

**ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE
MEDICINE AND DENTISTRY (ACTPCMD)
Meeting Minutes
August 17, 2023**

Advisory Committee Members Present

Sandra M. Snyder, DO, Chair
Tonya L. Fancher, MD, MPH, FACP, Vice Chair
Ruth Wauqua Bol, DDS, MPH
Colleen M. Brickle, EdD, RDH
Michael J. Huckabee, MPAS, PA-C, PhD
Emihomo Mary Obadan-Udoh, DDS, DMSc, MPH
Kim Butler Perry, DDS, MSCS
F. David Schneider, MD, MSPH
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
Jennifer Holtzman, DDS, MPH, Subject Matter Expert and Dental Officer
Tracy Glascoe, MPAS, Chief, Oral Health Branch
Zuleika Bouzeid, Advisory Council Operations

Welcome Remarks

Shane Rogers, 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 Committee) on August 17, 2023. He welcomed all participants and provided some background on the Committee, including its purpose and purview. He then turned the meeting over to the Committee's Chair, Dr. Sandra Snyder.

Agenda Review

Sandra M. Snyder, DO, Chair, ACTPCMD

Dr. Snyder welcomed everyone and reviewed the purpose of the meeting as well as its agenda. She proceeded to conduct roll call, confirming a quorum. Members then introduced themselves.

Update: 21st and 22nd Reports

Sandra M. Snyder, DO, Chair, ACTPCMD

The Chair presented the recommendations for the 21st and 22nd reports. She updated members on the timeline for the reports and explained they are currently under development and should be finalized before the end of the calendar year.

Presentation: BHW Updates

Sheila Pradia-Williams, RPh, MBA, Deputy Associate Administrator for Health Workforce, HRSA

Ms. Sheila Pradia-Williams discussed some of the recent workforce challenges. A recent event that impacted the workforce was the COVID-19 pandemic. 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%. 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 FY2024 is \$2.71 billion. The FY2024 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.

Ms. Pradia-Williams said the Teaching Health Center Graduate Medical Education (THCGME) program supports the development of physicians and dentists by training residents in underserved communities. The 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.

Another area of focus for BHW is supporting youth mental health. Addressing mental health crises is a top concern. The importance of mental health is reflected in the Bipartisan Safer Communities Act. It prioritizes the current mental health crises and supports programs for youth and their mental health. HRSA programs in this area include the Primary Care Training and Enhancement Residency in Mental Health and Behavioral Health Program; the Behavioral Health Workforce Education Training – Children, Adolescents, and Young Adults Program for Professionals; and the Pediatric Specialty Loan Repayment Program.

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.

Ms. Pradia-Williams discussed efforts to improve equity via BHW grants through streamlined funding announcements and strategies to address health disparities. She described some of HRSA's publicly available health workforce data and tools. In closing, she encouraged participants to consider becoming HRSA grant reviewers.

Discussion

The discussion included the questions/comments below.

For the funding opportunities presented for next year, it does not appear that oral health is a priority. This is concerning because of the shortage in rural areas concerning oral health.

Ms. Pradia-Williams assured the individual that oral health is a priority for HRSA. Other investments, such as the National Health Service Corps (NHSC), reflect this. One thing to consider is the allocation of monies is made by Congress. Congress decides where to allocate monies in the form of appropriations.

What can be done about the funding cliff? If we have to keep facing all of these challenges and reauthorizations, it jeopardizes our ability to plan and project. What are your thoughts on that?

Ms. Pradia-Williams replied the numbers presented reflect what was put forth in the president's budget. What is currently being proposed is three-year funding at amounts that will support the expansion of the program and the per-resident amounts. Any decisions about permanent funding are made by Congress.

For the Teaching Health Center Planning Grants, if an extension is not granted, does that mean that the organizations that submitted planning grants will not be able to move forward?

