



Principles

The Commission's work is guided by the following principles:

- Health workforce planning is a forward-looking venture. The plan should take into consideration the state's workforce needs in the medium (through 2030) to longer term (beyond 2030).
- Careful consideration should be given to ensure the "future forward" look is as practical as possible, and rooted in the most likely scenarios given what is known today — yet be flexible and iterative so that course corrections can be anticipated.
- The plan should consider the economic benefits of a robust health workforce for the state and regions.
- The plan will need to build an understanding of the educational enablers for the health workforce of the future. This will need to include students at public and private institutions, K–12 students, community college and four-year students, health professions school students (medicine, public health, pharmacy, nursing).
- To the extent policymakers and others in California are developing comprehensive plans for the education sector, alignment and harmonization of the two planning efforts could optimize success of both.
- The plan should address workforce for both health care (including medical, dental, and mental health) and population health (including community, environmental, and public health) in the public, nonprofit, and private sectors.
- The plan should be guided by an overarching goal for equity (social justice), address the needs of the underserved and disadvantaged (including Native Americans and other racial/ethnic minorities, the continuing uninsured, and remote rural populations), and seek to eliminate disparities in health outcomes.
- Another overarching goal should be to provide greater educational, employment, and economic opportunity for California residents to become the next generation of diverse health leaders and professionals who positively impact the health of their communities.

Scope and Considerations

The plan will emphasize changes in policy, practice, and education/training that are already underway today, as well as those that can be anticipated, including these:

- Examination of policies and practices that determine the sufficiency of the pipeline for developing students to become health professionals;
- Examination of policies and practices that determine the quality and quantity of training programs for health professionals;
- Evolution of value-based care, alternative payment models (APMs) and focus on the Triple Aim, and what this might mean for the workforce of the future;

- Movement toward team-based care, integrated systems for clinical and community services, and the changing role of primary care in care coordination and care management;
- Increased focus on prevention and the role of the health workforce and strategic partnerships (e.g., community organizations, public health) in addressing the social determinants of health;
- More fully developing the role of all staff in helping patients achieve health and well-being (e.g., medical and clinical assistants, community health workers, and peer specialists);
- Integration of physical and behavioral health, as well as integration across the health care continuum for individuals with complex care needs, developmental disabilities, the frail elderly, and those who are dually eligible;
- The advancement of technology — both medical/clinical innovations (including telemedicine and e-consult) and the continuing development and adoption of health information technology (HIT);
- Numerous promising California health workforce, education, and pathway programs that can have greater impact by increasing their scale, replication, funding, and sustainability;

Other factors affecting the supply and/or distribution of the health workforce, including these:

- The need for the health workforce to reflect the demographics of the state, including race, ethnic background, and language skills at all levels of practice;
- The evolving needs of safety-net providers and their position in the overall health care landscape, including relationships between public and private providers and alignment and integration of safety-net and mainstream providers;
- Any anticipated changes to institutional composition or business models that may drive supply-side changes (e.g., mergers and acquisitions, vertical integration, APMs);
- The current and future state of medical and clinical education and training opportunities in the state;
- The policy environment and scope of practice regulations in the state;
- Clinical workforce attrition due to retirements as well as fatigue, movement to more lucrative opportunities, administrative burden, etc.;
- A huge wave of baby boomer retirements of public and private sector health leaders and professionals;
- Regional differences across the California health workforce and the ability to educate, recruit, train, and develop a sufficient health workforce;
- Intense competition among employers for a shrinking pool of qualified talent and significant differences in ability to recruit and retain workers;

Further, the plan must also consider the changes in health care demand over the next 2030 years, including these:

- Demographic shifts, particularly the increases in absolute number of residents over age 85, and changes in immigration/ex-migration;
- Increased diversity of the state's population specific to race/ethnicity and language;

- The growing total population of the state, particularly in regions where provider supply is already strained;
- Anticipated shifts in prevalence and incidence of major diseases and conditions;
- Changes in family dynamics, which contribute to shifts in natural supports available, particularly for seniors;
- The way that changes in care patterns, scope of practice, and team-based care might impact demand for different types of health professionals;
- Increasing expectations for patient-centered and consumer-directed care, including shared decision making, collaborative planning, health advocacy, etc.;
- Changes in business models and expectations for private, public, and nonprofit providers driven by developments in payment mechanisms, regulation, and financial incentives;
- The broader economic and education climate, and implications based on the size and shape, including geographic distribution, of California's population;
- Any regulatory or market considerations that may impact the extent or comprehensiveness of insurance coverage, and therefore affect demand.

Governance, Structure, and Process

An expert team of leaders in health and education have come together to create a robust blueprint for the future of health improvement and health care jobs in California. Led by co-chairs Janet Napolitano, President of the University of California, and Lloyd Dean, President and CEO of Dignity Health, these leaders will steer the development and implementation of a state health workforce master plan. This group will oversee the gathering and review of information, decide strategic priorities, promote and monitor the plan's implementation, and represent the plan to the public. The group is representative of California's diversity, and includes educators and accreditors, health professionals, policymakers, business and labor leaders (including payers and providers), and consumer groups. The group collectively brings economic, health, equity, and community expertise and commits to delivering material, cross-sectoral influence. The group will function as a private commission, with strong public participation and endorsement. The California Future Health Workforce Commission will run from summer 2017 through 2018.

Jeff Oxendine from UC Berkeley School of Public Health and Kevin Barnett from Public Health Institute will serve as co-directors of this effort and will lead an expert staff to support the Commission's work including organizing meetings, preparing background materials, and directing the work of the technical advisory committee. Led by Jeff and Kevin, this management team will ensure co-chairs and commissioners are fully supported by coordinating topical experts, academics, and technical consultants to ensure facts, analysis and a diverse base of opinions and voices are brought to the Commission for consideration.

A coalition of California's health funders, including The California Endowment (TCE), California Health Care Foundation (CHCF), The California Wellness Foundation (TCWF) and Blue Shield of California Foundation (BSCF), have catalyzed the development of the master plan by providing funding to support this work.