

**Healthcare Workforce Development Division**

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Members of the Commission

V. Katherine Townsend, PhD,
 MSN, **Chair**
 William W. Henning, DO, **Vice
 Chair**
 Roslynn S. Byous, DPA, PA-C
 Elizabeth Dolezal
 Michael Farrell, DO
 Katherine Flores, MD
 Carol Jong, PhD, RD
 Karyn Karp, CRNA, MS
 Catherine Kennedy, RN
 Laura Lopez
 Ann MacKenzie, NP
 Kathyann Marsh, PhD
 Angelica Millan, DNP, RN, FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO

February 17-18, 2016**Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION
 (CHWPC)**

**Registered Nurse (RN) Education Programs
 Funding Meeting**

**UC Merced Center, Fresno
 Stanislaus/Tuolumne Meeting Room
 550 East Shaw Ave.
 Fresno, CA 93710**

OSHPD Director
 Robert P. David

Executive Secretary
 Stacie S. Walker

Commission Members Present:

Roslynn Byous, DPA, PA-C
 Michael Farrell, DO
 Katherine Flores, MD
 Catherine Kennedy, RN
 Karyn Karp, CRNA, MS
 Ann MacKenzie, NP
 Joseph Provenzano, DO
 Katherine Townsend, EdD, MSN

Elizabeth Dolezal
 William Henning, DO
 Carol Jong, PhD, RD
 Laura Lopez
 Kathyann Marsh, PhD, RN
 Angelica Millan, DNP, RN, FAAN
 Cathryn Nation, MD

OSHPD Staff to Commission:

Stacie S. Walker, Deputy Director-HWDD
 Melissa Omand, Program Staff Manager
 Tyfany Frazier, Program Coordinator
 Douglas Truong, Program Administrator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel

Commission Members Absent:**AGENDA ITEM 1: Call to Order**

Chair Townsend called the meeting to order.

AGENDA ITEM 2: 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 FNP/PA program they would recuse themselves.

Recusals:

Michael Farrell – None
Katherine Flores – None
Catherine Kennedy – None
Karyn Karp – None
Ann MacKenzie – None
Joseph Provenzano – None
Katherine Townsend – None

AGENDA ITEM 3: Chair's Remarks

Chair Townsend reminded Commissioners of policies and procedures for the meeting and acknowledged that a quorum was not present on February 17 and all votes will be held on February 18.

AGENDA ITEM 5: OSHPD Director's Report

Robert David, OSHPD Director, introduced Stacie Walker as Executive Secretary of the CHWPC and as Deputy Director of the Healthcare Workforce Development Division (HWDD). He reported that SB22 was up for reconsideration and that the Department was expecting multiple workforce bills to be analyzed in the near future.

AGENDA ITEM 6: Executive Secretary's Report

Stacie Walker Deputy Director, HWDD, reported on program activities for:

- Clearinghouse
- Health Careers Training Program
- Healthcare Reform
- Shortage Designation Program
- Song-Brown
- Student Loan Repayment Program
- Workforce Education Training Program, and
- Workforce Pilot Project

The Executive Secretary Report for February 2016 is hereby incorporated as Attachment A

AGENDA ITEM 7: RN Capitation and Special Programs Presentations

There were 19 funding requests. Representatives from the following Institutions presented information on their programs:

College of the Canyons, CSU Bakersfield, CSU Chico, CSU East Bay, CSU Fresno, CSU Fullerton, CSU Stanislaus, Fresno City College, Hartnell College, Los Angeles Harbor College, Modesto Junior College, Monterey Peninsula College, Reedley College, Madera, Riverside City College, San Jose Evergreen Valley College, Santa Ana College, Simpson University, West Hills College – Lemoore, Western University of Health Sciences

Public Comment Regarding Presentations

- A comment was made regarding scoring recommendations from the Bureau of Registered Nurses (BRN).

MEETING RECESSED: 4:00pm

AGENDA ITEM 7: Call to Order

Chair Townsend called the meeting to order.

AGENDA ITEM 8: 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 FNP/PA program they would recuse themselves.

Recusals:

Roslynn Byous – None
Michael Farrell – None
Katherine Flores – None
Catherine Kennedy – None
Karyn Karp – None
Ann MacKenzie – None
Joseph Provenzano – None
Katherine Townsend – None

AGENDA ITEM 9: Chair's Remarks

Chair Townsend reminded Commissioners of policies and procedures for the meeting and acknowledged that a quorum was not present on February 17 and all votes will be held on February 18.

AGENDA ITEM 10: Registered Nurse Shortage Areas (RNSA) - Review and Approval of the Annual Update to the RNSA Designation used by the Commission to designate areas of unmet need for Registered Nurse Education Programs

Debra Gonzalez presented to the Commission the annual update to the RNSA designation based on the 2014 registered nurse data and facility census data for general acute care hospitals and long-term care facilities.

Action Item:

Motion to accept the 2016 RNSA Update (Provenzano), Second (Kennedy). Motion Adopted

California Registered Nurse Shortage Areas: Methodology Memo and Map is hereby incorporated as Attachment B

AGENDA ITEM 11: Primary Care Shortage Areas (PCSA) – Review and Approval of the Annual Update to the PCSA Designation used by the Commission to designate areas of unmet need for Family Medicine, Primary Care and Family Nurse Practitioner/Physician Assistant (FNP/PA) Programs

Debra Gonzalez presented to the Commission the annual update to the PCSA designation based on the 2013 demographic and poverty data and 2015 primary care physician count.

There was discussion regarding the PCSA including primary care physician counts and not including FNP/PA data.

Action Item:

Motion to accept the 2016 PCSA Update (Farrell), Second (Karp). Motion Adopted

Primary Care Shortage Areas: Methodology Memo and Map is hereby incorporated as Attachment C

AGENDA ITEM 12: RN Capitation Funding Decision

For the 2015 funding cycle, there was \$1,725,000.00 in available funding for RN programs. The Commission discussed funding 15 Capitation proposals.

Action Item:

Motion to remove Section 2 Criteria 7 regarding accreditation (Flores), Second (Farrell). Motion Adopted

Action Item:

Santa Ana College: Section 2 Criteria 2

Motion to amend scoring from zero to three points (Flores), Second (MacKenzie). Motion Adopted

College of the Canyons: Section 2 Criteria 3

Motion to amend scoring from one and five hundredths to three points (Flores), Second (MacKenzie). Motion Adopted

Action Item:

Motion to fund the 11 programs within in the top three tiers (Kennedy), Second (Farrell). Motion Adopted

2015 Registered Nurse Capitation Awards list is hereby incorporated as Attachment D

AGENDA ITEM 13: RN Special Programs Funding Decision

For the 2015 funding cycle, there was \$1,000,000.00 in available funding for RN special programs. The Commission discussed funding 13 RN Special Programs proposals.

Action Item:

Motion to fully fund the top nine programs (Farrell), Second (Kennedy). Motion Adopted

2015 Registered Nurse Special Programs Awards list is hereby incorporated as Attachment E

AGENDA ITEM 14: Approval of January 13-14, 2016 Minutes

Commissioners reviewed and approved the meeting minutes as presented.

Action Item:

Motion to approve meeting minutes (Farrell), Second (Byous). Motion Adopted.

The January 13-14, 2016 Meeting Minutes are hereby incorporated as Attachment F

AGENDA ITEM 15: Discuss and approve the 2016 Capitation Application and Evaluation Criteria used to evaluate the Registered Nurse Capitation and Special Programs Application for Funding

- Program Evaluation – whether to make changes to the application question and/or evaluation criteria.

Action Item:

Discussion held for the May Policy meeting

- Faculty Qualifications evaluation criteria

Action Item:

Motion to align evaluation criteria with the application question (Flores), Second (Kennedy).
Motion Adopted

- Special Programs Description – whether to streamline program sustainability criteria.

Action Item:

Staff will work on wording and present at May Policy meeting

- Required Attachments
 - Whether to align the letter of support evaluation criteria with the newly adopted criteria for Family Medicine and Primary Care Residency programs.
 - Identify documents needed to validate program accreditation.

Action Item:

Discussion held for the May Policy meeting

AGENDA ITEM 16: Discuss and approve the 2016 Base Application and Evaluation Criteria used to evaluate the Family Nurse Practitioner/Physician Assistant Base Application for Funding

- Executive Summary/Social Determinants of Health – whether to align the evaluation criteria language with the application question.

Action Item:

Motion to reword Evaluation Criteria to: Does the proposed application cite how it addresses the Social Determinants of Health with one point for each Social Determinant of Health cited, up to a four point maximum (Flores), Second (Provenzano). Motion Adopted

- Program Strategies – clarify definition of a “structured” counseling/placement program.

Action Item:

Staff will create a definition of a structures counseling program to be included in the glossary of terms presented at the May Policy meeting.

- Required Attachments
 - Whether to align the letter of support evaluation criteria with the newly adopted criteria for Family Medicine and Primary Care Residency programs.

Action Item:

Motion to update Evaluation Criteria to: Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support from community based organizations?

0 points- no letters attached

1 point - per letter attached, up to 3 points maximum

(Examples of community based organizations: FQHCs, Community Clinics, rural health clinics, YMCA, Big Brothers, etc.) (Flores), Second (Farrell). Motion Adopted

- Identify documents needed to validate program accreditation.

Action Item:

Discussion held for the May Policy meeting

AGENDA ITEM 17: General Public Comment

- A comment was made regarding Certified Mid-Wives being nationally certified as primary care providers and recommended that Song-Brown fund these programs in the future.
- A comment was made regarding the average of 6.76 out of 15 for statutory application question section 1 criteria 2.
- A comment was made regarding the fact that the attrition rate was based on one year versus the NCLEX passing rate which is an average of 2 years.
- A comment was made thanking the Commission for continued funding adding that these grants are very much needed.

AGENDA ITEM 18: Future Agenda Items

- Should Commissioners who do not attend meetings score applications.
- Discuss how funding surpluses are used within Song-Brown.

Adjourn Meeting

The meeting adjourned at 5:00 pm

All the attachments mentioned in these minutes can be found at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html

Executive Secretary Report
Stacie S. Walker
Healthcare Workforce Development Division
February 17, 2016

- Health Careers Training – mini-grants, CalSEARCH, CalPOST-BAC applications are due to OSHPD via CalREACH by February 22, 2016, 2:00pm
- Song-Brown:
 - fully staffed the program as of February 1, 2016
 - sharing Primary Care Residency program survey to identify how best to use the surplus \$1.34 million Primary Care Residency funds at the May 2016 policy meeting
 - reaching out to Commissioners to identify 2016 meeting dates
- State Loan Repayment Program:
 - awarded loan repayments totaling \$935 thousand to 62 medical professionals during 2016
 - developing CalREACH 2.0 to improve OSHPDs funding application processes
- Mental Health Workforce Education and Training:
 - released an evaluation RFA due March 18, 2016, to assess public mental/behavioral health workforce needs
 - released Educational Stipend RFAs due March 7, 2016, for:
 - Masters of Social Work
 - Clinical Psychology
 - Marriage and Family Therapist
 - Psychiatric Mental Health Nurse Practitioner
- Clearinghouse:
 - signed data sharing agreement with California Community Colleges Chancellor's Office to provide health degree data – OSHPD expects to post data to its website in 2016
 - updated data fact sheets on OSHPD website:
 - Physician Assistants
 - Physician and Surgeons (MD)
 - Registered Nursing 2014 Workforce Survey
 - Releasing additional data fact sheets in 2016:
 - Licensed Vocational Nurses
 - Licensed Psychiatric Technicians
 - Registered Dental Assistants and Hygienists
 - Respiratory Care Practitioners
 - CSU and UC health degree program graduates
- Healthcare Reform – since January 2015:
 - identified 37 (approximately \$1.7 billion) federal funding opportunities for stakeholders who received approximately \$13 million related to the announcements
 - processed 27 Letters of stakeholder support
- Health Workforce Pilot Project:
 - Accompanied by Advisory Committee members, HWPP staff conducted a February 2016 Glendale evaluative site visit. The site is testing the Post Discharge Follow-Up concept and is adhering to application guidelines
 - scheduled the next full Advisory Committee meeting for May 31, 2016 in Sacramento
- Shortage Designation Program:
 - analyzing census and patient data to conduct a statewide healthcare workforce needs assessment
 - preparing for the March 2016 workshop in San Francisco – OSHPD will post details on its website

To: California Healthcare Workforce Policy Commission **Date:** February 12, 2016

From: Stacie S. Walker, Deputy Director
Healthcare Workforce Development Division
Office of Statewide Health Planning and Development

Subject: Registered Nurse Shortage Area Update

Recommendation

In 2007, the California Healthcare Workforce Policy Commission (Commission) adopted criteria for establishing Registered Nurse Shortage Areas (RNSA) using the number of licensed registered nurses (RNs) and patient volume data. The Office of Statewide Health Planning and Development (OSHPD) updated the RNSA list by applying the criteria to 2014 RN data and 2014 facility census data for general acute care hospitals and long-term care facilities.

Recommended Motion

OSHPD recommends the Commission adopt the revised RNSA list based on 2014 RN data and 2014 facility census data for general acute care hospitals and long-term care facilities.

Background and Methodology

The Commission augments RNSAs with additional information to inform Registered Nurse Program funding decisions. Staff develop RNSAs by calculating a ratio¹ for counties based on three factors:

1. Long-term care facilities (LTC) patient day data
2. Department of Consumer Affairs, Board of Registered Nursing (BRN) California active licensee data²
3. OSHPD general acute care hospitals (GAC) census day data³

Staff assigns the RNSA designation to counties when the county's ratio is greater than the total average.

¹ Staff calculates the ratio by dividing the number of LTC facility bed days multiplied by 0.08, plus the number of GAC bed days by the number of RNs in a specific county. Staff calculates the average ratio by dividing the sum of the ratios for all counties by 58, the number of California counties.

² Source: Department of Consumer Affairs, Board of Registered Nursing, County Projections for Clear Registered Nurse (RN) Licenses as of December 31, 2014.

³ Source: Office of Statewide Health Planning and Development, Healthcare Information Division (HID) Data Products. <http://www.oshpd.ca.gov/HID/DataFlow/index.html> 2014.

Results

Staff assigned an RNSA designation to counties with a ratio greater than 38.36, finding no change in RNSA status between study periods.

Table 1 lists the patient days for long-term care facilities, patient census days for general acute care hospitals, the projected number of registered nurses per county, the designation ratio, and designation status alphabetically:

Table 1

County	LTC Patient Days	Census Days	BRN Projection	Ratio	Designated
Alameda	1,714,957	538,739	14,703	45.97	Yes
Alpine	0	0	13	0.00	Yes
Amador	42,598	8,397	317	37.22	No
Butte	341,910	126,812	2,626	58.70	Yes
Calaveras	34,281	4,366	489	14.55	No
Colusa	32,434	2,362	57	86.79	Yes
Contra Costa	933,173	323,309	12,669	31.41	No
Del Norte	24,388	6,731	240	36.23	No
El Dorado	90,655	27,228	2,428	14.20	No
Fresno	930,752	381,498	8,736	52.19	Yes
Glenn	26,663	834	111	26.69	No
Humboldt	132,421	45,456	1,480	37.88	No
Imperial	45,289	36,616	968	41.58	Yes
Inyo	29,993	2,843	207	25.32	No
Kern	521,942	283,652	5,728	56.81	Yes
Kings	91,416	35,749	968	44.49	Yes
Lake	80,807	11,542	491	36.71	No
Lassen	22,229	3,978	238	24.22	No
Los Angeles	12,087,424	4,411,248	78,322	68.67	Yes
Madera	115,519	96,627	939	112.71	Yes
Marin	303,410	72,784	3,635	26.70	No
Mariposa	0	661	137	4.84	No
Mendocino	81,069	21,106	784	35.18	No
Merced	231,921	42,736	1,303	47.02	Yes
Modoc	0	436	54	8.07	No
Mono	0	654	121	5.39	No
Monterey	328,751	122,064	3,077	48.22	Yes
Napa	234,478	47,231	2,379	27.73	No
Nevada	131,337	22,296	1,144	28.67	No
Orange	2,343,341	1,066,720	28,130	44.59	Yes

Table 1

County	LTC Patient Days	Census Days	BRN Projection	Ratio	Designated
Placer	351,938	162,894	5,701	33.51	No
Plumas	15,483	2,645	179	21.64	No
Riverside	1,354,804	675,621	19,077	41.10	Yes
Sacramento	1,151,264	640,085	13,683	53.51	Yes
San Benito	0	7,036	370	19.01	No
San Bernardino	1,492,094	818,000	18,845	49.74	Yes
San Diego	2,699,335	1,225,581	32,256	44.69	Yes
San Francisco	385,045	508,106	8,110	66.45	Yes
San Joaquin	866,254	199,712	5,505	48.86	Yes
San Luis Obispo	271,723	66,578	3,144	28.09	No
San Mateo	345,984	173,199	8,945	22.46	No
Santa Barbara	357,380	131,906	3,082	52.07	Yes
Santa Clara	1,693,015	690,329	15,514	53.23	Yes
Santa Cruz	251,513	67,871	2,978	29.55	No
Shasta	264,610	89,150	2,359	46.77	Yes
Sierra	0	0	33	0.00	Yes
Siskiyou	16,329	7,162	406	20.86	No
Solano	283,009	125,439	5,987	24.74	No
Sonoma	506,725	134,405	5,493	31.85	No
Stanislaus	593,502	275,010	4,552	70.85	Yes
Sutter	139,613	6,757	804	22.31	No
Tehama	36,496	8,077	342	32.19	No
Trinity	0	1,633	73	22.24	No
Tulare	477,985	106,819	3,284	44.17	Yes
Tuolumne	64,970	19,636	648	38.35	No
Ventura	536,413	252,217	7,916	37.28	No
Yolo	218,510	17,460	1,523	22.95	No
Yuba	28,951	44,509	399	117.42	Yes

Table 2 lists the counties by ratio.

