# Advisory Committee on Training in Primary Care Medicine and Dentistry

Minutes of Meeting – November 12-13, 2009

**Advisory Committee Members Present**
William Alton Curry, MD, Newly Elected Chair
James F. Cawley, MPH, PA-C, Newly Elected Vice Chair
Dennis J. McTigue,DDS,MS, Newly Elected Vice Chair
Nathaniel B. Savio Beers, MD, MPA
Diego Chaves-Gnecco, MD, MPH
Kevin J. Donly, DDS,MS
Mary Burke Duke, MD
Katherine A. Flores, MD
Stephanie L. Janson, MS, MHSc, PA-C
Desiree Lie, MD, MSEd
Lolita M. McDavid, MD, MPA
Eugene Mochan, DO, PhD
Perri Morgan, PhD, PA-C
Charles P. Mouton, MD, MS
Lauren L. Patton, DDS
Stephen C. Shannon, DO, MPH
James A. Thomas, PhD
Barbara J. Turner, MD, MSEd
Surendra K. Varma, MD

**Others Present**
Marcia K. Brand, PhD, Associate Administrator, Health Resources and Services Administration
Diana Espinosa, MPP, Acting Associate Administrator, Bureau of Health Professions
Daniel G. Mareck, MD, Director, Division of Medicine and Dentistry
Jerilyn K. Glass, MD, PhD, Executive Secretary, Advisory Committee

**Thursday, November 12, 2009**

The Advisory Committee on Training in Primary Care Medicine and Dentistry (Advisory Committee) convened its meeting at theHiltonRockvilleExecutiveMeetingCenter, 1750 Rockville Pike, Rockville, MD 20852. Dr. Turner, Chair, began the meeting with introductions of members andHRSA staff. Annual elections followed with Dr. Curry elected Chair and Mr. Cawley and Dr. McTigue elected Vice Chairs. The Advisory Committee thanked retiring officers: Dr. Turner, Dr. Donly, and Dr. Morgan.

Dr. Curry introduced Dr. Brand,HRSA Associate Administrator, who gave introductory remarks from the Agency. Dr. Brand thanked the Advisory Committee for its thoughtful report recommendations which have made an important contribution to the national debate on healthcare reform. She outlined the American Recovery and Reinvestment Act funds that came toHRSA, including $200 million for Health Professions programs. Among Agency priorities were performance measurement, collaboration withinHRSA and with other agencies, and a strengthened role in public health.

Ms. Espinosa, Acting Associate Administrator for the Bureau of Health Professions, said the Bureau is considering a different approach to performance measurement. The process will attempt to use measures that truly capture the intended data, examine the data more carefully by trainee category, and achieve higher reporting rates.

Fitzhugh Mullan, MD from GeorgeWashingtonUniversity was the first speaker. He addressed the social mission of a medical education. He said that in some respects a medical education is a public trust and the public good is served by a medical school's research, training, and service. While two-thirds of

medical schools are public, both public and private schools get a great deal of public funds. He presented preliminary findings of a study that took a 10-year look back at training outcomes, specifically primary care training outcomes. Three historically black colleges/universities top the list of medical schools producing primary care providers. Schools strong in social mission tended to be rural rather than urban, from the West and South rather than the Northeast where schools are research-based, osteopathic rather than allopathic, and public rather than private schools.

Dr. Mullan discussed the concept of a "teaching health center." Beyond the over 300 federally-qualified health centers, there are other types of family practice residency programs that provide considerable ambulatory, community-based primary care training. The training in teaching health centers would be more formalized and regularized, would reflect best practices, and would benefit from funding streams that typically have gone to hospital training programs. This type of training would focus on team-building, population health, and efficient use of hospitalization and specialty care. Dr. Mullan reviewed current legislation that relates to teaching health centers.

Tim Dall from The Lewin Group gave preliminary estimates of current and future state-level supply and demand for primary care clinicians. He stressed that modeling involves the application of assumptions. In his study, assumptions were made about clinician retiring age, number of new clinicians being trained, number of new clinicians in each state, work patterns, and so forth. Taking the current supply and looking at anticipated growth, his study so far is showing that in the states where the population is growing rapidly, primary care clinicians will be in greatest demand. Also states with the highest growth will have the greatest demand not just for primary care, but also for all medical specialties, especially those that serve an elderly population. Mr. Dall provided estimates of what the demand would be in 2010 using current utilization patterns. At the national level, by 2030, with the number of primary care clinicians that we are currently producing, there will be more national shortfalls. He stressed that it is easy to change assumptions and he invited Advisory Committee members to develop other scenarios to be modeled.

