Meeting Objectives

1. Advance shared understanding of our vision, process, priorities, and success.
2. Stimulate thinking about future technological possibilities.
3. Develop a shared aspirational vision of what success looks like and the actions it will take to get there.
4. Reach agreement on assumptions about key future drivers and their workforce implications.
5. Align efforts with initiatives already underway in the priority areas.
6. Reach initial understanding of each subcommittee’s focus.
How We Engage Together: Key Meeting Agreements

• Be present and stay engaged
• Make it both real and a possibility zone
• Step up/step back
• Respect for differences, openness to other views
• Understand this is an evolving creative process:
  o Candor, disagreement and discomfort are part of the creativity process
  o Seek bold, breakthrough solutions
  o We are doing something that hasn’t been done before
  o Allow for mistakes
  o Go slow to go fast
• Keep our shared end goal in mind:
  o Communicate the interests of your constituents but represent the collective good
  o Focus on what is best for our patients, communities and students
Summary of First Commission Meeting & Action Steps

JEFF OXENDINE AND KEVIN BARNETT
Commission Charge
(by December 2018)

• Develop a strategic plan for building the future CA health workforce (2030).
  o Promote practical short, medium, and long term solutions for the State, education and employers to address current and future workforce gaps.
  o Agree on a cooperative strategy that promotes shared ownership and priorities and that makes optimal use of diverse stakeholder resources.

• Seek commitments for effective plan implementation.

• Build on, align with, and leverage relevant public and private efforts for greater collective innovation, efficiency, and impact.

• Act as a private commission with state government participation.

• Educate and engage key public and private stakeholders to support success.
Meeting Objectives - First Step Together

1. Shared understanding of our vision, process and success
2. Relationship and trust building
3. Level set and discuss:
   ◦ key demographic, health and economic trends and drivers
   ◦ relevant health workforce data, projections and gaps
   ◦ emerging educational pipeline challenges and opportunities
4. Engage in envisioning our future health system & workforce implications
5. Decide on priority content and foundational areas of focus
6. Share our aspirations, expertise and innovations
7. Strengthen our commitment and approach to our collective charge
Key Commission Meeting 1 Outcomes

Commitment to the Charge
Level setting on key trends and workforce data
Initial discussion of future planning scenarios
Agreement on 3 focus areas and 3 foundational areas and shared ownership for solutions.
Support for subcommittees in each priority area
Request for further technology education and Blue Sky Session
Future health workforce - the right people in the right places with the right competencies and capabilities - working effectively to promote and deliver health in all communities.
CA Future Health Workforce Commission Structure

- 6 quarterly meetings
- Up to 8 mtgs (4 in-person, 4 web)

Management Team

Technical Advisory Committee

- Aging Subcommittee
- Behavioral Health Subcommittee
- Primary Care and Prevention Subcommittee
- Subcommittee (if need)

- 2 (No. & So.Cal) CHPC/CHWA meetings to provide targeted regional input
- Standardized input from trade associations/advocacy groups, education or employer systems
- Foundation direction, guidelines and input
- Online and in-person events for regional, community and other stakeholder input

Foundations
Decision-making Process

- **Staff summary**
  - Subcommittee 1
  - Subcommittee 2
  - Subcommittee 3

- **Technical Advisory Committee**
  - ROLE: Advise on recommendations

- **Subcommittee & staff refines**

- **Commission**
  - ROLE: DECISION-MAKING

**Public Input**

- Commissioners, TAC Members, Experts

- **ROLE:** Advise on recommendations
- **ROLE:** Develop & refine recommendations
Commission Subcommittees

Participants

• Commissioners
• TAC Members
• Experts

Role and Commitment

• Define problems and develop solutions in Priority Areas
• Meet 2 times between Nov and Feb
• Additional meeting or communication or meetings refine recommendations
• Co-Chairs
## Subcommittee Co-Chairs

<table>
<thead>
<tr>
<th>Primary Care &amp; Prevention</th>
<th>Hector Flores &amp; Rishi Manchanda</th>
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<tbody>
<tr>
<td>Behavioral Health</td>
<td>Liz Gibboney</td>
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<td></td>
<td>Sergio Aguilar-Gaxiola (TAC)</td>
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<tr>
<td>Health Aging &amp; Elder Care</td>
<td>Heather Young</td>
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<td></td>
<td>Christine Cassel (TAC)</td>
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</table>
Subcommittee Lead Consultants

