**ADVISORY COMMITTEE ON INTERDISCIPLINARY,**
**COMMUNITY-BASED LINKAGES (ACICBL)**
**Webinar and Teleconference**

**Sponsored by the Health Resources and Services Administration (HRSA)**

***Meeting Minutes***

**August 5, 2021**

**Committee Members Present**

Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP*, Chair*
Sandra Pope, MSW, *Vice Chair*
Elizabeth Bush, MS, MA
Katherine Erwin, DDS, MPA, MSCR
Roxanne Fahrenwald, MD, FAAFP
Donna Fick, PhD, RN, GCNS-BC, FGSA, FAAN
Teri Kennedy, PhD, MSW, LCSW, ACSW, FGSA, FNAP
Kevin Osten-Garner, PsyD, LCP (IL and NV)
Naushira Pandya, MD, CMD-FACP
Jennifer Peraza, PsyD, ABPP
Sara Sherer, PhD
Mary Worstell, MPH

**Health Resources and Services Administration Staff in Attendance**

Shane Rogers, Designated Federal Official
Joan Weiss, PhD, RN, CRNP, FAAN, ACICBL Subject Matter Expert, Deputy Director, Division of Medicine and Dentistry
Kimberly Huffman, Director of Advisory Council Operations
Janet Robinson, Advisory Committee Liaison, Advisory Council Operations
Anne Patterson, Public Health Analyst
Isaac Worede, Chief, Performance Metrics and Evaluation Branch

## Welcome and Introductions

Mr. Shane Rogers convened the third meeting of the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL, or the Committee) in fiscal year (FY) 2021 at 10:03 a.m. Eastern Daylight Time (EDT) on Thursday, August 5, 2021. The Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) sponsored the meeting, which was conducted virtually with a videoconference meeting platform. Mr. Rogers welcomed the Committee, including eight new members, HRSA staff, and members of the public. He reminded the Committee of its charge. Ms. Janet Robinson provided instructions for using the virtual platform to participate in the meeting.

Dr. Nicole Brandt welcomed the Committee, thanked HRSA staff, and reviewed the meeting agenda. She invited Committee members to introduce themselves, describe their work, and share something about what they do for entertainment. Dr. Brandt noted that new Committee member, Thomas Teasdale, DrPH, FGSA, FAGHE, was unable to attend this meeting.

## Presentation: History of the Health Professions Accreditors Collaborative (HPAC)

***Peter H. Vlasses, PharmD, DSc (Hon.), FCCP Executive Director Emeritus Accreditation Council for Pharmacy Education (ACPE) Convener, HPAC***

In January 2020, Dr. Joan Weiss and former ACICBL Chair Mr. James Stevens submitted a letter to HPAC requesting endorsement of Recommendations 3 and 4 of the Committee's 17th Annual Report. The recommendations concern team-based and age-friendly health care. In response, Dr. Vlasses requested to make a presentation to the Committee about HPAC's work and processes. HPAC has no formal structure. All HPAC members also are members of the Association of Specialized and Professional Accreditors (ASPA), which comprises 61 member organizations that set educational standards for more than 100 disciplines and accredit more than 25,000 programs. Many member organizations are reviewed according to standards of external entities, such as the U.S. Secretary of Education or the Council for Higher Education Accreditation. ASPA members collaborate to learn from each other about quality improvement processes. Approximately one-third of members are health profession accrediting organizations. In 2009, six members founded the Interprofessional Education Collaborative (IPEC) to define interprofessional competencies and develop approaches to interprofessional education. In 2011, IPEC published *Core Competencies for Interprofessional Collaborative Practice,* an expert

panel report that identifies four core competencies and 39 sub-competencies. The four core competencies are: 1) values and ethics, 2) roles and responsibilities, 3) interprofessional communication, and 4) teams and teamwork. IPEC now has 20 members. The organization has updated the competencies it recognizes to address public health and population health issues. It is currently working on updating these competencies again.

HPAC was founded in 2014 and includes 25 members. Members are those that founded IPEC and other ASPA member health profession education organizations committed to IPEC competencies and interested in shared competency standards. HPAC's mission is to, "provide a forum for members to cooperate in areas of mutual interest to ensure that accreditors' standards, policies and procedures support and prepare graduates for contemporary practice as part of interprofessional teams."

HRSA, the Robert Wood Johnson Foundation, the Josiah Macy, Jr. Foundation, the Gordon and Betty Moore Foundation, the John A. Hartford Foundation, and the University of Minnesota founded the National Center for Interprofessional Practice and Education in 2012. HPAC and the National Center for Interprofessional Practice and Education collaborated to develop and publish *Guidance on Developing Quality Interprofessional Education for the Health Professions.* This document discusses terminology and what defines quality in an interprofessional education environment, and provides specific guidance for institution leaders, program leaders and faculty, and accreditation boards, commissions and evaluators. Both number of visitors and visits to HPAC's website have increased since the guidance document was published. Many visitors have downloaded the document.

