Advisory Committee on Interdisciplinary, Community-Based Linkages

Healthcare Workforce Issues in Rural America
April 20 & 22, 2009
Meeting Minutes (Combined)

ATTENDANCE
ACICBL Members
Stephen Wilson, Ph.D., Chairperson
Alan Adams, DC
Robert J. Alpino, MIA
Brandy Bush, OTD, OTR, CLVT
Jane Hamel-Lambert, PhD, MBA
Beth D. Jarrett, DPM
Barbara N. Logan, PhD, MA, MSN
David H. Perrin, PhD, ATC
Elyse A. Perweiler, RN, MA, MPP
Ronald R. Rozensky, PhD, ABPP
Laurie Wylie, MA, RN, SNP

ABSENT – Linda Kanzleiter and Steven Shelton

HRSA, Bureau of Health Professions (BHPr) Staff
Joan Weiss, PhD – Designated Federal Official, ACICBL and Director, Division of Diversity and Interdisciplinary Education (DDIE)
Louis D. Coccodrilli, MPH/Branch Chief – Area Health Education Centers Program
Norma J. Hatot, CAPT/USPHS/Senior Project Officer – Area Health Education Centers Branch
Madeleine Hess, Deputy Director – DDIE
Marcia Starbecker, MSN/Branch Chief – Geriatrics and Public Health/DDIE
Megan Alavi – HRSA Scholar
Cindy Arno – DDIE
Carol Cobie – DDIE
Sarah Costin – HRSA Scholar
Violet Woo – DDIE

FORMAT OF MINUTES

These minutes consist of five sections:

I. Opening Remarks
II. Review of January 14, 2009 Meeting Minutes
III. Expert Presentations
IV. Review of Outline for the Ninth Report
V. Committee Business

SECTION I. OPENING REMARKS

Dr. Stephen Wilson, Committee Chairperson, welcomed the Committee and reviewed the agenda including the discussion planned for the April 21, 2009 meeting of the All Advisory Committees. He noted that the growing number of vacancies on the Committee without replacements is being addressed by the Bureau. At this point, there will not be any new members until October 2009, which makes it very important to have the full participation of the current 13 members or at least 11 of the 13 members in

order to maintain the required quorum to conduct business. The Ninth Annual Report will need to be completed by September 2009 with the expectation that the members rotating off the committee (Drs. Wilson, Adams, and Bush) make their contributions known by the end of September.

Dr. Joan Weiss, Designated Federal Official, welcomed the Committee and provided a Federal update, using a PowerPoint presentation. She discussed the priorities in the Division of Diversity and Interdisciplinary Education (DDIE) and the changes in leadership at the HRSA level and within the Division, including a shared training partnership with the Veterans Health Administration and HRSA, under the leadership of Mr. Coccodrilli. That effort involves the Area Health Education Centers Program. She discussed the priorities of the Geriatrics and Public Health Branch, which includes integrating geriatrics into the health professions curricula.

SECTION II: REVIEW OF JANUARY 14, 2009 MEETING MINUTES

The January 14, 2009 meeting minutes were reviewed and approved without any necessary corrections.

SECTION III: EXPERT PRESENTATIONS

(To obtain a copy of the PowerPoint presentations, please contact the Division of Diversity and Interdisciplinary Education at (301) 443-6950.)

Is It All About Safety? National and International Perspectives on the Rationale for Interprofessional Education: Work Force Shortages, Access to Care and Comprehensive Care

Madeline Schmitt, PhD/Professor Emeritus/University of Rochester

In summary, Dr. Schmitt provided the rationale and definition of interprofessional education (IPE) coupled with a brief review of events in the UK and Canada – providing the international perspective. She discussed the growth of the IPE knowledge base, principles, and best practices with a vision for IPE in the US. She emphasized the need to link practice needs and IPE models while recognizing that it is not all about safety. There is a need to expand our notion of the team with the recognition that there are insufficient numbers of health care professionals and they may not go where they are most needed. There is a need to increase expectations with regard to quality and potential contributions of HRSA funded IPE programs. All efforts need to be integrated.

Interprofessional Education: Past, Present, and Future

Barbara Brandt, PhD/Assistant Vice President for Education and Director – Area Health Education Center Program/University of Minnesota

Dr. Brandt discussed the background of IPE. Minnesota has the fourth largest U.S. medical school, but cannot produce sufficient numbers of health care professionals to keep up with the growth in population. The percentage of medical students selecting primary care is declining. New models must be developed with professionals practicing at the top of their licenses and looking at new scopes of practice. Minnesota teaches the team philosophy – cross functional teams that involve finance. Dr. Brandt noted the need for leadership to link education to the new models of care, noting that bold thinking will be required. IP culture workers must be the leaders in IPE development, navigating systems change.