Primary Care & Prevention
Melissa Schoen

Behavioral Health
Kimberly Mayer

Health Aging & Elder Care
Lisa Williams
Common Subcommittee Approach

- Future state aspirations and assumptions
- Impact of technology and transformed models
- Define health related problems, consequences
- Workforce implications and challenges
- Research on needs, opportunities, solutions
- Lessons learned and promising practices
- Prioritize recommendations
Coordinated Health Workforce Pathway

**Target Groups:**
- Incumbent Workers
- High School and Community College Students
- Career Changers
- Displaced Workers
- Undergraduates
- Immigrant Health Professionals
- Graduate Public Health Students
- Medical Students and Residents
- Veterans

**K-12 Education**

**Career Awareness**
- Assessment
- Academic Preparation & Entry Support
- Financial & Logistic Feasibility
- Health Professions Education
- Training Program Access
- Training Program Retention
- Internships
- Financing & Support Systems
- Hiring & Orientation
- Retention & Advancement

**Pre-Training**
- Health Professions Education
- Workforce

**Cultural Sensitivity and Responsiveness**

**Quality, Diverse Health Workforce**

Jeff Oxendine©
Opportunities for Stakeholder Input

- Subcommittee participation
- Participate in public portion of Commission/TAC meetings
- Staff to attend events & meetings
- Present to subcommittees
- Submit comments via website & online surveys
- Send reports & research to staff
- Meet with staff
Feedback from 10/30 TAC Meeting

• Emphasize focus on non-clinical prevention
• Important to focus on equity and workforce to achieve. Include racial equity, community assets
• Include health and safety as an outcome
• Focus on workforce effectiveness and health
• Landscape assumption refinement, aspiration
• Began problem definition in focus areas
Technology and its Implications for Workforce Planning
WELCOME TO HEALTH CARE’S DECENTRALIZED FUTURE

INDU SUBAIYA, MD MBA
CO-FOUNDER & EVP, HEALTH 2.0
HEALTH 2.0 ANNUAL FUNDING, 2016

- 2011: $1.0B
- 2012: $1.6B
- 2013: $2.2B
- 2014: $4.6B
- 2015: $4.8B
- 2016: $5.6B
2016 FUNDING BY CATEGORY AND QUARTER

- **Professional Facing**: 602M
  - Q1: 127M
  - Q2: 226M
  - Q3: 128M
  - Q4: 246M

- **Data, Analytics, & Exchange**: 884M
  - Q1: 312M
  - Q2: 246M
  - Q3: 140M
  - Q4: 88M

- **Patient Provider Comms**: 453M
  - Q1: 120M
  - Q2: 105M
  - Q3: 793M
  - Q4: 595M

- **Consumer Facing**: 2.4B
  - Q1: 1.14B
  - Q2: 1.3B
5 DRIVERS
OF A DECENTRALIZED FUTURE
1

THE NEW INTEROPERABILITY: FHIR AND BLOCKCHAIN
2

NOVEL MODALITIES AND ANALYTICS (FORM FACTOR INNOVATION)
CT Mode projects the patient’s CT on the Real patient
NEW MODALITIES

DATA

TRANSACTIONS

SERVICES
NEW MODALITIES
SERVICES
NEW ENTRANTS:
WHAT COUNTS AS A HEALTH COMPANY NOW?
Rumors are at a fever pitch that Apple has big plans for healthcare, including putting
Facebook offers untapped potential in clinical trial recruitment

WEDNESDAY, MARCH 1, 2017

It’s no secret that difficulty recruiting patients can significantly delay a clinical trial. Facebook, however, is experimenting with a unique approach by utilizing its platform to accelerate the pace of clinical trial recruitment.
Amazon has a secret health tech team called 1492 working on medical records, virtual doc visits

- Amazon has a secret skunkworks lab called 1492, dedicated to health care tech.
- Areas of exploration include a platform for electronic medical record data, telemedicine and health apps for existing devices like the Amazon Echo.
It's time to clear up the facts
You are unique, your diet should be too

End the one-size-fits-all approach to a healthy diet. Discover what foods your body needs to feel its best.
4

BUSINESS MODEL DISRUPTION
EXISTING CARE DELIVERY ORGANIZATIONS
NEW DELIVERY AND FINANCING MODELS
Advanced medicine, wellness, and nutrition from doctors who care.

