

OSHPD Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

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Members of the Commission

William W. Henning, DO, **Chair**
 Elizabeth Dolezal, **Vice Chair**
 Jasmeet K. Bains, MD
 Sandra Baker, DNP, RN, CNE, ANEF
 Roslynn S. Byous, DPA, PA-C
 Katherine Flores, MD
 Susan Foster, MSN, FNP-BC
 Carol Jong, PhD, RD
 Catherine Kennedy, RN
 Angelica Millan, DNP, RN FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO
 Deanna Stover, PhD, RN
 Debra Sung, MSPT

**January 24, 2019
 Meeting Minutes**

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (Commission)

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

OSHPD Director
 Robert P. David

Executive Secretary
 Caryn Rizell - Acting

*Action may be taken on
 any item listed on the
 agenda*

OSHPD
 2020 West El Camino Ave.
 Sacramento, CA 95833

Commission Members Present:

Jasmeet K. Bains, MD
 Sandra Baker, DNP, RN, CNE, ANEF
 Roslynn S. Byous, DPA, PA-C
 Elizabeth Dolezal
 Katherine Flores, MD
 Susan Foster, MSN, FNP-BC
 William Henning, DO
 Catherine Kennedy, RN
 Joseph Provenzano, DO
 Deanna Stover, PhD, RN
 Debra Sung, MSPT

Staff to Commission:

Caryn Rizell, Acting Deputy Director
 Melissa Omand, Program Manager
 Kara Hetrick, Program Administrator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel
 Ross Lallian, HWDD Research Manager
 Evan Wallis, HWDD Research Data
 Specialist
 Hovik Khosrovian, HWDD Policy Manager

Commission Members Not in Attendance:

Carol Jong, PhD, RD
 Angelica Millan, RN, DNP, FAAN
 Cathryn Nation, MD

AGENDA ITEM 1: Call to Order

Chair Henning called the meeting to order at 10:00 a.m.

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

Commission members introduced themselves, indicated whom they represent, and their appointing authority. Each Commissioner indicated from which FNP/PA program they would recuse themselves. Robert David introduced and swore in the newest Commission member, Susan Foster.

Recusal:

Jasmeet K. Bains—None
 Sandra Baker—None
 Roslynn S. Byous—None
 Elizabeth Dolezal—None
 Katherine Flores—None
 Susan Foster—None
 William Henning—None
 Catherine Kennedy—None
 Joseph Provenzano—None
 Deanna Stover—None
 Debra Sung—None

AGENDA ITEM 3: Chair's Remarks

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

AGENDA ITEM 4: OSHPD Director's Report

Robert David, OSHPD Director, reported on the following:

- Governor Gavin Newsom described a number of healthcare policy goals and strategies in his inaugural address and budget presentation, including:
 - Permanently continuing \$33 million annual allocation for Song-Brown beginning in Fiscal Year 2020.
 - Dedicating \$50 million in one-time funds to the mental healthcare workforce.
 - Establishing healthcare for all Californians.
 - Reducing prescription prices through pricing transparency.
 - Expanding Medi-Cal for undocumented immigrants up to age 26.
 - Expanding the Affordable Care Act to provide subsidized plans and reduced costs to higher incomes than the current maximum.
- Governor Newsom issued two healthcare-related executive orders, including:
 - Expanding bulk purchasing in prescription drug pricing within Medi-Cal.
 - Establishing the California Surgeon General position to address root causes of health conditions and health disparities.
- OSHPD is administering SB 17, the Cost Transparency Rx Program.
- Stacie Walker retired from her position as Deputy Director, Healthcare Workforce Development Division (HWDD) in December 2018.

AGENDA ITEM 5: Executive Secretary's Report

Caryn Rizell, Acting Deputy Director, HWDD, reported on the program activities for:

- Mental Health Workforce Education and Training Program
- State Loan Repayment Program and County Medical Services Loan Program
- Song-Brown Program

The Executive Secretary's Report for January 2019 is hereby incorporated as Attachment A

AGENDA ITEM 6: Approval of August 23, 2018 Meeting Minutes

Commissioners reviewed and approved the meeting minutes as submitted.

ACTION ITEM:

Motion to approve meeting minutes (Stover), Second (Flores). Motion adopted.

The August 23, 2018 Meeting Minutes are hereby incorporated as Attachment B

AGENDA ITEM 7: Correspondence

Melissa Omand, Song-Brown Program Manager, presented three thank you letters from:

- California Academy of Family Physicians Residency Network
- John Muir Health
- Stanford Health Care—O'Connor Hospital Family Medicine Residency Program

Three correspondence letters are hereby incorporated as Attachment C

AGENDA ITEM 8: Consideration of Additional Primary Care Residency (PCR) Awards

Hovik Khosrovian, Policy Manager, HWDD, presented two options for awarding additional funds to three PCR programs. One option upholds the funding decisions made at the August 23, 2018, PCR Funding Meeting. The second option awards Charles R. Drew University and Kaiser Permanente, San Jose 10 additional points for criteria 2.1.

ACTION ITEM:

Motion to add 10 points for Criterion 2.1 to Charles R. Drew University and Kaiser Permanente, San Jose's FY 2018-19 PCR application final score. This increases Charles R. Drew University's award by \$315,000 and Kaiser Permanente, San Jose's award by \$125,000 (Flores), Second (Baker). Motion approved.

PUBLIC COMMENT:

Thank you to the Commission for reconsidering and awarding additional funds.

The Additional PCR Awards Presentation is hereby incorporated as Attachment D

AGENDA ITEM 9: FNP/PA Funding Discussion

Caryn Rizell, Acting Deputy Director, HWDD, presented the recommendation to fund 17 of the 18 total applications. Commissioners discussed adjusting the recommended awards and increasing funding for some programs.

ACTION ITEM:

Motion to fund 17 programs at the levels decided by the Commission (Stover), Second (Flores). Motion adopted.

Commissioners expressed concern about the lack of qualitative criteria in the FNP/PA program application. A workgroup will consider this further, with members Susan Foster and Rossllynn Byous.

PUBLIC COMMENT:

- Concern that the current scoring system penalizes larger schools.
- Question of why an 85% passage rate is used for scoring FNP/PA applications rather than 80%.

AGENDA ITEM 10: Commission Chair and Vice-Chair Election

Melissa Omand, Song-Brown Program Manager, presented the election process for a new Chair and Vice-Chair, and tallied votes.

ACTION ITEM:

Result of vote: William Henning retained his position as Chair and Elizabeth Dolezal retained her position as Vice-Chair.

AGENDA ITEM 11: Registered Nurse Shortage Areas

Evan Wallis, Research Data Specialist, HWDD, presented information on the current Registered Nurse Shortage Area designation and discussed three potential components to modify: update frequency, shortage threshold, and analytical unit (geography).

ACTION ITEM:

A workgroup will consider this further and present specific recommendations and rationale at the next Commission meeting. Workgroup members include Sandra Baker and Catherine Kennedy.

The Registered Nurse Shortage Areas Presentation is hereby incorporated as Attachment E

AGENDA ITEM 12: Review Song-Brown Scoring Methodology

Ross Lallian, Research Manager, HWDD, presented an analysis of the Song-Brown scoring methodology to address concerns raised in the August 2018 Commission meeting that larger programs benefit unfairly from the current scoring criteria. The Commission recommended maintaining the current scoring methodology, but also making a holistic review of the overall scoring criteria to determine if changes are appropriate.

