oshpd Office of Statewide Health Planning and Development

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Members of the Commission
Elizabeth Dolezal
Andrea Renwanz-Boyle, PhD, RN, **Chair**
Rosslynn S. Byous, DPA, PA-C
Michael Farrell, DO
Katherine Flores, MD
William W. Henning, DO, **Vice-Chair**
Carol Jong, PhD, RD
Catherine Kennedy, RN
Laura Lopez
Ann MacKenzie, NP
Kathyann Marsh, PhD, RN
Angelica Millan, RN, MSN, RNP, FAAN
Cathryn Nation, MD
Joseph Provenzano, DO
V. Katherine Townsend, PhD, MSN

May 14, 2014
Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

Policy Meeting
400 R Street, RM 471
Sacramento, CA 95811

OSHPD Director
Robert P. David

Executive Secretary
Lupe Alonzo-Diaz, MPAff

Action may be taken on any item listed on the agenda

Commission Members Present:
Elizabeth Dolezal
Michael Farrell, DO
Katherine Flores, MD
William Henning, DO, Vice-Chair
Carol Jong, PhD, RD
Catherine Kennedy, RN
Laura Lopez
Ann MacKenzie, NP
Kathyann Marsh, PhD, RN
Angelica Millan, RN, MSN, RNP, FAAN
Joseph Provenzano, DO
Andrea Renwanz-Boyle, PhD, RN-BC, Chair
Katherine Townsend, EdD, MSN

Commission Members Not in Attendance:
Rosslynn Byous, DPA, PA-C
Cathryn Nation, MD

Staff to Commission:
Lupe Alonzo Diaz, MPAff, Deputy Director
Senita Robinson, MS, Section Chief
Manuela Lachica, Senior Program Administrator
Melissa Omand, Program Administrator
Barbara Zendejas, Program Analyst
Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:
Robert David, OSHPD Director
Elizabeth Wied, Chief Legal Counsel
Sahana Ayer, Legal Counsel

Agenda Item 1: Call to Order:

Chair Andrea Renwanz-Boyle called the meeting to order at 10:03 AM.

Agenda Item 2: Introduction of CHWPC Members

CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them.

Agenda Item 3: Chair Remarks

Chair Renwanz-Boyle noted the process for handling the meeting's agenda items. She reminded Commissioners that two or more Commissioners discussing CHWPC business constituted a meeting. Chair Renwanz-Boyle also explained that Commissioners need not comment during the public comment period, but could request that topics be added as future agenda items. She also noted that there would be public comment opportunities before voting on the agenda's action items.

FOLLOW-UP ITEMS:

- OSHPD's Legal Office to provide a refresher course on the Bagley-Keene Act at the June 2014 Registered Nurse Funding Meeting

Agenda Item 4: Approval of April 16-17, 2014 Minutes

Commissioners reviewed the meeting minutes and no edits were suggested.

ACTION ITEMS:

- Motion to approve April 16-17, 2014 Family Practice Funding Meeting Minutes (Dolezal), Seconded (Townsend). Motion Adopted.

April 16-17, 2014 Minutes is hereby incorporated as Attachment A

Agenda Item 5: OSHPD Director's Report

Director David stated that Governor Brown has released the May Revisions to the state's budget and that California tax revenues are up $2.4 billion. He stated the Governor would use the revenues for teachers, pension costs, federal healthcare reform activities, drought response, and paying down the state's long-term debt. He also stated that the Governor established a rainy day fund, which will be on the ballot this November. Director David also explained that there is a major interest in primary care expansion which further confirms the success of the Song-Brown program. He also stated that the department's Facility Development Division workload for hospital building plans and permits are significantly down, possibly due to unknown impacts of the Affordable Care Act.

Agenda Item 6: Executive Secretary's Report

Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division, reported on the following items: Student Loan Repayment Plan; Healthcare Reform activities; activities related to the Mental Health Services Act Workforce Education and Training five-year plan; Governor's Budget proposal for Song-Brown expansion to primary care residencies and teaching health centers; legislation and policy relating to Assembly Bills 1174 and 2458; and Healthcare Workforce Development Council activities.

The Executive Secretary's Report is hereby incorporated as Attachment B

Agenda Item 7: Review and Approval of the Evaluation Criteria Used by the Song-Brown Program to Evaluate the Family Practice Capitation and Special Program Applications for Funding

Manuela Lachica, Senior Program Administrator, explained that there were criteria from the Family Practice Applications that the Commission requested to review. It was discussed that the scoring criteria would be used for the next Family Practice Request for Application (RFA) release cycle. Melissa Omand, Program Administrator, mentioned that the next release cycle is August or September 2014 tentatively. Commissioners expressed that the RFAs should contain very clear language concerning Commission expectations for grant award funding.

ACTION ITEMS:

- **Section 1 Question 1a**
  Three points for a curriculum that specifically addresses underserved communities
  Three points for rotations in underserved areas
  Two points working with students in a mentoring program

- **Section 1 Question 1b**
  Two points for an active counseling program
  Two points for an active placement program
  One point for a recruitment program

- **Section 1 Question 2a**
  Change wording from "program engaged with medical school to run student free clinic" to "program engaged in clinics that contain student rotations in underserved areas and/or underserved populations".

- **Section 1 Question 3a**
  Award program three points
  Establish a task force to discuss how to address clinical hours in the future

- **Section 1 Question 3b**
  Change "other payers" to "uninsured"

- **Section 2 Question 3**
  Award one point up to three points for each example per unique faculty member

- **Section 2 Question 9**
  Remove discretionary points

The final FP Evaluation Criteria is hereby incorporated as Attachment C

Agenda Item 7: Public Comment

This public comment referred to Family Practice evaluation criteria for capitation and special programs. The following comments included:

- Would like to see Section 1 Question 3a reworked and not discarded

- Payer mix of patients is an important statistic to review

- Regarding telemedicine: the culture of a practice is based on its location. Having practices in underserved areas not only benefits the medically underserved, but they enrich the area in many ways.

- Establish a taskforce of Commissioners and experts from the public to discuss evaluation criteria.

ACTION ITEMS:

- Motion to approve criteria as presented (Provenzano) seconded (Dolezal). Motion Adopted.

