OSHPD Office of Statewide Health Planning and Development

Healthcare Workforce Development Division
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January 18-19, 2017
Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

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

Tsakopoulos Library Galleria
Sacramento Public Library
828 I St.
Sacramento, CA 95814

Commission Members Present:
Rosslynn Byous, DPA, PA-C
Elizabeth Dolezal
William Henning, DO
Carol Jong, PhD, RD
Catherine Kennedy, RN
Katherine Flores, MD
Karyn Karp, CRNA, MS
Angelica Millan, RN, MSN, RNP, FAAN
Ann MacKenzie, NP
Joseph Provenzano, DO

Commission Members Not in Attendance:
Michael Farrell, DO
Laura Lopez
Kathyann Marsh, PhD, RN
Cathryn Nation, MD

Staff to Commission:
Stacie Walker, Deputy Director
Melissa Omand, Program Manager
Jeannine Farrelly, Program Administrator
Tyfany Frazier, Program Coordinator
Rachel Fong, Program Analyst

Additional OSHPD Staff:
Robert P. David, OSHPD Director
Elizabeth Wied, Chief Legal Counsel
Kalanie Lipscomb, Health Program Specialist
Nancy Samra, Health Program Specialist

AGENDA ITEM 1: Call to Order

Chair Henning called the meeting to order.

AGENDA ITEM 2: Introduction of CHWPC Members and Statements of Recusals

CHWPC members introduced themselves, indicated whom they represent, and their appointing authority. Each Commissioner indicated from which FNP/PA training program they would recuse themselves.

Recusal:
Rosslynn Byous—None
Elizabeth Dolezal—None
William Henning—None
Carol Jong—None
Catherine Kennedy—None
Katherine Flores—None
Karyn Karp—None
Angelica Millan—None
Ann MacKenzie—None
Joseph Provenzano—None

AGENDA ITEM 3: Chair's Remarks

Chair Henning reminded Commissioners of policies and procedures for the meeting and the importance of attending meetings and participating on review panels. He also reminded Commissioners of the new program presentation format. Programs now have five minutes to speak before the Commission.

AGENDA ITEM 4: OSHPD Director's Report

Robert P. David, OSHPD Director, reported that the Governor released his proposed budget for Fiscal Year (FY) 2017-18 with a projected $1.6 billion deficit. To address the deficit, the Governor proposed cuts to one-time spending commitments for this fiscal year, including the $100 million augmentation to the Song-Brown Program. OSHPD's Sacramento office relocation is slated for late spring 2017 and the Los Angeles office at the end of 2017.

AGENDA ITEM 5: Executive Secretary's Report

Stacie Walker, Deputy Director, Healthcare Workforce Development Division (HWDD), reported on the two stakeholder forums held on November 29 and December 1, 2016, in Oakland and Fresno, respectively. Stacie also reported on program activities for:

- State Loan Repayment Program
- Workforce Education and Training Program (WET)
- Song-Brown Program

Commissioners directed staff to report on WET's Psychiatric Residency Education Capacity program outcomes at the next Commission meeting.

The Executive Secretary's Report for January 2017 is hereby incorporated as Attachment A.

AGENDA ITEM 6: Approval of October 26-27, 2016, Meeting Minutes

Commissioners reviewed and approved the meeting minutes as submitted.

ACTION ITEM:

Motion to approve meeting minutes (Millan), Second (Provenzano). Motion Adopted.

The October 26-27, 2016, Meeting Minutes are hereby incorporated as Attachment B.

AGENDA ITEM 7: Correspondence

Melissa Omand, Song-Brown Program Manager, presented letters from UCSF School of Nursing and California State University, Fullerton, supporting the funding of nurse-midwifery education programs, and a letter from the California Academy of Family Physicians, California Medical Association, and California Health + Advocates regarding disbursal of funds related to the Song-Brown program.

AGENDA ITEM 8: Family Nurse Practitioner/Physician Assistant Base Presentations

The following Family Nurse Practitioner/Physician Assistant programs made presentations to the Commission:

Betty Irene Moore School of Nursing—FNP/PA; Charles R. Drew University—FNP; CSU Bakersfield—FNP; CSU Fresno—FNP; CSU Long Beach—FNP; Marshall B. Ketchum University—PA; Sonoma State University—FNP; Stanford University—PA; Touro University—PA; UC Irvine—FNP; UC Los Angeles—FNP; UC San Francisco—FNP; United States University—FNP; University of San Francisco—FNP; University of Southern California—PA; and Western University of Health Sciences—PA

AGENDA ITEM 10: FNP/PA Base Funding Decision

The Commission recommended approval of funding for the seventeen FNP/PA Program applicants.

ACTION ITEM:

Motion to move $401,577 from FY 2015-16 to FY 2016-17 to fund FNP/PA applicant requests (Byous), Second (Karp). Motion Adopted.

Motion to approve funding recommendations as presented (Byous), Second (Provenzano). Motion Adopted.

Family Nurse Practitioner/Physician Assistant Base Awards list is hereby incorporated as Attachment C.

PUBLIC COMMENT:

- The scoring for percentages of graduates in primary care should be addressed differently for programs of different sizes.
- Eliminate the letters of support criteria.
- The Commission should take into consideration how private schools have money to pay clinical sites, which gives them an advantage over the UC and CSU schools.
- The Commission should consider its definition of underrepresented minorities (URM). Many multiracial URM students end up in the “other” category depending on how they self-identify their race/ethnicity.

AGENDA ITEM 11: Song-Brown Funded Programs

Kalanie Lipscomb, Health Program Specialist, HWDD, presented the staff recommendation to allow the Board of Registered Nursing Nurse-Midwife Education Programs to apply for Song-Brown Registered Nurse Program funds. Commissioners discussed the different types of advanced practice nursing disciplines to determine if they align with the Song-Brown mission and should be funded. Commissioners recommended excluding Nurse-Midwife Education Programs from applying for Song-Brown Registered Nurse Program funds.

ACTION ITEM:

Motion to exclude Nurse Midwifery programs from applying for future Song-Brown Registered Nursing base or special programs funding (Kennedy), Second (Millan). Motion Adopted.

PUBLIC COMMENT:

- Nurse midwives cover all of women's health issues but do not manage other health issues, and are therefore not true primary care providers.
- There are other types of nurse practitioners doing more primary care than nurse midwives.
- Allowing nurse midwifery programs to apply for Song-Brown Registered Nursing funding reduces the resources available to nursing programs and increases the likelihood that other types of nurse practitioners will also start asking for funding.

AGENDA ITEM 12: Leveraging Song-Brown Funds to Impact Program Outcomes

Stacie Walker presented, "Leveraging Song-Brown Funds to Impact Program Outcomes." Stacie discussed staff recommendations for simplifying the PCR application, creating greater incentives in funding structure (dollars and slots) to encourage innovative strategies to impact Song-Brown statutory criteria, leveraging PCR program presentations to inform policy, and setting primary care residency award levels. Stacie shared that Song-Brown held two stakeholder meetings to get input on these issues and refine staff recommendations. The stakeholder meetings took place on November 29 and December 1, 2016, in Oakland and Fresno, respectively.

The Leveraging Song-Brown Funds to Impact Program Outcomes presentation is hereby incorporated as Attachment D.

PUBLIC COMMENT:

- The Song-Brown application has similar types of questions and creates duplication of effort for the applicants. Consider consolidating application questions.
- The presentations create a hardship for programs and seem unnecessary.
- Consider doing optional in-person meetings with residency programs to discuss best practices.

AGENDA ITEM 13: Applicant Presentation Selection Criteria

Commissioners discussed stakeholder input and staff recommendations related to Family Medicine or Primary Care Residencies (Family Medicine, Internal Medicine, Pediatrics, and Obstetrics/Gynecology) applicant presentation selection criteria. Commissioners recommended having only a small number of programs present to discuss their applications and best practices, and continuing to set time aside to discuss applications for which Commissioners have questions.

