

Advisory Committee on Interdisciplinary, Community-Based Linkages

Shane Rogers
Designated Federal Official

July 15, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Secretary Becerra,

As Chair and Past Chair of the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), we heartily support the Bureau of Health Workforce's (BHW) Strategic Plan. We recommend that the plan's framework embody an overarching goal to foster the education and training of high functioning interprofessional teams providing person-, family-, and community-centered integrated health/behavioral health and social care in sustainable Age-Friendly Health Systems utilizing evidence-based models of care.

We recognize that to achieve BHW's workforce development objectives, it is necessary to be cognizant of opportunity structures in the fiscal and policy environment that foster and/or hinder interprofessional practice. To this end, we support efforts to advance payment reform that supports interprofessional team-based practice, integrated health/behavioral health and social care, and expanded telehealth services through value-based payments that consider social determinants of health ([ACICBL 19th Annual Report](#)). We also wish to support expansion of broadband access and efforts to expand scope of practice to promote access and the equitable distribution of health care providers.

The current framework has four domains, **(1) increase supply**, **(2) promote equitable distribution**, **(3) improve provider quality**, as well as **(4) data and surveillance**. Below are additional tactics that could be discussed within the Strategic plan.

Increase supply: We believe in the importance of developing pipelines beginning with K-12 education and building career ladders to support opportunities for direct care workers, community health workers, and indigenous workers (e.g., curanderos). In addition to recruitment, training, and retention, we feel it is critical to provide training and education to support each discipline working to their full scope of practice. For instance, advancing policies that support independent practice by Nurse Practitioners (NPs).

Improve provider quality: Under **professional development**, we suggest preparation of the workforce for practice in *Age-Friendly Health Systems* across the lifespan ([ACICBL 17th Annual Report](#)), in addition to concurrent preparation of the current and future workforce through Interprofessional Clinical Learning Environments (IP-CLEs) as recommended by the National Collaborative for Improving the Clinical Learning Environment (NCICLE). We also recommend that BHW advisory committee chairs send a joint letter to the Health Professions Accreditors Collaborative (HPAC) recommending expanded supervision options to foster interprofessional collaborative practice, to permit mentoring by another health discipline as a portion of total professional supervision.

Under *building competencies*, we suggest adding competencies related to *interprofessional leadership* that changes subject to need and context and *community engagement* to include root cause analysis, needs assessment, and seeking solutions in partnership with the community ([ACICBL 18th Annual Report](#)). In addition to professional development, building competencies, and evidence-based practices, we suggest adding *care of the provider* to advance the Quadruple Aim, as care of the patient requires care of the provider. This reinforces the importance of building resilience for the individual provider and interprofessional team, necessary to prevent burn-out and support workforce retention, and recognizes that structural and policy changes are required to foster workforce resilience, not simply individual changes through professional development ([ACICBL 17th Annual Report](#)).

Promote equitable distribution: Under *health care disciplines*, we suggest targeted efforts to improve training for direct care workers, community health workers, and indigenous workers (e.g., curanderos).

Data and surveillance: Finally, we suggest that data collected relate to the impact of interprofessional team-based care on Triple/Quadruple Aim outcomes: improved experience of care for people and providers, improved health of populations, and reduced cost and increased value of care. This would include CMS Meaningful Measures ([ACICBL 17th Annual Report](#)).

Thank you in advance for your consideration of these recommendations. We'd be delighted to discuss them with you further or provide you with additional information if you have any questions.

Most sincerely,

/s/ Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP
Chair
Advisory Committee on Interdisciplinary, Community-Based Linkages

Advisory Committee on Training in Primary Care Medicine and Dentistry

July 15, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Secretary Becerra,

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.

The proposed strategic plan framework reflects existing BHW goals and strategies for our existing health workforce. Our assumption is that the plan buildout will also include thoughtful consideration of the dynamic shifts that have occurred across education and practice since the onset of the COVID-19 pandemic. We anticipate the plan will address government efforts to reform existing care delivery models, with an emphasis on critical factors of access, prevention, value, and population health.

COVID-19 has accelerated science and practice transformation models using technology, as well as shifts in payment, policies, and provider roles. We recommend that BHW programs incorporate emerging evidence on the positive impact of these changes as BHW considers new program development as well as continuing efforts that support growth and optimization of a health care workforce that enters practice prepared to work collaboratively in integrated health care systems providing comprehensive, equitable, and age-friendly care. Interprofessional team-based practice across collaborative, co-located and integrated care models, as well as payment and policy reforms that incentivize prevention and value, represent cross-cutting themes that can play a significant role in all areas of the strategic framework.

