ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY (ACTPCMD)

Meeting Minutes

August 2, 2022

Advisory Committee Members Present

Sandra M. Snyder, DO, Chair
Jane E. Carreiro, DO
Nancy W. Dickey, MD
Geoffrey Hoffa, DHSc, PA-C
Michael J. Huckabee, MPAS, PA-C, PhD
Anne E. Musser, DO
Kim Butler Perry, DDS, MSCS
F. David Schneider, MD, MSPH
Jason M. Spangler, MD, MPH
Wanda H. Thomas, MD, FAAP

Health Resources and Services Administration (HRSA) Staff Present from the Bureau of Health Workforce (BHW)

Shane Rogers, Designated Federal Officer (DFO), ACTPCMD
Zuleika Bouzeid, Advisory Council Operations
Jennifer Holtzman, DDS, Dental Officer
Kimberly Huffman, Director of Advisory Council Operations
Janet A. Robinson, Advisory Council Operations

Welcome Remarks

Shane Rogers, Designated Federal Officer (DFO), ACTPCMD
Zuleika Bouzeid, Advisory Council Operations

Mr. Shane Rogers convened the virtual meeting of the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD, or the Committee) on August 2, 2022. He welcomed all participants and provided some background on the Committee, including its purpose and purview. Mr. Rogers named the Committee's four new members: Ruth Bol, DDS, MPH; Colleen Brickle, EdD, RDH; Tonya Fancher, MD, MPH; and Eni Obadan-Udoh, DDS, DrMedSc, MPH. Mr. Rogers then turned the meeting over to the Chair, Dr. Sandra M. Snyder, DO.

Agenda Review

Sandra M. Snyder, DO, Chair, ACTPCMD

Dr. Snyder welcomed everyone and reviewed the meeting's agenda. She then proceeded to conduct roll call, confirming a quorum. Dr. Snyder informed the group that the ACTPCMD's 19th Report titled *Supporting Dental Therapy through Title VII Programs: A Meaningful Strategy for Implementing Equitable Oral Health Care*, is now available on the Committee's website. The 20th Report is expected to be completed and made public in the next two to three months. Dr. Snyder introduced HRSA's administrator, Ms. Carole Johnson.

HRSA Welcome
Carole Johnson, Administrator, HRSA

Ms. Johnson said she started her career in the federal workforce at HRSA. She informed participants that the Bipartisan Safer Communities Act, signed into law by President Biden on June 25, 2022, will include new resources appropriated to HRSA to expand primary care training and include training in mental health. This is important because physical health and mental health outcomes are often interrelated. The investment will provide $60 million over five years.

The President's American Rescue Plan (ARP) has provided HRSA with unprecedented resources to support the health care workforce. This has resulted in the largest cohort of National Health Service Corps members in the history of the program. There are nearly 20,000 clinicians in the field who are receiving scholarships or loan repayments in exchange for practicing in high-need communities. The ARP has also supported critical investments in growing the Teaching Health Centers Graduate Medical Education (THCGME) program, this will help to expand the primary care footprint as well as dental and psychiatric services. Ms. Johnson thanked the Committee for their work and said she looks forward to a continued collaboration to address health care workforce challenges and opportunities moving forward.

With respect to core programs on Title VII, such as those involving primary care medicine and dental care, HRSA is continuously challenging itself to think about how to ensure it is using its full authority to address the critical needs of the moment. While there currently are many needs, ensuring that individuals have access remains HRSA's top priority. Also important is supporting, identifying, recruiting, and training a diverse primary care workforce—particularly in light of the events of the COVID-19 pandemic. Individuals from the community—that is, a trusted messenger—can make a big difference in the care individuals obtain, in trusting providers, and in being able to deliver critical health care needs. Ms. Johnson said she welcomes the Committee's ideas and thoughts on the work moving forward. She was grateful the Committee had tackled complex issues, such as treating those with special health care needs, especially when it comes to adults. Ms. Johnson said she looked forward to continuing to work in partnership with the Committee to address the workforce issues of the nation going forward.

Discussion
The discussion included the questions/comments below.

Ms. Carole asked for input on integrating behavioral health training into primary care programs.

One participant said that there currently are many family medicine programs that incorporate behavioral health training. For example, it is a core part of their family medicine residency training.