JOIN NOW
WE’RE RESTORING HUMANITY TO HEALTH CARE

We believe in primary care that puts people first. Because when we can connect on an individual level, we can impact the entire health care landscape.
7:28 Woke up with sore throat
7:43 Diagnosed
8:02 Rx called in
What is Forward?

Forward is a new kind of doctor’s office, bringing together world-class doctors with advanced technology to manage your health and your goals proactively. Forward stands for better quality, better access, and a better experience.

Better doctors, trained in internal and family medicine with experience from institutions like Sutter, Stanford, and Kaiser.

Better health technology, like real-time blood testing, genetic screening, sensors, and machine learning.

Better plans, made in collaboration with your doctor to work towards your specific goals.
Hi, we're Oscar.

Health insurance that’s easy.

Get Your Free Quote

Looking for a Business quote?
Isn’t it time a healthcare company actually cared about your health?

We think so.

Meet Clover.
HEALTH INSURANCE PLANS THAT PUT YOU IN THE CENTER OF IT ALL

Bright Health offers health insurance plans that prioritize you. Our transparent, collaborative partnership with you and your doctors allows us to keep costs affordable, support care, and create a personalized experience to meet your needs.

Ready to dive right in?

Get a Quote
TECH ITSELF BECOMES THE SERVICE
Public library as access point for care
Callisto: Tech to combat sexual assault

We create technology to combat sexual assault, empower survivors, and advance justice.

Watch the TED Talk
Welcome to Legacy Good Samaritan Park

The park is designed for rehabilitation patient therapies and relaxation and restoration for all in the neighborhood. We encourage non-profit family friendly community activities and events.

Please enjoy our 2017 restoration of the park to support health and well-being for everyone.

The park is closed 10:00 pm to 6:00 am
No alcoholic beverages
No smoking
No skateboards, rollerblades, shopping carts
No littering, graffiti, and vandalism
All dogs must be on leash and picked up after
Bicycles must be walked
No tents or camping
Permission is required for events and organized activities
Please call 503-413-6507 for scheduling information and allow at least 4-6 weeks for processing
Good Sam garden volunteers are needed, please call 503-413-7012 for information
1. THE NEW INTEROPERABILITY: FHIR AND BLOCKCHAIN

2. NOVEL MODALITIES AND ANALYTICS (FORM FACTOR INNOVATION)

3. NEW ENTRANTS: WHAT COUNTS AS A HEALTH COMPANY NOW?

4. BUSINESS MODEL DISRUPTION

5. NEW ENVIRONMENTS
2 QUESTIONS
WHAT DOES VALUE MEAN?
2

WHAT IS YOUR JOB?
Telehealth: Implications for Workforce Planning

Jana Katz-Bell

November 8, 2017
Digital health
Connected health
eHealth
mHealth
Telehealth
Telemedicine
eConsult

Store & Forward

mHealth apps

Support at home for people with chronic conditions

ECHO/Learning Communities

Virtual Visits

Clinical Trials Support

Specialty Consultations

eICU
Telehealth models drive team care
Responsibilities shift to different health professionals
Thank you for referring Ms. X. If you are willing to medically involve pulmonary nodules, I'd like to indicate that what we did initially was to order a chest X-ray, a CT scan, and a PET scan. The PET scan was normal. The chest X-ray was normal, and there was no significant abnormality on the CT scan. The final note is that she decided to consult with her primary care physician. She has been followed up, and no further testing is recommended.

Dr. Y reviewed the case, and there were no concerning findings. The follow-up with her primary care physician is recommended for the following:

- Fine needle aspiration
- CT scan
- Pulmonary function tests
- Blood work
- Follow-up with the primary care physician

No further testing is recommended. A follow-up visit is recommended in 3 months.
Behavioral Health

- Asynchronous tele-psychiatry
- Mood and cognitive assessment (artificial intelligence)
Family and Friend Caregivers

- Role in community-based care
- Support for older adults have choice and be independent
- Special needs children
Will telehealth drive the need for more providers?

