



Final Meeting Notes

January 15, 2019

10:00 am – 3:00 pm, including reception

The California Endowment's Center for Healthy Communities
2000 Franklin Street - Laurel Room
Oakland, CA 94612

Commissioner attendees: Janet Napolitano (Co-chair), Anne Bakar, Linda Burnes Bolton, Michelle Cabrera (for Alma Hernandez), David Carlisle, Pat Courneya, Hector Flores, Jane Garcia, Dean Germano, Elizabeth Gibboney, Sheila Thornton, Michael Wilkening, Alison Wrynn (for Timothy White)

Staff attendees: Kevin Barnett and Jeff Oxendine

I. Welcome & Agenda Review

- Co-chair Napolitano opens by reading Co-chair Dean's statement
- Opening remarks by Co-chair Napolitano
 - Hector Flores joins Co-chair Napolitano as co-facilitator for the meeting
 - Reviews meeting objectives, key definitions, and process points and invites questions from Commissioners. No questions.

II. Commission Purpose & Work to Date

- Presentation by Kevin Barnett and Jeff Oxendine to review progress since October 2nd meeting. *See [slide deck](#) for more detail.*
- Call for stakeholders to remain engaged through implementation, particularly given the foundational element of shared ownership.

III. Review Report & Recommendations

- Hector Flores reviews positive feedback, critiques, and noted limitations of the report and recommendations. *See [slide deck](#) for more detail.*
- Co-chair Napolitano brings forth proposal to bundle recommendations 2.4 (3-year medical school), 2.6 (UC Riverside medical school), 2.7 (San Joaquin branch campus)
 - Intent is not to change any substance of the recommendations; only to bundle UC-specific recommendations into one.
 - Motion to approve bundling. Motion approved unanimously.
- Opportunity for Comments or Questions
 - Suggestion for community colleges to be more prominent in the recommendations. Recommendation 1.2 should include community college students more explicitly.
 - Suggestion to consider giving PAs more prominence in the report (box, shout-out). PAs are part of the primary care workforce and both PAs and NPs should be part of the solution.

- Recommendation to replace the term “Black” with “African American” throughout the report and recommendations.
- Question about the process for making future changes to the report and recommendations (both living documents) to explore the inclusion of professions, such as PAs, and other changes moving forward. Discussion held until agenda item related to next steps.
- Comment that many of the recommendations are based on community-based training, which requires community resources. The report does not address the resources required by community-based training entities, but rather mostly addresses costs to universities and trainees.
- Comment that health professions training programs tend to assume that people/trainees will work for free for a length of time. This is not feasible if we want to generate more diversity in the workforce. The report should also include more on language access.
- Note that Recommendation 3.5 (peer provider certification) and Recommendation 3.4 (CHW/*promotores*) should be combined since they align well. The behavioral health workforce gap is larger than that of any other profession. We need to ensure that the cross-cutting strategies in this report address the behavioral health workforce needs (psychiatrist shortage).
 - Agreement that there is a need to identify opportunities to cross-prepare the workforce.
 - Need to move past old beliefs about territory and work together to solve workforce needs.
- Suggestion that the Commission should prompt a holistic discussion on scope of practice, rather than recommending specific areas for scope of practice change.
- Recommendation to revisit the section on Medi-Cal payment. California has good Medi-Cal access, particularly in the managed care plans that are less transparent about reimbursement rates.
- Discussion of Top 10 Priority Recommendations
 - Motion to amend Recommendation 1.2 (Recruit College Students) as follows: “Recruit and support college students, including community college students, from ...”
 - Adopted unanimously
 - Request for Recommendation 2.3 (home region recruits) to be more expansive by including other under-resourced communities (Watts, East Oakland) in addition to rural communities. Motion to amend as follows: “Rural areas and other under-resourced communities...”.
 - Adopted unanimously.
 - Consider caveat that resource allocation discussions should ensure that the rural areas get the needed resources.
 - Consider referencing broader health professions as part of the solution (pharmacists, social workers, others).
 - Consider whether there are practice sites within these underserved areas. If not, we need to give resources to establish those sites first. If there is no opportunity to train in your own community, that is a bigger problem.
 - Revisit request to combine Recommendation 3.5 (peer provider certification) with another recommendation in Strategy 3.
 - Discussion over whether 3.5 fits better as combined with Recommendation 3.2 (universal home care worker) or 3.4 (CHWs/*promotores*).

- Suggestion that the peer certification recommendation is more similar to the CHWs/*promotores* recommendation because both suggest certification and both populations of workers likely have lived experience.
 - Note that peer certification is established in 40 states already and should not be lumped with recommendations for a pilot program.
 - Note that CHWs play an important role in providing behavioral health services within their communities.
 - Note that the two components could be pursued independently, but there is sufficient overlap in the roles of these health workers to merit consultation and coordination.
 - Discussion tabled until after lunch to allow time to develop a proposed solution.
- Joanne Spetz (Healthforce Center at UCSF) and Nora Liebowitz (Health Management Associates) present Impact Analyses for Prioritized Recommendations
 - See [slide deck](#) for more detail.
 - HMA and Healthforce Center at UCSF prepared individual impact assessments for each of the 30 recommendations before Commissioners voted on their priorities.
 - Unbiased assessment
 - Did not assess funding availability or operational feasibility
 - Full statements are available in the meeting packet
 - Comment that a recent national meeting of deans of medical schools found that roughly 20% are looking at zero tuition policies.
 - Question on whether school-based health centers were included in the discussion. Noted that this is important to mention in the report. These centers are also a good training ground for students in the pipeline.
 - Noted the need to disaggregate the impact statement for primary care and psychiatric nurse practitioners (or more generally for behavioral health).
 - Suggestion to communicate the cost and consequences of not acting on the Commission's recommendations.