Another participant said that the "bucket" for behavioral health has gotten larger over the years, and there is already quite a bit of behavioral health content in primary care training. Perhaps HRSA could consider launching an RFA (Request For Applications) for programs to develop an extra year of intense behavioral medicine training for internists, obstetricians, pediatricians, and primary care/family medicine physicians. It would be an extra year of intense training around behavioral medicine as it is hard to keep adding more to the existing behavioral health training in

primary care residencies.

BHW 2023
Luis Padilla, MD, Associate Administrator for Health Workforce, HRSA

Dr. Padilla said that data are still forthcoming on the impact of the COVID-19 pandemic on the health care workforce. However, current estimates show that by 2030 there will be an under supply of 41,000 primary care providers compared with the previous report. HRSA is in the process of incorporating COVID fatalities into primary care projections. These adjusted projections are expected to be released by the late fall. He urged the Committee to consider this issue while developing recommendations. However, it is still important for HRSA to continue to focus on health equity, diversity, and quality of training.

The ARP afforded HRSA a limited-time opportunity to develop new programs and enhance existing ones. This will increase the number of primary care, full-time, employees as well as residents. Additional residencies for psychiatrists will be available through a new effort in the future. BHW's behavioral health and workforce expansion program, the education training program, and other expansion programs will increase the number of behavioral mental health graduates in psychology, psychiatry, social work, and school-based psychology. The bureau will be prioritizing maternal care providers in early FY 2023 as part of an effort to address maternal health. The public health scholarship program will support graduates going into state and local health organizations to provide much needed support to that infrastructure.

HRSA will soon announce awards of the research center and partnership with the Centers for Disease Control and Prevention (CDC), which will begin the process of assessing public work force health data. It will help to answer the following questions: *What is the current infrastructure? Who are the public health workers across the country? How do we develop that dataset and assess future needs in public health infrastructure? What can be put in place to better support overall clinician well-being?* HRSA will also lead one of the efforts to increase the number of community health workers across the country, as part of a new program. The ARP will also support the health and well-being of the nation's health care workforce through the recently launched resiliency and mental health programs.

Some topics that have been raised which could be considered for future reports included: integration of services, training, behavior health and primary care supply and distribution, and how HRSA programs can be better leveraged to expand such workforce. Another important topic discussed is to determine how HRSA can strengthen health equity through the funding programs. More specifically, what metrics could be incorporated into funding opportunities to demonstrate progress in achieving health equity?

Title VII Dental Faculty Loan Repayment Program (DFLRP)
Erika Terl, Chief, Oral Health Branch Division of Medicine and Dentistry, BHW
Oksana Cobb, Project Officer, Oral Health Branch Division of Medicine and Dentistry, BHW

The Dental Faculty Loan Repayment Program (DFLRP) has as its purpose, to support and develop education and training programs in general, pediatric, and public health dentistry to include programs for student financial assistance, traineeships, faculty development, and pre- and

post-doctoral training, as well as the establishment, or operation, of a faculty loan repayment program.

The DFLRP's intended outcomes are to: 1) Provide significant and much needed student debt relief, 2) Enable dental professionals to enter academia earlier in their careers, 3) Increase the number of full-time faculty recruited and retained, and 4) Ultimately create a stronger public health workforce. The DFLRP will provide eight grants for $100,000 each in Year 1. The participant's debt will be paid gradually over five years for a maximum of $100,000.

Preference has been given to pediatric dentistry faculty who will be supervising dental students and residents at dental training institutions that provide clinical services within dental clinics located in dental schools, hospitals, or community-based affiliated sites. A "pediatric dentist faculty" has been defined as an individual who has completed a pediatric dental residency, has an appointment in a Division or Department of Pediatric Dentistry, and who teaches in the field of dentistry either at the predoctoral or postdoctoral residency level.

In terms of successes, for the 2020-2021 Academic Year, of the 66 dental faculty 38% were underrepresented minorities, 23% came from a disadvantaged background, 12% from a rural background, and 57% were newly recruited or retained. Challenges include: 1) Budget limitations (e.g., the current budget structure is not flexible enough for HRSA to use dollars in the most effective, efficient manner from the applicant's perspective), 2) Data limitations (HRSA is only allowed to track basic legislatively-required data points), 3) Tax implications (taxes have to be paid on receipt of the loan repayment), and 4) Diversity of the applicant organizations (the pediatric preference does not allow less resourceful institutions to benefit from the program).

Discussion
The discussion included the questions/comments below.

