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

Summary of ACICBL Webinar and Conference Call
December 8, 2016

Committee Members

Attending via webinar:
Peggy Valentine, EdD, FASAHP, ACICBL Chair
Sharon A. Levine, MD (Joined the call late)
Mary Ann Forciea, MD, ex-officio member

In the room:
Patrick DeLeon, PhD, JD, MPH

Also participating:
Sandra Pope, former ACICBL member

Not attending:
Jacqueline Gray, PhD

HRSA Staff in Attendance

Joan Weiss, PhD, RN, CRNP, FAAN, Designated Federal Official, ACICBL, Division of Medicine and Dentistry
Candice Chen, MD, Chief, Division of Medicine and Dentistry
Kimberly Huffman, Director, Advisory Council Operations
Kandi Barnes, Advisory Council Operations
Carl Yonder, Technical Assistance Assistant, Division of External Affairs
Byron Patterson, Committee Management Officer, HRSA
Raymond J. Bingham, MSN, RN, Technical Writer/Editor

Introduction
The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:00 a.m., on Thursday, December 8, 2016. The meeting was conducted via webinar and teleconference from the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 13SWH01, Rockville, MD 20857.

Dr. Joan Weiss, Designated Federal Official, opened the meeting and conducted a roll call. Dr. Peggy Valentine, Dr. Mary Ann Forciea, and Sharon Levine participated via webinar, and Dr. Patrick DeLeon was present in the room. Dr. Jaqueline Gray was not able to attend. Before starting the meeting, Dr. Weiss asked for a moment of silence for Ms. Crystal Straughn, technical writer for the Committee, who passed away unexpectedly. Dr. Weiss turned the meeting over to Dr. Valentine, the ACICBL chair. Dr. Valentine thanked the other members for participating in the call. She opened the meeting by asking Dr. Forciea to discuss finalizing the committee's 15th Report.

Discussion: ACICBL 15th Report, *Transforming Education and Training to Address Healthcare Reform*
Dr. Forciea noted that the current draft of the report, after edits from the HRSA staff, was around 21 pages long, and asked Dr. Weiss about the appropriate length. Dr. Weiss replied that there were no requirements or restriction on length.

Dr. Forciea stated that she and Dr. Valentine felt good progress had been made on the recommendations for content/concept changes to the programs under the Committee's purview. However, the members had struggled to reach consensus on making funding recommendations for individual programs. She presented three possible solutions: 1) recommend a 10 percent increase across the board over what was last appropriated or funded for each program and then write program-by-program recommendations to justify the increase, 2) lump all the money and recommend a 10 percent increase in the funding for the Title VII programs and leave the specific funding for each program to HRSA's discretion, and 3) report out program-by-program, but on each program list the date the program was last funded, the amount it was funded at that time, and then make a statement that any program that was not funded for 10 years would be deactivated.

Dr. Weiss stated that at previous meeting there were discussions that indicated some of the Committee members wanted to request that Congress appropriate funds for the Quentin N. Burdick Program for Rural Interdisciplinary Training (Burdick program). The reasons being that the Burdick program provided stipend support for students that can help applicants for Title VII programs leverage their funding to augment activities in rural areas. Dr. DeLeon noted that he and two other Committee members agreed that the Burdick program met a need that the Committee should address. Dr. Forciea replied that with three committee members in support, requesting restoration of funds to the program was a reasonable request to make.

Dr. Valentine remarked that she liked the discussion in the report draft of the current healthcare status and needs of the country, and how funding of Title VII programs helps the country address the needs of rural communities, inner cities, and other diverse populations. She noted that the draft contains a discussion of the importance of interprofessional teams in preparing the next

generation healthcare workforce. She asked Dr. Weiss if HRSA preferred a blanket request on a funding increase, or very specific recommendations on funding levels.

Dr. Weiss replied that the recommendations go to the Secretary of the Department of Health and Human Services and Congress, and the Committee has to make the recommendations it feels will best move the Title VII programs forward. She added that along with the Burdick program, the Allied Health training program has also not been funded for several years, while allied health workers comprise the majority of the healthcare workforce. There was discussion of shortages of many practitioners, including psychologists, physical therapists, occupational therapists, and others, along with the challenge of finding faculty to teach new students and expand services into areas of need, especially rural communities.

