SPOTLIGHT on HEALTH POLICY

Brought to you by Loma Linda University Health Institute for Health Policy and Leadership and Institute for Community Partnerships

California Healthcare Challenge: Workforce Distribution and Competencies

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California Healthcare Challenge: Workforce Distribution, Competencies, and Opportunities for Medical Education

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Objectives

1. List the most pressing issues in America’s health system and the role of the health workforce
2. Describe workforce gaps projected for the next ten years
3. Describe the opportunities for medical education
The Burning Platform: California and the Nation

- In 2017 America spent $3.5 Trillion on healthcare.
- In 2030 the U.S. population over 65 years old reaches 78 million.
- Fewer workers paying into social programs relative to recipients.
- 2026-27 – CMS Office of the Actuary projects annual healthcare expenditures at $6 trillion; Medicare hospital trust fund (Part A) goes broke.
Middle class families spending more on health care

Could it mean more taxes? Cuts in payments to providers? Fewer services for Americans?

Can we find alternatives and workforce planning fast enough?
Health Workforce Needs
California: Why We Need to Act

- **7 million** Californians live in Health Professional Shortage Areas (HPSAs)
- **1 million** persons need in-home supportive services
- **By 2030:**
  - Shortage of **4,700** primary care clinicians
  - Another **10,000** needed for practice transformation and replacement of retirees
  - Only have **two-thirds** of psychiatrists and behavioral scientists we need
  - **600,000** home care workers needed

*Source: UCSF's California's Primary Care Workforce: Forecasted Supply, Demand, and Pipeline of Trainees, 2016-2030*
What We Learned from the ACA

1. **Universal coverage/Access**
2. **Insurance reforms**
   a) Health Insurance Exchange
3. **Delivery system re-design**
   a) PCMH
   b) ACO
   c) Workforce Training and Supply
   d) Technology
4. **Payment Innovation**
   a) Quality Bonuses, Savings-Sharing, Bundled Payments
The Stakeholders: Why Medical Education Matters

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>% of Total Costs</th>
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<tbody>
<tr>
<td>Physicians (+ APCs)</td>
<td>20%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>40%</td>
</tr>
<tr>
<td>NH/LTC</td>
<td>10%</td>
</tr>
<tr>
<td>Pharma/Technology</td>
<td>12%</td>
</tr>
<tr>
<td>Dental/Oral Health</td>
<td>6%</td>
</tr>
<tr>
<td>Public Health</td>
<td>3%</td>
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</tbody>
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Source: Congressional Budget Office 2018

Direct 80% of costs
High Performance Primary Care in Action

The Medical Home
Primary Care: Physicians and Advance Practice Clinicians (APC)

ER, Hospital Care & LTC/SNF

Specialty Care Costs

Manage Diagnostics & Therapeutics

70% of encounters

Source: Starfield, et al 2005

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Progress 2019: Integration & Efficiency

- Primary Care redesign – PCMH
  - 13,000 practices (67,000 clinicians) by NCQA; 8,000 (32,000 clinicians) by TJC and URAC

- Access through technology – digital health, telecommunications, telemedicine
  - Kaiser 2015 – 110 million visits, 52% were virtual and two-thirds provided by non-physicians
  - UC Davis 2017 – 1 million visits, 30% supported by the Center for TeleHealth & Technology
  - Amazon Care and Oasis Medical (Wash.) – goal is for 70% virtual visits

- ACOs – nationwide 561 Medicare Shared Savings Plan (MSSP) and 585 Commercial designation ACOs

- CMMI Practice Transformation Networks – 140,000 physicians (10,00 in California)
Accountable Care Organizations

- High Performing Primary Care is the anchor
- Integrated, continuous coordinated care across the spectrum of facilities and locations on 24/7 basis
- Kaiser, Mayo Clinic, Palo Alto Medical Foundation are good examples
- Importance of HIT and data analytics
- GAO analysis of Medicare ACOs – the most successful are physician-led
Physicians Managing the Eco-system = ACO

16/7 open access, extended hours; UCC Network; FSDI/Rx
24/7 telecomm access
Tele-Health/TeleMedicine

Schools, Daycare, Churches, Work, Recreation, etc.

