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, MSEd, Chair
Kevin Donly, DDS, MS, Vice Chair
Perri Morgan, PhD, PA-C, Vice Chair

National Advisory Committee on Nursing Education and Practice
Maureen R. Keefe, RN, PhD, FAAN

Council on Graduate Medical Education
Russell G. Robertson MD, Chair
Robert L. Phillips MD MPH, Vice Chair

Advisory Committee on Interdisciplinary, Community Based Linkages
Stephen Wilson, Ph.D., Chairperson