

Advisory Committee on Training in Primary Care Medicine & Dentistry (ACTPCMD)

March 2021

Anita Duhl Glicken, MSW
Chair

My Agenda

- ACTPCMD Background Information and Structure
- Report Themes and Recommendations
- Title VII and NHSC
- CARES Act Impact

ACTPCMD BACKGROUND INFORMATION

DUTIES AND STRUCTURE

ACTPCMD Duties

Provides advice and recommendations to:

- HHS Secretary
- Committee on Health, Education, Labor and Pensions (U.S. Senate)
- Committee on Energy and Commerce (U.S. House of Representatives)



Summary of Duties

- **ACTPCMD provides advice on:**
 - Policy
 - Program Development
 - Other matters of significance concerning medicine and dentistry activities authorized under Title VII, Sections 747 and 748 of the PHS Act
 - 2021 - CARES Act

Summary of Duties cont.

ACTPCMD:

- Prepares and submits an annual report
- Develops, publishes and implements performance measures
- Develops and publishes guidelines for longitudinal evaluation
- Recommends appropriation levels for Part C of Title VII of the PHS Act

ACTCPMD Program Areas/Discipline Focus

- Family Medicine
- General Internal Medicine
- General Pediatrics
- General Dentistry
- Pediatric Dentistry
- Physician Assistant Programs
- Dental Hygiene

ACTCPMD Structure

- **Membership**

- 17 Members appointed by the Secretary
- Three (3) year terms
- Fair and balanced membership

- **Membership representation:**

- Allopathic medicine; osteopathic medicine; family medicine; general internal medicine; general pediatrics; general dentistry; pediatric dentistry; public health dentistry; dental hygiene; physician assistants; and students, residents, or fellows

Title VII Programs

- **Section 747 – Medicine (\$48.924M)**

- Primary Care Training and Enhancement
- Academic Units for Primary Care Training and Enhancement
- Career Development Awards (FD)
- Primary Care Champions
- Behavioral Health and Primary Care
- Physician Assistant Program
- Residency Training

- **Section 748 - Dentistry (\$26.6M)**

- Predoctoral Training in General, Pediatric and Public Health Dentistry and Dental Hygiene
- Postdoctoral Training in General, Pediatric and Public Health Dentistry
- Dental Faculty Loan Repayment
- Career Development Awards (FD)

ACTPCMD Past Reports

2020 - 2013

17th Annual Report

Innovations in Primary Care Education and Training: Developing Community Partnerships to Improve Population Health

- 16th - Primary Care and Oral Health Education in Rural and Underserved Populations
- 15th - Improving Well-Being of Primary Care Trainees, Faculty and Clinicians
- 14th - Integrated Care – 21st Century Training Needs
- 13th Addressing Social Determinants of Health
- 12th - Health Literacy and Patient Engagement (12th)
- 11th - Training in Community Settings – Building and Learning in Integrated Care Systems
- 10th - Interprofessional Education

Topics and Ideas Embedded in The Reports

- Chronic Disease Prevention and Management
- Interprofessional Education and Integration
- Population and Social Determinants of Health
- Health Literacy and Cultural Competency
- Primary Care Pipelines
- Implicit Bias, Structural Racism and Health Equity
- Increasing Resilience and Mitigating Burnout in the Workforce
- Impact of Telehealth

WORKING REPORTS

Upcoming ACTPCMD Reports

- **18th Report** (untitled, but will focus on Rural)
 - Increase the number of longitudinal primary care rotations and post-graduate residency programs in rural, underserved communities
 - Build and enhance clinical telehealth technologies for education, telemonitoring, remote interprofessional collaborative care, shared patient management and telementoring
 - Integrate oral and behavioral health into primary care training to support interprofessional team based training and practice to support patients with chronic and/or complex medical conditions
 - Support IPE and IPP to proactively address disparities in oral, maternal, and infant health outcomes

Upcoming ACTPCMD Reports

- **19th Report** (untitled)
 - Potential Topics
 - Diversity of the workforce
 - Expanding primary care knowledge and skills –
 - Health system science
 - COVID-19
 - Social Determinants of Health
 - Intellectual and Developmental Disabilities
 - Expanding the workforce: Dental Therapy and Community Health Workers

