

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

Meeting Minutes
August 26, 2022

Committee Members Present

Sandra Pope, MSW (Chair)
Thomas A. Teasdale, DrPH, FGSA, FAGHE (Vice Chair)
Elizabeth Bush, MS, MA
Katherine Erwin, DDS, MPA, MSCR
Donna Marie Fick, PhD, RN, GCNS-BC, FGSA, FAAN
Teri Kennedy, PhD, MSW, ACSW, FGSA, FNAP
Kevin A. Osten-Garner, PsyD, LCP
Naushira Pandya, MD, CMD-FACP
Mary Worstell, MPH

Health Resources and Services Administration Staff in Attendance

Shane Rogers, Designated Federal Officer
Joan Weiss, PhD, RN, CRNP, FAAN, ACICBL Subject Matter Expert, Deputy Director,
Division of Medicine and Dentistry
Zuleika Bouzeid, Advisory Council Operations, ACTPCMD-ACICBL-COGME
Kim Huffman, Director of Advisory Council Operations
Jason Lin, Information Technology Specialist
Janet Robinson, Advisory Council Operations
Nolan Simon, Office of Information Technology

Welcome Remarks

Shane Rogers, Designated Federal Officer (DFO), ACICBL

The Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL) convened its meeting at 10:00 a.m. on August 26, 2022. The Health Resources and Services Administration (HRSA) facilitated the meeting through a virtual platform. Shane Rogers, the Designated Federal Officer, welcomed Committee members, presenters, and members of the public.

Ms. Zuleika Bouzeid provided instructions for participating in the virtual meeting. Next, Mr. Rogers explained that the Committee's purpose is to provide advice and recommendations to the Secretary of Health and Human Services (HHS) and Congress about policy and program development pertaining to programs authorized by the Public Health Service Act, Title VII, Part D. Mr. Rogers then turned the meeting over to Ms. Sandra Pope.

Agenda Review / Introductions

Sandra Y. Pope, MSW, Chair, ACICBL

Ms. Pope welcomed participants, took roll, and reviewed the agenda. The participants then introduced themselves. During this meeting, the Committee reviewed its 2022 Report to Congress and considered an additional recommendation.

ACICBL members received an update on the Title VII Geriatrics program and HRSA's Data Warehouse. Members also heard about 2023 plans by other HRSA health workforce federal advisory committees. The Committee spent the afternoon discussing potential 2023 report topics.

Update/Discussion: 21st Report, Additional Recommendation—Vote

Sandra Y. Pope, MSW, Chair, ACICBL

Upon additional deliberation, the Committee voted to include the recommendation below that would allocate funds to provide fiscal support for the other recommendations presented in their 21st report.

Recommendation 4

The ACICBL recommends that each of the Title VII, Part D programs receive a 25 percent increase in their annual appropriations in order to successfully implement these essential 21st Report recommendations. The specific funding increases are based on fiscal year 2022 appropriations and are as follows:

- \$10,812,500 million increase for Area Health Education Centers
- \$11,311,250 million increase for Education and Training related to Geriatrics
- \$37,479,000 million increase for the Behavioral Health Workforce Development Programs, which includes the following six programs: 1) Behavioral Health Workforce Education and Training for Professionals (BHWET), 2) BHWET for Paraprofessionals, 3) the Behavioral Workforce Development Technical Assistance and Evaluation (BHWD TAE) Program, 4) Addiction Medicine Fellowship (AMF), 5) Integrated Substance Use Disorder Treatment Program (ISTP), and 6) Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP). Each of these six programs should equally receive a 25% increase in appropriations.

Presentation: HRSA Data Warehouse Follow-up

Jason Lin, IT Specialist, Division of Business Operations

Mr. Jason Lin presented on the changes and updates to the HRSA Data Warehouse (HDW). The data.HRSA.gov website gets approximately 10 million visitors a year. These include researchers, grantees, government agencies, the media, and others. There were various reasons

why HDW was revamped. These included: 1) Increasing the awareness of the BHW portfolio, its high-quality tools, and reports, 2) Improving linkages between BHW.HRSA.gov and data.HRSA.gov, 3) A better connection between BHW programs and portfolios, 4) A limited presence of BHW grant programs on HDW, except for BHW Performance Management Handbook dashboards, 5) The need for additional data “culling and pruning”, and 6) Consistency across BHW’s tools (maps, data sites, query data, etc.).

