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

Meeting Minutes
August 3, 2023

Committee Members Present
Thomas A. Teasdale, DrPH, FGSA, FAGHE (Chair)
Elizabeth Bush, MS, MA
Barbara Hart, MPA, MPH
Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP
Kevin A. Osten-Garner, PsyD, LCP
Naushira Pandya, MD, CMD-FACP
Jennifer Peraza, PsyD, ABPP
Sara Sherer, PhD
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
Luis Padilla, MD, Associate Administrator for Health Workforce
Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME

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. ET on August 3, 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. Members then introduced themselves. During the meeting, Committee members heard updates on the Bureau of Health Workforce (BHW) provided by Dr. Luis Padilla as well as an update on the 2023 report by Dr. Teasdale. In addition, a panel discussion was held on the Area Health Education Centers (AHEC) legislative Match Requirement, and a brainstorming session was conducted to flesh out topics for the 2024 report.

Presentation: BHW Update
Luis Padilla, MD, Associate Administrator for Health Workforce, HRSA

Dr. Padilla began his presentation by sharing some workforce challenges, one of which was the impact of the pandemic on the workforce. During mid-pandemic, 79% of the workforce was impacted by staff shortages. Studies showed that at the time, the intent to leave the job was nearly 28% and the overall burnout rate 49.9%. These numbers will likely contribute to workforce shortages in the future. Estimates show that by 2035 there will be a shortage of 35,260 primary care providers, 15,180 behavioral health providers, 5,790 maternal health providers, and 1,310 oral health providers.

To address some of these projected shortages, BHW has developed programs to strengthen the health workforce and connect skilled health care providers to communities in need. The HRSA

workforce budget request for FY 2024 is $2.71 billion. The FY 2024 budget includes support for programs that were shored up during the past years to strengthen the workforce. Overall, the budget includes requests both in discretionary and mandatory line increases to support gains obtained during the infusion of supplemental funding through the America Rescue Plan (ARP) Act.

Whether it is the Teaching Health Center Graduate Medical Education (THCGME) program, the National Health Service Corps (NHSC), or HRSA's behavioral mental health programs—these gains are threatened by having either level funding or reduced funding that will not maintain the growth seen in the last years.

Dr. Padilla explained that the THCGME program has grown considerably over the years. It began in 2011 with 11 Teaching Health Centers and currently has 82. Pre-pandemic, the program had 790 fulltime equivalent (FTE) residents and now funds 1,096 FTE residents. These are residencies for primary care physicians and dentists.

Dr. Padilla highlighted for the Committee the importance of mental health for children, youth, and adolescents. He noted that both suicide rates and suicide ideation rates are up, particularly for females in those age groups. He further mentioned that school systems are inundated and overwhelmed with the mental and behavioral health needs of our children and that steps need to be taken to support them through the behavioral health workforce.

The nursing field was particularly affected at the RN level during the pandemic. According to the American Association of Colleges of Nursing, nursing schools turned away almost 80,000 applicants in the last couple of years because of their inability to enroll more students. The schools' lack of faculty, clinical preceptors, and other infrastructure has contributed to this issue. HRSA efforts, such as the *Maternity Care Nursing Workforce Expansion Program* and the *Nurse Education, Practice, Quality and Retention Programs* address some of those barriers. Other HRSA programs address public health needs, including infrastructure support.

Dr. Padilla discussed efforts to improve equity via BHW grants through streamlined funding announcements and strategies to address health disparities. He described some of HRSA's publicly available health workforce data and tools. In closing, he encouraged the members to consider becoming HRSA grant reviewers.

Discussion
The discussion included the questions/comments below.

Dr. Teasdale asked how HRSA grantees could collaborate with NHSC members. How could ACICBL facilitate or accelerate the process of integrating and collaborating in that area?

Dr. Padilla said they have done some work in that area by defining and prioritizing "characteristics likely to remain" that are used when reviewing applicants.

Dr. Teasdale asked how HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA) grantees could best work together to support common goals, especially around behavioral health for youth.

Dr. Padilla replied that one of HRSA's bureaus, the Bureau of Primary Health Care, has parallel aims with SAMHSA. There is also a request in HRSA's budget to provide such services as a formal part of the scope of all Federally Qualified Health Centers.

Ms. Worstell said there is a concern over a generation of college students in many settings that lack resilience and a sense of being able to address and solve their own issues. Is the bureau engaging in providing mental health services to individuals such as these which are transitioning from childhood to adulthood?

Dr. Padilla replied that some of the ARP funding was focused on developing resiliency programs.

