ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY
Minutes of Meeting – November 7–8, 2011

Advisory Committee Members Present:

Stephen C. Shannon, DO, MPH, Senior Member
Ellen Buerk, MD, MEd
Maria Cordero, DMD
George D. Harris, MD, MS
Angela H. Jackson, MD
Anne C. Jones, DO
Dawn Morton-Rias, EdD, PA-C
John Rogers, MD, MPH, MEd
Bob Russell, DDS, MPH

Others Present:

Kathleen Klink, MD, Director, Division of Medicine and Dentistry
Jerilyn K. Glass, MD, PhD, Executive Secretary, Advisory Committee

Monday, November 7, 2011

The Advisory Committee on Training in Primary Care Medicine and Dentistry (Advisory Committee) convened its meeting at the Georgetown University Hotel and Conference Center, 3800 Reservoir Road NW, Washington, DC 20057. Stephen C. Shannon, DO, Chair, welcomed attendees and began the meeting with introductions of Advisory Committee members and HRSA staff. He shared an observation from a recent meeting of the International Health Workforce Collaborative that other countries such as Canada, the United Kingdom, Australia, New Zealand, and the Netherlands were closely examining the primary care aspect of health care and health care education. He then invited Kathleen Klink, MD, Director of HRSA's Division of Medicine and Dentistry (DMD), to provide remarks.

Dr. Klink welcomed the Advisory Committee and provided a brief synopsis of the Advisory Committee's mandated objectives. She summarized recent DMD efforts to develop program performance measures and use technical assistance calls and educational webinars to assist grantees with project implementation.

Dr. Shannon introduced speakers on the agenda.

Madeline H. Schmitt, PhD, RN, Professor Emerita, University of Rochester School of Nursing, presented core competencies for interprofessional collaborative practice. She explained that there has been a 40-year delay in interprofessional education (IPE) for primary care, due to an exponential growth and emphasis in specialization and clinical knowledge. However, over the last decade, a concern about safety in health care has brought attention back to the delivery of care and the need for collaborative practice. As the Affordable Care Act 0f 2010 has returned attention to patient-centered, team-based primary care, it is important to teach broadly defined teamwork

competencies—an integrated set of knowledge, skills, and attitudes for working in interprofessional collaborative practice with other health care professionals as well as with patients, families, and communities. Four core IPE competencies are (a) values/ethics, (b) roles/responsibilities, (c) interprofessional communication, and (d) interprofessional teamwork/team-based care. Dr. Schmitt stated that it is important for health care workers to communicate their care coordination activities with other health professionals.

David Asprey, PhD, PA-C, Director of the Physician Assistant Program, University of Iowa, presented lessons learned about IPE from an academic health center. He began by differentiating between interdisciplinary (e.g., cardiologist working with a nephrologist) and interprofessional (e.g., primary care physician working with a team of health care professionals) practice. He provided a background and rationale for why IPE is necessary and presented four studies that showed positive patient outcomes and patient satisfaction in an emergency department. He reviewed ten key elements of successful IPE and described efforts to implement IPE competencies at the University of Iowa. Dr. Asprey stated that although establishing IPE is hard work, there is consensus regarding the value and benefits of this type of education in delivering care.

Susan Mackintosh, DO, MPH, Director of Interprofessional Education, Western University of Health Sciences, described an IPE program for students in the health professions. This three-part program encompasses nine health care disciplines and consists of: (a) a didactic and case-based small group course; (b) team-based training using TeamSTEPPS®, an evidence-based teamwork system; and (c) clinical rotations, currently in the pilot phase. Preliminary findings have shown that after year one, 60 percent of students felt better prepared to provide collaborative care, and, after year two, 70 percent of students felt that they had developed competencies in collaborative care. Dr. Mackintosh remarked that this curricular change ultimately affects university culture, prompting an emergence of interprofessional community service programs. In addition, Western University has formed a diabetes institute, which provides diabetes care by an interprofessional team. She suggested that the Advisory Committee might consider urging that: (a) IPE competencies be required for health care education accreditation, and (b) policy measures be promoted that facilitate adoption of IPE in clinical settings.

Courtney H. Chinn, DDS, MPH, Assistant Professor, College of Dental Medicine, Columbia University, presented a perspective on dental training and the patient-centered health care home. He explained the contrast between primary medicine and primary dentistry—namely, dentists generally view themselves as individual providers rather than as a contributing part of an overall health care system, and professional emphasis is generally on surgical procedures rather than on the social context of health behaviors and prevention. Therefore, the challenge is to bring social context back into dental training, as well as to instill interprofessional teamwork and collaboration. Dr. Chinn commented that with Title VII grant funding, Columbia's College of Dental Medicine has implemented a dual DDS/MPH program to focus on both oral and population health. In addition, all pre-doctoral dental students are required to attend a modular series that focuses on populations throughout the lifespan (e.g., underserved children, disabled adults). The college has implemented a program designed to fund qualifying student group organizations that perform a dental service within a community. For post-doctoral students, a modular series focuses on other health professions and how they interact with the dental profession, particularly pediatric dentistry. Dr. Chinn stated that pre and post-doctoral Title VII training at Columbia is designed to promote primary

dental care and public health engagement from the time students begin dental school until the time they retire from practice.

The subsequent part of the agenda addressed performance measures that support HRSA's mission and goals. Drs. Shannon Bolon and Gustavo Cruz, Branch Chiefs in DMD, identified parameters for Title VII, sections 747 and 748 grant programs that formed the basis of a recent Federal Register Notice (FRN) request for comment. They requested specific Advisory Committee input regarding: (a) barriers and facilitators for collection of pre-doctoral program data, and (b) possible resources to facilitate grantees' collection and recording of program data. Keeping these factors in mind, the Advisory Committee proceeded to develop a list of suggestions that would receive further review on the next day of the meeting.

Dr. Shannon then opened the meeting for public comment. Ms. Hope Wittenberg, Director of Government Relations, Council of Academic Family Medicine, expressed concern regarding the requirement for grantees to collect race/ethnic data. She stated that trainees may opt out of providing such data; therefore, it must be recognized that such data, despite best efforts by grantees, will not include input from all trainees.

Dr. Shannon adjourned the public portion of the meeting so that the Advisory Committee could convene in closed session to make final decisions about its ninth report on the primary care pipeline.

Tuesday, November 8, 2011

Dr. Shannon opened the session by introducing Mr. Patrick Stephens, technical writer for the Advisory Committee's ninth report. The Committee furnished edits for the report to clarify and support report recommendations and rationale.

The Advisory Committee resumed its discussion of Title VII performance measures and formulated recommendations in the areas of tracking, evaluation, best practices, and guidance. The Advisory Committee will forward the suggestions electronically in response to the FRN request for comment.

The next agenda item was the Advisory Committee's next report on the interprofessional education of primary care providers. The members examined a draft outline submitted by George D. Harris, MD for the 10th report. With assistance from Mr. Stephens, the Advisory Committee transformed, revised, and expanded the outline to cover: (a) collaborative education, training, and practice; (b) leadership development; (c) assessment; and (d) policy development. The following members volunteered to serve on the 10th report writing group: Dawn Morton-Rias, EdD, PA-C; Bob D. Russell, DDS; John Rogers, MD; Anne C. Jones-Leeson, DO; Ellen J. Buerk, MD.

The meeting adjourned at 4:30 pm.