

Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL)

Team-Based Care COGME Meeting - March 17, 2023

Tom Teasdale, DrPH
Chair, ACICBL

ACICBL Duties

- Provides advice to the Secretary and Congress on policy, program development, and other matters of significance concerning activities under Part D of Title VII of the PHS Act:
 - Area Health Education Centers
 - Geriatric Workforce Education
 - Mental and Behavioral Health Training for Professionals and Paraprofessionals
 - Graduate Psychology Education
 - Addiction Medicine
 - Integrated Substance Use Disorder
 - Opioid Impacted Family Support
- Prepare and submit annual reports
- Develop, publish, and implement performance measures
- Develop and publish guidelines for longitudinal evaluations
- Recommend appropriation levels

ACICBL Past Reports (examples from 2001 – 2022)

- Reimagining Public Health Infrastructure and the Health Workforce for the 21st Century
- High Value Healthcare and Health Equity: It Takes a Team
- Promoting the Inclusion of Population Health at the Nexus of Primary Care Delivery and Public Health
- Preparing the Current and Future Health Care Workforce for Interprofessional Practice in Sustainable, Age-Friendly Health Systems
- Enhancing Community-Based Clinical Training Sites: Challenges and Opportunities
- Transforming Education and Training Programs to Address Current Trends in Healthcare Reform
- Rethinking Complex Care: Preparing the Healthcare Workforce to Foster Person-Centered Care
- Transforming Interprofessional Health Education and Practice: Moving Learners from the Campus to the Community to Improve Population Health
- Redesigning Health Professions Education and Practice to Prepare the Interprofessional Team to Care for Populations
- Continuing Education, Professional Development, and Lifelong Learning for the 21st Century Health Care Workforce
- Preparing the Interprofessional Workforce to Address Health Behavior Change: Ensuring a High Quality and Cost-Effective Healthcare System
- Interprofessional Education and Practice with Implications for Primary Care in Healthcare Reform
- An Examination of the Healthcare Workforce Issues in Rural America
- Best Practices for Improving Access to Quality Care for the Medically Underserved: An Interdisciplinary Approach

ACICBL 12th Report in 2013:

Redesigning Health Professions Education and Practice to Prepare the Interprofessional Team to Care for Populations

1. The ACICBL recommends ... health professions schools and continuing education programs adopt and implement curricular changes that will equip future and current health professionals with the knowledge, skills, and tools to understand and effectively and efficiently address the health needs of populations by employing an interprofessional team approach.
2. ...health professions accrediting bodies include language in their accreditation standards that will require health professions programs and schools to integrate significant population health content and interprofessional population health practice into the basic curriculum.
3. ...licensing bodies include questions in their examinations that measure entering health professionals' understanding of population health and their ability to integrate population health strategies into practice.
4. ...(FOAs include) a population health focus in the curricula of health professions education programs (encourage didactic and clinical experiences; focus on interprofessional competencies; address entry level through continuing professional development).
5. ...the establishment of, and support for, a national clearinghouse for population health-related educational resources that can be used by public health and other health professionals and degree granting and CE programs.

ACICBL 17th Report in 2019:

Preparing the Current and Future Health Care Workforce for Interprofessional Practice in Sustainable, Age-Friendly Health Systems

1. ACICBL recommends that ... HRSA's Title VII, Part D NOFOs include language to prepare the current and future workforce ... to transform integrated primary care clinical learning environments into interprofessional Age-Friendly Health Systems.
2. ...NOFOs encourage recipients to partner with primary care sites/care delivery systems to prepare the current and future workforce to deliver population health care ... in interprofessional Age-Friendly Health Systems.
3. ...health professions programs integrate age-friendly, interprofessional principles into their curricula to prepare a current and future workforce competent to deliver age-friendly health care.
4. ...HRSA, in collaboration with health professional organizations, academia, and other federal agencies, develop competencies to advance interprofessional practice in Age-Friendly Health Systems.
5. ...NOFOs include language to train health professions students, faculty, and practitioners in the use of outcome-based meaningful measures aligned with the Age-Friendly Health Systems 4Ms Framework (what matters, medication, mobility, and mentation).
6. ...NOFOs include language to develop evidence-based practice models that prevent burnout and foster individual/ team wellbeing, resilience, and retention to advance the Quadruple Aim in interprofessional collaborative practice.

ACICBL 19th Report in 2020:

High Value Healthcare and Health Equity: It Takes a Team

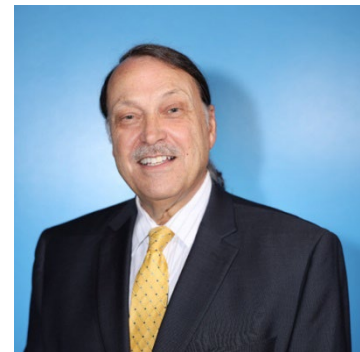
1. Regarding Innovations in Healthcare Quality Measurement:
Educate the workforce about using EHRs to measure care quality.
Expand EHR utilization to more clinical care team members.
2. Regarding Social Determinants of Health and Healthcare Costs:
Didactic and experiential training experiences be conducted in collaboration with at least one partner on how social determinants of health including housing status, food security, poverty, health literacy, and adverse childhood experiences impact individual and community health.
3. Regarding Preparedness to Address Emergencies for Rural and Underserved Pops:
Support interdisciplinary/interprofessional, equity-focused education and training opportunities for healthcare providers to address emergencies and to reduce disparities.

Summary

HRSA can and should fund IDTs/IPTs at:

- Training program curricula level
- Training program accreditation level
- Licensing bodies
- Clinical learning settings
- Community care delivery settings
- Quality measurement/QI level
- Public health response situations

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How else
can we
help?

ACICBL