Agenda Item 8: Review and approval of the Evaluation Criteria Used by the Song-Brown Program to Evaluate the Family Nurse Practitioner (FNP) and Physician Assistant (PA) Base and Special Program Applications for Funding

The Commission decided to establish a task force to review the scoring evaluation criteria for the FNP/PA funding cycle, and to bring forth recommendations to the Commission.

Agenda Item 9: Review and Discussion of Registered Nurse Task Force's Recommendations Regarding Evaluation Criteria for Registered Nurse Capitation Applications for Funding

Ms. Lachica informed the Commission that a task force was convened on May 8, 2014 to develop and recommend scoring evaluation criteria for the Registered Nurse funding cycle.

ACTION ITEMS:

- **Section 2 Question 1**
  Award applicants three points for 75% or better pass rate.

- **Section 2 Question 3**
  One point for each example per unique faculty member up to a maximum of three points.

RN Evaluation Criteria Task Force Recommendations is hereby incorporated as Attachment D

Agenda Item 9: Public Comment

No comments presented.

ACTION ITEMS:

- Motion to approve criteria as presented (Provenzano) seconded (Dolezal). Motion Adopted.

Agenda Item 10: Presentation Regarding the University of California San Francisco's (UCSF) Review of Song-Brown's Data Collection and Evaluation Methods

Janet Coffman, UCSF Center for Health Professions, explained that Song-Brown was already collecting much of the data needed to evaluate program outcomes. She stated, however, that Song-Brown may need to ask additional questions to capture information which measures the impact of funding to address The California Endowment priorities specifically. Dr. Coffman explained that UCSF does not collect data from Song-Brown, but it is working with Song-Brown staff to develop a plan to improve collection of current and future data that demonstrates the impact of Song Brown programs on communities. Lupe Alonzo-Diaz noted that Song-Brown is currently working with Healthcare Workforce Clearinghouse team within HWDD to determine if there is an opportunity for analysis of Song-Brown collected data.

FOLLOW-UP ITEMS:

- Consider how to incorporate UCSF's recommendations to future RFA's

The University of California, San Francisco's Review of Song-Brown's Data Collection and Evaluation Methods is hereby incorporated as Attachment E

Agenda Item 11: Discussion of Application Scoring Process

Commissioners discussed different evaluation processes to score capitation/base applications and improve staff application reviews. Commissioners also noted that the current scoring process has allowed the Commission to move towards more transparency, and the ability to see scoring trends and anomalies for better analysis of scoring criteria. Commissioners also plan to maximize time to focus more on policy development as a Commission.

FOLLOW-UP ITEMS:

- Develop excellent criteria for training programs to understand, and thus, improve grant applications and scoring objectivity.

- Improve evaluation metrics and descriptions of expected training program outcomes (i.e. create well defined instructions concerning Commission expectations when submitting applications and making presentations to the Commission).

- Consider analyzing statistical variations between commissioner scores to determine scoring trends.

- Consider other models of grant application review processes.

Agenda Item 12: Special Program Funding; Open Discussion Regarding Priorities and Evaluation Criteria for Special Program Funding

Commissioners discussed the need to establish priorities and evaluation criteria regarding the best way to approach special program funding. The Commission would like to see more program outcomes from previous special program funding grant recipients.

FOLLOW-UP ITEMS:

- Develop specific templates and/or content required in progress and final reports for the special programs applicants, and auditing tools that measure specific outcomes for FP and FNP/PA cycles.

- Look at pipeline/pathway development and "how" programs actually increase underrepresented health professionals and improve access to care services.

Agenda Item 12: Public Comment

This public comment referred to the special program funding process and included:

- It would be helpful to know the priority order for TCE funding.

- Replicability and sustainability are important factors in choosing special programs.

- Programs should be given examples of strong special programs in order to focus their ideas (such as pipelines, residency transformations, inter-professional team-based care, positive impact on addressing social determinants, etc.)

- Song-Brown should spread the news on successful programs by marketing them via press conferences, pathway newsletter updates, website and social media announcements.

- Commission should take a look at regional collaboratives and regional priorities in the Central Valley

ACTION ITEMS:

- Motion to convene Task Force to look more closely at scoring criteria for each diciplines special program RFA's (Dolezal), Seconded (Flores). Motion Adopted.

Agenda Item 13: Background Information Regarding Teaching Health Centers

Lupe Alonzo-Diaz, gave a presentation on Teaching Health Centers (THC). Ms. Diaz noted that while California healthcare needs have risen, there has been no increase in residency training slots. THC's are a new residency model that will help to increase the number of family residency programs and thereby increase access to primary care services. She mentioned that currently, a hospital or medical school affiliation is required for eligibility.

The Presentation Regarding Teaching Health Centers is hereby incorporated as Attachment F

Agenda Item 14: Review and Discussion of California Healthcare Workforce Policy Commission Work Plan

ACTION ITEMS:

- Motion to convene a task force to review the CHWPC work plan and report to the Commission (Flores), Seconded (Farrell). Motion Adopted.

Agenda Item 15: Public Comment

- There should be definitive evaluation criteria expected of all programs that are given funding.
- Regarding Section 1 Question 3a, the following formula was recommended:
  number of hours spent at a continuity clinic multiplied by the payer mix of the clinic
- The Commission should come up with an index for the underserved; a unifying metric that all Song-Brown grant applicants could follow.
- Develop a strategic plan for the Commission and clearly define its policy role.

Agenda Item 16: Future Agenda Items

Commissioners identified the following items for future CHWPC Policy meeting discussion:

- The Commission may need to consider having at least two policy meetings annually.
- Present on inter-professional education at the next Family Practice funding meeting.
- Establish a 12-month meeting calendar for Commissioners.
- Provide specific evaluation methods for Song Brown program measurement.

