

Meeting the Demand for Health

#CAFUTUREWorkforce

LOS ANGELES BRIEFING

MARCH 21, 2019

Welcome

JUDY BELK, PRESIDENT & CEO
CALIFORNIA WELLNESS FOUNDATION





California Future Health Workforce Commission Releases Final Report

The California Future Health Workforce Commission has announced bold recommendations to eliminate the projected shortfall of primary care health providers, nearly eliminate a severe psychiatry shortage, and bolster the pipeline of students and health workers to deliver care in underserved communities — all by the year 2030.

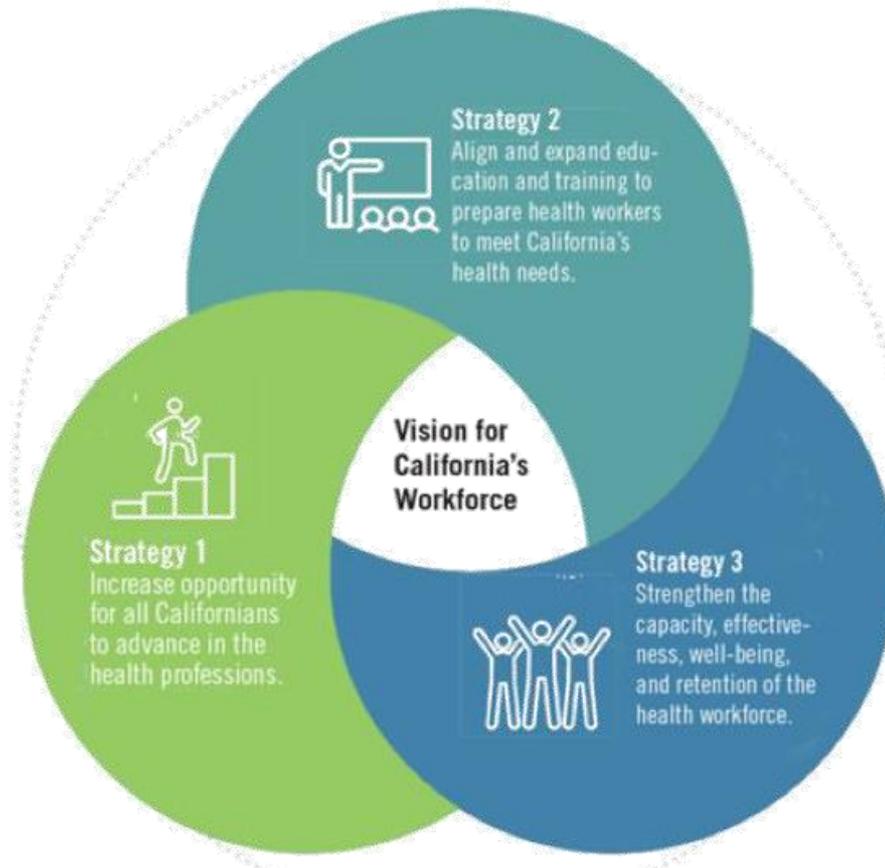
- Read the [Executive Summary](#) or [Full Report](#) of the Commission's Recommendations.
- Learn about [California's health workforce shortages](#).
- See who [served on the Commission](#).
- Watch brief [video testimonials from Commissioners](#).

www.futurehealthworkforce.org

Today's Panel of Experts

- **Hector Flores, MD**, Department of Family Medicine, White Memorial Medical Center
- **Charles Alexander, PhD**, Associate Vice Provost for Student Diversity, UCLA
- **Elizabeth Gibboney, CEO**, Partnership Health Plan of California
- **Patrick Courneya, MD**, Executive Vice President & Chief Medical Officer, Quality, Kaiser Foundation Health Plan and Hospitals
- **Bruce Chernof, MD**, President and CEO, SCAN Foundation
- **Joanne Spetz, PhD**, Associate Director of Research, Healthforce Center at UCSF

Commission Values & Strategies



Commission's Top 10 Priorities for Action

1.1 Expand & scale pipeline programs to recruit & prepare students from underrepresented & low-income backgrounds for health careers

1.2 Recruit & support college students, including community college students, from underrepresented regions & backgrounds to pursue health careers

1.3 Support scholarships for qualified students who pursue priority health professions & serve in underserved communities