Data analysis, forecasting and modeling will be required to inform new education and training models that ready the workforce for a post-pandemic backlog of care along with the evolving needs for those chronically impacted by the disease. Identifying and scaling best practice models requires meaningful data to inform the development, implementation, and scale-up of innovative strategies to improve health equity and minimize the toll of disease. 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, including telehealth, 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 competenciesⁱ as well as interprofessional practiceⁱⁱ. 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 care. With increasing attention to the impact of social determinants of health and new mid-level professions that increase access, support should also include dental therapists, community health workers, social workers 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, including barriers associated with the existing residency match process.
- 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

- Increase 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 and expand existing residency programs, including CMS capped 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,

/s/ Anita Duhl Glicken, MSW
Chair
ACTPCMD

ⁱ Health Resources and Services Administration. Integration of Oral Health and Primary Care Practice. In: U.S.

ⁱⁱ Interprofessional Education Collaborative. (2016).

Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

July 20, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Secretary Becerra,

The Council on Graduate Medical Education (COGME) is grateful for the opportunity to contribute input to the Department of Health & Human Services (HHS) in the development of “a comprehensive and coordinated plan with respect to the health care workforce,” as required under Section 3402 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No. 116-136). Developing such a plan is an essential step toward a more rational and effective workforce policy for our nation, especially in the face of the current COVID-19 pandemic.

We applaud the leadership of the Health Resources and Services Administration (HRSA) in developing a draft framework for the strategic plan. We suggest future iterations of this framework consider the following:

- Unlike most advanced economies, our country lacks a central authority to direct public investments toward the health workforce required to meet population health needs. COGME supports appropriating funds to support the National Health Workforce Commission, as authorized by the Affordable Care Act. The Commission will serve as a resource on health care workforce policy for Congress, the Administration, States, and localities. The Commission will play a critical, and much needed, leadership role in evaluating healthcare workforce needs, assessing education and training activities, identifying barriers to improved coordination at the Federal, State, and local levels and recommending changes to address those barriers and develop the health workforce this country needs now and in the future.
- The HRSA Strategic Planning framework that COGME reviewed in late 2020 reflected historic HHS workforce programs, but did not describe a path toward developing the health and social care workforce needed for the future. We suggest including language in the strategic plan that identifies how HHS will invest in developing this future workforce – both those in the pipeline and in current practice – to prepare for practice in interprofessional teams that provide integrated, whole-person care within value-based care payment models.
- There is a need for better coordination and alignment *between* the Centers for Medicare & Medicaid Services (CMS) and HRSA, as well as *within* HRSA programs. CMS is driving payment policy toward preventive care and population health, yet these changes have not had any significant effect on how the federal government invests in training and developing the primary care and public health workforce needed to provide value-based care.
- Furthermore, as the nation moves toward care delivery models that integrate primary care and behavioral health, increased coordination between HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA) will be critical.

- The CARES Act references “performance measures to determine the extent to which the HHS programs are strengthening the nation’s health care system.” To demonstrate return on investment, the strategic plan framework needs to include language that connects workforce funding to measurable outcomes. More specifically, workforce data are needed to target training investments and to evaluate the degree to which these investments are meeting:
 - Population health needs (including primary care, behavioral health, and maternal health care needs);
 - The nation’s goals in addressing health equity and increasing the diversity of the health care workforce;
 - Changing workforce demands driven by alternative payment models; and
 - Delivery reform efforts being implemented by CMS.
- HHS will need to develop consistent and clearly defined metrics and outcomes for its workforce investments, including those in graduate medical education (GME) as well as in Title VII and Title VIII programs covering other health professions. The Children’s Hospital GME Quality Bonus System and the Teaching Health Centers GME programs have begun to develop metrics and to link these outcomes to funding. This work needs to be expanded and scaled across all HHS workforce programs.
- The current framework refers to efforts to “increase supply” of health professionals. Given the rapidly changing demands of the health care system, COGME supports language that suggests that health workforce supply must be flexible and responsive to emerging health needs, changing models of care and reimbursement, and care delivery reform.
- The framework should capture that care delivery is shifting away from acute care to community- and home-based settings. The nation needs to target investments toward preparing the workforce to practice in this wide range of settings. For example, recent MedPAC discussions have identified the need to redistribute GME funding (with an overall budget neutral effect) to focus less on hospitals, and provide more support to:
 - Outpatient clinics – to include ambulatory, home, and virtual care; and
 - Practitioners and clinics using interprofessional team-based care and education.
- The “Improving Provider Quality” category might be better framed as “Improving Patient Outcomes” by building and maintaining competence throughout the health professionals’ career – from initial education and training to retirement. This revised wording would reflect the need for ongoing, lifelong training to help providers keep abreast of changes in practice, new modes of care (e.g. telehealth which has expanded rapidly during the pandemic), and new delivery models. It could also include an explicit focus on supporting clinicians to promote workforce retention and prevent burnout.
- The “Promote Equitable Distribution” category should explicitly reference the HHS and HRSA missions of addressing *health disparities*. The language could reference the multiple dimensions of equity:
 - Geographic equity to meet the needs of rural, underserved, and vulnerable populations;
 - The need for diverse specialties and professions working in teams; and
 - Health practitioner diversity that is concordant with, and representative of, the populations served.

