

**ADVISORY COMMITTEE ON INTERDISCIPLINARY,
COMMUNITY-BASED LINKAGES (ACICBL)**

Meeting Minutes
April 17, 2023

Committee Members Present

Thomas A. Teasdale, DrPH, FGSA, FAGHE (Chair)
Elizabeth Bush, MS, MA
Donna Marie Fick, PhD, RN, GCNS-BC, FGSA, FAAN
Barbara Hart, MPA, MPH
Paul D. Juarez, PhD
Teri Kennedy, PhD, MSW, ACSW, FGSA, FNAP
Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP
Kevin A. Osten-Garner, PsyD, LCP
Naushira Pandya, MD, CMD-FACP
Jennifer Peraza, PsyD, ABPP
Sandra Pope, MSW
Mary Worstell, MPH

Health Resources and Services Administration Staff in Attendance

Shane Rogers, Designated Federal Officer
Joan Weiss, PhD, RN, CRNP, FAAN, ACICBL Subject Matter Expert, Deputy Director,
Division of Medicine and Dentistry
Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME
Janet Robinson, Advisory Council Operations

Welcome Remarks

Shane Rogers, Designated Federal Officer (DFO), ACICBL

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:00 a.m. on April 17, 2023. The Health Resources and Services Administration (HRSA) facilitated the meeting through a virtual platform. Shane Rogers, the Designated Federal Officer, welcomed Committee members, presenters, and members of the public.

Ms. Zuleika Bouzeid provided instructions for participating in the virtual meeting. Next, Mr. Rogers explained that the Committee's purpose is to provide advice and recommendations to the Secretary of Health and Human Services and Congress about policy and program development pertaining to programs authorized by the Public Health Service Act, Title VII, Part D. Mr. Rogers turned the meeting over to the Chair, Dr. Thomas Teasdale.

Agenda Review / Introductions

Thomas A. Teasdale, DrPH, FGSA, FAGHE, Chair, ACICBL

Dr. Teasdale welcomed participants and reviewed the agenda. Participants then introduced themselves. During the meeting, Committee members heard a presentation from an expert on the Geriatric Workforce Enhancement Program. The Committee also held discussion sessions to flesh out topics and develop the draft recommendations for their 2023 report.

Update: Geriatric Workforce Enhancement Program (GWEP)

Joan Weiss, PhD, RN, CRNP, FAAN, Deputy Director, Division of Medicine and Dentistry, BHW

Dr. Weiss' presentation focused on the Geriatric Workforce Enhancement Program (GWEP). She first provided some background on the Bureau of Health Workforce's mission, goals of HRSA's workforce programs, and other information that would provide context for GWEP.

GWEP's purpose is to develop a health care workforce to provide value-based care that improves health outcomes for older adults by maximizing patient and family engagement. This is done by using the Age-Friendly Health Systems Network that uses the "4Ms": What Matters, Medication, Mentation, and Mobility. Currently, there are 48 GWEP recipients funded, each with a ceiling of \$750K/yr. for 5 years. The total HRSA geriatrics appropriation in FY2023 is \$47,245,000, which supports both GWEP and the Geriatrics Academic Career Award Program.

The objectives of GWEP are to: 1) Develop partnerships to educate and train a workforce to provide value-based care that improves health outcomes for older adults, 2) Train geriatric specialists, primary care providers, and health professions students, residents, fellows, faculty and direct care workers to assess and address the primary care needs of older adults, 3) Transform clinical training environments into integrated geriatrics and primary care systems, 4) Deliver community-based programs that provide individuals, patients, families, and caregivers with the knowledge and skills to improve health outcomes for older adults, and 5) Provide

dementia training to direct care workers, health care providers, health professions students, residents, fellows and faculty, individuals, patients, families, and caregivers.

