Meeting Objectives - Step 3 Together

1. Review progress, priorities and process
2. Discussion and feedback regarding:
   ◦ Initial Subcommittee Strategies and Envisioning Topics
   ◦ Initial Cross-Cutting and Infrastructure Strategies
3. Move forward together more informed, energized and engaged
How We Will Work Together: Key Agreements

• Be present and stay engaged
• Make it real
• Make this a possibility zone
• Step up/step back
• Respect for differences, openness to other views
• Disagreement and discomfort are part of the process
• Be mindful of our use of different terms, concepts, knowledge
• Allow for mistakes
• Go slow to go fast
• Communicate the needs interests of your constituents but represent the whole and greater good
• Focus on what is best for our patients, communities and students
Update on Commission Process and Progress
Updates

• Welcome new Commissioners!
• 10/2 new date for 6th meeting
• Technical Advisory Committee meeting on 2/1
• 3 Subcommittees
• Public Higher Education Health Professions Steering Committee
• Communications support
• Training on advocacy guidelines
New Commissioner

Barbara Ferrer, PhD, MPH, MEd
Director, Los Angeles County Department of Public Health
Commission Framework: Focus Areas & Foundational Elements

**Focus Areas**
- Primary Care & Prevention
- Behavioral Health
- Healthy Aging & Care for Older Adults

**Foundational Elements**
- Diversity: race/ethnicity, gender, sexual orientation, socioeconomic status
- Equity: ensuring 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
- Healthy Workforce

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
Commission’s Blue Sky Vision

**Vision 2030**

- **Education**
  - Reflects the state’s demographics
  - Emphasizes the state's vibrancy
- **Technology**
  - Integrated team-based care
  - Value productivity
- **Equity**
  - Access to care in equivalent ways
- **Value**
  - Productivity

**Success Factors:**
- Collaboration to achieve synergy
- Place-based investments by corporate sector
- Fits into a framework of learning human services system

**Employers**
- Increased awareness of importance of health
- Shared vision

**1. O & add barriers**
- Need to leverage the current workforce

**Prevention**
- Health
- Levels of care
- Reimbursement for care

**Giving Voice**
- Patients
- Community members
- Workers

**Value:**
- Paying at cost

**Integrated Team Based Care**
- Professionals
- Families
- Community

**California Future Health Workforce Commission**

*Nov. 8, 2017 | CNACT Leadership*
Commission Subcommittees

Participants

• Commissioners
• TAC Members
• Experts

Role and Commitment

• Define problems and develop strategies in Priority Areas
• Meet 4 times between Nov and April 26 (plus commission meet days)
• Additional communication or meetings to refine strategies
• Co-Chairs
Subcommittee Approach

- Behavioral Health
- Healthy Aging and Older Adult Care
- Primary Care and Prevention
- Initial Strategies to known workforce problems
- Strategies to meet future envisioned state in priority topics
- Combined set of aligned strategies
Strategy Categories

- Content Area Specific: Near
- Cross Cutting: Medium
- Infrastructure: Long-Term
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Promising**| • Evidence, Success to date, interest  
• Specific & actionable  
• Alignment with Commission values, outcomes, principles |
| **Efficacy** | • Contribute with predictive value to solve priority problems                                                                                  |
| **Impact**   | • Balance of short-term vs. medium and long-term impact  
• Scale and sustainability of impact on priority problems, target groups                                                                      |
| **Feasibility** | • Financial (available funds, cost, ROI), operational, political  
• Champions to lead  
• Leverage existing or planned efforts |
| **Timely**   | • Why now? Limited barriers OR recent change that makes past barriers less relevant                                                            |
| **Relevant** | • Applicable now and for future prevention & care delivery  
• Building block for future solutions                                                                                                          |
Strategy Analysis
Template
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

Master Plan
Initial Summary of Cross-Cutting and Infrastructure Strategies
Initial Subcommittee Strategies and Envisioning Topics
Initial Subcommittee Strategies

• Subcommittee Co-Chair Reports and Discussion
  1. Primary Care & Prevention
  2. Behavioral Health
  3. Healthy Aging & Care for Older Adults
• Work through the handout of draft initial strategies
• Feedback on 3 initial strategies
Initial Strategies List

1. Clarifying questions on language, purpose, intent on the overall list of initial strategies? Individual strategies?

2. What’s missing in terms of strategy content or additional strategies that you feel the commission should consider?
Strategy Feedback

1. Do you have any comments, suggestions or proposed modifications regarding this strategy?

2. What political and financial, or timing issues should be taken into consideration in the development and implementation of this strategy?