Agenda Item 17: Adjournment

Meeting adjourned at 3:51pm

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Attachment A

Members of the Commission
Elizabeth Dolezal, **Chair**
Andrea Renwanz-Boyle, PhD, RN
Rosslynn S. Byous, DPA, PA-C
Michael Farrell, MD
Katherine Flores, MD
William W. Henning, DO
Carol Jong, PhD, RD
Catherine Kennedy, RN
Laura Lopez
Ann MacKenzie, NP
Kathyann Marsh, RN, MSN
Angelica Millan, RN, MSN, RNP, FAAN
Cathryn Nation, MD
Joseph Provenzano, DO
V. Katherine Townsend, PhD, MSN

Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

Holiday Inn
2155 Convention Center Way
Ontario, CA 91764
April 16-17, 2014

OSHPD Director
Robert P. David

Executive Secretary
Lupe Alonzo-Diaz, MPAff

Action may be taken on any item listed on the agenda

Commission Members Present:
Rosslyn Byous, DPA, PA-C
Elizabeth Dolezal
Michael Farrell, DO (absent 4/17/14)
Katherine Flores, MD
William Henning, DO
Carol Jong, PhD, RD
Catherine Kennedy, RN
Laura Lopez
Ann MacKenzie, NP
Cathryn Nation, MD
Joseph Provenzano, DO
Andrea Renwanz-Boyle, PhD, RN-BC
Katherine Townsend, EdD, MSN

Commission Members Not in Attendance:
Kathyann Marsh, RN, MSN
Angelica Millan, RN, MSN, RNP, FAAN

Staff to Commission:
Lupe Alonzo Diaz, MPAff, Deputy Director
Manuela Lachica, Senior Program Administrator
Melissa Omand, Program Administrator
Barbara Zendejas, Program Analyst
Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:
Stephanie Clendenin, Chief Deputy Director (did not attend 4/17/14)
Elizabeth Wied, Chief Legal Counsel

Call to Order:

Chair Elizabeth Dolezal called the meeting to order at 10:03 AM.

Introduction of CHWPC Members and Statements of Recusal

CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them. Each Commissioner indicated from which Family Practice Program they would recuse themselves. As new members, Commissioners MacKenzie and Provenzano did not participate in the scoring and therefore did not participate in the voting or discussion.

Recusals
Elizabeth Dolezal – None
William Henning – None
Ann MacKenzie – None
Catherine Kennedy – None

Katherine Flores – UCSF-Fresno Family Medicine, Sierra Vista Family Medicine
Rosslyn Byous – Riverside County Regional Medical Center
Joseph Provenzano – Valley Family Medicine
Carol Jong – None
Andrea Renwanz-Boyle – None
Michael Farrell – None (absent 4/17/14)
Laura Lopez – None
Katherine Townsend – None
Cathryn Nation – None

Chair Remarks

Chair Dolezal noted the process for scoring applications now include staff recommendations and the Commission would have an opportunity to modify the staff scores if desired.

Oath of Office for New Commissioner

Stephanie Clendenin, OSHPD Chief Deputy Director, represented OSHPD's Director, Robert David, for the meeting. Ms. Clendenin administered the Oath of Office to Commissioner Michael Farrell, DO. Dr. Farrell was appointed by Governor Jerry Brown to represent Family Practice Residents.

Announcement of Chair and Vice-Chair Election Results

Chair Dolezal expressed her appreciation for the support and hard work over the past four years as Chair. Andrea Renwanz-Boyle, PhD was elected Chair and William Henning, DO was elected Vice-Chair for the term May 2014 through May 2016.

Approval of February 19, 2014 and March 26, 2014 Minutes

ACTION ITEMS:

- Motion to approve February 19 Task Force Meeting Minutes (Henning), Seconded (Flores). Motion Adopted.
- Motion to approve March 26 Policy Meeting Minutes with edits provided by Commissioner Nation (Henning), Seconded (Nation). Motion Adopted.

OSHPD Director's Report

Ms. Clendenin reported that the Governor's proposal requests $2.84 million a year for three years to expand the Song-Brown Program to fund primary care residency programs (including internal medicine, obstetrics and gynecology and pediatrics). It also expands eligibility to Teaching Health Centers (THC). She also mentioned there is $114 million in Mental Health Workforce Education and Training (WET) funding to strengthen California's public mental healthcare workforce.

Executive Secretary's Report

Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division, reported on the following items: Health Careers Training Program Mini Grant awardees; Healthcare Workforce Pilot Project Program public hearing on community paramedicine; WET rejuvenation of CalSEARCH; recommendations from the California State Innovations Model (CalSIM) Workforce Workgroup regarding community health workers/promotores; Governor's Fiscal Year 2014-15

Budget proposal for Song-Brown expansion to primary care residencies and teaching health centers; and Healthcare Workforce Development Council activities.

The Executive Secretary's Report is hereby incorporated as Attachment A

Presentation Regarding Healthcare Workforce Issues of Interest to The California Endowment (TCE)

Dr. George Flores from TCE reported on the interest and priorities of TCE. He emphasized that TCE is specifically interested in strengthening health literacy and pipeline programs to help improve the health of the populations most in need.

The 21st Century Workforce Grantmaking Strategy Memo is hereby incorporated as Attachment B

Presentation of Song-Brown Staff Scores of Capitation Applications

Manuela Lachica, Senior Program Administrator for the Song-Brown Program described the staff scoring process for statutory and TCE criteria for the capitation applications.

Family Medicine Capitation and Special Program Presentations

Representatives from the following Institutions presented information on their programs. There were 35 capitation and 16 special program funding requests (An Asterisk indicates submission of a capitation and special program application):

Kaiser Permanente – Orange, UC Davis Family Medicine*, UCLA Family Medicine, Kaiser Permanente – San Diego*, Northridge Family Medicine, O'Connor Hospital Family Medicine, Kaiser Permanente – Fontana, UCSF – Fresno Family Medicine*, UCSF – San Francisco General Hospital*, Kaiser Permanente – Los Angeles, Valley Family Medicine*, Scripps Family Medicine*, Natividad Family Medicine*, Rio Bravo Family Medicine*, Kaweah Delta Health Care District, Shasta Community Health Center*, Long Beach Memorial, UCSD Combined – Family Medicine/Psychiatry, Riverside County Regional Medical Center*, White Memorial Medical Center*, Sierra Vista Family Medicine*, Family Health Centers of San Diego, Loma Linda Inland Empire Consortium, Mercy Medical Center, Merced, Hanford Family Practice Residency, Santa Rosa Family Medicine Residency, Mercy Medical Center, Redding, San Joaquin General Hospital, Pomona Valley Family Medicine, Glendale Adventist Family Medicine*, Ventura County Medical Center*, Harbor-UCLA Medical Center*, Contra Costa Family Medicine, California Hospital Medical Center*, Presbyterian Intercommunity Hospital, UC Irvine Family Medicine** (Special Program Only)

ACTION ITEMS:
Kaiser Permanente – San Diego*: Section 1 Question 2a
Motion to amend scoring from 5 to 7 points (Flores), Seconded (Townsend). Motion Adopted.