PUBLIC COMMENT:

- Suggestion that the Commission consider quality of clinical training sites, rather than quantity.
- Concern that large programs are at a disadvantage under the current scoring methodology.
- Suggestion that future scoring methodology considers environmentally disadvantaged students along with educationally disadvantaged.
- Suggestion that training sites scoring be based on hours spent rather than number of sites. Dr. Byous stated this scoring approach was previously used, but the effort required to complete the application was burdensome to applicants, which is why the current scoring methodology was adopted.
- Concern that it is more difficult to find primary care preceptors for FNP/PA programs since the Song-Brown PCR program no longer incentivizes the team training model.

- Concern about the accreditation requirements for PA students and the impact on training sites in areas of unmet need. PA students are required to do emergency and surgery clinical training. Suggestion that scoring methodology only consider primary care rotations.

AGENDA ITEM 13: FNP/PA Presentations

The following FNP/PA programs presented their pipeline/pathway programs:

- University of California, Los Angeles FNP Program
- California State University, Bakersfield FNP Program
- Charles R. Drew University PA Program

AGENDA ITEM 14: FY 2017-18 FNP/PA Outcome Measures

Ross Lallian, Research Manager, HWDD, presented a flyer reviewing FNP/PA outcome measures.

The Song-Brown FNP/PA Outcome Measures Flier is hereby incorporated as Attachment F

AGENDA ITEM 15: CalMedForce Graduate Medical Education Grant Program

Caryn Rizell, Acting Deputy Director, HWDD, provided an overview of the recently established CalMedForce program, discussing similarities and differences with Song-Brown.

The CalMedForce Graduate Medical Education Grant Program Presentation is hereby incorporated as Attachment G

GENERAL PUBLIC COMMENT

Some programs indicated that it is difficult for FNP/PA programs to find clinical placements in underserved areas.

FUTURE AGENDA ITEMS

- Presentation on status of the Song-Brown program review.
- Taking a more consistent, systematic approach to review applications and scoring criteria, and discuss at the annual policy meeting.
- Discussion of Teaching Health Center potential federal budget reductions.
- Presentation by Commissioner Bains on residency training from the perspective of a resident.

ADJOURN MEETING

The meeting adjourned at 2:15 p.m.

California Healthcare Workforce Policy Commission
Executive Secretary Report
Caryn Rizell
January 24, 2019

Workforce Education and Training Program (WET)

- The WET Program released additional grant guides for:
 - Psychiatric Mental Health Nurse Practitioner (PMNHP) Education Capacity program: \$805,739 in available funding. This grant funds PMHNP education training programs to increase their capacity to train and provide clinical rotations in the Public Mental Health System (PMHS).
 - Psychiatric Mental Health Nurse Practitioner and Clinical Psychologist Stipend program: \$966,000 in available funding. Grants are awarded to organizations that provide educational stipends to PMHNP and clinical psychologist graduate students who plan to work in the PMHS. In exchange for a stipend, students in these fields agree to perform their supervised hours and work for 12 months in the PMHS.
 - Peer Personnel program: \$2M in available funding. Funds organizations that conduct recruitment, training, and placement of peer personnel working in the PMHS.
- OSHPD presented the WET Five-Year Plan to the California Behavioral Health Planning Council for their review and approval on January 17, 2019. The plan creates a new framework for developing a mental health workforce pipeline from outreach to retention. OSHPD developed the WET Plan after extensive stakeholder engagement and it provides flexibility to allow local jurisdictions to determine their unique mental health workforce needs.
- The Train New Trainers (TNT) Primary Care Psychiatric Fellowship Scholarship Program awarded 30 scholarships. The application will stay open until February 4, 2019 when the 2019 TNT program begins. The PCP Fellowship is a year-long clinical education program for primary care providers who wish to receive advanced training in primary care psychiatry, with the goal to provide mentorship and teaching in primary care psychiatry.

Loan Repayment Programs

- The State Loan Repayment Program (SLRP) awarded \$1.33M in December 2018: 49 new agreements, and 49 extension agreements. SLRP increases the number of primary care healthcare professionals practicing in federally designated Health Professional Shortage Areas HPSA by assisting with the repayment of educational loans for providers agreeing to work at a site in a shortage area.
- The County Medical Services Program (CMSP) will release the 2019 grant opportunity on January 31, 2019, with \$2M in available funding. CMSP assists with the repayment of educational loans for primary care healthcare professionals who provide healthcare services at an eligible site located in one of the 35 CMSP counties.

Song-Brown Program

- OSHPD released the Song-Brown Registered Nurse application through the new eApp. The application closed on December 7, 2018. Song-Brown received 22

Capitation applications and 10 Special Programs applications. The funding meeting is scheduled for April 2019.

- The Song-Brown Primary Care Residency application is scheduled to be released in the new eApp in April 2019.

Mini-Grants Program

- Mini-Grants will release the 2019 grant on January 31, 2019, with \$100,000 in available funding. Mini-Grants supports organizations with grants up to \$15,000 to support under-represented, economically, and educationally disadvantaged students in pursuit of healthcare career through conferences and workshops, and health career exploration.

OSHPD Office of Statewide Health Planning and Development



Healthcare Workforce Development Division

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Attachment D

Members of the Commission

William W. Henning, DO, **Chair**
 Elizabeth Dolezal, **Vice Chair**
 Jasmeet K. Bains, MD
 Sandra Baker, DNP, RN, CNE, ANEF
 Roslynn S. Byous, DPA, PA-C
 Katherine Flores, MD
 Carol Jong, PhD, RD
 Catherine Kennedy, RN
 Angelica Millan, DNP, RN FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO
 Deanna Stover, PhD, RN
 Debra Sung, MSPT

**August 23, 2018
 Meeting Minutes**

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (Commission)

Primary Care Residency (PCR) Funding Meeting

OSHPD
 2020 West El Camino Ave, Suite 900B
 Sacramento, CA 95833

OSHPD Director
 Robert P. David

Executive Secretary
 Stacie S. Walker

*Action may be taken on any
 item listed on the agenda*

Commission Members Present:

Jasmeet K. Bains, MD
 Roslynn Byous, DPA, PA-C
 Catherine Kennedy, RN
 Elizabeth Dolezal
 Katherine Flores, MD
 William Henning, DO
 Cathryn Nation, MD
 Joseph Provenzano, DO
 Deanna Stover, PhD, RN

Staff to Commission:

Stacie Walker, Deputy Director
 Melissa Omand, Program Manager
 Tyfany Frazier, Program Coordinator
 Colin Martin, Program Administrator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel

Commission Members Not in Attendance:

Sandra Baker, DNP, RN, CNE, ANEF
 Carol Jong, PhD, RD
 Angelica Millan, RN, DNP, FAAN
 Debra Sung, MSPT

AGENDA ITEM 1: Call to Order

Chair Henning called the meeting to order at 10:00am.

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

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

Recusal:

Jasmeet K. Bains–None
 Roslynn Byous–None
 Elizabeth Dolezal–None

Katherine Flores–None
William Henning–None
Catherine Kennedy–None
Joseph Provenzano–None
Deanna Stover–None

AGENDA ITEM 3: Chair's Remarks

Chair Henning reminded Commissioners of policies and procedures for the meeting. Chair Henning reminded attendees of the three-minute public comment period.

