ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES (ACICBL)

ACICBL 17th REPORT DISCUSSION
PREPARING THE CURRENT AND FUTURE WORKFORCE TO PRACTICE IN AGE-FRIENDLY HEALTH SYSTEMS WITHIN THE CONTEXT OF THE QUADRUPLE AIM
Webinar and Conference Call

August 16, 2018

Committee Members in Attendance

Chair:
Teri Kennedy, PhD, MSW, LCSW, ACSW, FGSA, FNAP

Vice Chair:
James Stevens

Members:
Geraldine Bednash, PhD, RN, FAAN
Katherine Erwin, DDS, MPS, MSCR
Joseph Evans, PhD
Bruce Gould, MD, FACP
Parinda Khatri, PhD
Lisa Killinger, DC
Kamal Masaki, MD
John Morley, MD, BCh
Sandra Pope, MSW
Jacqueline Wynn, MPH

HRSA Staff in Attendance

Joan Weiss, PhD, RN, CRNP, FAAN, Designated Federal Official, ACICBL; Senior Advisor, Division of Medicine and Dentistry
Raymond Bingham, Technical Writer
Kim Huffman, Director, Advisory Council Operations
Kandi Barnes, Management Analyst, Advisory Council Operations

Introduction

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 8:00 AM on August 16, 2018. The meeting was conducted via webinar and teleconference from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 11SWH01, Rockville, MD 20857.

Dr. Joan Weiss, Designated Federal Official, convened the meeting and conducted a roll call. All members were present via webinar and teleconference, apart from two absences, Robyn Golden and Dr. Zaldy Tan. There were general introductions and Dr. Kennedy welcomed the

members. Dr. Weiss reviewed the agenda and turned the meeting over to Dr. Teri Kennedy, the ACICBL chair. The minutes from the previous meeting were unanimously approved.

ACICBL 17th Report Discussion

Dr. Kennedy opened the discussion on the recommendations drafted for the ACICBL 17th report on transforming clinical training environments into integrated primary care systems that are age-friendly and training the workforce to practice in these systems. She summarized previous discussions regarding accreditation standards and how education in age-friendly practice linked to the Committee's authorizing law, Title VII, Part D, of the Public Health Service Act.

For the first recommendation encouraging HRSA to improve their education programs, members discussed wording to maximize clarity and inclusivity of all medical professions in primary care. One member urged focusing more on the educational system instead of the accrediting bodies for the recommendations. Dr. Kennedy suggested that the committee consider drafting a separate letter to accrediting bodies to encourage them to prepare students for work in an interprofessional fashion for team-based care to produce age-friendly healthcare delivery.

For the second recommendation on reimbursement payment incentive models, one member instead suggested a payment model to incentivize the field to invest in building infrastructure for either age-friendly or interprofessional collaboration. The member cautioned that the recommendation not be too prescriptive and recommended focusing on global value-based incentives. The Committee finalized this second recommendation after the presentation.

Presentation: Advancing towards Value-Based Care: Overview of History of Dementia Care Elements and Quality Measures

Dr. Weiss introduced Gary Epstein-Lubow, MD, Medical Director of the Center for Memory Health at Hebrew SeniorLife in Boston, Massachusetts. Dr. Epstein-Lubow explained that he had given this presentation at the Advisory Council on Alzheimer's Research, Care, and Services. He began his presentation by crediting Ellen Blackwell and Shari Ling from the Centers for Medicare & Medicaid Services (CMS) for their contributions to his presentation.

Dr. Epstein-Lubow provided a primer on quality measures, including the definition, data sources, and different types of quality measures. Specific to dementia-care quality measures, he described the 11 process measures developed by the RAND Corporation including patient and caregiver measures in attention to neuropsychiatric symptoms and safety. He reviewed the Physician Quality Reporting System (PQRS) comprising 10 measures and CMS' replacement of the PQRS with the Merit-based Incentive Payment System (MIPS) since 2017. He emphasized that under MIPS, there are six measures that health systems and practices can voluntarily choose to report on, whereas the remaining PQRS measures had not yet transfered over to the Quality Payment Program (QPP) system.

Next, Dr. Epstein-Lubow introduced the National Quality Forum (NQF) report that identified comprehensive measures for patients, caregivers, and dementia capability respectively. He stated that a separate tool developed by the Administration for Community Living is available to explicate the concept of "dementia capability", and briefly described how some measures could be relevant to ACICBL.

Then, Dr. Epstein-Lubow compared the domestic Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tool that was not specific for dementia versus international approaches by the National Institute for Health & Care Excellence (NICE) in the United Kingdom. Another dementia-specific tool he described is the International Consortium on Health Outcome Measures (ICHOM), and noted that it tracked the results of symptoms experienced by patients and caregivers to assess changes over time.

Dr. Epstein-Lubow later explained a new initiative by CMS called "meaningful measures" that has a high potential to impact people living with cognitive symptoms and the quality of care that they have received. He focused upon one of the six goals in the initiative – strengthening personal and family engagement as partners in their care – as an example to illustrate how meaningful measures leveraged valid and reliable single measures available from multiple sources into a comprehensive process. Dr. Epstein-Lubow encouraged the audience to consider how home and community-based services measures or research in sub-populations may better inform the Committee on linking services.

