ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY (ACTPCMD) - Meeting Minutes November 15, 2024 - Virtual

Advisory Committee Members Present
Tonya L. Fancher, MD, MPH, Chair
Brookshield Laurent, DO, Vice Chair
Frank Ambriz, PA-C
Ruth Wauqua Bol, DDS, MPH
Colleen M. Brickle, EdD, RDH
Pangela Dawson, PhD, MSPAS, PA-C
Brandi K. Freeman, MD, MS
David Henderson, MD
Yuri T. Jadotte, MD, PhD, MPH, FACPM
Emihomo M. Obadan-Udoh, DDS, MPH, Dr.MedSc
Hugh Silk, MD, MPH, FAAFP
Janet H. Southerland, DDS, MPH, PhD

Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) Staff Present
Shane Rogers, Designated Federal Officer (DFO), ACTPCMD
Janet Robinson, Workforce Administration Team
Jennifer Holtzman, DDS, MPH, BHW Dental Officer
LaCrystal McNair, Workforce Administration Team

Contractor Present
Len Rickman, Writer, Isom Global Strategies

Friday, November 15, 2024 **10:00 a.m. (ET)**

Welcome Remarks/Meeting Management - Shane Rogers, DFO, ACTPCMD

Mr. Rogers welcomed Committee members and reiterated it continues to be a pleasure to work with them. He also welcomed the HRSA staff and any members of the public present. Ms. McNair noted the meeting is being recorded and transcribed, reviewed participation protocols for members and others, and mentioned the project team.

Mr. Rogers reviewed the Committee's nature and purpose. He noted the Committee currently has 13 of its potential 14 members, and members represent not only the specific health professions of the Title VII Sections 747 and 748 programs but are also geographically representative of the United States with a diverse balance of members from urban and rural areas. He then asked Committee Vice Chair Dr. Brookshield Laurent to lead the meeting.

Agenda Review/Introductions - Brookshield Laurent, DO, Vice Chair, ACTPCMD

Dr. Laurent noted the meeting has a full agenda and mentioned it will include two presentations, and then discussions about the Committee's draft recommendations for its 23rd report to the U.S. Department of Health and Human Services (HHS) Secretary and to Congress, and about

potential topics for the upcoming 24th report. She then thanked members for their service and asked them to introduce themselves.

Presentation/Discussion - Title VII Trainee Tracking Efforts - Stephanie B. Ziomek - Chief, Performance Metrics and Evaluation Branch, National Center for Health Workforce Analysis (NCHWA), Bureau of Health Workforce, HRSA

Ms. Ziomek shared NCHWA's mission around evidence-based decision support for issues related to the U.S. healthcare workforce, and the mission of the Center's Performance Metrics and Evaluation Branch. She reviewed requirements and approvals for the Annual Performance Report (APR) HRSA awardees are required to submit, and an overview of the APR's purpose and process for review of training program characteristics, participants (trainees and graduates), and infrastructure. For participants' data, Ms. Ziomek shared the data points collected in the INDGEN form regarding individual-level data on all trainees (e.g., demographics, National Provider Identifier [NPI], numbers trained in a medically underserved community, rural area, and primary care setting, number of graduates/program completers, and employment information), and the INDGEN-PY form for one-year follow-up data on all prior year graduates/program completers (e.g., current training or employment status in a medically underserved community, rural area, and primary care setting, and employment location type).

Ms. Ziomek noted that, per the requirements in Notices of Funding Opportunities (NOFO), NCHWA collects NPIs from awardees every year even though they tend to resist submitting them. She noted 77% of academic year 2022-23 graduates from a Title VII medicine or dentistry grant program provided an NPI, and while that is not 100% it is still a good outcome. She also identified 12 recent NCHWA evaluations conducted between academic years 2014 and 2023 related to medicine, dental, or physician assistant programs.