AGENDA ITEM 4: OSHPD Director's Report

Robert David, OSHPD Deputy Director, reported on the following:

- The Fiscal Year (FY) 2018-19 Governor's Budget includes \$216 million for OSHPD:
 - Year two of the \$33.3 million General Fund augmentation for Song-Brown.
 - Sixty million dollars to build and administer a healthcare payments database.
 - Ten million dollars to continue administering mental health workforce education and training stipends and educational capacity grants to support the public mental health workforce.
 - One million dollars to administer a primary care clinician psychiatry fellowship scholarship program for two University of California medical schools.
- OSHPD is watching two bills:
 - AB 2143 would expand licensed mental health services provider education programs to mental health psychiatric nurse practitioners and physician assistants that work in psychiatric mental health settings.
 - AB 2608 would give priority consideration to licensed mental health advocates who were formerly part of the foster care system.

AGENDA ITEM 5: Executive Secretary's Report

Stacie Walker, Deputy Director, Healthcare Workforce Development Division, reported on the program activities for:

- Mental Health Workforce Education and Training Program
- Primary Care Psychiatric Fellowship Scholarship Program
- Song-Brown 2018-19 application release dates
- State Loan Repayment Program

The Executive Secretary's Report for February 2018 is hereby incorporated as Attachment A

AGENDA ITEM 6: Approval of June 13-14, 2018 Meeting Minutes

Commissioners reviewed and approved the meeting minutes as submitted.

ACTION ITEM:

Motion to approve meeting minutes (Stover), Second (Nation). Motion Adopted.

The June 13-14, 2018 Meeting Minutes are hereby incorporated as Attachment B

AGENDA ITEM 7: Correspondence

Melissa Omand, Song-Brown Program Manager, presented two letters from:

- California Academy of Family Physicians, California Academy of Family Physicians' Residency Network, California Health Plus Advocates and the California Medical Association (joint letter)
- Natividad Family Medicine Residency program

Two correspondence letters are hereby incorporated as Attachment C

AGENDA ITEM 8: Commission Chair and Vice-Chair Election Process

Melissa Omand, Song-Brown Program Manager, presented the election process for a new Chair and Vice-Chair.

AGENDA ITEM 9: Song-Brown Glossary Update

Melissa Omand presented staff recommendations for updating the Song-Brown glossary definition for Family Nurse Practitioner (FNP).

ACTION ITEM:

Motion to approve the definition of FNP (Stover), Second (Kennedy). Motion Adopted.

The Song-Brown Glossary Update is hereby incorporated as Attachment D.

AGENDA ITEM 10: PCR Presentation Presentations

The following PCR programs presented their pipeline/pathway programs:

- Harbor-UCLA Family Medicine Residency
- White Memorial Medical Center Internal Medicine Residency
- Children's Hospital Oakland Pediatric Residency

AGENDA ITEM 11: FY 2018-19 Budget Review

Stacie Walker presented on the PCR application process and scoring, available dollars, Teaching Health Center (THC) awards, Existing PCR Slot awards, New Program awards, and Expansion Slot awards.

FY 2018-19 Budget Review is hereby incorporated as Attachment E.

AGENDA ITEM 12: THC PCR Slots Funding Discussion

Recommendation to fund all six THC applicants at the levels requested.

ACTION ITEM:

Motion to approve THC funding recommendations as presented for a total of \$5,100,000 (Stover), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

Multiple stakeholders thanked the Commission for ensuring that THCs would receive continued funding.

THC PCR Slots award listings are hereby incorporated as Attachment F.

AGENDA ITEM 13: Existing PCR Slots Funding Discussion

Recommendation to fund 62 of the 72 applicants for Existing PCR Slots awards at the levels presented.

ACTION ITEM:

Motion to increase Tier Two funding by one slot/\$125,000 (Bains), Second (Byous). Motion Adopted.

Motion to increase all Tier Three and Four funding by \$60,000 additional dollars (Bains), Second (Nation). Motion Adopted.

Motion to award 62 of the 72 Existing PCR Slots applicants for a total of \$20,565,000 (Stover), Second (Dolezal). Motion adopted.

PUBLIC COMMENT:

- Decrease the gap in funding between Tier One and Two.
- Focus on continuity clinics for evaluation criterion 1.1.
- The quantitative application does not allow programs to showcase accomplishments above the minimum requirements.
- Newer programs applying for Existing PCR Slots funding are at a disadvantage.
- Consider percent of time spent at continuity clinics for evaluation criterion 2.4.
- Adopt the federal Health Resources and Services Administration's definition for "economically disadvantaged" for evaluation criteria 1.2 and 2.3.
- Use graduated steps for scoring purposes rather than bell curve.
- Charles R. Drew University, an Existing PCR Slots applicant, stated their program exemplifies Song-Brown goals, and requested that the Commission consider evaluating their program for New Program funding.
- St. Joseph's Medical Center–Stockton, an Existing PCR Slots applicant, requested consideration for additional funding.
- The Commission should consider the Charles R. Drew and St. Joseph's Medical Center special requests.

Existing PCR Slots award listings are hereby incorporated as Attachment G.

AGENDA ITEM 14: New PCR Programs Funding Discussion

Recommendation to fund seven of eight New PCR Program applicants at the levels requested.

ACTION ITEM:

Motion to use an additional \$2,581,000 in Data Fund money to fund seven applicants at the levels requested (Provenzano), Second (Stover). Motion Adopted.

Motion to award seven New PCR Program applicants at the levels requested for a total of \$5,600,000 (Stover), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

- New PCR Programs encounter significant challenges providing data.
- Thanked the Commission for using Data Fund money to fund all seven programs that met the minimum score.

New PCR Programs award listings are hereby incorporated as Attachment H.

AGENDA ITEM 15: PCR Expansion Slots Funding Discussion

Recommendation to fund three of four PCR Expansion Slots applicants at the levels requested.

ACTION ITEM:

Motion to award three PCR Expansion Slots applicants at the levels requested for a total of \$2,100,000 (Stover), Second (Dolezal). Motion Adopted.

PUBLIC COMMENT:

- Data shows expansion slots require at least \$100,000 per year to support. Song-Brown is moving in

the right direction.

PCR Expansion Slots award listings are hereby incorporated as Attachment I.

GENERAL PUBLIC COMMENT

- Going forward, ensure that the Commission has quorum throughout the entire meeting.
- Collaborate with the California Future Health Workforce Commission.
- Request that the Commission consider posting scoring sheets online, with program names, prior to the meeting to allow advocates to perform data analysis.

FUTURE AGENDA ITEMS

- Consider revisiting the funding decisions for Charles R. Drew University and St. Joseph's Medical Center–Stockton.
- Discuss California Future Health Workforce Commission report recommendations.

ADJOURN MEETING

The meeting adjourned at 4:15 pm. See link for all attachments: <https://oshpd.ca.gov/public-meetings/>.



californiahealth⁺ advocates

ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS

July 23, 2018

Dear Members of the California Healthcare Workforce Policy Commission:

The California Academy of Family Physicians (CAFP), CaliforniaHealth+ Advocates, the California Medical Association and the CAFPP Residency Network (CRN), comprised of 45 California family medicine residency programs, appreciate the dedication the Commission and OSHPD staff exhibited in the disbursement of the historic \$100 million appropriation to the Song-Brown Program. We especially appreciate the opportunity to participate in the upcoming August 2018 funding meeting at which the Commission will deliberate important issues related to the upcoming grant cycles.

We ask the Commission to consider the following recommendations at the August meeting:

Alternative Methods of Identifying Medically Underserved Areas (MUAs)

We understand that the current method of identifying MUAs results in the vast majority of the state being designated as an underserved area. At the Commission's June policy meeting, OSHPD staff presented a number of alternative methods for such a designation. Staff suggested these alternative methods would allow the Commission to be more discerning in scoring applicants. We are concerned, however, that these proposed changes may unintentionally destabilize training programs that serve underserved populations, but no longer would be included in a "designated" area under revised scoring systems.

