

MEETING MINUTES
Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL)
October 11, 2019

Committee Members Present

James Stevens, *Chair*
Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP
Joseph H. Evans, PhD
Roxanne Fahrenwald, MD, FAAFP
Robyn L. Golden, MA, LCSW, ACSW
Bruce E. Gould, MD, FACP
Parinda Khatri, PhD
Lisa Zaynab Killinger, DC
Kamal Masaki, MD
John E. Morley, MB, BCh
Zaldy Tan, MD
Jacqueline R. Wynn, MPH

Absent

Geraldine Bednash, PhD, RN, FAAN.

HRSA Staff in Attendance

Joan Weiss, PhD, RN, CRNP, FAAN, Designated Federal Official, ACICBL, Division of
Medicine and Dentistry
Samantha Das, MS, Designated Federal Official Liaison, ACICBL
Robin Alexander, HRSA Liaison, Advisory Committee Operations
Janet Robinson, Advisory Committee Liaison, Advisory Committee Operations
Carl Yonder, Public Affairs Specialist, Division of External Affairs

Welcome/Introductions

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:04 a.m., on Friday, October 11, 2019. The meeting was conducted via webinar from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 15SWH01, Rockville, MD 20852. Joan Weiss, PhD, RN, CRNP, FAAN, ACICBL Designated Federal Official, welcomed Committee members and conducted a roll call of Committee participants.

Dr. Weiss introduced Mr. Stevens as the new ACICBL Chairperson and requested Committee members vote for the new vice-chair. Dr. Weiss asked the Committee to consider Dr. Roxanne Fahrenwald and Dr. Nicole Brandt as current members would be rotating off 2021 when the vice-chair would assume the role of Chair. Unfortunately Dr. Fahrenwald was unable to be considered due to competing priorities so the slate would include Dr. Brandt. Committee members submitted their vote for or against Dr. Brandt via email to Ms. Janet Robinson and Dr. Brandt was selected with a majority vote.

Dr. Weiss added that there had been a discrepancy in member term end dates between HRSA and HHS records, where all approved terms ended earlier than previously confirmed (except Mr. Stevens, Dr. Bednash, Dr. Khatri, Dr. Brandt, and Dr. Fahrenwald). Dr. Teri Kennedy, Ms. Sandra Pope, and Dr. Katherine Erwin had terms that expired on October 1, 2019 prior to that October 11, 2019 meeting, while other members had terms ending on December 30, 2019. Dr. Weiss announced planned extensions for members to stay on the Committee until June 2020. She added that members interested in another three-year term appointment would need to email her an updated CV by October 31, 2019. She also explained a change in the agenda to allow for Dr. Kennedy to discuss a draft letter on accreditation recommendations in the ACICBL 17th report under public comment because her term expired prior to the meeting on October 1, 2019.

Public Comment

Mr. James Stevens assumed his new position as ACICBL Chairperson and opened the floor for public comment. Dr. Teri Kennedy introduced herself as the immediate past Chair of ACICBL and stated she was sharing her thoughts that day as a public citizen. She presented a draft letter for the Committee to consider that encouraged curricular and accreditation agencies to adopt an age-friendly approach, alongside the release of ACICBL's 17th report. Dr. Kennedy explained that she worked with Dr. Bednash to draft the letter, while Dr. Weiss provided guidance on structure. The letter is addressed to the Health Professions Accreditors Collaborative (HPAC), a group of health professions creditors who developed a report in 2019 with guidance in quality education for health professions with the National Center for Interprofessional Practice and Education. Dr. Kennedy explained the contents of the letter as: (1) outlining the importance of their 2019 guidance report; (2) stating ACICBL encouraged HPAC to consider further modifications to integrate age-friendly, inter-professional principals to prepare the future healthcare workforce; (3) outlining ACICBL's 17th report that will be enclosed with the letter; (4) framing this as an opportunity to meet the complex needs of aging populations across their lifespan; and (5) concluding with ACICBL's two recommendations from their 17th report. The draft letter would be shared with the Committee at a later date.