Dr. DeLeon stated that both the Burdick and the Allied Health programs have not been funded for several years. However, they are important initiatives to consider within the changing healthcare system because they promote interprofessional team-based care.

There was discussion that the four currently funded programs are: 1) the Area Health Education Centers (AHEC), 2) geriatrics training, 3) the mental and behavioral health education programs – which includes psychology and social work – and 4) the graduate psychology program, which targets only psychologists.

Dr. Forciea agreed with recommending continued support for active programs, which have merit and are producing good outcomes. She also felt that the Committee could recommend refunding inactive programs, as long as the rationale focused on the need to open up more grant opportunities to a variety of professions.

Referring to the report outline, Dr. Weiss suggested developing the background and principles sections to provide justifications for supporting interprofessional, team-based education and care. The report could provide examples of the range of healthcare professionals that can constitute the team to support the recommendation to restore funding to the Burdick and Allied Health programs, which fund education for different parts of the healthcare team. She added the importance of discussing the role of interprofessional education and practice in the transformation of healthcare delivery.

There was discussion on the report draft to shorten the program descriptions to state the purpose and how many grants are funded, while strengthening other discussions on rural health care. Dr. Forciea asked about a comment to strike one recommendation in the report about not limiting eligibility for programs to specific health professions schools, saying that the Committee felt that recommendation was important to retain.

Dr. Valentine requested that Ms. Sandra Pope, former Committee member, be allowed to participate in the discussion, and her line was opened.

Ms. Pope stated concern about requesting funds for programs that had been closed, given the needs of the active programs. Dr. Forciea suggested adding to the report tables of recent funding for the active programs, along with tables of the past funding for the two programs the

Committee wants to restore. There was discussion of developing rationale to restore the Burdick and Allied Health programs and adding rationale for continuing and increasing the funding for active programs as well.

Dr. Weiss proposed for each program description:

- Purpose
- Table of recent funding, number of grants
- Rationale for active programs
- Rationale for restoring the Burdick and Allied Health programs

Dr. Valentine noted it was important to justify the request for a 10 percent increase. Dr. Weiss noted that HRSA-funded AHEC program awardees may keep up to 25 percent of the award for administrative costs. In her conversations with colleagues, AHEC program awardees do not have enough funding to do the work expected of them. Ms. Pope agreed and stated that a 10% increase would be good, but was unsure how to set a realistic number or if the request could be higher. She said that AHECs are being asked to do more and more.

Dr. Valentine asked if the decision-makers need a specific number, or a percentage, noting AHEC program awardees have an increase in their scope of work to meet increased needs. Ms. Pope noted that funding for AHEC awardees is made per AHEC center. Each AHEC center receives approximately $100,000, and funding for her AHEC was could be doubled to cover the work they do. In Ms. Pope's AHEC (West Virginia AHEC) over 90% of funds go to the Centers.

There are 247 AHEC centers, and if they were each funded at $200K the amount needed would be $49,400,000. So a reasonable request could be:

- $50 million for AHEC
- $50 million for geriatrics
- $50 million for mental and behavioral health

A funding recommendation would be needed for the Burdick and Allied Health programs. Dr. Forciea noted that the last funding for the programs was in 2005:

- Burdick – $6 million
- Allied health – $12 million

A suggestion was made to request $10 million for each program (Burdick and Allied Health). Dr. DeLeon agreed that the request was reasonable, given the importance of the programs. Dr. Valentine stated the Committee has to make sure there is sufficient funding for the number of providers and to support faculty.

For the report, Dr. Weiss noted there is new language for the Interprofessional Practice and Education competencies. Dr. Valentine recommended that these competencies be included in the report. Dr. Weiss asked the member to write end n for justification of the programs, to be included in the report.

Discussion: 16th Report, *Enhancing Community-Based Training Sites: Challenges and Opportunities*

Dr. Weiss noted that the minutes for the September meeting concerning the 16th report, and the presentations from that meeting, are available on the HRSA website. Dr. Valentine suggested the following outline for the report - a summary of the Flexner report, Dr. Newton's presentation, an overview of current clinical training, and the challenges regarding clinical training sites. Some of the challenges facing clinical training include:

- The State Authorization Reciprocity Agreement (SARA) allowing students access to training sites in states outside of the home state of their school;
- Clinical care and reimbursement;
- Faculty practice;
- Interprofessional education and collaborative practice; and
- Telehealth.