Slide 18 of the deck titled "AGENDA ITEM 16: CONSIDERATION OF CHANGES TO PCR APPLICATION CRITERIA,"¹ which was presented to the Commission at its June meeting, indicates the programs potentially affected by alternative MUA designations are largely concentrated in urban centers, but also include programs in rural regions in northern California and in the Central Valley. Many of the programs in these regions have previously reported a

¹ <https://oshpd.ca.gov/documents/PublicMeetings/CHWPC/2018/Policy-Meeting-Agenda-Item-June2018-16.pdf>

payer-mix with significant Medi-Cal, dual-eligible and uninsured populations. It is unclear from the presentation whether using these alternative MUA designations would result in these programs: 1) losing points on their applications; or 2) being excluded entirely from consideration of their payer-mix.

Please consider the following:

- The effects of changing the MUA designation are not well understood or predictable, be they changes in the number of primary care physicians trained or the likelihood of programs to further align with Song-Brown's mission.
- The \$100 million allocation was intended to incentivize programs to align with the goals of Song-Brown and stabilize programs that serve underserved populations. Changing the criteria for assessing MUAs may result in lower scores, exclusion from funding and/or destabilization if a program's training site is located just outside of a newly-defined MUA whether or not a majority of its patients are underserved.
- If the Commission decides to exclude a program facility from consideration on the basis of whether or not it is in a region considered an MUA, the Commission would miss the opportunity to assess that facility's payer mix to assess the population it serves.
- It is unclear how frequently an alternate method of MUA designation would change designations, introducing more uncertainty in funding for programs that use Song-Brown grants to create long-term training plans.

Recommendation: Maintain the Song-Brown application's current designation for MUAs because of uncertainty about how alternate methods for designation of MUAs would affect programs with payer-mixes demonstrating service to underserved patient populations and the potential to destabilize such programs.

In-person presentations and scoring appeals

The Commission has deliberated the purpose and format of in-person presentations for a number of years. Presentations currently are designed to facilitate sharing of best practices with the Commission and among programs, whereas traditionally they have been used by applicants to appeal their application scores. We understand that hearing from every applicant can be time-consuming and resource-intensive, especially for Commissioners and applicants for whom extensive travel is necessary. Whether by in-person presentations or through some other method, we believe it is extremely important that programs have the opportunity to appeal their application scores in the event that the information they provided was misinterpreted or not entered correctly.

Recommendation: We recommend that if in-person presentations are a necessary component of the Song-Brown application, they be used primarily as a mechanism for appealing to the Commission to make changes to an applicant's scores. Proposed scores should be made public at least two-weeks before the funding meeting; in-person presentations at funding meetings should be reserved for those applicants who can demonstrate in advance that they have

information OSHPD staff, the Commission or applicant reviewers may not have taken into account and which could change a score significantly enough to alter the grant size.

If the Commission wishes to maintain presentations for the purpose of sharing best practices, we suggest OSHPD staff coordinate with the stakeholders to ensure that topics and event times complement existing efforts to facilitate sharing of best practices.

Conclusion

Thank you, as always, for your commitment to the goals of the Song-Brown Program and openness to stakeholder feedback. Please contact us if you have any questions about our recommendations.

Sincerely,

Susan Hogeland, CAE
Executive Vice President, California Academy of Family Physicians

Beth Malinowski
Deputy Director of Government Affairs, CaliforniaHealth+ Advocates

Yvonne Choong
Vice President, California Medical Association

Dr. David Araujo, MD
Co-Chair, CAFP Residency Network
Residency Program Director, Ventura Family Medicine Residency Program

Dr. Kate Kearns, MD
Co-Chair, CAFP Residency Network
Residency Program Director, Valley Family Medicine Residency of Modesto

Dr. Francis Chu, MD
Co-Chair, CAFP Residency Network
Residency Program Director, Kaiser Permanente San Jose Family Medicine Residency Program



August 16, 2018

California Healthcare Workforce Policy Commission
Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
2020 West El Camino Avenue, Suite 1222
Sacramento, CA 95833

Dear Commission members:

We respectfully ask the Commission to consider increased funding that better reflects our improved score (76.5 compared to 73 last year) and utilizes some of the \$3 million in rollover funds to ensure that our program is only negatively impacted by a maximum of one quintile instead of two. Moving us up one quintile to reflect our improved score would change our award from \$250,000 (Tier 3, 3rd quintile) to \$375,000 (Tier 2, 2nd quintile).

Every year our program produces ten doctors who specialize in Family Medicine and serve as the backbone of primary care in our region. Song Brown grant funds are critical to our ability to provide training that prepares family physicians to work in underserved areas with scarce resources. Last year, our program received \$625,000 with a lower score than we achieved this year. The significantly lower award amount will have a negative impact on our program, including the inability to fund major components of our community medicine curriculum, focused on engaging residents with partner organizations in the Salinas community who provide services and advocacy for our migrant farmworker population, helping residents learn culturally competent communication skills for health promotion and patient education, and training residents to safely manage chronic pain and opiate use disorder.

Thank you for your consideration of our request.



Sincerely,

Melissa Nothnagle, MD, MSc
Program Director

Walter Mills, MD
Designated Institutional Official
Associate Program Director

Natividad Family Medicine Residency
1441 Constitution Blvd
Salinas, CA 93906

<http://www.natividad.com/health-care-professionals/family-medicine-residency/welcome/>

Agenda Item 13: Existing Primary Care Residency Program^{1,2}

6. Award top quintile five slots.
7. Award second quintile three slots.
8. Award third quintile two.
9. Award fourth and fifth quintiles one slot until remaining slots are awarded.

Legend:

- Q1.1: Percent and number of clinical training sites in medically underserved areas.
- Q1.2: Percent and number of underrepresented minority graduates and/or economically disadvantaged graduates.
- Q1.3: Percent and number of graduates in medically underserved
- Q2.1: Do your non-first year residents spend at least an average of eight hours per week at a primary care continuity clinic?
- Q2.2: Percent and number of graduates in primary care ambulatory care settings five years' post residency.
- Q2.3: Percent and number of underrepresented minority residents and/or economically disadvantaged residents.
- Q2.4: Describe the training sites payer mix (up to three continuity clinics).

AGENDA ITEM 11: REGISTERED NURSE SHORTAGE AREAS

Evan Wallis
Office of Statewide Health Planning and Development
January 24, 2019

Overview

- At the August 2018 PCR funding meeting, commissioners expressed concern about the Registered Nurse Shortage Area's (RNSA) level of detail and its ability to effectively and accurately identify nursing shortage areas.
- This presentation will summarize the current RNSA designation, focusing on three potential components to modify:
 - *Update frequency*
 - *“Shortage” threshold*
 - *Analytical unit (geography)*

Current RNSA

- Update Frequency
 - *Annual*
- “Shortage” Threshold
 - *Ratio of patient days to RN licenses*
 - *Counties receive the RNSA designation when the county’s ratio is greater than the total average. (Average = 39.41)*
- Analytical Unit
 - *County*

Update Frequency

- Annual updates
 - *Pros*
 - Ability to react quickly
 - *Cons*
 - Does not allow time for students to enter the workforce
 - Creates uncertainty from year-to-year
 - Sensitive to data anomalies

- Alternative: Update every two or three years

“Shortage” Threshold

- “Above the average” threshold
 - *Pros*
 - Simplicity
 - *Cons*
 - Significance of mean is limited
 - Moving target
 - Perpetual RN shortage
- Alternative: Create a static definition of a shortage.