2.1 Sustain & expand the PRIME program across UC campuses

2.2 Expand number of primary care physician & psychiatry residency positions

Commission's Top 10 Priorities for Action

- 2.3 Recruit & train students from rural areas & other under-resourced communities **to practice in community health centers** in their home regions
- 3.1 Maximize role of **nurse practitioners** as part of care team to help fill gaps in primary care
- 3.2 Establish & scale a **universal home care** worker family of jobs with career ladders & associated training
- 3.3 Develop a **psychiatric nurse practitioner** program that recruits from & trains providers to serve in underserved rural and urban communities
- 3.4 Scale the engagement of **community health workers, promotores & peer providers** through certification, training & reimbursement.

Return on Investment for Californians

- **60,000** students on health profession path
- **47,000** health workers added
- **30,000** workers from underrepresented communities
- **14,500** providers trained - physicians, nurse practitioners & physician assistants

***Eliminate** state's primary care provider shortage & **nearly eliminate** the shortage of psychiatrists by 2030*

Why We Need to Act

- **7 million** Californians live in *Health Professional Shortage Areas (HPSAs)*
- **14 communities** in LA County alone face shortages of mental health providers.
- **5 percent** of LA psychiatrists are Latino—compared with nearly half of the region's population

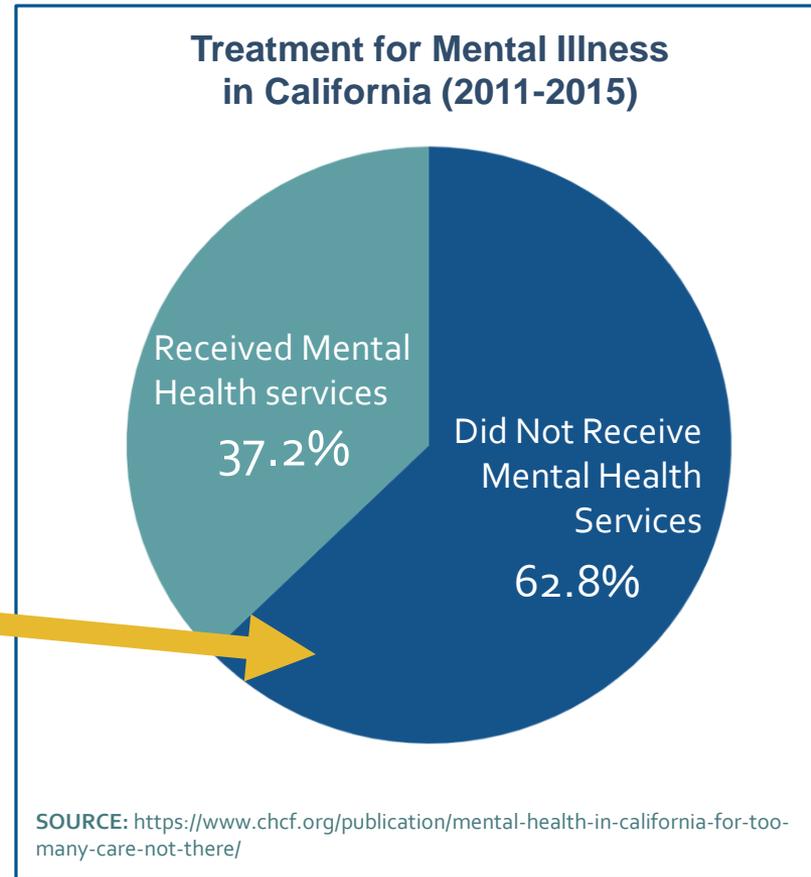
By 2030:

- Statewide shortage of **4,100** primary care clinicians
- Only have **two-thirds** of psychiatrists we need
- **600,000** home care workers needed

Behavioral Health – A Top Priority...