HRSA uses a model that educates the workforce to provide person-centered care. Grant recipients are required to have reciprocal partnerships with academia, community-based organizations, and primary care sites and delivery systems. Currently, GWEPs recipients partner with 800 primary care sites and delivery systems—of which 214 are Federally Health Qualified Systems. They also partner with 519 community-based organizations, 278 academic organizations, and 1,124 nursing homes. By statute, all the training offered is community-based and interprofessional. In addition, applicants must have at least one primary care site that is a community-based care site and medicine must be one of the professions included in all interprofessional activities.

HRSA requires that GWEP grantees use at least four measures to evaluate their programs. These measures are derived from the Centers for Medicare and Medicaid Services Merit-Based Payment System (MIPS) measures. They include: 1) Dementia caregiver education and support (e.g., percentage of patients with dementia whose caregivers were provided with education on dementia), 2) Evaluation or interview for risk of opioid misuse (e.g., evaluation of patients 18 and older that were prescribed opiates for risk of opioid misuse), 3) Care plan (e.g., percentage of patients who have an advance care plan or surrogate decision maker), and 4) Screening for future fall risk (percentage of patients screened). In addition, some programs have incorporated additional measures such as medication management, 30-day readmission, colorectal cancer screening, high blood pressure, diabetes, etc.

Discussion

The discussion included the questions/comments below.

Ms. Worstell asked why there are some states without a GWEP program.

Dr. Weiss replied that some awardees cover a neighboring state like North and South Dakota. Also, states that serve rural and underserved populations are given preference.

Dr. Fick asked if two states could submit an application together.

Dr. Weiss replied that they could indeed submit a joint application.

Dr. Osten-Garner asked if BHW has a process or program that provides potential applicants with a pathway to become a grantee.

Dr. Weiss replied that HRSA used to have sessions across the country to different cities where institutions could sign up and be provided with an overview of the program. Although this has changed, the Bureau does offer technical assistance. Those interested in applying can call or email the Bureau as many times as they want.

Ms. Worstell asked if the GWEP program was looking at the impact of hearing and vision loss on falls. She offered some new resources and data that may support this.

Dr. Weiss replied that HRSA leaves it up to those submitting to include those measures, although the Bureau could take a closer look at this. She welcomed any resources that may provide further insight.

Dr. Fick suggested that HRSA also consider social determinants of health and equity as possible elements of the GWEP program.

Dr. Kennedy said she attended a presentation by Minute Clinics that examined outcomes. They looked at annual wellness visits and coding, as well as other reimbursed visits. They then reported outcomes utilizing data from the visits. This could be an exceptional way of training health care professionals. She said she could provide a list of codes.

Discussion: 2023 Report

Thomas A. Teasdale, DrPH, FGSA, FAGHE, Chair, ACICBL

Dr. Teasdale led the Committee on a detailed discussion to review the 2023 report draft recommendations developed by the Working Group. The recommendations fell into four broad areas: 1) Interdisciplinary, community-based linkages, 2) Area Health Education Centers, 3) Education and training related to geriatrics, and 4) Mental and behavioral health education grants.

After substantial discussions, the Committee voted to approve the following recommendations:

Interdisciplinary, Community-Based Linkages

- *Recommendation 1*

ACICBL recommends that the Secretary, HHS, and Congress replace the term “pipeline” with “pathway” related to all the Title VII, Part D, grant programs.

Area Health Education Centers

- *Recommendation 2*

ACICBL recommends that Congress increase funding to the Title VII, Part D, Section 751, AHEC program reach the legislative language that, “an award under this section shall not be less than \$250,000 annually for each AHEC Center.”

- *Recommendation 3*

ACICBL recommends Congress update the authorizing legislation to eliminate the 1:1 match for supplemental funding for the AHEC program.

- *Recommendation 4*

ACICBL recommends that Congress update the authorizing legislation for, and that HRSA explicitly state, in Title VII, Part D, Section 751, that the AHEC program include the education and training of paid and unpaid family and non-family caregivers as recognized workforce participants.

