

# ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

*“PREPARING THE HEALTHCARE WORKFORCE TO ADDRESS HEALTH BEHAVIOR CHANGE:  
ENSURING A HIGH QUALITY AND COST-EFFECTIVE HEALTHCARE SYSTEM”*

Location: Telephone Conference Call  
Date and Time: September 22, 2010, 11:00 AM – 3:00 PM

## MEETING MINUTES

### ATTENDANCE

#### **ACICBL Members:**

Ronald H. Rozensky, PhD, ABPP (Committee Chairperson)  
Jane Hamel-Lambert, PhD, MBA (Committee Vice-Chairperson)  
Robert J. Alpino, MIA  
David R. Garr, MD  
Beth D. Jarrett, DPM  
Linda J. Kanzleiter, MPsSc, DEd  
Barbara N. Logan, PhD, MA, MSN  
David H. Perrin, PhD, ATC  
Elyse A. Perweiler, RN, MA, MPP  
Linda J. Redford, RN, Ph.D.  
Steven R. Shelton, MBA, PA-C  
Jay H. Shubrook Jr., DO, FACOFP, FAAFP  
Laurie Wylie, MA, RN, SNP

#### **HRSA Staff:**

Joan Weiss, PhD, RN, CRNP/Designated Federal Official, ACICBL  
Norma J. Hatot, CAPT/USPHS, Senior Project Officer, AHEC Program

#### **Invited Guests:**

Bonnie Spring, PhD, ABPP  
Molly Ferguson  
Michael Coonz  
Alex Pictor  
Andrew DeMott

#### **Public Guest:**

Billy Oglesby, Kennesaw State University

# FORMAT OF MINUTES

These minutes consist of the following sections:

- I. Introduction
- II. Review of August 19-20, 2010, Meeting Minutes
- III. Concept Paper Presentation and Discussion
- IV. General Discussion on the Tenth Annual Report
- V. Next Steps

## I. INTRODUCTION

Dr. Joan Weiss, Designated Federal Official, welcomed the Committee and provided a brief Federal update on the completion of the funding stream for this fiscal year. She recorded the attendance of the Committee members and called the conference call to order.

Dr. Ronald Rozensky, Committee Chairperson, welcomed the Committee and guests and thanked Committee members for their diligence in editing the subsequent versions of the ACICBL's Tenth Annual Report. Dr. Rozensky also appreciated the quick response time and analysis from Committee members on reviewing the materials. Dr. Rozensky proceeded to review the conference call agenda and suggested the Committee move forward to review, discuss, and approve the Tenth Annual Report.

## II. REVIEW OF AUGUST 19-20, 2010, MEETING MINUTES

The August 19-20, 2010, meeting minutes were reviewed and unanimously approved by the Committee members without any corrections necessary.

## III. CONCEPT PAPER PRESENTATION AND DISCUSSION

### **BONNIE SPRING, PHD, ABPP**

PROFESSOR OF PREVENTIVE MEDICINE, PSYCHOLOGY, AND PSYCHIATRY; BEHAVIORAL MEDICINE DIRECTOR/  
CO-PROGRAM LEADER FOR CANCER PREVENTION; NORTHWESTERN UNIVERSITY, EVANSTON, IL

Dr. Bonnie Spring presented a working concept paper to be included in ACICBL's Tenth Annual Report as a supporting document. The paper will incorporate the importance of addressing health behaviors within an intra-professional healthcare workforce. The paper will focus on an ecological model of addressing health behavior change via population and community interventions throughout a patient's lifespan. The paper will also argue that reducing risk behaviors and incorporating behavioral interventions will prove to be a good investment.

The conceptual model will elaborate on the following aspects:

- Lifespan perspective
- Health behavior change as an evidence-based practice
- Highlighting health risk behaviors not addressed
- Evidence to improve health intervention programs
- Best-practices for inter-professional education models

## IV. GENERAL DISCUSSION ON THE TENTH ANNUAL REPORT

The Committee made a number of refinements as they finalized the recommendations in the report:

### **Recommendation 1: Increase Professional Education and Training in Patient-Centered Communication and Shared Decision-making**

**Recommendation 1:** In order to assure that Title VII, Part D programs provide a patient-centered, shared decision-making focus for inter-professional education, DHHS and HRSA should include this as a recommendation in the grant application guidances and review criteria for applicants applying for funding. This recommendation should include support for training of faculty, students, direct service workers, and current healthcare providers across all disciplines in the content areas of health behavior assessment, treatment, and enhanced patient self-management. These guidances and review criteria should support curricula development that encourages addressing healthy behaviors, monitoring patient responses to their acute and chronic illnesses, and assisting patients in managing their own health behaviors. Developing such healthcare workforce competencies as motivational interviewing, ongoing intensive behavioral counseling, and the use of social media and other technology-mediated communication strategies for addressing health behaviors across the lifespan should be encouraged.