In Fall 2020, HPAC met virtually to discuss, "Advancing health equity and addressing health disparities in health professions education." During the meeting, members discussed whether to endorse ACICBL's recommendations. HPAC's planning committee is pleased that ACICBL reached out to HPAC. Some members expressed interest in endorsement while others did not think it would be appropriate to do so at that time, in part because HPAC was, and still is, occupied with assessing accreditors' equity standards. Dr. Vlasses recommended for ACICBL to direct its request for endorsement to IPEC because IPEC is currently updating its standards, which form the basis for HPAC standards. IPEC endorsement would facilitate incorporating ACICBL's recommendations into HPAC standards and guidance.

**Discussion**

Dr. Brandt requested a summary of the timeline for IPEC's standards revisions. Dr. Vlasses explained that IPEC currently is reviewing competencies, so the present is a logical time to request that IPEC consider endorsing the Committee's recommendations. The National Center for Interprofessional Practice and Education has invited IPEC to deliver a presentation on revisions to its standards at the National Center's Fall 2021 meeting, which HPAC representatives will attend. This will provide an opportunity to call HPAC's attention to IPEC's response to the ACICBL recommendations, and to invite HPAC commentary. Dr. Vlasses offered to share IPEC leaders' contact information and invited Dr. Brandt to say he had recommended that she approach them. Dr. Vlasses recommended having an informal conversation with a representative from IPEC prior to submitting a formal written request. Dr. Teri Kennedy noted that IPEC will convene a virtual town hall on September 17, 2021. She shared a link to the town hall and encouraged Committee members to participate.

Dr. Donna Fick inquired how ACICBL can align with HPAC and IPEC priorities beyond equity and age-friendly care. Dr. Vlasses answered that both organizations are committed to interprofessional education and IPEC competencies, which is a key way that ACICBL already aligns with IPEC. Age-friendly health care may be part of IPEC's updated competencies. HPAC is likely to be interested in working with the Committee to promote interprofessional education.

**Presentation: HRSA Data Warehouse Feedback Session**

***Elizabeth Kittrie, Office of the Associate Administrator, Senior Advisor***
***Michael Arsenault, Director of the Division of Business Operations***
***Bureau of Health Workforce, HRSA***

Ms. Elizabeth Kittrie and Mr. Michael Arsenault are asking all HRSA advisory committees and councils to comment on HRSA's data warehouse. BHW shares health workforce data with the public in response to mandates for data sharing and evidence building, and to promote public health and support workforce development. BHW is working to make data more accessible and usable, and is interested in input regarding how to accomplish this.

BHW national data resources include Area Health Resource Files (AHRF), Nursing Workforce Survey data, shortage designation data, and the National Practitioner Data Bank. Data resources also include HRSA grant data, data on health professions training programs, and resources that

provide data on BHW programs that fund individuals. The last set of data resources includes BHW clinician and field strength dashboards, and National Health Service Corps (NHSC) and Nurse Corps programmatic data sources and map visualizations. Clinician dashboards provide data about retention following fulfillment of service obligations.

**Discussion**

Mr. Arsenault inquired whether Committee members had been aware of HRSA's data tools, how members have used these tools, what feedback they have about the tools, and what additional health workforce data would be useful. Several committee members reported being aware of some, but not all, tools. Dr. Osten-Garner reported that he had not been aware of the NHSC Health Workforce Connector, which he now plans to use to help interns plan their careers. Members have used workforce shortage data for grant writing and as a reference in professional work.

Several committee members recommended providing guidance about how to use the data and tools. Committee members also suggested considering which stakeholders would be likely to use specific data resources, then contacting those audiences with information about the data resources and potential utility. Social media, academic workshops, and professional conferences are potential channels for promoting HRSA data utilization. Grant applicants often learn about HRSA data resources through notices of funding opportunities (NOFO). Using consistent language in NOFOs and other HRSA documents that refer to data resources would facilitate users' searches for information.

Suggestions for data that would be useful included: data that allow comparison between grantees' activities and performance, statewide staffing and turnover data, availability of services in a specified geographic area, and availability of providers trained to serve patients with sensory disabilities or geriatric patients. Mr. Isaac Worede noted that the website provides links to reports on program outcomes and the health workforce. Ms. Kittrie invited Committee members to e-mail further comments to Mr. Rogers.