Mr. Stevens asked when the finalized letter would need to be sent and Dr. Kennedy suggested within the next month. She added that the ACICBL 17th report has been receiving very broad, national attention. Dr. Nicole Brandt thanked Dr. Kennedy for her service and time as ACICBL Chairperson.

Dr. Kennedy also gave a summary of conversations she had regarding the 17th report with three professional groups, specifically:

- *BHW Associate Administrator, Dr. Luis Padilla*: Dr. Kennedy identified how the Geriatrics Workforce Enhancement Program and Geriatrics Academic Career Award Program already encourage integrated care through updated language in their Notice of Funding Opportunity (NOFO) announcements. She encouraged HRSA policy staff to incorporate age-friendly concepts in upcoming NOFOs and acknowledged it could take some time to reflect the same changes NOFOs for the Area Health Education Centers Program and Behavioral Health Workforce Education and Training Program.
- *The Health and Aging Policy Fellow Alumni group at the Gerontological Society of America (GSA)*: Dr. Kennedy stated that she co-leads a special interest sub-group that is focusing on connecting all the different "age-friendly" initiatives that are currently in

cities, communities, dementia-friendly communities, universities, and health systems. She explained that the sub-group was looking more holistically across the community, university, and health system; and researching ways to have those groups work more collaboratively for collective impact. At that meeting, Dr. Kennedy shared information from the Committee's 17th report with the representative from the John A. Hartford Foundation.

- *The National Rural Health Association Conference in Kansas City:* Dr. Kennedy emphasized there was great interest by the National Rural Health Association in adopting age-friendly health system principles outlined in the Committee's 17th report as it applied to the rural frontier and underserved communities. She received feedback that implementation of the principles may be difficult as there are unique challenges and different priorities in rural communities, so more guidance is needed on how to best tailor the approaches to be instituted within those communities.

There were no other public comments.

Business Meeting

Mr. Stevens led a motion to adopt the minutes from the meeting on August 14, 2019, seconded by Dr. Joseph Evans. There were no edits, a vote was conducted, and the minutes were unanimously adopted by the Committee.

Committee discussion on the 18th Report to Congress

Mr. Stevens invited Dr. Bruce Gould to lead discussions on the 18th Report. Mr. Stevens led a motion to adopt the 18th Report with inclusion of Dr. Gould's minor edits, seconded by Dr. Lisa Killinger, and the Committee proceeded to review Dr. Gould's grammatical and stylistic edits. Dr. Gould also suggested an update in wording of the Committee's recommendations to consider "root causes" alongside "risk factors". The Committee's discussions were postponed until after the next presentation in the agenda.

Presentation by Dr. Luis Padilla, Bureau of Health Workforce Associate Administrator

This presentation, titled "Discussion for 18th Report" outlined Bureau of Health Workforce (BHW) programs and investments pertinent to incorporating population health into primary health care, with the hopes of better informing the Committee on existing knowledge gaps that they might address in the report. Dr. Padilla commended the Committee for their recommendations in the 18th Report on incorporating public and population health into training current and future clinicians and suggested the Committee comment on specific policy changes that might facilitate the change that are proposing in their recommendations.

In his overview of the U.S. health workforce, Dr. Padilla described healthcare provider shortages across the country and increasing demand for health care occupations by an aging population. He explained that BHW frames their programs with the goal to increase access, supply, distribution, and quality of the health workforce to meet this need and acknowledged that they needed academic and community-based partners to further work. He highlighted BHW's approach on incentivizing providers to choose careers in primary care and to practice in rural and underserved areas, and outlined how BHW's budget has changed over the years for some of its

major programs. Dr. Padilla also described in detail additional BHW investments in medicine, geriatrics, career pathways, and nursing. He emphasized how BHW was leveraging the data across their programs to make informed decisions for improvement. He stated that this data is publically accessible through the health professions training programs dashboard, clinician tracking initiative, and the BHW Workforce Connector, with no additional reporting requirements for grantees. He concluded his presentation with an outline of future investments that BHW wanted to undertake in fiscal year 2020, such as growing their grantee pool, collaborating across Bureaus and Offices in HRSA, and sharing data on additional workforce projections.

