

Submitted electronically via HP2030@hhs.gov



January 17, 2019

**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org

Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion (ODPHP)
U.S. Department of Health and Human Services (HHS)
1101 Wootton Parkway, Suite LL100
Rockville, Maryland 20852

Re: Solicitation for Written Comments on Proposed Objectives for Healthy People 2030

Dear Dr. Wright:

The Association of American Medical Colleges (AAMC) appreciates the opportunity to comment on the proposed objectives for Healthy People 2030. We support the U.S. Department of Health and Human Services goal of collaborating with national, state, local, tribal, and community partners to identify national health promotion and disease prevention goals and objectives that can be measured over time to improve the health of all Americans.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 152 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

Since 2002, the AAMC has collaborated with eight other national health professional education associations as a member of the Healthy People Curriculum Task Force (HPCTF) to encourage individual and population-oriented prevention and health promotion education to support Healthy People objectives. As the nation's population continues to become increasingly diverse, we understand the importance of collecting data and measuring progress on critical public health issues to improve population health and advance health equity. We offer the following comments on the proposed objectives for Healthy People 2030:

- 1) *ECBP-2030-D08: Increase the inclusion of core clinical prevention and population health content in medical schools:* The AAMC supports the inclusion of this developmental objective and commits to exploring the possibility of integrating data from MD-granting institutions and DO-granting institutions.

The AAMC has participated in the data collection through the HPCTF for the past 18 years related to this developmental objective. We will continue to support this effort and

explore ways to integrate data with our osteopathic medical colleagues. This objective aligns with our commitment to assist our members in preparing a diverse and culturally competent workforce that understands and applies population health principles in their clinical practice.

The AAMC continuously seeks opportunities to engage our members and other key stakeholders to further enhance medical education in a dynamic health care landscape. For the past 16 years, the AAMC has worked in collaboration with the Centers for Disease Control and Prevention (CDC) to strengthen the relationship between academic medicine and public health. Through a cooperative agreement, our medical schools and residency programs are provided with grant funding for curriculum development, experiential learning opportunities for students, faculty development through webinars, and publications on how to integrate public health topics in medical education. Recent changes to the AAMC-sponsored Medical College Admission Test® (MCAT®) added two new sections covering critical thinking as well as behavioral and social sciences, in addition to the existing content on biological sciences, physical sciences, and verbal reasoning, among other areas. Due to these efforts and several others, we have seen an increase in the percentage of schools that require several aspects of population health curriculum (e.g. evaluation of health sciences literature, global health, health promotion counseling, and public health systems).

- 2) *ECBP-2030-D07: Increase the proportion of academic institutions with health professions education programs whose prevention and population health curricula include interprofessional experiential training:* The AAMC supports the inclusion of this developmental objective but recommends a wording change.

The AAMC is a founding member of the Interprofessional Education Collaborative (IPEC) and supports interprofessional training for physician trainees that fosters team-based approaches to improve the overall quality of patient care and health outcomes. Prevention and public health topics are part of the core competencies for interprofessional collaborative practice that are used to develop curriculum and learning activities at our member institutions. We will continue to work with our interprofessional colleagues to collect data for this developmental objective. However, we recommend that the objective be modified to remove the word “experiential” so that it accounts for both didactic and experiential training for learners.

- 3) *AHS-2030-R01: Increase the capacity of the primary care and behavioral health workforce to deliver high quality, timely, and accessible patient-centered care:* The AAMC supports the inclusion of this research objective.

Assessing the capacity of the nation’s future physician workforce is important to give both the public and private sectors the information they need to make the targeted

investments necessary for the health care system to provide high-quality, cost-efficient care and develop the workforce required to create a high-performing health care system that optimizes population health. In 2017, the AAMC's *The Complexities of Physician Supply and Demand: Projections from 2015-2030* included new research on preventive care and population health objectives of the nation's Healthy People 2020. The report found that if the nation achieved population health goals around weight loss, improved control of clinical measures (blood pressure, cholesterol, and blood glucose levels), and smoking cessation, then demand for physicians would rise by an additional 15,500 FTEs in the year 2030 because the physicians needed to support an additional 6.3 million adults still living more than offset the reduced demand associated with a healthier population. While laudable pursuits, preventive care and achievement of certain population health goals could increase demand for physicians in the long term. In the 2018 report, the AAMC projected a shortage of between 42,600 and 121,300 physicians by 2030.

- 4) *PHI-2030-R02: Expand pipeline programs that include service learning or experiential learning components in public health settings:* The AAMC supports the inclusion of this research objective and offers to serve as a resource.