Dr. Morgan led the discussion on the progress of the Eighth Report, focusing on report recommendations, especially the one about future funding of Title VII, section 747. Using funding data from the last grant cycle, Dr. Turner pointed out the disparity in funding among the primary care disciplines. For example, family medicine received almost three times the amount that internal medicine and pediatrics received combined. She was not recommending that family medicine get less money; but rather, a correction was in order for the disciplines that have been chronically underfunded. The Advisory Committee felt that these funding disparities should be included in the justification for recommending that Title VII, section 747 be funded at $235 million. The Writing Group will work on wording for a justification that would underpin this recommendation. The Advisory Committee decided that after the report is approved by the membership, it will go out for public comment.

Dr. Turner agreed to draft a recommendation on the reauthorization of Title VII, section 747 and a recommendation that the Advisory Committee's authorization language be modified to say that the Committee makes direct recommendation not only to the Secretary, but also to Congress. Dr. Turner suggested that the report should have more references to the previous report because of the companion nature of the two reports. The language on costs related to the patient-centered medical-dental home should clarify that this new model won't necessarily lower healthcare costs; rather it may reduce the rate of growth in costs.

The Advisory Committee also discussed the importance of making it clear which recommendations are more systemic in nature and thus not directly within the purview of Title VII, section 747.

Preliminary discussion began on the Advisory Committee' Ninth Report on the primary care pipeline. Dr. McDavid pointed out that while there are an insufficient number of primary care physicians in general, the pediatric discipline is quite different. In pediatrics, there is an insufficient number of sub-specialists; reimbursement for pediatric sub-specialists is not comparable to internal medicine sub-specialists, and therefore, there is not the incentive for pediatricians to do the extra training. Another concern is getting general pediatricians into communities that don't have generalists.

The Advisory Committee broke into small groups to discuss potential recommendations for the Ninth Report. Some of the ideas expressed were the need to: incentivize inter-professional training, provide primary care training within teaching health centers, fund culturally-relevant experiences for international medical graduates, expand funding for academic administrative units to include primary care dentistry, fund the training of dental students and residents in community settings, promote community-based faculty development, and implement mentoring models starting at the middle school level. Additional ideas centered on ways to attract students into primary care through a recognition of the factors that influence that choice: salary, lifestyle, prestige of the field, and the nature of physician-patient relationships.

**Friday, November 13, 2009**

The Advisory Committee resumed discussion about the Ninth Report. Mr. Cawley summarized the focus of the report: the development of incentives and strategies that would recruit and retain healthcare workers into primary care, enhance productivity and effectiveness of primary healthcare providers, and be amenable to data collection and constant refinement. The Advisory Committee supported the notion that if the model of a "teaching health center" is implemented, then there would be a vital need for inter-professional training in these centers. The members further suggested writing a letter to the Secretary recommending that some of the funds available under the American Recovery and Reinvestment Act of 2009 designated for building community health center infrastructure be used to develop such training. Dr. Mouton agreed to take the lead on the letter. (Ultimately, the letter that Dr. Mouton drafted was not sent when it was learned that the funds for community health center infrastructure had already been distributed or designated for distribution byHRSA's Bureau of Primary Health Care.)

Small group work on the Ninth Report was reported in plenary session. Dr. Mouton's group recommended more community-based experiences for trainees and faculty development initiatives to promote community-based education in the medical/dental home model using, for example, a distant learning practitioner model. In terms of recruitment, Dr. Patton reported that her group urged consideration be given to grants that target recruiting from underserved and rural areas. The members discussed models of scholarship and loan forgiveness, financial incentives for developmental mentoring of young adults, and admissions incentives for professional schools. Ms. Janson's group felt that the report recommendations could include some of the social mission characteristics mentioned by Dr. Mullan. The members also urged consideration of ways to get long term evaluation data.

The members of the Ninth Report Writing Group were Dr. Flores, Dr. McTigue, Dr. Mouton, Dr. Shannon, and Dr. Varma. Dr. Morgan agreed to chair the group under the condition that she have authority to delegate much of the work.

Dr. Shannon raised the issue of nurse representation on the ACTPCMD. The members decided not to pursue efforts to change the charter to add a nurse member. Rather, they decided to have a nurse come to the April meeting as a consultant, an individual likely to come from the Bureau's National Advisory Council on Nursing Education and Practice. The ACTPCMD Executive Committee was urged to bring up at the next conference call of the All Advisory Committee the notion of having members play a consultant role across Bureau advisory committees.

There was no public comment.