- Lastly, the plan must balance state and federal workforce planning efforts. Many workforce policy levers are controlled by states – from scope of practice regulations to state appropriations for health workforce training. A strategic plan that incorporates states as key partners in workforce development, data collection, and training, and as laboratories of innovation, might ease concerns about federal “overreach” in establishing a National Health Workforce Commission.

In summary, COGME strongly supports the development of a health workforce strategic plan. The Council further believes that payment incentives must be linked to workforce redesign to effect transformative, sustainable changes that achieve the strategic plan goals. Without significant changes in payment that support team-based training in ambulatory settings, HHS will not achieve the desired workforce and healthcare outcomes.

Sincerely,

/s/ Erin Patricia Fraher, PhD, MPP
Chair, COGME

NACNEP

National Advisory Council on Nurse Education and Practice

CAPT Sophia Russell, DM, MBA,
RN, NE-BC, SHRM-SCP
Chair

Camillus Ezeike, Ph.D., JD, LLM
RN, PMP
Designated Federal Official

July 20, 2021

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Secretary Becerra,

The National Advisory Council on Nurse Education and Practice (NACNEP) welcomes the opportunity to provide input to the Department of Health & Human Services (HHS) in the development of “a comprehensive and coordinated plan with respect to the health care workforce,” as directed under Section 3402 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No. 116-136). As the largest and most trusted of the health professions, nursing provides critical frontline services in addressing the COVID-19 pandemic and supporting the nation’s health.

NACNEP supports the efforts of the Health Resources and Services Administration (HRSA), Bureau of Health Workforce, in leading the development of this strategic plan. The Council also agrees with the broad categories of the draft framework:

- increase supply,
- promote equitable distribution,
- improve provider quality, and
- data and surveillance.

Under these broad categories, the Council recommends consideration of the following areas in the development of the strategic plan:

- **Increase supply and retention** of a diverse, inclusive health care workforce in a supportive health care environment. In addition, a severe and long-standing shortage of nurse faculty threatens the preparation and education of future generations of nurses, and hinders the leadership of nursing in advancing health care research and policy.
- **Promote equitable distribution** of the health workforce across urban inner city and rural areas through active recruitment and support of diverse candidates from these areas and by incentivizing primary care as a specialty.
- **Improve provider quality** by expanding and strengthening workforce competencies that address existing and emerging trends and issues, such as:
 - Health policy and patient advocacy,
 - Health equity, and
 - Public health emergencies.
- **Data and surveillance** to monitor progress toward the strategic plan goals in real time and adjust to anticipated as well as emerging trends.

Other feedback that the Council believes that HHS should take into consideration includes:

- Address the nurse faculty shortage and the insufficient resources for faculty and preceptor development and compensation. The lack of educators creates a critical squeeze on the efforts of nursing schools to accept more students, while the nation needs to prepare more nurses to tackle both the current pandemic and the evolving health care needs of the populace.
- Mitigate stressors associated with the expectations placed on frontline nurses in providing patient care during the COVID-19 pandemic, and the variable response to safety concerns in some areas of the health care system. These stressors threaten to bring an increase in turnover and burnout, thereby destabilizing the nursing workforce.
- Prepare and deploy a diverse health care workforce that reflects the communities it serves to address health disparities and promote health equity.
- Bolster efforts to recruit middle and high school students into the health professions and improve access to the career pipeline. This will require partnerships with a broad array of stakeholders to increase awareness, mentorship opportunities, and financial support.
- Realign health professional education to where care is now centered – ambulatory settings and the community – and encourage more sites to accept clinical placements for students. Most health professional education remains focused in the hospital setting.
- Promote interprofessional, team-based training and education to prepare the workforce to work as a unit and work with the community, and to address population health. Include *just in time* professional competency development.
- Engage diverse stakeholders to maximize the impact of HRSA investments and help HRSA programs adapt to the changing health care environment.
- Invest in primary care efforts in the community to improve both the access to and the quality of primary care. This investment in turn promises to decrease healthcare costs, reduce health disparities, and increase community connections and trust, as well as to create better teaching and learning environments for health professionals and engage new and more diverse partners.
- Highlight the importance of addressing scope of practice issues that significantly affect access to care and health outcomes.
- Strengthen and equitably distribute the public health workforce to promote a strong, capable, agile, and globally informed response to public health concerns and emergencies.