Table 2

County	LTC Patient Days	Census Days	BRN Projection	Ratio	Designated
Yuba	28,951	44,509	399	117.42	Yes
Madera	115,519	96,627	939	112.71	Yes

Table 2

County	LTC Patient Days	Census Days	BRN Projection	Ratio	Designated
Colusa	32,434	2,362	57	86.79	Yes
Stanislaus	593,502	275,010	4,552	70.85	Yes
Los Angeles	12,087,424	4,411,248	78,322	68.67	Yes
San Francisco	385,045	508,106	8,110	66.45	Yes
Butte	341,910	126,812	2,626	58.70	Yes
Kern	521,942	283,652	5,728	56.81	Yes
Sacramento	1,151,264	640,085	13,683	53.51	Yes
Santa Clara	1,693,015	690,329	15,514	53.23	Yes
Fresno	930,752	381,498	8,736	52.19	Yes
Santa Barbara	357,380	131,906	3,082	52.07	Yes
San Bernardino	1,492,094	818,000	18,845	49.74	Yes
San Joaquin	866,254	199,712	5,505	48.86	Yes
Monterey	328,751	122,064	3,077	48.22	Yes
Merced	231,921	42,736	1,303	47.02	Yes
Shasta	264,610	89,150	2,359	46.77	Yes
Alameda	1,714,957	538,739	14,703	45.97	Yes
San Diego	2,699,335	1,225,581	32,256	44.69	Yes
Orange	2,343,341	1,066,720	28,130	44.59	Yes
Kings	91,416	35,749	968	44.49	Yes
Tulare	477,985	106,819	3,284	44.17	Yes
Imperial	45,289	36,616	968	41.58	Yes
Riverside	1,354,804	675,621	19,077	41.10	Yes
Tuolumne	64,970	19,636	648	38.35	No
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Inyo	29,993	2,843	207	25.32	No
Solano	283,009	125,439	5,987	24.74	No

Table 2

County	LTC Patient Days	Census Days	BRN Projection	Ratio	Designated
Lassen	22,229	3,978	238	24.22	No
Yolo	218,510	17,460	1,523	22.95	No
San Mateo	345,984	173,199	8,945	22.46	No
Sutter	139,613	6,757	804	22.31	No
Trinity	0	1,633	73	22.24	No
Plumas	15,483	2,645	179	21.64	No
Siskiyou	16,329	7,162	406	20.86	No
San Benito	0	7,036	370	19.01	No
Calaveras	34,281	4,366	489	14.55	No
El Dorado	90,655	27,228	2,428	14.20	No
Modoc	0	436	54	8.07	No
Mono	0	654	121	5.39	No
Mariposa	0	661	137	4.84	No
Alpine	0	0	13	0.00	Yes
Sierra	0	0	33	0.00	Yes

To: California Healthcare Workforce Policy Commission

Date: February 12, 2016

From: Stacie S. Walker, Deputy Director
Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

Subject: Primary Care Shortage Areas (Update) Report

Recommendation

In 2004, the California Healthcare Workforce Policy Commission (Commission) adopted formal criteria for designating Primary Care Shortage Areas (PCSA) using physician counts, and demographic and poverty data. The Office of Statewide Health Planning and Development (OSHPD) updated the PCSA list by applying the scoring criteria to 2015 physician counts and 2013 demographic and poverty data. OSHPD recommends the Commission adopt the revised PCSA list.

Recommended Motion

OSHPD recommends the Commission adopt the revised PCSA list based on 2015 primary care physician counts and 2013 demographic and poverty data.

Background and Methodology

The Commission augments PCSAs with additional information to inform Family Medicine, Family Nurse Practitioner-Physician Assistant, and Primary Care Residency Song-Brown Program funding decisions. Staff develop PCSAs by applying a score to medical service study areas (MSSAs) based on two factors¹:

1. percent of population below 100 percent federal poverty level (FPL)
2. physician-to-population ratio

Staff assigns a PCSA designation to MSSAs with a combined score greater than or equal to five.

¹ MSSAs are geographic units based on population, demographic, and physician census data. The U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA) formally recognizes California's MSSA unit of geography as the Rational Service Area (RSA) for medical service in California.

Primary Care Shortage Areas (Update) Report
February 12, 2016

Table 1 summarizes the PCSA scores for each factor:

Table 1

Score	100% Below FPL	Physician-to-Population Ratio
0	5.0% or Less	Lower than 1:1,000
1	5.1 – 10.0%	1:1,000 to 1:1,500
2	10.1 – 15.0%	1:1,500 to 1:2,000
3	15.1 – 20.0%	1:2,000 to 1:2,500
4	20.1 – 25.0%	1:2,500 to 1:3,000
5	25.1% or Greater	Higher than 1:3,000
5		No Providers

Assessment

Staff used the following data to update the PCSA list:

1. National Provider Index (NPI) data from October 2015
2. U.S. Census, American Community Survey 5 Year (“ACS 2009 – 2013”) estimated population, demographic, and poverty data by 2014 census tracts

Results

In 2015, changes in civilian population, poverty, provider counts, and the physician-to-population ratios changed the status of 69 MSSAs. Between 2014 and 2015, staff recommend 29 MSSAs gain PCSA designation and 40 MSSAs lose PCSA designation, decreasing the total number of PSCAs by 11. Table 2 displays staff recommended number of PCSAs, PCSA population, and the percent of California’s population in a PCSA for 2014 and 2015:

Table 2

Category	2014	2015
Number of PCSAs	302	291
PCSA Population	16,884,136	16,201,317
Percent of California Population in PCSAs	47%	44%

Note: There are 542 MSSAs in California.

Primary Care Shortage Areas (Update) Report
February 12, 2016

Table 3 lists the 29 MSSAs recommended for PCSA designation, their county, population and PCSA scores:

Table 3

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Alameda	2c	81,803	5	0	5
Alpine	3	1,110	3	5	8
Butte	7.2	5,690	2	5	7
Fresno	27	16,414	5	3	8
Fresno	35f	78,680	5	0	5
Humboldt	42	25,142	3	2	5
Lassen	73	1,215	2	5	7
Los Angeles	78.2g	114,083	5	0	5
Los Angeles	78.2ww	99,997	2	5	7
Madera	79.2	16,919	5	1	6
Madera	80	100,018	4	1	5
Mariposa	85	16,042	3	5	8
Mendocino	93.3	2,199	2	3	5
Modoc	98	5,697	4	2	6
Monterey	104	1,295	4	1	5
Napa	111.3	1,635	1	5	6
Plumas	123.2	1,289	1	5	6
Riverside	127	2,259	5	0	5
Riverside	129.4	135,632	4	1	5
San Diego	153.2	17,132	2	3	5
San Diego	158.1	25,888	2	3	5
San Diego	161k	75,966	5	0	5
San Diego	161t	96,448	1	4	5
San Joaquin	169a	96,332	5	0	5
San Mateo	176b	76,646	3	2	5
Sonoma	209.2	13,562	1	4	5
Stanislaus	213	39,055	3	4	7
Tuolumne	235	3,511	3	2	5
Yolo	244	65,819	5	0	5
Total		1,217,478			

Primary Care Shortage Areas (Update) Report
February 12, 2016

Table 4 lists the 262 MSSAs recommended for continued PCSA designation, their county, population and PCSA scores:

Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Alameda	2d	129,696	5	2	7
Alameda	2h	109,763	3	2	5
Alameda	2i	93,112	1	5	6
Alameda	2n	117,143	3	5	8
Amador	6	6,065	2	5	7
Butte	7.3	5,229	1	5	6
Butte	7.4	5,401	1	5	6
Butte	10	47,268	4	1	5
Butte	11	4,990	5	5	10
Colusa	16.1	5,921	2	5	7
Colusa	16.2	2,213	2	5	7
Colusa	16.3	5,356	3	5	8
Contra Costa	18b	77,730	3	5	8
Contra Costa	18d	98,240	4	1	5
Contra Costa	18g	79,585	2	5	7
El Dorado	22	9,733	1	5	6
El Dorado	23.2	23,629	2	5	7
Fresno	25	21,601	5	5	10
Fresno	26	6,849	5	5	10
Fresno	28	8,057	5	5	10
Fresno	29	37,443	4	5	9
Fresno	30	91,919	5	3	8
Fresno	31	95,577	2	4	6
Fresno	32	61,391	5	2	7
Fresno	35b	100,901	3	5	8
Fresno	35c	81,149	5	0	5
Fresno	35d	99,394	5	4	9
Fresno	35e	89,556	5	5	10
Glenn	36.1	13,140	4	2	6
Glenn	36.2	3,469	4	5	9
Glenn	37	10,972	2	3	5
Humboldt	38	5,560	5	1	6
Humboldt	40	23,421	2	4	6
Humboldt	44	7,042	5	1	6
Imperial	46	2,577	5	5	10

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Imperial	47	13,242	5	5	10
Imperial	48	80,774	4	3	7
Imperial	49	40,183	5	5	10
Imperial	50	27,797	4	1	5
Inyo	54	2,358	2	5	7
Kern	57.1	7,877	1	4	5
Kern	57.2	19,200	4	5	9
Kern	58.1	19,525	4	3	7
Kern	58.2	23,665	5	3	8
Kern	59	3,916	4	5	9
Kern	60	58,513	5	2	7
Kern	61	43,111	5	5	10
Kern	63	14,800	4	3	7
Kern	65	42,469	4	5	9
Kern	66b	139,226	5	2	7
Kern	66c	156,849	3	5	8
Kings	67	11,160	5	3	8
Kings	68	18,403	5	1	6
Lake	70.2	8,153	5	4	9
Lake	71.1	18,798	5	1	6
Lake	71.2	10,243	3	5	8
Lake	71.3	10,941	3	5	8
Lassen	74	2,077	1	5	6
Lassen	75	2,247	4	3	7
Los Angeles	76.2	24,547	2	5	7
Los Angeles	77.2	17,907	4	5	9
Los Angeles	77.3	16,703	3	5	8
Los Angeles	77.4	11,303	2	5	7
Los Angeles	77.5	25,045	1	5	6
Los Angeles	76.1b	115,331	2	4	6
Los Angeles	77.1a	98,176	4	5	9
Los Angeles	77.1c	106,886	5	3	8
Los Angeles	78.2a	81,279	3	2	5
Los Angeles	78.2b	145,753	5	2	7
Los Angeles	78.2bb	101,522	4	4	8
Los Angeles	78.2bbb	90,233	5	5	10
Los Angeles	78.2bbbb	77,329	3	5	8

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Los Angeles	78.2c	117,107	4	3	7
Los Angeles	78.2cc	104,766	5	4	9
Los Angeles	78.2ccc	103,919	5	2	7
Los Angeles	78.2cccc	107,228	2	5	7
Los Angeles	78.2d	95,842	5	1	6
Los Angeles	78.2ddd	81,741	5	5	10
Los Angeles	78.2e	132,010	4	2	6
Los Angeles	78.2ff	94,497	4	1	5
Los Angeles	78.2fff	131,579	5	3	8
Los Angeles	78.2ffff	95,318	5	0	5
Los Angeles	78.2ggg	128,854	5	3	8
Los Angeles	78.2h	93,358	5	5	10
Los Angeles	78.2hhhh	95,683	4	5	9
Los Angeles	78.2i	121,128	4	3	7
Los Angeles	78.2ii	92,619	2	3	5
Los Angeles	78.2iii	91,125	4	5	9
Los Angeles	78.2iiii	111,787	2	3	5
Los Angeles	78.2jjj	112,205	5	3	8
Los Angeles	78.2jjjj	104,635	2	3	5
Los Angeles	78.2k	77,798	4	5	9
Los Angeles	78.2l	89,949	5	2	7
Los Angeles	78.2ll	123,829	4	2	6
Los Angeles	78.2mmm	97,439	5	5	10
Los Angeles	78.2nnn	108,343	5	5	10
Los Angeles	78.2oo	99,567	5	1	6
Los Angeles	78.2ooo	131,837	5	5	10
Los Angeles	78.2p	114,668	5	5	10
Los Angeles	78.2ppp	102,965	4	5	9
Los Angeles	78.2qqq	90,181	4	2	6
Los Angeles	78.2r	79,111	5	5	10
Los Angeles	78.2s	83,531	5	5	10
Los Angeles	78.2ss	115,360	4	2	6
Los Angeles	78.2uuu	82,904	4	5	9
Los Angeles	78.2v	107,233	2	4	6
Los Angeles	78.2vv	89,533	2	5	7
Madera	79.1	26,356	2	3	5
Mariposa	86	1,866	3	5	8

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Mendocino	87.1	3,180	5	1	6
Mendocino	87.2	6,812	2	3	5
Mendocino	90	3,623	4	1	5
Mendocino	92	2,630	5	0	5
Mendocino	93.4	4,306	2	5	7
Mendocino	93.5	2,008	4	5	9
Merced	94	57,645	5	3	8
Merced	95	40,122	3	5	8
Merced	96	49,963	4	5	9
Merced	97.2	26,073	5	0	5
Merced	97.3	8,359	5	4	9
Modoc	100	2,214	4	3	7
Mono	102	5,918	1	5	6
Monterey	106	2,945	2	5	7
Monterey	107	44,662	4	5	9
Monterey	108	53,122	2	3	5
Monterey	109.1	42,617	2	5	7
Napa	111.2	6,439	2	5	7
Napa	112.3	20,301	1	5	6
Orange	116b	111,934	5	1	6
Orange	116c	121,509	3	2	5
Orange	116i	115,695	4	1	5
Orange	116q	122,684	3	5	8
Orange	116v	113,040	1	4	5
Placer	118	26,944	2	5	7
Placer	120	6,015	2	5	7
Plumas	122	2,720	4	4	8
Riverside	126	15,238	4	2	6
Riverside	128	103,459	5	4	9
Riverside	129.2	53,460	3	5	8
Riverside	129.3	28,962	3	2	5
Riverside	130	11,286	2	5	7
Riverside	132	140,228	4	2	6
Riverside	133.1	174,675	3	5	8
Riverside	133.2	29,575	2	5	7
Riverside	133.3	22,670	5	5	10
Riverside	131a	144,336	2	3	5