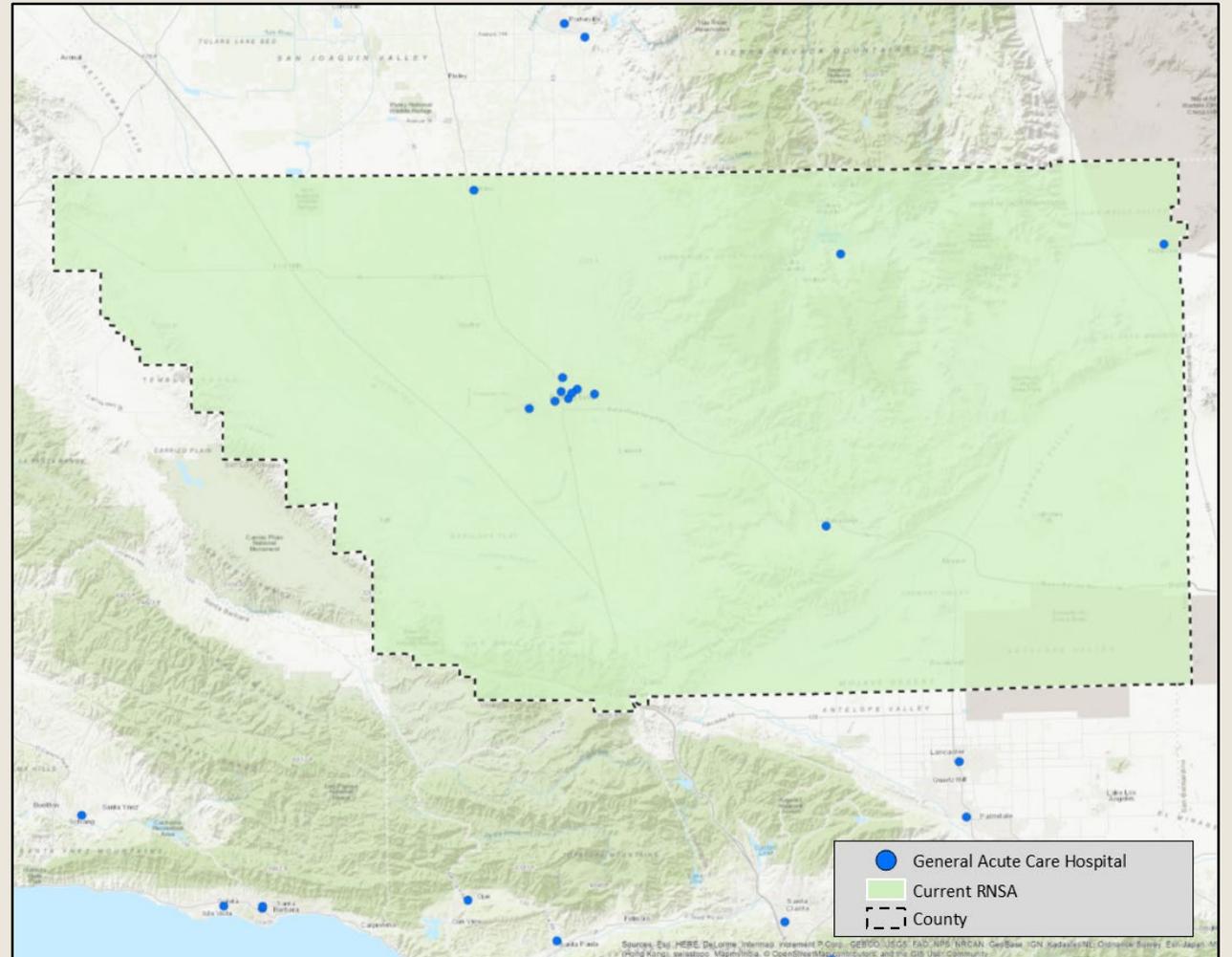
Analytical Unit: County

- County
 - *Pros*
 - Simplicity and familiarity
 - *Easy to identify and estimate percentage of total clinical hours spent in*
 - Casts a wide net
 - *Cons*
 - All or nothing designation
 - Surplus in one area may mask need in another
 - Borders have limited meaning in health care

Analytical Unit: Example

Kern County

Current RNSA - Ratio 52.05



Analytical Unit: Alternative

- Dartmouth Atlas of Healthcare: Hospital Service Area (HSA)
 - *Local healthcare markets for hospital care.*
 - *A collection of ZIP codes whose residents receive most of their hospitalizations from the hospitals in that area.*
 - *Defined by assigning ZIP codes to the hospital area where the greatest proportion of their Medicare residents were hospitalized.*
 - ZIP code groupings unchanged since inception for research purposes

