

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

### **Teleconference Meeting Minutes: August 16, 2017**

#### **Advisory Committee Members Present:**

Russell S. Phillips, MD, Chair  
Bruce Blumberg, MD  
Donald L. Chi, DDS, PhD  
Tara A. Cortes, PhD, RN, FAAN  
A. Conan Davis, DMD, MPH  
Patricia M. Dieter, MPA, PA-C  
Thomas E. McWilliams, DO, FACOFP  
Rita A. Phillips, BSDH, RDH, PhD, CTCP

#### **Health Resources and Services Administration (HRSA) Staff Present:**

Kennita R. Carter, MD, Designated Federal Official, ACTPCMD  
Candice Chen, MD, MPH, Director, Division of Medicine and Dentistry  
Joan Weiss, PhD, RN, Division of Medicine and Dentistry  
Raymond J. Bingham, RN, MSN, Technical Writer  
Janeshia Bernard, Advisory Council Operations  
Carl Yonder, Public Affairs Specialist, Division of External Affairs

#### **Introduction**

Dr. Kennita Carter convened the meeting of the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD, or the Committee) at 10 a.m. on August 16, 2017, at the headquarters of the Health Resources and Services Administration (HRSA), Room 14SWH01, 5600 Fishers Lane, Rockville, MD 20857. The meeting was held by teleconference and webinar. Dr. Carter conducted a roll call. The only members not present were Dr. John Sealey and Dr. Teshina Wilson, both excused from attendance. Dr. Carter turned the meeting over to Dr. Russell Phillips, the ACTPCMD Chair. Dr. Russell Phillips welcomed the Committee members and provided an overview of the agenda.

#### **Discussion: 15<sup>th</sup> Report – Well-Being, Resilience, and Burnout**

Dr. Russell Phillips moved to the first item of the agenda, a discussion to develop recommendations for the Committee's 15<sup>th</sup> Report on healthcare provider well-being, resilience, and burnout. Dr. Carter opened the discussion by asking for comments on the core articles in the read-ahead materials provided to the Committee members. She asked for members thoughts on recommendations that would include for example, a systems-level approach described in the discussion paper from the National Academy of Medicine (Coffey et al, 2017), *A multifaceted systems approach to addressing stress within health professions education and beyond*.

Dr. Thomas McWilliams stated that he felt the article from the *Mayo Clinic Proceedings* presented very compelling strategies on reducing burnout and promoting engagement, with data

on their outcomes (Shanafelt and Noseworthy, 2016). He also referred to an article on writing policy briefs (Wong, Green, Bazemore, and Miller, 2017) and asked if the 15<sup>th</sup> Report would be developed as a short policy document, rather than a longer white paper or full report.

Dr. Carter agreed with the need for brevity, but added that the report would be of sufficient length to provide adequate background and depth. She reminded the Committee members that the primary audience for the Report was the Secretary of Health and Human Service and Congress, and its purpose is to develop the rationale for the Committee's final recommendations.

Dr. Bruce Blumberg noted that if the root of the problem of work-related stress and burnout was organizational, then there are likely some organizations that are addressing the issues well and are not experiencing a wellness crisis that studies have shown to be prevalent across the healthcare system. He said that the Committee's report might then play a role in shining some light on these successful organizations and promoting their best practices. However, if the problems extend beyond individual organizations and to the larger environment or the structure of American medicine, then the solutions would be very different. The Committee might need to look beyond the organizational level and into the structure of healthcare training and the healthcare system.

Dr. McWilliams agreed, and cited three organizations that appear to have demonstrated success in addressing stress and burnout:

- Community health centers,
- The Veteran's Health Administration, and
- The Indian Health Service, particularly the Southcentral Foundation.

Dr. Tara Cortes concurred that the three listed organizations are leaders in the field, adding that part of their success stems from recognition of the roles of all professionals who can assume some of the care burden, and integrating all staff into professional practice to the full scope of their licensure. She added that she also has seen this approach in primary care.

Ms. Patricia Dieter suggested looking at the recommendations with the end goal in mind, to think about what funding would look like and what aim this funding could address.