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Riverside	131b	142,626	1	4	5
Riverside	135a	101,371	5	3	8
Riverside	135b	165,370	3	3	6
Riverside	135e	177,416	1	5	6
Riverside	135g	90,594	3	5	8
Sacramento	136	35,954	3	5	8
Sacramento	137	5,786	2	5	7
Sacramento	138	20,522	0	5	5
Sacramento	139a	190,982	2	5	7
Sacramento	139c	118,898	3	5	8
Sacramento	139f	120,650	5	0	5
Sacramento	139j	119,945	5	1	6
Sacramento	139k	83,459	5	5	10
Sacramento	139l	77,508	2	5	7
San Benito	140	55,838	2	3	5
San Bernardino	142	2,359	4	5	9
San Bernardino	143	6,547	5	5	10
San Bernardino	144.2	41,106	4	4	8
San Bernardino	144.3	19,202	4	5	9
San Bernardino	145.2	53,352	5	5	10
San Bernardino	145.3	4,284	4	5	9
San Bernardino	146	25,338	3	5	8
San Bernardino	147	21,494	3	3	6
San Bernardino	148	6,583	1	5	6
San Bernardino	149	52,836	4	4	8
San Bernardino	150	10,943	2	5	7
San Bernardino	145.1a	176,886	4	2	6
San Bernardino	145.1b	114,259	4	3	7
San Bernardino	151c	123,759	4	1	5
San Bernardino	151e	185,255	1	5	6
San Bernardino	151g	123,949	5	4	9
San Bernardino	151h	132,017	5	4	9
San Bernardino	151k	117,880	5	0	5
San Bernardino	151l	134,853	1	5	6
San Diego	153.1	7,181	2	5	7
San Diego	154	2,467	2	5	7
San Diego	157	15,999	1	5	6

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
San Diego	158.2	10,825	1	5	6
San Diego	159	6,439	5	5	10
San Diego	156f	101,560	2	5	7
San Diego	161c	80,856	5	0	5
San Diego	161d	96,995	5	3	8
San Diego	161g	97,145	4	1	5
San Diego	161h	86,101	5	2	7
San Diego	161i	85,461	2	4	6
San Diego	161j	150,896	4	2	6
San Diego	161l	81,923	2	5	7
San Diego	161m	84,504	1	4	5
San Diego	161u	82,689	2	5	7
San Francisco	162d	127,241	2	4	6
San Francisco	162f	81,057	3	5	8
San Joaquin	164.2	49,860	1	5	6
San Joaquin	165	5,280	2	5	7
San Joaquin	167	37,764	2	5	7
San Joaquin	168	24,901	3	4	7
San Joaquin	169b	136,893	5	1	6
San Luis Obispo	172	52,521	5	0	5
San Luis Obispo	173	48,979	2	4	6
San Luis Obispo	174	35,007	2	3	5
San Mateo	175.2	3,822	2	5	7
San Mateo	175.3	37,794	0	5	5
Santa Barbara	178.2	7,337	2	3	5
Santa Barbara	179	54,662	3	2	5
Santa Barbara	180.2	7,265	4	5	9
Santa Barbara	181a	93,966	4	2	6
Santa Clara	183d	72,423	5	1	6
Santa Clara	183e	125,440	3	5	8
Santa Clara	183g	116,518	1	5	6
Santa Clara	183h	130,486	3	3	6
Santa Clara	183k	103,946	1	5	6
Santa Cruz	185.2	4,182	2	5	7
Santa Cruz	185.5	27,930	1	5	6
Shasta	186	33,040	3	4	7
Shasta	187	1,427	5	5	10

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Shasta	188.1	4,768	2	3	5
Shasta	188.2	6,321	2	5	7
Shasta	189.1	4,704	1	5	6
Shasta	189.3	19,967	3	5	8
Sierra	191	3,092	3	5	8
Siskiyou	193	2,076	5	1	6
Siskiyou	194	4,942	3	2	5
Siskiyou	196	1,418	4	5	9
Siskiyou	198	2,100	3	3	6
Siskiyou	199	1,605	4	5	9
Siskiyou	200	1,911	3	5	8
Solano	203.2	8,372	2	5	7
Sonoma	205.2	29,602	0	5	5
Sonoma	206	13,883	1	5	6
Sonoma	207	22,138	2	3	5
Stanislaus	211	56,006	3	3	6
Stanislaus	212.2	16,674	5	5	10
Stanislaus	212.3	26,134	3	5	8
Stanislaus	214	46,593	3	3	6
Stanislaus	215c	87,271	5	4	9
Sutter	217	2,413	1	5	6
Sutter	218	10,162	3	5	8
Tehama	219	4,865	5	5	10
Tehama	220	4,032	3	5	8
Tehama	222	18,014	4	4	8
Trinity	223	2,399	2	5	7
Trinity	225	3,282	5	5	10
Tulare	227.1	33,012	5	3	8
Tulare	227.2	18,770	5	5	10
Tulare	228.1	15,302	4	2	6
Tulare	228.2	43,482	5	5	10
Tulare	229	4,955	2	5	7
Tulare	230	75,320	4	3	7
Tulare	231	99,312	5	1	6
Tulare	233	144,799	4	1	5
Ventura	241a	106,311	2	5	7
Yolo	243	4,938	2	5	7

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Table 4

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Yolo	245	53,494	3	4	7
Yolo	246.2	3,653	3	5	8
Yuba	247	4,349	4	5	9
Yuba	248	4,152	3	5	8
Yuba	249	62,770	4	2	6
Total		14,983,839			

Table 5 lists the 40 MSSAs recommended for PCSA designation elimination, their county, population and PCSA scores:

Table 5

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Alameda	1.2	37,935	0	4	4
Amador	5	4,827	2	2	4
Butte	9	13,743	3	1	4
El Dorado	23.1	68,554	0	3	3
Inyo	55	3,107	3	0	3
Kern	62	31,616	2	2	4
Kern	64	33,838	2	1	3
Los Angeles	78.2gggg	88,156	1	2	3
Los Angeles	78.2kk	110,521	3	1	4
Los Angeles	78.2n	109,097	1	2	3
Los Angeles	78.2pp	102,868	1	3	4
Los Angeles	78.2qq	118,322	2	2	4
Los Angeles	78.2rr	112,498	1	3	4
Los Angeles	78.2sss	96,330	3	1	4
Los Angeles	78.2t	93,513	1	2	3
Los Angeles	78.2vvv	111,830	1	2	3
Los Angeles	78.2y	96,408	2	2	4
Mendocino	91	12,074	3	0	3
Mendocino	93.2	6,109	3	0	3
Merced	97.1	71,479	4	0	4
Modoc	99	1,202	3	1	4
Orange	116g	118,983	3	1	4
Orange	116k	110,653	2	2	4
Orange	116t	81,886	1	2	3

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Table 5

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Orange	116u	87,215	1	3	4
Placer	117	12,682	2	2	4
San Bernardino	151d	85,164	2	2	4
San Diego	152	9,718	2	1	3
San Diego	155	32,658	1	2	3
San Diego	156b	109,485	1	3	4
San Diego	161a	146,061	3	1	4
San Francisco	162e	79,827	1	0	1
San Mateo	175.1	24,663	1	2	3
Santa Barbara	177	18,593	1	1	2
Santa Cruz	185.4	15,980	1	2	3
Solano	201	21,350	2	2	4
Tehama	221	35,501	3	0	3
Trinity	226	685	3	0	3
Tulare	232	5,557	2	0	2
Ventura	240c	85,665	1	2	3
Total		2,406,353			

Table 6 lists the 211 MSSAs without PCSA designation, their county, population and PCSA scores:

Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Alameda	1.1	54,483	1	1	2
Alameda	2a	80,257	4	0	4
Alameda	2b	107,492	1	0	1
Alameda	2e	68,492	2	0	2
Alameda	2f	101,876	1	1	2
Alameda	2g	96,737	1	0	1
Alameda	2j	89,786	1	0	1
Alameda	2k	108,626	0	0	0
Alameda	2l	115,072	1	1	2
Alameda	2m	115,302	2	0	2
Amador	4	22,149	2	0	2
Butte	7.1	92,610	4	0	4
Butte	8	40,369	3	1	4

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Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Calaveras	12	44,423	2	2	4
Colusa	15	7,616	2	0	2
Contra Costa	17	55,549	1	3	4
Contra Costa	18a	85,416	1	0	1
Contra Costa	18c	88,198	1	1	2
Contra Costa	18e	128,544	1	2	3
Contra Costa	18f	98,837	4	0	4
Contra Costa	18h	135,276	0	1	1
Contra Costa	18i	109,698	0	0	0
Contra Costa	18j	98,842	0	0	0
Del Norte	19	24,749	4	0	4
El Dorado	23.3	48,833	2	0	2
El Dorado	24	28,993	3	1	4
Fresno	35a	133,808	1	0	1
Humboldt	39	69,460	4	0	4
Inyo	53	12,561	2	0	2
Kern	66a	104,386	4	0	4
Kern	66d	115,704	1	0	1
Kings	69	103,997	3	1	4
Lake	70.1	15,240	4	0	4
Lassen	72	17,875	3	0	3
Los Angeles	78.1	3,906	2	2	4
Los Angeles	76.1a	122,622	1	1	2
Los Angeles	77.1b	99,415	2	1	3
Los Angeles	78.2aa	97,184	1	0	1
Los Angeles	78.2aaaa	112,194	2	0	2
Los Angeles	78.2dd	103,389	2	1	3
Los Angeles	78.2dddd	103,289	1	2	3
Los Angeles	78.2ee	94,534	2	0	2
Los Angeles	78.2eee	81,661	2	0	2
Los Angeles	78.2eeee	107,821	2	0	2
Los Angeles	78.2f	92,687	3	0	3
Los Angeles	78.2gg	97,997	3	0	3
Los Angeles	78.2hh	85,896	1	0	1
Los Angeles	78.2hhh	92,749	3	1	4
Los Angeles	78.2j	123,318	1	1	2
Los Angeles	78.2jj	127,145	1	1	2

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Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Los Angeles	78.2kkk	127,764	2	0	2
Los Angeles	78.2kkkk	84,217	2	0	2
Los Angeles	78.2lll	108,049	2	0	2
Los Angeles	78.2m	99,364	3	0	3
Los Angeles	78.2mm	102,224	1	0	1
Los Angeles	78.2nn	81,034	2	0	2
Los Angeles	78.2o	120,260	1	1	2
Los Angeles	78.2q	99,547	3	0	3
Los Angeles	78.2rrr	100,654	1	2	3
Los Angeles	78.2tt	110,979	1	0	1
Los Angeles	78.2ttt	127,136	2	0	2
Los Angeles	78.2u	91,857	1	0	1
Los Angeles	78.2uu	85,313	2	0	2
Los Angeles	78.2w	118,215	3	0	3
Los Angeles	78.2www	125,800	2	0	2
Los Angeles	78.2x	123,764	2	0	2
Los Angeles	78.2xx	116,728	1	0	1
Los Angeles	78.2xxx	100,421	1	0	1
Los Angeles	78.2yy	81,743	1	0	1
Los Angeles	78.2yyy	119,009	2	0	2
Los Angeles	78.2z	78,766	2	1	3
Los Angeles	78.2zz	109,965	3	0	3
Los Angeles	78.2zzz	104,468	3	0	3
Marin	81	13,893	1	1	2
Marin	82	53,698	1	1	2
Marin	83a	81,553	1	0	1
Marin	83b	97,882	2	1	3
Mendocino	88	3,465	2	0	2
Mendocino	89	11,739	4	0	4
Mendocino	93.1	27,980	4	0	4
Mono	103	8,192	1	0	1
Monterey	105	16,108	3	0	3
Monterey	109.2	149,390	4	0	4
Monterey	110	91,561	2	0	2
Napa	111.1	12,656	1	0	1
Napa	112.1	62,912	2	0	2
Napa	112.2	30,272	1	0	1

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Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Nevada	113	77,609	2	1	3
Nevada	114	20,101	2	0	2
Orange	115.1	114,956	2	1	3
Orange	115.2a	111,665	1	0	1
Orange	115.2b	136,545	0	2	2
Orange	115.2c	125,530	1	1	2
Orange	115.2d	75,659	1	0	1
Orange	116a	79,844	2	2	4
Orange	116d	141,215	2	0	2
Orange	116e	115,344	1	1	2
Orange	116f	104,439	3	0	3
Orange	116h	132,893	2	0	2
Orange	116j	78,408	1	0	1
Orange	116l	96,999	4	0	4
Orange	116m	138,330	1	1	2
Orange	116n	126,098	1	0	1
Orange	116o	93,208	1	0	1
Orange	116p	109,158	3	0	3
Orange	116r	124,271	3	0	3
Orange	116s	126,255	3	1	4
Placer	119	91,188	2	0	2
Placer	121.1	105,704	1	3	4
Placer	121.2	110,496	1	0	1
Plumas	123.1	5,956	3	0	3
Plumas	124	4,975	2	1	3
Plumas	125	4,237	1	0	1
Riverside	129.1	99,673	2	0	2
Riverside	134	142,484	2	1	3
Riverside	131c	82,474	1	1	2
Riverside	135c	86,329	3	0	3
Riverside	135d	121,161	3	0	3
Riverside	135f	122,484	1	2	3
Sacramento	139b	90,598	2	0	2
Sacramento	139d	74,782	3	0	3
Sacramento	139e	104,508	1	0	1
Sacramento	139g	125,062	3	1	4
Sacramento	139h	78,756	3	0	3

Primary Care Shortage Areas (Update) Report
February 12, 2016

Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Sacramento	139i	82,962	1	0	1
Sacramento	139m	80,485	1	1	2
San Bernardino	144.1	5,566	2	0	2
San Bernardino	151a	119,800	1	2	3
San Bernardino	151b	99,717	2	2	4
San Bernardino	151f	145,765	4	0	4
San Bernardino	151i	102,366	3	0	3
San Bernardino	151j	98,908	2	0	2
San Diego	160	71,666	2	0	2
San Diego	156a	110,581	3	1	4
San Diego	156c	156,261	2	0	2
San Diego	156d	125,994	2	0	2
San Diego	156e	132,849	3	0	3
San Diego	161b	96,052	2	0	2
San Diego	161e	87,284	4	0	4
San Diego	161f	80,612	3	0	3
San Diego	161n	56,023	1	1	2
San Diego	161o	81,526	1	0	1
San Diego	161p	150,754	1	1	2
San Diego	161q	78,539	1	0	1
San Diego	161r	72,871	2	0	2
San Diego	161s	139,212	1	2	3
San Diego	161v	112,687	1	1	2
San Francisco	162a	106,509	4	0	4
San Francisco	162b	91,099	1	0	1
San Francisco	162c	110,621	2	0	2
San Francisco	162g	118,315	2	0	2
San Francisco	162h	90,267	2	0	2
San Joaquin	163	101,983	1	1	2
San Joaquin	164.1	76,967	2	1	3
San Joaquin	166	66,070	3	0	3
San Joaquin	169c	82,164	3	1	4
San Luis Obispo	170	37,165	2	0	2
San Luis Obispo	171	82,447	2	1	3
San Mateo	176a	95,334	1	1	2
San Mateo	176c	81,995	1	0	1
San Mateo	176d	122,185	1	0	1

