

From Council Recommendation to Policy: The Process

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Sara Williams
Deputy Director
Division of Policy and Shortage Designation
Bureau of Health Workforce
Health Resources and Services Administration



Overview

1. Overview of Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) Charge
2. Drafting Recommendations
3. Turning Recommendations into Policy
4. Upcoming Opportunities for Feedback

ACICBL Charge

The Advisory Committee on Interdisciplinary, Community-Based Linkages (Advisory Committee) is authorized by section 757 (42 U.S.C. 294f) of the Public Health Service (PHS) Act.

- (1) Provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities;
- (2) Prepare and submit an annual report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities;
- (3) Develop, publish, and implement performance measures for programs;
- (4) Develop and publish guidelines for longitudinal evaluations for programs; and
- (5) Recommend appropriation levels.



Committee Recommendations

The Committee is strongest when considering areas where HHS and the Secretary have the authority to make a change in either program or allocated resources.

Things to consider:

- Is this a legislative or policy recommendation?
- Does HHS have authority to make the change?
- Who is the appropriate audience (i.e., Secretary, Congress, public)?
- What is the appropriate vehicle to share recommendations?

Types of Committee Documents

Letters to the Secretary:

- <http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/4thstrategyrecommendedactions.pdf>

White Papers or Policy Briefs:

- <http://www.hrsa.gov/advisorycommittees/rural/publications/homelessnessruralamerica.pdf>

Annual Reports:

- <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/twelfthreport.pdf>

Writing Strong and Precise Recommendations

Strong recommendations are those that have a precise action that can be directly tied to a specific change that the Secretary can make.

Precise action items

VS

General considerations

Turning Recommendations into Action

Legislative

- Letters to Congress
- A-19 process

(https://www.whitehouse.gov/omb/circulars_a019/)

Examples of Strong Recommendations

- **Legislative:** To facilitate the exposure of students to a wide range of clinical training sites in rural and underserved areas, ACICBL recommends a legislative change allowing HRSA to permit all Title VII, Part D, grantees to provide support for students through stipends and/or traineeships, as well as scholarships for disadvantaged students. Students should also be eligible to receive funding to cover travel and housing expenses when participating in clinical experiences located in rural, remote, or frontier settings or areas with limited access, if this expense would be required for success.
- **Policy:** ACICBL recommends that HRSA support the development of a National Center for Clinical Training Site Development. The National Center would: (a) develop best practices for clinical training in the health professions which would be disseminated across training sites; (b) encourage clinical sites to foster capstone research projects that improve the quality and safety of patient care, and enhance the learning experience of the trainees; (c) work with non-traditional partners to develop new clinical training sites and simulation centers; and (d) create opportunities for preceptor training and enrichment.

<https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/sixteenth-2018.pdf>



Other Recommendation Examples

- The Committee recommends the Secretary explore and develop new models of interprofessional clinical practice to achieve the key health care goals of better care, improved health outcomes, and lower cost.³
- The Committee recommends that reimbursement models be reformed to include payment incentives for interprofessional education and collaborative care that address the holistic, complex care needs of patients, families, and caregivers, rather than focusing on reimbursement for a single disease.⁴
- The Committee recommends licensing bodies include questions in their examinations that measure entering health professionals' understanding of population health and their ability to integrate population health strategies into practice.⁵

3. Advisory Committee on Interdisciplinary, *Community-Based Linkages (ACICBL), Rethinking Complex Care: Preparing the Healthcare Workforce to Foster Person-Centered Care*, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/fourteenthreport.pdf>, June 2015.

4. Ibid.

5. Ibid.

Turning Recommendations into Action

Policy

- Regulatory
- Programmatic
- Funding Priorities

Opportunities for Policy Recommendations

Funding Line	FY 2017 Appropriation	FY 2018 Appropriation	Authorizing Statute	FY 2017 Funded Programs	Project Period End Date
Area Health Education Centers	\$30.117M	\$38.25M	SEC. 751. AREA HEALTH EDUCATION CENTERS.	Area Health Education Centers (AHEC)	9/2017→8/2022
Geriatric Workforce Enhancement Program	\$38.664M	\$40.737M	SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.	Geriatric Workforce Enhancement Program (GWEP)	7/2015→6/2019
Behavioral Health Workforce Education and Training	\$50M	\$75M	SEC. 755. ALLIED HEALTH AND OTHER DISCIPLINES.	Behavioral Health Workforce Education and Training (BHWET)	9/2017→8/2021
Mental and Behavioral Health	\$9.916M	\$36.912M	SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.	Graduate Psychology Education Program (GPE)	7/2016→6/2019
				Leadership in Public Health and Social Work Education (LPHSWE)	7/2017→6/2018



Questions

