ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

"PREPARING THE HEALTHCARE WORKFORCE TO ADDRESS HEALTH BEHAVIOR CHANGE:

ENSURING A HIGH QUALITY AND COST-EFFECTIVE HEALTHCARE SYSTEM"

Location: Doubletree Hotel, Rockville, MD
Dates and Times: August 19, 2010, 8:30 AM – 5:00 PM and August 20, 2010, 8:15 AM – 3:00 PM

MEETING MINUTES

ATTENDANCE

ACICBL Members:

Ronald H. Rozensky, PhD, ABPP (Committee Chairperson)
Jane Hamel-Lambert, PhD, MBA (Committee Vice-Chairperson)
Robert J. Alpino, MIA
David R. Garr, MD
Beth D. Jarrett, DPM (August 19, 2010 only)
Linda J. Kanzleiter, MPsSc, DEd
Barbara N. Logan, PhD, MA, MSN
David H. Perrin, PhD, ATC
Elyse A. Perweiler, RN, MA, MPP
Linda J. Redford, RN, Ph.D.
Steven R. Shelton, MBA, PA-C
Jay H. Shubrook Jr., DO, FACOFP, FAAFP
Laurie Wylie, MA, RN, SNP

HRSA Staff:

Joan Weiss, PhD, RN, CRNP, Designated Federal Official, ACICBL and Director, Division of Public Health and Interdisciplinary Education
Louis D. Coccodrilli, MPH, Branch Chief, Area Health Education Centers Program [AHEC]
Norma J. Hatot, CAPT/USPHS, Senior Program Officer, AHEC Program
Meseret Bezuneh, MSEd, Public Health Analyst, AHEC Program
Michelle Menser, MPH, Public Health Analyst, AHEC Program

Invited Guests:

David Abrams, PhD
Vincent Fusca III, MMS
Kate Lorig, RN, DRPH
Kenneth Jones, PhD
Carter Blakey

FORMAT OF MINUTES

These minutes consist of three sections:

I. Introduction
II. Expert Presentations
III. Committee Break-out Session
VI. Next Steps

I. INTRODUCTION

Dr. Joan Weiss, Designated Federal Official, welcomed the Committee and provided a Federal update. She briefly discussed internal organizational changes to the Division of Public Health and Interdisciplinary Education. Dr. Weiss emphasized that leadership will continue to make diversity the division's priority and that has executive support.

Dr. Ronald Rozensky, Committee Chairperson, welcomed the Committee and began by discussing the achievements of the previous meeting and goals for the current meeting. Additionally, he stated that the theme of this year's report is on par with HRSA's initiatives with regard to disease prevention and promotion of positive health behaviors.

II. EXPERT PRESENTATIONS

DON'T FORGET TOBACCO USE: STILL OUR NO. 1 PREVENTABLE CAUSE OF DISEASE BURDEN, DEATH, AND EXCESS HEALTHCARE COSTS

DAVID ABRAMS, PHD

THE SCHROEDER INSTITUTE FOR TOBACCO RESEARCH AND POLICY STUDIES; JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, BALTIMORE, MD

Dr. Abrams testified about recent trends in tobacco dependence in the U.S., and their effect on negative health outcomes such as rising rates of chronic diseases. He reviewed a population model of tobacco prevalence which he used to highlight the fact that multi-level treatments are needed, which address all factors that support addiction from the social to the biological. Although his testimony focused on adult tobacco use, Dr. Abrams mentioned the need to utilize more school-based and media-based prevention/cessation interventions for children.

He stated that there is a need for clinicians and healthcare delivery systems to recognize tobacco dependence as a chronic disease that often requires repeated interventions and multiple quit attempts. In making this recognition, more healthcare providers would begin to document and treat individuals for tobacco use with effective methods, proven to significantly increase rates of long-term abstinence as opposed to the sporadic and often ineffective methods commonly used to address tobacco use currently.

Dr. Abrams reviewed the numerous evidence-based, effective treatments available including medications, counseling programs, and other emerging interventions that are both clinically effective and highly cost-effective relative to treating other disorders. He discussed several studies supporting the cost-effectiveness of tobacco cessation interventions and emphasized the effectiveness of policy leadership in reducing tobacco use. He noted that healthcare providers should be better prepared to use policy change to drive health behavior change. To address the common misperception among healthcare providers that tobacco prevention/cessation interventions are expensive and take too much time, Dr. Abrams presented data from several studies finding brief, inexpensive, effective interventions. He also discussed the need for healthcare providers to better understand the dynamics of changing population-level health indicators. Small changes across large groups result in substantial changes in population-level health over the long term.

Dr. Abrams made several recommendations to the Committee including: (1) in order to meet national goals for reducing incidence, mortality, and annual costs for treating tobacco-related morbidities, there is a need for accelerated tobacco cessation and systems integration of all proven intervention components; and (2) progress depends on fundamental changes in healthcare systems delivery—vertical systems integration, alignment of financial and policy incentives, training of all providers, access for all smokers to best practices, continuity of care, follow-up, and stepped-care management as in any chronic disease.