Dr. Kuo asked how pharmacy professionals, especially those with specialty care training in primary care, could support HRSA's efforts.

Dr. Padilla replied that HRSA's Centers of Excellence program supports pharmacy professionals. Also, in the past, HRSA had the ability—through its NHSC State Loan Repayment Program—to offer loan repayments for pharmacists and clinical pharmacists.

Update: 2023 Report
Thomas A. Teasdale, Chair, ACICBL

The Chair reviewed the recommendations previously approved by the Committee for the 2023 report. He also walked members through the process of how to create a report and provided a sample of what a final report would look like.

The Committee voted unanimously to rescind the following previously approved recommendation:

- *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".

The recommendation was removed from the list of approved recommendations as it had (by chance) already been updated in the Title VII, Part D, Section 753 legislation.

Brief Update: Title VII, Part D, Program Plans for FY2023-24
Shane Rogers, DFO, ACICBL

Mr. Rogers reviewed a series of Part D programs including the Area Health Education Centers (AHEC), Geriatrics Workforce Enhancement Program (GWEP), Geriatrics Academic Career Awards program (GACA), multiple Behavioral Health Workforce Enhancement and Training (BHWET) programs, Graduate Psychology Education (GPE), Integrated Substance Use Disorder Training Program (ISTP), and the Addiction Medicine Fellowship program (AMF).

AHEC funds one cohort of 49 grantees for over $47 million a year. The program is currently in its first year of a five-year grant cycle. There are no significant activities planned for the AHEC program through 2024.

The GWEP and the GACA together received over $47 million in funding in FY2023. The purpose of GWEP is to develop a health care workforce that maximizes patient and family engagement to improve health outcomes by integrating geriatrics and primary care. For the next year, GWEP is planning a new funding cycle as 48 grantees are scheduled to rotate off. The purpose of the GACA program is to support the career development of junior faculty as academic geriatricians or academic geriatric specialists. GACA began a new funding cycle with 26 awards provided last month for a total of $2.1 million, per year, for four years.

The *Behavioral Health Workforce Development Technical Assistance and Evaluation (BHWD-TAE) Program* will develop and provide tailored technical assistance to current and future grant recipients to the five specific HRSA-funded 756 programs. Altogether, these programs receive approximately $103 million. For the coming year, HRSA has produced a *BHWET Program* Notice of Funding Opportunity (NOFO) for children, adolescents, and young adults. Its purpose is to address the increased behavioral health needs of children, adolescents, and young adults through an increase in the supply and distribution of behavioral health providers in rural and underserved communities.

The purpose of the *AMF Program* is to expand the number of fellows at accredited AMF and Addiction Psychiatry Fellowship programs. Fellows are trained as addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorder and substance use disorder prevention and treatment services. This program encompasses both psychiatry and addiction medicine subspecialties for primary care doctors. The program received $25 million towards funding 42 grantees in 2020.

The purpose of the *ISTP* is to expand the number of nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers who are trained to provide mental health and substance use disorder services in underserved settings including settings that serve pediatric populations. In FY2023, the program received $9.1 million to fund 21 grantees. Grantees received Notices of Award in June and are beginning their five-year grant cycle.

Discussion
The discussion included the questions/comments below.

A Committee member asked if there had ever been precedent for the ACICBL to recommend bringing back funding for a program that is currently unfunded.

Dr. Weiss replied that the ACICBL undertook a comprehensive review of all programs in its 15th Report, and at that time the Committee made recommendations for appropriations for not only the funded programs, but for some of the unfunded programs as well.

Dr. Teasdale asked about the anticipated length of the grant awards for the forthcoming GWEP cycle.

Dr. Weiss said that GWEP would be five years in length starting in FY2024.

Dr. Osten-Garner asked if keeping the unfunded programs legislatively intact creates barriers for recommending new programs because there are some that are not funded.

Dr. Weiss said it is a good thing that unfunded programs are in the legislation because if there is an activity that the Bureau, Agency, or even the Department wants to implement, the existing legislative authority can be used to accomplish such goals without program-specific appropriations.

Dr. Worstell said that some of the programs, such as AHEC, were started over a decade ago. Current demographics and circumstances are somewhat different than when that program was started. She suggested recasting the importance of these programs during these times (e.g., impact on budgets and disenfranchised communities).