ACTION ITEM:

Motion to approve staff recommendation for applicant presentation selection criteria:

- Direct staff to use scores, locations, specialties, program demographics, structure/design, status, and type to identify programs to present to the Commission.
- Direct applicants to include information about program structure/design in the executive summary of their application.
- Direct staff to coordinate a no-host gathering for training and residency programs to share successful program structure/design.

(Henning), Second (Karp). Motion Adopted.

PUBLIC COMMENT:

- Program presentations are helpful in terms of understanding what other programs are doing, but having discussions about the innovative things programs are doing would be a positive change.
- An opportunity to have programs come together in this setting is helpful and informative, whether or not there is a presentation segment. There is a lot of brainpower in the room to utilize. The new program presentation format of five minutes per presentation may not be worthwhile but could be more valuable in a different format.
- Without qualitative questions, programs that are outliers cannot provide a full description of their program. The Commission could also consider adding a checkbox to the application asking if programs would like to give a presentation.

AGENDA ITEM 14: Funding Categories and Related Definitions

Commissioners discussed stakeholder input and staff recommendations defining who can apply for various categories of Primary Care Residency General Fund money and clarifications to other Song-Brown definitions. Commissioners recommended including a separate definition for existing Family Medicine residency programs and including the four primary care disciplines in the definition of Existing Primary Care Residency Programs.

ACTION ITEM:

Motion to approve staff recommended definitions delineating the programs that can apply for the various types of Song-Brown PCR funding as presented in Attachment A of the Leveraging Song-Brown Funds to Impact Program Outcomes presentation with edits:

- Include a separate definition for Existing Family Medicine Residency Programs.

- Include the four primary care disciplines in the definition of Existing Primary Care Residency Programs.

(Provenzano). Second (Millan). Motion Adopted.

The New, Expansion, and Existing Song-Brown Program/Slot Funding is hereby incorporated as Attachment E.

PUBLIC COMMENT:

- Do not exclude any new family medicine residency programs that may come online. The Commission should look at existing definitions of family medicine residency programs.
- Family nurse practitioners and physician assistant programs get less funding because the Family Medicine program has good advocacy, but it must be a better reason.
- Conduct these meetings in one day rather than two, since the time and travel expense creates a hardship for programs.

MEETING RECESSED: 4:48pm

AGENDA ITEM 16: Call to Order

Chair Henning called the meeting to order.

AGENDA ITEM 17: Introduction of CHWPC Members

CHWPC members introduced themselves and indicated whom they represent and their appointing authority.

AGENDA ITEM 18: Chair's Remarks

Chair Henning reminded Commissioners of policies and procedures for the meeting and provided a recap of the actions taken on January 18, 2017.

AGENDA ITEM 19: Simplified Existing Slot, Existing Teaching Health Center Slot, and Expansion Slot Application

The Commission discussed stakeholder input and staff recommendations for the standardized PCR program application components. The Commission discussed possible new criteria for measuring the placement of graduates in primary care settings, including the option of using National Provider Identifier (NPI) numbers. Song-Brown already collects NPI numbers in the Family Medicine and Primary Care Residency applications but has not found them useful for measuring whether graduates are actually practicing exclusively primary care. The Commission recommended that staff further explore this issue and work with the stakeholders to develop a recommendation.

ACTION ITEM:

Motion to approve the staff recommended application components as modified during the meeting and reflected in Attachment F for PCR Existing Slots, Existing Teaching Health Center Slots, and PCR Expansion Slots applications (Flores), Second (Millan). Motion Adopted.

Commission directed staff to research the feasibility of using NPI numbers to verify the percent and number of residency program graduates who continue to practice exclusively primary care after graduation.

The Revised Staff Proposed Quantitative Application Criteria is hereby incorporated as Attachment F.

PUBLIC COMMENT:

- Family Medicine programs have more graduates going into primary care than the other Song-Brown primary care disciplines. Since this is Song-Brown's primary goal, it should have more weight in the scoring criteria. With the funds also being available to Internal Medicine, Pediatrics, and OB/GYN, where a higher portion of graduates go on to sub-specialize outside of primary care, they asked family medicine physicians what criteria could measure how well applicants were truly producing primary care graduates, and they suggested NPI numbers. If there is another reliable proxy, they are open to supporting it.
- NPI numbers trace back to the individual doctor, so they should be collectable and traceable.
- Does Song-Brown emphasize graduates practicing primary care, or graduates practicing primary care in an area of unmet need? An application question asks about primary care and another asks about the practice setting. It is hard to imagine practicing in an ambulatory care setting and not practicing primary care.
- Both providers and clinics have NPI numbers, which could allow Song-Brown to verify a graduate's practice site.
- Use the same guidelines that OSHPD uses and classify Medi/Medi patients (those eligible for both Medi-Cal and Medicare) as Medicare patients. Make sure we have good definitions and use some existing ones, such as OSHPD's definition of uninsured. Try looking at federal poverty levels as a marker for both patient mix of a continuity clinic and post-residency graduation.
- Sometimes family medicine students only do their hospital rotations in primary care continuity clinics in their second and third year, so consider rephrasing the question to say "non first-year residents." Use NPI numbers to help determine if graduates' practice site clinics are in underserved areas.
- Regarding the statutory criteria for location of the program and/or clinical training sites, the Commission should consider excluding small programs or weighting them differently, and instructing applicants to exclude sites where students spend very little time, as those sites do not reflect the true location of a program's training sites.
- Song-Brown should not disadvantage a program twice if they have been unlucky in the residency match process, so instead measure URM data by "URM and/or economically disadvantaged." The number of days spent in a continuity clinic depends on their rotation block rather than their Post-Graduate Year, so consider wording the question as "8 hours per week *on average over three years*." Family medicine students must already do this to

graduate, so this question will help distinguish between Family Medicine and the other primary care disciplines.
- Agree with the previous comment and the recommended edits.

AGENDA ITEM 20: New Programs Application

Commissioners discussed stakeholder input and staff recommendations for the new PCR program applications. Commissioners recommended removing the letters of support qualitative criteria and using the same quantitative criteria for existing slots, existing Teaching Health Center slots, and expansion slots.

ACTION ITEM:

Motion to approve the staff recommended application components for new PCR Programs:
- Program Summary
- Existing Qualitative Criteria
- Quantitative Statutory Criteria and Providing Primary Care

(Henning), Second (Provenzano). Motion Adopted.

See Attachment F (Revised Staff Proposed Quantitative Application Criteria)

PUBLIC COMMENT:

- The minimum quantitative score is not advantageous to all programs, and new programs should not be disadvantaged. Since Family Medicine produces the most graduates going into primary care, Family Medicine should always have priority over the other PCR residencies.

AGENDA ITEM 21: Award Structure for Existing Family Medicine or Primary Care Residency Slots

Commissioners discussed the staff recommended award amount and structure for existing Family Medicine as well as Primary Care Residency slot applicants.

ACTION ITEM:

Motion to approve the staff recommended funding methodology for Existing Family Medicine residency programs as follows:
- Assign average Graduate URM and URM score to all new applicants.
- Assign average new applicant Site in Areas of Unmet Need (UMN) to all applicants without a Site UMN.
- Award 0 slots to applicants with less than 50 percent of points.
- Divide remaining number of applicants by five.
- Award top quintile three slots.
- Award remaining 1 slot until the total number reaches 48.

Motion to approve the staff recommended funding methodology for Primary Care Residency programs as follows:

- Assign average Graduate URM and URM score to all new applicants.
- Assign average new applicant Site UMN score to all applicants without a Site UMN.
- Award 0 slots to applicants with less than 50 percent of points.
- Divide remaining number of applicants by five.
- Award top quintile five slots.
- Award next quintile three slots.
- Award next quintile two slots.
- Award remaining 1 slot until the total number reaches 150.