The Committee began a discussion of stipend support. Dr. Weiss reminded the Committee that a recommendation regarding stipends had been included in the 15th report, and noted it could be included and supported in the 16th report as well. Dr. Forciea stated that the 16th report was focusing on clinical sites, and that the Committee wants to emphasize training in rural areas. Dr. DeLeon pointed out that the recommendation had been for programs to have flexibility in using funds that best meets their needs. Dr. Levine added that some schools are sending their students to distant locations. She used the example that schools in Boston sometimes send students to California for training that is not available in the Boston area, because the training sites in this area already saturated. Dr. Valentine noted that the Committee had discussed including non-traditional sites, such as reservations.

There was also talk about expanding the National Health Service Corp (NHSC) to support loan repayment for other disciplines. Dr. Weiss indicated that the Committee would have to be specific as to which disciplines to add. There was discussion about NHSC incentives for NHSC recipients who serve as preceptors. Dr. Forciea noted that practitioners serving as preceptors should get credit toward loan repayment. There was discussion about the list of disciplines for loan repayment through NHSC. The current list of eligible disciplines for NHSC loan repayment under primary care medical includes allopathic and osteopathic physicians (family medicine, internal medicine, pediatrics, obstetrics, gynecology, and geriatrics), nurse practitioners and physician assistants (adult, family, pediatric, women's health, and geriatrics), and nurse midwives. Under dental care, general dentistry, pediatric dentistry, and dental hygienists are included. Under mental and behavioral health, allopathic and osteopathic physicians)child and adolescent psychiatrists), health service psychologists, licensed clinical social workers, licensed professional counselors, marriage and family therapists, psychiatric nurse specialists, and nurse practitioners, as well as physician assistants. Eligible entities for the NHSC Scholarship Program include physicians (allopathic and osteopathic), dentists, nurse practitioners, certified nurse-midwives, and physician assistants. The ACICBL recommended that the NHSC Loan Repayment Program expand their eligible disciplines to include clinical pharmacists, podiatrists, and ophthalmologists and optometrists.

Dr. Levine suggested including health information technology specialists on the interprofessional team, as they are helping design high-tech systems needed to implement telehealth services. Dr. Valentine concurred and noted that health information technology also includes informatics, data analytics, and the electronic health record.

Dr. Forciea noted two topics to be included in the report: 1) expand NHSC, and 2) expand incentives to preceptors. Dr. Valentine inquired about tax incentives for preceptors. There was discussion that currently Georgia, Maryland, and Colorado offer these incentives. This could be an issue for national healthcare professions associations to address.

Dr. Forciea stated that a component of the recommendations is that the definition of "clinical site" needs to expand. Dr. Weiss suggested that the Committee might want to provide a definition of a clinical site for the purposes of the report. Questions were raised as to whether the definition of clinical site should include simulation, telehealth, and tele-supervision.

After a lunch break, Dr. Weiss noted that for individuals in the NHSC, teaching counts toward their loan repayment, and that NHSC expands the disciplines it supports based on the needs of their clinical sites. She noted, for example, that recommendations from a 2008 Institute of Medicine report on "Retooling for an Aging in America" supported loan repayment for geriatrics practitioners. This report contributed to the decision to include geriatricians, gerontological nurse practitioners, and physician assistants who specialize in geriatrics are now eligible for loan repayment. She suggested that Dr. Valentine bring a recommendation to expand NHSC disciplines to the attention of the Chair of the Advisory Council for the NHSC.

After additional discussion, the Committee suggested the following recommendations for the 16th Report:

1. HRSA should develop a National Center for Clinical Site Development, which would include providing preceptor development, exploring non-traditional clinical partners, finding new clinical sites, and using simulation centers, telehealth, and recommendations for tax incentives.
2. HRSA Title VII, Part D programs should have the ability to provide support for students and faculty through stipends.
3. HRSA should expand the pool of eligible disciplines under the National Health Service Corp.
4. HRSA should work with other entities to provide both monetary and non-monetary incentives for preceptors. This section would include the possible use of tax incentives or loan repayments for preceptors.
5. HRSA Title VII, Part D programs should increasing IPE efforts through simulation and on-line education. There was discussion that this recommendation would fit with practice redesign and the role that IPE has in improving quality and reducing cost, achieving the value proposition.