Northridge Family Medicine: Section 1 Question 1b
Motion to amend scoring from 2.67 to 4 points (Flores), Seconded (Lopez). Motion Adopted.

UCSF – San Francisco General Hospital*: Section 1 Question 2a
Motion to amend scoring from 2 to 5 points (Flores), Seconded (Townsend). Motion Adopted.

Natividad Family Medicine*: Section 1 Question 1a
Motion to amend scoring from 4 to 6 points (Flores), Seconded (Lopez). Motion Adopted.

Rio Bravo Family Medicine*: Section 1 Question 1a
Motion to amend scoring from 4 to 6 points (Flores), Seconded (Townsend). Motion Adopted.

Shasta Community Health Center*: Section 1 Question 1a
Motion to amend scoring from 6 to 7 points (Flores), Seconded (Lopez). Motion Adopted.

UCSD Combined – Family Medicine/Psychiatry: Section 1 Question 2a
Motion to amend scoring from 2 to 5 points (Flores), Seconded (Lopez). Motion Adopted.

White Memorial Medical Center*: Section 1 Question 1a
Motion to amend scoring from 5.67 to 8 points (Flores), Seconded (Byous). Motion Adopted.
Section 1 Question 2a
Motion to amend scoring from 5 to 7 points (Flores), Seconded (Townsend). Motion Adopted.

Sierra Vista Family Medicine*: Section 1 Question 1a
Motion to amend scoring from 4.67 to 6 points (Henning), Seconded (Nation). Motion Adopted.

Family Health Centers of San Diego: Section 1 Question 1a
Motion to amend scoring from 3.33 to 6 points (Henning), Seconded (Flores). Motion Adopted.

Loma Linda Inland Empire Consortium: Section 1 Question 1a
Motion to amend scoring from 6 to 8 points (Flores), Seconded (Lopez). Motion Adopted.
Section 2 Question 2
Motion to amend scoring from 0 to 3 points (Flores), Seconded (Kennedy). Motion Adopted.

Mercy Medical Center, Merced: Section 1 Question 1a
Motion to amend scoring from 3.67 to 6 points (Flores), Seconded (Byous). Motion Adopted.

Santa Rosa Family Medicine Residency: Section 1 Question 2a
Motion to amend scoring from 4 to 6 points (Flores), Seconded (Byous). Motion Adopted.

Pomona Valley Family Medicine: Section 1 Question 2a
Motion to amend scoring from 4 to 6 points (Flores), Seconded (Townsend). Motion Adopted.

Ventura County Medical Center*: Section 1 Question 1a
Motion to amend scoring from 4 to 8 points (Flores), Seconded (Byous). Motion Adopted.
Section 1 Question 2a
Motion to amend scoring from 4 to 6 points (Flores), Seconded (Lopez). Motion Adopted.

Harbor-UCLA Medical Center*: Section 1 Question 1a
Motion to amend scoring from 5 to 8 points (Flores), Seconded (Nation). Motion Adopted.
Section 1 Question 2a
Motion to amend scoring from 5.67 to 7 points (Flores), Seconded (Lopez). Motion Adopted.

California Hospital Medical Center*: Section 1 Question 1b
Motion to amend scoring from 3 to 5 points (Flores), Seconded (Townsend). Motion Adopted.

Presbyterian Intercommunity Hospital: Section 1 Question 1a
Motion to amend scoring from 5.67 to 8 points (Flores), Seconded (Lopez). Motion Adopted.

Family Medicine Capitation Funding Decision

All 35 Family Practice Capitation proposals were funded at full or reduced levels.

ACTION ITEM:
Motion to approve funding as presented (Byous) seconded (Kennedy). Motion Adopted.

Family Practice Capitation Awards list is hereby incorporated as Attachment C

Capitation Award Public Comment

No public comment

Family Medicine Special Program Funding Decision

Thirteen proposals were fully funded and four were funded at reduced levels.

ACTION ITEM:
Motion to approve funding as presented (Townsend) seconded (Nation). Motion Adopted.

Family Practice Special Programs Awards list is hereby incorporated as Attachment D

Special Program Award Public Comment

- Partially funded grants may impair a program's project. Funding by a percentage was recommended.

Discussion and Public Comment

- THC's are just a different funding stream and therefore should not need additional legislation to become Song-Brown eligible.

- Since the Commission supports family practice residencies, the Commission should consider looking into hospitals that are closing family practice residencies due to the high costs to run them.

- The Commission should consider funding THC's especially since the Federal Health Resources and Services Administration THC Grant sunsets after five years.

Future Agenda Items

- Update of the Commission Work Plan

- Refine the scoring criteria particularly Section 1 Questions 1a, 1b, 3b and Section 2 Question 3

- Interest regarding Teaching Health Centers
- Special Program Funding Evaluations: How to emphasize new and innovative programs, so that programs do not rank low just because they are new?
- Revisit how the capitation applications are being scored
- Include Commissioners to participate in site visits as part of the evaluation process

Meeting adjourned at 3:00pm

Executive Secretary Report
Lupe Alonzo-Diaz
Healthcare Workforce Development Division
May 15, 2014

Attachment B

Highlights: Initiatives and Programs

- Health Careers Training Program
  - Mini-Grants FY 2013-14 Cycle – Awarded $317,013.50 to 24 organizations ($27,500 partially funded by CalSORH)
  - Healthcare Pathways Newsletter released March 28
- State Loan Repayment Program (SLRP)
  - Released awardees last week
- Mental Health Workforce Education and Training (WET)
  - Held first Consumer and Family Member Employment Advisory Committee on April 3, 2014 to discuss future WET activities pertaining to consumer and family member employment.
    - Next meeting scheduled for May 21, 2014 from 10am-4pm
- Healthcare Workforce Pilot Project #173 regarding Community Paramedicine
  - Public Meeting conducted April 9, 2014
  - Applicant CalEMSA working on submitting amended application
- HCR
  - Announced 14 Federal Funding Opportunities totaling approximately $510 million
- CalSIM Workforce Work Group
  - Focus: develop recommendations regarding roles and functions, core competencies, models of delivery, and reimbursement
  - Call #2 held May 9 to discuss definition and roles and functions
- Clearinghouse
  - Joint OSHPD/CAPA Report on Physician Assistants to be released in near future