(Flores), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

- Reduce the gap between the first and second highest quintile, and give funding for two slots to programs in the second highest quintile.
- Create a comparison between the proposal and what is currently being done.
- Some Oakland stakeholder meeting attendees expressed support for continuing to give new programs guaranteed funding and raised concerns that the recommended scoring changes will limit the total number of programs that can receive funding. Consider lowering the award amount to $104,000 for four slots so that more programs can receive funding.
- Recommend continuing to provide guaranteed funding to new programs but giving them objectives they have to meet for the following year.
- The gap in slot awards could make a difference for some programs and is worth further discussion. Recommend finding a way to build in a slot award for four slots. It is important to create an environment and space to bring in new programs and keep them in the fold. Expressed concern that a new program might actually get a dollar amount significantly higher than other existing programs assuming they do well in other areas.
- If a program scores below the minimum quantitative score, programs may decide not to attend the funding meetings.

AGENDA ITEM 22: Award Structure for Existing Teaching Health Center Slots

Commissioners discussed the number of slots and award levels for existing THC PCR programs if the Song-Brown Program receives $33 million in General Fund money.

ACTION ITEM:

Motion to set award levels for existing THC PCR slot applicants at $170,000 per slot using a Special Program budget structure (Dolezal). Second (Flores). Motion Adopted.

PUBLIC COMMENT:

- Recommend awarding THCs as early as possible.

AGENDA ITEM 23: Award Structure for Expansion Slots

Commissioners discussed the number of slots and award levels for expansion slots if the Song-Brown Program receives $33 million in General Fund money.

ACTION ITEM:

Motion to set award levels for PCR expansion slot applicants at $150,000 per slot for up to 3 slots (Provenzano). Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

None

AGENDA ITEM 24: Award Structure for New PCR Programs

Commissioners discussed the number of slots and award levels for new PCR program applicants if the Song-Brown Program receives $33 million in General Fund money.

ACTION ITEM:

Motion to set award levels for new PCR program applicants at $800,000 per program accredited after July 1, 2016 (Dolezal). Second (Provenzano). Motion Adopted.

PUBLIC COMMENT:

- Asked for clarification regarding the definition of a new PCR program.
- The Commission should reserve the authority to adjust scores at the funding meetings even if the scores are purely quantitative.
- Expand the application period so that programs have more time to complete the application. If the application is released too late in the year, it could affect how many programs apply.

AGENDA ITEM 25: Simplifying the FNP/PA and Registered Nurse (RN) Award Processes

Commissioners discussed whether to apply methods used to simplify the FM/PCR award process to the FNP/PA and RN processes. Commissioners recommended holding additional stakeholder meetings to solicit public input on quantitative scoring methods.

ACTION ITEM:

Motion to apply methods used to simplify the FM/PCR award process to the FNP/PA and RN processes (Dolezal). Second (Kennedy). Motion Adopted.

Commission directed staff to hold stakeholder meetings to obtain input from stakeholders on quantitative scoring criteria for the FNP/PA and RN Programs.

AGENDA ITEM 26: Primary Care Shortage Areas (PCSA) Update

Dorian Rodriguez, Research Program Specialist, HWDD, reported on the annual update to the PCSA designation used by the Commission to designate areas of unmet need for PCR and FNP/PA Programs. In 2016, changes in civilian population, poverty, provider counts, and the physician-to-population ratios changed the status of nine medical service study areas (MSSAs). There are 542 MSSAs in California; staff recommend 6 MSSAs gain PCSA designation and 3 MSSAs lose PCSA designation, increasing the total number of PCSAs by 3.

ACTION ITEM:

Motion to approve the annual update to the PCSA designation as presented by staff (Flores). Second (Provenzano). Motion Adopted.

Song-Brown Primary Care Shortage Areas Update is hereby incorporated as Attachment G.

PUBLIC COMMENT:

- If FNP/PA programs start providing payer mix data, the Commission should consider programs in publicly mixed underserved areas. There should be a way to account for the uninsured in public health clinics or Federally Qualified Health Centers that are not in areas of unmet need, as this is especially important for programs in the San Francisco Bay Area.

AGENDA ITEM 27: General Public Comment

- Supported the staff recommendation and their work, and thanked the Commission for the opportunities to give input.
- It is important to have more support for the THCs, who are facing a fiscal cliff because of limited funding.
- Instead of eliminating the letters of support, the Commission could consider having the institutions that write the letters speak to how their relationship with the applicant strengthens the Song-Brown initiative.
- Recommend that Song-Brown collaborate with other organizations such as The California Endowment.
- Broaden the definition of URM to include the economically disadvantaged.

AGENDA ITEM 28: Future Agenda Items

- Discuss whether applicants should only have to list their top 3-5 training sites by patient visit volume rather than entering all of their training sites.

Adjourn Meeting

The meeting adjourned at 1:46 pm

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

ATTACHMENT A

California Healthcare Workforce Policy Commission
Executive Secretary Report
Stacie S. Walker
January 18 and 19, 2017

- Shortage Designation Program (SDP) hosted its Bi-annual Health Professional Shortage Area (HPSA) Technical Assistance Workshop in Orange county on November 17 and 18, 2016; approximately 54 stakeholders attended
- Mental Health Workforce Education and Training (WET)
  - awarded 10 Workforce Retention grants totaling $998,721 in November 2016
  - released Psychiatric Residency Education Capacity Request for Application worth $4.1M; final filing date is January 26, 2017
  - released pipeline Request for Application on January 6, 2017 worth $1M; final filing date March 14, 2017
- State Loan Repayment Program (SLRP)
  - awarded $1M to 70 healthcare providers; 154 applications, a 30 percent increase from the last application cycle
  - listing all Federally Qualified Health Centers on the SLRP's certified eligible site list; sites will still be required to provide matching funds to participate in the program
  - opening second application cycle for County Medical Services Program designated sites in rural locations January 30, 2017; no site match requirement; final filing date is March 30, 2017; OSHPD will administer program, awarding $1 million per year over three years
- Song-Brown Program held two stakeholder forums to obtain input on Song-Brown Program structure and award levels related to $33M General Fund augmentation
- Mini-grant Request for Application opens January 27, 2017; two categories of funding, career exploration, and conference and information sharing; up to $12,000 per grant with $550,00 available; final filing date is February 27, 2017; technical assistance webinar on February 7, 2017
- Submitted the Healthcare Workforce Clearinghouse Annual Report to the Legislature; highlighting a needs assessment that identified 85 non-HPSA Medical Service Study Areas that indicate a shortage of providers based on education, income, and health outcomes
- Use Case Team met with agency and Chief Information Officer to discuss plans for data and research related to areas in California with poor outcomes not designated as HPSAs
- 2016 Clearinghouse Fact Sheets completed and posted to the Office of Statewide Health Planning and Development's web site
- Completed HWDD's Operational Plan
  - Application of LEAN method to two Healthcare Workforce Development Division processes
  - Development of comprehensive eApp to simplify application processes

State of California – Health and Human Services Agency Edmund G. Brown Jr., Governor

OSHPD Office of Statewide Health Planning and Development

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ATTACHMENT B

October 26-27, 2016
Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

Primary Care Residencies (PCR) Funding Meeting

Hilton Los Angeles North/Glendale
100 West Glenoaks Blvd.
Glendale, CA 91202

Action may be taken on any item listed on the agenda

Commission Members Present:
*Rosslynn Byous, DPA, PA-C
Elizabeth Dolezal
*Michael Farrell, DO
William Henning, DO
Carol Jong, PhD, RD
Angelica Millan, RN, MSN, RNP, FAAN
*Cathryn Nation, MD
Joseph Provenzano, DO
***Did Not Attend 10/26/2016**

Commission Members Not in Attendance:
Karyn Karp, CRNA, MS
Laura Lopez
Ann MacKenzie, NP
Kathyann Marsh, PhD, RN
Catherine Kennedy, RN
Katherine Flores, MD

Staff to Commission:
Stacie Walker, Deputy Director
Melissa Omand, Program Manager
Jeannine Farrelly, Program Administrator
Tyfany Frazier, Program Coordinator
Kalanie Lipscomb, Health Program Specialist

Additional OSHPD Staff:
Robert P. David, OSHPD Director
Elizabeth Wied, Chief Legal Counsel

AGENDA ITEM 1: Call to Order

Chair Henning called the meeting to order.

