ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY
Minutes of Meeting – July 19-20, 2012

Advisory Committee Members Present:

William T. Betz. DO, MBA
Ellen Buerk, MD, MEd
Caswell A. Evans, Jr., DDS, MPH
George D. Harris, MD, MS
Angela H. Jackson, MD
Jean Johnson, PhD, RN
Anne C. Jones-Leeson, DO
David J. Keahey, MSPH, PA-C
David Keller, MD
Dawn Morton-Rias, EdD, PA-C
Yilda M. Rivera-Nazario, DMD
John Rogers, MD, MPH, MEd
Bob Russell, DDS, MPH
Gina Sharps, RDH

Others Present:

Mary K. Wakefield, PhD, RN, Administrator, Health Resources and Services Administration
Janet Heinrich, DrPH, RN, Associate Administrator, Bureau of Health Professions
Kathleen Klink, MD, Director, Division of Medicine and Dentistry
Juliette Jenkins, RN, MSN, Deputy Director, Division of Medicine and Dentistry
Jerilyn K. Glass, MD, PhD, Designated Federal Official, ACTPCMD

Thursday, July 19, 2012

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) convened its meeting at 8:30 a.m. at the Hilton Washington DC/Rockville Executive Meeting Center, 1750 Rockville Pike, Rockville, MD 20852. George Harris, MD welcomed attendees and invited members to introduce themselves. Kathleen Klink, MD, Director of HRSA's Division of Medicine and Dentistry, introduced Mary Wakefield, PhD, RN, HRSA Administrator, who provided introductory remarks.

Dr. Wakefield thanked Advisory Committee members for their service and their expertise in informing the work of the Agency. She highlighted the importance of community-based training in underserved communities, collaborative training in teams, and use of technological advances such as telemedicine and medical records. Dr. Wakefield described a number of initiatives resulting from the Affordable Care Act, including HRSA's National Center for Health Workforce Analysis. innovations.

Janet Heinrich, DrPH, RN, Associate Administrator of the Bureau of Health Professions, underscored the Bureau's effort to expand the primary care workforce and described initiatives to encourage interprofessional education and practice.

Dr. Klink introduced three presenters who spoke on the Tri-Board Primary Care Faculty Development Initiative, begun about three years ago, and supported by HRSA. They were David Gary Smith, MD from the Association of Program Directors in Internal Medicine, Carol L. Carraccio, MD from the American Board of Pediatrics, and Samuel M. Jones, MD from the American Board of Family Medicine. They pointed out that residents require training in systems-based practice, how to function in teams, and how to practice patient-centered care. Training needs to apply what is known about effective adult education and assessment of outcomes. Moreover, today's faculty members require skill sets to be role models and teach the necessary competencies. It is on the last issue that the three primary care disciplines have joined in a national effort. The speakers described the health care system as being much further ahead than the educational system. They urged shared leadership, use of educational expertise found at the regional and local levels, and collaboration with residency program directors.

The faculty development plan is for three or four institutions, each with the three primary care disciplines, to form a pilot program. At a minimum, three faculty members from each of the three disciplines would meet every six months, bringing their implementation teams with them, and also would engage in monthly webinars. These faculty members would form the core within a kind of "train-the-trainer" model. Other features of the plan include a focus on the coaching role of faculty, promotion of lateral mentoring within the larger collaborative, and evaluation of skill set mastery.

The reaction to the Tri-Board Initiative was widely supportive and the project was felt to be urgently needed. Advisory Committee members said that faculty training programs would do well to get institutional buy-in at the outset to maximize chances of success. Programs should focus on faculty skill development in a workshop model rather than in didactic lectures and should include participation of systems' experts and professionals from additional disciplines. Core content and outcomes should be widely disseminated at conferences, in publications, and to the practice community. Finally, it was suggested that rural community-based programs would benefit from partnerships with academic programs and with referral systems in the local area.

Voting was held for officers of the Advisory Committee. Caswell A. Evans, Jr., DDS, MPH was elected Chair. William T. Betz, DO, MBA, and David J. Keahey, MSPH, PA-C were elected Vice Chairs.

John Rogers, MD, chair of the 10th report writing group, described the impetus for the report on interprofessional education and what has been done so far on the report. The members decided which sections they would work on in small groups in the afternoon. The day concluded with reports from each small group.

An ethics training session, closed to the public, was conducted on the first day of the meeting.

There was no public comment. The meeting adjourned at 4:30 p.m.

Friday, July 20

Dr. Klink reviewed the statutory mandate in the Affordable Care Act with regard to performance measures and longitudinal evaluation of programs under Sections 747 and 748 of Title VII of the Public Health Service Act. She introduced HRSA staff who will describe how the Agency is

implementing the statute through funding opportunities, what performance measures have been developed, how the measures relate to the Division's grant programs, and how the data will be reported.

