



20th Report Update

Sandra Snyder, MD
Chair, ACTPCMD



20th Report Update

- **Change in Report Numbering**
- **Workgroup**
 - Sandy Snyder, Jane Carreiro, Mike Huckabee, Kim Perry, David Schneider, and Wanda Thomas
- **Timeline**
 - 2-3 months



20th Report Recommendations

Recommendation 1: The ACTPCMD recommends that HRSA include specific language in its Notices of Funding Opportunities (NOFOs) for Title VII Sections 747 and 748 primary care training programs that prioritize funding for the training of medical and dental trainees on the treatment and care of patients with Intellectual and Developmental Disabilities (IDD) and other Special Health Care Needs.

Rationale

There is a dearth of practitioners who have the skills or knowledge to care for patients with Intellectual and Developmental Disabilities (IDD) and other Special Health Care Needs, especially adults. Opportunities for training are lacking in this area. This will include the training of clinicians to be able to care for those with special needs, including the training of physicians, physician assistants, dentists, dental therapists, and dental hygienists.



20th Report Recommendations

Recommendation 2: The ACTPCMD recommends that HRSA include specific language in its NOFOs for Title VII, Sections 747 and 748 primary care training programs, that prioritizes the development and implementation of curriculum that includes health equity and cultural humility to improve the care provided to all individuals irrespective of race, ethnicity, disability, socioeconomic status, religion, gender identity, and sexual orientation, while respecting and recognizing the differences and value that each person brings.

Rationale

Trusting and compassionate relationships between health clinicians and their patients ensure positive health outcomes for all patients, especially members of vulnerable populations. The embedding of CLAS (culturally and linguistically appropriate services standards in their institutions) (<https://thinkculturalhealth.hhs.gov/clas/what-is-clas>) is recommended as it is designed to weave concepts of cultural humility and implicit bias, focusing on access to care and health equity in interprofessional settings.



20th Report Recommendations

Recommendation 3: To improve diversity within the future primary care workforce, ACTPCMD recommends that Title VII Sections 747 and 748 primary care training programs overtly and explicitly encourage the funding of applicants who successfully recruit learners and faculty from underrepresented backgrounds that better reflect the community of need, and place greater emphasis on specific funding factors currently available within Title VII Sections 747 and 748 authorizations.

Rationale

Representative faculty role models are particularly important to encourage trainees from underrepresented groups. Such trainees can improve the diversity of the health workforce and address health inequities. Programs need to increase the capacity to recruit learners and faculty that look like the communities they serve, supporting recruitment, training, and retention of programs in underserved minority communities while promoting and supporting exemplar models that support a diverse student body.



20th Report Recommendations

Recommendation 4: The ACTPCMD recommends that HRSA expand its workforce analysis to include all trainees of federally funded programs by implementing a longitudinal trainee tracking mechanism that uses all available data resources to assess the numbers and percentages of trainees who have completed a program and are practicing primary care, and of those, how many serve underserved communities and vulnerable populations.

Rationale

HRSA currently lacks a longitudinal mechanism that tracks Title VII training program graduates, beyond their funded training. In order to have a true community impact on population health, HRSA should also employ a longitudinal mechanism that captures interprofessional practice. (FYI: *National Provider Identifier (NPI), Drug Enforcement Agency (DEA), American Medical Association (AMA) Masterfile, American Association of Medical Colleges (AAMC), AACOM, NCCPA, ADEA, Medicare and Medicaid (CMS), and other databases.)



20th Report Recommendations

Recommendation 5: The ACTPCMD recommends that Congress award funding of Title VII, Sections 747 and 748 primary care training programs at \$200 million to ensure the future primary care workforce receives the training and resources necessary to adequately care for the nation's most underserved and vulnerable populations.

Rationale

As appropriation levels for these programs have essentially remained stagnant for [number] years, the above requested number is an inflation-adjusted calculation based on FY [year] appropriations. Currently available appropriations are inadequate to support the system changes necessary to provide the minimum quality of care expected from today's primary care workforce. (specifically exclude from THCGME program funding)

