Partner in Primary Care Workforce Efforts

CHPC Meeting
March 28, 2019
CALIFORNIA PRIMARY CARE ASSOCIATION

COMMUNITY HEALTH CENTERS

2018/2019 PROFILE

**Clinic Types**
1,334 total licensed CHCs

- FQHCs
- Look-alike Sites
- Community Clinics & Free Sites
- Rural Health Centers

**Clinical Services**

- Medical: 62%
- Dental: 14%
- Mental Health: 11%
- Other: 13%
California CHC Profile: *Impact*

**Patients**
- California
  - 1 out of 6 Californians served by community health centers

ENCOUNTERS
- 22.5 MILLION
- 6.9 MILLION PATIENTS

**Special Populations**
- Non-English Speaking: 35%

ENCOUNTERS
- 2,209,019
- 634,668 PATIENTS

Migratory Workers
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.

BOLD STEP 1
BE A LEADER IN ADVOCATING FOR HEALTH ACCESS AND COVERAGE
Lead a state-wide advocacy agenda that supports a robust system of health for the communities we serve.

GOALS
1. In partnership with the Regional Associations of California, build advocacy strategies that are executed with clear and effective messaging.
2. Lead, build, strengthen and expand coalitions and partnerships that advance health center advocacy agendas.
3. Facilitate the development of a culture of advocacy in community-based health centers.
4. Partner with the CaliforniaHealth Advocates to strengthen their capacity and influence to effectively advocate for policies that enable community health centers to make their communities healthier.
5. Lead state-wide dialogue and initiatives that promote continued outreach, enrollment and eligibility activities that ensure coverage and care for all.

BOLD STEP 2
TRANSFORM THE HEALTH SYSTEM
Advance health system transformation at the national, state, and local levels to promote health equity for all.

GOALS
1. Identify and facilitate learning around innovative approaches to delivering highly effective and efficient care.
2. Build and strengthen integrated delivery networks and bridge gaps across siloed delivery systems to advance the health outcomes of communities.
3. Increase advocacy around issues related to social determinants of health that affect the health outcomes of community health centers' patients.

BOLD STEP 3
CULTIVATE A ROBUST COMMUNITY HEALTH CENTER WORKFORCE
Support the development of a strong healthcare workforce that is responsive to and reflective of California’s diverse communities.

GOALS
1. Promote the visibility of community-based primary care workforce.
2. Advance resources and support for primary care provider/staff training.
3. Expand opportunities to support community members entering the healthcare workforce.
4. Position community health centers as employers of choice.
5. Grow and diversify health professions to better reflect California’s diverse communities.
6. Reduce the barriers associated with hiring primary care providers.

BOLD STEP 4
PROMOTE THE VALUE OF COMMUNITY HEALTH CENTERS
Identify and articulate a shared vision promoting the value of community health centers to California communities and the health system as a whole.

GOALS
1. Support community health centers ability to enhance internal cultures of quality and make strategic, data-informed decisions regarding operations and care delivery.
2. Create a shared community health centers “value vision” that underscores the important role of community health centers in affecting population health and social determinants of health.
3. Community health centers have the necessary skills and resources to influence and forge partnerships that impact community health.
Primary Care Workforce Policy Coalition
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.
California Future Health Workforce Commission

Commissioners:
• Dean Germano, CEO, Shasta Community Health Center
• Jane Garcia, CEO, La Clinica de la Raza

Subcommittees:
• Sara Gavin, Chief of Behavioral Health, CommuniCare Health Centers
• Marty Lynch, CEO, LifeLong Medical

Technical Advisory Council:
• Beth Malinowski, Deputy Director of Government Affairs, CPCA
Commission/CPCA Priority Crosswalk

Secure Residency Funding for Primary Care

Integrating CHWs/Promotoras in CHCs

Model Partnership between CHCs and UCD
Integrating Community Health Workers/Promotoras into CHCs

• Promotoras are frontline public health workers who are a trusted member of and/or has an unusually close understanding of the community served.

• Trusting relationship enables the Promotoras to serve as a liaison/link/intermediary between health/social services and the community
  o helps facilitate access to services and improve the quality and cultural competence of service delivery.

• A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

  ~American Public Health Association~
CPCA Efforts

**CHW Webinar Series**
- The Benefits of Utilizing CHWs in a Health Center
- How to Fund a CHW
- Data Collection and Evaluation for CHW Programs

**Commission Report**
- CHW Reimbursement

**Developing Partnerships**
- Vision y Compromiso
Graduate Medical Education

OSHPD

$100 Million Primary Care Budget
State Funds Over 3 Years

• $97M to Song-Brown Program – Primary Care Residency Programs
• $1M to State Loan Repayment Program
• $2M OSHPD Staffing and Administration

Graduate Medical Education Advisory Council

• Program Design, Criteria & Application Structure

CalMedForce

GROWING CALIFORNIA’S NEXT GENERATION OF PHYSICIANS

Community Health Center Residency Road Map

Paving the way for community-based graduate medical education in California’s community health centers.

• Develop comprehensive trainings and resources
• Increase the number of new CHC residency partnerships and accredited programs
• Strengthen and sustain existing CHC residency partnerships and accredited programs
MARK HENDERSON, MD
UC DAVIS
ASSOCIATE DEAN FOR ADMISSIONS AND OUTREACH
UC DAVIS CENTER FOR A DIVERSE HEALTHCARE WORKFORCE
UC Davis PRIME (PRograms in Medical Education) prepare physicians of tomorrow to serve primary health care needs of rural, urban and agricultural communities

- Over half of (106) UC Davis PRIME students are URM and two-thirds are first in family to attend college
- ACE-PC (3-year) funded by AMA: 32 students, 60% URM and 75% first-gen; adult PC residencies
- 40% of Rural PRIME grads practice Family Med, Psych, or Peds – long standing CA workforce needs

Our mission: meeting California’s Healthcare Workforce Needs
A Model Partnership

CHC + UCD = Community Endorsed Applicant Program
Community Health Center CoP
Endorsed Applicant Program
Bridging CHCs and Schools of Health

- Expanding, connecting the pipeline
  CHCs → Pre-Med → UME → CHCs

- Targeting a wide geographic reach e.g. throughout CA

- Building on the Hometown Scholars model (AT Still)
Our mission is to train and support medical students endorsed by CHCs to develop and train physicians to serve their home communities in the future.
A Shared Commitment to California’s Medically Underserved

- Recruit potential medical school candidates interested in serving rural and frontier communities
- Recommend (sponsor) qualified candidates to UC Davis Schools of Health programs
- Participate in UC Davis admissions e.g. screening, interviews, selection
CHC Endorsed Applicant Program

Competencies (rural and under-resourced care)

• Comprehensiveness
• Adaptability
• Abundance in face of scarcity and limits
• Collaboration and Community Responsiveness
• Agency and Courage
• Resilience
• Integrity
• Reflective Practice
• Similar to Rural PRIME program at UCD
Nurture & maintain *community connection*

- Create opportunities to train in hometown CHC
  - summer preceptorship after 1st year
  - 3rd & 4th year rotations and/or longitudinally (LIC)
- Establish capacity for teaching c/w UC Davis, LCME standards
- Determine feasibility of broad CHC support for students (housing, wellness, family and community connection, spousal support)
- Financial incentives (loan forgiveness, stipends, scholarships)
California Primary Care Association

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