Governor's Budget

Proposal	Description	Assembly	Senate
Song-Brown Expansion to Primary Care and Teaching Health Centers	• requests $2.84M/year for 3 years in California Health Data Planning Fund expenditure authority to o expand the Song-Brown program to fund primary care residency programs o expand eligibility to teaching health centers • establishes a three-year LT position and $106,000 in CHDPF expenditure authority to develop and implement the program	Open	Open
Healthcare Reform/Shortage Designation	• requests $355,000 in the California Health Data and Planning Fund expenditure authority for FY 2014-15 and ongoing to make permanent o 3 LT positions responsible for proactive HPSA federal designations o 1 LT position responsible for continuing the implementation of the HCR work plan	Approved	Approved
WET Appropriation	• requests $102,000 in unexpended Mental Health Services Act (MHSA) Workforce, Education, and Training (WET) funds be appropriated through FY 2017-18 for mental health WET Programs	Approved	Approved
TCE Grant	• request to redirect $700,000 to CalSEARCH and Mini-Grants	Approved	Approved
WET Five-Year Plan	• appropriates $114 million to align Five-Year Plan with budget	Approved	Approved

	• requests 3 LT positions to support additional responsibilities		

Legislation/Policy

Bill	Summary	Status
AB 1174	expands the scope of practice for allied dental personnel, specifically registered dental assistants, registered dental assistants in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice consistent with what was tested, demonstrated and evaluated via HWPP#172.	Senate B&P, Economic Development Cmte
AB 2102	requires the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to annually collect and report specific demographic data relating to its licensees to OSHPD.	Assembly Third Reading
AB 2458	establishes the Graduate Medical Education Fund and provide funding for new slots in primary care residency programs with a one-time appropriation of $25 million from the General Fund and $2.87 million from the California Health Planning and Data Fund for three fiscal years.	Assembly Appropriations
AB 1838	provides that a medical school or medical school program accredited by the Liaison Committee on Medical Education or the Committee on Accreditation of Canadian Medical Schools is deemed to meet the requirements described above.	Senate B&P, Economic Development Cmte
AB 1677	establishes a loan assumption program for employees of eligible public facilities, as defined to include state hospitals, state veterans' homes, members of the California Association of Public Hospitals and Health Systems, California facilities administered by the federal Veterans Health Administration, and health care districts located in California.	Assembly Appropriations
AB 1797	requires CWIB to identify opportunities for "earn and learn" job training opportunities and develop the means to identify, assess, and prepare a pool of qualified candidates seeking to enter "earn and learn" job training models. The bill would require the board, on or before December 1, 2015, to prepare and submit to specified legislative committees a report documenting the above findings and making recommendations based on those findings.	Assembly Third Reading
AB 2232	appropriates $1,855,000 from the General Fund to the regents each fiscal year, commencing with the 2015–16 fiscal year, for allocation to the University of California to support expansion of the San Joaquin Valley Program in Medical Education, as specified. The bill would appropriate $1,000,000 from the General Fund to the Regents of the University of California during the 2014–15 fiscal year for allocation to the University of California to support a 2-year planning effort geared toward the establishment of a separate traditional medical school at the University of California, Merced, as specified.	Assembly Appropriations
SB 841	appropriates $1,855,000 from the General Fund to the regents each fiscal year, commencing with the 2015–16 fiscal year, for allocation to the University of California to support expansion of the San Joaquin Valley Program in Medical Education, as specified.	Senate Appropriations

SONG-BROWN PROGRAM
Family Practice Residency Programs
Capitation Funding Evaluation Criteria

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1.a	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities 0 points, no mention 1-2 points, brief or limited training, in setting of group training or periodic group sessions (demonstration of frequency) 1-2 points, regular meetings with skill building (demonstration of frequency) 1 point, optional rotation in underserved area 1 point, required rotation in underserved area 1 point, all of the above plus additional opportunities in working with medical students or mentoring program 1 point, opportunity to serve in a not-for-profit or student-run free clinic	8
1.b.	Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 1 point, general culture to serve the underserved 1 point, active recruitment of residents with interest to serve the underserved (i.e., NHSC) 1 point, informal program to encourage placement either through optional elective or counseling 1 point, placement program with outcomes data 1 point, all of the above plus use of an alumni network	5
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15
2.a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need 0 points, no mention 1-3 points, program shows interest in recruiting residents speaking a second language, coming from an underserved community, NHSC scholars 1-2 points, program engaged with medical school to run student free clinics, collaborates with program residents to support that effort 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process	7
2.b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students) 2 points, program is actively engaged (i.e. a rotation), in junior high/high school health education program and/or career fairs with residents involved as the primary educators and coordinators 3 points, program residents are actively engaged in formal pipeline program for Family Medicine	3
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15

Section I	Statutory Criteria	Total Points Available
3.a.	Number of clinical hours in areas of unmet need 1 point, <25% hours in area of UMN 2 points, ~50% hours in areas of UMN 3 points, >75% hours in areas of UMN All applicants will receive full points (3 for the April FP funding meeting. The question will be revisited for relevancy at the May 2014 policy meeting.	3
3.b.	Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers? 0 points, No 5 points, Yes	5
	Total points possible for Section I	**76**
Section II	**Other Considerations**	**Total Points Available**
1	Does the residency training program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by letters from the disciplines? 0 points, no mention of either team training or PCMH 1 point, some team training in hospital or clinic settings as evidenced by letters or the application 2 points, regular focus on team training in all setting of care as evidency by letters or the application 3 points, program is NCQA accredited as a PCMH at any level as evidency by letters or the application	3
2	Does the program have an affiliation or relationship with an FNP and PA Training Program as well as other health professions training programs as evidenced by letters from the disciplines? 0 points, No 3 points, Yes	3
3	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points, no mention 1 point, demonstration by faculty that they have familiarity with PCMH 1 point, demonstration by faculty that they have familiarity with healthcare/ disparities 1 point, demonstration by faculty they are spending significant time with residents teaching both topics All applicants will receive full points (3 for the April FP funding meeting. The question will be revisited at the May 2014 policy meeting.	3
4	Does the program utilize family physicians from the local community in the training program? 0 points, No 3 points, Yes	3
5	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 0 points, no letters attached 1 point per letter 2 points for 2 letters 3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.	3