HRSA will continue to conduct listening sessions with stakeholders and develop strategies for data externalization through December 2021. HRSA will implement data warehouse changes between February and June 2022. Data to be developed and released include a Workforce Projection Visualization tool, AHRF diversity data, and BHW program applicant data.

**Discussion: Finalize 20th Report to Congress with Public Comment**

Dr. Brandt reviewed the report development process for new Committee members, then invited comments. Committee members agreed that the report should acknowledge informal caregivers as stakeholders in quality health care. Ms. Mary Worstell stressed that health care providers should be able to identify informal caregivers and assess their capabilities. Ms. Elizabeth Bush suggested clarifying that HRSA's definition of the healthcare workforce includes students in health professions programs. The Committee and Dr. Weiss agreed that the report should include the full definition of the healthcare workforce. Dr. Fahrenwald noted that the report addresses health care for the public, rather than public health, as indicated by the title. She suggested considering changing the title.

Ms. Worstell noted that sight and hearing decline for many people as they age. Many healthcare providers are challenged to address needs related to sensory disabilities. The report should acknowledge this as well as gender differences in aging. Dr. Donna Fick pointed out that age-friendly health systems focus on mentation, which includes sensory processing. Dr. Kennedy explained that, based on recent focus group results, she recommends changing the term "overlooked," which she had previously recommended using, to "excluded." "Excluded" can include people with disabilities. Dr. Kennedy indicated that the report should emphasize that age-friendly health systems promote equity and address disparities. Dr. Fick and Ms. Worstell suggested that the report should emphasize the urgent need for more equitable access to high-quality geriatric care. Because the population is aging and poor quality care can lead to increased costs, it is important to act on the Committee's recommendations soon to address emerging needs to improve health care and reduce costs of care for older adults.

Dr. Osten-Garner noted that regulatory flexibility to facilitate telehealth access during the COVID-19 public health emergency will expire soon. He inquired whether the report should address the resulting interjurisdictional access restrictions and payment barriers. Dr. Weiss responded that the 19th report discussed value-based payment. She reminded the Committee that its purview is advice and recommendations regarding Title VII Part D programs. Dr. Kennedy reported that the National Academies of Practice is advocating for continuing regulatory flexibility. She offered to provide contact information for Committee members interested in supporting these efforts. Dr. Fahrenwald suggested that the report emphasize the value of telehealth in increasing access to healthcare. She indicated that it may be useful to write a letter

to the Centers for Medicare & Medicaid Services (CMS) asking for continued regulatory flexibility for telehealth reimbursement and suggesting CMS encourage states to do the same.

Ms. Worstell suggested that the recommended 25 percent increase in funding for telehealth may not be sufficient. There is extensive need for telehealth equipment and support, which is likely to require more than a 25 percent increase. The Committee's request must reflect that the need is serious. However, other Committee members pointed out that recommendations for increases should consider that AHECs are required to match funding. Committee members agreed that they would prefer to review data on how recent resource increases affect telehealth and telehealth outcomes before requesting a greater increase. Mr. Rogers offered to invite a BHW representative to present information about telehealth resources and needs at the Committee's next meeting.

Mr. Rogers invited public comment on the draft report, noting that it had been available for review for about 2 weeks on the Committee's website. No comment was offered. Dr. Brandt made a motion to accept the report pending minor edits. Ms. Pope seconded the motion. The Committee unanimously voted to accept the report pending final updates to be made by a work group, with support from the technical writer. Volunteers for the work group were Ms. Worstell, and Drs. Kennedy, Osten-Garner, Fahrenwald, and Fick. As Chair, Dr. Brandt is committed to joining the work group. Mr. Rogers thanked the writing subcommittee, Dr. Weiss, and the technical writer for their work on the report.

**Discussion: Coronavirus Aid, Relief, and Economic Security (CARES) Act Consultation Letter**

Dr. Brandt reported that the Committee sent a letter to the Secretary of Health and Human Services regarding the CARES Act. The letter supports HRSA's workforce development objectives. She mentioned that BHW committee and council chairs have met with each other and presented at each other's meetings, and would like to continue collaborating. Other committees and councils supported the CARES Act and advocate support for telehealth. Dr. Brandt invited questions and comments about the letter and collaboration with other committees and councils. Committee members expressed interest in continued collaboration.

Dr. Weiss reported that Congress allocated approximately $15 million to BHW for training related to COVID-19 and telehealth. BHW used funds to support the Geriatrics Workforce

Enhancement Program (GWEP), the Area Health Education Center (AHEC) program, the Centers of Excellence, and the Nurse Education, Practice, and Retention program. GWEP used funds for training and to purchase equipment and wifi access for patients, families, and caregivers. GWEP linked training to practice improvement and CMS telehealth reimbursement measures. If the Committee decides to make recommendations regarding telehealth reimbursement, it should consider linking the recommendation to training and education, practice improvement, or health outcomes.