Finally, Dr. Epstein-Lubow explored models of care that do and do not have measures in place. Specifically, he outlined the models of dementia care research conducted by ASPE and RTI that summarized how all the measures related to each other. Dr. Epstein-Lubow concluded with an example study on how CMS identified suggested measures that met domain criteria to build a care planning code.

Discussion of presentation

Dr. Kennedy thanked Dr. Epstein-Lubow for his presentation and asked for his advice on what the Committee could do to advance the collection of comparable data to keep the focus on dementia-capable care. Dr. Epstein-Lubow replied that CMS is unable to mandate particular measure sets and Dr. Kennedy agreed the ACICBL could educate decision makers to adopt the meaningful measures approach for those CMS is unable to mandate.

One member commented that NICE also recommended cognitive stimulation therapy, reminiscence therapy, and cognitive rehabilitation as additional interprofessional data to consider. When Dr. Epstein-Lubow asked Dr. Weiss for how ACICBL is similar to the advisory committee work done under the National Alzheimer's Project Act ("NAPA Council"), Dr. Weiss explained that there is a lot of overlap especially because of the focus on age-friendly systems at that time. She provided data on HRSA's Geriatrics Workforce Enhancement Program (GWEP) grants and the relevant initiatives that have come forth. Dr. Epstein-Lubow referred her to a recommendation on value-based care made by the latest NAPA Council meeting in hopes that ACICBL recommendations could complement it regarding age-friendly health systems.

ACICBL 17th Report Discussion (continued)

The Committee continued discussion over clarifying which entity would be responsible for adopting a value-based payment system, and how that could potentially affect the practices of Federally Qualified Health Centers (FQHC) and Community Health Centers (CHC), that are not adequately equipped to adopt such a change. After extensive deliberation, the Committee finalized their second recommendation. For the third recommendation, the Committee decided to focus on enhancing education and briefly discussed the fourth recommendation.

During the lunch break, Dr. Kennedy drafted the fourth and fifth recommendations per previous discussions. Upon return of all the members, the Committee reviewed all the recommendations thus far and merged their initial first and third ideas. This was followed by brief discussion over the quadruple aim and whether the Committee needed to make a recommendation specific to clinician well-being and resilience.

Dr. Kennedy moved the discussion to review and accept all four final recommendations that:

The ACICBL recommends that HRSA's Title VII, Part D funding opportunity announcements include language to prepare the current and future workforce to transform integrated primary care clinical learning environments/settings into interprofessional age-friendly healthcare systems. Education and training will prepare the workforce to deliver population healthcare within value-based payment models in age-friendly healthcare systems.

The ACICBL recommends that HRSA's Title VII, Part D education and training programs prepare students, faculty, practitioners, and direct services workers to transform integrated primary care clinical learning environments/settings to become age-friendly healthcare systems.

The ACICBL recommends the adoption of value-based payment models that incentivize age-friendly interprofessional collaborative care to facilitate the transformation of existing healthcare delivery systems into age-friendly healthcare systems. [for CMS] [a lever for moving systems along, e.g., FQHC/CHC]

The ACICBL recommends that HRSA's Title VII, Part D funding opportunity announcements include educating and training the workforce to deliver population healthcare within value-based payment models in age-friendly health systems.

Dr. Epstein-Lubow recommended that the ACICBL supports the NAPA Counsel's Clinical Care Sub-Committee #5 recommendation re: value-based care within the context of age-friendly integrated primary care systems.

The ACICBL recommends that health professions programs integrate age-friendly principles into their curricula to prepare a current and future workforce competent to deliver age-friendly healthcare.

The ACICBL recommends that HRSA, in collaboration with health professions organizations and academia, develop competencies to advance practice in age-friendly healthcare systems.

Clinician wellbeing and resilience (support report/adapt a recommendation/support recommendation with caveats)

The ACICBL recommends that HRSA work across divisions and programs to-include specific language in funding opportunity announcements to prevent burnout and foster clinician/team wellbeing, resilience, and retention to advance the Quadruple Aim through interprofessional collaborative practice. [National Academies report on clinician wellbeing and burnout]

The Committee then reviewed draft recommendations by the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) that discussed burnout, clinician well-being,

and resilience to create a fifth recommendation, that *HRSA work across divisions and programs to include specific language and funding opportunity announcements to prevent burnout and foster individual/team well-being, resilience, and retention, to advance the quadruple aim through interprofessional collaborative practice.* Dr. Weiss stated that she would draft a potential fifth recommendation for the Committee to review afterwards that commented on outcomes and meaningful measures from Dr. Epstein-Lubow's presentation.

Discussion: Upcoming meetings

Dr. Kennedy will continue to chair meetings in fiscal year 2019, while the incoming chair, James Stevens,will take over for fiscal year 2020 meetings. Dr. Weiss stated that statute required the Committee to meet three times per fiscal year.

- For the first meeting (conference call), Dr. Weiss will send a poll for availability during October 16-18, 2018, or October 30-November 1, 2018, and ask for topic suggestions.
- For the second meeting (conference call), Dr. Weiss will send poll for availability during February 11-13, 2019 or February 19-21, 2019.
- For the third meeting (in-person), Dr. Weiss will send a poll for availability during May 14-16, 2019, or May 21-23, 2019.

The Committee decided to finalize the timing of the meetings after the exact dates were selected by September 11, 2019.

Public Comment

Dr. Weiss opened the phone lines and there were no public comments.

Dr. Kennedy adjourned the meeting at 2:00 PM.