AGENDA ITEM 2: Introduction of CHWPC Members and Statements of Recusals

CHWPC members introduced themselves, indicated whom they represent, and their appointing authority. Each Commissioner indicated from which PCR training program they would recuse themselves.

Recusal:
Elizabeth Dolezal–None
Carol Jong–None
Angelica Millan–None
William Henning–None

Joseph Provenzano-None

AGENDA ITEM 3: Chair's Remarks

Chair Henning reminded Commissioners of policies and procedures for the meeting. He informed Commissioners that a quorum could not be established and therefore all discussions would move forward as recommendations and all voting would take place on October 27 when a quorum is present. He also informed Commissioners of the new program presentation format. Programs now have five minutes to speak before the Commission.

AGENDA ITEM 4: OSHPD Director's Report

Robert P. David, OSHPD Director, reported that the Fiscal Year (FY) 2016-17 state budget passed and took effect July 1, 2016, with $199 million total funds allocated to OSHPD. Song-Brown received a one-time augmentation of $100 million contingent on federal approval of the Hospital Quality Assurance Fee. OSHPD will continue to track bills that impact OSHPD, including AB 2048 (Gray), AB 2024 (Wood), and SB 1139 (Lara). OSHPD's Sacramento office relocation is now slated for spring 2017 and the Los Angeles office at the end of 2017.

AGENDA ITEM 5: Executive Secretary's Report

Stacie Walker, Deputy Director, Healthcare Workforce Development Division (HWDD), reported on the funds awarded to Family Medicine Residency Programs at the August 25, 2016, meeting. Stacie also reported on program activities for:

- State Loan Repayment Program
- Workforce Education Training Program
- Song-Brown Program

The Executive Secretary's Report for October 2016 is hereby incorporated as Attachment A.

AGENDA ITEM 6: Approval of August 24-25, 2016, Meeting Minutes

October 26: Commissioners recommended approving of the meeting minutes.

ACTION ITEM:

October 27: Motion to approve meeting minutes (Provenzano), Second (Henning). Motion Adopted.

The August 24-25, 2016, Meeting Minutes are hereby incorporated as Attachment B

AGENDA ITEM 7: Correspondence

Melissa Omand, Song-Brown Program Manager, presented letters from UCSF School of Nursing and California State University, Fullerton, supporting the funding of nurse-midwifery education programs, an email from Carmela Castellano-Garcia of the California Primary Care Association; letters from California Health + Advocates and California Academy of Family Physicians' Residency Network, regarding the $33 million Song-Brown augmentation. Melissa also shared a letter to Katherine Townsend, thanking her for her tenure on the California Healthcare Workforce Policy Commission.

AGENDA ITEM 8: Primary Care Residency Capitation Presentations

Twenty primary care residency programs requested capitation funding. Representatives from the following institutions presented on October 26, 2016:

San Joaquin General Hospital–Internal Medicine; UC Davis–Pediatrics; White Memorial Medical Center–Internal Medicine; UCSF–Internal Medicine; Olive View–Internal Medicine; UC Riverside–Internal Medicine; UC Davis–Internal Medicine; Kaiser Permanente Los Angeles–Pediatrics; UCSF Fresno–OB/GYN; Kern Medical Center–OB/GYN; Kaiser Permanente Los Angeles–Internal Medicine; Kern Medical Center–Internal Medicine; and White Memorial Medical Center–OB/GYN

AGENDA ITEM 10: Primary Care Residency Capitation Funding Decision

The Commission recommended approval of funding for twenty primary care capitation applicants.

ACTION ITEM:

October 26: The Commission recommended moving $1,185,970 from FY 2015-16 to FY 2016-17 to fund requested PCR slots.

October 26: The Commission recommended funding for all twenty primary care capitation applicant requests.

October 27: Motion to move $1,185,970 from FY 2015-16 to FY 2016-17 to fund requested PCR slots (Dolezal), Second (Nation). Motion Adopted.

October 27: Motion to approve funding recommendations as presented (Dolezal), Second (Nation). Motion Adopted.

Primary Care Residency Capitation Awards list is hereby incorporated as Attachment C

AGENDA ITEM 11: Primary Care and Family Medicine Residency Funds

Stacie Walker presented the staff recommendation to allow the four Song-Brown primary care specialties of Family Medicine (FM), Internal Medicine (IM), Obstetrics and Gynecology (OB/GYN), and Pediatrics (Peds) to compete for Song-Brown primary care residency program funds.

ACTION ITEM:

October 26: Commissioners recommended combining California Health Data Planning Fund (CHDPF) monies and General Fund monies starting in FY 2017-18 allowing all four Song-Brown primary care specialties (FM, IM, OB/GYN, and Peds) to compete for primary care residency funds. In any year which Song-Brown does not receive General Fund money, the CHDPF will continue to support only family medicine residency programs.

October 27: Motion to accept recommendation (Nation), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

- The Song-Brown program should keep the FM and PCR funding separate unless a contingency is put in place.
- The legislative intent was to make both funds available to support FM programs and the $100 million should be kept separate from the CHDPF.
- PCR programs may have difficulty competing with family medicine programs for funding.
- Allocate a certain percentage of the available funding to each primary care specialty, thereby allowing equitable access.

AGENDA ITEM 12: Leveraging Song-Brown Funds to Impact Program Outcomes

Stacie Walker presented, "Leveraging Song-Brown Funds to Impact Program Outcomes." Stacie discussed staff recommendations for simplifying the PCR application, creating greater incentives in funding structure (dollars and slots) to encourage innovative strategies to impact Song-Brown statutory criteria, leveraging PCR program presentations to inform policy, and setting primary care residency award levels. Stacie shared that Song-Brown has set aside two days to meet with stakeholders to get input on outstanding issues. The stakeholder meetings will take place on November 29 and December 1, 2016, in Oakland and Fresno, respectively.

The Leveraging Song-Brown Funds to Impact Program Outcomes presentation is hereby incorporated as Attachment D.

PUBLIC COMMENT:

- Collapsing family medicine and PCR will make funds too competitive.
- The statutory focus on underrepresented minorities disadvantages rural programs. The Commission should take this into consideration when scoring their applications.
- Primary care encompasses many sub-specialties. Will these programs be eligible for funding? If not, this should be clarified on the funding application.
- Using only quantitative criteria does not always work, especially for new programs. The scoring criteria should be based on factors within a program's control so that programs can make changes and demonstrate improvement.
- Will Song-Brown continue doing Special Programs funding under the proposed plan to collapse Family Medicine and PCR?

MEETING RECESSED: 4:30pm

AGENDA ITEM 14: Call to Order

Chair Henning called the meeting to order.

AGENDA ITEM 15: Introduction of CHWPC Members and Statements of Recusal

CHWPC members introduced themselves and indicated whom they represent and their appointing authority. Each Commissioner indicated from which PCR training program they would recuse themselves.

Rosslyn Byous–Riverside University Health System
Elizabeth Dolezal-None
Michael Farrell-None
William Henning-None
Carol Jong-None
Angelica Millan-None
Cathryn Nation-None
Joseph Provenzano-None

AGENDA ITEM 16: Chair's Remarks

Chair Henning reminded Commissioners of policies and procedures for the meeting and provided a recap of the recommendations made on October 26, 2016.