Dr. Padilla opened the floor for discussion.

Dr. Fahrenwald shared she was a former scholar in the National Health Service Corps and wondered if there was any way to loosen the cap imposed by Centers for Medicare and Medicaid Services (CMS) on residency positions, with the view that it might lead to more primary care residency programs. She added appreciation for HRSA's continued funding support for Teaching Health Center Graduate Medical Education (THCGME). Dr. Padilla confirmed that HRSA continued to advocate for funding and expansion of their THCGME program.

Dr. Brandt asked how professionals in education and health promotion might leverage BHW's data to create a network for being faculty or mentors for others. Dr. Padilla responded by highlighting the BHW Workforce Connector that allows sites to advertise job and training opportunities. He added that BHW was looking into how to expand the networking capabilities that the platform already offered and asked Dr. Brandt for suggestions.

When Dr. Gould asked about the possibility of redistributing unused sub-specialty residency training dollars to primary care residency training, Dr. Padilla informed him that three BHW leaders were at the National Academy of Science that day to discuss graduate medical education outcomes and measures, as well as expanding primary care residency slots a working session with that day. When Dr. Gould also asked if Dr. Padilla could encourage the Association of American Medical Colleges (AAMC) to be more supportive of primary care, Dr. Padilla confirmed he already did so at a different meeting and in turn, encouraged medical colleges to do the same. He added that BHW was preparing an update to their primary care projection report from 2016 that would include urban and rural cuts of the data at national and state level. He hopes the data would signal to policymakers and appropriators the desperate need to address primary care shortages.

Dr. Golden asked Dr. Padilla to speak about the role of social workers in primary care. He confirmed that social work is an integral part of primary care and added that BHW focuses on access to health care, distribution, and addressing shortages. Dr. Padilla explained that BHW is trying to innovate in several areas including telehealth, patient navigators, peer counselor, community health workers, and social workers. He emphasized the need for sustainable reimbursement models for these key disciplines who deliver healthcare if strides are to be made in these areas.

Dr. Evans commented that there are ten new multistate regional mental health technology transfer centers funded by the Substance Abuse and Mental Health Services Administration, and highlighted that resources for consultation and technical assistance are available for any programs interested in integrated care or integrating behavioral health, including HRSA grantees.

This concluded the question and answer portion of Dr. Padilla's presentation.

Committee discussions on the 18th Report to Congress continued

The Committee resumed discussions and finalized the wording of recommendations in the report. Dr. Weiss shared that Dr. Padilla had asked the Committee to consider what policies might be addressed in recommendation 5. This prompted discussion on what to include in the recommendation itself or for a paragraph to be added to the main report, and what the impact of the change would be to encourage uptake of the recommendation. The final recommendations agreed upon in the 18th Report are as follows:

The ACICBL recommends that HRSA Bureau of Health Workforce (BHW) Notices of Funding Opportunities (NOFOs) require grant recipients to

1. Educate students, faculty, practitioners, the direct care workforce, patients, families, caregivers, and the community at large to understand the availability and utility of population and public health data in identifying risk factors for and root causes of disease and health disparities in pursuit of health equity.
2. Recruit, train, and retain the health workforce to work with the community at large to analyze population health data to identify risk factors and root causes that contribute to disease and health outcomes.
3. Identify and/or develop and implement evidence-based interventions and promising practices that address identified risk factors and root causes to improve health status and outcomes among rural, underserved and at-risk populations.
4. Evaluate and translate the effectiveness of evidence-based interventions and promising practices that address identified risk factors and root causes in order to improve health status and outcomes among rural, underserved and at-risk populations.
5. Disseminate population health knowledge, evidence-based interventions, and promising practices to improve health and eliminate disparities in rural, underserved and at-risk populations. This may be done through Health Resources and Services Administration training programs, and/or developing a clearinghouse, via social media for example. The ACICBL further recommends that agencies review their policies and ensure they promote the inclusion of population health at the nexus of primary health care delivery and public health.