Challenges, Opportunities, Best Practices and Recommendations Specific to Interprofessional Work as a Core Competency for Quality

Jody Shapiro Gandy, PT, DPT, PhD/Director of Academic/Clinical Education Affairs

American Physical Therapy Association

Dr. Gandy provided feedback from a project that focused on describing behaviors common to all professions reflective of what is seen when they interact with patients, families, and caregivers. There was an interest in that no available tools exist to describe what the members should be doing from the IPE perspective. Referring back to the literature, she suggested referring to the Joint Commission Report on Patient Safety and the IOM's Bridge to Quality: Crossing the Quality Chasm as additional resources. As a part of her work, Dr. Gandy and colleagues defined and categorized terminology and developed observable behaviors that matched definitions. She provided an update as to what has happened with this effort after two and one-half years to include the current development of a toolkit. Lessons learned include the need for IPE to become a part of the culture, while emphasizing that the work of the team is more important than the individual professional.

Interprofessional Education and Models for Practice: Visions of the Possible

Gail M. Jensen, PhD, PT, FAPTA/Graduate Dean/Associate Vice President/Academic Affairs/Faculty Associate, Center for Health Policy and Ethics/Creighton University

Dr. Jensen provided a big picture perspective using two cases for examination. Working across silos and disciplines with limited resources while trying to persuade people that team-based work and flexibility are central, presents many challenges. She proposed a systems view similar to the progress being made in Canada and the U.K. It is important to remember to be about the good of society while thinking about the kind of systemic change needed at a policy level. The work becomes more complex when working in medically underserved communities. The focus shifts from healthcare to unemployment to lack of housing to security. Building trust and developing respect will be keys to success. Dr. Wilson had already referred to Dr. Jensen's recently published book, **Leadership in Interprofessional Health Education and Practice**. The first model that brought together OT and PT educators in ethics resulted in the book **Educating for Moral Action**. She discussed the scholarship of teaching and the paper, **Scholarship Reconsidered**, which had a focus on application, engagement, and teaching, setting the stage for educational reform. She mentioned the white paper done by Dr. Ed O'Neil, **Promising Scopes of Practice: Models for Health Professions**. One recommendation centered on working towards uniformly broad scopes of practice that would be optimal and related to reimbursement. Accreditation and assessment are also important issues that should be considered.

SECTION IV: REVIEW OF OUTLINE FOR THE NINTH REORT

Mr. Eric Moore, Consultant, presented the following report outline for discussion:

1. Background
Challenges Facing Primary Healthcare
Increased demand brought about by demographic shifts;
Increasing costs;
Significant number of uninsured individuals;
Faculty shortages;
Declining number of medical school graduates entering primary care; and
Reimbursement structure that undermines primary / interdisciplinary care.

2. Reform Objectives
The objectives of improving interdisciplinary primary care include:
Reduce costs;
Improve access; and
Improve healthcare outcomes.

3. Options
Options were identified and evaluated based on:
The benefits options could bring about;
The implications for the primary care workforce;
Workforce development and training approaches; and
Barriers to adoption.
Options identified include:
Facilitating adoption of interdisciplinary models of care;
Increasing focus on preventive care; and
Facilitating changes in reimbursement models.

4. Recommendations
Preliminary discussion related to the development of recommendations. (1) Members thought a recommendation should focus on accreditation. Ideas centered on how to bring together the Council for Higher Education Accreditation and the Department of Education along with the multiple accrediting agencies for the healthcare professionals. (2) Another recommendation focused on faculty development models similar to those used in Canada, which include models for certification and core competencies. There should be best practices that can be disseminated, but with caution to avoid proliferation. (3) Exploring a new faculty development program that works outside of silos was suggested. The program should work with a general curriculum that can be used across the larger academic community. Frequently new programs go to existing institutions so there is a need to insure that other disciplines have a significant opportunity to compete. (4) Developing a center of excellence in IPE as a national resource was suggested. Clearly defining collaboration with examples was another suggestion. What is collaborative practice? What is interprofessional practice? What components should we endorse? (5) There is a need to explore competencies – linking learning outcomes with curricular development. The members suggested that the report needed to include a section on health care reform and a glossary, while moving the current outline from practice-based to more training and learning based.

SECTION V: COMMITTEE BUSINESS

- Dr. Wilson requested potential experts to be invited to the August meeting. Recommendations included Dr. Ed O'Neil, Dr. David Garr, and representatives from AACN – Executive Director, IOM – Interprofessional Education Report, CMS – Reimbursement. Other areas included Telehealth-care Technology, Measuring Interprofessionalism/How It Works.
- Dr. Weiss invited members to the HRSA Rural Workforce Summit planned for August 10 – 12, 2009, which interferes with the August 12 – 13, 2009 meeting of the ACICBL. The Committee agreed to change the ACICBL scheduled meeting date to August 13 – 14, 2009, if the logistics can be arranged. With the plan, the members can attend both meetings (ACICBL and Summit) if desired. Logistical support (travel and lodging) will be provided for those members attending the Summit.
- Dr. Weiss indicated that three members will be retiring from the ACICBL as of September 2009, with the goal of having as many as 11 new members appointed and on board for the January 2010 meeting.
- The Committee agreed to change the August meeting date to accommodate the Rural Summit meeting. The final meeting for this fiscal year will be held August 13 – 14, 2009.

The meeting was adjourned with plans to advance the discussions on the Ninth Annual Report in August 2009.