Dr. Donald Chi said that dental schools have standards they must meet every seven years to become accredited through the Commission on Dental Accreditation (CODA). He wondered if the Committee could urge accrediting organizations like CODA to include competencies for health professional students in well-being and resilience, as well as to demonstrate that their curriculum prepares trainees to pay attention to wellness after they enter practice. Dr. Rita Phillips added that CODA does have competencies on wellness in place for dental hygiene schools. Dr. McWilliams agreed that making the competencies part of the accreditation process assures that they will be taken seriously and acted upon. Ms. Dieter noted that standards for accreditation of physician assistant (PA) schools are undergoing revision, making it an excellent time to insert something relating to provider wellness and resilience and prevention of burnout.

Dr. McWilliams noted that having comprehensive information across the health professions on what standards and competencies are already in place would help the Committee members to gain a better appreciation of possible gaps, as they propose recommendations.

Dr. Russell Phillips expressed concern that some of the discussion was going beyond the capacity of the Committee to evaluate or promote best practices. He proposed that the Committee consider recommending to HRSA the creation of a new Academic Unit (AU), focused on evaluating and disseminating best practices for burnout prevention and treatment among trainees, as one way to carry this work forward. [Note: The AU program is discussed in more detail below.]

Dr. Tara Cortes considered how the Committee's recommendations might be included in the notices of funding opportunities (NOFOs) for programs under the Committee's purview. She reflected that the flow of work processes in healthcare settings has changed dramatically in the last 10 or 20 years, and the Committee may need to think about how it can recommend changes or adjustments to these processes to facilitate job satisfaction. Dr. Blumberg added that a large number of stakeholder organizations have realized the problem of burnout among healthcare practitioners and have proposed solutions. However, their efforts lack connection and coordination. He wondered if the Committee could serve in a bridging function to bring some order to the many studies and efforts underway in the field.

Dr. Carter stated that at a recent national meeting of the Society for General Internal Medicine, there were discussions on the multiple different metrics used in measuring resilience and burnout, which complicates the coordination of efforts. She suggested that ACTPCMD could make a rapid response request to the HRSA National Center for Health Workforce Analysis (NCHWA) to conduct an environmental scan of programs or measures in well-being, resilience, and burnout at an organizational level or within training and accreditation requirements for different healthcare professions. Such an analysis would provide an up-to-date resource for the Committee's 15<sup>th</sup> report. Dr. McWilliams agreed on the benefit of a national overview, but added that the Committee would need to drill down to see what programs are working, what outcomes they report, and what costs or unintended consequences they may have encountered.

Dr. Carter refocused the discussion on drafting possible recommendations for actions that HRSA can take to promote resilience or reduce the incidence of burnout. Ms. Dieter proposed one recommendation: *That HRSA support funding for the development of model interprofessional resilience, burnout prevention curricula for primary care trainees and learners.* Ms. Dieter explained that the Committee is looking for HRSA to provide funding for PA and other training programs, and the recommendation would be to encourage those programs to develop model curricula that could be shared.

Dr. Cortes mentioned a recent article (Dyrbye, Shanafelt, et al, 2017) that discussed the uncertainty around the measures of and contributing factors to burnout, and the need for more research to explore and understand the phenomenon. She was concerned about making recommendations on interventions for burnout, given the unknowns. She added that the New York University School of Medicine is building seminars and workshops targeting burnout into its training and residency programs.

Dr. Carter replied that several organizations, including the Accreditation Council for Graduate Medical Education (ACGME) and the American Medical Association, have noted a current epidemic, or even a crisis, of physician burnout and have launched a call to action. The high rate of physician suicides are of particular concern. She acknowledged the need for more research, but said there are interventions that have proven successful in reducing burnout among clinicians. Given the urgency of the need, a multi-pronged approach might be needed to help “bend the curve” in reducing burnout and suicides, while supporting ongoing research.

