

**COGME**  
Council on Graduate Medical Education

**NACNEP**  
National Advisory Council on Nurse Education  
and Practice

**ACTPCMD**  
Advisory Committee on Training in  
Primary Care Medicine and Dentistry

**ACICBL**  
Advisory Committee on Interdisciplinary  
Community Based Linkages

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June 19, 2009

**To:** The Honorable Kathleen Sebelius, Secretary of HHS  
Mary Wakefield PhD, Director of the HRSA  
Members of the Senate HELP Committee  
Members of the Senate Finance Committee  
House Committee on Ways and Means  
House Committee on Energy and Commerce

**From:** The Advisory Committee on Interdisciplinary, Community Based Linkages  
The Advisory Committee on Training in Primary Care Medicine and Dentistry  
The National Advisory Council on Nurse Education and Practice  
The Council on Graduate Medical Education

**Re:** Health Care Reform through Interprofessional Care and Education

**Introduction:**

With the President's health care reform process well underway, we, the leadership of HRSA's Bureau of Health Professions Advisory Commissions and Councils have developed recommendations designed to increase access to quality health care through innovative interprofessional approaches. These very same approaches will also enhance efficiency and reduce costs, i.e. "bend the cost curve". In order to both promote and expand existing interprofessional approaches and develop new models, we formed an interprofessional alliance representative of all health care professions. Our purpose is to improve the delivery of health care through the advancement of innovative health workforce solutions.

**Definition of Inter-Professional Care**

Interprofessional care is best achieved through insuring that health care providers operate at the upper limits of their license and defined scope of practice. This concept is essential to the implementation of the concept of the Patient Centered Medical Home through increasing emphasis on the delivery of interprofessional care as opposed a more traditional and less efficient approach that relies disproportionately on the physician to address the patient's health care needs.

**Definition of Inter-Professional Education**

Inter-professional education is defined as the collaborative process by which teams of health professionals develop curricula and courses, coordinate and plan practical experiences jointly, and team teach groups of interdisciplinary health professional students to provide holistic care throughout the lifespan.

**Inter-Professional Education and Practice**

Inter-professional education and practice have been shown to

- increase access to care
- increase quality of care and health outcomes
- ameliorate provider shortages
- reduce costs

## **Progress:**

Since the formation of this alliance, there have been two meetings of all the members of all four groups as well as ongoing phone conferences with the leadership of each. These efforts have culminated in a series of recommendations which propose new strategies intended to increase access to care through interprofessional collaboration in education, service, and delivery.

The solutions that we are proposing are relevant to the current discussion on health care reform for the following additional reasons:

- Inter-professional, team-based care is a key strategy that aims to use a range of health professionals to their fullest abilities in order to improve the quality of care and the efficiency with which that care is provided;
- Interprofessional, team-based care represents an important structural modification in health care delivery that can play a key role in health care reform;
- We speak as an interprofessional group and do not advocate on the behalf of any one provider class;
- It is our intent to continue this dialogue and to produce additional recommendations

## **Recommendations:**

- Restructure health care reimbursement programs paid for by the federal government (Medicaid, Medicare, Federal Employer Health Benefits, GME) to reimburse for cost-efficient forms of non-traditional, interprofessional team based care. These services include traditional services as well as specific reimbursement for additional cost-saving activities such as:
  - ✓ Case management/care coordination
  - ✓ Electronic visits
  - ✓ Telephone care
  - ✓ Group care
  - ✓ Transition post hospital discharge to prevent readmission
  - ✓ Removal of existing barriers that prevent billing for services rendered by health professionals beyond the “incident to” codes currently authorized by Medicare
- Give funding priority to education and training programs that:
  - ✓ design, evaluate and disseminate inter-professional educational programs that prepare health care professionals to work effectively within the Patient Centered Medical Home
  - ✓ provide financial support for faculty that instruct and supervise students in clinically based interprofessional practice
  - ✓ develop faculty skills across all health professions for inter-professional education and training
  - ✓ evaluate cost efficiency of engaging faculty in cross-professional teaching
  - ✓ demonstrate an interdisciplinary approach to educating health professionals
  - ✓ result in the transference of billable procedural and clinical skills to trained supervised professionals across the spectrum of training levels.
- Modify Federal funding for health professions training (Title VII and CMS funding of GME) to:
  - ✓ restructure funding streams to eliminate barriers to training all healthcare professionals (medical, nursing and all other health personnel) together
  - ✓ support inter-professional education for primary care teams
  - ✓ require programs to support competency-based education and training that provides an inter-professional educational component
  - ✓ Support medical and health professional education across the continuum of care

- As Title VIII is the only federal source for nurse education and training, the NACNEP Council members are not in favor of modifications to Title VIII without considering or including modifications to medical education and resident training funding models (such as hospital cost report (pass-through) support and GME).
- In recognition of the success of ongoing training programs, restore funding for:
  - ✓ the Allied Health Projects Program
  - ✓ the Quentin N. Burdick Program expanding its scope to both rural and non-rural community-based and hospital based programs to provide services to primarily underserved populations
- Fund demonstrations of inter-professional team collaborations led by providers of different disciplines that implement a chronic care management model in primary *and* specialty care to evaluate effects on:
  - ✓ access
  - ✓ quality
  - ✓ cost efficiency
  - ✓ effectiveness of electronic communication
  - ✓ payment systems
- We believe that we also represent a proxy for a national health commission should we have the opportunity to continue to meet in this capacity and with additional support for analysis and recommendations to advance this approach

Thank you for considering this letter and its accompanying recommendations. It has been our pleasure to serve and work together and hope that we may continue to contribute. Please do not hesitate to contact us should we be of further service.

Sincerely,

**Advisory Committee on Training in Primary  
Care Medicine and Dentistry**

Barbara J. Turner, MD, MEd, Chair  
Kevin Donly, DDS, MS, Vice Chair  
Perri Morgan, PhD, PA-C, Vice Chair

**Council on Graduate Medical Education**

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