AGENDA ITEM 17: Simplifying the Primary Care Residency Program Application

The Commission discussed changes to the PCR program application. The current application uses a combination of quantitative criteria and qualitative criteria to score and rank applications. A staff analysis found no correlation between qualitative and quantitative scores. Recommendations for future improvements included using only quantitative data to rank PCR applications, conducting compliance audits/site visits to validate the data provided by programs, and scoring new program applications using qualitative criteria and site location. The possibility of including payer mix data and placement of graduates in primary care ambulatory settings as criteria was also discussed.

ACTION ITEM:

Motion to simplify the PCR application:

- Rank PCR applications on quantitative statutory criteria alone
- Depend on ongoing accreditation to ensure the program meets a minimum standard
- Leverage FY 2014-15 new slot application to create program expansion application
- Score new program applications using qualitative criteria and site location

Commission directed staff to address:

- The value of adding payer mix and placement of graduates in primary care ambulatory settings
- Forming a workgroup and creating one application for all PCR programs
- Looking at a tier system that provides greater funding to programs adhering to Song-Brown criteria.

(Dolezal), Second (Provenzano). Motion Adopted.

PUBLIC COMMENT:

- Support for the staff recommendation, which would reduce the Commission's workload and shift focus to more important data.
- The workgroup should continue using scoring criteria for payer mix, students practicing in ambulatory primary care settings, and the percentage of graduates practicing primary care
- Consider the rural health perspective.
- Support for the simplification of the application as proposed and measuring the percentage of graduates practicing primary care.
- The majority of Internal Medicine graduates go into primary care.
- Due to the shortage of primary care physicians in certain areas, more specialists also serve as primary care providers.
- Family medicine students are exclusively trained to work in primary care and do so in greater numbers than other disciplines. All applications should be measured based on payer mix and students practicing in ambulatory primary care to make it fair, consistent, and more in line with Song-Brown priorities.
- It is important to involve stakeholders and use their input to help craft the application questions.

AGENDA ITEM 18: Considering Alternative Song-Brown Program Models

Commissioners discussed staff recommended changes to the Song-Brown funding structure.

ACTION ITEM:

Motion to adopt an alternative Song-Brown Program model:

- Create greater incentives in funding structure (dollars and slots) to encourage innovative strategies to impact Song-Brown statutory quantitative criteria.
- Develop a minimum quantitative score to receive an award.

(Millan), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

- Support for the motion to develop a minimum quantitative score.
- Support for the motion, as their residency program is ready to expand by ten or more slots if given the funding to do so.

AGENDA ITEM 19: Leveraging Primary Care Residency Program Presentations to Inform Policy

Commissioners discussed the staff recommendation to provide more time to fewer programs to present strategies or new innovations, replace progress reports with compliance audits or site visits, and publish white papers to educate the industry about successful strategies.

ACTION ITEM:

Motion to leverage PCR program presentations to inform policy:

- Provide more time to fewer programs to present strategies that lead to superior outcomes or new innovations.
- Replace progress reports with compliance audits or site visits focused on ensuring accurate application information.
- Publish white papers to educate the industry about successful strategies.

(Nation), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

- Presentations should include a mix of presenters from small and large areas.
- Commission members sometimes question programs about their site location not being in an area of unmet need, but by funding every program there is no incentive for programs to change.
- Provide opportunities for lower scoring programs to discuss their scores with the Commission.
- Higher scoring programs may be less likely to attend funding meetings, but hearing their presentations can be very beneficial to others.
- Presentations are important and enhance accountability.
- Higher scoring programs should present longer, and have a separate event, such as a conference, to discuss best practices and innovation.
- Continue doing presentations while incorporating time for discussing best practices.
- Presentations are valuable but could be more so if allotting more time for information sharing, and possibly awarding additional points to programs who attend and present at funding meetings.

AGENDA ITEM 20: Setting Primary Care Residency Award Levels

Commissioners discussed the potential number of slots and award levels for existing PCR programs, existing teaching health center PCR programs, existing PCR programs that are expanding the number of accredited slots, and new PCR programs if the Song-Brown Program receives $33 million in General Fund money.

ACTION ITEM:

Motion to set PCR award levels for existing primary care residency programs at $125,000 for five slots to create incentives for programs to use new strategies to impact Song-Brown statutory goals; fund new applicants at two slots, and expansion slots at $100,000 for four slots to balance demand and supply for funds, maximizing the number of expanded slots. (Dolezal) Second (Millan). Motion Adopted.

Motion to use workgroup to define "new" residency programs, categorize funding using stakeholder input, and bring a recommendation to the Commission. (Provenzano), Second (Nation). Motion Adopted.

Motion to use workgroup to evaluate recommendation to set expansion slot awards at $100,000 for four slots and bring recommendation to the Commission. (Provenzano), Second (Nation). Motion Adopted.

PUBLIC COMMENT:

- Teaching health centers are not the only programs losing funding and at risk of disappearing without replacement funds.
- Build in funds for innovation along with stabilizing base funds.
- Funding is needed to expand into rural areas.
- Create a minimum funding floor rather than a funding ceiling to assess what would be the sufficient incentive, and have a floor of $150,000. The understanding is that fewer programs would get funding but this is preferable to receiving only a superficial investment.
- Support for the creation of a floor of $125,000 to create more stabilization for programs.
- Important to create clear definitions of new programs that differentiate between new residency programs and new residency tracks.
- Support for staff's recommendation on the condition that the Commission reverts back to the current way of separating Family Medicine and PCR funding if the $33 million augmentation is not received.
- Concern regarding the small number of Commissioners and stakeholders present for the meeting. The discussion of decisions made at this meeting should be shared at a future date.

AGENDA ITEM 21: Song-Brown Funded Programs

Commissioners discussed recommendation to allow Board of Registered Nursing (BRN) Nurse-Midwife education programs to apply for Song-Brown Registered Nurse Program funds.

ACTION ITEM:

Motion for staff to present information on the six advance practice registered nursing categories (clinical nurse specialists, nurse anesthetists, nurse-midwives, nurse practitioners, psychiatric/mental health nurses, public health nurses), under which funding category they should be eligible to apply, and to continue to allow Nurse-Midwife education programs to apply for Song-Brown Special Programs funding. (Millan), Second (Nation). Motion Adopted.

The Song-Brown Funded Programs Memorandum is hereby incorporated as Attachment E

PUBLIC COMMENT:

- Additional discussion and stakeholder input around this issue is needed.

AGENDA ITEM 22: General Public Comment

None

AGENDA ITEM 23: Future Agenda Items

None

The meeting adjourned at 4:45 pm

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

OSHPD of Statewide Health Planning and Development

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ATTACHMENT C

Family Nurse Practitioner / Physician Assistant Programs
Base Awards
January 2017

Training Program	Program Type	Award	County
Betty Irene Moore School of Nursing	FNP/PA	$185,000.00	Sacramento
California State University, Bakersfield	FNP	$79,582.00	Kern
California State University, Fresno	FNP	$114,789.00	Fresno
California State University, Long Beach	FNP	$185,000.00	Los Angeles
Charles R. Drew University	FNP	$184,992.00	Los Angeles
Charles R. Drew University	PA	$79,998.00	Los Angeles
Marshall B. Ketchum University	PA	$184,030.00	Orange
Sonoma State University	FNP	$185,000.00	Sonoma
Stanford University	PA	$150,000.00	Santa Clara
Touro University	PA	$184,999.00	Solano
University of California, Irvine	FNP	$80,000.00	Orange
University of California, Los Angeles	FNP	$150,000.00	Los Angeles
University of California, San Francisco	FNP	$114,999.00	San Francisco
United States University	FNP	$113,100.00	San Diego
University of San Francisco	FNP	$149,990.00	San Francisco
University of Southern California	PA	$185,000.00	Los Angeles
Western University of Health Sciences	PA	$178,473.00	Los Angeles
	Total	$2,504,952.00	