Discussion

Members discussed issues around the difficulty of obtaining NPIs. Dr. Silk said they should not be difficult to obtain since it is a requirement and they can be found in a national registry. Ms. Ziomek and Dr. Dawson discussed how students in the earlier didactic (preclinical) phase of training do not typically apply for a number, some students never get to the clinical phase of training, or programs wait too long to ask for them ahead of report deadlines. Dr. Dawson and Mr. Ambriz offered a solution could be to work with students to get an NPI as soon as they begin training even though they have little or no experience in a clinical setting.

Dr. Koday mentioned the data collection challenge posed when new graduates practice in multiple locations. Ms. Ziomek replied that individuals may enter both their primary and secondary practice locations. Dr. Obadan-Udoh noted that NPI numbers are only relevant to people in clinical practice and a method is needed to track the work of others (e.g., public health, research). Ms. Ziomek said a method to develop identifiers for others would be good and is being considered, including for dentistry. The Bureau asks others to get an NPI number even if they do not use it for billing since it remains the best tracking method.

Dr. Obadan-Udoh suggested sharing data metrics and analyses with awardees, and Ms. Ziomek noted the Bureau has done some dissemination and plans to broaden it.

Presentation/Discussion - HRSA Office of Tribal Affairs - Juliana M. Blome, Ph.D., MPH, MS - Director, Office of Tribal Affairs, Office of Intergovernmental and External Affairs (IEA)

Dr. Blome reviewed the five key tenets of the government-to-government relationships between the United States and American Indian Tribes recognized as sovereign nations. She shared IEA's mission as the principal lead agency on external events and communications, intergovernmental and stakeholder engagement, and tribal affairs and partnerships in HRSA's 10 regions. She reviewed activity highlights related to convening HRSA tribal advisory councils, coordinating and participating in HRSA tribal consultations, increased outreach efforts, technical assistance (for tribes, tribal leaders, and tribal-serving entities), and collaborations across HRSA regions and headquarters.

Dr. Blome discussed IEA's initiative to enhance maternal health launched in January 2024. The program will maximize the impact of HRSA grants and programs, foster new partnerships, and expand resources and access for maternal care focused on 11 states (Alabama, Arizona, Georgia, Illinois, Kentucky, Maryland, Michigan, Missouri, Montana, North Carolina, and Oregon) and Washington. D.C. The program also includes a maternal health hotline. Dr. Blome shared details about the HRSA Tribal Advisory Council (TAC) that provides a forum for meetings between elected Tribal officials in 12 geographic areas served by the Indian Health Service (Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson) and HRSA officials.

Dr. Blome shared highlights from the July 2024 TAC meeting. The TAC mission reset and re-engagement will include working with six HRSA bureaus and offices (Bureau of Health Workforce, Bureau of Primary Health Care, Federal Office of Rural Health Policy, HIV/AIDS Bureau, Maternal and Child Health Bureau, and the Office of Federal Assistance and Acquisition), and regional administrators in 2025, interactive and working sessions, and a discussion with the HRSA Deputy Administrator. TAC will also incorporate feedback for revised communication strategies, including a twice annual webinar for Tribal communities by the National Health Service Corps (NHSC), participation at Tribal-focused conferences, and attendance at HHS annual regional Tribal consultations.

Dr. Blome noted the Tribal set-aside of $15.6 million for the NHSC Loan Repayment Program for clinicians who work in IHS service facilities, Tribally-owned 638 health programs, and ITUs (Indian Health Service, Tribal, and Urban Indian Program), and that all eligible FY23 applicants were awarded. She also summarized Bureau of Primary Care patient impacts, dually-funded Health Centers, and the nearly $96 million the Health Centers receive in ongoing funding for Tribal and urban Indian patients.

Discussion

Dr. Koday asked about grants for Teaching Health Centers that try to develop dental or medical residencies in tribal programs. Dr. Blome replied one exists at the University of Oklahoma and

interest exists in doing more but additional capacity and infrastructure is needed. Mr. Rogers added the Committee sent a letter in support of that a few years ago.