3. What can your institution/stakeholder group contribute to the development, analysis and/or implementation of this strategy, and who are other stakeholders with whom to consult to solicit input?
Primary Care & Prevention Subcommittee – Proposed Priority Strategies
GME Funding

Core Strategy

Sustain and increase graduate medical education (GME) funding for primary care residencies (physician, NP, PA) with a priority emphasis on underserved regions and safety net settings. Specific actions for potential inclusion as part of this strategy include exploring development of a California supported primary care GME program through Medicaid.
PRIME Model

Core Strategy

Institutionalizing and Expanding the PRIME Model in Health Professions Schools in Medicine, Nursing, Dentistry, Public Health
Scale the Engagement of Community Health Workers

Core Strategy

Explore standardization and certification of an expanded model of CHW engagement that optimizes their contributions to improve quality of care, address the social determinants of health, and serve as advocates for people and their communities.
Behavioral Health Subcommittee – Proposed Priority Strategies
Peer Support Specialist

Core Strategy

Create standardized peer support specialist certification reimbursable by public and private payers with ability to bill Medi-Cal. Standardize training across the state. Include focus on legislative requirements, educational and certification requirements, and regulatory/financing mechanisms.
Certified Psychosocial Rehabilitation Specialists (CPRP)

Core Strategy

Increase education, training and skills of unlicensed staff through promoting the Certified Psychosocial Rehabilitation Practitioner Certification (CPRP) that would be reimbursable by public and private payers. Include focus on legislative requirements, educational and certification requirements, and regulatory/financing mechanisms.
Mental Health Services Act: Workforce Education and Training Funding

Core Strategy

Explore methods to establish funding to replace current Mental Health Services Act Workforce Education and Training (MHSA WET) programs that sunset in 2018 for psychiatric residencies, stipends and loan forgiveness for the mental health workforce.
Psychiatric Mental Health Nurse Practitioners

Core Strategy

Remove practice and regulatory barriers for Psychiatric Nurse Practitioners to ensure full scope of work availability through implementing legislative and fiscal/regulatory strategies including use of recommended models from other states.
Integrated Care

Core Strategy

Expand education and training on mental health and substance use disorders for physicians, nurse practitioners, physician assistants, pharmacists and other primary care providers by aligning educational curricula with competencies needed for evidence-based, integrated care models.
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“Burning Platform”

**Aging Population**

- **By 2030:** Senior population age 65+ will double to 9 million
- Youngest baby boomers will hit retirement age 75+
  - will be fastest growing age group beginning 2020
  - strong growth for seniors 65+
    - in every ethnic group

**Source of Care**

- CA senior population age 65-75 facing difficulties with self-care will be living at home and double by 2030 to ~1 million
- 100,000 limited self-care population age 65-75 in nursing homes by 2030

**Workforce**

- **200,000** additional homecare workers needed in CA by 2024
- **33%** annual turnover of IHSS workers in CA

**Projected Increase of Age 65+ Population with Alzheimer’s**

- Projected increase of age 65+ population with Alzheimer’s, from 630,000 in 2017 to 840,000 in 2025

**Sources of Funding for Nursing Home Residents**

- **$97K** annual cost of nursing homes
- **$57K** annual cost (average) of homecare*

*cost varies based on number of hours needed

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**Slide 3**

[California Future Health Workforce Commission]
PICKING UP THE PACE OF CHANGE
A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers
Affordability & Access – CA Rank Overall 19

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2017 Rate</th>
<th>Rank</th>
<th>Top State Rate</th>
<th>All States Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADRC/No Wrong Door Functions (composite indicator)</td>
<td>0%</td>
<td>50</td>
<td>92%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Support for Family Caregivers – CA Rank Overall 8