Realities of Today's Healthcare "System"

Vincent J. Fusca III, MMS

Chief Operating Officer; The Dartmouth Institute for Health Policy and Clinical Practice (TDI); Dartmouth Medical School, Hanover, New Hampshire

Mr. Fusca testified about the many administrative and leadership initiatives started by the Dartmouth Medical School in reshaping its curricula for healthcare professionals. These initiatives are in response to current healthcare delivery system deficiencies such as poor quality of services, increasing numbers of uninsured people, and spiraling costs. He also testified that recently enacted healthcare reform legislation is geared more toward reforming healthcare insurance and does not effectively address the issues of how to improve outcomes and treatment costs. He emphasized the need for an inter-disciplinary approach to solving these problems.

He reviewed the processes used by Dartmouth Medical School educators in developing an interdisciplinary approach by creating the new healthcare professions education focus, Healthcare Delivery Science. The mission of this field is to address the question: "How do we deliver the best intervention to everyone?" The university developed a new graduate education program to prepare candidates for a master's degree in Healthcare Delivery Science in addition to adding undergraduate and doctoral programs in this area. All these programs study health outcomes and healthcare quality improvement from the multiple, inter-professional perspectives necessary to produce the transformational changes needed to improve the healthcare system in this country.

Mr. Fusca provided two recommendations: (1) Advocate for Federal funding to support a national network of Healthcare Delivery Science Centers to work collaboratively to improve healthcare delivery using the NIH National Cancer Centers as a model and (2) Advocate for Federal funding to support the development and dissemination of healthcare delivery science knowledge to workforce professionals to train trainers via existing systems.

MANAGING CHRONIC ILLNESS BEHAVIORS: WHAT IS THE NEEDED WORKFORCE?

KATE LORIG, RN, DRPH
STANFORD PATIENT EDUCATION RESEARCH CENTER; STANFORD UNIVERSITY, PALO ALTO, CALIFORNIA

Dr. Lorig's testimony highlighted the prevalence of chronic diseases among U.S. citizens and the related economics such as the fact that three-out-of-four healthcare dollars (~$1.58 trillion) are currently spent on patients with one or more chronic conditions. She also discussed healthcare providers' misperception that their patients are not motivated to change their behaviors and the implications this misperception has on providers' attempts to address behavior change. She testified that most people want to improve their health behaviors but may lack the time, money, skills or confidence to do so. These patient-level barriers to health behavior change compound the barriers at the healthcare provider level (i.e. time, money, beliefs, and confidence). In the end, many health professionals do not effectively address health behavior change.

To illustrate these points, Dr. Lorig presented her case study of a volunteer-peer led self-management program that effectively produced health behavior change among people with chronic diseases. The volunteer peer leaders were systematically trained to provide education and support to increase patients' skills and confidence in managing their health problems, including assisting them in regular assessment of progress and new problems, goal setting, and problem-solving. Although the programs address various chronic disease areas, they are highly standardized with regard to training, materials, and protocols to ensure that key messages for behavior change are accurately and consistently delivered. Recent innovations to these programs include Spanish language peer programs and online workshop/discussion centers, both of which have increased participation and the effectiveness of the interventions.

Dr. Lorig reviewed what is known about educating healthcare professionals and summarized the findings by saying that the only way to effectively educate healthcare providers is by providing them with opportunities to apply and practice the new skills. This means collaborating with providers in other disciplines will be essential to inculcate the multi-disciplinary skills necessary to effectively address health behavior change. She emphasized the need to share tasks across disciplines by using non-traditional workers such as community health workers, peer volunteers, and paid staff in non-healthcare agencies such as social service, housing programs, senior citizen programs, schools, and religious organizations. Chronic disease self-management programs are better received when delivered in community settings than in healthcare settings. She also testified that patient-centered communication styles had to become more prevalent and should form the core of all chronic disease self-management programs being developed.

Preparing a Workforce for Health Promotion and Disease Prevention in the Veterans Health Administration: The VHA Prevention Initiative

Kenneth Jones, PhD

National Program Director for Weight Management; VHA National Center for Health Promotion and Disease Prevention, Durham, North Carolina

Dr. Jones testified about his research and findings from his work at the VHA's National Center for Health Promotion and Disease Prevention (NCP). He provided the Committee with a thorough history of the NCP from its inception to current projects such as the MOVE! Weight Management Program for veterans, which takes a preventive approach to the highly prevalent problem of obesity among veterans. The prevalence of overweight and obese veterans is substantially higher than national averages and inspired the development of this program to provide health screening assessments to 'at-risk' patients and self-management support for those attempting to change weight related health behaviors.