TITLE VII AND NHSC

Linking Title VII Training with NHSC

- **Primary Care Champions (2018 NOFO)**
 - \$7.5M awarded as five-year grants to 19 medical schools or PA training programs
 - NHSC link: Participants in the NHSC LRP, SP, S2S LRP interested in participating in a PCTE primary care leadership fellowship program may convert to a half-time contract and continue satisfying their service obligation
- **Residency Training in Primary Care (2020 NOFO)**
 - \$9.1M awarded as five-year grants to 21 PC medical residencies
 - NHSC link: Provide guidance and resources to residents throughout their training about the NHSC and help them locate employment in NHSC-approved sites after graduation

Linking Title VII Training with NHSC cont.

- **Postdoctoral Dental Training (2020 NOFO)**
 - \$14.7M awarded as five-year grants to 27 dental residency programs
 - NHSC link: Encourages awardees to consider NHSC SP and S2S participants for their residency program and provide information to residents about NHSC loan repayment programs

Example of our Partnership Efforts

“The PCTE program is partnering with the National Health Service Corps (NHSC), per the recommendation of the Advisory Committee on Training in Primary Care Medicine and Dentistry to leverage funding streams to reduce barriers and foster programmatic collaboration. The NHSC Loan Repayment Program (LRP) is authorized under section 338B of the Public Health Service (PHS) Act (42 U.S.C. § 2541-1) to provide loan repayment assistance to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area (HPSA).”

Questions to Consider

- Does the timing of the NHSC applications allow us to maximize the impact of our HRSA supported training program activities?
- How we can improve NHSC's ability to connect with individuals who have a sense of mission and skill set for a successful career in service?
- Are NHSC awardees (scholarship and S2S awardees) adequately prepared to work in eligible FQHC's (safety net clinics)? If not, how can we better prepare these health professionals to care for the underserved?
- If they are in service, are there ways to support in-service training that would address any gaps?
- What can we learn from the data? What are the characteristics of NHSC recipients, specifically Scholarship and Students to Service recipients, who remain in service sites after their service commitment is over? Are they still there in 5 years? 10 years?

CARES ACT CONSULTATION REQUEST

CARES Act Request

SEC. 3402. HEALTH WORKFORCE COORDINATION.

(a) STRATEGIC PLAN.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the “Secretary”), in consultation with the Advisory Committee on Training in Primary Care Medicine and Dentistry and the Advisory Council on Graduate Medical Education, shall develop a comprehensive and coordinated plan with respect to the health care workforce development programs of the Department of Health and Human Services, including education and training programs.

(2) REQUIREMENTS.—The plan under paragraph (1) shall—

(A) include performance measures to determine the extent to which the programs described in paragraph (1) are strengthening the Nation’s health care system;

(B) identify any gaps that exist between the outcomes of programs described in paragraph (1) and projected health care workforce needs identified in workforce projection reports conducted by the Health Resources and Services Administration;

(C) identify actions to address the gaps described in subparagraph (B); and

(D) identify barriers, if any, to implementing the actions identified under subparagraph (C).

CARES Act Consultation Response

ACTPCMD

Advisory Committee on Training in Primary Care Medicine and Dentistry

November 13, 2020

The Honorable Alex M. Azar II
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Secretary Azar,

In response to a request for consultation (Section 3402 of the CARES Act) the Advisory Committee on Training in Primary Care Medicine and Dentistry is pleased to submit the following comments and recommendations.

Corresponding to existing BHW goals and strategies, the strategic plan framework reflects BHW overall workforce structure. Our assumption is that the build out of the plan will include consideration of dynamic shifts in education and practice due to the pandemic. It is also anticipated that the plan will address ongoing government efforts to reform existing care delivery models, including recognition of existing organizing principles of access, prevention, value and population health as critical factors.