Too many with mental illness don't get treatment

62.8% - Need help, but not getting it



...Growing Issue for Many Californians

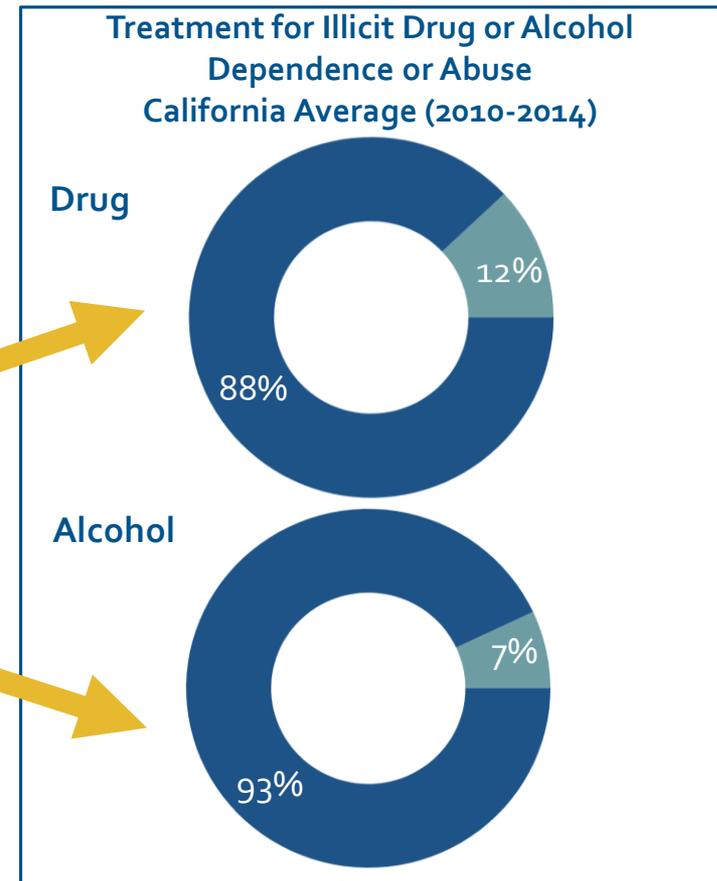
KFF/CHCF poll released in January:

- **Nearly 9 in 10** say ensuring people get mental health treatment extremely or very important policy priority
- **Half of all Californians** believe their community does not have enough mental health providers

Solutions Must Ensure Access to Mental Health and Substance Abuse Treatment

Only tiny fraction of people suffering from drug or alcohol dependence receive treatment

88-93% - Need help, but not getting it



Source: <https://www.chcf.org/publication/substance-use-california/>

Commission Recommendations for Behavioral Health

Recommendation	Projected Impact by 2030
2.2: Expand the number of primary care physician and psychiatry residency positions.	Adds 2,202 psychiatrists over 10 years.
3.3: Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.	Adds 300 psychiatric mental health nurse practitioners over five years.
3.4: Scale the engagement of community health workers, <i>promotores</i> , and peer providers through certification, training, and reimbursement.	Increased supply of workers focused on prevention and behavioral health.

Adding to the Challenge: California's Aging Population

- **4 million** Californians will turn 65 in the next 10 years
- **1 in 5 residents** will be retirement age by 2030

Unlike previous generations....:

- More likely to be single/childless, live alone, & in poverty
- Older adults facing self-care difficulties will double—to 1M
- More than half rely on social security for 80%+ of income
- 76% prefer to age in place rather than move to institutional care

Calculating the Impact

Healthforce Center and Health Management Associates conducted impartial assessments

- Analyzed the recommendation and its assumptions
- Reviewed the literature to verify likely effects
- Clearly identified and articulated our assumptions

Detailed impact report provided to the Commission

- Summarized in the final Commission report

Impact on the Number of Health Workers

New health workers: **over 47,000**

- **310-510** medical school graduates
- **630** UC-PRIME graduates
- **1,872** primary care residency graduates
- **2,202** psychiatry residency graduates
- **5,500** additional nurse practitioners
- **25,000+ graduates** from Community Colleges & Cal State health workforce programs
- ***Scholarships*** for students across all fields from underrepresented groups & rural communities

Why do we Care about Numbers?

Investments in health workforce saves money & lives

- Increased supply & capacity of home care workers will help people with disabilities live at home
- CHWs, *promotores* & peer providers will support wellness, health education & support care teams
- Primary care shortages will be eliminated
- Behavioral health workforce growth ensures access to care for mental health and substance use treatment
- Better access to care leads to cost savings

QUESTIONS?

Conclusions

PETER LONG, PRESIDENT & CEO
BLUE SHIELD OF CALIFORNIA FOUNDATION



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