- If people currently have no access, these models require more overall providers.

- If telehealth changes the delivery model than different types of team members are needed – it may stimulate discussion regarding scope of practice.

- Given that we will always have a maldistribution of providers, technology will be a strategy going forward.
Thank you!
TECHNOLOGY AND ITS IMPLICATIONS FOR WORKFORCE PLANNING

Wednesday, November 8, 2017 | 9:40 am to 10:45 am PT

Ginna Baik
CDW Healthcare Senior Care Practice Leader
Ginna Baik is the senior care practice leader for CDW Healthcare, a leading provider of technology solutions for healthcare organizations nationwide. Baik is responsible for leading CDW Healthcare’s strategic business development initiatives in the senior care market, helping to define the necessary technology solutions for senior care organizations while strengthening and expanding industry partner relationships.
DIGITAL GAP GETTING SMALLER

61%  CAUTION  97%

DIGITAL DIVIDE
1 IN 2 GRANDPARENTS LIVE 100+ MILES AWAY FROM THEIR GRANDKIDS

AARP Grandparents Study March 2012
STAYING CONNECTED!

The #1 reason that aging adults use technology today is to stay connected with their families.
## MOBILITY TRENDS — ADOPTION BY AGING ADULTS GROWS

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61%</td>
<td>61% of seniors are going online (Biggest Growth Segment)</td>
</tr>
<tr>
<td>7 in 10</td>
<td>7 in 10 seniors who go online do so every day or almost every day; an additional 11% go online 3–5 times a week</td>
</tr>
<tr>
<td>50%</td>
<td>50% of seniors have a broadband connection in their home</td>
</tr>
<tr>
<td>82%</td>
<td>82% of older Americans have a cellphone</td>
</tr>
<tr>
<td>25%</td>
<td>25% of seniors use a smartphone</td>
</tr>
<tr>
<td>29%</td>
<td>29% of seniors own a tablet or e-reader</td>
</tr>
</tbody>
</table>

### Seniors are using the Internet to:

- Easily communicate with family and friends: 75%
- Shop for products and services: 58%
- Get information about healthcare and medical issues: 53%
- Keep up with news: 40%

Sources: PewInternet.org, “Older Adults and Technology Use,” April 2016
Brookings.edu, “Why Senior Citizens Use the Internet,” April 2014
“78% of older adults say online patient portals are valuable”

And 44% have increased use of them over last 2 years
INTERNET OF THINGS (IOT)

Question 2: What emerging technology will help manage the aging process the most? Total responses 396

- Robots / robotics: 15% 59 responses
- Mobile patient monitoring: 19% 75 responses
- Artificial intelligence: 18% 73 responses
- Smart homes (IoT): 38% 152 responses
- Wearables: 9% 37 responses

Ad Hoc Survey done by IBM Global at SxSW 2016
Considering the Complete Picture – A Typical Day

- Sleep
- Sedentary Behavior (Sitting)
- Light Activity
- Exercise

RETHINKING PHYSICAL ACTIVITY
DOMAIN HEALTH IMPLICATIONS

- Heart disease
- High blood pressure
- Stroke
- Diabetes
- Weight gain
- Slowed cognitive processing
- Depression
- Accidents

- Heart disease
- Obesity
- Diabetes
- Cancer
- Cognitive impairment
- Mood enhancement

- Heart disease
- Obesity
- Diabetes
- Metabolic shifts

- Least understood domain
- Currently viewed as “exercise light”
- Often linked to social benefits
Over two years experience instrumenting 800 seniors in 15 locations and three countries

Ages 65 to 95 Years

Both Independent and Assisted Living Communities

Various mobility aids and disease conditions
5 MILLION IPADS TO JAPAN BY 2020!

VIRTUAL REALITY

- Pain reduced by 25%
- Anxiety reduced by 60%

- “Most significant singular impact of anything he’s tried related to pain management”

- “Dramatically reduced both his pain level and his anxiety at least one full point.”