Primary Care Shortage Areas (Update) Report
February 12, 2016

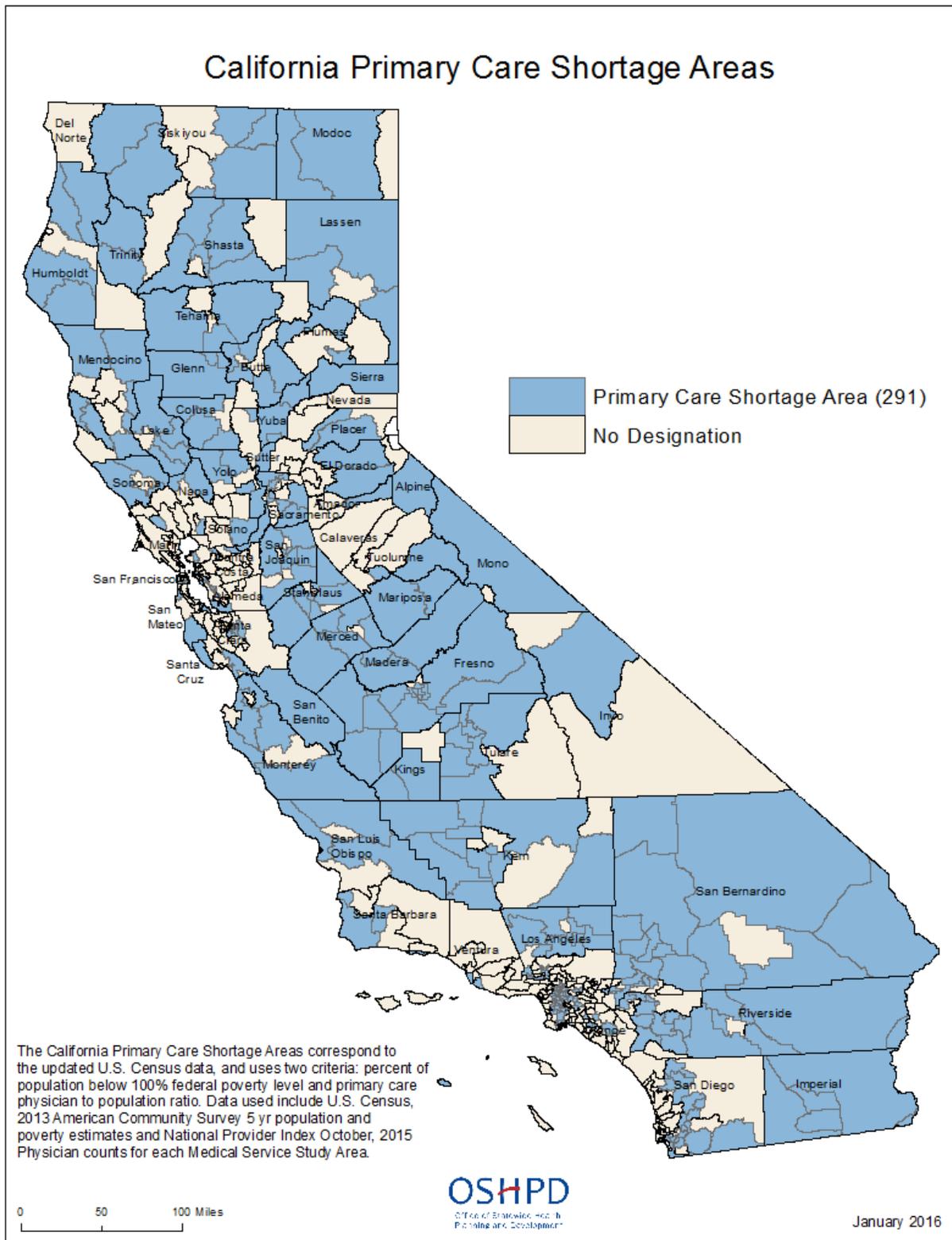
Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
San Mateo	176e	96,187	1	0	1
San Mateo	176f	92,312	1	1	2
San Mateo	176g	91,579	0	1	1
Santa Barbara	178.1	16,938	1	0	1
Santa Barbara	180.1	132,583	3	1	4
Santa Barbara	181b	78,703	1	0	1
Santa Clara	182	109,337	2	1	3
Santa Clara	183a	124,431	1	0	1
Santa Clara	183b	124,196	2	1	3
Santa Clara	183c	90,256	1	1	2
Santa Clara	183f	113,933	0	0	0
Santa Clara	183i	107,274	1	0	1
Santa Clara	183j	89,909	3	0	3
Santa Clara	183l	125,066	2	0	2
Santa Clara	183m	101,798	1	0	1
Santa Clara	183n	126,267	1	2	3
Santa Clara	183o	124,080	1	1	2
Santa Cruz	184	55,122	4	0	4
Santa Cruz	185.1	112,660	3	0	3
Santa Cruz	185.3	39,471	1	1	2
Shasta	189.2	97,775	3	0	3
Shasta	190	7,179	3	1	4
Siskiyou	195	15,965	4	0	4
Siskiyou	197	13,891	3	0	3
Solano	203.1	33,695	1	1	2
Solano	204	140,813	3	0	3
Solano	202a	92,671	1	0	1
Solano	202b	106,158	3	0	3
Sonoma	205.1	15,757	2	0	2
Sonoma	208	42,898	2	1	3
Sonoma	209.1	133,548	2	1	3
Sonoma	210.1	189,112	2	0	2
Sonoma	210.2	19,828	1	0	1
Stanislaus	212.1	73,567	3	0	3
Stanislaus	215a	79,344	3	0	3
Stanislaus	215b	87,562	3	0	3
Sutter	216	80,984	3	0	3

Primary Care Shortage Areas (Update) Report
 February 12, 2016

Table 6

County	MSSA	Population	Percent Poverty Score	Physician Population Ratio Score	PCSA Score
Trinity	224	7,032	3	1	4
Tuolumne	234.1	1,986	1	0	1
Tuolumne	234.2	21,022	3	0	3
Tuolumne	236	24,422	2	2	4
Ventura	237	66,590	3	1	4
Ventura	238	31,489	2	1	3
Ventura	239	104,944	1	1	2
Ventura	240a	91,961	1	2	3
Ventura	240b	112,311	1	0	1
Ventura	241b	130,266	3	1	4
Ventura	241c	87,828	2	0	2
Yolo	242	8,597	2	1	3
Yolo	246.1	57,801	2	0	2
Total		18,305,734			



OSHPD of Statewide Health Planning and Development

Healthcare Workforce Development Division
 400 R Street, Suite 330
 Sacramento, California 95811-6213
 (916) 326-3700 Main Line
 (916) 322-2588 Fax
www.oshpd.ca.gov



Attachment D

Registered Nurse Education Programs Capitation Awards February 2016

Training Program	Program Type	Award	County
California State University, Bakersfield	BSN	\$144,000.00	Kern
California State University, Fresno	BSN	\$192,000.00	Fresno
California State University, Stanislaus	BSN	\$144,000.00	Stanislaus
Fresno City College	ADN	\$120,000.00	Fresno
Los Angeles Harbor College	ADN	\$120,000.00	Los Angeles
Modesto Junior College	ADN	\$120,000.00	Stanislaus
Monterey Peninsula College	ADN	\$120,000.00	Monterey
Riverside Community College	ADN	\$200,000.00	Riverside
Santa Ana College	ADN	\$160,000.00	Orange
Simpson University	BSN	\$144,000.00	Shasta
Western University of Health Sciences	MSN	\$240,000.00	Los Angeles
Total		\$1,704,000.00	

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Attachment E

Registered Nurse Education Programs Special Programs Awards February 2016

Training Program	Program Type	Award	County
California State University, Bakersfield	BSN	\$124,950.00	Kern
California State University, Fresno	BSN	\$125,000.00	Fresno
California State University, Fullerton	MSN	\$124,250.00	Orange
Hartnell College	ADN	\$125,000.00	Monterey
Modesto Junior College	ADN	\$125,000.00	Stanislaus
Los Angeles Harbor College	ADN	\$125,000.00	Los Angeles
Riverside Community College	ADN	\$125,000.00	Riverside
Santa Ana College	ADN	\$125,000.00	Orange
West Hills College	ADN	\$124,985.00	Kings
Total		\$ 1,124,185.00	



Office of Statewide Health Planning and Development

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Attachment F

Members of the Commission

V. Katherine Townsend, PhD,
 MSN, **Chair**
 William W. Henning, DO, **Vice
 Chair**
 Rosslynn S. Byous, DPA, PA-C
 Elizabeth Dolezal
 Michael Farrell, DO
 Katherine Flores, MD
 Carol Jong, PhD, RD
 Karyn Karp, CRNA, MS
 Catherine Kennedy, RN
 Laura Lopez
 Ann MacKenzie, NP
 Kathyann Marsh, PhD
 Angelica Millan, DNP, RN, FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO

**January 13-14, 2016
 Meeting Minutes**

OSHPD Director
 Robert P. David

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION
 (CHWPC)**

**Family Nurse Practitioner/
 Physician Assistant
 (FNP/PA)
 Funding Meeting**

**Embassy Suites by Hilton Anaheim
 11767 Harbor Boulevard
 Garden Grove, CA**

Commission Members Present:

Rosslynn Byous, DPA, PA-C
 Elizabeth Dolezal
 Michael Farrell, DO
 Katherine Flores, MD
 William Henning, DO
 Catherine Kennedy, RN
 Karyn Karp, CRNA, MS
 Ann MacKenzie, NP
 Kathyann Marsh, PhD, RN
 Katherine Townsend, EdD, MSN

Commission Members Absent:

Carol Jong, PhD, RD
 Laura Lopez
 Angelica Millan, DNP, RN, FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO

OSHPD Staff to Commission:

Melissa Omand, Program Staff Manager
 Jeannine Farrelly, Program Administrator
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel

AGENDA ITEM 1: Call to Order

Chair Townsend called the meeting to order.

AGENDA ITEM 2: 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 FNP/PA program they would recuse themselves.

Recusals:

Rosslynn Byous – None
 Elizabeth Dolezal – None

Michael Farrell – None
Katherine Flores – None
William Henning – None
Catherine Kennedy – None
Karyn Karp – None
Ann MacKenzie – None
Kathyann Marsh – None
Katherine Townsend – None

AGENDA ITEM 3: Chair’s Remarks

Chair Townsend reminded Commissioners of policies and procedures for the meeting.

AGENDA ITEM 4: Approval of November 9, 2015 Minutes

Commissioners reviewed and approved the meeting minutes as presented.

Action Item:

Motion to approve meeting minutes (Dolezal), Second (Flores). Motion Adopted.

The November 9, 2015 Meeting Minutes are hereby incorporated as Attachment A

AGENDA ITEM 5: OSHPD Director’s Report

Robert David, OSHPD Director, congratulated Linda Onstad-Adkins on her appointment as Executive Director of the Health Professions Education Foundation and thanked her for her service as Interim Deputy Director of the Healthcare Workforce Development Division (HWDD). He reported that Stacie Walker has been appointed as the new Deputy Director for HWDD and will start January 25, 2016. He further reported that OSHPD’s strategic plan would be finished by early February and that it would be available on the OSHPD website. He also reported that the Governor’s budget had been released and included 483 positions at OSHPD.

AGENDA ITEM 6: Healthcare Workforce Development Division Update

Melissa Omand, representing Linda Onstad-Adkins, Acting Deputy Director, HWDD, reported on several activities that may be of interest to the CHWPC. Ms. Omand reported that The California Endowment (TCE) Grant Year 2 report has been completed and sent to TCE and that most of TCE’s goals had been exceeded. The HWDD Shortage Designation Program continues to work on identifying California community needs. The Workforce Education Training (WET) Program is meeting with the California Mental Health Planning Council to present budget modifications for the final two years of the WET 5-Year Plan and the CalSEARCH and Mini Grant Program applications will be released January 22, 2016.

AGENDA ITEM 7: FNP/PA Base Presentations

There were 16 base funding requests. Representatives from the following Institutions presented information on their programs:

Betty Irene Moore School of Nursing, CSU Bakersfield, CSU Dominquez Hills, CSU Fresno, CSU Long Beach, Loma Linda University, Sonoma State University, Stanford University,

Touro University, United States University, UC Irvine, CSU Los Angeles, University of California, San Francisco, University of Southern California, Western University of Health Sciences-FNP, Western University of Health Sciences-PA.

AGENDA ITEM 8: FNP/PA Base Funding Decision

For the 2015 funding cycle, there is \$2,749,125.00 in available funding for FNP/PA programs. The Commission discussed fully funding all 16 FNP/PA Base proposals.

Action Item:

Motion to fully fund all applications (Henning), Second (Flores). Motion Adopted.

FNP/PA Base Awards list is hereby incorporated as Attachment B.

Public Comment on the FNP/PA Funding Decision

- A recommendation was made for Song-Brown to host a conference on recruiting underrepresented minorities and then release a request for proposal.
- A comment was made regarding the cost of training a nurse in California. Song-Brown funding is invaluable in making up the difference for State Universities.
- A comment was made regarding the excellent and timely assistance that Song-Brown staff provides to the applicants.

MEETING RECESSED: 4:00pm

AGENDA ITEM 9: Call to Order

Chair Townsend called the meeting to order.

AGENDA ITEM 10: Introduction of CHWPC Members

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

AGENDA ITEM 11: Chair's Remarks

Chair Townsend reminded Commissioners of policies and procedures for the meeting.

AGENDA ITEM 12: Discuss and approve the 2016 Capitation Application and Evaluation Criteria used to evaluate the Family Medicine Capitation Application for Funding

The Commissioners discussed the following application and evaluation criteria changes:

- Cultural competency

Action Item:

Motion to adopt the evaluation and scoring criteria for cultural competency from the FNP/PA evaluation criteria (Flores), Second (Dolezal). Motion Adopted.

- Affiliation with FNP/PA training programs and other health professionals

Action Item:

Motion to update the application question to read: Do your residents train side by side with

FNP and/or PA students? If yes, please provide letters of support (Henning), Second (Byous).
Motion Adopted.

- Family Practice Center payer mix evaluation criteria

Action Item:

Motion to update the evaluation scoring percentages to: 0-49 = 0 points, 50-74 = 3 points, 75-100 = 5 points (Byous), Second (Farrell). Motion Adopted.

- Letters of Support evaluation criteria

Action Item:

- Motion to update the scoring to one point per letter up to three points. Staff will score the letters for scoring consistency. Application directions will state: Provide letters of support from community-based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods (Flores), Second (Dolezal). Motion Adopted.

2016 Family Medicine Capitation Application and Evaluation Criteria is hereby incorporated as Attachment C

AGENDA ITEM 13: Discuss and approve the 2016 Capitation Application and Evaluation Criteria used to evaluate the Primary Care Capitation Application for Funding

- Funding Requested

Action Item:

Motion to increase the maximum number of residents supported per application cycle to five (Byous), Second (Farrell). Motion Adopted.

- Training site payer mix evaluation criteria

Action Item:

Motion to change scoring percentage to: 0-49 = 0 points, 50-74 = 5 points, 75-100 = 10 points (Flores), Second (Dolezal). Motion Adopted.

- Patient Centered Medical Home accreditation

Action Item:

Motion to remove the scoring criteria related to Patient Centered Medical Home (PCMH) accreditation (Marsh), Second (Karp). Motion Adopted.

2016 Primary Care Residency Capitation Application and Evaluation Criteria is hereby incorporated as Attachment D

AGENDA ITEM 14: General Public Comment

- A comment was made regarding the expense of becoming PCMH accredited and the need for Song-Brown to assist with this expense.

AGENDA ITEM 15: Future Agenda Items

- Discuss the idea of CHWPC hosting an Underrepresented Minority conference.
- Discuss the scoring criteria being used as funding sources change.
- Discuss whether the Commission should further restrict how grant funding can be used.

Adjourn Meeting

The meeting adjourned at 5:00 pm

All the attachments mentioned in these minutes can be found at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html

DRAFT

To: California Healthcare Workforce Policy Commission **Date:** May 5, 2016

From: Stacie S. Walker, Deputy Director
Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

Subject: Song-Brown Glossary of Terms

Item: Consent

Background

Staff developed a Glossary of Terms for stakeholders, Commissioners, and review panel members to use during the grant cycle. The glossary includes Song-Brown commonly used terms and acronyms.

The glossary will assist the general public and grant preparers in better understanding Song-Brown's services and evaluation criteria. The glossary is a dictionary of technical terms defined for a lay audience, enabling those within and outside the medical community to understand the terms. This glossary also provides Commissioners and review panel members clear and consistent definitions. Establishing a common language through this glossary will help ensure technical accuracy and consistency in the interpretation and scoring of grant applications.

Methodology

The terms included in this glossary cover a broad range of Song-Brown Program terms across the various disciplines and are arranged in alphabetical order. Definitions came from several sources, including Song-Brown statute, relevant accrediting bodies, web research, and the Commission's Guidelines for Funding. After an internal peer review, Song-Brown staff provided drafts of the glossary to select stakeholders, as well as several Commissioners and review panel members to solicit feedback. Staff will make the glossary available to the public through the OSHPD website and incorporate the glossary into other documents for future funding cycles.





Office of Statewide Health
Planning and Development

Glossary of Terms

Song-Brown Program

Updated April 2016

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Glossary of Terms

Academic Year (AY)

An Academic Year for Family Medicine and Primary Care Residency Programs is July 1—June 30. FNP/PA and Registered Nurse academic years vary by institution and are not specifically defined.

Accreditation Council for Graduate Medical Education (ACGME)

ACGME is a private professional organization responsible for the accreditation of residency education programs. <http://acgme.org>

Accrediting Review Commission on Education for the Physician Assistant (ARC-PA)

The ARC-PA is an independent body authorized to accredit qualified Physician Assistant (PA) educational programs leading to the PA professional credential. The ARC-PA defines the standards for PA education and evaluates PA education programs within the territorial United States to ensure their compliance with those standards. <http://www.arc-pa.org/>

Ambulatory Care

Ambulatory care is a personal health care consultation, treatment, or intervention using advanced medical technology or procedures delivered on an outpatient basis where the patient's stay at the hospital or clinic, from the time of registration to discharge, occurs on a single calendar day.

American Indian, Native American, or Alaska Native

Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community.