**Discussion: Potential Topics for Fiscal Year 2022**

At Ms. Pope's request, Mr. Rogers displayed the Committee's recommendations for the 17th through 20th reports. Dr. Kennedy noted that many health departments in small rural and frontier communities do not know how to use data. Health informatics experts are a critical part of interprofessional health teams. They are able to develop data reports for rapid response to public health emergencies and to support continuous quality improvement. Health informatics is a distinct profession with an accrediting body. The value of health informatics and the role of professionals trained in informatics in the health workforce is a potential topic for the Committee's next report. Dr. Fick supported this suggestion. Dr. Fahrenwald noted that some health information systems can be burdensome and decrease health workforce morale. She suggested that the report could discuss how informatics experts and health care providers could collaborate to develop health information systems that support relationships between patients and care providers, which would improve provider satisfaction and workforce retention. Dr. Kennedy explained that informaticians build systems based on end users' needs, thereby reducing burden.

Dr. Osten-Garner noted that mental health professionals on interprofessional health care teams can help to support provider well-being and also help to address public trust issues. Several committee members emphasized the importance of measuring how well health systems support provider well-being. Dr. Weiss noted that Congress recently appropriated $120 million for workforce resiliency training. Notices of Funding Opportunity have been released for programs to promote resiliency in the health professional workforce, technical assistance, and health workforce resilience.

Committee members reported that financial, social, and emotional challenges have made retaining the health workforce, including students in health professions programs, an important

current issue. COVID-19 and its sequelae have traumatized the health workforce. Burnout is a serious issue for nursing home staff, mental health care providers, informal care providers, and other health workforce members. Provider well-being is essential for workforce retention. Health systems must offer trauma-informed care to support traumatized providers to recover, train the workforce to be resilient, and offer systemic support for provider well-being. Several Committee members also agreed that the health care workforce needs training to deal with surges in need for care.

Ms. Bush suggested that the report could consider how non-traditional learners, such as adults making career changes, can help to address the health workforce shortage. Council members noted the value of encouraging elementary and early secondary school students to pursue careers as health professionals. Dr. Fahrenwald suggesting recommending more flexibility in AHEC funding match requirements, to allow more support for efforts, such as elementary school education, that will not generate revenue.

Ms. Worstell suggested focusing on the role of informal caregivers in the health workforce. Other members agreed and suggested that the report discuss training the workforce to assess and address informal caregivers' needs. Dr. Fick suggested that the report could focus on training the health workforce to address stigma affecting people with physical or mental disabilities and others. Dr. Peraza suggested that the report could discuss how barriers to meeting basic needs such as housing and food affect public health.

Dr. Kennedy noted that the current report is entitled, "Reimagining Public Health Infrastructure and the Health Workforce for the 21st Century" and suggested that the next report could focus on rebuilding public health infrastructure, public trust, and the public health workforce, which could include many ideas the Committee had discussed. Other members supported this suggestion. Dr. Fahrenwald pointed out that telehealth can support many suggestions the Committee had discussed, such as connecting informal caregivers to hospitals, and connecting specialists to patients or providers in long-term care facilities.

Ms. Worstell inquired how the Committee should determine specific report topics. Dr. Weiss noted that the call for abstracts for the upcoming BHW stakeholders meeting, which was sent to all Council members, includes tracks which reflect BHW's priorities. Referring to these tracks could help members to select report topics. Priorities include COVID-19, health equity, diversity,

telehealth, behavioral and mental health, and community health. Dr. Kennedy inquired whether BHW Committees could coordinate to develop a set of reports. Mr. Rogers confirmed that this is an option.

Ms. Pope invited suggestions for presenters at the Committee's next meeting. Mr. Rogers noted that the Advisory Committee on Training in Primary Care in Medicine and Dentistry's 2019 report discussed improving well-being among primary care trainees, faculty, and clinicians by optimizing systems to mitigate burnout and promote resiliency. The report is likely to include references to leaders in the field who are potential presenters. He invited Council members to e-mail suggestions for potential speakers to him. Dr. Brandt suggested inviting other committee and council chairs to make presentations.

**Public Comment**

Mr. Rogers invited public comment. There was none.

**Closing Comments**

Dr. Brandt thanked Committee members for their work and reviewed the day's presentations and discussions. Ms. Pope thanked HRSA staff for their contributions. Dr. Weiss explained that she would contact the work group regarding finalizing the 20th report. Mr. Rogers thanked the Committee and HRSA staff for their work and reminded them that their next meeting will be held on January 20 and 21, 2022. He adjourned the meeting at 3:45 p.m. EDT.