Education and Training Related to Geriatrics

- *Recommendation 5*

ACICBL recommends Congress increase funding to the Title VII, Part D, Section 753, Geriatrics Academic Career Award (GACA) AND the Secretary, HHS, allow for an increase in stipend amounts to at least \$100,000 per year, so the GACA programs can be more equitable in recruiting applicants.

- *Recommendation 6*

ACICBL recommends Congress update the Title VII, Part D, Section 753, Geriatric Workforce Enhancement Program to modify section 753(a)(5)(A)(ii), by replacing the word “priority” with “preference.”

- *Recommendation 7*

ACICBL recommends Congress update the Title VII, Part D, Section 753, Geriatric Workforce Enhancement Program (GWEP) to include under section 753(a), the following language, “SENSE OF CONGRESS. - It is the sense of the Congress that every State have a Geriatrics Workforce Enhancement Programs in effect under this subsection with corresponding funding of \$1 million per state and 2 territories.”

Mental and Behavioral Health Education Grants

- *Recommendation 8*

ACICBL recommends that Congress update the authorizing legislation for, and that HRSA explicitly state, Title VII, Part D, Section 751 AHEC program and the Section 756 Behavioral Health Workforce Education and Training (BHWET) and Graduate Psychology Education (GPE) Programs include the education and training of paid and unpaid family and non-family caregivers as recognized workforce participants.

- *Recommendation 9*

ACICBL recommends Congress update the authorizing legislation for Title VII, Part D, Section 751 Area Health Education Centers program and Section 756 Behavioral Health Workforce Education and Training programs to allow engagement with potential trainees across the life course, starting as early as third grade.

- *Recommendation 10*

ACICBL recommends Congress increase funding to the Title VII, Part D, Section 756, Behavioral Health Workforce Education and Training programs AND the Secretary, HHS, benchmark stipends to the Ruth L. Kirschstein National Research Service Award (NRSA) Stipends, Tuition/Fees and Other Budgetary Levels so Section 756 program awardees are more equitable in recruiting trainees in underserved rural and urban areas of the country.

- *Recommendation 11*

ACICBL recommends Congress increase funding to the Title VII, Part D, Section 756, Graduate Psychology Education program AND the Secretary, HHS, benchmark internship and postdoctoral fellowship stipends to the Association of Psychology

Postdoctoral and Internships Centers (APPIC) Mean Full-Time Stipend amounts so Section 756 program awardees can be more equitable in recruiting trainees to more underserved rural and urban areas of the country.

- *Recommendation 12*

ACICBL recommends Congress update the Title VII, Part D, Section 756, Mental and Behavioral Health Education and Training Grants programs to modify paragraph 756(d)(1) by replacing the word “priority” with “preference.”

Work will continue on providing minor enhancements to the recommendations by Committee members, without changing their meaning or intent. This will ensure that the recommendations are accurate and complete.

Public Comment

Public comment was requested but none was offered during the meeting.

Business Meeting

Shane Rogers, Designated Federal Officer, ACICBL

Mr. Rogers provided the dates for upcoming meetings. The next virtual meeting will be held on August 3, 2023, and an in-person meeting has been tentatively scheduled for January 2024. He informed participants that the charter for the ACICBL had been renewed through March 2025 (a two-year renewal).

Wrap-Up and Adjourn

Thomas A. Teasdale, DrPH, FGSA, FAGHE, Chair, ACICBL

Shane Rogers, DFO, ACICBL

Mr. Rogers and Dr. Teasdale thanked all Committee members for their time and effort in moving the new recommendations forward. Mr. Rogers also thanked all Working Group members for their additional time and effort in developing the draft recommendations. In addition, he thanked the Dr. Joan Weiss, the Subject Matter Expert, for her presentation to the ACICBL. He also thanked HRSA staff for all their logistical support. Dr. Teasdale thanked Dr. Erwin, Dr. Kennedy, and Ms. Pope for all their contributions as members of the ACICBL as this would be their last meeting. Mr. Rogers adjourned the meeting at 5:07 p.m. ET.