California Primary Care Association
Partner in Primary Care Workforce Efforts

CHPC/CHWA Meeting
November 1, 2018
CPCA’s Mission

The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of our communities.
California CHC Profile: Facilities & Services

**Clinic Types**
- Federally Qualified Health Center Sites (FQHCs): 874
- Community Clinics & Free Sites: 383
- Other: 48

**Clinical Services**
- Medical: 62%
- Dental: 13%
- Mental Health: 11%
- Other: 14%

Other Available Services Include:
- Women's Health
- Pharmacy
- Urgent Care
- Radiology
- Basic Lab
- Vision
- Domestic Violence
- Substance Abuse
California CHC Profile: Impact

1 out of 6 Californians served by community health centers

Patients: 6.5 million
Encounters: 20 million
California CHC Profile: Patients

Increase of Medi-Cal Patients Served by CHCs

By Race | Ethnicity

- Hispanic: 55%
- Non-English Speaking: 36%
- White: 9%
- Black: 7%
- Native American: 7%
- Asian/Pacific Islander: 8%
- Mixed Race: 2%
- Unknown: 17%
CA Primary Care Workforce Crisis

Figure 2.3. Active Patient Care Primary Care MDs* per 100,000 Population, by Region of California, 2015

Figure 2: Forecasted Full-Time Equivalent Supply of Primary Care Physicians, California, 2016-2030

Racial/Ethnic Diversity of Clinicians Compared to the California Population, 2015
CPCA Strategic Plan

CULTIVATE A ROBUST COMMUNITY HEALTH CENTER WORKFORCE

1. Promote the visibility of primary care.
2. Advance provider and staff training support and resources.
3. Expand community member support.
4. Position health centers as employers of choice.
5. Diversity health professions
6. Reduce barriers with provider recruitment.

CALIFORNIA PRIMARY CARE ASSOCIATION
$100 Million – Primary Care Budget

• **$82.5 million** to the Song-Brown Healthcare Workforce Training program to support primary care residency programs.

• **$10 million** to the Office of Statewide Health Planning and Development (OSHPD) to support community clinics and health centers (CCHCs) to establish new teaching health center sites offering additional primary care residencies.

• **$5.5 million** allocation to California’s six current Teaching Health Center Graduate Medical Education (THCGME) program sites to provide sustainability funding.

• **$1 million** to OSHPD for administration of the Teaching Health Center Graduate Medical Education (THCGME) fund

• **$1 million** to OSHPD to provide state matching funds for the National Health Service Corp State Loan Repayment Program (SLRP), a critical incentive for providers to practice in health professional shortage areas.

Total requested: $100 million (State Funds) over three years
Primary Care Workforce Policy Coalition
Why a Policy Coalition?

• Commissioned research that solidified a dire supply and demand forecast in primary care across the state.

• To comprehensively address the primary care shortage - multi-sector collaboration is essential.

• At the time, there were no agreed upon goals or strategies to address crisis; needed a variety of voices to inform direction.
State Advocacy: Recipe for Success

Legislative Engagement + Strong Coalitions + Sharing Story = Legislative Success
Coalition Goals

• Advance promising solutions to increase and diversify the health care workforce to ensure that communities across the state benefit from a skilled and culturally competent workforce.

• Identify potential policy collaboration among participating organizations and their constituents to overcome health care workforce challenges.

• Seek ways to test new models that safely broaden rules/regulations in the safety net.
Sample of Partners

The Campaign for College Opportunity

California Medical Association

The Health Alliance of Northern California

LCHC

Leadership in Health Policy and Advocacy

California Community Colleges

California Hospital Association

California Primary Care Association
Align Similar Workforce Efforts
Coalition Structure

- **Roles:** Subject Matter Experts, Policy/Advocacy Organizations; Data Sources; Interested Stakeholder

- **Meetings:** 3 in-person meetings in 2017 (March, June, Nov); conference calls

- **Third-party facilitation**

- **Informal coalition structure; fluid participation**
Policy Prioritization Process
2017 In-Person Meetings

• Meeting #1: March 2017
  – Discussed challenges and potential solutions
  – Theme: Need to expand and diversify workforce, especially in underserved areas

• Meeting #2: June 2017
  – Identify key policy strategies & how to work together
  – Formed subcommittees

• Meeting #3: November 2017
  – Refined policy priorities using set of criteria
Coalition Priorities

- Equity in Education
- Residency Redesign
- Primary Care Incentives
2018 Efforts

• January thru May 2018: Identified, discussed and prioritized specific legislation within these areas

• July 2018: Identified collective advocacy efforts needed

• November 9: Conference Call
  – 2018 Review
  – Crosswalk of Coalition Priorities with CFHWC
  – Coalition Members’ Organizational 2019 WF Priorities
  – Vision and Expectations for Coalition Moving Forward

• December 4: In-Person Meeting (Sacramento)
  – Collective Work
Joint Collaboration

California Future Health Workforce Commission

Primary Care Workforce Policy Coalition

CALIFORNIA PRIMARY CARE ASSOCIATION
Commission-Coalition Alignment

- **Educational Equity**
  - Pipeline Programs
  - Post-Baccalaureate
  - Medical Schools

- **Residency Redesign**
  - GME Funding
  - Fellowships

- **Primary Care Incentives**
  - Loan Repayment
  - Scholarships
Highlights

• A lot of interest and energy to address workforce crisis
• Ongoing participation from Coalition members
• Unique window of opportunity with new statewide leadership
• Close collaboration with California Future Health Workforce Commission for masterplan implementation