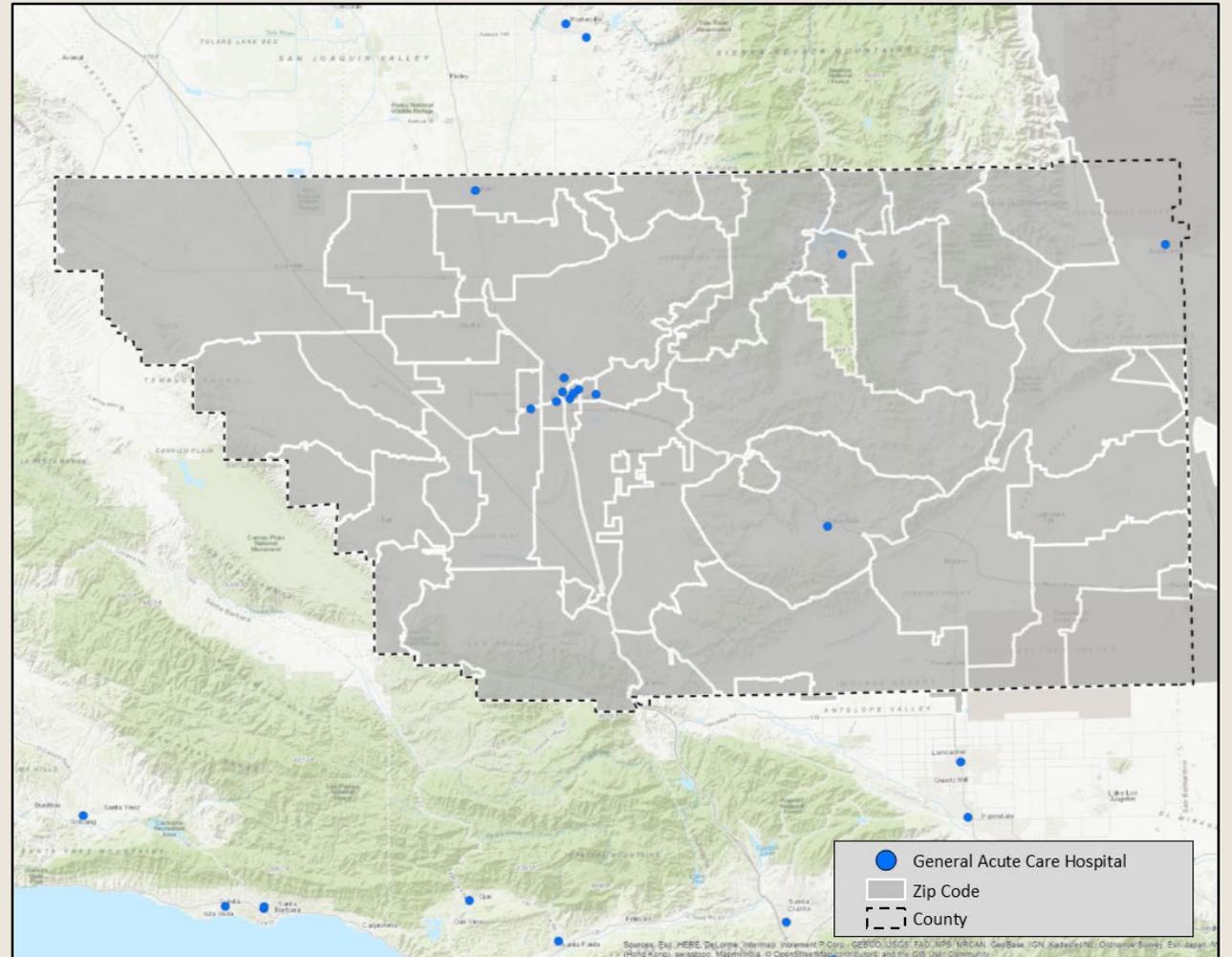
Custom RN Study Area

- Customize HSA concept to fit Song-Brown needs
- OSHPD produces utilization datasets on healthcare services from hospitals
- Expected payers include:
 - *Medicare*
 - *Medi-Cal*
 - *Private Coverage*



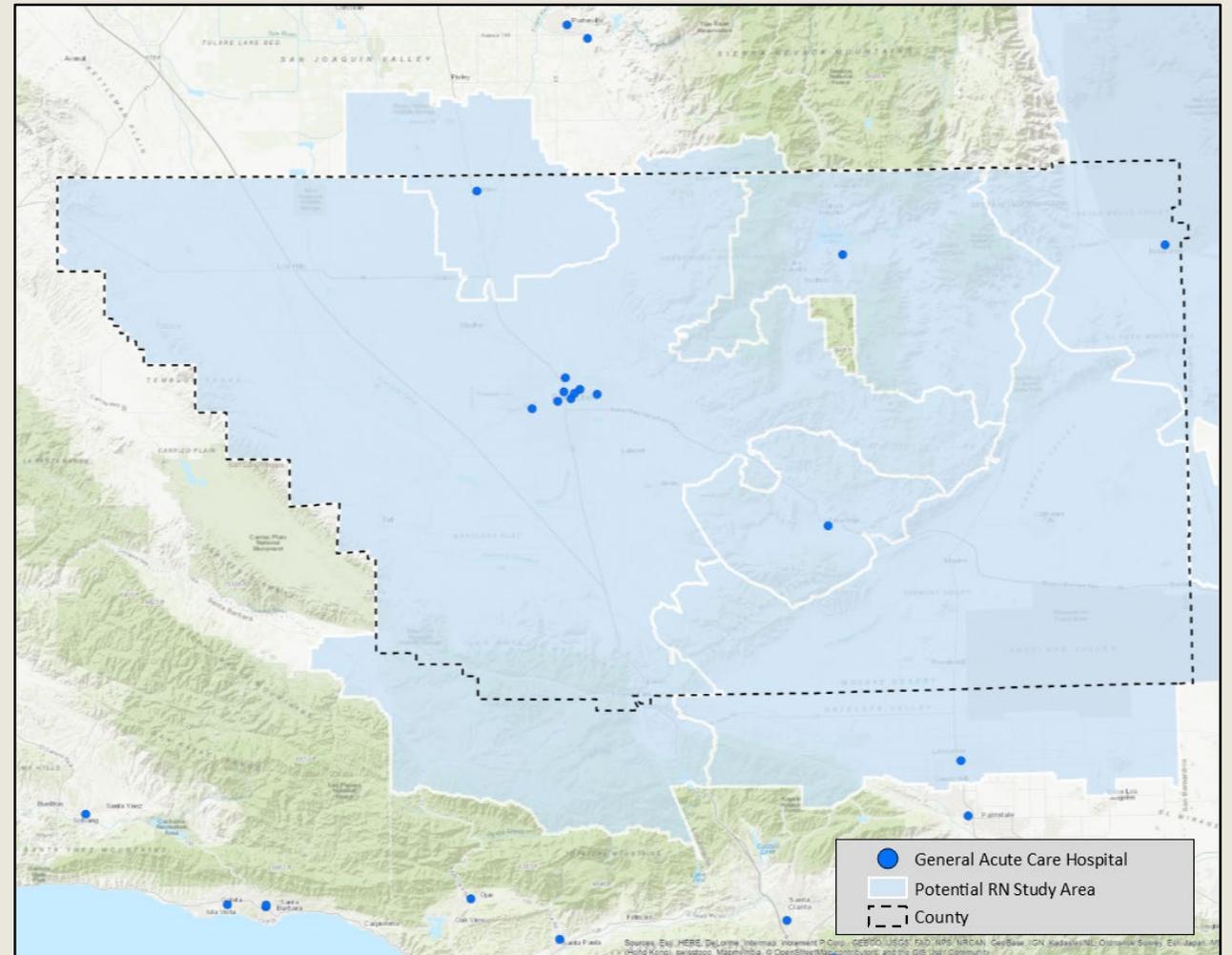
Custom RN Study Area

Use OSHPD patient origin data to combine ZIP codes that go to the same city for hospital care.



Custom RN Study Area

- Divides Kern County into six areas.
- Each area contains at least one hospital.
- Boundaries can extend beyond the county border.



Custom RN Study Area: Next Steps

- Determining how well patient markets align with employment markets.
- Accounting for commute patterns, especially in dense urban areas.
 - *Researching data-driven ways of combining small, adjacent areas*
- Evaluate available RN data
 - *Accuracy at this level of detail*
 - Location
 - Static definition of an RN shortage

Summary

- Does the current RNSA methodology meet Song-Brown's needs?
- Pursue any of these changes?
 - *Changing update frequency.*
 - *Moving away from an "above the mean" definition of a shortage.*
 - *Switching to an alternative geography that is smaller and more meaningful to health care.*