Can new dental schools apply for the program before hiring faulty or do the faculty have to be in place already? Also, if a faculty person is hired, can one say the position is guaranteed?

The faculty must be employed full time prior to the school applying for the program. Also, there needs to be a selection committee and the faculty applicant would be scored by the committee based on the rubric developed by the school.

Through this program, pediatric dentists will be given priority. However, most of the dentists in community health centers are general dentists which are seeing the Medicaid pediatric population, but they will not be given priority in that space.

The presenter said that the current language for the program criteria comes from the U.S. House of Representatives, so there is not much flexibility on HRSA's part.

Update on Title VII Academic Units Program
Cynthia Harne, MSW, LCSW-C, Chief, Medical Training and Geriatrics Branch,Division of Medicine and Dentistry, BHW

Ms. Harne provided an overview of the Academic Units for the Primary Care Training and

Enhancement (AU-PCTE) program. The program aims to: 1) Enhance clinical teaching and research in primary care fields to strengthen the primary care workforce, and 2) Establish, maintain, or improve academic units or programs. Requirements for awardees include that they:

- Conduct systems-level research that informs primary care training
- Disseminate current research, evidence-based or best practices, and resources
- Develop and engage a Community of Practice (CoP) in their focus area

AU-PTCE awardees and areas of focus include the following:

- Harvard University (Oral Health)
- Mayo Clinic (Behavioral Health)
- Northwestern University (Social Determinants of Health)
- Meharry Medical College (Vulnerable Populations)
- University of California, Davis (Workforce Diversity)
- University of Washington (Rural Practice)

Each of the six awardees will establish a national center, or collaboration, to embark on research, CoP, and dissemination strategies to match the needs of the focus areas.

Awardees will hold a variety of collaborative activities including annual meetings, planning workgroups, stakeholder engagement, webinar series, monthly calls, and development of manuscripts and journal supplements.

The AU-PCTE has made available various curricula modules through MedEDPortal. Vetted curricula for teaching Social Determinants of Health can be found at Northwestern University's website. In addition, the AU-PCTE has developed research policy briefs, faculty resources, supplements in journals, and other resources.

Discussion
The discussion included the questions/comments below.

A member asked why HRSA will no longer be funding medical schools in the future.

Ms. Harne said she was not aware that HRSA would not be funding medical schools any more, especially because the PCTE program currently funds medical schools.

A member of one medical institution said their PA (Physician Assistant) programs are growing. Are there any projections of what the future may hold in that area?

Ms. Harne said that HRSA does have PA programs in the development award program. Since the budget was posted in 2019, HRSA has launched the primary care training enhancement physician assistant training program, and new cohorts will continue to be added to this program.

Title VII and Preventive Medicine
CAPT Paul Jung, MD, MPH, Director, Division of Medicine and Dentistry, Bureau of Health Workforce, HRSA

Dr. Jung presented on the topic of preventive medicine. Preventive medicine is not solely a skill or clinical service, but also a medical specialty. The specialty was founded in 1949 by the 7th Surgeon General of the United States who wanted all officers in the U.S. Public Health Service to be trained on a specialty that offered special know-how in public health. There are currently approximately 6,000 preventive medicine physicians in the U.S. Preventive medicine is one of the 24 medical specialties recognized by the American Board of Specialties. The American Board of Preventive medicine is a member board that operates the certification program for preventive medicine physicians.

Preventive medicine physicians are first and foremost licensed physicians. Their training includes coursework in public health, statistics, environmental health, behavioral health, health management, administration, and all of the topics behind the science of preventive medicine. Preventive medicine physicians work with individuals, families, and communities. One way to think about preventative medicine is as the medical specialty for population health. It trains physicians on the unique skills necessary to assess and affect the health within a population.

HRSA supports preventive medicine through its Preventive Medicine Residency program. The program trains physicians in population health. It is an approximately $7 million program offering $400,000 per grantee. In the last competition, HRSA awarded 17 grants—15 in public health in general preventive medicine and 2 in occupational medicine.

Even though HRSA supports preventive medicine, about half of all of the accredited residency slots remain unfilled every year. Also, there are 17% fewer preventive medicine residency programs in 2020 than there were in 2000 and the total number of preventive medicine physicians in the U.S. is declining due to retirement. In addition, there is poor distribution of the specialty in rural areas.