American Osteopathic Association (AOA)

AOA is the primary certifying body for Doctors of Osteopathic Medicine (DO). The AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospital and other health care facilities. www.osteopathic.org

Asian

Persons having native origins in the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, Indonesia, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Associated / Affiliated

"Associated" and "affiliated" is the relationship, by virtue of a formal written agreement, between a hospital or other health care delivery system and an approved medical school that pertains to the primary care or family medicine training program requesting state contract funds.

Base Funding

Base funding supports the education and training of Family Nurse Practitioner and Physician Assistant students. Funding is provided based on the training program size.

Black, African American, or African

Persons having origins in any of the black racial groups of Africa.

Building Healthy Communities (BHC)

Fourteen California communities targeted by The California Endowment with specific strategies to improve community health. www.calendow.org

California Responsive Electronic Application for California's Healthcare (CalREACH)

CalREACH is the Office of Statewide Health Planning and Development's web based application system used to apply for grants, scholarships, and loan repayment assistance. <https://calreach.oshpd.ca.gov>

California Healthcare Workforce Policy Commission (CHWPC)

The CHWPC is a 15-member citizen advisory board that provides expert guidance and statewide perspectives on health professional education issues, reviews applications and recommends contract awards to the Director of the Office of Statewide Health Planning and Development.

Capitation Funding

Capitation funding supports the education and training of one full-time resident or student. Capitation funding is available for Family Medicine, Primary Care (Internal Medicine, Obstetrics and Gynecology (OB/GYN) and Pediatrics) and Registered Nurse (RN) Education Programs. Per resident/student capitation rates vary based on the discipline applying for funding.

Career pathways/pipelines

Career pathways/pipelines are linked education and training services that enable students to progress to the next level of employment and education.

Central Valley Counties

Central Valley Counties are Madera, Merced, Kern, Stanislaus, San Joaquin, Yolo, Sacramento, Tulare, Kings, and Fresno Counties.

Contract Organization

The contract organization is the institution which will be legally and financially responsible and accountable for all state funds should an award be made.

Cycle

A three year period of funding provided for one resident of a family medicine or primary care residency program.

Continuity Clinic

A continuity clinic is a clinical site where residents spend a significant portion of each training year and have an assigned panel of patients whom they provide primary and first contact care, as well as, follow-up and chronic disease care.

Established Program

An established program is one that is accredited and has graduated at least one class by June 30.

Expansion Cycles

An expansion cycle is funding to expand the number of Accreditation Council on Graduate Medical Education approved permanent residency slots.

Family Medicine

Family Medicine is the field of medical practice in which the physician, by virtue of training and experience, is qualified to practice: (1) in several fields of medicine and surgery, (2) with special emphasis on the family unit, (3) serving as the physician of first contact and means of entry into the health care system, (4) providing comprehensive and continuing health care, and (5) utilizing consultation with other medical experts where appropriate.

Family Nurse Practitioner

A Family Nurse Practitioner is a registered nurse who successfully completes Board of Registered Nursing requirements (BRN) as specified in the California Nursing Practice Act. Nurse Practitioners serve as primary healthcare providers under a physician, can serve as sole healthcare providers, and run their own practices.

Family Physician

A family physician is a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family medicine residency for three years after graduation from an accredited medical school.

Family Practice Center

A family practice center is a medical facility that specializes in providing continuing, comprehensive health care (e.g. primary medical care, preventative health services, chronic disease management, patient support services) for individuals and families of all ages.

Federally Qualified Health Center (FQHC)

FHQC is a reimbursement designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. FQHC's include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC Look-Alikes (an organization that meets PHS Section 330 eligibility requirements, but does not receive

grant funding) also may receive special Medicare and Medicaid reimbursement.
www.hrsa.gov

Graduate Medical Education (GME)

GME is formal medical education pursued after receipt of the doctor of medicine (M.D.) or other medical professional degree, usually as an intern, resident, or fellow. (Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier).

Any type of formal, usually hospital-sponsored or hospital-based training and education, that follows graduation from a medical school, including internship, residency, or fellowship. (McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by the McGraw-Hill Companies, Inc.)

Graduate Practice Site

A graduate practice site is: (1) A location where a resident works after completing a family medicine or primary care residency program. (2) A location where a student works after graduating from a family nurse practitioner, physician assistant and or registered nurse education training program.

Grant Preparer

A grant preparer is an authorized Program Director representative assisting in completing the CalREACH grant application.

Health Professional Shortage Area (HPSA)

Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers. These areas may be geographic (a county or service area), population (low income or Medicaid eligible), or facilities (e.g. federally qualified health center or other state or federal prisons) shortage designations. www.hrsa.gov

Health Resources and Services Administration (HRSA)

HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. www.hrsa.gov

Healthcare Workforce Development Division (HWDD)

HWDD is a division within the Office of Statewide Health Planning and Development that encourages demographically underrepresented groups to pursue health care careers, identifies geographic areas of unmet need, and encourages primary care physicians and non-physician practitioners to provide healthcare in health professional shortage areas of California. <http://oshpd.ca.gov/HWDD/>

Inter-professional Education (IPE)

IPE is learning occurring when two or more professions learn with, from and about each other to enable effective collaboration and improve health outcomes. (WHO, 2010).

Internal Medicine

Internal Medicine is the field of medical practice in which the physician, by virtue of training and experience, is qualified to handle the broad and comprehensive spectrum of illnesses that affect adults. Internal Medicine doctors are recognized as experts in diagnosis, treatment of chronic illness, and health promotion and disease prevention, not limited to one type of medical problem or organ system.

Managed Care

Managed care is a payer category that includes patients who receive health care from providers on a pre-negotiated or per diem basis, usually involving utilization review (including Health Maintenance Organizations (HMO), Health Maintenance Organizations with Point-of-Service option (POS), Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Exclusive Provider Organizations with Point-of-Service option, etc.). <http://oshpd.ca.gov>

Medi-Cal Managed Care

Medi-Cal Managed Care is a payer category that includes Contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. This payer category includes patients who are qualified as needy under state laws and was previously reported in the Other Third Parties category. <http://oshpd.ca.gov>

Medi-Cal Traditional

Medi-Cal Traditional is a payer category that includes patients who are qualified as needy under state laws and were previously reported in the Medi-Cal category. <http://oshpd.ca.gov>

Medically Underserved Areas (MUA)

MUA's are Health Resources and Services Administration designated areas having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. www.hrsa.gov

Medically Underserved Populations (MUP)

MUP's are Health Resources and Services Administration designated populations having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. These are groups with economic barriers or cultural and/or linguistic access to primary medical care services. <http://www.hrsa.gov>

Medicare

Medicare is a payer category that includes the federal health insurance program administered by the Social Security Administration that provides health care for: people age 65 and older, certain younger people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant). <http://oshpd.ca.gov>

Medicare-Managed Care

Medicare-Managed Care is a payer category that includes patients who are covered

by a Medicare funded managed care plan. <http://oshpd.ca.gov>

Medicare-Traditional

Medicare-Traditional is a payer category that includes patients covered under the Social Security Amendments of 1965 and were previously reported in the Medicare category. These patients are primarily the aged and needy. <http://oshpd.ca.gov>

National Committee for Quality Assurance (NCQA)

The NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda. <http://www.ncqa.org>

National Health Service Corps (NHSC)

The NHSC is a Federal government program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Workforce. The NHSC awards scholarships and loan repayment to primary care providers in NHSC-eligible disciplines. NHSC providers, in turn, commit to serving for at least two years at an NHSC-approved site located in a Health Professional Shortage Area (HPSA). <http://nhsc.hrsa.gov/>

National Provider Identifier Number (NPI)

The NPI is a unique identification number for covered health care providers. The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. <https://www.cms.gov>

New Cycles

Residency slots not previously funded by Song-Brown. For example, training program A is applying to Song-Brown for the first time and would like support for two residents. These would be two new cycles. Training program B currently receives Song-Brown funding for 2 residents, and would like support for a third resident. The third resident would be a new cycle.

New Program

A new program is one that has received accreditation and will either enroll its first class by July 1 of a given year or will not have graduates as of June 30 for that same year.

New primary care residency slots

New primary care residency slots are those slots that will result in an increase in total resident positions.

New Slots (\$4M) Funding

Song-Brown funding available to family medicine and primary care residency programs to support new primary care residency slots. This funding is no longer available as of July 1, 2015.

Non-physician practitioners

Non-physician practitioners are licensed providers who practice either in collaboration with or under the supervision of a physician. Usually used to describe advanced practice registered nurses and physician assistants.

Nurse Practitioner

A Nurse Practitioner is a registered nurse with at least a master's degree in nursing and advanced education in a medical specialty.

Obstetrics and Gynecology (OB/GYN)

Obstetrics and Gynecology is the field of medical practice in which the physician, by virtue of satisfactory completion of an accredited program of graduate medical education, possesses special knowledge, skills, and professional capability in the medical and surgical care of women related to pregnancy and disorders of the female reproductive system.

Office of Statewide Health Planning and Development (OSHPD)

OSHPD is a California state department that promotes an equitably distributed healthcare workforce, and publishes valuable information about healthcare outcomes. OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to assist the capital needs of California's not-for-profit healthcare facilities. <http://oshpd.ca.gov>

Other Indigent

Other Indigent is a payer category that includes patients who are receiving charity care and University of California teaching hospital patients receiving care with Support for Clinical Teaching funds. This category excludes those recorded in the County Indigent Programs payer category. <http://oshpd.ca.gov>

Other Payers

Other Payers is a payer category that includes all patients who do not belong in the other nine payer categories, such as those designated as self-pay. This category excludes the Other Indigent Payer Category on the 2000 Annual Financial Pivot Table. <http://oshpd.ca.gov>

Other Third Parties-Managed Care

Other Third Parties-Managed Care is a payer category that includes patients covered by managed care plans other than those funded by Medicare, Medi-Cal, or a county. <http://oshpd.ca.gov>

Other Third Parties-Traditional

Other Third Parties-Traditional is a payer category that includes all other forms of health coverage excluding managed care plans. Examples include Short-Doyle, CHAMPUS, IRCA/SLIAG, California Children's Services, indemnity plans, fee-for-service plans, and Workers' Compensation. <http://oshpd.ca.gov>

Patient-Centered Medical Home (PCMH)

The PCMH provides primary health care that is relationship-based with an orientation toward the whole person. The PCMH actively supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, PCMH's ensure that they are fully informed partners in establishing care plans. <http://pcmh.ahrq.gov>

Payer Categories

A payer category is a third-party or individual who is responsible for the predominate portion of a patient's bill. For 2000 Annual and Quarterly Reports, OSHPD established 10 payer categories: Medicare-Traditional, Medicare-Managed Care, Medi-Cal-Traditional, Medi-Cal-Managed Care, County Indigent Programs-Traditional, County Indigent Programs-Managed Care, Other Third Parties-Traditional, Other Third Parties-Managed Care, Other Indigent, and Other Payers. <http://oshpd.ca.gov>

Payer Mix

Payer mix is the proportion of revenue coming from private insurance, government insurance, or self-paying individuals.

Physician's Assistant

A Physician Assistant is a primary care practitioner who meets the Div. 2, Ch. 7.7, Section 3501 of Business and Professions Code requirements, and is licensed by the Physician Assistant Examining Committee.

Pipeline Program

A pipeline program inspires and prepares students for careers in the health sciences through training, mentorship, educational or financial support, and other means. While the format of pipeline programs vary from school to school, many pipeline programs are designed to help underrepresented minorities get into the medical field. For example, University A offers students conditional acceptance into medical school as part of an accelerated baccalaureate-medical degree program. University B offering a special summer program for minority and disadvantaged students that includes mentoring, job shadowing experience, and academic advisement.

Placement Program

A placement program assists students or graduates in obtaining employment within medically underserved areas through job placement services. For example, through University A's externship program, students are matched and assigned to a specific medical setting for on-the-job training and experience. Training program B offers relocation assistance to those providers who choose to work in a facility located in an area of unmet need.

Primary Care

Primary care refers to Internal Medicine, OB/GYN, and Pediatric specialties.

Primary Care Physician

A primary care physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) is prepared to and renders continued comprehensive and preventative health care services, and has received specialized training in the areas of internal

medicine, obstetrics and gynecology, or pediatrics.

Primary Care Shortage Area (PCSA)

PCSA is a California Healthcare Workforce Policy Commission designated area having an unusually high need for primary care physicians and a lack of access to health care in surrounding areas because of excessive distance, overutilization, or access barriers.
<http://oshpd.ca.gov>

Principal/Primary Clinic

A principal/primary clinic is a site where residents spend more than six months doing patient care activities.

Program Director

A Program Director is the individual designated with authority and responsibility for the operation of the proposed program. The program director will be required to certify any expenditure related to the contract, sign all quarterly certifications, and submit all required reports.

Programs that train primary care physician's assistants

A program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

Programs that train primary care nurse practitioners

A program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

Programs that train registered nurses

A program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

Program Year

Program year is the current year of education within a specific program; this designation may or may not correspond to the resident's graduate year level.
<http://acgme.org>

Re-allocated primary care residency slots

Re-allocated primary care residency slots are those slots that are being re-allocated from existing non-primary care positions to primary care positions.

Registered Nurse (RN)

A Registered Nurse is a nurse who successfully completes a program meeting

standards established by the Board of Registered Nursing as specified in the California Nursing Practice Act. The practice of nursing as defined by Section 2725 of the California Nursing Practice Act means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill.

Registered Nurse Shortage Area (RNSA)

RNSA is a California Healthcare Workforce Policy Commission designated area having a high patient demand to nurse availability ratio.

Renewal Cycles

A cycle that has previously been funded by Song-Brown and will expire on June 30.

Resident

A resident is a physician in an accredited graduate medical education program, including interns, residents, and fellows. Residents participate in the patient's care under the direction of an attending physician. <http://acgme.org>

Secondary Clinic

A secondary clinic is a clinical site where residents spend less than six months of each training year.

Social Determinants of Health

Social Determinants of Health are the conditions which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. (World Health Organization)

Song-Brown Health Care Workforce Training Act

Health and Safety Code Sections 128200-128241.

Special Programs Funding

Accredited training programs can request Special Programs funding for: a) development and funding of the training of health care teams of family medicine residents and primary care physician assistants, and/or family nurse practitioners, b) programs which link training programs with medically underserved communities in California which appear likely to result in the location and retention of training program graduates in such communities, c) development of undergraduate medical education programs in family medicine, d) development phase of new family medicine residency, primary care physician assistant, family nurse practitioner, or registered nurse education programs, e) programs which train in skills needed for serving as a teacher of family medicine residents, primary care physician assistants, family nurse practitioners or registered nurses, f) other programs consistent with statutes and activities of the California Healthcare Workforce Policy Commission.

Sponsoring Institution

The sponsoring institution is the organization (or entity) assuming the ultimate financial and academic responsibility for a program. The sponsoring institution's

primary purpose is to provide education programs and/or health care services. Examples of a sponsoring institution include a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation. <http://acgme.org>

Teaching Health Centers

A teaching health center is a community-based ambulatory patient care center, operating a primary care residency program. Community-based ambulatory patient care 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, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572). Teaching Health Centers are programs established through HRSA/Teaching Health Center grants. <http://bhpr.hrsa.gov>

The California Endowment (TCE)

The TCE is a private, statewide health foundation with a mission to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. www.calendow.org

Training Site

A Training site is an organization providing educational experiences or educational assignments/rotations for residents/fellows. These can be primary, secondary, or continuity clinics. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a free clinic, or a public health agency. www.acgme.org.

Underrepresented Minorities (URM)

Underrepresented minorities are racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders and Asians (other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai).

Uninsured

Individuals who have no health insurance or other source of third party coverage.

To: California Healthcare Workforce Policy Commission **Date:** May 5, 2016

From: Stacie S. Walker, Deputy Director
Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

Subject: Email and SharePoint for California Healthcare Workforce Policy Commission

Item: Information

Background

Historically, the California Healthcare Workforce Policy Commission (CHWPC) has conducted all communication through private email. OSHPD is implementing a CHWPC SharePoint site and providing CHWPC members with an OSHPD email address to facilitate communication.

SharePoint is an online document sharing tool that allows the Commission continuous access to any files needed for CHWPC business. Commissioners will have access to current and previous meeting materials, calendars for meeting and review due dates, and all documents in the resource manual.

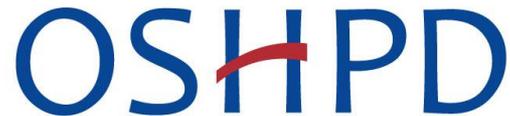
Every Commissioner now has an OSHPD email address that can be accessed through the Outlook Web App. This online email site will allow the Commission access to all staff emails, along with fellow Commissioners' email addresses. This will also provide Commissioners an email address to communicate with the public.

