

2/25/13

HRSA ACTPCMD advisory committee

RE: Draft Document from the Advisory Committee on Training in Primary Care Medicine and Dentistry Tenth Annual Report to the U.S. Department of Health and Human Services and to Congress: Interprofessional Education

Dear Committee Members:

We are very pleased to provide comments on the 2013 draft document on Primary Care Interprofessional Education (IPE). The Academic Pediatric Association strongly supports IPE as it is foundational to the success of Patient-Centered Medical Home (PCMH) models of care. As traditional primary care practices are transformed into ones focused on care teams, population management, chronic disease management and patient engagement, it is essential that professional staff have a common language, to understand and appreciate each other's roles within the health care team and to understand how to work together most effectively in caring for patients. Staff training is required for all members of interdisciplinary health care teams to develop the necessary knowledge, attitudes and skills for team functioning. It is most appropriate for HRSA, under Title VII, sections 747 and 748, to emphasize the incorporation of IPE into graduate and post-graduate medical and dental training programs. We add that payment reform is integral to the redesign process moving reimbursement away from the traditional fee-based to value-based payments that support team-based care. The draft report discusses 5 major recommendations as central to HRSA's promotion of IPE and we provide comments organized into these categories.

1. The sections on interprofessional education and training and evaluation and assessment of training are clearly presented and relevant.

- Both of these sections should also include explicit recommendations that focus on research and research training as important endeavors for HRSA to support in the development and evaluation of new educational models and new assessment methods.
- In terms of the vision, other health professionals that need to be included are: social workers, educational specialists, and home health care aides. Child life specialists, speech therapists, physical therapists are other considerations.
- On page 1, the term "population health professionals" requires further explanation. Who are they, and what is their routine role in existing local health care environments? Do they serve an information technology role or do they directly work with patients? "New categories of health care workers" is vague and would be best deleted.
- Population health management requires a major paradigm shift in which the practice takes a broad view of their empaneled patient's needs and plans care

through use of registries and other modalities. This concept should be included.

- On page 1, training in quality improvement methodology requires its own clear section in the report and should be a central component for all training programs.
- On page 8, patient engagement in care and chronic disease management should be categories under team-based care.
- As elimination of disparities is articulated as a centrally important task, it would be appropriate to add some emphasis regarding specific, relevant interprofessional education goals designed to address disparities in care—for example, the integration and use of interpreter services, cultural competency training, promotion of early childhood literacy, addressing health literacy and coordination of medical care with community / social services.

2. The Institutional Leadership for Interprofessional Education section is also clearly presented. We would suggest adding the following recommendations:

- Include the discipline of nursing in curriculum development and training opportunities (recommendation #4).
- Recommendation #7 requires elaboration describing what the academic pathways to promotion should include – for example, the need for scholarly work in this area.

3. Dental education quality improvement and assessment

- This section is more accurately a discussion of ways in which dental training programs should interact and /or integrate more effectively with medicine and other health disciplines in terms of educational content, quality measures, clinical documentation and billing systems. The content of this recommendation might be more accurately titled “Integration of Dental and Medical Care Services and Systems”.
- The recommendations may be over-reaching in suggesting that HRSA funding to training programs could effectively influence the development of unified dental-medical EHRs and/or billing and coding systems.
- In terms of dental training content, dental students must also be trained in caring for CSHCN (page 12).

4. The section on policy development requires some clarification.

- The goal statement expresses that grantees should develop policies related to reimbursement and accountability (risk management and patient safety) that will support systems of interprofessional collaboration. The justification explains the rationale for the goal in terms of the need for medical liability laws that de-emphasize individual provider risk in favor of shared risk among team members. The specific recommendations do not directly address the goal and its justification as stated. Rather, specific recommendations 1, 2 and 4 support a goal of including risk management, patient safety and quality in interprofessional training programs.
- Specific recommendation #3 does not seem to be applicable to this section. As with the “Dental Education Quality Improvement and Assessment” recommendation, a goal for funded HRSA training programs to be influential in

- policy development that favors IPE seems outside the scope of what training programs can accomplish within their local health care environments.
- Payment reform is central to full-scale implementation of IPE and should be discussed in the policy section.
 - Trainees should be educated on the broad-scale policy changes that are central to fully implemented interprofessional healthcare practices and systems. Experience meeting local, state and national legislatures could be part of this.
 - Policy section should also include specific recommendations on care of vulnerable populations

The APA fully supports the development of interprofessional education as a major strategy for training in primary care medicine and dentistry. Fully implemented patient-centered medical homes require a well-trained workforce. We hope our recommendations contribute positively to this process.

Sincerely,

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Academic Pediatric Association