Section II	Other Considerations	Total Points Available
6	Does the program integrate different educational modalities into learning delivery models? 0 points, no mention 1 point per example cited 2 points, two or more examples cited Examples: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds.	2
7	Does the program use technology assisted educational tools or integrate health information technology into the training model? 0 points, no mention 1 point per example cited 2 points, two or more examples cited Examples: program explicity mentions regular use of EMR and/or Teleheath with emphasis on residents being trained on how to use this technology and make it effective in their practice.	2
8	Does the program promote training in ambulatory and community settings in underserved areas? 0 points, No 2 points, Yes	2
9	Discretionary points: Reviewer must provide an explanation The discretionary points for FP will be suspended for and the Commission will use the same method of approving/changing staff scores as used for the FNP/PA meeting.	3
	Total points possible for Section II	**24**
	Total points possible for Section I and II	**100**
Section III	**The California Endowment Priorities**	**Total Points Available**
1	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment. Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
2	Placement of graduates in one of the Central Valley counties Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
3	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
4	Location of the program and/or clinical training sites in one of the Central Valley counties Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
5	Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1-2 points, pipeline/recruitment program in development 1-2 points, rotation based in junior high/high school focused around health education and/or career fair 1-2 points, requirement that residents regularly participate in mentoring activities	6

For evaluation criteria 1 and 2 - applicants will receive one point for each graduate located in one of the identified areas
For evaluation criteria 3 and 4 - applicants will receive one point for each graduate located in one of the identified areas

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
REGISTERED NURSE EDUCATION PROGRAMS
CAPITATION FUNDING

Attachment D

Section I	Statutory Criteria	Total Points Available
1.	Placement of graduates in Registered Nurse Shortage Areas (RNSA). (% and # of graduates in RNSAs) (**For new programs: # and % of entering students from medically underserved areas**) **Cal REACH to populate**.	15
1. a.	Counseling and placement program to encourage graduate placement in RNSAs 1. No description = 0 point 2. Brief description of program = 1 point 3. 1 additional point for each example cited up to 4 points maximum (e.g., specific strategies, job fairs, guest speakers, online resources)	5
1. b.	Cultural competency/culturally responsive care incorporated into the program curriculum 1. No description = 0 point 2. Well defined description of culture competency/culturally responsive care = 1-3 points 3. 1 additional point for each example cited up to 4 points maximum (e.g., Integration of culture in curriculum; not just one course; examples of how culture integrated and content taught; specific strategies used to incorporate and apply cultural concepts)	7
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates) **Cal REACH to populate.**	15

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
REGISTERED NURSE EDUCATION PROGRAMS
CAPITATION FUNDING

Attachment D

Section I	Statutory Criteria	Total Points Available
2. a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in RNSAs 1. Every Applicant = 4 points 2. 1 additional point for each activity cited up to 3 points maximum (e.g. Special grant project for recruiting/admitting; specific identification of characteristics suggesting predisposition to practice in RNSAs and support of how they predispose practice. Identification of a pipeline; mentoring of potential applicants as well as applicants admitted; possibly a workshop/summer class for potential applicants in identified pipeline.) **Further Discussion at Policy Meeting.**	7
3.	Location of the program and/or clinical training sites in RNSAs. (% and # of training sites in RNSAs) **Cal REACH to populate**	15
3. a.	Percent of clinical hours in RNSAs 1. 0% - in RNSA = 0 point 2. 1% - 20% - in RNSA = 1 point 3. 21% - 40% in RNSA = 2 points 4. 41% – 60% in RNSA = 3 points 5. 61% – 80% in RNSA = 4 points 6. 81% - 100% location of program and/or training sites in RNSA = 5 points 7. . **Further Discussion at Policy Meeting**	5
	Total points possible for Section I	**69**
Section II	**Other Considerations**	**Total Points Available**
1.	Does the program have an 85% or better 1st time pass rate on licensing exams? 1. Below 75% = 0 point 2. 75% = 1 point 3. 76% - 84% = 2 points 4. 85% or better pass rate = 3 points 5. **Further Discussion at Policy Meeting**	3

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
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Attachment D

Section II	Other Considerations	Total Points Available
2.	Does the program have an attrition rate less than 10.3% (ADNs); 10.2% (BSNs) or 19.1% (ELMs) Based on the most recent BRN Annual School Report? 1. Every applicant = 3 points (PASS) **Further Discussion at Policy Meeting**	3
3.	Does the programs faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 1. Every applicant = 3 points (PASS) **Further Discussion at Policy Meeting**	3
3a.	Does the faculty URM diversity and/or gender diversity reflect the community it serves? 1. No diversity = 0 point 2. Any diversity present in faculty = 2 points	2
4. ACEN	Does the program have an evaluation process to review the program's effectiveness and deficiencies such as those required by a national and/or regional accrediting body? (i.e. ~~N~~LNAC, CCNE, WASC, etc.) 1. No evaluation plan identified = 0 point 2. Evaluation plan identified = 3 points (All universities have WASC accreditation; however not all ADN programs have the additional accreditation from a national accrediting body; if so it will be ACEN. Also NLNAC no longer exists, it is now ACEN; CCNE only accredits BSN and higher degree programs. Note – All programs accredited by these agencies have evaluation plan)	3
Section		**Total**

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
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II	Other Considerations	Points Available
4a.	How is the program addressing the deficiencies identified by the accrediting bodies? 1. No deficiency evaluation plan identified = 0 point 2. No deficiencies or evaluation plan addresses deficiencies = 2 points For the ADN programs there may not be any deficiencies from a regional accrediting body (WASC) for ADN; however there will be some recommendations from a BRN site visit. And we should know how they are addressing these (have to submit a progress report to BRN.) There will be deficiencies or recommendations from an ACEN or CCNE accreditation visit. (Note – All programs accredited by these agencies have evaluation plans)	2
5.	Does the program have academic advising that supports students throughout all stages of the pathway? 1. No description of academic advising = 0 point 2. Brief description of academic advising = 1 point 3. 1 additional point for each example cited up to 2 points maximum (e.g., A specific advisor that works with nursing students; not just an advisor that sometimes works with nursing students; specifically assigned to nursing students (works with them from entry to graduation.)	3
6.	Does the program provide assistance in job placement and/or training programs for new graduates? 1. No description = 0 point 2. New graduate training program and/or job placement assistance comprehensively described =1 points 3. Employer Workshops = 2 pointts 4. Job Placement Centers = 2 points (e.g., Job placement center available. Workshops where employers come to college and presents to graduates)	5
Section		**Total**