Dr. McWilliams said he wanted the Committee’s recommendations to have a measurable impact, and he would like to see a focus on wellness and resilience become part of accreditation requirements. He was concerned that providing financial support to developing a wellness curriculum within one AU may not have a widespread impact on the Title VII programs and the health professions training environment. Other members expressed agreement.

Dr. Russell Phillips wondered if creating a funding preference for burnout programs would elevate their importance within HRSA-funded programs. Dr. Donald Chi proposed that the issue of provider well-being and burnout prevention be included as part of the HRSA-wide grant mechanism, so that all applicants would need to address trainee well-being and ways to measure and prevent of burnout. He felt this approach would support models of interprofessional resilience and burnout prevention.

Dr. Carter said she would have to follow up with the Committee about whether such a mechanism was feasible or available. On the issue of outcomes, she noted that there are several different measures being used to assess well-being and burnout, leading to inconsistency in reporting. She asked how HRSA might be able to measure the success of any program. There was a question about the Committee recommending the use of a common measurement tool across all of its funded programs. Dr. Carter replied that use of a consistent measurement tool might be one recommendation for the Committee to consider, after review of the risks, benefits, and any potential concerns. Dr. McWilliams noted that there are multiple measures for resilience or burnout, and their effectiveness may vary by the clinical setting or by the type of health professional being assessed. Thus, while consistency in measurement is important, a single measure might not be practical across all environments.

Dr. Carter reviewed the possible recommendations that had been raised: 1) to include language across all HRSA NOFOs and grants incorporating programs for well-being, resilience, and the prevention of burnout, and 2) the creation of an AU, which may serve a coordinating function for effort to address burnout and work to develop consistent or standardized measures.

There was further discussion of the AU program; with concern expressed that the typical AU may benefit the grantee institution but rarely has national impact. Dr. Candice Chen, director of the HRSA Division of Medicine and Dentistry (DMD) of the Bureau of Health Workforce (BHW), informed the Committee that HRSA currently funds six AUs. Each AU has a different area of focus, and is expected to: 1) conduct regional- or national- level research and education, 2) disseminate tools such as performance measures, and 3) develop national communities of

practice. Their purpose is to develop and spread innovative training methods, programs, and tools, with the goal to improve clinical teaching and research in primary care.

Dr. Russell Phillips asked about the impact of the National Center for Interprofessional Practice and Education at the University of Minnesota, which might serve as a model for the AUs. Dr. Chen replied that HRSA considered the National Center a success, in that it has been thoughtful about putting infrastructure work into helping various health professions training organizations onto the interprofessional path. The National Center has worked with over half of the medical schools in the country, and it has reached out to accrediting bodies and other stakeholders. It was originally funded as a public-private partnership, with five years of funding from HRSA. While HRSA's involvement will soon end, other organizations in the private sector are maintaining their funding commitment to expand the work. She suggested that the Committee could invite the National Center's director to speak at an upcoming meeting.

Dr. Russell Phillips asked if BHW had any current programs or projects dealing with resilience, joy in practice, and reducing burnout. Dr. Chen replied that there are no specific programs, although grantees may propose work in those areas.

Dr. Joan Weiss, also of DMD, commented that other HRSA advisory committees had in the past addressed some recommendations toward accrediting bodies, such as to include competencies in interprofessional education, even though HRSA, the Secretary, or Congress have no direct influence with these bodies. It was felt that such broad recommendations were important for the field as a whole to consider and to implement. Dr. Chi stated that a recommendation addressing changes to accreditation could help bring attention to the need to promote wellness and prevent burnout in dental schools and other health professions training organizations. Dr. Chen added that HRSA aims to share each advisory committee report widely, so that accrediting bodies and other private organizations will receive the recommendations for review.

There was discussion that the need to address healthcare provider burnout was bigger in scope than the Committee could address on its own. There are initiatives underway by ACGME and the Liaison Committee on Medical Education, among other stakeholder organizations, focusing on provider well-being. Dr. Carter added that the National Academy of Medicine had recently launched an Action Collaborative on Clinician Well-Being and Resilience. Thus, the Committee's report and recommendations would further support these efforts.