Dr. Bol asked about working with the American Association of Indian Physicians (AAIP). Dr. Blome replied that has not yet happened, other than some HRSA staff attendance at AAIP conferences and some technical assistance provided to individual Tribes. Also, the Bureau of Health Workforce is looking at doing more in that area. Dr. Bol added that input from people directly involved in Tribal health services, including students, will be valuable, though much need exists for more educators. She also asked how to get more Tribal leaders involved in federal program planning and oversight. Dr. Blome said it would be good to have more involvement from leaders and other members of Tribes to expand the agency's reach and impact and increase the number of students and providers. Dr. Bol added another challenge is to help recent graduates become leaders. Dr. Blome invited further input on these issues, and Dr. Bol agreed to recommend prospective participants.

Recommendations for the 23rd ACTPCMD Report - Discussion

Much of the remaining discussion was about recommendations to include in the Committee's 23rd report to the HHS Secretary and to Congress, including reviewing and fine-tuning recommendations from the Committee's workgroups.

Title VII Section 749 - Duties. The Committee will recommend that the legislation state its duties under Section 747 (advice and recommendations, and reports) pertaining to medical training will now also include duties under Section 748 pertaining to dental training.

Title VII, Part C, Subpart 1 - Priorities in Making Awards. The Committee will recommend that the language in section (a)(3) regarding awarding grants should specify students, interns, fellows, and physician assistants in addition to residents (as currently stated) as priorities; and specify tribal areas and tribal populations as specific targets in addition to rural areas (as currently stated).

Members discussed differences between making the language specific or broad. Dr. Holtzman said keeping it broad gives program managers more flexibility in crafting NOFO language, though Dr. Bol noted the long-term need for more impact by and for tribes and tribal communities. Dr. Holtzman also noted it is important to recognize that the term "tribal populations" also includes urban areas. Members then discussed whether to include medical students and Mr. Rogers said this might include pre-doctoral students but more input and discussion about 747 would be needed to consider including medical students.

Title VII, Part C, Subpart 1 - Section 747 - Priorities in Making Awards. The Committee will recommend that the language in section (b)(3) regarding interprofessional integrated models of health care listed as one of the innovative approaches to clinical teaching using models of primary care, includes medical, oral health, nursing, physical therapy, etc. This is based on how each of those professions helps comply with the legislative language that states the models should incorporate transitions in health care settings and integration of physical and mental health provision.

Title VII, Part C, Subpart 1 - Section 747 - Priorities in Making Awards. The Committee will recommend the language in section D will specify that applicants given priority may also train individuals from other historically marginalized groups in the health professions in addition to those from underrepresented minority groups or from rural or disadvantaged backgrounds (as currently stated).

Members discussed specifying underrepresented populations in general or just those specifically underrepresented in medicine. Dr. Laurent mentioned the need for caution with language pertaining to legal policies around terms like "underrepresented" since the ratios can change and some groups can be left out. She also noted the Association of American Medical Colleges changed its language from underrepresented minority to underrepresented in medicine. Dr. Henderson added the term "underrepresented minority groups" has fallen out of favor in some quarters, and "historically marginalized" is now more common because it provides better context. Dr. Silk called this issue a moving target, and Mr. Rogers cautioned that the Committee would need to define marginalized groups in its justification language for this recommendation.

Title VII, Part C, Subpart 1 - Section 747 - Priorities in Making Awards. The Committee will recommend the language in section F includes community health centers, primary care associations, and health career opportunity and other pathway programs to the list of entities with whom program applicants may establish formal relationships and submit joint applications. The legislation currently states federally qualified health centers, rural health clinics, area health education centers**,** and clinics located in underserved areas or that serve underserved populations.

Members discussed the best way to include health career opportunity and other pathway programs. Dr. Koday said to reward those working on health career opportunities the aim should be beyond one standard program. Dr. Jadotte suggested including both "opportunity" and "pathway" programs to make it more clear, and Dr. Freeman said that would help make it more inclusive. Dr. Koday suggested adding primary care associations would be especially helpful in smaller and rural areas.

Members also discussed inclusion of "pre-health" as a target. However, Dr. Holtzman said the program's focus is about health, and to downplay that would undermine what the Committee is trying to achieve.