### **Recommendations 2 and 3: Increase Professional Education and Training in Inter-Professional Collaboration**

**Recommendation 2:** Congress should appropriate and HRSA should fund inter-professional education and training demonstration projects designed to prepare inter-professional healthcare faculty and healthcare providers from all healthcare disciplines to work in collaborative teams to address health behavior assessment, treatment, and the enhancement of patient health behavior self-management across the lifespan. These inter-professional education and training projects should promote the development of cultural competencies in the healthcare workforce including an understanding of cultural influences on health behaviors and their impacts on quality of life and costs to the healthcare system. Projects should enact interventions that are strategic and effective in promoting healthy behavior, intervening against risky health behaviors within diverse populations, or addressing ongoing clinical inter This funding should include support for program

evaluation of inter-professional, competency-based educational outcomes that can include practice improvement, clinical health outcomes, and/or patient satisfaction.

**Recommendation 3:** Based on increased funding from Congress, the DHHS and HRSA should support the development of health professions curricula that provide a comprehensive, inter-professional model for health behavior assessment, treatment, and enhancement of patient self-management. These curricula should include information about health determinants (e.g., ethnicity, environment, economics, family, genetics, and health systems) and health risk behaviors (e.g., tobacco use, alcohol and other drug abuse, sedentary lifestyle, and unhealthy eating) in the context of individual- and population-level health assessment and health improvement. This includes the clinical treatment of health behaviors to assure a return to health, relapse prevention, and patient involvement in the future maintenance of healthy behaviors. Funded training strategies must facilitate inter-professional learning across a range of healthcare disciplines within the context of a team-based approach to healthcare as applied to integrated healthcare that includes attention to the behavioral components of health.

#### **Recommendation 4: Increase Professional Education and Training in Community Engagement**

**Recommendation 4:** In concert with the Healthy People 2020 goal of promoting healthy behaviors, Congress and HRSA should increase funding to existing, successful, inter-professional healthcare education and training programs (such as Geriatric Education Centers [GECs], Graduate Psychology Education [GPE] programs, AHECs, and Chiropractic Demonstration projects) that are centered on community engagement and preparation for inter-professional, team-based practices, but with an expanded focus on health behavior assessment, treatment, and enhancing patient self-management. This will enhance and increase opportunities for college, university, and academic health science center faculty, staff, and students in all healthcare disciplines to participate in community-engaged scholarship (CES) including academic service learning programs and community-based participatory research designed to address health behaviors of individuals and populations. This expansion of funding should specifically focus on health behaviors including: ongoing clinical intervention to help restore individuals to health; illness prevention; evaluation of health determinants (e.g., ethnicity, environment, economics, family, genetics, and health systems); and interventions for health risk behaviors (e.g., tobacco use, alcohol and other drug abuse, sedentary lifestyle, unhealthy eating, and non-adherence to treatment regimes) in the context of both individual and population health. In addition, these expanded funding opportunities should require that institutions of higher education align faculty incentives and rewards for CES through review and modification of policies, such as Promotion and Tenure Policies.

#### **Recommendations 5, 6, and 7: Improve Policy Leadership to Support Addressing Health Behaviors**

**Recommendation 5:** Recognizing the importance of linking inter-professional education and training and goals for practice improvement, Congress should direct the Centers for Medicare and Medicaid Services (CMS) to work with the American Medical Association's (AMA's) Current Procedural Terminology (CPT) Editorial Panel to provide CPT codes for both brief and ongoing, intensive prevention counseling. Prevention counseling CPT codes would increase the likelihood that all health professionals would address health behavior practices in disease prevention and health promotion activities and provide referrals as necessary where ongoing, intensive patient care interventions are needed. CMS should then be directed by Congress to provide reimbursement for individual and inter-professional team-assessment and counseling across all health professions for health promotion/disease prevention and ongoing, intensive health behavior treatment interventions.

**Recommendation 6:** The DHHS, HRSA, and Bureau of Health Professions (BHP) should continue efforts to develop consensus on inter-professional competencies and include in those discussions professional organizations from all healthcare disciplines and their accrediting body stakeholders to work towards strategic adoption and implementation. These competencies should include health behavior interventions and patient-self management. This dialogue could be accomplished during a summit of professional organizations and accrediting bodies as proposed by ACICBL in previous annual reports.

**Recommendation 7:** The DHHS Secretary should convene industry sector leaders along with inter-professional healthcare educators from all healthcare disciplines, healthcare providers from academic health centers and representing all healthcare professions, and public health educators and providers from the community to develop partnering strategies that will address population-level health behaviors and societal health issues (e.g., food industry to address obesity, convenience store retailers to address tobacco sales).

## V. NEXT STEPS

- The Committee will submit final changes to the expert writer, Dr. Katharine Hendrix, by Monday, September 27, at 12:00 PM EST
- The final version of the report document will be submitted to Dr. Joan Weiss and Captain Norma Hatot by Dr. Hendrix with unformatted and formatted citations.