

18th Report - Final Review

- ▶ Acknowledgements
- ▶ Challenges
- ▶ Report Format
- ▶ Feedback

18th Report Workgroup

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Recommendation 1

- ▶ **Incorporating Longitudinal Clinical Training in Rural Primary Care.** Congress should increase funding to Title VII, Section 747 and 748, programs to increase the number of longitudinal primary care rotations and post-graduate residency programs providing training in underserved rural communities with an emphasis on accessible, comprehensive, equitable, and age-friendly care.
 - ▶ ***Rationale:*** Longitudinal integrated primary care training enables trainees to establish enduring connections and professional and personal relationships, which support workforce retention and rural practice. Providing training opportunities in rural communities increases the likelihood that trainees will continue to practice in these communities following completion of their training.

Recommendation 2

- ▶ **Integrating Oral and Behavioral Health in Primary Care.** Congress should increase funding to the Title VII, Section 747 and 748, programs to integrate oral and behavioral health into primary care training to support interprofessional team-based training and practice that addresses the needs of medically complex patients, including those facing racial and ethnic inequity in underserved rural communities.
- ▶ ***Rationale:*** Interprofessional primary care training that includes oral and behavioral health can better equip the workforce to meet the needs of rural communities. Integrated oral and behavioral health training increases understanding of the oral-systemic connection and encourages teams to work together to address the needs of complex patients suffering from chronic disease and environmental challenges due to the social determinants of health.

Recommendation 3

- ▶ **Enhancing Telehealth Capacity.** Congress should increase funding for Title VII, Section 747 and 748, programs to build and enhance telehealth capacity of primary care training programs to use clinical telehealth technologies for telemonitoring, remote interprofessional collaborative care, shared patient management, and telementoring in underserved rural communities.
- ▶ ***Rationale:*** Telehealth technology has become an important resource, increasing health care access in rural areas. Primary care training that integrates innovative telehealth strategies, including teledentistry, can enable future providers and their patients to overcome barriers to care related to time and distance, and increase opportunities for patient education, consultation, collaboration and shared care management.

Recommendation 4

- ▶ **Supporting Interprofessional Team-based Education and Practice in Maternal-Infant Care.** Congress should increase funding for Title VII, Section 747 and 748, programs to support interprofessional team-based education and practice that incorporates oral health and a life course approach to proactively address disparities in maternal and infant health outcomes in underserved rural communities.
- ▶ ***Rationale:*** Rural areas often rely on family medicine physicians working with other primary care clinicians to provide maternal-infant care. Training future providers to collaborate across interprofessional teams using a life course approach prioritizes prevention, enhances protective factors, and helps minimize developmental and structural risk factors to improve long-term maternal and child health outcomes.