Mr. Lin walked participants through the new BHW pages that currently exist on HDW. He also provided a sneak preview of two webpages that will soon be available to the public: the Nursing Workforce Tool Dashboards and the BHW Footprint Map. The Nursing Workforce Tool (NWT) Dashboards were created to allow viewers to gain a comprehensive understanding of the nursing workforce through visualizing the results of the National Sample Survey of Registered Nurses. Viewers can see aggregate response data for survey questions in a simplified visual format. The NWT Dashboards can help viewers analyze the survey responses for specific geographic locations, license types, and employment status to more accurately understand the composition of the nursing workforce.

The BHW Footprint Map was created to allow viewers to see the full landscape of BHW’s assets, including sites, participants, applicants, and alumni, with additional data layers like Health Professional Shortage Areas and the NORC Overdose Mortality Rate to provide operational and strategic context for internal and external stakeholders. The BHW Footprint Map can also help to target resources and outreach for funding opportunities and potential partners. Also, data layers can be turned on and off to focus on answering the questions of most interest to the users.

Discussion

Dr. Teasdale asked if the portal will be able to show how many professionals were trained under each grant.

Mr. Lin said he would need to check with the team and get back to him with an answer.

Dr. Fick asked where data from the grant are stored online and how are they used.

Mr. Lin said he would need to check with the team and get back to her with an answer.

Dr. Teri Kennedy applauded Mr. Lin and the team for focusing on the public facing side and their efforts in making data available, transparent, and understandable.

Program Update: Geriatric Academic Career Award program (GACA) and Geriatric Workforce Enhancement Program (GWEP)

Joan Weiss, PhD, RN, CRNP, FAAN, Deputy Director, Division of Medicine and Dentistry, BHW

Dr. Joan Weiss provided an update on two BHW programs, the Geriatric Academic Career Award program (GACA) and the Geriatric Workforce Enhancement Program (GWEP). The purpose of GACA is to support the career development of junior faculty as academic geriatricians or academic geriatrics specialists. GACA aims to educate and train the health care workforce within the context of the age-friendly health systems framework. It helps address dementia-risk reduction and dementia across the disease trajectory—including training on dementia medications as they are approved for use—health disparities, social determinants of health, and nursing home care.

The purpose of the GWEP program is to develop a health care workforce to provide value-based care that improves health outcomes for older adults by maximizing patient and family engagement and integrating geriatrics and primary care. The program trains the health care workforce within the context of the age-friendly health systems framework. Applicants must include an evaluation plan to show program impact for patient access, quality, and cost measures. It should also include four required measures and at least two additional measures that grant recipients can select. The required measures are the following: what matters, medication, mentation, and mobility. Some examples of additional measures being used by grantees include medication management, 30-day readmission, colorectal screening, diabetes, and hypertension.

A key program requirement is to develop reciprocal partnerships between academia, primary care, and community-based organizations. This can help patients to receive a wide variety of services in a coordinated manner. In FY 2020, as a result of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, GWEP received \$4 million in administrative supplements targeted to GWEP grant recipients. The purpose of the supplements was to: 1) Educate and train students and clinicians on providing telehealth-enabled COVID-19 referral for screening and testing, case management, and outpatient care, and/or 2) Maintain primary care functionality away from physical sites, especially for COVID-19 positive and quarantined elderly, as well as individuals at a higher risk of severe illness, including persons living with dementia, their families, and caregivers. In FY2021, HRSA provided \$2.2 million for COVID-19 specific education and training, partnering between GWEP recipients and nursing homes, and the development of a COVID-19 national curriculum to address needs of nursing home populations. In FY2022, HRSA provided \$2.198 million supplemental funding to currently funded GWEPs to support curriculum development on the care of older adults residing in nursing homes—including care of persons living with dementia—within the context of the age-friendly health systems framework.

Discussion

Dr. Kevin A. Osten-Garner asked if there were any efforts involving a mobile workforce that can impact rural counties and frontier areas that may not have nursing homes available—or where individuals are not be able to afford care in a nursing home.

Dr. Weiss said that GWEPs are in approximately 1,124 nursing homes in both rural and urban areas. Some GWEPs have focused entirely in nursing homes, including nursing homes in rural areas, but a rural/urban breakdown has not yet been developed.

Ms. Mary Worstell asked if within the GWEP system there was training, or the ability to enhance training, in some under-addressed areas of adult health such as the sensory disabilities of vision and hearing and issues of incontinence?

Dr. Weiss replied that GWEP has a lot of requirements but also has the flexibility for the grant recipient to address hearing, vision, and incontinence.

Dr. Naushira Pandya said that, as a GWEP recipient, they address some of those areas along with oral health.

Dr. Katherine Erwin, who is a dentist, thanked the Committee for addressing the important area of oral health.

Dr. Kennedy asked if swing bed providers could participate in frontier areas, so that people would be able to stay locally and receive follow-up care.