Resolution

This will provide an immediate and more secure environment where both staff and the Commission have access to CHWPC materials.

California Healthcare Workforce Policy Commission (CHWPC)

SharePoint and Email Conversion



Office of Statewide Health
Planning and Development

OSHPD USERNAME AND PASSWORD

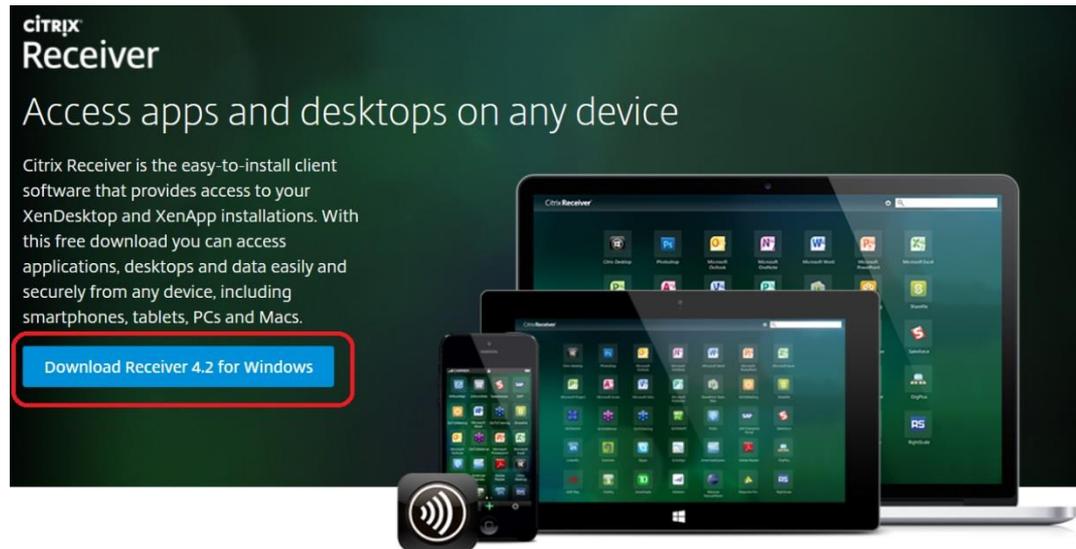
- Your user name is your first initial followed by your last name
- Password
 - If you forget your password, contact your program coordinator
- This OSHPD user name and password is used throughout the system; please keep it safe and accessible.

CITRIX RECEIVER

Citrix allows you to log onto the OSHPD network. Download the Citrix Receiver to access SharePoint. The Citrix Receiver provides directions to complete the download.

Install the Citrix Receiver at <http://www.citrix.com/go/receiver.html>

Download the Citrix Receiver to your "Downloads" folder.

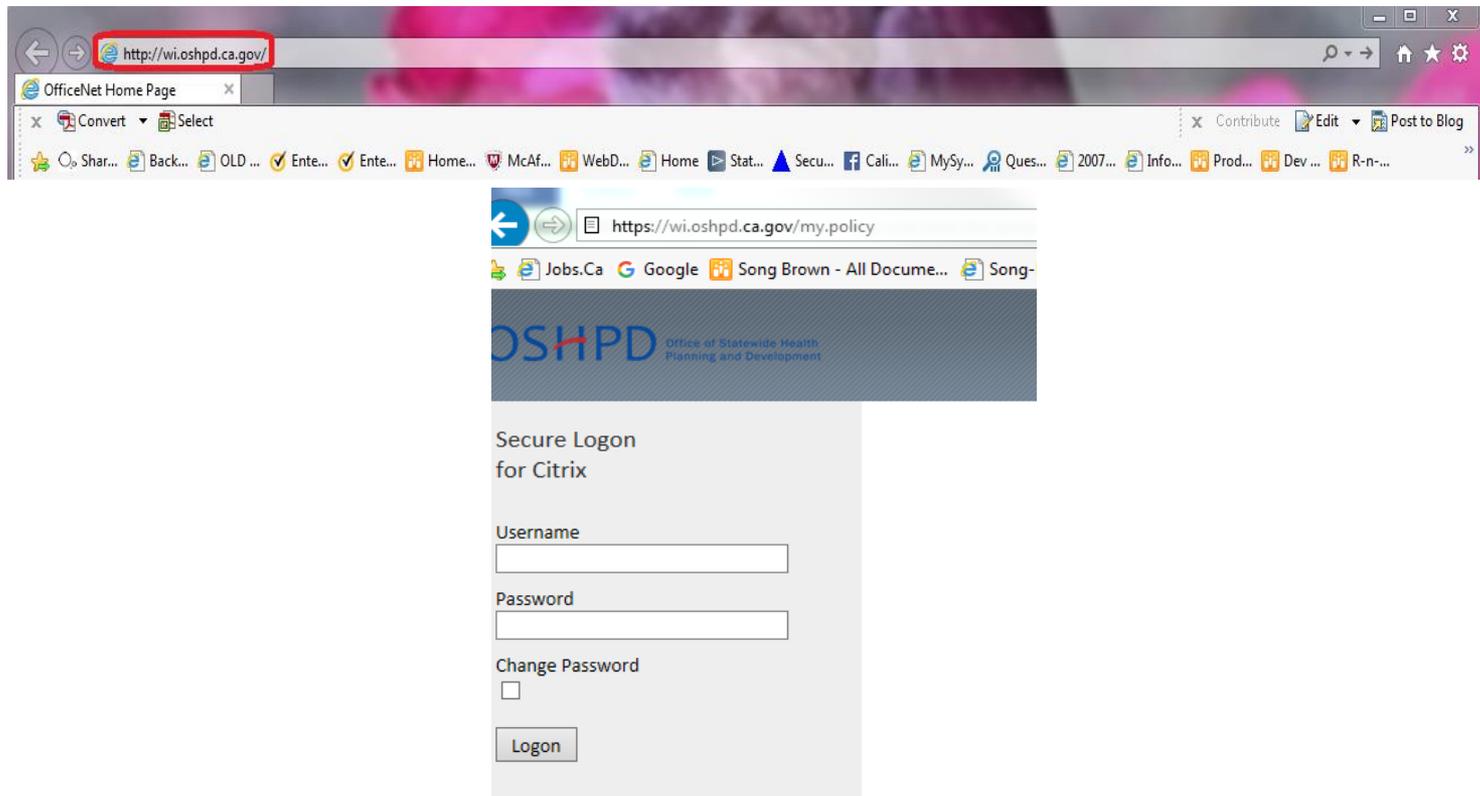


CITRIX

Use your OSHPD username and password to login to OSHPD's network. The first time you login you will need to change your password.

Save this address to your favorites:

<https://wi.oshpd.ca.gov/>

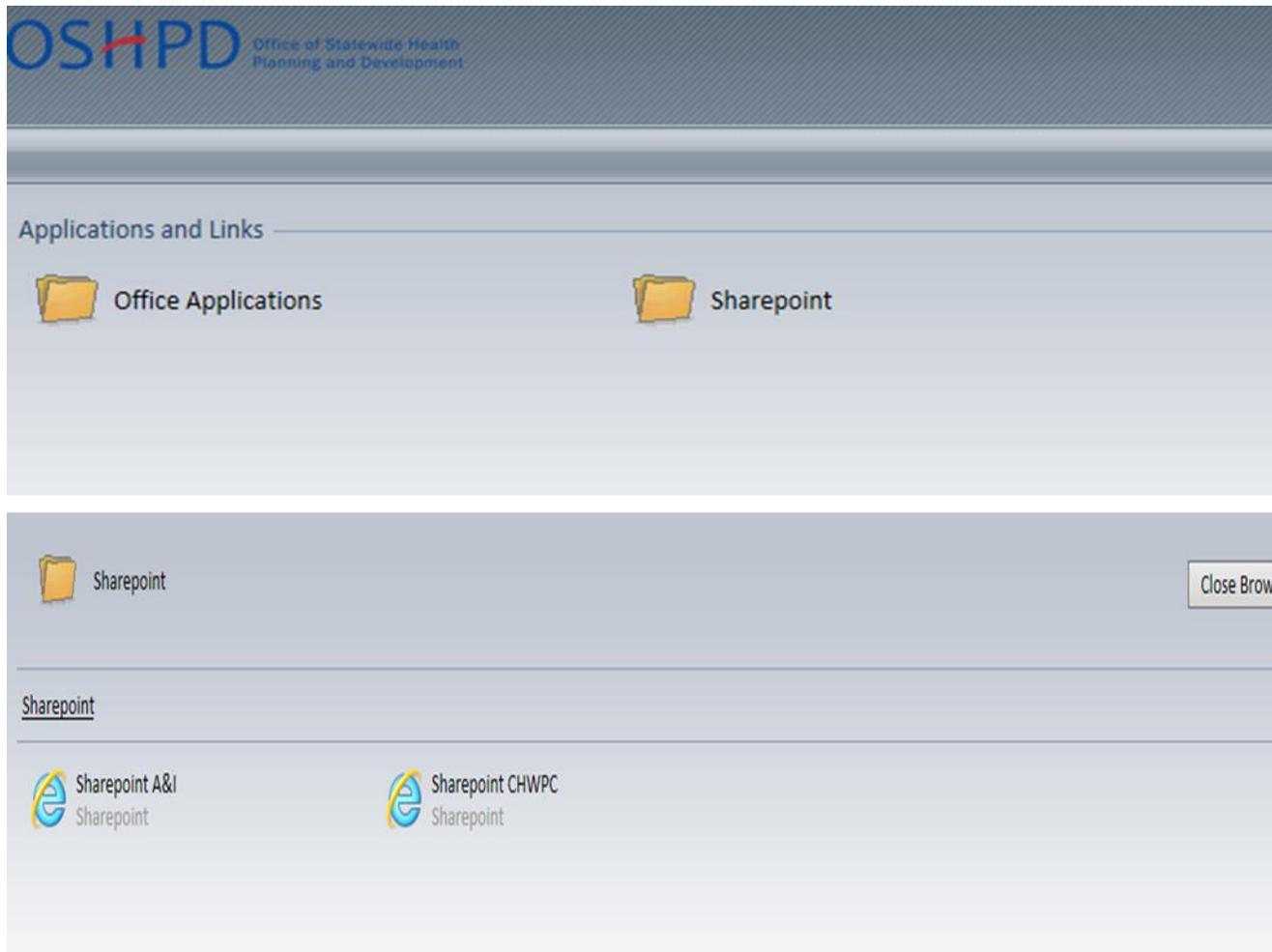


SHAREPOINT

- What is SharePoint?
 - **SharePoint** is a browser-based collaboration and document management platform from Microsoft. It allows groups to set up a centralized, password protected space for document sharing.

SHAREPOINT

Click on the SharePoint Folder and SharePoint CHWPC to access the CHWPC SharePoint page.



SHAREPOINT

CHWPC - Home - Internet Explorer
 http://eteam/sites/chwpc/SitePages/Home.aspx

Site Actions | Browse | Page | Frazier, Tyfany@OSHPD

OSHPD CHWPC > Home
 CA Healthcare Workforce Policy Commission

Home | *Documentation (Restricted) | Search this site...

Libraries

- CHWPC Resource Manual
- SharePoint Training
- Member Documents

Lists

- Tasks
- [Calendar](#)

HWDD eBiz Site

- Pathways, Training & Placement eBiz Site

Recycle Bin | All Site Content

Welcome to the Healthcare Workforce Policy Commissioner's Site!

Announcements

<input type="checkbox"/>	@ Title	Modified
	Resource Manual	5/12/2015 12:25 PM
	Policy Meeting Materials	5/12/2015 12:16 PM
	Welcome to the Commissioners Site!	9/24/2014 1:52 PM

[Add new announcement](#)

CHWPC Members Calendar

March, 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2

"Equitable Healthcare Accessibility for California"

Quick Links

- Song-Brown Website
- [Add new link](#)

CHWPC Site Members

- Byous, Rosslyn@OSHPD
- Dolezal, Elizabeth@OSHPD
- Farrell, Michael@OSHPD
- Flores, Katherine@OSHPD
- Henning, William@OSHPD
- Kennedy, Catherine@OSHPD
- Lopez, Laura@OSHPD
- MacKenzie, Ann@OSHPD
- Marsh, Kathy@OSHPD
- Milan, Angie@OSHPD
- Morris, Ryan@OSHPD
- Nation, Cathryn@OSHPD
- OSHPD\app-ctx-chwpc
- Provenzano, Joseph@OSHPD
- Townsend, Katherine@OSHPD
- [Add new user](#)

SHAREPOINT

For more information access SharePoint training documents under Libraries –
Sharepoint Training

The screenshot shows a SharePoint library page for 'OSHPD' with the breadcrumb 'CHWPC > SPTraining > All Documents'. The page title is '*Documentation (Restricted)'. A search bar is present with the text 'Search this site...'. On the left, there is a navigation pane with 'Libraries' selected, showing 'SharePoint Training' as the active library. The main content area displays a table of documents and videos.

Type	Name	Title	Training Type
<input type="checkbox"/>	Cover Page Training Modules	Cover Page	Training Manual
<input type="checkbox"/>	Introduction Module	Introduction Module	Training Manual
<input type="checkbox"/>	Module 1 (General) - Libraries and Documents	Module 1 (General) - Libraries and Documents	Training Manual
<input type="checkbox"/>	Module 2 (General) - Calendars	Module 2 (General) - Calendars	Training Manual
<input type="checkbox"/>	Module 3 (General) - Task Lists	Module 3 (General) - Task Lists	Training Manual
<input type="checkbox"/>	Module 4 (General) - Alerts	Module 4 (General) - Alerts	Training Manual
<input type="checkbox"/>	Module 5 (Ambassador) - Permissions and Adding Users	Module 5 (Ambassador) - Permissions and Adding Users	Training Manual
<input type="checkbox"/>	Module 6 (Ambassador) - Edit the Home Page	Module 6 (Ambassador) - Edit the Home Page	Training Manual
<input type="checkbox"/>	Module 7 (Ambassador) - Creating Libraries	Module 7 (Ambassador) - Creating Libraries	Training Manual
<input type="checkbox"/>	TrainingVideo_1	Understanding SharePoint	Training Video
<input type="checkbox"/>	TrainingVideo_1_1	Adding a Document	Training Video
<input type="checkbox"/>	TrainingVideo_1_2	Adding Multiple Documents	Training Video
<input type="checkbox"/>	TrainingVideo_1_3	Edit metadata	Training Video
<input type="checkbox"/>	TrainingVideo_2	Introduction to Calendars	Training Video
<input type="checkbox"/>	TrainingVideo_2_1	Adding an Event	Training Video
<input type="checkbox"/>	TrainingVideo_3	Introduction to Task Lists	Training Video
<input type="checkbox"/>	TrainingVideo_3_1	Adding a Task	Training Video
<input type="checkbox"/>	TrainingVideo_4	Introduction to Alerts	Training Video
<input type="checkbox"/>	TrainingVideo_4_1	Adding an Alert	Training Video
<input type="checkbox"/>	TrainingVideo_4_2	Deleting an Alert	Training Video
<input type="checkbox"/>	TrainingVideo_4_3	Managing alerts	Training Video
<input type="checkbox"/>	TrainingVideo_5	Introduction to Site Permissions	Training Video
<input type="checkbox"/>	TrainingVideo_5_1	Adding Users	Training Video
<input type="checkbox"/>	TrainingVideo_5_2	Removing Users	Training Video
<input type="checkbox"/>	TrainingVideo_6	Editing the Home Page	Training Video
<input type="checkbox"/>	TrainingVideo_6_1	Text Customization	Training Video
<input type="checkbox"/>	TrainingVideo_6_2	Adding an Image	Training Video
<input type="checkbox"/>	TrainingVideo_6_3	Adding a Web Part	Training Video
<input type="checkbox"/>	TrainingVideo_7	Introduction to Creating a Library	Training Video
<input type="checkbox"/>	TrainingVideo_7_1	Creating a Library	Training Video