Title VII, Part C, Subpart 1 - Section 747 - Priorities in Making Awards. The Committee will recommend the language in section G specify that the skills trainees are taught to provide interprofessional integrated care specifically means integrated health care, and add examples of the health professionals that collaborate in interprofessional integrated care, such as medical, mental and behavioral health, oral health, and public health. Members discussed the differences of using the terms "medical care" or "health care." Overall, the former can appear exclusive of certain professions and modes of care while the latter is more inclusive for the program's objectives, and the recommended change will better illustrate and meet the program's overarching objective.

Title VII Part-C Subpart-1 - Section-748 - Priorities in Making Awards Subsection C-5. The Committee will recommend adding children aged 0-5 years, and low-income individuals, to the

list of targeted vulnerable populations for whom program applicants may provide teaching programs. Members discussed whether to include 0-3 or 0-5 as the target age range. Dr. Silk noted the degrees of vulnerability differ, so the language is tricky. Several members said an emphasis on 0-3 would be better for disease prevention and protection of the most vulnerable individuals, but others noted 0-5 would be more inclusive. Dr. Bol added 0-5 will align with various programs that focus on young children (e.g., the American Association of Pediatric Dentistry, and Head Start).

Title VII Part-C Subpart-1 - Section-748 - Priorities in Making Awards - Subsection C-8. The Committee will recommend adding behavioral health management to the oral health care provided at education centers or training programs that qualified applicants intend to establish. Dr. Laurent noted this recommendation is part of the goal to expand interprofessional care. Dr. Bol added behavioral management has been a barrier to training for dental care for young children. Dr. Jadotte said it is important to link behavioral and oral healthcare training to address the needs of special populations.

Language for the ACTPCMD's Report to the U.S. Senate

Dental training programs face shortages, particularly for faculty teaching general, pediatric, and public health dentistry. The Dental Faculty Loan Repayment (DFLRP) program addresses this workforce shortage through institutional awards made to pay the educational loan balance of such faculty. For the last several years, Congress has directed HRSA to initiate a new DFLRP grant cycle with a preference for pediatric dentistry faculty supervising trainees and providing clinical services. However, many pediatric specialist faculty do not have educational loans since the costs of their pediatric dentistry training is often minimal, the result of the programs receiving Graduate Medical Education funding. Yet, there are non-pediatric specialist faculty who are teaching trainees how to care for pediatric populations who do have educational loans and would otherwise qualify for this preference.

The Committee also discussed ways to revise its report to the U.S. Senate regarding training in oral healthcare programs. The recommended new language for whom the Committee will direct the HHS Health Resources and Services Administration (HRSA) to initiate a new DFLRP grant cycle will read: "pediatric dental faculty or faculty who work with pediatric populations or faculty who educate trainees to care for pediatric populations, to better align with and overcome current challenges and solutions in pediatric dentistry."

Dr. Holtzman said the revised language would allow general dentist faculty teaching how to care for pediatric populations to be eligible for the preference, and the revision has a good synergy with language the members suggested earlier. Dr. Bol noted how schools overcome the difficulty in hiring pediatric dentists by hiring general dentists to oversee pediatrics, though the need remains for more pediatric dentists.

Discussion: Topics for the 24th Report and the ACTPCMD March 2025 Meeting

Dr. Laurent noted topics for the 24th report could include things that might have been included in the 23rd report. Mr. Rogers added that the Committee can invite experts about specific topics

to participate in planning (including at the March 2025 meeting) for the 24th report. Members discussed three major issues for possible inclusion in the report. The first is artificial intelligence (AI), including how it can support health professions training programs. Members agreed it will be good to invite a speaker with experience in how AI supports medical, dental, and public health. They also agreed to include the role of AI in the additional two issues being considered for the 24th report discussed below.

The second issue is integrated healthcare. Dr. Brickle emphasized the importance of integration between medical and dental, and Dr. Silk noted the need for interprofessional education and oral health by the spectrum of medical professionals. Drs. Laurent and Silk added there is also a need for greater investments in prevention training and stronger coupling with public health, including identification of best practices for thoughtful community engagement and planning. Mr. Ambriz emphasized the need for additional funding to implement the ideas being considered.