Dr. Weiss said that HRSA does not differentiate on the reasons why a patient is in a nursing home. Grantees can tell HRSA what needs need to be met within a system.

Update: HRSA Health Workforce Advisory Committees—Plans for 2023

Shane Rogers, DFO, ACICBL

Mr. Rogers presented a high-level overview of the priorities being considered by the four other BHW Advisory Committees—the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD), the Council on Graduate Medical Education (COGME), the National Advisory Council on the National Health Service Corps (NACNHSC), and the National Advisory Council on Nurse Education and Practice (NACNEP). Although each of these Committees have a different purpose and charge, they are all designed to provide the Secretary, HHS, HRSA, and the U.S. Congress with expert advice and recommendations to support and improve the nation’s health workforce. Mr. Rogers walked participants through a brief explanation of each of the Committee’s purpose, charge, and topics being considered for 2023.

ACTPCMD

- Last Met: August 2022
- Topics considered for 2023:
 - Increasing the supply of primary care clinicians
 - Supporting new models of training
 - Expanding Title VII Primary Care Training and Enhancement (PCTE) programs to integrate public health into primary care
 - Reviewing the preparedness of clinicians trained during the pandemic

COGME

- Last Met: September 2022
- Topics considered for 2023:
 - Disseminating the 24th Report on Rural Health
 - Developing a Letter of Support for the Teaching Health Center Graduate Medical Education (THCGME) program
 - Developing a Letter on the disproportionate loss of Underrepresented Minorities (URMs) in medicine
 - Developing a Letter of Support for general surgeons in rural areas, engaging NACNHSC

NACNHSC

- Last Met: June 2022
- Topics considered for 2023:
 - To be determined in November 2022

NACNEP

- Last Met: August 2022
- Topics considered for 2023:
 - Health care system reform
 - Community-focused nursing care delivery models
 - Nursing health care payment models

Mr. Rogers also presented the 2023 priorities for the Bureau of Health Workforce

- Recruiting students from the communities being served
- Training them in rural and under-resourced communities

- Integrating behavioral and oral health into primary care
- Training interprofessional and collaborative teams

In 2021, the U.S. Department of Health and Human Services developed its [Health Workforce Strategic Plan](#). This strategic plan provides a forward-looking framework for health workforce improvements and focuses on four key goals: expanding supply, ensuring equitable distribution, improving quality, and enhancing the use of data and evidence to improve program outcomes. HHS consulted with all of the Bureau's Federal Advisory Committees to prepare the strategic plan.

All five of the Bureau's Federal Advisory Committees provided counsel through consultation letters to the department pertaining to the preparation of the HHS Strategic Plan that was authorized by the CARES Act. The committees' comments and recommendations for the development of the strategic plan can be found on BHW's [About Us](#) webpage.

Public Comment: Specific to 2023 Report Topics Only

Shane Rogers, DFO, ACICBL

Barbara Hart, the Director of a Community Health Worker Training Program for the City University of New York, said that the individuals being sent via bus from Texas to New York City could be a burden to the city's health care system.

Discussion: Topics for 2023 Report

Thomas A. Teasdale, DrPH, FGSA, FAGHE, Vice Chair, ACICBL

The Committee held a brainstorming session to develop topics for their next report. The topics discussed fell into the three broad categories below:

1. Position the public health system to anticipate future need
2. Reverse the negative pattern or trend in U.S. health care workforce recruitment and retention
3. Incentivize the health care system for equity

These broad categories will be eventually distilled into the topic(s) for the 2023 report.

Public Comment

Shane Rogers, DFO, ACICBL

Grace Kuo, PharmD, PhD, Dean of the Jerry H. Hodge School of Pharmacy at the Texas Tech University Health Sciences Center, thanked the Committee for considering report topics surrounding geriatric and rural health. Dr. Kou added that the Texas Tech School of Pharmacy is the only school that requires rotations in pediatrics, geriatrics, and rural health. She added

that pharmacists can collaborate with other health care professionals to provide optimal care in all settings.

Wrap-Up

Sandra Y. Pope, MSW, Chair, ACICBL

Ms. Pope thanked Committee members, members of the Work Group who developed the draft recommendations as well as members of the Writing Group who developed the report. She also thanked Dr. Teasdale for his contributions to the meeting.

In addition, Ms. Pope thanked all speakers and HRSA staff for putting the meeting together as well as Shane Rogers, the DFO, and Dr. Joan Weiss, Subject Matter Expert, for all their help. The next meeting will be held on January 19-20, 2023. Dr. Thomas Teasdale will be chairing the meeting. Mr. Rogers adjourned the meeting at 4:08 p.m. ET.