In considering recommendations, Dr. Carter asked the members to consider a "SMART goals" approach: specific, measurable, achievable, relevant, and time-limited. She asked the Committee members to think about what the Secretary and Congress might be able to accomplish within a 12- to 18-month timeframe, while also considering recommendations that are more aspirational or that may take longer to implement.

After some general discussion, four recommendations were proposed, with different versions of the first two:

1. Draft versions of the first recommendation include:

- a) Recommend that HRSA identify the measurement, prevention, and treatment of burnout among trainees as an area of emphasis across the HRSA grant portfolio.
  - b) Recommend that HRSA include specific language in all training NOFOs that applicants include a plan to address provider well-being and burnout prevention.
2. Draft versions of the second recommendation include:
    - a. Recommend that HRSA support funding for development of model interprofessional resilience/burnout curricula for primary care trainees and learners.
    - b. Recommend that HRSA fund an academic unit to focus on an improved understanding of the causes, prevention, and treatment of burnout among trainees in HRSA-funded training programs.
    - c. Recommend that HRSA support research on the individual practitioner and health system factors that contribute to the development of burnout, with recommendations that address both aspects.
  3. Recommend that HRSA urge health professional accreditation organizations to include competencies on provider well-being and burnout prevention.
  4. Recommend that HRSA target programs or interventions for low-resource organizations.

Dr. Carter stated that the writing group for the 15<sup>th</sup> Report consisted of Drs. Blumberg, Sealey, and McWilliams, and Ms. Dieter. Dr. Carter planned to arrange a meeting by conference call within the next two weeks to begin work on finalizing the draft recommendations and preparing an initial outline of the Report.

### **Discussion of the 14th Report Draft – Integrated Care**

Dr. Russell Phillips moved to the next agenda item, a discussion of the initial draft of the Committee's 14<sup>th</sup> Report on the integration of oral and behavioral health into primary care. He felt the draft covered many of the aspects of integrated care for both oral and behavioral health. He had a concern, though, about the lack of linkage between the report text and the Committee's recommendations. He also noted that the wording of the recommendations in the draft differed from the wording in the March 2017 meeting minutes. In addition, one of the recommendations refers to experiential learning, but the topic is not covered in the draft text. He asked about the process for creating the draft.

Dr. Carter replied that HRSA had brought on board a contract technical writer to work with the Committee's writing group on the report. The writing group members developed the outline and provided key talking points. Some members had submitted material to adapt for the report, usually taken from another document. The technical writer was provided with these materials and other key references. However, there was a short timeline to prepare the draft ahead of the meeting. Once the initial draft was completed, Dr. Carter forwarded it without further editing to the Committee members for review. She added that the recommendations had undergone further editing after the March meeting discussion, and the draft reflected these later edits.

Several members raised concerns about the edited version of the recommendations, and a consensus was reached to return to the wording from the March meeting discussion.

Dr. McWilliams added that he appreciated the effort put into the draft. His two main concerns were the language, which he felt should be more scholarly and analytical, and the length. Several other members stated that the draft followed the prepared outline, but agreed that it contained much duplication and could be significantly shortened.

Another comment on the draft was a suggestion to focus more on sources from published literature, rather than comments taken from meeting presentations and discussions. In addition, some members stated a preference for the report to include examples of best practices and to share stories of organizations and clinics that were successful in implementing integrated care.

The members agreed to further review the draft and provide written feedback and edits by August 31, 2017.

### **Update on the HRSA Division of Medicine and Dentistry**

Dr. Carter turned the meeting over to Dr. Chen. Dr. Chen explained that DMD oversees the programs under Title VII, sections 747 and 748 of the Public Health Service Act, which cover training in primary care and oral health. She informed the Committee that the programs under section 747, primary care training and enhancement (PCTE), received an appropriation of \$38.9 million in fiscal year (FY) 2017, which was level funding from the prior FY. With this appropriation, DMD continued its support of a cohort of 68 PCTE grantees. These grants were initially awarded in FY 2015 and the projects started in FY 2016. By statute, all DMD awards are five years long. She said that the DMD investments in clinical training environments focus on improving healthcare access and quality, while reducing costs.

