

From Council Recommendation to Policy: The Process

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Overview

1. Overview of Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) Charge
2. Drafting Recommendations
3. Turning Recommendations into Policy
4. Upcoming Opportunities for Feedback



ACICBL Charge

The Advisory Committee on Interdisciplinary, Community-Based Linkages (Advisory Committee) is authorized by section 757 (42 U.S.C. 294f) of the Public Health Service (PHS) Act, as amended by the Affordable Care Act, P.L. 111-148.

- (1) Provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities;
- (2) Prepare and submit an annual report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities;
- (3) Develop, publish, and implement performance measures for programs;
- (4) Develop and publish guidelines for longitudinal evaluations for programs; and
- (5) Recommend appropriation levels.



Committee Recommendations

The Committee is strongest when considering areas where HHS and the Secretary have the authority to make a change in either program or allocated resources.

Things to consider:

- Is this a legislative or policy recommendation?
- Does HHS have authority to make the change?
- Who is the appropriate audience (i.e., Secretary, Congress, public)?
- What is the appropriate vehicle to share recommendations?

Types of Committee Documents

Letters to the Secretary:

- <http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/4thstrategyrecommendedactions.pdf>

White Papers or Policy Briefs:

- <http://www.hrsa.gov/advisorycommittees/rural/publications/homelessnessruralamerica.pdf>

Annual Reports:

- <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/twelfthreport.pdf>



Writing Strong and Precise Recommendations

Strong recommendations are those that have a precise action that can be directly tied to a specific change that the Secretary can make.

Precise action items

VS

General considerations



Turning Recommendations into Action

Legislative

- Letters to Congress
- A-19 process

(https://www.whitehouse.gov/omb/circulars_a019/)

Examples of Strong Recommendations

- **Legislative:** The Committee recommends that the Secretary work with Congress to pursue a temporary compliance waiver for grantees in good standing who meet a specified definition for rural and are located in a dental or mental health HPSA when their communities lose access to a sole dental health or mental health provider.¹
- **Policy:** The ACICBL recommends that HRSA's Title VII, Part D funding opportunity announcements include the development of culturally competent interprofessional clinical education and training sites that address the complex medical, psychosocial, and health literacy needs of vulnerable populations.

1. National Advisory Committee on Rural Health and Human Services, *Challenges to Head Start and Early Childhood Development Programs in Rural Communities*, www.hrsa.gov/advisorycommittees/rural/publications/headstartearlychildhood2012.pdf, December 2012.
2. Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), *Rethinking Complex Care: Preparing the Healthcare Workforce to Foster Person-Centered Care*, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/fourteenthreport.pdf>, June 2015.



Other Recommendation Examples

- The Committee recommends the Secretary explore and develop new models of interprofessional clinical practice to achieve the key health care goals of better care, improved health outcomes, and lower cost.³
 - The Committee recommends that reimbursement models be reformed to include payment incentives for interprofessional education and collaborative care that address the holistic, complex care needs of patients, families, and caregivers, rather than focusing on reimbursement for a single disease.⁴
 - The Committee recommends licensing bodies include questions in their examinations that measure entering health professionals' understanding of population health and their ability to integrate population health strategies into practice.⁵
1. Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), *Rethinking Complex Care: Preparing the Healthcare Workforce to Foster Person-Centered Care*, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/fourteenthreport.pdf>, June 2015.
 3. Ibid.
 4. Ibid.



Turning Recommendations into Action

Policy

- Regulatory
- Programmatic
- Funding Priorities

Opportunities for Policy Recommendations

Authorizing Statute	Program Name	Project Period End Date	FY 2016 Appropriation
SEC. 751. AREA HEALTH EDUCATION CENTERS.	Area Health Education Centers (AHEC)	8/31/2017	\$30,250,000
SEC. 752. CONTINUING EDUCATIONAL SUPPORT FOR HEALTH PROFESSIONALS SERVING IN UNDERSERVED COMMUNITIES.	N/A	N/A	N/A
SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.	Geriatric Workforce Enhancement Program (GWEP)	6/30/2018	\$38,737,000
SEC. 754. QUENTIN N. BURDICK PROGRAM FOR RURAL INTERDISCIPLINARY TRAINING.	N/A	N/A	N/A
SEC. 755. ALLIED HEALTH AND OTHER DISCIPLINES.	(See BHWET below)	N/A	N/A
SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.	Graduate Psychology Education Program (GPE)	6/30/2019	\$8,916,000
	Leadership in Public Health Social Work Education (LPHSWE)	8/31/2017	\$1,000,000
	Behavioral Health Workforce Education and Training (BHWET)	6/30/2017	\$50,000,00
SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.	N/A	N/A	N/A



Questions