After six completed sessions of the program, three-fourths of participants either lost weight or halted weight gain. At the heart of the program is a process to support patients' self-management using coaches and innovative communication tools (i.e., telephone, internet, group care, etc.) to achieve improved health behaviors. The pilot MOVE! program revealed the need for additional health provider trainings, the development of health education materials, and inter-professional collaboration with health psychologists and other providers with behavioral health expertise.

Dr. Jones provided several recommendations for training to include: (1) Increase inter-professional collaboration due to the range of health professionals needed to address multi-factorial health behaviors; (2) Increase education and training in evidence-based, effective-interventions and public health perspectives on health behaviors and determinants of chronic disease; (3) Increase experience in the primary care setting to improve understanding of the community context in which patients live; and (4) Utilize experts in health behavior change to share tasks, guide, and collaborate with other health professionals in implementing health behavior change interventions.

Healthy People 2020: Preparing for a New Decade

Carter Blakey

Acting Deputy Director and Lead for Community Strategies; Office of Disease Prevention and Health Promotion; U.S. Department of Health and Human Services, Washington, DC

Ms. Blakey provided the Committee with an overview of the recently formulated and soon-to-be-released *Healthy People 2020* national health agenda. She described how the latest revision continues the original Healthy People mission to strategically align public health goals and efforts across healthcare professions and across the nation. Ms. Blakey prefaced her testimony with an overview of the Healthy People initiative and the development process for setting the national agenda for improving the health of the nation and for achieving health equity.

New topic areas for *Healthy People 2020* include: life stages (adolescent health, early and middle childhood, older adults), blood disorders and blood safety, dementia (including Alzheimer's Disease), genomics, global health, healthcare associated infections, LGBT health, quality of life and well-being, sleep health, and social determinates of health. The selection criteria for objectives include issues that are data-driven, measurable at a national level, based on sound scientific evidence and important and understandable to a broad audience. Ms. Blakey emphasized that health behavior assessment and management lie at the heart of many *Healthy People 2020* focus areas, with the intention to fostering greater inter-disciplinary collaboration to solve issues in these areas. Furthermore, her testimony highlighted that communities and policy leaders must be engaged, if they are to make meaningful progress toward reaching the Healthy People 2020 goals.

Ms. Blakey pointed out innovations in dissemination and engaging healthcare providers and others in the agenda will be enhanced with Healthy People 2020 being placed online this year. It is hoped that this will create an engaging, user-centered website that will give new and existing users of Healthy People a platform to learn, collaborate, plan, and implement strategies to reach the 2020 objectives.

III. COMMITTEE BREAK-OUT SESSION

The Committee broke out into four groups of three to formulate and discuss recommendations:

Group 1	**Group 2**	**Group 3**	**Group 4**
Ronald H. Rozensky	Elyse A. Perweiler	Barbara N. Logan	Steven R. Shelton
David H. Perrin	Robert J. Alpino	David R. Garr	Laurie Wylie
Linda J. Kanzleiter	Jay H. Shubrook Jr.	Jane Hamel-Lambert	Linda J. Redford

The following recommendations resulted:

Increase Education & Training in Community Engagement
(1) Enhance and expand opportunities for college and university faculty, staff, and students to participate in community-engaged scholarship and academic service learning designed to address health behaviors;

Increase Education & Training in Inter-Professional Collaboration & Task Sharing
(2) Fund inter-professional education and training demonstration projects to prepare faculty and healthcare providers to work in teams reflective of the populations they serve to address health behavior assessment and management;
(3) Integrate a team-based, comprehensive model of health behavior assessment and management into health professions curricula that includes both health determinants and risk behaviors to improve individual- and population-level health indicators;

Increase Education & Training in Patient-Centered Communication
(4) Mandate that Title VII and VIII programs provide inter-professional education and training for faculty, students, direct service workers, and current healthcare providers in patient-centered

health behavior assessment and management including the use of motivational interviewing, cultural competence/health literacy, social media, and technologically mediated strategies;

Improve Policy Leadership to Support Addressing Health Behaviors
(5) Direct CMS to provide a CPT code for prevention counseling to increase clinicians' incentives to adopt health behavior assessment and management practices and to provide reimbursement for inter-professional team management and counseling for health promotion/disease prevention and health behavior interventions;
(6) Urge health professional organizations to develop inter-professional core competencies for health behavior interventions and communicate to accreditation bodies the importance of evidence-based health behavior assessment and management as core competencies; and
(7) Convene industry sector leaders to develop partnering strategies to address broad, population-based health behavior management issues.

IV. NEXT STEPS

- Dr. Katharine Hendrix, Expert Technical Writer, submit draft recommendations that link experts' testimony and will submit a revised draft to the Committee.
- The Committee will meet via teleconference on Wednesday, September 22, 2010, from 11:00 AM to 3:00 PM EST to make final changes to the report document.
- The Committee discussed future meeting dates in January, March, and mid-June of 2011.