Ref: Patient Testimonials. Applied VR. Cedars-Sinai Medical Center
Telehealth in Skilled Nursing
Telemedicine consults at Walnut Village and Fredericka Manor Care Centers
Telehealth Services

▪ Urgent Care
▪ Gerontology Primary Care
▪ Psychiatry
▪ Pharmacy

Expansion

▪ Broadening from skilled nursing to residential (IL/AL)
Community Feedback

The doctor was extremely helpful, friendly and spent as much time with me as I needed.
- Care Center Resident

This service was extremely helpful, my father has dementia and him going to the doctor creates a lot of unnecessary risks.
- Family Member

The patient didn’t think he needed to see a geriatrician, but at the end of the call the doctor was able to address other problems the resident didn’t initially mention.
- Care Staff
Thank You!

Ginna Baik
Senior Care Practice Leader
CDW Healthcare
ginbaik@cdw.com
Blue Sky Exercise
Shared Ownership
of the problem and solution among key stakeholders, and working together differently to achieve results.

Focus Areas
- Primary Care & Prevention
- Behavioral Health
- Healthy Aging & Elder Care

Foundational Elements
- Diversity: race/ethnicity, gender, sexual orientation, socioeconomic status
- Equity: access to opportunity (e.g., education, living wage), geographic distribution, racial equity
- Technology: leveraging technology to accelerate transformation across settings

Quality Education, Capacity, and Training
aligned with needs

Outcomes
- Improved Economic Opportunity
- Health Equity
- Better Health & Safety
- Better Care
- Lower Costs

Future health workforce - the right people in the right places with the right competencies and capabilities - working effectively to promote and deliver health in all communities.
Future Health System Drivers and Assumptions for Planning the Future Workforce
Polling the Commission

To build the future health workforce for 2030 and beyond, we should assume that........
Key Assumptions

Future Health System: Year 2030

- Population Demographics
- Payment Levels
- Health Coverage
- Payment Method & Incentives
- Team-Based Model
- Focus on Social Determinants of Health
- Technology Integration
- Federal Policy & Budget
- Immigration Policy
- Mass Incarceration

Culture, Practice & Systems change within Health & Educational Institutions support adoption of assumed transformation
Population Demographics

Our CA population will become significantly larger, older, more diverse.

- CA will grow to 44.1 million people (an almost 6 million increase).
- The Inland Empire, Sacramento Region and San Joaquin Valley are projected to grow faster than other regions of the state.
- Latinos will make up 43% of the population, Whites 34%.
- The number of adults over age 65 will grow from 5 million in 2014 to 8.6 million in 2030.
Payment Method & Incentives

Shift from volume to value reaches tipping point; true financial incentive to focus on population health management and outcomes.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Payment Levels

Medicare, Medi-Cal and Commercial payment levels will be static or lower.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Focus on SDOH

Focus on social determinants of health and cross-sector collaboration to tackle community health issues becomes a statewide and regional priority.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Team-Based Model

The standard of care is team-based, integrated, whole-person, and coordinated across the health continuum.

- ▲ Agree
- ▼ Disagree
- ○ Moving in this direction but may not progress enough for this to be key driver
- □ I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Technology Integration

Widespread technology integration supports a shift to self-management; increases access to behavioral health care, rural health care, home care; and transforms care delivery.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Systems Change

Culture, practice and systems change within health and educational institutions support adoption of assumed transformation

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Federal Policy & Budget

Federal government policy and budgetary changes will at best be benign neglect and at worst result in significant reductions in subsidies to CA.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Health Coverage

At least 90% of Californians will have some form of health coverage for essential healthcare, preventative, mental health and oral health services.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Immigration Policy

Immigration policies will support the availability of a sufficient labor pool to meet the workforce demand and promote prevention, community health improvement and access to direct services for our growing, aging and increasingly diverse communities.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Mass Incarceration

Mass incarceration will result in a growing number of our majority populations being institutionalized and needing health promotion and services within the jail and prison systems. It will also result in a large re-entry population needing health and social services support and impacting the health of others in their communities.