NACNEP offers these recommendations to better prepare the workforce to address population health and care delivery trends such as the growing diversity and the rapid aging of the U.S. population, the expanded use of virtual care and telehealth, and the importance of producing and understanding accurate data analytics. These trends demand not only an increase in knowledge and skills, but also a change in attitudes and beliefs. In closing, NACNEP strongly supports the development of this health workforce strategic plan, with an emphasis on promoting resiliency, advancing interdisciplinary training, broadening scope of practice, and addressing health disparities.

Sincerely,

/s/ CAPT Sophia Russell, U.S. Public Health Service
Chair, National Advisory Council on Nurse Education and Practice
Director, Division of Nursing and Public Health
Bureau of Health Workforce
Health Resources and Services Administration

NACNHSC Recommendations for the HHS Strategic Plan for Health Workforce Coordination

Section 3402 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act charges the Department of Health and Human Services (HHS) to, “develop a comprehensive and coordinated plan with respect to the health care workforce development programs of the Department”. The plan shall include: performance measures, the identification of gaps between outcomes and projected healthcare workforce needs as well as actions for addressing these gaps, and the identification of any barriers to implementing these actions. HHS has charged the Health Resources and Services Administration (HRSA) to lead plan development efforts. HRSA convened chairs of its five Bureau of Health Workforce (BHW) council and committee chairs on November 3, 2020 to discuss the plan and HHS’s needs for expert input.

BHW councils include the National Advisory Council for the National Health Service Corps (NACNHSC). NACNHSC is a group of healthcare providers and administrators who are experts in the issues faced by communities with a shortage of primary care professionals. The Council serves as a key source of information to the NHSC senior management, to the Secretary of the U.S. Department of Health and Human Services and, by designation, the Administrator of the Health Resources and Services Administration (HRSA).

(NACNHSC) convened on November 5, 2020. On behalf of the NACNHSC, the Council appreciates the invitation to contribute to the BHW Strategic Plan for Section 3402. The Council is enthusiastic about future opportunities to collaborate with other BHW councils. The meeting agenda included discussion of Council’s recommendations for the strategic plan. Council Chair Dr. Keisha Callins described the purpose of the plan and the framework discussed during the BHW Chair meeting, and invited commentary from the Council, to be submitted to HRSA.

The Council provided the following recommendations for strategic plan development:

Workforce Support and Training

The COVID-19 pandemic that has affected more than 1 million Americans began during an existing healthcare provider shortage. More than 80 million American did not have access to adequate primary medical care prior to the onset of the pandemic. This situation has taxed workforce capacity and providers' well-being. The strategic plan should include approaches for:

- Preventing healthcare provider burnout and supporting resilience. Strategies should address needs of providers from multiple disciplines. Providers should have platforms that encourage collaboration between health research centers to explore how clinical practice in medically underserved communities impacts healthcare providers' resilience and wellbeing.
- Ensuring the workforce is trained adequately to deliver telehealth services, guidance on which services are compatible with telehealth, and building infrastructure to increase patient and provider utilization of tele-mental health services. Telehealth has emerged as a critical tool during the pandemic, and continues to be an effective strategy for overcoming barriers to care.
- Preparing the workforce to deliver interdisciplinary team based care which is a critical strategy for optimizing patients' health outcomes and addressing social determinants of health.

Address Needs for Comprehensive Healthcare Services

- The plan should support programs with a focus on training a culturally competent health care workforce adequately prepared to meet the unique needs of rural and underserved communities.

- Education and training plans should emphasize mentoring to support recruitment and retention of the health care workforce.
- Implement strategies that promote exposure to communities of practice in preparing healthcare providers to serve.
- The plan should include strategies for ensuring equity to maternal care. Strategies may include expanding scope of practice for providers and regulatory flexibility to support coordination between local care providers and providers based in the nearest hospital, or telehealth services where appropriate.
- The plan should include strategies for ensuring access to adequate behavioral healthcare for rural and underserved communities. Strategies may include allowing continued use of telehealth for service delivery, and training primary care providers to deliver medication-assisted treatment for substance use disorder, including opioid use disorder.

Modernize Healthcare Delivery and Provider Training Regulations

- The plan should recognize the value of new technology, such as telehealth, for increasing workforce effectiveness and efficiency. The plan should include considerations for updating policies and regulations to optimize use of technology for healthcare services delivery and coordination.
- Program and policy planning should be developed using evidence based research obtained through primary data collection and appropriate literature review.
- The plan should support research that demonstrates unique characteristics of vulnerable populations which should be analyzed when developing best practices to serve these communities.