Further discussion referred to including the key personnel who can provide health coaching and health promotion. Other members agreed that the focus on IPE and population health had

created a greater emphasis on promoting a culture of wellness, through health education and health coaches, as well as by utilizing technology.

Discussion: Selection of Topic for 17th Report
Dr. Valentine moved to the next agenda item, selection of a topic for the ACICBL 17th Report.

From previous discussions, three topics had emerged. Dr. Levine proposed a fourth:

1. Preparing the Interprofessional Workforce to Address Dementia Care: Redesigning Community-Based Education and Practice
2. Training the workforce to address population health (large dataset analysis, practice patterns, patient safety initiatives, and guidelines based practice)
3. Achieving the value proposition: Implications for education, training, and practice of the healthcare workforce
4. Patient-centric and consumer-driven health care

Dr. Levine noted that the healthcare system will need to respond to payment focused on value-based reimbursement and the movement in society toward consumer-driven markets. Consumers are increasingly searching for information or doing their shopping on-line, and that trend is moving into healthcare, allowing more people to receive care in their homes. To be proactive, training for the health professions will have to adapt to new models of care. Ms. Pope asked if there was much in the literature on this topic.

Dr. Levine replied that the literature is expanding rapidly. She cited the example of individuals with chronic diseases like cystic fibrosis, inflammatory bowel disease, and Parkinson's disease, where consumers are deeply involved in driving the technology to improve care, driving the research, and the funding for the research. She said there is increasing emphasis on providing services that people want, and not wasting time and resources on services people do not want or will not use. She mentioned a colleague whose daughter was setting up a web site to allow informal caregivers of elderly persons to share information and insight. She believed that many healthcare services in the future would be co-created by consumers and healthcare professionals to better meet society's needs.

Dr. Valentine noted that healthcare organizations in North Carolina have seen an expansion of consumer input through on-line visits, setting up appointments, and telehealth. Dr. Levine referred to the analogy from hockey of "skating to the puck," meaning to anticipate what is coming and try to get there first. Dr. Forciea reminded the members that their mandate was to focus on health professions training. Dr. Levine mentioned that informal caregivers are increasingly part of the healthcare team, and will need guidance from healthcare professionals.

Dr. Valentine stated the need seen in her school (Winston-Salem State University) to prepare students for an evolving healthcare environment, when the models for training and for practice are changing drastically in response to technological advances. She asked Dr. Weiss about the perspective from HRSA the consumer driven healthcare movement and its impact of education and training. Dr. Weiss noted that the patient-centered care supports a consumer-driven model, therefore, she believed the topic would be relevant to HRSA.

There was an extensive back-and-forth discussion among the members on the prosed topics. While there was strong interest to pursue Topic #2, training in population health, there was concern that this topic had been addressed in recent reports from ACICBL and other HRSA advisory boards.

Dr. DeLeon mentioned a recent National Academic of Sciences report on the evolution of the healthcare system toward patient-centered care and interdisciplinary training that would provide a good grounding for the report. Mr. Ray Bingham added that the authors of the report, *Training in Interdisciplinary Health Science: Current Successes and Future Needs*, had given a presentation at a recent meeting of the National Advisory Council for Nurse Education and Practice.

Dr. Levine stated that there are physicians and medical clinics changing the way healthcare is delivered through co-creation of care. Dr. Forciea suggested finding speakers who have changed the system in ways that have benefited their patients and their practice. Dr. Weiss said the main issue is the needs of the patient and then communicating these needs so the system changes to deliver care that benefits the entire population.

After much discussion, the members chose to focus the 17th report on Topic #4 - Patient-centric and consumer-driven health care.

Public Comment
Dr. Valentine opened the phone lines to public comment.

There was a comment that NHSC participants are limited to no more than 8 hours of teaching per week. The commenter also noted that NHSC surveys the needs of its clinical sites and based on the results decided to expand disciplines. Clinical pharmacists have been at the top of the list.

There were no other public comments.

Dr. Valentine adjourned the meeting at 2:20 p.m.