Ms. Pradia-Williams agreed and said that it is one of the risks of facing a funding cliff. She added that being under a continuing resolution and not having a budget is not a new scenario. The American Rescue Plan helped to fund the THCGMEs through 2024, so this shows some forethought in this area.

What is the success rate of the NHSC program graduates to remain in the underserved areas they were assigned to?

Ms. Pradia-Williams said she could not recall exactly, but thought it was over 80% one or two years out. She said she could obtain that data point if needed.

Presentation: 2024 Title VII Planned Funding Opportunities

Cynthia Harne MSW, LCSW-C, Chief, Medical Training and Geriatrics Branch, Division of Medicine and Dentistry

Ms. Cynthia Harne discussed the new Primary Care Training and Enhancement – Language and Disability Access (PCTE-LDA) Program. The program was developed in early 2023. About 25 million people in the United States have limited English proficiency and 61 million speak another language other than English in their homes. Language affects interactions with the health care system and the quality of care that individuals receive. This can contribute to poor health outcomes, longer hospital stays, and higher rates of hospital admissions.

The purpose of the PCTE-LDA program is to develop curricula and to train medical students, physician assistant students, and primary care medical residents to provide high quality primary care services to individuals with limited English proficiency, individuals with physical disabilities and/or intellectual and developmental disabilities with the goal of improving health outcomes for these populations. The expected funding for this program is \$8.15 million for approximately 16 awards.

Ms. Harne also discussed two Notice of Funding Opportunities (NOFO) for FY2024: PCTE – Physician Assistant Rural Training in Mental and Behavioral Health and the Rural Community Program Directors program. The purpose of the Physician Assistant (PA) program is to develop and implement rotations for these students in rural areas, integrating behavioral health with primary care services. The NOFO will address the need to train PAs in the prevention, identification, diagnosis, treatment, and referral services for mental and behavioral health conditions including substance use disorders. The expected total funding for this program is \$5 million for 12 awards.

The purpose of the Rural Community Program Directors program is to support primary care fellowship programs that train primary care physicians who have completed a residency in family medicine, general internal medicine, general pediatrics, or combined pediatrics and internal medicine, in the skills necessary to be a successful residency program director of a rural primary care residency or a Teaching Health Center residency program. The expected total funding for this program is \$4 million for 10 awards.

Discussion

The discussion included the questions/comments below.

A member asked why there was a lack of inclusion of dental hygienists, dental assistants, and dental therapists in the NOFOs that were discussed.

Ms. Harne explained that those NOFOs are for section 747 of the Public Health Service Act, which only includes medical and physician assistant students.

A member said that when curricula are developed they may have different emphases, with some having more didactic and others more experiential training. Has there been a discussion of requiring a more structured curriculum so the experiences are not as varied?

Ms. Harne said that awardees sometimes develop specific content, which many residency programs then incorporate into their existing curriculum.

A member asked if there had been discussion at HRSA about having the medical side and dental side collaborate in the development of these opportunities. There has been discussion about integrating oral health, overall health, and behavioral health, so this could be a good opportunity.

Ms. Harne replied that there had been some discussions about the matter, but the programs being developed now are still separate. That is not to say, however, that a different model could be considered in the future.

Update: Title VII, Sections 747/748, Program Plans for FY2023-24

Shane Rogers, Designated Federal Officer (DFO), ACTPCMD

Mr. Shane Rogers reviewed a series of Part D programs under the following umbrella programs: Primary Care Training and Enhancement (PCTE) Programs and Training in General, Pediatric, and Public Health Dentistry Programs.

The overall purpose of the PCTE is to strengthen the primary care workforce by supporting advanced training for future primary care physicians, teachers, and researchers in both rural and underserved programs. Programs under the PCTE umbrella include Training Primary Care Champions; Career Development Awards; Integrating Behavioral Health and Primary Care; Residency Training, Community Prevention and Maternal Health; Physician Assistant Program; Physician Assistant Rural Training; and Screening, Brief Intervention, Referral, and Treatment (SBIRT) Training supplemental awards. Altogether, these programs received \$49.924 million in funding in FY2023 to support 133 grantees.