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2017 Rate</th>
<th>Rank</th>
<th>Top State Rate</th>
<th>All States Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person and family-centered care (composite indicator)</td>
<td>3.00</td>
<td>14</td>
<td>4.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Nurse delegation and NP scope of practice (composite indicator)</td>
<td>0.50</td>
<td>45</td>
<td>5.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>
## Effective Transitions of Care – CA Rank Overall 22

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2017 Rate</th>
<th>Rank</th>
<th>Top State Rate</th>
<th>All States Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of nursing home residents with low care needs</td>
<td>10.7%</td>
<td>20</td>
<td>4.1%</td>
<td>11.2%</td>
</tr>
<tr>
<td>% of home health patients with hospital admission</td>
<td>23.4%</td>
<td>17</td>
<td>18.3%</td>
<td>24.4%</td>
</tr>
<tr>
<td>% of long-stay nursing home residents hospitalized in a 6-month period</td>
<td>18.5%</td>
<td>35</td>
<td>5.0%</td>
<td>15.7%</td>
</tr>
<tr>
<td>% of nursing home residents with 1+ potentially burdensome transitions at end of life</td>
<td>27.0%</td>
<td>44</td>
<td>9.1%</td>
<td>23.8%</td>
</tr>
</tbody>
</table>
What is the impact of improvement from AARP?

If California improved to the average of the top 5 states in each domain....

• $573,100,000 more would go to HCBS instead of nursing homes

• 176,180 more people would receive Medicaid LTSS (combination of eligible beneficiaries not enrolled and those enrolled who shift from SNF to community/home)

• 48,584 more home health and personal care aides in the community
Washington Spotlight

• No Wrong Door (top rank)
• 64.9% of Medicaid/state-funded LTSS goes to HCBS (rank=2)
• 53.4% of people with disabilities have consumer-directed care (rank=3)
• 103 assisted living/res care units per 1000 pop 75+ (rank=3)

• Nurse delegation & NP scope of practice (top rank)
• Robust home care aide certification
• Transportation policies (rank=3)
• Low rates of hospital admissions from home health & nursing homes (ranks 5 & 7)
Who constitutes the team for the Aging population? Virtually ALL Health Care Workers + Community

Nurses (multiple)
Family Care Givers
Physicians NP, PA (multiple)
Direct Care Workers (multiple)
Geriatrician
IHSS, PCA, Home Care Aide, HHA, CNA, etc.

Older Adults
Age in Place
Home

Healthy Aging
1-2 chronic conditions (92% report having 1 cc*), min to no functional limitations

Moderate to High Complexity
2+ chronic conditions (70% report having 2+ cc*), 2+ ADLs/IADLs

*Hung et al. 2011

Note: highest priority to start in the home followed by workforce implications across the entire care system / source of care

And others! (Health Coach, Navigator, CHW, MA, EMT, Oral Health, Paramedic, Dementia Care Specialist, Diagnostic Support & Technician, etc.)

Community

OT
PT
CM
Pharmacists
Social Workers

and others!

Diagnostic Support & Technician, etc.)

Geriatrician

IHSS, PCA, Home Care Aide, HHA, CNA, etc.

Note: highest priority to start in the home followed by workforce implications across the entire care system / source of care

Slide 12
Initial Top Strategies to Known Workforce Problems

Overarching Strategy
Define the “ideal vision” for the roles of multiple people across the care continuum and the community in caring for older adults, starting in the home. Generate strategies to support person-centered, team-based and technology-enabled care in partnership with key stakeholders. Strategies to include recruitment into the field, training and preparation, and improving working conditions and incentives.
Initial Top Strategies to Known Workforce Problems

- Promote inclusion of competencies to care for older adults in health workforce curricula at **ALL** levels
- Maintain and obtain dedicated geriatric flexible funding mechanisms for residency, advanced preparation training, and workforce training

- Align population needs and team-based roles with necessary funding sources and regulatory structures to support care of older adults
Discussion Questions

• How can a workforce commission address what is needed for system change?

• What political and financial, or timing issues should be taken into consideration in the development and implementation of this strategy?

• What can your institution/stakeholder group contribute to the development, analysis and/or implementation of this strategy, and who are other stakeholders with whom to consult to solicit input?
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Cross-Cutting and Infrastructure Strategies: Small Group Activity
Comments about the combination and synergy of initial strategies?

• Are we on the right track?

• What is missing or could be strengthened?

• Suggested approach going forward?
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