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
EVALUATION CRITERIA
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Attachment D

II	Other Considerations	Points Available
7.	Is the program a part of a collaborative model of nursing education that expands advancement in degree opportunities for students/graduates? 1. No description of any collaborative efforts = 0 point 2. Description of collaborations (example ADN to BSN; MSN to DNP) between educational programs = 3 points (This occurs with the CSU and Community College nursing programs; Private universities sometimes have partnerships with CCs; so far UCs do not.) **Further Discussion at Policy Meeting**	3
8.	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 1. 0 letters = 0 point 2. 1 letter of support (adequate) = 1 point 3. 2-4 letters of support (adequate) = 2-3 points 4. 2-4 strong letters of support describing the relationship = 4 points (Specific letters addressing how they collaborate. Nursing programs are all looking for these types of collaborations)	4
	Total points possible for Section II	**31**
	Total Possible Score (Section I and II)	100

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Review of Song-Brown's Data Collection and Evaluation Methods

May 14, 2014

Center for the Health Professions and the Philip R. Lee Institute for Health Policy Studies

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Objectives

- Assess alignment between data collection efforts and ability to measure impact of funding from The California Endowment
- Assess how well criteria for allocating Song-Brown funds align with The California Endowment's priorities
- Recommend strategies for improving ability to demonstrate impact of Song-Brown programs

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The California Endowment's Priorities for Song-Brown

- Increase the number of health professionals from racial/ethnic or other underserved communities
- Increase training sites and graduates practicing in
  - TCE's 14 Building Healthy Communities
  - Central Valley
- Include activities to increase primary care career pathways
- Expand training in non-hospital settings
- Address social determinants of health

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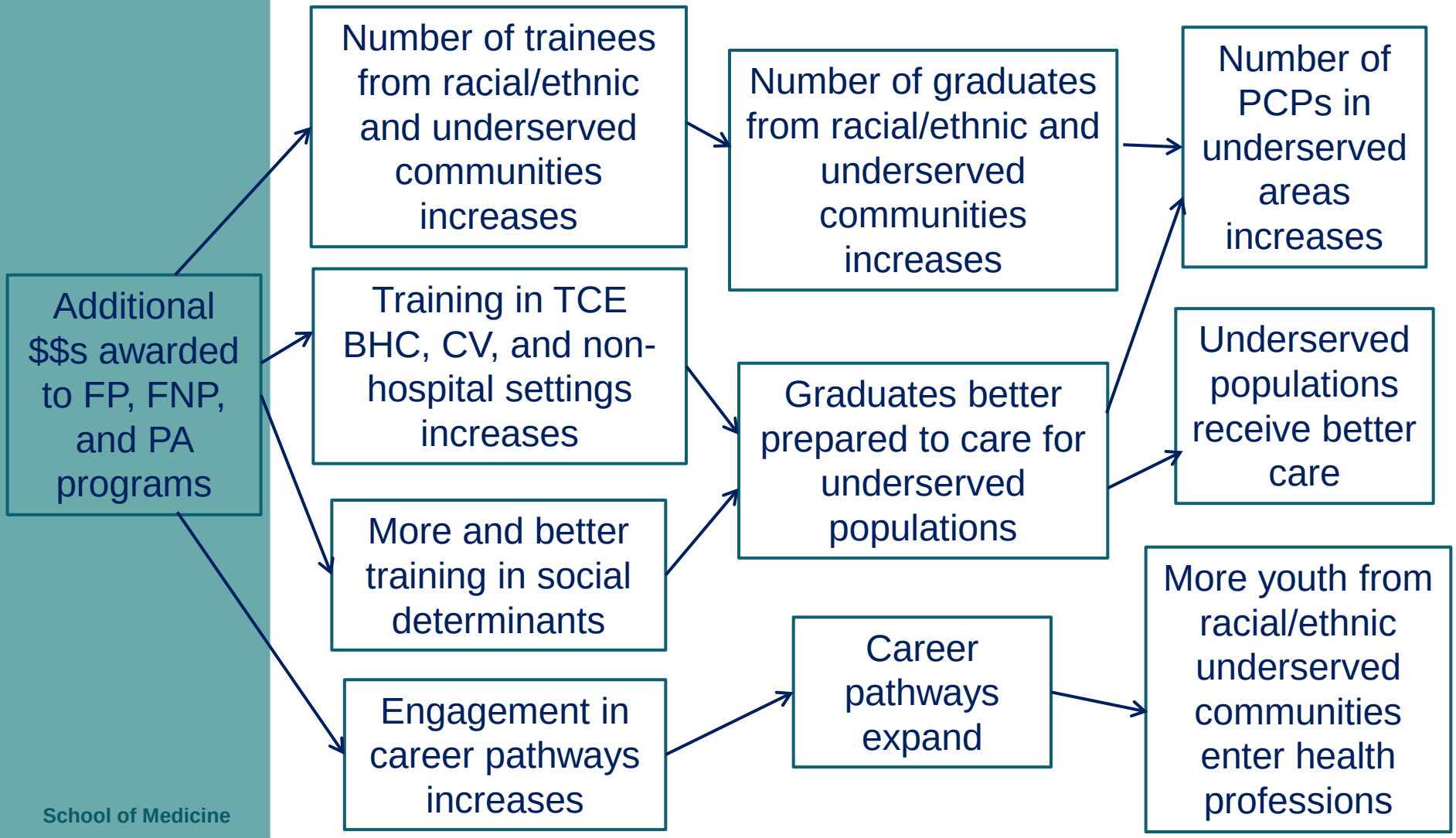
Logic Model



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Tools for Collecting Data on Impact of Song-Brown

- Applications
- Contracts (reporting requirements)

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Mapping Data Collection to TCE Priorities

TCE Priority	Category	Application	Contract
Increase number of health professionals from racial/ethnic and other underserved communities	FP Capitation	Report graduates' demographic characteristics including race/ethnicity and fluency in second language	Report on success in attracting and admitting minority students and students who were former residents of underserved areas
Increase number of health professionals from racial/ethnic and other underserved communities	FP Special Program	Same as FP capitation plus describe how special program increases # of health professionals from racial/ethnic and other underserved communities	Not explicitly addressed

