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Health Care Innovations Challenge (HCIC) Grant Technical Assistance Call

Strategies Emphasized in HCIC grant	California Health Care Reform recommendations that align with HCIC grant strategies
New Care Delivery Models	<ul style="list-style-type: none"> • Support definition of new competencies and roles within emerging service models and across overlapping professions • Support health professionals practicing at the top of their scope and examine scope for professions with new delivery models
Information Technology Infrastructure	<ul style="list-style-type: none"> • Revisit general education requirements to include computer training for postsecondary training • Given a lack of access to education and training opportunities due to the location of education institutions and California’s vast geography: Utilize more technology-assisted education tools to meet needs by increasing reach and access • Integrate health information technology into education to pair technology with healthcare training content
Data Support	<ul style="list-style-type: none"> • Develop and implement a system and central database to identify, monitor and support students with interest in health careers to go the next level and track their progress. • Establish mechanism for shared learning about health workforce development activities/programs through collecting and disseminating best practices
Infrastructure Support	<ul style="list-style-type: none"> • Implement sufficient statewide public and private infrastructure to implement and be accountable for statewide plan implementation. • Establish public and private funding streams to sufficiently invest in priority workforce programs and infrastructure • Expand the pool by increasing K-16 exposure, preparation and pipelines more effectively through regional and statewide infrastructure
Development of Collaborative Partnerships	<ul style="list-style-type: none"> • Strengthen undergraduate preparation/linkages to health professions school and

	<p>employers.</p> <ul style="list-style-type: none"> • Increase non-profit hospital and health plan investment and engagement in the pipeline with attention to regional workforce needs based on community benefit principles • Create Partnerships between educational institutions and healthcare employers to increase the quality of health workforce transition to practice programs • Increase support and training opportunities for recent graduates and incumbent workers through labor management partnerships • Partnerships needed to standardize curriculum and strengthen articulation across community college, CSU, and UC education institutions for health career pathways (E.G. Establish joint health sciences committee for UC, CSU, Not-for-profit health professions education institutions and the CCCs to facilitate curricular alignment, advising and institutionalization of innovations)
<p>Development of Health Care Workers of the Future</p> <ul style="list-style-type: none"> • Team Based Approach • Community Health Workers • Nurse Coordinated Care • Community Based Paramedics • Personal and Home Care Aids • Innovative Training 	<ul style="list-style-type: none"> • Create interdisciplinary core competency standards in healthcare training programs (e.g. quality, safety, communication and mandated health policies) • Improve/clarify articulation along career paths and lattices (e.g. Associate to Baccalaureate Degree Nurse, Community Health Workers to other careers, Medical Lab Technologist to Clinical Lab Specialist) • Increase support and training opportunities for recent graduates and incumbent workers including state and federal policy changes to further develop their skills • Provide support for interpreter training and certification • Ensure alignment between the current healthcare workforce and the diversity of the service population • Integrate cultural sensitivity and responsiveness into training program climate, teaching, and skill development • Invest resources for the integration of different educational modalities into learning delivery models • Offer new or expanded education and training programs through self-supporting strategies and partnerships, such as fee-based programs and courses • Increase training and teaching in community settings, including increasing community rotations, and expand the number of teaching health centers in California • Develop interdisciplinary training programs and the expansion of training models to include non-traditional clinic sites

	<ul style="list-style-type: none"> • Include job placement in education and training models for new graduates • Create innovative training programs for incumbent workers in an effort to retain workers in the health industry (I.E. labor management partnerships/cross training) • Train foreign-trained health professionals for employment in the United States (e.g. Welcome Back Program) • Support health academies, Science Technology Engineering and Mathematics (STEM) and other programs that support health pathways
<p>New Payment and Reimbursement Models</p>	<ul style="list-style-type: none"> • Develop supportive payment and policies that result in increased attractiveness, recruitment and viability of health professional practice in California’s underserved areas by: <ul style="list-style-type: none"> ○ Examining and improving reimbursement, aligning reimbursement rates with service delivery costs ○ Expanding reimbursement for health professionals in non-Primary Care Physician roles (e.g., health education, case managers, alternative medicine providers) ○ Developing payment mechanisms as part of new models of care and reimbursement methodologies that promote a strong role for primary care providers and sufficient corresponding payment (such as care coordination) ○ Examining and improving reimbursement to recruit and retain in key professions and geographically ○ Reducing barriers to recruitment of primary care delivery team members in underserved areas • Address difficulties in the recruitment and retention of a trained workforce due to the lack of competitive salaries, lack of alignment between salaries and regional living expenses, lack of spousal employment opportunities, and lack of incumbent healthcare worker skill enrichment/enhancement training opportunities • Developing payment mechanisms as part of new models of care and reimbursement methodologies that promote a strong role for primary care providers and sufficient corresponding payment (such as care coordination)

Sources of Research Information on Healthcare Workforce Development Strategies

California Healthcare Foundation

<http://www.chcf.org/search?type=chcf&se=1&contenttype=publications&sdate=all>

California Healthcare Policy Forum

<http://www.cahpf.org/doc.asp?id=513>

Center for the Health Professions

<http://futurehealth.ucsf.edu/Public/Publications-and-Resources.aspx>

Catalyst for Payment Reform

http://www.catalyzepaymentreform.org/Payment_Reform_Toolkit.html

Integrated Healthcare Association

<http://www.iha.org/>

The Scan Foundation

<http://www.thescanfoundation.org/sections/foundation-publications>