Dr. Chen stated that DMD has a technical assistance contractor that provides feedback directly to the grantees. This contractor has conducted three webinars, with the most recent looking at use of the electronic health record in health information technology to support program evaluation. This contractor is developing a web page to disseminate the results of program evaluations, along with webinars and toolkits, and HRSA is beginning to see reports of service and quality improvements. She added that eighty percent of the PCTE grantees provide training in interprofessional, integrated, and team-based models of care, including improved integration of behavioral health care as well as the integration of other team members such as pharmacists. Some of the grantees are reporting encouraging results in patient outcomes, such as improved rates of vaccination, improved screening for conditions such as colorectal cancer and depression, increased documentation of end-of-life decisions, and greater use of transitional care services. She stated that HRSA had awarded 18 new primary care medicine and dentistry career development awards – 12 in medicine, and 6 in dentistry.

Dr. Chen added that, as mentioned earlier, HRSA is supporting six academic units. All are one year into their five-year project period, but all have web sites up and are conducting regional- and national-level education, research, and dissemination. She informed the Committee that the leaders of the AUs would be meeting at HRSA in September 2017, in order to learn from each other and better coordinate their activities. In response to a question, Dr. Chen stated that the

goal is for each AU to become a national center to advance its designated area of training and disseminate best practices. The question remains to see if the AUs can build national communities of practice that reach not only like-minded organizations, but across all areas.

She said that the oral health training programs under section 748 had received an appropriation of \$36.7 million in FY 2017, which represented a small increase intended to support an expansion of the dental faculty loan repayment program in pediatric training.

Dr. Chen then informed the Committee that the FY 2018 President's budget does not request funding for either the PCTE or the oral health training programs. She described the President's budget as prioritizing funding for health workforce activities that provide direct patient services, focusing on scholarship, loan repayment, and graduate medical education. There was a question about funding proposed by Congress. Dr. Chen said that the House budget maintains level funding for section 747 and 748 programs, while the Senate budget markup had not been released.

Dr. Carter added that HRSA had experienced similar episodes in the past when programs were not funded under the President's budget but Congress subsequently restored all or part of the funding. At this time, there is great uncertainty in the budget outlook for these programs.

#### **Discussion: Review of Programs under Title VII, Section 747 and Dental Activities**

Moving to the next agenda item, Dr. Carter reminded the Committee members that during the March 2017 meeting, there had been a discussion that the Committee's charter included a charge to look at all programs under section 747 and 748 and make recommendations on appropriations and funding levels. Dr. Chi had volunteered to take the lead in conducting a review of the programs. The Committee initially planned to report on this work in a briefing letter to the Secretary, but may instead make this review the focus of its 16<sup>th</sup> report.

Dr. Russell Phillips noted the timeliness of the proposed review, with the 747 and 748 programs potentially under threat of being unfunded. Recommendations on appropriations and funding are under the Committee's purview. He added, though, that he welcomed a discussion of other possible report topics. Dr. McWilliams clarified that the proposal for the 16<sup>th</sup> Report was to present an analysis of the effectiveness of the programs and their outcomes, along with suggestions for funding, which would fulfill the full charge of the committee.

After some discussion, other possible report topics included:

- Health advocacy,
- Health literacy and integration of the community into the healthcare system,
- Health disparities and care for underserved populations, and
- Leadership training.

Dr. Russell Phillips wondered if these topics could serve as a lens through which to examine all of the programs – for example, addressing how well the current programs address health disparities or improve health literacy. The Committee could then address recommendations to fill any identified gaps.