Mr. Stevens conducted a vote and the report was unanimously adopted by the Committee as final for publication, pending the acknowledgments section, which Dr. Weiss indicated would be completed internally and signed by Dr. Kennedy as immediate past chair of ACICBL.

Committee discussions on the 19th Report to Congress

The ACICBL deliberated different ideas for the 19th Report in a brainstorming session. When the topic of preceptors arose, Dr. Weiss referred the Committee to the ACICBL 16th report that addressed some of their concerns, titled *Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities*. She explained that the recommendations in the report were largely not implemented.

In general, the Committee decided to include cultural competency training addressing the needs of rural and underserved populations as a component throughout all ideas and considered adding some information expanding 16th report recommendations regarding preceptors. Dr. Weiss facilitated discussions to consolidate all the ideas presented from the brainstorming session into six potential topics for consideration, specifically:

Topic 1. *Payment reform to support interprofessional team-based care and integrated health/behavioral health and social services (social care).* This topic would explore Medicare reimbursement for interprofessional primary care providers and its impact on workforce development in disciplines beyond physician assistants and physicians. It would also include information about how the government pays for training in graduate medical education, and potentially involve advisory committees from the Centers of Medicare and Medicaid Services.

Topic 2. *Institution-based influences on career choice.* This topic would explore how students may experience pushback from others when they express an interest in primary care. Items for consideration included bullying, remuneration, and culture affecting decision to work in primary care.

Topic 3. *Primary Care training using Barbara Starfield's concept of Primary Care as a set of functions.* This topic would emphasize the importance of interprofessional teams in sickness prevention in communities, defined within the context of contact, continuity, collaboration, and comprehensiveness of care.

Topic 4. *Emerging training models, such as virtual training.* This topic would explore the training needs for paraprofessionals. A comment was made that HRSA already administered at least three programs that statutorily require training for paraprofessionals.

Topic 5. *Integrating partnerships to address community influences/social drivers of health.* This topic will explore community-based linkages and in what way that might improve overall community health. An example was given as thinking about how medical students might launch food pantries for patients with diabetes.

Topic 6. *Conceptualization of patient complexity across disciplines and practices of primary care.* This topic would explore value-based payment models and risk-adjusted scores in categorization. This stemmed from the thought that clinicians in the field would be paid depending on the highest quality of care provided to the patient, who may exhibit multiple symptoms of illness.

Committee discussions on the 19th Report to Congress continued

The six suggested topics were emailed to members and ten members voted for their top three preferred topics. The top three topics chosen were **1** (six votes), **5** (five votes), and **3** (three votes). By majority rule, the ACICBL 19th Report was voted to focus on *payment reform to support interprofessional team-based care and integrated health/behavioral health and social services*. With the topic selected, Dr. Weiss requested volunteers from the Committee to participate in planning and writing the report, and encouraged members to submit any pertinent articles to herself and Ms. Das to be forwarded to the contracted Technical Writer of the 19th report.

Dr. Weiss explained that the planning sub-committee would hold two one-hour meetings to identify federal and non-federal speakers for the next meeting in February 2020 – Dr. Khatri, Dr. Gould, Ms. Golden, Dr. Brandt, and Mr. Stevens, volunteered for this position.

Dr. Weiss also explained that the writing sub-committee would inform the Technical Writer on appropriate headings for the report and review at least two drafts of the 19th report before the full Committee reconvened to discuss the third draft at the meeting in May 2020 – Dr. Khatri, Dr. Brandt, and Mr. Stevens volunteered for this position.

Adjournment

Mr. Stevens confirmed there were no more items to discuss on the agenda and Dr. Weiss adjourned the meeting at 3:20 p.m.