Song-Brown FNP/PA Program

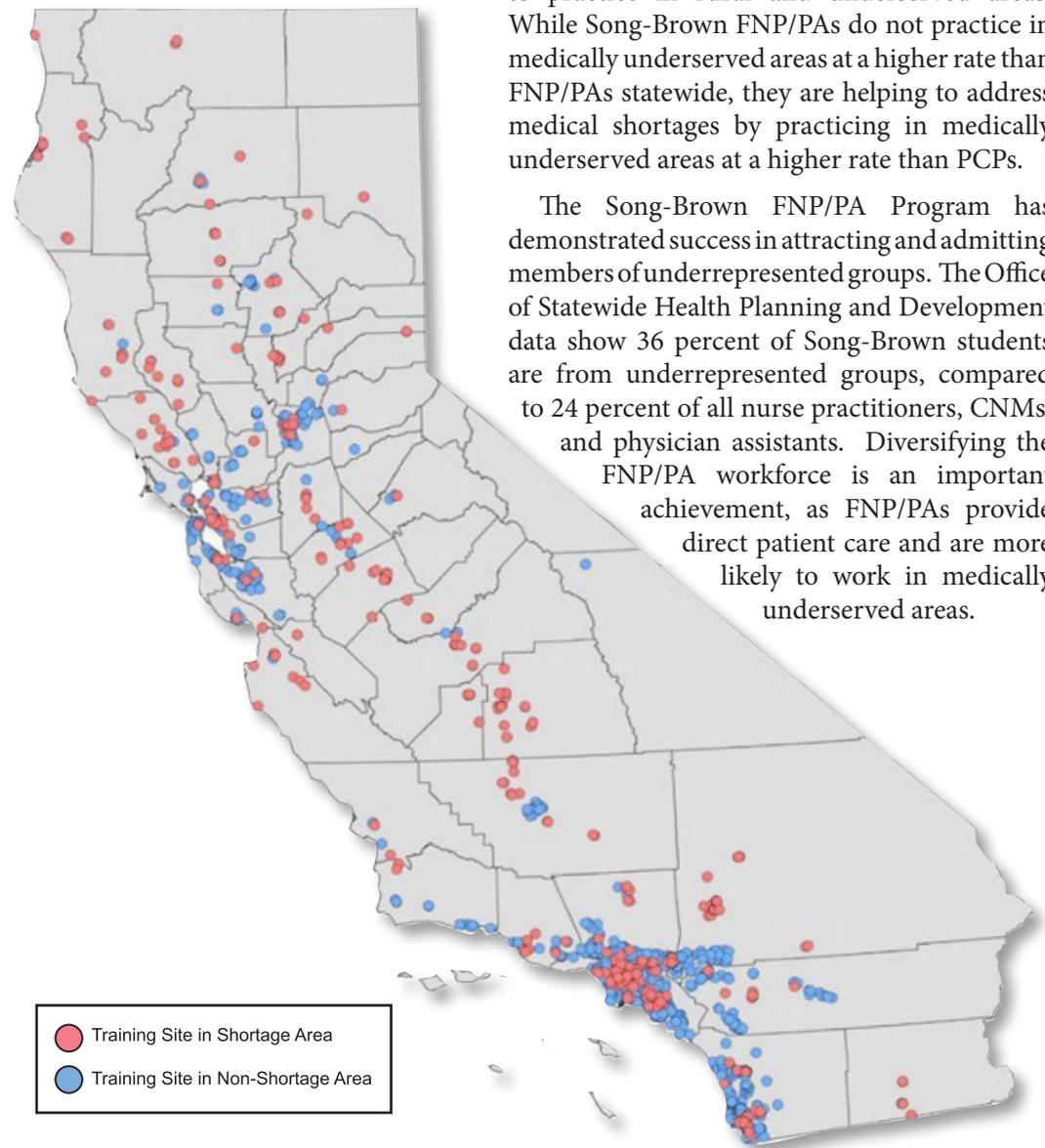
The Song-Brown Program supports Family Nurse Practitioner and Physician Assistant (FNP/PA) training programs that provide primary care training in medically underserved areas and that seek to diversify the FNP/PA workforce. In FY 2017-18, Song-Brown awarded approximately \$1.7 million to programs that supported 138 FNP/PA students. FNP/PAs play a significant role in providing primary care. FNP/PAs provide direct patient care, expanding

the reach of primary care providers (PCP). A recent survey indicates that approximately 50 percent of physicians nationwide work with at least one nurse practitioner, certified nurse midwife (CNM), or physician assistant.

FNP/PAs address gaps in primary care access in rural and medically underserved areas. Researchers at the University of California, San Francisco recently reported that nurse practitioner education programs are concentrated in the same counties that have medically underserved areas and nurse practitioners are more likely than physicians to practice in rural and underserved areas. While Song-Brown FNP/PAs do not practice in medically underserved areas at a higher rate than FNP/PAs statewide, they are helping to address medical shortages by practicing in medically underserved areas at a higher rate than PCPs.

The Song-Brown FNP/PA Program has demonstrated success in attracting and admitting members of underrepresented groups. The Office of Statewide Health Planning and Development data show 36 percent of Song-Brown students are from underrepresented groups, compared to 24 percent of all nurse practitioners, CNMs, and physician assistants. Diversifying the FNP/PA workforce is an important achievement, as FNP/PAs provide direct patient care and are more likely to work in medically underserved areas.

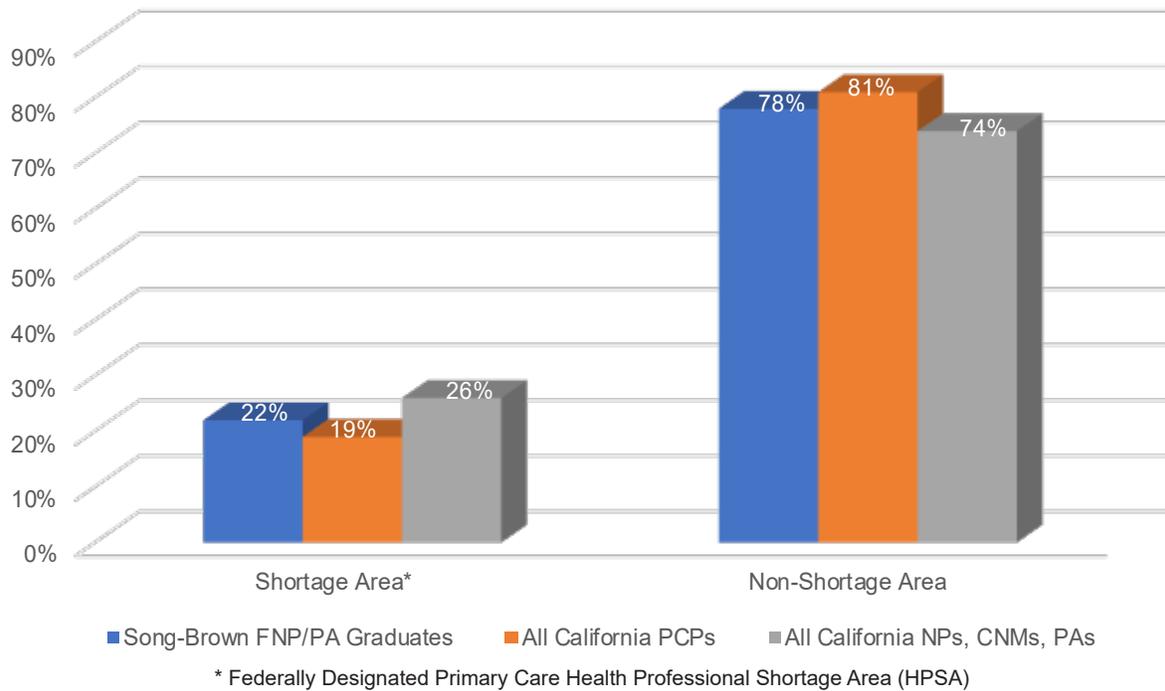
Training Sites for Song-Brown Family Nurse Practitioner/Physician Assistant Awardees



Song-Brown supported FNP/PA students to train in diverse settings throughout California. Training in medically underserved areas helps prepare students to meet the unique needs of these communities. In FY 2017-18, there were 1,248 training sites in shortage areas and 912 training sites in non-shortage areas.



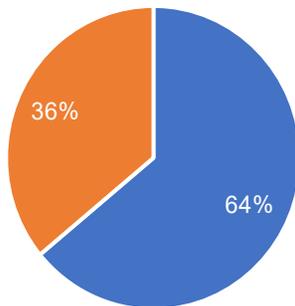
Placing Graduates in Underserved Areas



FNP/PAs have consistently addressed gaps in primary care access within underserved communities. They play a vital role by providing primary care services to areas with a shortage of primary care physicians. The chart shows that approximately 22 percent of Song-Brown FNP/PA graduates work in primary care shortage areas.