Grantee Panel Discussion: Area Health Education Center (AHEC) Match Requirement

Sandra Y. Pope, MSW, Director, West Virginia AHEC, West Virginia University

John Ronnau, PhD, Senior Associate Dean, Community Health Partnerships Texas Rio Grande Valley AHEC

Eric M. Wiser, MD, Assistant Professor of Family Medicine, School of Medicine Oregon Health & Sciences University AHEC

Ms. Pope, Dr. Ronnau, and Dr. Wiser shared the results of an informal study they conducted involving nine AHECs. The questions asked to the leaders of those AHECs all dealt with the match requirement. The five questions asked along with a summary of the responses are listed below.

What are the benefits of the legislatively mandated AHEC match requirement?

The match provides buy-in from the state or communities that AHECs serve (i.e., they have "skin in the game"). Some respondents thought that the match requirement allows more organizations to contribute to the mission of the AHEC and brings other perspectives and ideas to programs. Other respondents believed that relying heavily on the matching funds ensures they can successfully complete the scope of work.

What are the drawbacks?

Some respondents said it is hard to come up with the match since funding must follow AHEC guidelines. In addition, some state funds are dwindling which makes it hard to come up with the match. One respondent said that if the required match is not met, it causes concern about losing funding and may affect outcomes as programs potentially become more focused on meeting the match requirements to the detriment of focusing on the mission.

Would you like to see the elimination of the AHEC match requirement?

Most respondents believed that the match should not be eliminated. Another believed that it should not be eliminated but reduced.

Do you think AHECs need any match requirement in order to fulfill HRSA goals?

Six of nine respondents said the match requirement was necessary in order to fulfill HRSA goals. One respondent said the match increases the amount of "skin in the game" and diversifies funding.

Do you think universities, health profession schools, or other partners would continue to provide matching funds if there was no match requirement?

Most respondents believed that the institutions would likely not continue to provide matching funds. One respondent said that many institutions are currently suffering financially and without

a match requirement, these funds may be easier to eliminate. Another said that with the current crisis in health care, margins are extremely tight. The first responsibility of an academic center is to itself and to make sure it can operate, at times this can be challenging.

Discussion
The discussion included the questions/comments below.

Dr. Teasdale asked if there was some thought to altering the 1-to-1 match requirement. For example, a 25% or 50% match.

Dr. Ronnau said that the panel discussed that option, but the overall opinion was that any diminishment of the match may result in an erosion of resources.

Dr. Wiser said that if the match were reduced five years ago, perhaps it would not have had an immediate impact. However, it may be difficult to diminish the match in the current lean health care funding state.

Ms. Bush said she represented the Wisconsin AHEC. She added that in their institutional discussions they reached the same conclusion to keep the match.

Dr. Wiser said that another concern would be that losing the match would mean losing half of the funding. That would impact the health care workforce and ultimately the patients. For example, there is a need for more nurses, but there just are not enough to go around.

Discussion: 2024 Report Topics
Grace M. Kuo, PharmD, MPH, PhD, FCCP, FNAP, Vice Chair, ACICBL

Dr. Kuo led the Committee on a brainstorming session to develop topics for the Committee's 2024 report to the Secretary, HHS, and Congress. The topics were organized and categorized for further review and discussion by the Committee's Writing Workgroup. The main topics that surfaced during the session included the following:

- Artificial Intelligence (as it relates to workforce literacy on the subject matter, training the workforce on how to use it appropriately, and other AI workforce development topics)
- Addiction and mental health
- Brain health and healthy aging
- Curricula and training on Social Determinants of Health
- Highlighting the impact of currently funded and unfunded programs

- Workforce resiliency and burnout (these topics were covered in last year's report, but members believed they deserved more attention)
- Recruiting further back in the pipeline/pathway

The above topics will be further discussed and examined by the Writing Workgroup, which will distill the number of topics and present a shorter list to the Committee as a whole, who will then choose the topic for the 2024 report.

Public Comment

Public comment was requested, but none was offered.

Business Meeting
Shane Rogers, Designated Federal Officer, ACICBL

Mr. Rogers thanked the Committee members for completing their ethics recertifications. He informed the group that packages for three member nominations are currently under review. If approved, these new members would be on board before the January 2024 meeting. He explained that the Committee is looking for members to represent the AHEC, Geriatrics, and Mental/Behavioral program areas and if anyone has suggestions, to please reach out to him.

The ACICBL meeting scheduled for 2024 has been tentatively set. The Committee's first in-person meeting since the pandemic will be held at HRSA headquarters on January 25-26, 2024. Two additional Committee meetings will be virtual and are scheduled for April 19, and Sep 6, 2024.

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 work during the meeting. They also thanked HRSA staff for all their logistical support. Mr. Rogers adjourned the meeting at 4:22 p.m. ET.