Dr. Chi asked about obtaining evaluation data on the current programs. For instance, an evaluation of the effectiveness of graduate medical training programs would require some data from the individual institutions. Dr. Chen replied that HRSA collects several performance measures, such as counts of the number of students or trainees in different locations or different modules, as well as reports on the development of new curricula. However, there are many grants running at any given time, and each may require the submission of different data. NCHWA conducts an initial processing and analysis of this data. If there are questions related to specific performance measures, NCHWA should be able to pull the relevant data. In addition, NCHWA funds several Health Workforce Research Centers at institutions across the country that are looking into specific topics, such as the outcomes of pre- and post-doctoral training programs for the oral health workforce. In addition, HRSA can make a rapid response request to one of these Centers to conduct an environmental or literature scan on a specific issue or question. Dr. Chi said that the availability of data from existing HRSA resources was the biggest potential barrier to conducting the program review, as the Committee would not be able to collect new data. Drs. Russell Phillips and Rita Phillips volunteered to work with Dr. Chi on the review.

Dr. McWilliams asked about the possibility of the Committee holding an additional meeting in the upcoming year, given the amount of work needed. Ms. Dieter also asked about the writing groups for the different reports meeting in person. Dr. Carter said that there was an in-person meeting of the full Committee planned for March 5-6, 2018. It was doubtful that HRSA could fund any additional in-person meetings, but virtual meetings or conference calls were possible.

Dr. Carter made plans for a conference call with the planning committee for the March 2018 meeting on September 6, 2017, at 1 p.m. ET. Volunteers for the planning committee were Dr. Russell Phillips, Dr. Rita Phillips, Dr. Chi, Dr. McWilliams, Dr. Cortes, and Ms. Dieter.

### **Business Meeting**

In the business meeting, Dr. Carter reviewed the language of the Committee's amended charter. She explained that the HRSA Office of General Counsel made changes in the wording to align the charter with its revised authorizing statute, which does not specifically mention the dentistry programs under section 748. However, ACTPCMD was originally established to oversee training in primary care for both medicine and oral health, thus the wording was amended to say that the Committee reviews programs under section 747 and oral health training programs.

Dr. Russell Phillips asked for a document that lists all of the programs under the Committee's charter and what performance measures are in place. Dr. Carter replied that she would provide the information.

In addition, the committee elected Dr. Thomas McWilliams to serve as vice chair by unanimous consent. There was discussion of when Dr. McWilliams would assume the role of chair, given that the usual cycle of leadership transitions had been disrupted. Dr. Carter proposed to have Dr. McWilliams become the chair during the summer of 2018.

Dr. Russell Phillips reviewed the outcomes of the meeting and set out the next steps:

1. Members will consider proposing a rapid response request to the NCHWA to conduct a national review of training programs and examine accreditation requirements for healthcare professions related to well-being, resilience, and burnout.
2. Members will review the draft of the 14<sup>th</sup> Report (integrated care training) and provide comments in writing by August 31, 2018. The comments will be collated and provided to the technical writer, who will revise the draft. The writing group for this report will meet later to discuss the comments and the revised draft. Current members of the writing group are Dr. Russell Phillips, Dr. Cortes, Dr. Davis, and Ms. Dieter.
3. The writing group for the 15<sup>th</sup> Report (well-being, resilience, and burnout) will meet within the next two weeks to discuss and develop the draft recommendations. The writing group consists of Dr. Blumberg, Dr. Cortes, Dr. Davis, Ms. Dieter, Dr. Sealy, and Dr. McWilliams.
4. The planning committee for the next meeting (in-person), planned for March 5-6, 2018, will have a conference call on September 6, 2017. This committee consists of Dr. Russell Phillips, Dr. Chi, Dr. Cortes, Ms. Dieter, Dr. Rita Phillips, and Dr. McWilliams.

#### **Public Comment**

There were no public comments.

#### **Adjournment**

The meeting adjourned at 2:00 p.m.

## **Abbreviations list**

ACGME	Accreditation Council for Graduate Medical Education
ACTPCMD	Advisory Committee on Training in Primary Care Medicine and Dentistry
AU	Academic Unit
BHW	Bureau of Health Workforce
CODA	Commission on Dental Accreditation
DMD	Division of Medicine and Dentistry
FY	Fiscal Year
HRSA	Health Resources and Services Administration
NCHWA	National Center for Health Workforce Analysis
NOFO	Notice of Funding Opportunity
PA	Physician Assistant
PCTE	Primary care training and enhancement

## References

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