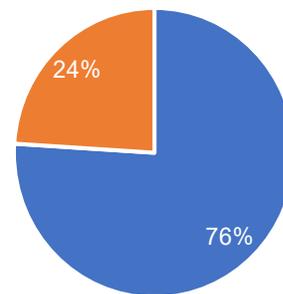
Attracting and Admitting Members of Underserved Groups

Song-Brown Awardees



■ All Others ■ Underrepresented Groups

All California NPs, CNMs, PAs



■ All Others ■ Underrepresented Groups

Song-Brown supports the delivery of culturally and linguistically appropriate health care, with students who are more reflective of California's diverse population. Thirty-six percent of Song-Brown's FNP/PA students are from underrepresented groups, compared to 24 percent of all nurse practitioners, CNMs, and physician assistants.

Comparison: CalMedForce and Song-Brown Program

<i>Program</i>	<i>Physicians for a Healthy California CalMedForce GME Program</i>	<i>Office of Statewide Health Planning and Development Song-Brown Program</i>
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General Comparisons

- Programs may apply for both CalMedForce and Song-Brown funding, as eligible.
- Programs may not supplant other funds with newly awarded funds.
- Both programs fund primary care; CalMedForce also funds emergency medicine.
- CalMedForce evaluates programs by specialty type; Song-Brown evaluates programs by funding category.
- CalMedForce limits number of slots that can be funded; Song-Brown allows programs to apply for multiple funding categories.

<i>Funding Availability</i>	<ul style="list-style-type: none"> • \$40M from Proposition 56 to UC budget contracting with Physicians for a Healthy California to administer the program <ul style="list-style-type: none"> ○ \$38M to award ○ \$2M administration • Approximate funding for cycle 2018-19 <ul style="list-style-type: none"> ○ Family Medicine-\$9.5M ○ Internal Medicine-\$7.6M ○ Obstetrics/Gynecology-\$5.7M ○ Pediatrics-\$7.6M ○ Emergency Medicine-\$7.6M 	<ul style="list-style-type: none"> • \$33M annually from General Fund for three years (FY 2017/18-2019/20) <ul style="list-style-type: none"> ○ FY 2019-20 Governor's Budget proposal to make funding permanent) ○ \$31M to award ○ \$2M administration • Approximate funding for cycle 2018-19 <ul style="list-style-type: none"> ○ Existing Slots-\$18.6M ○ Expansion Slots-\$3.33M ○ New Programs-\$3.33M ○ Teaching Health Center-\$5.6M
<i>Funding Allocation</i>	<p>Existing residency programs</p> <ul style="list-style-type: none"> • \$75,000/resident slot/year-3 or 4-year residency <p>Expanding residency programs</p> <ul style="list-style-type: none"> • \$75,000/resident slot/year-3 or 4-year residency • One-time additional \$200,000 maximum • Permanent increase or unfilled approved slots <p>New residency programs</p> <ul style="list-style-type: none"> • \$75,000/resident slot/year-3 or 4-year residency • One-time additional \$200,000 maximum • Can only apply for new programs funding • Must have accreditation at the time of applying <p>Teaching Health Centers funding</p> <ul style="list-style-type: none"> • No specific category <p>✓ Maximum five slots total across all categories (Existing, Expanding, New)</p>	<p>Existing slots funding</p> <ul style="list-style-type: none"> • \$125,000 total/resident slot-3 or 4-year residency <p>Expansion slots funding</p> <ul style="list-style-type: none"> • \$300,000/resident slot-3 or 4-year residency • Permanent increase in slots <p>New programs funding</p> <ul style="list-style-type: none"> • Up to \$800,000 per program for one year • Can only apply for new programs funding • Accreditation required within grant agreement terms <p>Teaching Health Centers funding</p> <ul style="list-style-type: none"> • \$170,000 per resident slot for one year <p>• Can 'stack' slots: receive funding for Existing, Expansion, and THC slots)</p>

Comparison: CalMedForce and Song-Brown Program

<i>Program</i>	Physicians for a Healthy California CalMedForce GME Program	Office of Statewide Health Planning and Development Song-Brown Program
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<i>Evaluation Criteria</i>	<p>Residency program location</p> <ul style="list-style-type: none"> In a medically underserved area (specific counties as well as Health Professional Shortage Areas (HPSA)) <p>Continuity clinic payor mix</p> <ul style="list-style-type: none"> Percentage of total Medi-Cal, dual eligible, indigent, and uninsured <p>Graduate practice site</p> <ul style="list-style-type: none"> Focus: type of care provided at practice site Number of graduates that practice primary care or emergency medicine more than 50 percent of time <p>Location of primary continuity clinic and/or primary site through which residents rotate</p> <ul style="list-style-type: none"> Clinic in a county identified as medically underserved areas <p>Residency program description</p> <ul style="list-style-type: none"> Residency program applicants evaluated by specialty type (FM, IM, OB/Gyn, Peds, Emergency) New and expanding programs given funding priority 	<p>Residency program location</p> <ul style="list-style-type: none"> In an Area of Unmet Need (HPSA, MUA, MUP, PCSA) <p>Continuity clinic payor mix</p> <ul style="list-style-type: none"> Percentage of total Medi-Cal, dual eligible, indigent, and uninsured <p>Graduate practice site</p> <ul style="list-style-type: none"> Focus: location of practice site in Area of Unmet Need Number of practice sites in Area of Unmet Need <p>Location of primary continuity clinic and/or primary site through which residents rotate.</p> <ul style="list-style-type: none"> Clinic in an Area of Unmet Need <p>Residency program description</p> <ul style="list-style-type: none"> Residency program applicants compete by funding category (New, Existing, Expansion, Teaching Health Center)
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Comparison: CalMedForce and Song-Brown Program

<i>Program</i>	<i>Physicians for a Healthy California CalMedForce GME Program</i>	<i>Office of Statewide Health Planning and Development Song-Brown Program</i>
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Funding Scenarios

<i>Program Type</i>	CalMedForce		Song-Brown	
	<i>Slots Requested</i>	<i>Maximum 5 slots + \$40K/slot for new/expanding programs</i>	<i>Slots Requested</i>	<i>Ability to stack slots – no maximum</i>
Program A (3-Year): Existing Program requesting funding for 8 slots (5 existing/3 expansion)				
Existing Program	2	\$450,000	5	\$625,000
Expansion Program	3	\$675,000	3	\$900,000
One-time \$40K/expansion slot	0	\$120,000	0	\$0
Non-Teaching Health Center	0	\$0	0	\$0
Total Funds		\$1,245,000		\$1,525,000
Teaching Health Center	0	\$0	5	\$850,000
Total Funds		\$1,245,000		\$2,375,000
Program B (3-Year): New Program				
New Program	5	\$1,125,000	NA	\$800,000
One-time \$40K/new slot	0	\$200,000	0	\$0
Total Funds		\$1,325,000		\$800,000
Program C (3-Year): Existing Program				
Existing Program	5	\$1,125,000	5	\$625,000
One-time \$40K new/expansion slot	0	\$0	0	\$0
Total Funds		\$1,125,000		\$625,000
Program D (4-Year): Existing Program (OB/GYN)				
Existing Program	5	\$1,500,000	5	\$625,000
One-time \$40K new/expansion slot	0	\$0	0	\$0
Total Funds		\$1,500,000		\$625,000