly be a part of a larger report. After further discussion the Committee decided the topic of the report would be health literacy and patient engagement. The committee discussed the following issues surrounding health literacy and potential recommendations:

- Communication: understanding different cultures and communicating with them.

- Patient education, patient engagement, and self-management.
- Diversity of the provider workforce and recruiting diverse health professionals.
- Issues surrounding health literacy: there are some individuals who can't read and there are some that don't understand the basic constructs of health.
- Communication, cultural competency, and health literacy intended to improve services to underserved populations.
- Engaging patients in the decision making process.
- Recommendation: New curricula should be developed as part of Title VII to include input from the patient in the curricula design.
- An advocacy piece where physicians are taught to advocate for a healthy community.

The Committee then discussed plans for the next meeting, the extension of Committee members and who would be on the writing committee for the 12th report.

The floor was then opened to public comment. No comments were received. The meeting was adjourned at 2:45 p.m.