The third issue for possible inclusion in the 24th report is workforce shortages, especially in pediatrics, dental hygiene, and dental therapy. Dr. Holtzman noted the lack of coverage and ability to provide services and the need to review services for under-resourced populations. Dr. Brickle cautioned about inconsistent accreditation standards among states. Members also discussed the possibility of a MD/DMD (Medical Doctor/Doctor of Medicine in Dentistry) dual degree, perhaps supported by a loan repayment program. Two other issues related to dental workforce shortages to consider for further discussion were non-accredited fellowships including alternatives to the Committee on Dental Accreditation (CODA) and foreign dental graduates.

Status of Previous ACTPCMD Recommendations

Mr. Rogers reported that since the Committee's 23rd report was submitted in May of 2024, HRSA has not had sufficient time to review, decide, and implement them, or to include them in a NOFO. The process takes 12-18 months. Dr. Laurent reviewed a list of previous ACTPCMD recommendations and asked members to review them on their own following this meeting. Dr. Fancher reiterated the importance of looking for how to amplify the Committee's recommendations.

Dr. Laurent asked Mr. Rogers about the process to request funding and Mr. Rogers replied if it is for something new Congress will ask for a specific amount when it deliberates whether to offer funding. Dr. Laurent asked if the Congressional Budget Office is available to the Committee and Mr. Rogers replied he will find out.

Other Potential Areas/Topics for Discussion

The Committee discussed issues related to the future impact of pathway programs. Dr. Laurent cautioned about missing elements in the programs that could impede increasing the workforce. Dr. Jadotte noted collaboration among HRSA grantees is a pathway program, but Dr. Laurent questioned whether that is enough to encourage more funding for the programs and said more language is needed about specific elements such as two- and four-year colleges, but too much specificity can overload language in the legislation. Mr. Rogers suggested the Committee take this up at a future meeting and perhaps form a workgroup about it. He also noted three areas for

follow-up by a workgroup are pathway review, taxation in the DFLRP program, and inclusion of language in Section 748 into 747.

Regarding the DFLRP, Mr. Rogers noted when an individual receives loan repayment money it is considered gross income and taxable, unlike other loan repayment programs. Thus, some people may turn down the program to avoid the additional tax burden. Dr. Bol added that is a barrier, especially when schools take a long time to process the payments. Mr. Rogers noted it is a very complicated program because the institution has to create its own LRP since these are institutional grants and the payment structure is very specific. This is not an issue for the authorization, but the workgroup can address it.

Letter of Support for the Teaching Health Center Graduate Medical Education Program

At the Committee's August 2024 meeting members agreed to continue work on a letter of support for the Teaching Health Center Graduate Medical Education Program. The letter remains in progress.

Business Meeting and Public Comment

Mr. Rogers noted that members' roles are set and will not change with the new presidential administration. Members agreed the next meeting will be March 27-28, 2025, and will be in-person at the HRSA Headquarters in Rockville, Maryland. The meeting was opened for general-public comments. None were offered.

Wrap Up - Dr. Laurent

Ms. McNair reviewed BHW Federal Advisory Travel Guidelines and the myPay account system for members to receive payment (including on slides). Dr. Laurent thanked members for their hard work and said the Committee accomplished a great deal and is well on the way to finalizing the 23rd report. It also has made a good start on the 24th report with a solid list of topics and speakers to focus on. She encouraged members to send additional thoughts, suggestions, etc. She also thanked the HRSA team for the facilitation that makes this work possible and said she is looking forward to seeing everyone at the March 2025 meeting.

Mr. Rogers said he will send preliminary language to workgroup members as preparation for writing the recommendations and their accompanying justifications. He also noted Ms. Janet Robinson is leaving her role for the Committee but will remain at BHW. Members thanked Ms. Robinson for her support. Ms. Robinson said it was a pleasure to work with the members and she will continue to support BHW in her new position.

The meeting adjourned at 4:47 p.m. (ET).