Stakeholder discussions have confirmed that the specialty is generally not known and there is an inadequate definition of the specialty's value. An important point that should be made is that preventive medicine physicians are not just public health physicians. Preventive medicine physicians can also be effective in achieving health within health systems and hospitals, and not just in state/local health departments, which is where many people automatically assume that preventive medicine physicians work.

To get the word out about the specialty, HRSA has supported the development of a supplement in the *Journal of Public Health Management and Practice* highlighting the agency's investment in public health. Also, given that there currently are not enough rural preventive medicine physicians practicing, HRSA's Federal Office of Rural Health policy has added preventive medicine as an eligible specialty in their Rural Residency Development Program (RRPD).

Efforts are also underway between the Federally Qualified Health Centers and the Bureau of Primary Health Care to take on residents in HRSA's funded programs for rotations and to

incorporate preventive medicine physicians to help with reportable health measures. This will hopefully help to increase the demand for the specialty.

In 2002 a report was published by the ACTPCMD titled *Delivering the Good: Improving the Public's Health by Enhancing the Primary Care/Public Health Interface in the United States*. The report served as a framework for the new model of training that expanded the PCTE program into community prevention and maternal health.

The *PCTE-Community Prevention and Maternal Health NOFO* came out in 2021 and was unique because it provides two training tracks for primary care physicians in the area of maternal health. The first track offers advanced clinical obstetrics training for family physicians to provide clinical skills for family physicians. The second offers training in the specialty of preventive medicine for primary care physicians who have already completed their primary care residency. The idea behind these two tracks was to train primary care physicians to address maternal health from two directions—the advanced clinical side and the population health side. HRSA believes this is a successful model and wants to pursue it in future PCTE programs. Dr. Jung made a formal request to the ACTPCMD to endorse this model either in a letter or an upcoming report.

Discussion
The discussion included the questions/comments below.

Why does HRSA fund preventive medicine residencies rather than CMS (Centers for Medicare & Medicaid Services)?

The U.S. Congress specifies which agency will fund preventive medicine. Also, CMS funds hospitals rather than residencies directly.

HRSA should consider incorporating oral health providers into preventive medicine training, as they have, as a profession, several years of experience addressing HIV, hepatitis, and other infectious diseases at the patient level.

The same approach HRSA is currently for integrating preventive medicine in primary care should also be taken for oral health in the future.

Update on ACTPCMD 19th and 20th Reports
Kim Butler Perry, DDS, MSCS, FACD, Member, ACTPCMD
Sandra M. Snyder, DO, Chair, ACTPCMD

Dr. Perry said the Surgeon General's Report on Oral Health highlighted oral health disparities that impact underserved populations. Oral health is linked with diseases such as diabetes, cardiovascular disease, and cancer. These oral health disparities persist primarily due to the lack of access to oral health care. The lack of oral health care causes system financial costs that have burdened our national health care system.

Evidence shows that dental therapists working in a dentist-led team within a defined scope of care can improve access to underserved populations and help improve patient and population

oral health outcomes. The ACTPCMD 19th Report supports dental therapy through the Title VII training program. The report along with its recommendations support the process of introducing a new workforce model—the dental therapist—into the health care system. The 19th Report has been published and currently available on ACTPCMD's webpage.

The 19th Report makes the following five recommendations:

1. The ACTPCMD recommends that Congress update the authorizing legislation for the Public Health Service Act Section 748(a)(1) to explicitly include dental therapy programs and trainees.
2. The ACTPCMD recommends that Congress increase the funded appropriation for Title VII, Section 748 by $6 million annually to be utilized for dental therapy training programs.
3. The ACTPCMD recommends that faculty of dental therapy training programs be eligible for the Dental Faculty Loan Repayment Program (DFLRP) authorized under Title VII, Section 748, of the Public Health Service Act and that the DFLRP receive a funding increase of $1 million to be set aside for faculty of Dental Therapy programs.
4. The ACTPCMD recommends that the Secretary, HHS, include dental therapy as an eligible profession for scholarship and loan repayment through the National Health Service Corps (NHSC).
5. The ACTPCMD recommends HRSA implement a longitudinal tracking mechanism for dental therapy trainees, faculty, and graduates, including data on trainee and faculty diversity, retention in the profession, educational debt load, graduate practice location, and populations served.

Dr. Perry thanked the ACTPCMD committee who contributed to the report's content and material. She also thanked the experts providing presentations, HRSA's federal staff and contractors, including Mr. Shane Rogers, Dr. Jennifer Holtzman, and Mr. Al Staropoli.

