



C A L I F O R N I A

FUTURE HEALTH

W O R K F O R C E  
C O M M I S S I O N

## Commission Meeting #7 - Final

January 15, 2019  
Oakland, CA

# California Future Health Workforce Commission: Foundation Funders

---

blue  of california  
foundation



California  
Health Care  
Foundation

 The  
California  
Endowment



THE CALIFORNIA  
**Wellness**  
FOUNDATION

GORDON AND BETTY  
**MOORE**  
FOUNDATION

# Message from the Co-Chairs

---

- Lloyd Dean unable to participate today
- Co-facilitation by Hector Flores, MD, Chair, Family Medicine Dept, White Memorial Medical Center and co-chair Primary Care and Prevention Subcommittee

*Message from Lloyd Dean*

# Meeting Objectives

---

1. Endorsement of report, recommendations, and priorities
2. Describe launch and dissemination plans
3. Identify opportunities for Commissioner engagement

# Definitions

---

## The Commission is being asked to endorse:

The report, all 30 recommendations, and the identified priorities.

- **Endorse:** You support the content as written – it is not a commitment to provide funding or to implement.
- **Dissent:** You are unable to support the content.
- **Abstain:** You remove yourself from the endorsement process due to a conflict of interest or political need.

# Process Points

---

- You can endorse the report and recommendations overall while still dissenting on specific recommendations. Endorsement assumes the caveat of dissent if you have authored a dissent statement.
- Dissent statements were published in the 1/9 packet for full transparency and will not be discussed today.
- If after the discussion today, you wish to change an existing dissent statement or retract an existing dissent statement, please contact staff immediately after the meeting.

# Commission Purpose & Work to Date

---

# Commission Charge

---

- Develop a strategic plan for building the future CA health workforce (2030).
  - Promote practical short, medium, and long term solutions for the State, education and employers to address current and future workforce gaps.
  - 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 an expert commission with state government participation.
- Educate and engage key public and private stakeholders to support success.

# Progress since October 2

---

- 10/24 mailing of additional recommendations for feedback
- Extensive revision of recommendations based on feedback
- Independent impact assessments for all 30 recommendations
- 12/11 distribution of draft report and recommendations
- Calls with each commissioner to solicit feedback, priorities, dissent

# Progress since October 2 (cont.)

---

- Engaged stakeholders - meetings and letters
- Revised report and recommendations
- Prepared dissent statements
- Identified top 10 priorities based on aggregate ranking - most urgent and impactful; reviewed by co-chairs and subcommittee co-chairs
- Prepared impact assessment summary for the 10 priorities

# Review Report & Recommendations

---

# Positive Feedback

---

- Process has been comprehensive, thoughtful, and transparent
- Report and recommendations are thorough and comprehensive
- Key issues are well framed with data and statistics
- Recommendations offer a combination of short-term responses to urgent workforce needs while looking to long-term solutions
- Release will be timely

# Limitations Noted

---

- Does not include enough bold/innovative solutions
- Did not address oral health workforce
- Doesn't provide enough solutions for some of the key issues discussed in subcommittees: team-based care, integrated care, competencies
- Some solutions are too focused on physicians; missed physician assistants and other important health workers
- Some solutions are too focused on named institutions, including UC; missed opportunities with osteopathic and other schools in the state
- While there are multiple recommendations on prevention and public health capacity, some Commissioners wanted greater focus in these areas

# Proposal to Bundle Recommendations

---

- Three recommendations relate to expanding medical school enrollment through the University of California
- No changes to scope, budget, or specifics of recommendations
- The recommendations are:
  - 2.4 Expand and scale 3-year medical school
  - 2.6 Sustain and expand UC Riverside Medical School
  - 2.7 Establish and expand a San Joaquin Valley branch of UCSF Fresno

# Questions and Comments

---

- On report
- On recommendations
  - Of note, all 30 recommendations will remain

# Top 10 Priority Recommendations

---

- **1.1:** Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.
- **1.2:** Recruit and support college students from underrepresented regions and backgrounds to pursue health careers.
- **1.3:** Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.

## Top 10 Priority Recommendations (cont.)

---

- **2.1:** Sustain and expand the PRIME program across UC campuses.
- **2.2:** Expand the number of primary care physician residency positions by 20%.
- **2.3:** Recruit and train students from rural areas to practice in community health centers in their home region.

## Top 10 Priority Recommendations (cont.)

---

- **3.1:** Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care.
- **3.2:** Establish and scale a universal home care worker family of jobs with career ladders and associated training.
- **3.3:** Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.
- **3.4:** Scale the engagement of community health workers and *promotores*.