COVID-19 has accelerated new science and practice transformation through the use of technology, as well as temporary shifts in payment, policies, and provider roles. We recommend that BSW programs continue to support the growth and optimization of a health care workforce that enters practice prepared to work collaboratively in integrated health care systems. Interprofessional team-based practice, collaborative and integrated care models, as well as payment and policy reform, represent cross-cutting themes that play a role across all areas of the strategic framework.

Data analysis, forecasting and modeling will be needed to inform education and training models that ready the workforce for a post-pandemic backlog of care, and evolving needs for those chronically impacted by the disease. Identifying and scaling the best practice models requires meaningful data that informs the development, implementation, and scale-up of innovative strategies to improve health equity. Continuous data collection and analysis could also be used to support optimal workforce modeling that extends beyond forecasting models related to the supply and demand of individual professions. New efforts could be directed towards identifying optimal team configurations that can best meet community-specific health care needs.

Mental health and oral health are two examples of collaborative and/or integrated care models that have shown promise in primary care settings prior to the impact of COVID -19. Emerging models suggest viable, efficient ways to increase access to these services, a significant source of population health disparities. These models also address provider role expansion, particularly in underserved urban and rural settings by expanding screening and preventive services across primary care, behavioral health, and dental settings. Increasing access and collaboration requires education and training in new competencies¹ as well as interprofessional practice². Exposing students to meaningful interprofessional education opportunities and "training up" existing workforce promotes whole person care and team-based care models that put community and patient needs and preferences at the center of

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Chair

Shane Rogers
Designated Federal Official

Secretary Azar,
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care. With increasing attention to the impact of social determinants of health, these efforts should also include community health workers, social workers and social agencies.

The following bullets reflect specific recommendations from committee members in response to the draft Strategic Plan Framework.

Increase Supply

- Increase capacity to recruit providers that look like the communities they serve, supporting recruitment, training and retention of programs in underserved minority communities to increase workforce diversity.
- Strengthen institutional training partnerships with rural communities.
- Increase opportunities for interprofessional, team-based clinical training.
- Support UME and GME competency based accelerated pathways.
- Consider relaxing regulatory barriers for IMGs.
- Increase training opportunities, and collaborations with, community workforce and leaders (community health workers, health coaches, community agencies etc.).
- Increase scholarship opportunities for loan forgiveness in high need areas.
- Support and mobilize public health workforce as integrated members of the workforce team.
- Support and "retool" returning workforce to address primary care prevention and chronic care needs.

Promote Equitable Distribution – Geographic, Health Care Disciplines, Diversity

- Explore the role and impact of telehealth in promoting equitable health workforce distribution including traditional synchronous virtual care and phone calls, remote monitoring, asynchronous care and collaborative care models.
- Develop residency programs within underserved rural and urban communities to support recruitment of professionals prepared to address community needs.
- Evaluate the impact of implicit bias in admissions and the education process.
- Promote exemplar models that support a diverse student body.
- Promote a holistic approach to patient centered care that engages all disciplines.

Improve Provider Quality

- Focus on prevention in quality improvement education initiatives to ready the workforce to work in, develop, implement, and scale integrated care models in oral and behavioral health (PDSA interventions to move metrics).
- Increase faculty development and student competency in maternal health, population health, telemedicine, value based care, interprofessional team-based practice, public health, as well as role and impact of racial and health inequities, implicit bias, and social determinants of health.
- Increase faculty and student proficiency in evidence-based practice.
- Increase student knowledge in health system science.

Data and Surveillance

- Monitor supply and distribution of professions across integrated care models.
- Monitor geographic distribution of team-based care and evaluate best practice models designed to increase access and outcomes.

- Support community based needs assessment and workforce modeling based on population need.
- Establish shared metrics across medicine and dentistry for common health outcomes.
- Analyze return on investment of BHW programs in addressing recruitment, training and retention of the workforce in underserved communities.
- Analyze and accelerate primary care capitation models, with clear accountability outcomes.
- Measure the impact of integrated care models on patient outcomes (UDS measures) critical to the population.
- Analyze and model the impact of integrated teams to inform optimal team configurations that reduce disparities and improve health outcomes.

Respectfully submitted,



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Chair
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Questions?



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