Data collection to assess the outcomes and impact of pipeline and workforce programs is essential to advancing work in this field. It is critical to determine program effectiveness and to understand if the program is meeting goals to increase the number of individuals pursuing health professions. The AAMC serves at the national program office for the Robert Wood Johnson Foundation (RWJF) Summer Health Professions Education Program (SHPEP), along with the American Dental Education Association. The SHPEP is a national pipeline program focused on increasing diversity in the health professions and offers a free six-week academic enrichment program for over 1,000 college students yearly through traditional health care and public health experiences. RWJF has been committed to this program since 1989. To date, our data show that over 7,114 of the participants are physicians. Since the inclusion of dentistry in 2006, data show 589 are dentists. We are currently collecting data for other health professions including public health.

There is a robust data collection and management process that allows for the assessment of outcomes and impact that starts at the point of application. All applicants receive a unique identifier that can be later used to track application, acceptance, matriculation and graduation from MD-granting institutions using AAMC data. Other application data has also been used to match to the National Student Clearinghouse database for outreach programs and other health professions databases. SHPEP can track outcomes since 1989 with the support of our data warehouse housed at the AAMC. Accordingly, we can serve as a resource for this research objective as you consider proposed measures and data collection methods to study health workforce outcomes and the impact of pipeline programs that are necessary to recruit and train health professionals to meet the health needs of diverse populations.

The AAMC also supports the Health Resources and Services Administration (HRSA) Title VII and Title VIII workforce development and diversity pipeline programs. Title VII and Title VIII help shape the workforce in targeted ways, such as promoting interprofessional, team-based care; encouraging practice in community-based settings as well as rural and other underserved areas; and training providers to respond to emerging public health threats. Specific to this objective, the Health Careers Opportunity Program, Centers of Excellence, Scholarships for Disadvantaged Students, and Faculty Loan Repayment Program all serve different but complementary purposes to improve the health workforce pipeline. The AAMC leads the Health Professions and Nursing Education Coalition (HPNEC) to advocate for increased federal funding to expand these pipeline programs to help meet the needs of our growing, aging, and increasingly diverse population.

- 5) *The AAMC supports the decision regarding the inclusion of core objectives that address health disparities and/or achieving health equity supported by population-level data.*

We support the decision to only include core objectives in Healthy People 2030 that address health disparities and/or support achieving health equity where population-level data has been collected and tracked. The AAMC works within and across the missions of medical education, care delivery, research, and diversity and inclusion to address health and health care inequities that disproportionately affect various groups. This criterion aligns with our work at the AAMC focused on advancing solutions that examine the racial, social, and economic factors that continue to pervade our society and hinder population health improvements, particularly in underserved communities.

As you are aware, both the Office of the Assistant Secretary for Planning and Evaluation and the Centers for Medicare & Medicaid Services are currently exploring and developing ways to measure health disparities and health equity. We encourage the ODPHP to collaborate across HHS to ensure alignment of definitions, measurement strategies, and interpretation of health equity-relevant data and analyses.

- 6) *The AAMC recommends that objectives focus on the reduction of disease burden, rather than reducing the frequency of seeking care in particular health care settings.*

We recommend that the proposed objectives be modified to indicate the importance of reducing the burden of disease instead of reducing the frequency of presentation to the hospital. Eight measures¹ could be impacted by communities that have barriers to accessing care due to their lack of transportation, flexibility in work schedule, or fear due to citizenship status. For example, MPS-2030-02 (*Reduce emergency department visits for medication overdoses among children less than 5 years of age*) could be modified to

Dr. Wright
January 17, 2019
Page 5

“Reduce medication overdoses among children less than 5 years of age.” Having a reduction in the emergency departments visits should be a proxy for an improvement in the health of the public but should not be the primary goal.

Thank you again for the opportunity to provide comments on the proposed Healthy People 2030 objectives. If you have any questions about these recommendations, please contact Dr. Malika Fair, Senior Director for Health Equity Partnerships and Programs, at mfair@aamc.org or (202) 778-4773. We look forward to the continued collaboration to develop and measure health promotion and disease prevention activities that improve the health of all.

Sincerely,

A handwritten signature in black ink, appearing to read 'Atul Grover', with a stylized flourish at the end.

Atul Grover, MD, PhD
Executive Vice President

ⁱ Additional measures to consider modifying include: MPS-2030-D01, MPS-2030-D02, OA-2030-03, OPIOID-2030-09, OPIOID-2030-D02, and RD-2030-05