ATTACHMENT D

LEVERAGING SONG-BROWN PROGRAM FUNDS TO IMPACT OUTCOMES

Stacie S. Walker

California Healthcare Workforce Policy Commission Meeting

January 18 and 19, 2017

Song-Brown – Challenge

- The California Endowment funds
- Solid infrastructure and process
- Uncertain future
  - *$33M General Fund money for PCR*
  - *Diminished funding going forward*

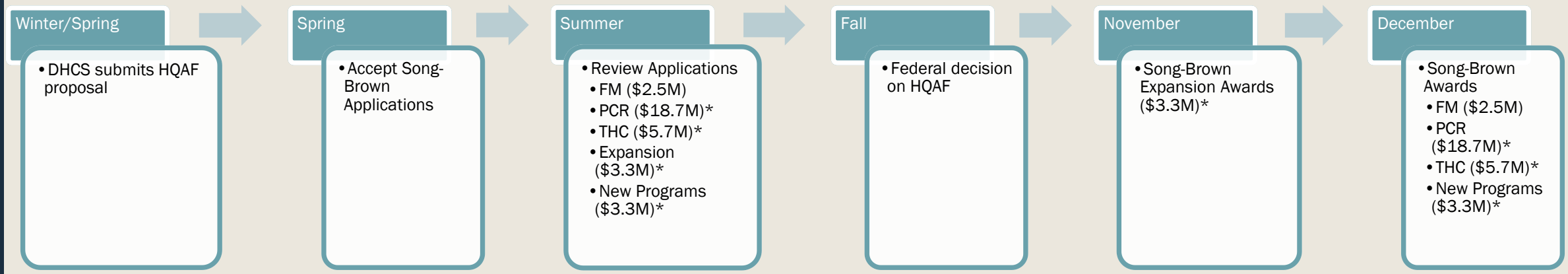
FY 2017-18	Without General Fund Money	With General Fund Money
Family Medicine and Primary Care Residency Training	$2,581	$2,581
FNP/PA Training	$1,350	$1,350
Registered Nurses	$2,725	$2,725
Reimbursement	$400	$400
Data Fund Subtotal	$7,056	$7,056
Existing Family Medicine and Primary Care Residency Slots		$18,700
Existing THC Family Medicine and Primary Care Residency Training Slots		$5,700
Family Medicine and Primary Care Residency Training Expansion Slots		$3,300
New Family Medicine and Primary Care Residency Training Programs		$3,300
General Fund Subtotal		$31,000
TOTAL	**$7,056**	**$38,056**

Note: Dollars shown in thousands.

Decision

- If Song-Brown receives General Fund money to support PCR programs the FM Data Fund Money and General Fund money will be combined to support all four (4) primary care specialty residency programs (FM, IM, Pediatrics, and OB/GYN).
- For any year in which Song-Brown does not receive General Fund money, the California Health Data Planning Fund will continue to support FM only.

Song-Brown FM/PCR 2017 Plan

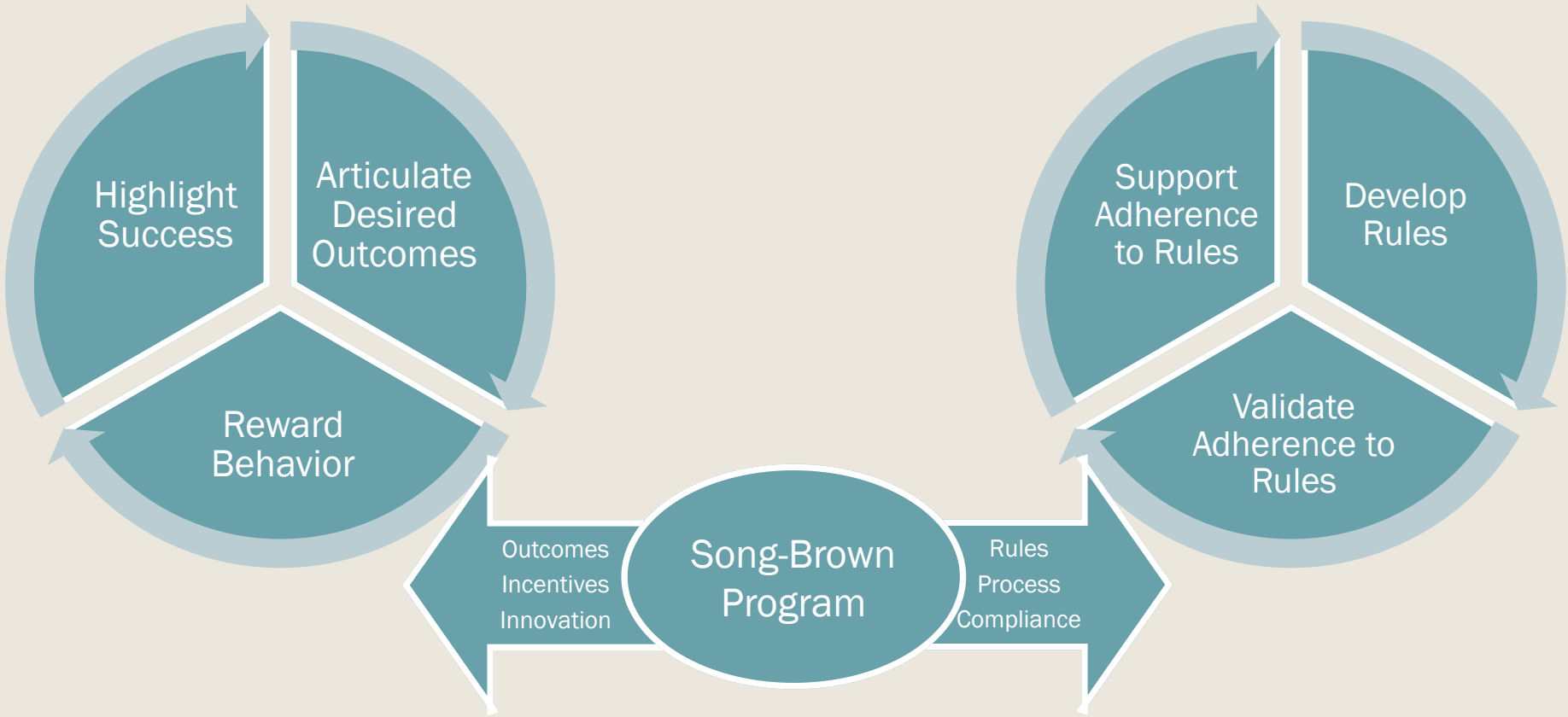


*Authority to expend funds is contingent on federal extension of the Hospital Quality Assurance Fee (HQAF).