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Important Gaps - Application

- Capitation/base applications do not explicitly ask for information about
  - Participation in pathways/pipeline programs
  - How the program addresses social determinants of health
- Applicants not required to report data on the socio-economic status of graduates' families

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Important Gaps - Contracts

- Capitation/base grantees not required to report to OSHPD on
  - Location of all training sites
  - Participation in pathways/pipeline programs
  - How social determinants of health addressed
  - Graduates' addresses (FNP & PA)
- Special programs standard contract does not contain reporting requirements

Evaluation (Scoring) Criteria

- Statutory criteria
- TCE priorities
- Other considerations

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Mapping Evaluation Criteria to TCE Priorities

TCE Priority	Category	Scoring
Increase number of health professionals from racial/ethnic and other underserved communities	FP Capitation	Up to 15 points for percentage and number of students and graduates who are underrepresented minorities or from economically disadvantaged groups
Increase number of health professionals from racial/ethnic and other underserved communities	FP Special Program	Same as FP capitation plus up to 3 points for focus on increasing the number of health professionals from racial/ethnic or other underserved communities

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Important Gaps – Evaluation Criteria

- Capitation/base
  - No points that directly address pathway/pipeline programs
  - No points that directly address social determinants of health
  - No points that directly addressing training in non-hospital, outpatient settings (FNP & PA)
- Capitation/base and Special Programs
  - No points for enrolling persons from economically disadvantaged groups

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To Consider

- Total possible score and criteria vary somewhat between capitation/base and special programs

- Special programs
  - Extra points for achieving certain TCE priorities
  - Different criteria for other considerations

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Conclusion

- OSHPD already collects much of the data needed to assess the impact of TCE funding
- Additional data are needed to fully assess impact
- Some evaluation criteria could be more closely aligned with TCE priorities

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Next Steps

- Develop plan for impact assessment
- Parallel review and impact assessment plan for the Health Professions Education Foundation

Office of Statewide Health Planning and Development

Primer: Teaching Health Centers

California Healthcare Workforce Policy Commission

May 14, 2014

Lupe Alonzo-Diaz

Office of Statewide Health Planning and Development

Background

- With the onset on the ACA, it is estimated that approximately 6.7 million Californians will seek healthcare services
- Medical residents provide health care to patients while receiving exposure and experience to different healthcare delivery systems
- Historically, Medicare funded the greatest portion of residency programs
  - Current Medicare graduate medical education reimbursement policies favor hospital-based training, which then provide funds to residency programs for an array of specialties, that model has not always benefited family medicine
- Congress capped the number of residency training positions (slots) supported by Medicare via the Balanced Budget Act of 1997
- Expanding resources beyond university-based teaching hospitals provides an increase in access to care and closes the provider gap in underserved communities

Background

- Community health center-run residency training programs can be extremely effective tools for the recruitment and retention of family medicine physicians into community-based practice
- Large proportions of graduates choose to practice either at their particular training site or other CHCs, strengthening the CHC primary care physician workforce
- Family Medicine residents who train in community clinic settings are nearly three times as likely to practice in underserved settings after graduation when compared to residents who train in hospitals
- Increased residency training at CHCs will assist in strengthening the primary care workforce in health centers since these centers are located in underserved areas

Background

- Teaching Health Centers (THC) are a new residency model that will help increase the number of family medicine residency programs and thereby increase access to primary care
- THCs are community-based primary care training programs committed to preparing health professionals to serve the health needs of the community
- By moving primary care training into the community, THCs are on the leading edge of innovative educational programming dedicated to ensuring a relevant and sufficient supply of health workforce professionals
- Though THCs often collaborate with other health and education organizations to ensure quality training for their students, they maintain the lead role in setting the educational mission and framework for their training programs
- The sponsoring institution is not necessarily a community hospital or tertiary medical center, but rather a community health center
- The teaching health center program also has consortiums in the legislation, so it can be a combination of a community health center and another entity, which can be a hospital
- The THC model greatly facilitates interdisciplinary care because of the access to mental health, and other community service services

Background

- Per the Affordable Care Act, Section 5508: Increasing Teaching Capacity (Teaching Health Centers Training and Enhancement- Part C of Title VII of the Public Health Service Act (42 U.S.C. 293k et. seq.), as amended by section 5303) in 2011, HRSA released a $230 million, five-year initiative for the establishment of grants titled "Teaching Health Centers for GME Programs" (THC GME)
- THC GME was established for the purpose of establishing new accredited or expanded primary care residency programs
- THCs are community-based ambulatory patient care settings that operate a primary care medical residency program
- THC GME funded medical residencies in community-based ambulatory patient care settings as a recognition that many of these settings are in underserved communities
- In contrast to Medicare GME funds which are provided to hospitals, THC GME funds are provided directly to residency training programs located in community-based settings
- Specific examples of these types of settings include, but are not limited to:
  - Federally-qualified health centers
  - Community mental health centers
  - Rural health clinics; health centers operated by the Indian Health Service,
  - An Indian tribe or tribal organization, and/or an urban Indian organization; and entities receiving funds under Title X of the Public Health Service Act

THC GME Grant Program

- California received eight THC GME grants totaling $6,625,125
- Resulted in six health centers providing clinical rotations to 75 residents
- Health centers awarded included four in the areas of family medicine, and one in the areas of psychiatry and pediatrics, respectively
- The four family medicine THCs included:
  - Clinica Sierra Vista in Fresno
  - Rio Bravo in Bakersfield
  - Loma Linda Inland Empire Consortium for Healthcare Education in Loma Linda
  - Family Health Centers of San Diego
- This funding ends in FY 2015
- HRSA has indicated that it does not plan to offer additional funding for these programs

THC GME Program

- THC GME program was the ACA's only new investment in graduate medical education, and it represents a significant departure from Medicare GME funding
- THC GME provides payments to ambulatory care centers for both direct and indirect GME expenses, and mandates a level of reporting from recipients that is not required for Medicare GME support
- THC GME funding is tied to specific health care workforce goals, and THCs must report annually on:
  - types of primary care training programs offered
  - number of resident positions, and
  - number of residency graduates who care for vulnerable populations in underserved areas