Dr. Snyder said the Committee has developed and approved recommendations for the 20th report, which has an overall focus on health equity.

The 20th Report makes the following five recommendations:

1. ACTPCMD recommends that HRSA include specific language in Notices of Funding Opportunities (NOFOs) for Title VII Sections 747 and 748 primary care training programs that prioritize funding for the training of medical and dental trainees on the treatment and care of patients with Intellectual and Developmental Disabilities (IDD) and other Special Health Care Needs.
2. ACTPCMD recommends that HRSA include specific language in NOFOs for the Title VII, Sections 747 and 748 primary care training programs, that prioritizes the development and implementation of curriculum that includes health equity and cultural humility to improve the care provided to all individuals irrespective of race, ethnicity, disability, socioeconomic status, religion, gender identity, and sexual orientation, while respecting and recognizing the differences and value that each person brings.

3. To improve diversity within the future primary care workforce, ACTPCMD recommends that Title VII Sections 747 and 748 primary care training programs overtly and explicitly encourage the funding of applicants who successfully recruit learners and faculty from underrepresented backgrounds that better reflect the community of need, and place greater emphasis on specific funding factors currently available within Title VII Sections 747 and 748 authorizations.
4. ACTPCMD recommends that HRSA expand its workforce analysis to include all trainees of federally funded programs by implementing a longitudinal trainee tracking mechanism that uses all available data resources to assess the numbers and percentages of trainees who have completed a program and are practicing primary care, and of those, how many serve underserved communities and vulnerable populations.
5. ACTPCMD recommends that Congress award funding of Title VII, Sections 747 and 748, primary care training programs at $200 million to ensure the future primary care workforce receives the training and resources necessary to adequately care for the nation's most underserved and vulnerable populations.

The timeline for development of the report is approximately three months.

Public Comment: Specific to 2023 Report Topics Only
Shane Rogers, DFO, ACTPCMD

The floor was opened to public comments that were specific to topics related to the 2023 report(s). Dr. Fancher and Dr. Obadan-Udoh offered comments.

Dr. Fancher urged the Committee to consider BS/MD programs that are linked to primary care, and the idea of training students in place—that is, where they are.

Dr. Obadan-Udoh asked if there was a way to map out the oral public health workforce nationwide. There is limited understanding about what public health dentistry is and what role the public health dentists and mid-level providers can play to improve population oral health.

Discussion of Topics for 2023 Report(s)
Sandra M. Snyder, DO, Chair, ACTPCMD

Following a productive discussion and exchange of ideas, the Committee proposed the following broad topics for 2023 reports:

- Increasing the supply of primary care clinicians
- Encouraging/supporting new models for educating health professionals
- Expanding the Primary Care Training Enhancement program to integrate public health into primary care
- Reviewing/addressing the preparedness of clinicians trained during a pandemic

Public Comment
Shane Rogers, DFO, ACTPCMD

The floor was opened to public comments. Dr. Mitchell and Ms. Wittenberg offered the following comments:

Karen Mitchell, MD, from the American Academy of Family Physicians, said that primary care clerkships can influence a student's specialty choice. Therefore, having more opportunities for community-based primary care clerkships could positively influence the choice of primary care specialties. This underscores the need for medical school funding in the PCTE programs.

Hope Wittenberg, MA, from the Association of Family Medicine Residency Directors, said the July-August 2022 issue of *Family Medicine* is entirely dedicated to factors that increase specialty choice in primary care, and one of those factors is outpatient clerkships. Other factors include faculty development, mentoring, family medicine interest groups, support for longitudinal curricular pathways, rural training, primary care tracts, public health, and leadership development. She suggested that HRSA support medical schools in the future. In particular, academic administrative units.

Adjourn

Sandra M. Snyder, DO, Chair, ACTPCMD

The ACTPCMD 19th Report has been released and is available through the Committee's webpage. A few members of the Committee were asked to present the report at the American Dental Therapy Association's October meeting. She added that the 20th Report is expected to be completed in two to three months.

Dr. Snyder thanked all speakers. Their expertise helps the Committee as it develops future reports and recommendations. She also thanked members of the public for taking time out of their busy schedule to be present today. The next meeting will be held in February.

Mr. Rogers adjourned the meeting at 3:02 p.m. (ET).