Two Program Models

Incentive-based Program – Stimulates Change

Command and Control Program – Enforces Rules



Decision

- Leverage Residency Program Presentations to Inform Policy
- Simplify the Application
  - Rank applications on quantitative statutory criteria
  - Ensure data availability for all specialties (FM, IM, OB/GYN, Peds)
- Create greater incentives in funding structure (dollars and slots) to encourage innovative strategies to impact Song-Brown statutory quantitative criteria
- Develop minimum quantitative score to receive a grant

Stakeholder Input Forum Attendees

- Oakland: November 29, 2016
  - *18 participants*
    - 7 Family Medicine
    - 4 Internal Medicine
    - 2 Pediatrics
- Fresno: December 1, 2016
  - *18 participants*
    - 9 Family Medicine
    - 1 Obstetrics/Gynecology
    - 1 Pediatrics
- Advocates

Presentation Criteria – Stakeholder Input

- Scores: highest and/or most improved
- Locations: rural, urban, frontier, medically underserved, multicultural communities (under-represented minorities), lower socioeconomic neighborhoods, ambulatory and community settings
- Specialties: Family Medicine (FM), Internal Medicine (IM), Obstetrics and Gynecology (OB/GYN), and Pediatrics (Peds)
- Program Demographics: underrepresented minorities and/or economically disadvantaged groups, payer mix
- Program Structure/Design: outreach efforts, challenges/successes, best practices, curriculum, teaching modalities, pipeline, inter-disciplinary teams
- Program Status: existing, new program
- Institution Type: University of California, Teaching Health Center, county-based residency

Agenda Item 13: Staff Recommendation

- Direct staff to use – scores, locations, specialties, program demographics, structure/design, status, and type to identify programs to present to the Commission
- Direct applicants to include information about program structure/design in the executive summary of their application
  - *outreach efforts*
  - *challenges/successes*
  - *best practices*
  - *curriculum*
  - *teaching modalities*
  - *pipeline*
- Direct staff to coordinate a no-host gathering for training and residency programs to share successful program structure/design

Decision

- Simplify the PCR Application – create a single application for Family Medicine, Internal Medicine, Pediatrics, and Obstetrics and Gynecology, standardizing questions related to statutory criteria and practice of primary care

Key Budget Bill Provisions

- State's spending plan reflects a total augmentation of $100 million General Fund over three years pending available resources
- Contingent on federal extension of Hospital Quality Assurance Fee, FY 2016-17 Budget allocates
  - *Up to $18.7 million to fund grant awards at existing primary care residency slots*
  - *Up to $5.7 million to fund primary care residency slots at existing Teaching Health Centers*
  - *Up to $3.3 million to fund new primary care residency slots at existing programs*
  - *Up to $3.3 million to fund newly accredited primary care residency programs*
  - *Up to $2.0 million to administer the program at OSHPD*
- Can roll-over non-expended, new accreditation funds to support expansion slots after June 30, 2019
- Can roll-over all spending categories an additional 3 years

Eligible Applicant Definitions – Stakeholder Input

- **Existing Primary Care Residency Program ($18.7M):** A program that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association will enroll at least one class by July 1.
- **Teaching Health Center ($5.7M):** 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 Health Resources and Services Administration/Teaching Health Center grants. (http://bhpr.hrsa.gov) The Accreditation Council for Graduate Medical Education, American Osteopathic Association, and the American Association of Colleges of Osteopathic Medicine will transition to a single accreditation system for graduate medical education in the U.S. effective July 2020. Teaching Health Centers must meet delineated program requirements to apply across funding categories.

Eligible Applicant Definitions – Stakeholder Input

- **New Primary Care Residency Slots for Existing Programs (Expansion) ($3.3M):** A permanent increase in the number of Accreditation Council on Graduate Medical Education or American Osteopathic Association[1] approved primary care residency slots for an existing primary care program as evidenced by a letter from the appropriate accrediting body.
- **New Program ($3.3M):** A primary care residency program that will receive accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association[1] after July 1, 2016.

Note: See attachment A for detail.

Agenda Item 14: Staff Recommendation

- Approve the definitions delineating the programs that can apply for the various types of Song-Brown PCR funding as specified in Attachment A

Standardized Application – Stakeholder Input

Criteria	Current Points Available	Stakeholder Proposal	Staff Proposal
Statutory Criteria			
Placement of graduates in medically underserved areas. (i.e. % and # of graduates in areas of UMN.)	15	20	15
Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program. (i.e. % and # of URM graduates.)	15	20	15
Location of the program and/or clinical training sites in medically underserved areas. (i.e. % and # of training sites in areas of UMN.)	15	20	15
Additional Criteria			
Percentage and number of residency program graduates who continue to practice exclusively primary care five years after graduation? (Can be verified via NPI number) (To be used except in those cases in which programs only have graduates four years or three years out, in which case they will be scored based on the data from those years.)	NA	15	Staff recommend not using this criteria because it does not consider area of UMN.
Placement of graduates in primary care ambulatory settings five years post residency (% and # of graduates in primary care ambulatory settings in areas of UMN.)	10	NA	15
Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM current residents)	15	NA	15

Standardized Application – Stakeholder Input

Criteria	Current Points Available	Stakeholder Proposal	Staff Proposal
Additional Criteria			
Percentage of residents' time spent training in primary care continuity clinics.	NA	10	Song-Brown asked a similar question in the past with poor results.
Describe the **primary care continuity clinics'** payer mix: - 0 points - 0-49% combination of Medi-Cal, County Indigent Programs **and Uninsured** - 5 points - 50-74% combination of Medi-Cal, County Indigent Programs **and Uninsured** - 10 points - 75-100% combination of Medi-Cal, County Indigent Programs **and Uninsured**	NA	10	This language is inconsistent with Payer Categories defined by OSHPD's, Hospital Annual Financial Data, Healthcare Financial Data which provides a valuable validation tool.
Describe the training sites payer mix. (Up to 3 continuity clinics) - 0 points - combination of Medi-Cal, County and Other Indigent, and Other Payers 0-49% - 5 points - combination of Medi-Cal, County and Other Indigent, and Other Payers 50-74% - 10 points - combination of Medi-Cal, County and Other Indigent, and Other Payers 75-100%	10	NA	20
Has the program developed coherent ties with medically underserved multicultural communities in lower socioeconomic neighborhoods as evidenced by letters of support from community based organizations? (e.g. FQHCs, Community Clinics, rural health clinics, YMCA, Big Brothers, etc. Does not include sponsoring institutions.) **1 point per letter attached, up to 5 points maximum.**	3	5	5
Total	68	100	100

Agenda Items 19 & 20: Staff Recommendation

Funding Category	Staff Recommended Application Components
$2.5M FM or $18.7M PCR Existing Slots	Program Summary (include program structure/design information) Quantitative (as delineated in Attachment B) -Statutory Criteria -Providing Primary Care
$5.7M Existing THC Slots	Program Summary (include program structure/design information) Quantitative (as delineated in Attachment B) - Statutory Criteria - Providing Primary Care
$3.3M PCR Expansion Slots	Program Summary (include program structure/design information) Quantitative (as delineated in Attachment B) -Statutory Criteria -Providing Primary Care
$3.3M New PCR Programs	Program Summary Quantitative (as delineated in Attachment B) -Statutory Criteria (practice site only) -Providing Primary Care Existing Qualitative Criteria Leverage Existing Qualitative Criteria Review Process

Decision - $2.5M for FM or $18.7M for PCR Existing Slots

- Create greater incentives in funding structure (dollars and slots) to encourage innovative strategies to impact Song-Brown statutory quantitative criteria
- For General Fund allocation
  - *Explore five slot maximum at $125,000*
  - *Explore four slot maximum at $150,000*
- Develop a minimum quantitative score to receive an award
- Obtain input from stakeholders

Stakeholder Input

Funding Category	Funding Type	Stakeholder Consensus
$18.7M Existing PCR Slots	Capitation	No Consensus
$2.5M Existing FM Slots	Capitation	No Consensus
$5.7M Existing THC Slots	Special Programs	$170K per Slot; Review annually and adjust award to distribute funds evenly across all slots
$3.3M Expansion Slots	Capitation	$150K per Slot Up to 3
$3.3M New Programs	Special Programs	$800K per Program

PCR Existing Slots $18.7M – Stakeholder Input

PCR - $18.7M Award Scenarios at $125K per Slot

	Applicants Awarded						Total Slots	Decrease in Award		
	0 Slots	1 Slot	2 Slots	3 Slots	4 Slots	5 Slots		# Applicants	# w/out Grads	Average $
C) Minimum Score/2 w/out Grads/Up to 5	3	18	28	10	0	9	149	17	2	($55,890)
D) Minimum Score/1 w/out Grads/Up to 5	3	25	21	10	0	9	142	15	4	($64,255)
E) Minimum Score/Average/Up to 5	5	24	13	13	0	13	154	16	3	($71,278)
F) No Minimum Score/2 w/out Grads/Up to 4	0	20	28	10	10	0	146	14	2	($53,119)

Note: Minimum score is 22.5 or 50% of points. See Attachments C through F for detail.