Plans for FY2023-2024 include adding the following three programs: Language in Disability Access; Physician Assistant Rural Training in Mental and Behavioral Health Program, and the Rural Community Program Directors program.

The overall purpose of the Training in General, Pediatric, and Public Health Dentistry Programs is to support these areas through student financial assistance, traineeships, faculty development, pre/postdoctoral training, and the establishment and operation of the primary dental care faculty development program. Altogether, these programs received \$27.6 million in funding in FY2023 to support 74 grantees.

Plans for FY2023-2024 include adding 9 new Dental Faculty Loan Repayment Program (DFLRP) awards as well as a small supplement to the DFLRP program to support recipients to attend the American Dental Education Association (ADEA) annual meeting in 2024.

Discussion

The discussion included the questions/comments below.

Is there a plan to create a new NOFO around dental therapy or to integrate this area into existing NOFOs?

CDR Glascoe replied that there will be flat funding for next year, so there are currently no plans to run new programs. Dr. Holtzman added the last predoctoral NOFO that was released did specify that there was availability for dental therapy programs to apply.

Is the decision to have flat funding made by HRSA?

CDR Glascoe said that decision is made by Congress.

Are we saying that dental therapy may not be in future programs? Is it still on the table or did it fall off the table?

CDR Glascoe said it is still on the table as far as dental therapy programs being eligible. But right now, there are no new NOFOs for the next fiscal year to support that.

Mr. Rogers said that without additional funding coming through, program staff are relegated to making decisions with what they have, and the noncompeting continuations usually take precedence.

Mr. Rogers added that the Committee could make the matter of dental therapy a topic for next year's report or potentially develop another letter to re-emphasize the issue.

Discussion: 2024 Report Topics

Tonya Fancher, MD, MPH, Vice Chair, ACTPCMD

Committee members spent several hours brainstorming topics for their 2024 report to the Secretary, HHS, and Congress. The topics were organized and categorized for further review and discussion. The main topics that surfaced included the following:

- Enhancing the skills of clinicians (also known as upskilling) in rural and underserved urban areas

- Supporting faculty development for the upskilling of clinicians in rural and underserved urban areas (e.g., rural general practitioner receiving training in obstetrics)
- Providing incentives for clinicians to move from rural to urban areas
- Maternal and infant health
- Integrated medical and dental models
- Discussing diversity, equity, and inclusion

The topics are still in draft form and will be further discussed by the Committee in future meetings.

Public Comment

Karen Mitchell, MD, Vice President of Medical Education at the American Academy of Family Physicians, underscored some of the comments and topics discussed by the Committee. She said that faculty development is important for increasing the skills of those practicing in rural environments as well as those in urban environments. She added that another topic of importance is how to approach diversity, equity, inclusion following the recent decisions by the Supreme Court of the United States.

Business Meeting

Shane Rogers, DFO, ACTPCMD

Mr. Rogers explained that efforts are underway to recruit additional Committee members. Packages with eight nominations are under review and, if approved, will be on board prior to the next meeting. The Committee has also been re-chartered, with a membership of 14 individuals. Tentative dates for upcoming meetings are March 25-26, 2024 (in-person) and August 2, 2024 (virtual).

Adjourn

Shane Rogers, DFO, ACTPCMD

Tonya L. Fancher, MD, MPH, Vice Chair

Dr. Tonya Fancher thanked everyone for their attendance. She specifically thanked the following departing Committee members for their service: Sandra M. Snyder, Michael J. Huckabee, Kim Perry, David Schneider, Jason M. Spangler, and Wanda H. Thomas. Mr. Rogers also thanked all members rotating off and noted this had been one of the most active ACTPCMD committees in years. He said it was a pleasure working with all members. He adjourned the meeting at 4:01 p.m. ET.