# Priorities by Subcommittee

---

- **Cross-cutting:** **1.1:** Pipeline, **1.2:** Recruit college students, **1.3:** Scholarships.
- **Primary Care & Prevention:** **2.1:** PRIME, **2.2:** PCP residencies, **2.3:** Home region, **3.1:** Role of nurse practitioners, **3.4:** CHWs/*promotores*.
- **Behavioral Health:** **3.3:** Psychiatric NPs.
- **Healthy Aging :** **3.2:** Universal home care worker.

# Reflections on Priorities

---

- Reflect each of the Commission's three Strategies
- Offer solutions in each focus area (primary care and prevention, behavioral health, healthy aging)
- Include a mix of recommendations that produce short-, mid-, and long-term impacts
- Include recommendations identified as bold or innovative
- All 30 recommendations remain in the report and will be recommended for implementation

---

# Impact Analyses for Prioritized Recommendations

Joanne Spetz, PhD (Healthforce)

Nora Leibowitz, MPP (HMA)

January 15, 2019

---

# Objective and Scope of Impact Analyses

---

- Independent evaluation of all 30 individual recommendations
- Provide unbiased and realistic estimations of the possible impact should the recommendation be implemented; assessment of operational feasibility and funding availability was out of scope

**Healthforce Center at UCSF** is an organization dedicated to helping health care organizations drive and navigate change. Healthforce is the leading source for research insights into the evolving health care workforce and for pioneering capacity building programs that prepare leaders with the knowledge and skills to drive progress toward more effective health care delivery.

**Health Management Associates (HMA)** is an independent national health care research and consulting firm. Founded in 1985, today HMA is more than 200 consultants strong and still growing. The organization helps clients stay ahead of the curve in publicly funded health care by providing technical assistance, resources, decision support, and expertise. Our consultants bring decades of hands-on experience to support clients' public health care projects, from developing complete health care delivery systems to translating complex data into useful insights.

# Health Workforce Need is Large and Growing

---

- **Severe health workforce shortages** in most rural and fast growing low-income urban areas, especially for primary care and behavioral health
  - 7 million Californians live in Health Professional Shortage Areas
  - Anticipated shortage of 4,100 primary care clinicians by 2030
- **Diversity of state's population** (race, ethnicity, languages spoken, etc.) **not matched by the current health care workforce**
- **Education and training capacity** is not aligned with projected demand
- **Rising cost of education** and the level of student debt
- **Insufficient number of primary care graduates** to replace retiring physicians
- **Aging population increases demand** for health workers to deliver care in communities and homes
  - Additional 600,000 home care workers needed by 2030

# Impact of Investments for Priority Recommendations

---

- 1.1: Increase CA workforce by 5,500-5,700 providers** over 10 years
- 1.2: Add at least 25,500 new health care workers** over 10 years
  - Including 20,000 -23,000 from underrepresented minority communities
- 1.3: Tuition scholarships for 3,810 low-income, first-generation and underrepresented students** studying health professions
- 2.1: 630 graduates from UC medical school PRIME programs** over 10 years
- 2.3: Add 310 to 510 medical school graduates** over 10 years
  - New community medicine tracks at 10 California medical schools
  - 108 scholarship to students from underserved rural areas to support training and return to home communities

# Impact of Investments for Priority Recommendations

---

**2.2: Add 1,872 graduates of primary care residencies over 10 years**

**3.1: Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care**

- Increase number of NPs by 5,500 over 10 years; Increase growth rate of NP supply by 25%, 4 percent share for primary care and 6 percent share in rural areas

**3.2: Increase supply, capacity, and retention of home care workers**

**3.3: Add 300 Psychiatric Mental Health NPs**

**3.4: Stimulate demand and increase supply of CHW/promotores by standardizing education and addressing reimbursement**

# Collective Impact of Investments Over a Decade

---

- **Grow, support, and sustain pipeline to:**
  - Increase total number of providers
  - Increase representation of underrepresented regions and backgrounds
  - Reduce financial barriers to students choosing lower-paid specialties, or practicing in underserved areas
- **Anticipated impact** of prioritized recommendations:
  - 34,800 additional health workers; 20,000 – 23,000 from underrepresented communities
  - 3,819 scholarships for low-income, first generation and underrepresented students
  - 630 graduates of UC PRIME programs committed to practicing in underserved communities
  - 310 to 510 additional medical school graduates to offset shortages
  - 108 scholarships for medical students from underserved rural areas