- Oakland – input
  - *Consensus supporting $125K per slot for up to four or five slots*
  - *Preference for supporting new applicants with funding*
  - *Some desire for minimum score, without funding gaps between tiers*
  - *Some desire for funding for all programs, while supporting Song-Brown goals*
- Fresno – input
  - *Strong consensus supporting a minimum score of 50%*
  - *Some desire to award new applicants the average score for criteria without data*
  - *Some concern about changing application and award method; consider incremental approach*
  - *No preference for $125K vs $150K per slot*

Family Medicine $2.5M Existing Slots – Stakeholder Input

Family Medicine - $2.5M Award Scenarios at $51,615 per Slot

	Applicants Awarded				Total Slots	Decrease in Award		
	0 Slots	1 Slot	2 Slots	3 Slots		# Applicants	# w/out Grads	Average $
G) Minimum Score/1 w/out Grads/Up to 3	5	27	0	7	48	28	5	($112,447)
H) Minimum Score/Average/Up to 3	5	27	0	7	48	28	5	($112,447)
I) No Minimum Score/1 w/out Grads/Up to 2	0	31	8	0	47	28	5	($105,073)

*Minimum score is 22.5 or 50% of points. See Attachments G through I for detail.

Existing THC PCR Slots – $5.7M

- 6 THCs currently with 33 first year residency slots
- Industry interest in starting new THCs, which would increase number of future applicants
- THCs may be losing federal funding for 2nd and 3rd year students
- THCs had strong preference for Special Program structure

Existing THC PCR Slots $5.7M – Stakeholder Input

- Special Programs – Budget funding
  - *Requires more rigorous accounting detail and periodic grant amendments*
  - *Lump sum funding with a hold back or payments in arrears*
  - *Funds can begin flowing as soon as contracts are signed; potentially FY 2017-18*
  - *Scale funding per program based on number of first year students in all THCs to allow for THC slot growth*

	Special Programs Budget Disbursement		
	FY 2017-18	**FY 2018-19**	**FY 2019-20**
Per First Year Resident	$171,818	$171,818	$171,818
2/2/2 Program	$343,636	$343,636	$343,636
3/3/3 Program	$515,455	$515,455	$515,455
4/4/4 Program	$687,273	$687,273	$687,273
5/5/5 Program	$859,091	$859,091	$859,091
6/6/6 Program	$1,030,909	$1,030,909	$1,030,909
7/7/7 Program	$1,202,727	$1,202,727	$1,202,727
8/8/8 Program	$1,374,545	$1,374,545	$1,374,545

Expansion PCR Slots $3.3M – Stakeholder Input

- Can be structured to award funds contingent upon accrediting body approval to expand
- Programs generally expand by 3 first year slots – suggest capping at 3 slots
- Specific time-frame for commitment and award
- $150K per slot would support 22 slots per year or 66 slots over three years
- Commission could revisit award amount after first year and adjust accordingly

New PCR Programs $3.3M – Stakeholder Input

- Can be structured to award funds contingent upon accrediting body approval
- New residency program start-up costs – $400,000 to $500,000
- First cohort $169,339 per year; 4 first-year resident minimum
- Support for $800,000 per new program; with $9.9M, up to 12 new programs
- Specific time-frame for commitment and award
  - *After July 1, 2016*
  - *Prior to following the award meeting*

Agenda Items 21–24: Staff Recommendations

Funding Category	Funding Type	Staff Recommendation	Stakeholder Consensus
$18.7M Existing PCR Slots	Capitation	$125K per Slot Up to 5; 3 slots for second tier; Minimum Score of 50%; Award New Applicants Average Score for Missing Criteria	
$2.5M Existing FM Slots	Capitation	$51,615K per Slot Up to 3; 1 slots for second tier; Minimum Score of 50%; Assign Applicants Without Grads Average Score for Missing Criteria	
$5.7M Existing THC Slots	Special Programs	$170K per Slot; Review annually and adjust award to distribute funds evenly across all slots	X
$3.3M Expansion Slots	Capitation	$150K per Slot Up to 3	X
$3.3M New Programs	Special Programs	$800K per Program accredited after July 1, 2016 and before August of year following award	X

Next Steps

- Update
  - *applications*
  - *IT systems*
  - *contracts*
- Funding cycle opens Spring 2017
- Provide technical assistance to applicants

Attachment E
New, Expansion, and Existing Song-Brown Program/Slot Funding

Funding Category Definitions

- **Existing Family Medicine Residency Program:** A family medicine program that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association will enroll at least one class by July 1.
- **Existing Primary Care Residency Program (Family Medicine, Internal Medicine, Pediatrics, or Obstetrics and Gynecology)**: A program that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association[1] will enroll at least one class by July 1.
- **Teaching Health Center:**[2] 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).
- **New Primary Care Residency Slots for Existing Programs (Expansion):** A permanent increase in the number of Accreditation Council on Graduate Medical Education or American Osteopathic Association[1] approved primary care residency slots for an existing primary care program as evidenced by a letter from the appropriate accrediting body.
- **New Program:** A primary care residency program that will receive accreditation by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association[1] after July 1, 2016.

Table 1: Funding Opportunities by Program Type

Funding Category	*Existing Program (Non-Teaching Health Center)*	*Teaching Health Center*	*New Program*
Existing PCR Slots ($18.7 M)	X	X	
Teaching Health Center: Existing PCR Slots ($5.7 M)		X	
New PCR Slots for Existing Programs-Expansion ($3.3 M)	X	X	
New PCR Programs ($3.3 M)		X	X

Note: Programs that receive "New Program Funding" may also apply as an existing primary care residency program or a teaching health center for residency slot funding as applicable.

Related Definitions

- **Primary Care Residency Program:** An accredited graduate medical education training program for primary care physicians (Medical Doctor–M.D. or Doctor of Osteopathic Medicine–D.O.) who receive training in the areas of family medicine, internal medicine, obstetrics and gynecology, or pediatrics.
- **Slot:** A three-year period of funding provided for one resident of a primary care residency program.

[1] The Accreditation Council for Graduate Medical Education, American Osteopathic Association, and the American Association of Colleges of Osteopathic Medicine will transition to a single accreditation system for graduate medical education in the U.S. effective July 2020.
[2] Teaching Health Centers must meet delineated program requirements to apply across funding categories.

ATTACHMENT F

Staff Proposed Quantitative Application Criteria

Quantitative Criteria	Staff Proposal
Statutory	
Placement of graduates in medically underserved areas. (i.e. % and # of graduates in areas of UMN.)	20
Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program. (i.e. % and # of URM graduates.)	20
Location of the program and/or clinical training sites in medically underserved areas. (i.e. % and # of training sites in areas of UMN.)	20
Additional	
Do your non first year residents spend at least an average of 8 hours per week at a primary care continuity clinic	10
Placement of graduates in primary care ambulatory settings five years post residency (% and # of graduates in primary care ambulatory settings in areas of UMN.)	15
Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM current residents)	10
Describe the training sites payer mix. (Up to 3 continuity clinics) - 0 points - combination of Medi-Cal, Indigent, Medi-Medi, Uninsured 0-49% Other Payers - 10 points - combination of Medi-Cal, Indigent, Medi-Medi, Uninsured 50-74% Other Payers - 20 points - combination of Medi-Cal, Indigent, Medi-Medi, Uninsured 75-100% Other Payers	20
Total	115

* Develop metrics to verify actual practice in primary care (future date)