IV. Commission Endorsement

- Endorsement votes
 - Motion to endorse the report and all 30 recommendations, with a hold on the decision to bundle 3.5 (peer provider certification):
 - Endorsement from all in attendance with 1 overall abstention (Wilkening) and 1 specific abstention (Alma Hernandez/Michelle Cabrera abstains on 3.2: universal home care worker).
 - Motion to endorse the Top 10 Priorities:
 - Endorsement from all in attendance with 1 abstention (Wilkening).
- Endorsement votes via email:
 - America Bracho: Full endorsement (report, recommendations, priorities)
 - Joseph Castro: Full endorsement (report, recommendations, priorities)
 - Barbara Ferrer: Full endorsement (report, recommendations, priorities) with dissent captured.
 - Ed Hernandez: Full endorsement (report, recommendations, priorities)
 - Rishi Manchanda: Full endorsement (report, recommendations, priorities)
 - Arnie Milstein: Full endorsement (report, recommendations, priorities)
 - Eloy Ortiz Oakley: Full endorsement (report, recommendations, priorities)
 - Jim Wood: Full endorsement (report, recommendations, priorities)

- Heather Young: Full endorsement (report, recommendations, priorities)
- Congratulatory comments from Bob Ross (The California Endowment)
- Proposed bundling of Recommendation 3.5 (peer provider certification). Motion to bundle Recommendation 3.5 with 3.4 (CHW/*promotores*) and amend the title of 3.4.
 - Motion passes unanimously
- Motion to change title of Recommendation 2.2 (primary care physician residency) as follows: “Expand the number of primary care physician and psychiatry residencies...”
 - Motion passes unanimously

V. Public Comment

- Saskia Kim (California Nurses Association)
 - CNA submitted a letter on December 14th (in meeting packet).
 - CNA is concerned that Recommendation 3.2 (universal home care worker) will inadvertently lower the standard of care and will increase the cost for those who do not require home care. Greater profits within the home care industry. Not likely that the proposal will result in better wages. Senator Pan noted that we need to focus on the pipeline.
- Asia Alman (Greenlining Institute)
 - Invitation to UCLA Latino Policy Institute and The Greenlining Institute event today from 4:30 pm to 6:30 pm at The Greenlining Institute for a policy briefing on California's Latino Physician Crisis.
- Maximiliano Cuevas (Clinica de Salud del Valle de Salinas)
 - California is behind in meeting what our communities require in terms of workforce supply.
 - The community health center he represents serves a farm worker community in Monterey County.
 - Need to look at the pipeline starting in middle school level and need to also consider the large number of homeless children. It is time to comprehensively look at our systems of education.
 - Offers assistance on next steps.
- Arnoldo Torres (Clinica de Salud del Valle de Salinas & Central Coast Health Network)
 - CSVS has drafted comprehensive legislation that includes some of the Commission’s recommendations. It concentrates on behavioral health and also includes OB, internal medicine, pediatrics and primary care.
 - The Commission’s report language on cultural and linguistic competency assumes that those who speak Spanish identify with that culture, but recent PEW research tells us otherwise.
 - California has diversity from all over the world that we need to be responsive to.
 - We are looking for people who are interested in serving geographically- and linguistically-underserved communities

VI. Next Steps and Appreciations

- See [slide deck](#) for more detail.
- Public release tentatively scheduled for February 4
- UC commits to continuing discussions with Chancellors White and Ortiz Oakley and to sharing the report with campus leadership and with campus medical center leadership.
- Suggestion to educate consumer groups, such as AARP

- Suggestion to bring tangible information on deploying the recommendations to regional meetings. The recommendations can inform work even before the funding comes.
- OSHPD could do more in terms of overall health care planning. Need to reimagine workforce planning
- Request to share resources on rollout planning (social media plans, cross-promotion) with Commission and Subcommittee members.
- Note that one of the most powerful ways that the Commission framed its work was in the context of the 3 focus areas (primary care & prevention, behavioral health, healthy aging). Communications materials should not lose this because it will help stakeholders make these connections as they read the recommendations.
- Caution against drawing everything up to the state level.
- Comment that we need accountability at staff level (both at the statewide and regional levels)
- Suggestion to have quarterly check-ins and to announce “wins” publicly.
- Note that, even though this report contains a lot, we should communicate our openness to including some of the other good work that is out there.
- Suggestion that funders find a way to address public engagement moving forward and to track progress and implementation.
- Recommendation for the Commission to communicate our outcome to the Newsom Administration.
 - Comment that the Governor is aware that this Commission’s work is concluding. The May revise may be an opportunity to incorporate some of the recommendations.
- Recommendation to invite members and staff from Assembly and Senate Health Committees to the Sacramento briefing.