EMAIL ADDRESSES

- Rosslynn.byous@oshpd.ca.gov
- Elizabeth.dolezal@oshpd.ca.gov
- Michael.Farrell@oshpd.ca.gov
- Katherine.Flores@oshpd.ca.gov
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- Carol.Jong@oshpd.ca.gov
- Karyn.Karp@oshpd.ca.gov
- Catherine.Kennedy@oshpd.ca.gov
- Laura.Lopez@oshpd.ca.gov
- Ann.Mackenzie@oshpd.ca.gov
- Kathy.Marsh@oshpd.ca.gov
- Angelica.Millan@oshpd.ca.gov
- Cathryn.Nation@oshpd.ca.gov
- Joseph.Provenzano@oshpd.ca.gov
- Katherine.Townsend@oshpd.ca.gov

EMAIL

- <https://mail.ces.ca.gov/owa/>
- OSHPD/username
- Password

ACCESSING EMAIL

Microsoft®
Outlook® Web App

Security ([show explanation](#))

- This is a public or shared computer
- This is a private computer
- Use the light version of Outlook Web App

Domain\user name:

oshpd/tfrazier

Password:

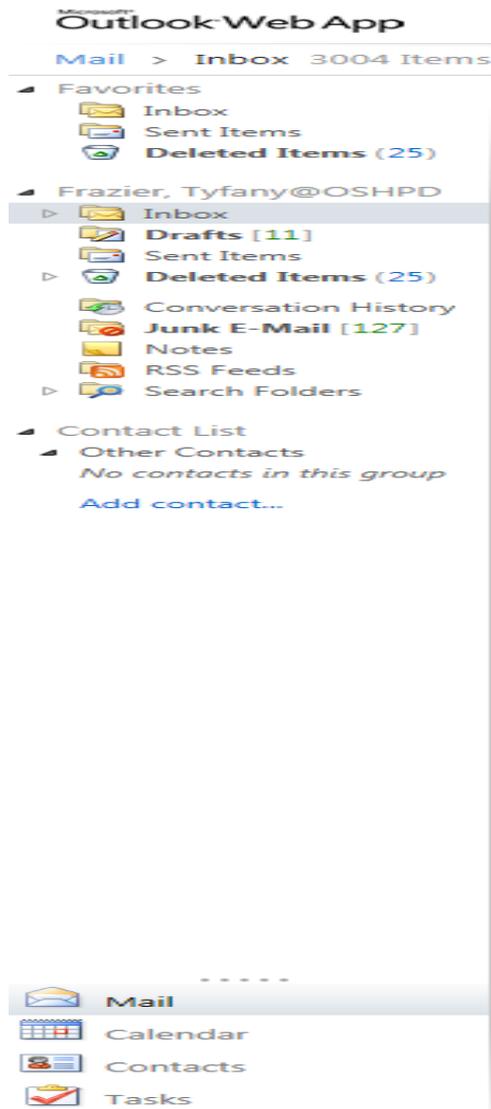
●●●●●●●●

Sign in

UNAUTHORIZED ACCESS TO ANY STATE OF CALIFORNIA COMPUTING SYSTEM CONTAINING US GOVERNMENT OR STATE OF CALIFORNIA INFORMATION IS A CRIMINAL VIOLATION OF PENAL CODE SECTION 502 AND/OR APPLICABLE FEDERAL LAW AND IS SUBJECT TO CIVIL AND CRIMINAL SANCTIONS.

Whoever knowingly or intentionally accesses a computing system without authorization or exceeding authorized access, and by means of such conduct, obtains, alters, damages, destroys, or discloses information, or prevents authorized use of any data or computing resource owned by or operated for the State of California shall be subject to disciplinary action, prosecution or both. Use in a manner other than as intended by the State of California may result in the forfeiture of access privileges. All computing system activities may be recorded and monitored. Individuals using these systems expressly consent to such monitoring and shall have no expectation of privacy in their use. Evidence of possible misconduct or abuse may be provided to appropriate officials and/or law enforcement. No warranty is made for the computing resources that are subject to this policy. Additionally, the State of California takes no responsibility of damages for the intentional misuse of these resources by any party.

ACCESSING EMAIL



You can access and create email, calendar, contacts, and tasks.

Staff, Commissioners, and the public will use this email for official communications.

ACCESSING EMAIL

Microsoft
Outlook Web App

sign out | Frazier, Tyfar

Calendar > May, 2016

1 Find Someone

< May 2016 >

New > Delete Go to Today [Calendar Icons] Share > View > [Print Icon]

S M T W T F S

1 2 3 4 5 6 7
8 9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30 31 1 2 3 4
5 6 7 8 9 10 11

My Calendars

- Calendar
- blank

Song Brown

- Omand, Melissa@OSHPD
- Zendejas, Barbara@OSHPD

People's Calendars

- Omand, Melissa@OSHPD
- Zendejas, Barbara@OSHPD
- OSHPD Conf Rm - H
- Robinson, Senita@OSHPD
- Gastelum, Rachael@OSHPD
- OSHPD HWDD DD

Rooms

- OSHPD Conf Rm - H
- OSHPD Conf Rm - IT
- OSHPD Conf Rm - IT

< > 18 wednesday

5 AM
6 AM
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8 AM
9 AM
10 AM
11 AM
12 PM
1 PM
2 PM
3 PM
4 PM
5 PM
6 PM

CHWPC May Policy Meeting
Sacramento, CA
Frazier, Tyfany@OSHPD

CHWPC May Policy Meeting

■ Frazier, Tyfany@OSHPD

Required: Angie Millan [amillan@ph.lacounty.gov]; 'Ann MacKenzie' [amacz@sbcglobal.net]; Carol Jong [cjong@gmail.com]; Truong, Douglas@OSHPD; 'Catherine Kennedy' [kennedy.catherine@sbcglobal.net]; Cathryn Nation [cathryn.nation@ucop.edu]; Fee Ong [Fee.Ong@ucop.edu]; William Henning [william_w_henning@uhc.com]; Denise Ramos - Katherine Flores Assistant [dramos@fresno.ucsf.edu];

Optional: 'Pepper, Harvest L' [harvest_l_pepper@uhc.com]; Walker, Stacie@OSHPD

Accepted: No attendees have accepted.

Tentative: No attendees marked their acceptance Tentative.

Declined: No attendees have declined.

Sent: Thursday, De

Wednesday, May 18, 2016 10:00 AM-5:00 PM.

Where: Sacramento, CA

- No responses have been received for this meeting.

Reminder: 15 minutes Show time as: Busy Private

FY 2016-17 FUNDING MEETINGS

Meeting Date	Program	Location
May 18, 2016	CHWPC Policy Meeting	Sacramento, CA
August 24-25, 2016	Family Medicine	TBA
October 26-27, 2016	Primary Care Residencies	TBA
January 11-12, 2017	Family Nurse Practitioner/ Physician Assistant	TBA
March 8-9, 2017	Registered Nurse	TBA

To: California Healthcare Workforce Policy Commission **Date:** May 18, 2016

From: Stacie S. Walker, Deputy Director
Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

Subject: Use of Primary Care Residency Program's Surplus Funds

Item: Action

Recommendation

Use the surplus funds to expand Capitation and support up to eight additional programs. The \$1.34 million surplus can be evenly distributed to programs in one of three ways:

- 8 grants of \$154,845 for 3 cycles
- 6 grants of \$206,460 for 4 cycles
- 5 grants of \$258,075 for 5 cycles

Administrative Considerations

- A) Since Capitation has an existing program infrastructure, expanding Capitation would have little administrative impact.
- B) Creating a new Special Programs grant significantly increases workload for both staff and the California Healthcare Workforce Policy Commission (Commission), including additional meetings and review panels, increased reporting and grant monitoring, and changes to CalREACH. The OSHPD IT and Contract Services staff will be particularly impacted.

Background

The Fiscal Year (FY) 2014-15 Budget Act appropriated \$2.84 million to the Song-Brown Program per year for three years to support Primary Care Residency (PCR) programs (Internal Medicine, OB/GYN, and Pediatrics). The Commission formed a task force which recommended using these funds for Capitation. A limited number of programs applied each year, however, creating a \$1.34 million surplus for FY 2016-17. To avoid a continued surplus and spend down the funds, the Commission expanded the maximum number of residents per program from three to five and asked staff to explore the option of using the surplus funds for a Special Programs grant.

Any remaining funds after this funding cycle will roll over into FY 2017-18 and continue to roll over until expended.

Survey Methodology

Staff disseminated an electronic survey to all current PCR grantees and PCR residency program directors listed under the Accreditation Council for Graduate Medical Education (ACGME) to solicit input on use of the PCR capitation surplus funds. The survey asked whether programs preferred using the surplus to expand Capitation or to create a new Special Programs grant. Survey responses were anonymous, though respondents did identify their practice specialty and whether they had applied for Capitation funds. The survey response rate was 34 percent (32 responses out of 93 invitations) – high compared to most external surveys (which average 10 to 15 percent) and consistent with internal surveys (which average 30 to 40 percent). Staff promoted the survey three times over a two-month period to maximize participation.

Survey Findings

While only 47 percent of respondents applied for Capitation funding in the last two years, more respondents preferred using the funding surplus for Capitation rather than Special Programs:

- 34 percent preferred Capitation
- 22 percent preferred Special Programs
- 19 percent had no preference
- 19 percent were unsure
- 6 percent preferred “other”

Currently, PCR Capitation awardees receive \$154,845 to fund three residents for three years. Most were interested in Capitation funding to support up to five residents for a total \$258,075 commitment:

- 53 percent were interested in Capitation funding to support up to five residents
- 25 percent were interested in funding to support up to four residents
- 19 percent were not interested in applying to support more than three residents
- 3 percent were unsure

Based on the survey results, respondents appear to be most supportive of expanding the number of residents supported through PCR Capitation grants, providing at least \$258,075 per grant.

See attachment A for survey results.

Budget and Fiscal Impacts

Total available FY 2016-17 PCR program funds are \$4,184,340, including \$1.34 million in surplus funds from FY 2014-15 and 2015-16. Any remaining funds after this funding cycle will roll over into FY 2017-18 and continue to roll over until expended.

The surplus funds can support an additional eight programs regardless of whether the funds are used for Capitation, Special Programs, or a combination of both. This

assumes the Special Programs grant is set at \$150,000, which staff recommend based on the survey results.

Benefits and Risks

1. Use the surplus funds to expand Capitation.

Pros:

- Capitation grants are more cost efficient and less time intensive to administer than Special Program grants.
- Based on survey results, more programs prefer Capitation.
- Grantees receive greater funding awards for Capitation than for Special Programs.
- Capitation programs have existing outcome data.

Cons:

- Special Programs promote innovation.
- Surplus funds are harder to expend without an increase in applicants.

2. Use the surplus funds to create a Special Programs grant.

Pros:

- Special Programs promote innovation.
- A continued surplus is less likely.

Cons:

- Special Program grants are less cost efficient to administer and significantly increase administrative workload for staff and the Commission.
- Based on survey results, more programs prefer Capitation over Special Programs.
- Grantees receive smaller funding awards for Special Programs than for Capitation.
- No outcome data exists for Special Programs.

3. Divide the surplus funds between Capitation and Special Programs.

Pros:

- Special Programs promote innovation.
- A continued surplus is less likely.

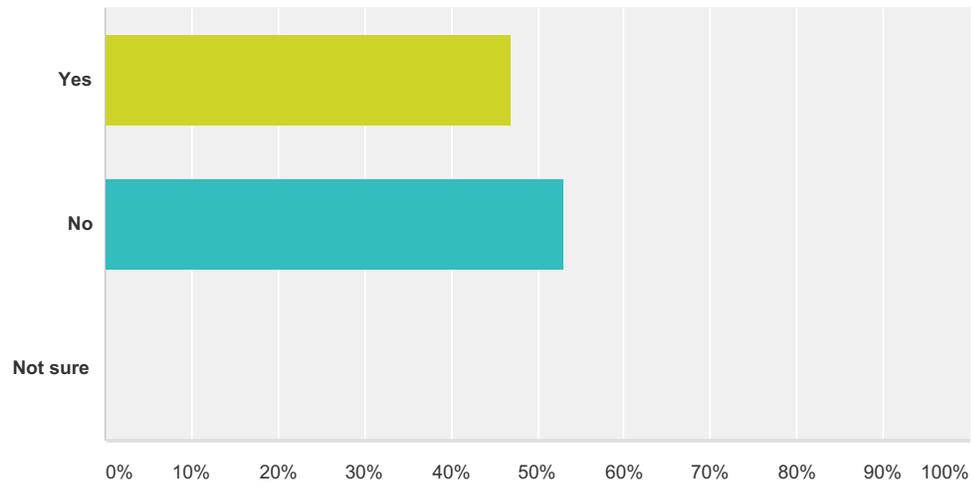
Cons:

- Special Program grants are less cost efficient to administer and significantly increase workload for a small amount of funds (\$672,170), which could only support four Special Programs.
- Based on survey results, more programs prefer Capitation over Special Programs.
- Grantees receive smaller funding awards for Special Programs than for Capitation.
- No outcome data exists for Special Programs.

	Capitation	Special Programs	Combination
Benefits			
Cost efficient to administer	X		
Promotes innovation		X	X
Survey respondent preferences	X		
Existing outcome data	X		
Expend surplus funds quickly		X	X
Larger grantee award	X		

Q1 Have you applied for PCR Capitation funds in the last 2 years?

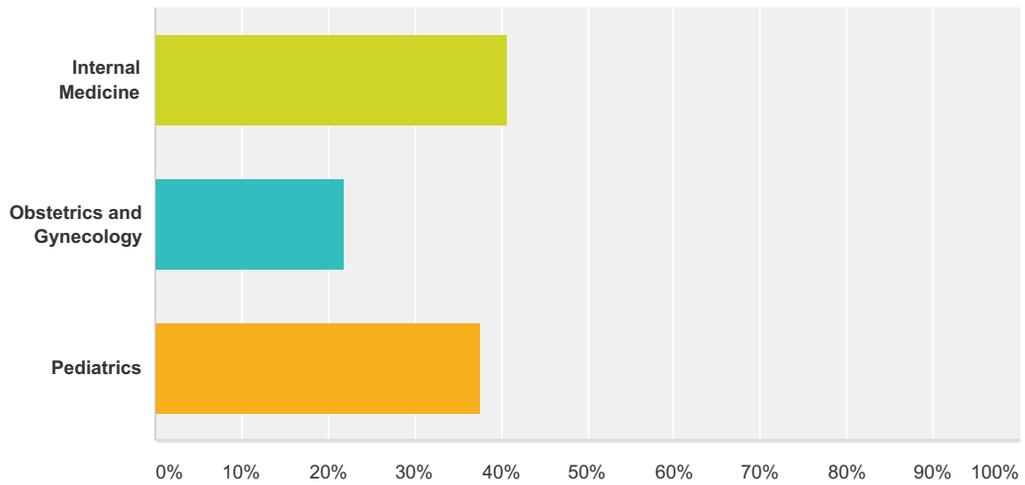
Answered: 32 Skipped: 0



Answer Choices	Responses	
Yes	46.88%	15
No	53.13%	17
Not sure	0.00%	0
Total		32

Q2 What is your program's practice specialty?

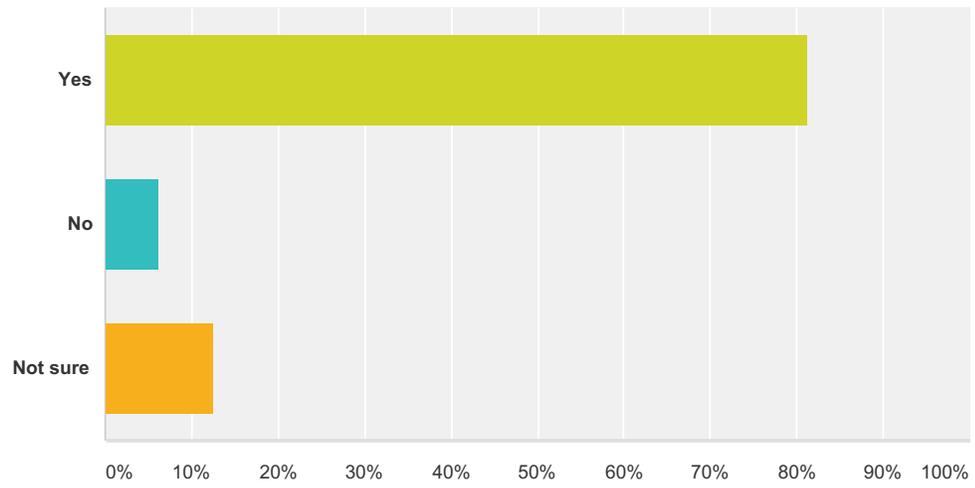
Answered: 32 Skipped: 0



Answer Choices	Responses
Internal Medicine	40.63% 13
Obstetrics and Gynecology	21.88% 7
Pediatrics	37.50% 12
Total	32

Q3 If available, would you be interested in applying for Special Programs funding?