George A. Zangaro, PhD, RN, Division of Workforce Performance Management, provided an overview of the development and implementation of the performance measures. The Bureau manages over 40 diverse programs that provide funding for a variety of programmatic interventions across a range of disciplines at different points in training. The performance measures reflect five performance goals: supply or increase in the primary care workforce, diversity of the workforce, distribution of practitioners to underserved and rural areas, infrastructure to increase capacity, and quality. Staff developed a logic model (with inputs, outputs, and outcomes) for each individual grant program. Some of the data cross over all programs; some are at the program level; and some are individual level data which will have a role in the longitudinal data collection. An issue with longitudinal data is whether it should be collected at the university level or whether individuals should be tracked. Dr. Zangaro reported that currently the project is in beta testing; the hope is to collect actual performance data in September and analyze it in October.

Shannon Bolon, MD, Chief of the Primary Care Medical Education Branch, described primary care specific performance measures. She gave an example of a program's logic model and explained that data tables come in three categories: data that reflect the entire educational training program, data on individual trainees that can be aggregated, and data on prior year graduates or program completers. She discussed types of technical assistance provided to grantees and summarized the implementation process.

Fatima Ravat, Public Health Analyst in the Oral Health Branch, provided an overview of the oral health program performance measures and discussed a performance measure manual that will be made available soon to grantees.

In follow-up discussion, Advisory Committee members pointed out the difficulty of measuring quality of training. So far, programs are looking at workforce competency as an indicator of training quality. In answer to a question, Dr. Bolon said that interprofessional data collection is possible in the system; the experiential table asks if at a particular training site there are other disciplines that the trainees are interacting with in a planned way. It was also pointed out that tracking of trainees may be difficult, especially that of physician assistants because many go into specialty practice after a certain period of time in primary care. At future meetings, performance measure data will be presented and Committee members asked to make concomitant recommendations for program improvement.

Much of the agenda was spent on small group work on the Committee's 10th report, especially on finalizing the recommendations. Dr. Betz and David Keller, MD volunteered to join the other members of the 10th report writing group: Dawn Morton-Rias, EdD, PA-C; Bob D. Russell, DDS; Anne C. Jones-Leeson, DO, Ellen J. Buerk, MD, and Dr. Rogers. The plan is to do some final work on supporting text for the report between now and the next meeting in November, 2012.

Dr. Bolon gave an update on grant activities within the Primary Care Medical Education Branch. She described several new funding opportunities created by the Affordable Care Act: primary care medical residency expansion, expansion of physician assistant training, and an interdisciplinary

interprofessional joint graduate degree program. She provided data on the grant awards made during the fiscal year 2012 for the nine grant programs within the branch.

Juliette Jenkins, RN, MSN, Deputy Director, Division of Medicine and Dentistry, briefly described the National Quality Strategy, mandated by the Affordable Care Act, and her involvement in helping to achieve its implementation at HRSA. She also addressed the Interprofessional Oral Health Clinic Competencies initiative. The effort came out of a 2011 Institute of Medicine report recommendation on improving access to oral health care. That report recommended that HRSA convene key stakeholders from both the private and public sectors to develop a core set of competencies for non-dental health care providers. The goal as taken up by HRSA is to determine how best to prepare physicians, nurse practitioners, nurse midwives and physician assistants to apply core oral health competencies in their clinical practice. The response from Advisory Committee members was positive and enthusiastic. In the follow-up discussion, it was mentioned that part of the challenge will be to make oral health competencies part of the mainstream discussion within primary care disciplines. A suggestion was made to have practitioners use a matrix to prioritize their referrals as a way of having them engage in risk assessment.

Ms. Ravat gave an update of the Oral Health Branch's grant awards during fiscal year 2012 within its four Section 748 programs, its State Oral Health Workforce program, and a new program in faculty development in general pediatric and public health dentistry and dental hygiene.

In the discussion that followed the grant updates, Advisory Committee members said that when it comes to grant priorities and preferences, it is important not to lose sight of the goal which is not just to train primary care providers, but to train primary care providers who practice in underserved areas. There also was discussion about the Committee possibly writing a letter to Congress regarding funding appropriations levels.

The final agenda item was a discussion of possible topics for the next report. Among those discussed were integration of behavioral health in primary care, use of information technology in underserved areas, curricula and standards for re-entry into the primary care workforce, use of social media in training programs and patient care, patient empowerment and self-management, and program incentives to work in underserved communities. No definite topic was selected. The Committee's Executive Committee will draft an agenda for the next meeting which is scheduled for November.

The meeting adjourned at 2:50 pm.