- Agree
- Disagree
- Moving in this direction but may not progress enough for this to be key driver
- I have a proposed modification

I believe this is an assumption that the Commission should prioritize trying to proactively shape – Yes or No, Why?
Other Assumptions

Are there other assumptions you think are critical for the Commission to build the future workforce? Why?
Future Health Workforce Implications
Given the assumptions our future CA workforce will need to be:

Larger and more racially and ethnically diverse
Better able to support Spanish speaking and other growing populations
More located in or able to provide services to the rural, urban and suburban underserved areas
Less dependent on physicians, more on teams
High tech and high touch
Capable of community & patient empowerment
Given the assumptions, our workforce will need to be:

Better educated in math, science, critical thinking

Able to generate, analyze and use actionable data

Better trained in:

Geriatrics
Social Determinants of Health
Long term care and palliative care
Chronic disease management
Population health management

“Essential skills”
Given the assumptions our future CA workforce will need to be:

Trained in:
- Inter-professional team environments
- Use of emerging technologies
- Integration of whole person care

Able to promote health and care for people in hospital, home and community settings
- Multi-skilled, flexible, adaptable to change
- Cross sector, cross boundary leaders & professionals. Civically & community engaged
### Increasing Supply, Diversity and Capacity Needs

<table>
<thead>
<tr>
<th>Health IT</th>
<th>CLS</th>
<th>Preventive specialists</th>
<th>CHW’s/Promotoras</th>
<th>Data Analysts &amp; Integrators</th>
<th>Care Coordinators</th>
<th>Case Managers</th>
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<td>Health Administrators</td>
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<td>Public Health</td>
<td>Advanced Practice Nurses &amp; PA’s</td>
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<td>Navigators &amp; Coaches</td>
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<td>RN’s</td>
<td>Behavioral Health</td>
<td>Providers and Peers</td>
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<td>Direct Care Workers</td>
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<td>Physicians</td>
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Behavioral Health

DUSTIN CORCORAN
CEO, CALIFORNIA MEDICAL ASSOCIATION
CHAIR, WORKFORCE COMMITTEE
LEADING THE WAY COALITION

NOVEMBER 8, 2017
Leading the Way Coalition (LTW): Addressing California’s Growing Behavioral Health Crisis

A statewide coalition of leaders from all areas of the behavioral health landscape developing solutions for the behavioral health crisis in four critical areas:

• Workforce
• Legal and Regulatory Barriers
• Delivery System/Continuum of Care/Crisis Services
• Financing
Leadership

Co-Chairs:
- Carmela Coyle, President/CEO of the California Hospital Association
- Jessica Cruz, Executive Director of NAMI

Facilitator:
- Darrell Steinberg (Author of Proposition 63, the Mental Health Services Act)

Workforce Chair:
- Dustin Corcoran, CMA
LTW and the Future Workforce Commission: A Coordinated Relationship

• Both efforts have established that addressing the behavioral health crises in California is a statewide priority and have designated workforce as a critical component to the solution.

• Membership overlap between the LTW Coalition and Workforce Committee and the Commission’s Technical Advisory Committee.
LTW and the Future Workforce Commission: How Are They Different?

• LTW has a broad focus that goes beyond workforce and includes delivery system transformation and financing, as well as addressing legal and regulatory barriers.

• Commission is primarily comprised of representatives from health care organizations. LTW also includes other stakeholders, such as law enforcement, consumers and counties.
The LTW workforce committee recommends pursuing legislation requiring DHCS to apply for grant funding from the federal government under the 21st Century Act to develop a crises services inventory.

To be authored by Assemblymember Ridley-Thomas.
LTW Workforce Committee Recommendations (To Date)

• AB 1340 requires the California Medical Board to consider courses relative to integrating primary care and behavioral health as eligible for continuing medical education.

• The LTW workforce committee recommends that other boards take a similar approach for allied health professionals.
LTW Workforce Committee Recommendations (To Date)

• Development of legislation to create peer counselor certification in California.

• The LTW workforce committee recommends legislation to establish Psych Rehabilitation Practitioner certification.
Next Steps for LTW

• LTW Coalition will continue to meet into 2018.
• Strongly urges the Commission to consider the LTW Coalition and its members as a resource to the Commission relative to the Commission’s behavioral health workforce priorities.
• Strong alignment between the two efforts is encouraged.
CMA Policy – Workforce and Mental Health

• June 2017 - CMA Board of Trustees designated workforce and mental health delivery as major issues impacting the well-being of Californians.