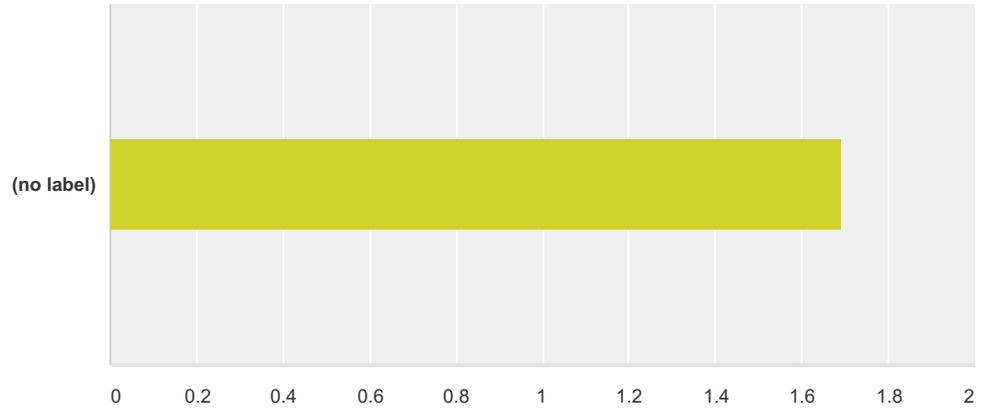
Answered: 32 Skipped: 0



Answer Choices	Responses
Yes	81.25% 26
No	6.25% 2
Not sure	12.50% 4
Total	32

Q4 Currently, how would you rate your level of interest in applying for Special Programs funding?

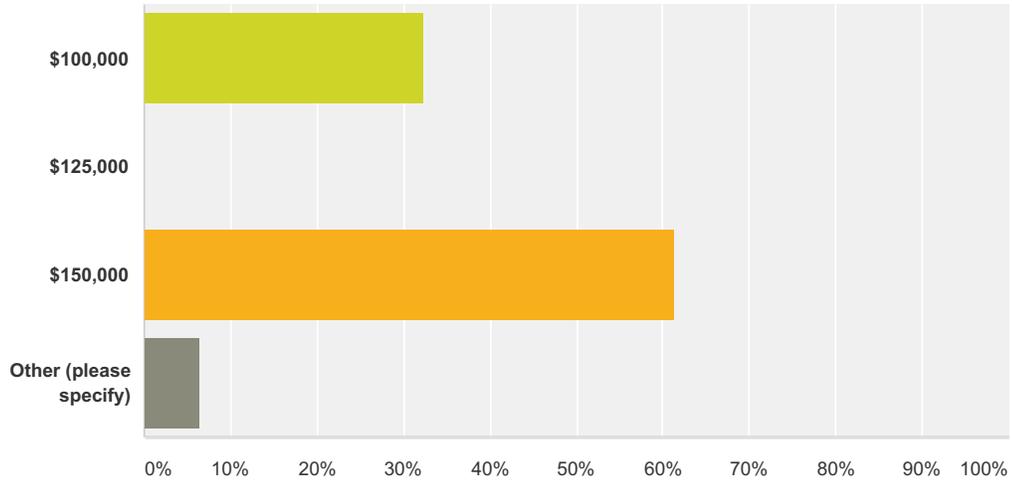
Answered: 32 Skipped: 0



	Very Interested	Somewhat Interested	Neutral	Not Very Interested	Not At All Interested	Total	Weighted Average
(no label)	56.25% 18	28.13% 9	9.38% 3	3.13% 1	3.13% 1	32	1.69

Q5 What amount would make a grant sufficiently worthwhile and/or meaningful to you?

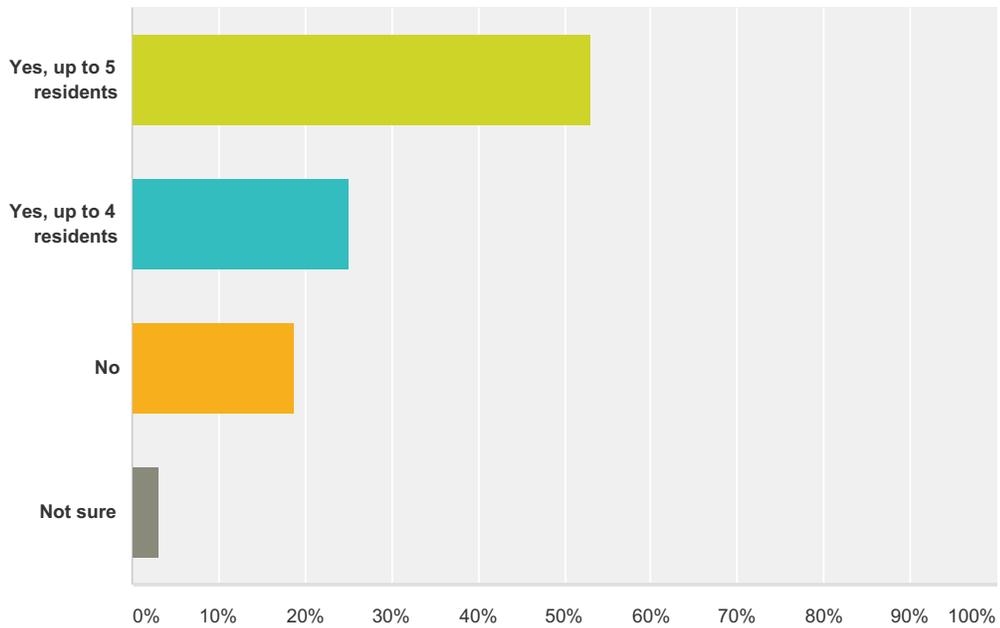
Answered: 31 Skipped: 1



Answer Choices	Responses	
\$100,000	32.26%	10
\$125,000	0.00%	0
\$150,000	61.29%	19
Other (please specify)	6.45%	2
Total		31

Q6 If available, would you be interested in applying for Capitation funds to support more than 3 residents?

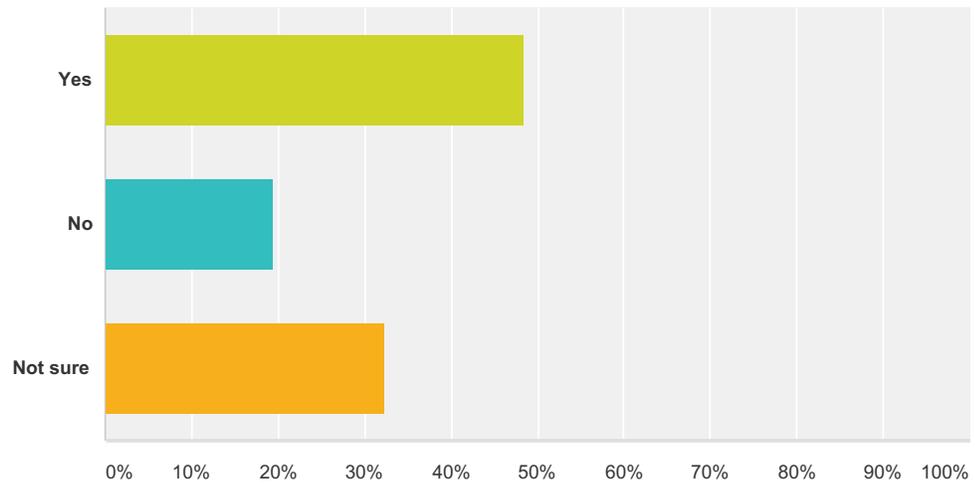
Answered: 32 Skipped: 0



Answer Choices	Responses
Yes, up to 5 residents	53.13% 17
Yes, up to 4 residents	25.00% 8
No	18.75% 6
Not sure	3.13% 1
Total	32

Q7 At this time, does your program plan on re-applying for Capitation funds in 2016?

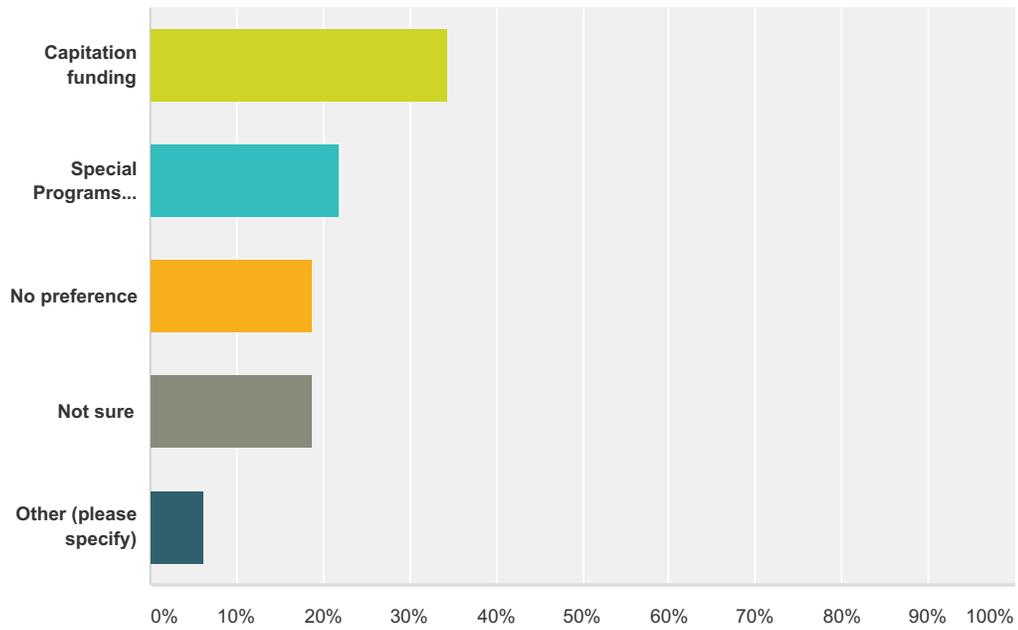
Answered: 31 Skipped: 1



Answer Choices	Responses	
Yes	48.39%	15
No	19.35%	6
Not sure	32.26%	10
Total		31

Q8 How do you prefer to see the surplus funds used?

Answered: 32 Skipped: 0



Answer Choices	Responses	
Capitation funding	34.38%	11
Special Programs funding	21.88%	7
No preference	18.75%	6
Not sure	18.75%	6
Other (please specify)	6.25%	2
Total		32

Q9 Thank you for participating in our survey. Please provide any additional comments or items you would like the Commission to consider.

Answered: 5 Skipped: 27

To: California Healthcare Workforce Policy Commission **Date:** April 11, 2016

From: Stacie S. Walker, Deputy Director
Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

Subject: Funding Nurse-Midwifery Programs

Item: Action

Recommendation:

Staff recommend the California Healthcare Workforce Policy Commission (Commission) exclude nurse-midwifery programs from applying for future Registered Nurse (RN) or Family Nurse Practitioner (FNP) funding opportunities.

If the Commission chooses to allow nurse-midwifery programs to apply for future Song-Brown RN or FNP funding opportunities, the Commission should direct staff to update the Song-Brown's guidelines for RN Education Programs to explicitly allow this practice.

Background and Analysis:

At the February 17-18, 2016 Commission meeting, Commissioners expressed concern about whether nurse-midwifery programs meet the statutory requirements to be eligible for Registered Nurse Education Programs funding.

Staff reviewed the Song-Brown Health Care Workforce Training Act and the Board of Registered Nursing (BRN) definition for certified nurse-midwife (CNM) to determine whether nurse-midwifery programs should qualify for Song-Brown RN Education Programs or FNP Training Programs.

Pursuant to Health and Safety Code section 128200, subdivision (b)(6):

"It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics and as primary care physician's assistants, primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need."

Funding Nurse-Midwifery Programs

April 11, 2016

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The BRN defines a CNM as:

“a registered nurse who is a graduate of a Board-approved nurse-midwifery program and who possesses evidence of certification issued by the California Board of Registered Nursing. A certified nurse-midwife may be known as an Advanced Practice Registered Nurse in accordance with Business and Professions Code Section 2725.5.”

Even though CNM is considered an Advanced Practice RN, it is a specialization within registered nursing, focused on a subset of care within obstetrics and gynecology: pregnancy, childbirth, and the postpartum period. Health and Safety Code Section 128200-128241 addresses primary care rather than specialty practice, therefore, staff believes nurse-midwifery does not meet the legislative intent for Song-Brown funding.



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April 29, 2016

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ATTN: California Healthcare Workforce Policy Commission

Dear Members of the California Healthcare Workforce Policy Commission:

Family Medicine Residency Program Directors across the state have spent the last five years developing a collaborative group, the CAFP Residency Network (CRN). Among the many purposes of the group, we aim to put forward a unified voice regarding Family Medicine Residency education in California. The CRN includes program directors at all of the Family Medicine Residency programs supported by the Song Brown Grant. At a recent meeting where over 40 Program Directors were present, the CRN membership discussed suggestions for the California Healthcare Workforce Policy Commission. The following are a number of proposals unanimously agreed upon by the program directors in the CRN. We understand that there are regulatory requirements that bind the commission and limit the range of possible changes in the categories detailed below. Please consider the following requests at your upcoming policy meeting.

Proposal Requests

Training Sites – Over the last few years, the Commission has continued to make changes to the evaluation of training sites to best reflect the amount of time residents spend at clinical sites serving underserved populations. The current metric relies heavily on the address of the clinic site being located in an area of unmet need. The CRN recommends that the primary metric for quality of underserved training be based on the payer mix of the **primary** clinical training sites, based on the percentage of time residents spend at the sites.

Acknowledgement of Special Populations and Patient Demographics – California's Family Medicine Residency Programs care for a variety of vulnerable populations within our communities. Though the Song-Brown application has included a portion on the underrepresented minorities in our resident class, there is currently no explicit component of the application that allows for, or acknowledges, the work that programs do in caring for special patient populations. While we appreciate the question on the

inclusion of culturally responsive care in the RFP, we would encourage a component that makes space for direct assessment and recognizes the importance of caring for these populations.

Question Redundancy– We appreciate that the CalReach system allows us to pre-fill questions with data from previous application cycles. However, we spend a great deal of time completing the grant (programs estimate over 60 person hours to complete). Any attempt to remove redundant questions and simplify the grant would be well received. For example, the aforementioned question on culturally competency, “Is cultural competency/culturally responsive care incorporated into the program curriculum?” could be melded with “What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities?”

Process Requests

Meeting Attendance by Programs – We continue hear how appreciative you, as commissioners, are of the stories we tell and the work that we do and for that we are grateful. However, the event is time consuming and costly for the program directors and has historically had little impact on scoring due to the extensive review and scoring of applications by commissioners in advance of the meeting. Rough calculations put the cost of program director attendance at \$150,000-200,000 (lost time, food, lodging, travel). This does not account for the cost to the state to host the meeting. We encourage you to consider the elimination of the in-person meeting. Alternatively, if this is not a possibility, we encourage you to give each program a defined presentation slot and send the grant award results to all the programs directly after the meeting so that programs do not need to attend the entire meeting. The ideal timing of such a meeting would be late summer before our residency application and interview season begins.

New Programs - We want to encourage your approach to improving equity for new programs, as it stands now they are put at a significant disadvantage in the grant request. We know that you are working on improving this concern and we support you in that activity.

Timing – We understand that the last few years have resulted in some transition and variability in timing and that the goal is to get back to a consistent schedule. We would appreciate consistency in scheduling in the future if we are required to attend as it allows for us to plan our academic calendars. The group would appreciate a four month notice of future meetings. We have appreciated the changes in the release of this year’s application but also request 4 -6 weeks notice on the webinars.

In conclusion, we recognize that the CRN is comprised of a large variety of family medicine residency programs that often have unique interests. This letter, however, serves to summarize our **collective** interests into well-defined and mutually agreed upon proposals that we hope the Commission can take further action upon. Thank you for your devotion to the health of our state, to the vulnerable populations that we all seek to serve, and your consideration of the recommendations above.

Sincerely,

Two handwritten signatures in black ink. The first signature on the left is a stylized, cursive 'JH'. The second signature on the right is a more legible cursive signature, likely 'Pamela Davis'.

Jeffrey Haney, MD and Pamela Davis, MD

Co-Chairs of the CAFP Residency Network