Jeff Oxendine, Co-Director
Katherine Flores, Management Team
CHPC Update, March 28, 2019
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.
Funders
Time for Action and Investment

- Healthy State economic position
- Leader in coverage expansion
- Workforce issues rising in priority
- New Governor-universal coverage, health and behavioral health and workforce interests
- Build on workforce progress and relationships
- Desire to better align and leverage resources
- Consequences of not acting now
Commission Charge

• Develop a strategic plan for building the **future** health workforce
  o Promote **practical short, medium, and long term solutions** to address **current and future workforce gaps**.
  o Agree on a **cooperative strategy** that makes optimal use of resources.

• Seek commitments for effective plan implementation.
• Build on, align with, and leverage relevant public and private efforts
• Act as a private commission with state government participation.
• Engage key public and private stakeholders to support success.
Commission Framework: Focus Areas & Foundational Elements

**Focus Areas**
- Primary Care & Prevention
- Behavioral Health
- Healthy Aging & Care for Older Adults

**Foundational Elements**
- **DIVERSITY**
  - race/ethnicity,
  - gender,
  - sexual orientation,
  - socioeconomic status
- **EQUITY**
  - ensuring opportunity (e.g.,
    - education,
    - living wage,
    - geographic distribution,
    - racial equity)
- **TECHNOLOGY**
  - leveraging technology to accelerate transformation across settings

**QUALITY EDUCATION, CAPACITY, AND TRAINING ALIGNED WITH NEEDS**

**OUTCOMES**
- IMPROVED ECONOMIC OPPORTUNITY
- HEALTH EQUITY
- BETTER HEALTH & SAFETY
- BETTER CARE
- LOWER COSTS
- HEALTHY WORKFORCE

Future health workforce - the right people in the right places with the right competencies and capabilities - working effectively to promote and deliver health in all communities.
Commission Vision and Strategies

By 2030, California’s health workforce will reflect the diversity of the state and have the capacity and competencies to:

- Improve health, equity, and well-being in all communities.
- Provide accessible, affordable, high-quality services at the right time, at the right level, and in the right places.
- Transform health care delivery to address social needs and improve health outcomes across the life course.

- Strategy 1: Increase opportunity for all Californians to advance in the health professions.
- Strategy 2: Align and expand education and training to prepare health workers to meet California’s health needs.
- Strategy 3: Strengthen the capacity, effectiveness, well-being, and retention of the health workforce.
Strategy 1: Increase Opportunities for All Californians to Pursue Health Careers

1.1 Scale pipeline programs for students from underrepresented and low-income backgrounds.

1.2 Recruit and support UR college students to pursue health careers.

1.3 Support scholarships for priority professions and service in underserved communities.

1.4 Increase postbac slots for students from underserved communities.

1.5 Expand funding to strengthen the size, distribution, and diversity of the BH workforce.

1.6 Expand loan repayment programs for PCPs in safety-net and underserved communities.

1.7 Create a California Health Corps to address health workforce gaps.

1.8 Assess, treat, and improve college student mental health and promote behavioral health careers.

1.9 Implement a prevention and early intervention MH and workforce development model for K–12.
Strategy 2:
Align and Expand Education and Training to Meet CA Needs

2.1 Sustain and expand the PRIME program across UC campuses.
2.2 Expand the number of primary care physician and psychiatry residency positions.
2.3 Recruit and train students from underserved communities to practice in CHCs in home regions.
2.4 Expand medical school enrollment for the benefit of medically underserved areas.
2.5 Develop a four-year medical education program at Charles R. Drew University.
2.6 Bring together SPPH and LPHAs to train the next generation of PH professionals.
2.7 Integrate training on social determinants into all health professions training programs.
2.8 Expand the role of the CCC system in online training of the future workforce.
Strategy 3: Strengthen the Capacity, Effectiveness, and Retention of the Health Workforce

3.1 Maximize the role of nurse practitioners to fill gaps in primary care.
3.2 Establish a universal home care worker family of jobs with career ladders and training.
3.3 Develop a psychiatric NP program that serves underserved rural and urban communities.
3.4 Scale the engagement of CHWs, promotores, and peer providers.
3.5 Strengthen training for PCPs on behavioral health and wellness using TTT modalities.
3.6 Establish a CA Health Workforce Technology and Data Center.
3.7 Assess well-being and develop a statewide action plan to proactively address burnout.
3.8 Establish PC spending targets and requirements for public and private payers.
3.9 Build capacity of LPHAs to support collaborative community health improvement.
3.10 Engage health plans in regional workforce partnerships and initiatives.
Return on Investment for Californians

- Over **60,000** students cultivating careers in health professions
- Increase number of health workers by over **47,000**
- Improve diversity in health professions producing **30,000** workers from underrepresented communities
- Train over **14,500** providers - physicians, nurse practitioners, and physician assistants, including over **3,000** underrepresented minority providers
- **Eliminate** state’s primary care provider shortage and nearly eliminate the shortage of psychiatrists by 2030
Roll-Out

1. Briefings in Sacramento and Los Angeles
2. Fresno briefing on 4/23
3. Extensive media coverage
4. Joint hearing- Asm health and education budget committees 3/25
5. Stakeholder meetings
Moving Forward

Dialogue in executive and legislative branch to explore policy, budget, regulatory, and administrative actions.

Philanthropy to determine next steps in selection of priorities and funding of implementation.

Stakeholders positioning for engagement, support, and advocacy.

Employers and academic institutions explore avenues for investment and adjustment in priorities aligned with recommendations.

Importance of state level and regional infrastructure, partnerships and investment for action, oversight, adjustment, accountability
How Can We Work Together?

1. Communicate individual stakeholder priorities and requested collaboration and support
2. CHPC Advocacy Workgroup
3. Action to advance priority recommendations
4. Align efforts with CA Medicine and other stakeholder groups
5. Individual Advocacy
6. Other?
Discussion

1. Which recommendations align most with your work? Student and regional needs?

2. Which do you think should be top priorities for CHPC and collaborating organizations to pursue?

3. What are doing to advance the recommendations or relevant other initiatives? What are the 3 most important steps we can take collectively?
Contact Information


2. Jeff Oxendine, Oxendine@berkeley.edu, Kevin Barnett, Kevinpb@pacbell.net

3. Veronica Mijic, Project Manager, PHI veronicamijic.phi@gmail.com