• October 2017 – 400+ physicians at HOD and CMA debated and adopted policy statements and implementation priorities on these issues.
CMA’s process

• Assessed CMA’s existing policy and advocacy efforts

• Analyzed the most significant factors that:
  • Impact California’s ability to maintain a strong physician workforce
  • Prevent robust mental health care delivery

• Identified and addressed gaps in CMA’s policy on these issues
CMA Mental Health Policy

A implementation plan for advancing CMA’s mental health delivery priorities that includes the following actions:

• Supporting legislative and regulatory measures
• Continuing to expand and support the behavioral health workforce
CMA Mental Health Policy

• Facilitating streamlined financing and payments for mental health services
• Supporting further research and evaluation of mental health delivery models
• Supporting actions to reduce social stigma surrounding mental health issues
CMA Priorities - Mental Health Workforce

Continue to expand and support the behavioral health workforce by:

• Supporting training and expansion of financial incentives, including loan repayment programs, for behavioral health providers who demonstrate a commitment to practice in underserved areas and communities.

• Supporting voluntary education and training opportunities for primary care and other medical providers to provide behavioral health services, while seeking to reduce the systemic administrative and financial barriers that have impacted their ability to deliver mental health services in the primary care setting.
CMA Priorities - Mental Health Workforce

• Supporting crisis intervention training programs for law enforcement and other first responders.
CMA Priorities - Mental Health Workforce

• Creating more training opportunities within public educational institutions, such as the University of California and California State University systems, for mental health clinicians at all levels
  • Ex. Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselor, Psychologists, NPs, PAs, MDs
CMA Workforce Policy

• Updated and comprehensive statement on physician workforce addressing multiple factors including:
  • Research and measurement; medical education; diversity; maldistribution, residency; medical debt; physician burnout and alternative practice; team-based care; and flexible licensing.
Next Steps

• CMA will continue to participate in and seek alignment with long-term stakeholder efforts such as:
  • LTW
  • The Commission’s Technical Advisory Committee
  • CPCAs Primary Care Workforce Initiative

• CMA will be sharing our adopted policies and positions on workforce and mental health delivery with the Commission to help inform your work on these issues.
Defining Needs, Problems and Opportunities in the Aging Health Workforce

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What We’ll Discuss

- California’s Aging Population
- Financial Insecurity
- Continued Engagement and Work
- Increasing Risk of Cognitive and Functional Loss
- Aging Alone
- Workforce Needs
- Promise of Technology
California’s Aging Population

Sources: Beck, L. and Johnson, H., 2015, Planning for California’s Growing Senior Population, Public Policy Institute of California; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity, Sex, and Age 2010-2060, Sacramento, California, December 2014.
Financial Insecurity

- Only 60 percent of baby boomers report having any retirement savings
- 36 percent said they plan to retire at 70 or later
- 27 percent are confident they will have enough for retirement
- 23 percent of married couples and 43 percent of unmarried people rely on Social Security for 90 percent or more of their income

Source: CNBC and the U.S. Social Security Administration
Continued Engagement and Work


Source: U.S. Bureau of Labor Statistics
Increasing Risk of Cognitive and Functional Loss

Projected Numbers of People Aged 65+ with Alzheimer’s

Source: Alzheimer’s Association
Aging Alone

Source: 2010 U.S. Census data
Decline of Traditional Family Caregivers

Caregiver Support Ratio

In 2010, the caregiver support ratio was more than 7 potential caregivers for every person in the high-risk years of 80-plus. In 2030, the ratio is projected to decline sharply to 4 to 1; and it is expected to further fall to less than 3 to 1 in 2050.

Source: AARP Public Policy Institute
Workforce Needs

Growing Demand for Direct-Care Workers in the US, 2010-2020

- Personal Care Aides: 71%
- Home Health Aides: 69%
- Nursing Aides (Nursing Aides, Orderlies, & Attendants): 20%
- All Direct-Care Workers: 48%
- All Occupations: 14%

Source: PHI
Promise of Technology

AI-Powered Social Robots for Support and Connection

Voice-Based Artificial Assistants and Support Networks

Source: Aging 2.0
Public Comment