# Collective Impact of Investments Over a Decade

---

- **Progress toward eliminating primary care shortage and increasing mental health workers**
  - Eliminate anticipated shortage of 4,100 primary care clinicians
  - Additional 1,872 primary care physicians; 5,500 nurse practitioners and 300 psychiatric mental health nurse practitioners
  
- **More health workers who provide care where people live**
  - Increase supply, capacity, and retention of home care workers
  - Stimulate supply of CHWs/*promotores*
  - Proposals reflect bold ideas including ones too new to be evaluated yet

# Total Cost of 10 Prioritized Recommendations

#	Recommendation	Timeframe (years)	Est. Cost (\$ millions)
1.1	Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.	10	\$ 62
1.2	Recruit and support college students from underrepresented regions and backgrounds to pursue health careers.	10	\$ 159
1.3	Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.	10	\$ 480
2.1	Sustain and expand the PRIME program across UC campuses.	10	\$ 93.5
2.2	Expand number of primary care physician residency positions by 20%.	10	\$ 818.2
2.3	Recruit and train students from rural areas to practice in community health centers in their home region.	10	\$ 52.8
3.1	Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care.	10	\$ 460
3.2	Establish and scale a universal home care worker family of jobs with career ladders and associated training.	4	\$ 7
3.3	Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.	5	\$ 24.6
3.4	Scale the engagement of community health workers and promotores.	3	\$ 4.8
<b>Total cost</b>			<b>\$ 2.16B</b>

# Key Assumptions and Caveats

---

- Concurrently investing in and aligning all priorities that increase the number of primary care clinicians results in **synergy to meet projected shortages**
- **Using published evidence** to shape strategies and approaches when available
- Otherwise, **leveraging lessons from past and current efforts** to extrapolate benefits of expanding and scaling
- Unexpected events including disruptions in economy and health care may affect recruitment, demand, and distribution of workers
- Bold initiatives **assume favorable policy environment** for implementation
  - If successful, efforts would offer important strategies for shaping the workforce of the future

# Key Components of Implementation

---

- Secure commissioner commitments to champion
- Activate stakeholders to advance recommendations
- Secure funding from philanthropy, State of California, stakeholders
- Statewide and regional infrastructure and investment; includes better data, monitoring, and adjustment

# Public Comment

---

# Commission Endorsement

---

# What does Endorsement mean?

---

## The Commission is being asked to endorse:

The report, all 30 recommendations, and the identified priorities.

- **Endorse:** You support the content as written – it is not a commitment to provide funding or to implement.
- **Dissent:** You are unable to support the content.
- **Abstain:** You remove yourself from the endorsement process due to a conflict of interest or political need.

# Process Points

---

- You can endorse the report and recommendations overall while still dissenting on specific recommendations. Endorsement assumes the caveat of dissent if you have authored a dissent statement.
- Dissent statements were published in the 1/9 packet for full transparency and will not be discussed today.
- If after the discussion today, you wish to change an existing dissent statement or retract an existing dissent statement, please contact staff immediately after the meeting.

# Next Steps & Appreciations

---

# Plans for Roll-out, Feb-July 2019

---

- Final publication on website and press briefing (conference call; media only) – tentatively scheduled for Feb 4
- Video testimonials and other social media tools
- Copies sent to legislators and key staff
- Outreach to Newsom administration
- Sacramento briefing
- Regional stakeholder events
- Stakeholder meetings

# Key Contacts for Roll-out

---

Veronica Mijic

Public Health Institute

(916) 601-4197

[veronicamijic.phi@gmail.com](mailto:veronicamijic.phi@gmail.com)

Sarah Jimenez

Paschal Roth

(916) 224.7623

[sarah@paschalroth.com](mailto:sarah@paschalroth.com)

# Appreciations

---

- Commission staff
  - Co-directors Kevin Barnett and Jeff Oxendine
  - Project manager Veronica Mijic
- Subcommittee co-chairs
  - Hector Flores and Rishi Manchanda
  - Liz Gibboney and Sergio Aguilar-Gaxiola
  - Heather Young and Christine Cassel
- Executive support for co-chairs
  - Cathryn Nation and Wade Rose
- Impact assessment teams
  - Health Management Associates and Healthforce Center at UCSF

# California Future Health Workforce Commission: Foundation Funders

---

blue  of california  
foundation



California  
Health Care  
Foundation

 The  
California  
Endowment



THE CALIFORNIA  
**Wellness**  
FOUNDATION

GORDON AND BETTY  
**MOORE**  
FOUNDATION