Care Coordination, Navigation & Promotores

Tele-Communications
EMR/HIE and TH/TM

Health Plans
Medicare

ASC & Specialty Network

Vendors, CBOs, Social Service Agencies

SNF & Home Health

ED
Hospital

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ACO Case Study: Kaiser, Southern California

Kaiser Health Plan

SCPMG
5,000 Partners
1,500 Employee Physicians
1,000 per diem/contract physicians

Kaiser Foundation Hospitals and Clinics – 14 hospitals
Commission Charge: Hope for the Future

- Develop a strategic plan for building the future CA health workforce (2030).
- Agree on a cooperative strategy with diverse stakeholders, including Community Colleges, Cal State, and UC and Private Universities.
- Align with and leverage relevant public and private efforts for greater collective innovation, efficiency, and impact.
Tackling the Job: 3 Subcommittees

1. Primary Care and Prevention
2. Behavioral Health
3. Healthy Aging & Care of the Older Adult
Commission’s Top 10 Priorities for Action

1.1 Expand & scale pipeline programs
1.2 & 2.3 Recruit & support college students from rural and URMs
1.3 Support scholarships and loan repayment programs
2.1 Sustain & expand the UC PRIME program
2.2 Increase primary care physician & psychiatry residency positions
3.1 Maximize role of nurse practitioner and 3.3 develop a psychiatric nurse practitioner program
3.2 Establish a universal home care worker and 3.4 expand community health workers, promotores & peer providers programs
In all, 27 recommendations: Cost $300 million/year (0.1% of California’s total annual expenditures on health)

**Over 40,000** new health workers:

- **25,000** MSW, LCSW, MFTs, CHWs, UHHW, Navigators
- **1,000** additional medical school and UC-PRIME graduates
- **5,500** additional nurse practitioners/CNMW, **4,900** additional PAs
- Expand Med/NP/PA Residency Training Programs
  - **1,872** new primary care residency slots
  - **2,202** Psychiatrists and **300** Psych NPs
Funding: Existing and New Programs* in California

- State Loan Repayment Programs (LRP)
  - Steve Thompson LRP
  - NHSC Cooperative Agreement LRP
  - Cal Health Cares (Prop. 56) LRP *
  - LA County - LA CARE Elevating the Safety Net *, IEHP Network Enhancement
- Mental Health, Workforce Education and Training *
- UC Merced and UC Riverside Expansion Funding *
- GME Funding
  - Song-Brown, Cal Med Force (Prop. 56) *, LA CARE *, SPA 17-009*
Advancing the Role of the Academic Medical Center

Inter-Professional Education

UME
GME
CME/MOC
AMA Accelerating Change in Undergraduate Medical Education: Health Systems Science

Specific Topic Areas:

- Health care structures & processes
- Health care policy, economics & management
- Patient safety
- Quality improvement
- Principles of teamwork & team science
- Leadership in health care
- Clinical informatics / HIT
- Population health
- Socio-ecologic determinants of health
The Six ACGME Competencies, 1999

- Medical Knowledge
- Patient Care
- Practice Based Learning and Improvement
- Systems Based Practice
- Interpersonal and Communications Skills
- Professionalism
Sponsoring Institution 2025: The Journey Begins
Eight Themes for SI2025

I. Changing Health Care Needs
II. Changes in Health Care Delivery
III. Evolution in Health Care Systems
IV. Evolution in the Role of the Physician
V. Evolution in the Role of Other Health Care Professionals
VI. Evolution in Graduate Medical Education
VII. Uncertainties in the Models for GME Funding; and
VIII. The Role of GME in the Continuum of Medical Education
Accreditation Council for Continuing Medical Education (ACCME)

- Collaboration with LCME, ACGME, National Board of Medical Examiners, National Federation of State Medical Boards, and American Board of Medical Specialties (ABMS)
- Inter-professional Education joint accreditation
- Coordination with state medical societies and specialty societies
- Collaboration with NCQA and JCAHO
How Teaching Hospitals Responded: America’s Current Inventory

- **Hospitals**
  - Intensivists
  - Hospitalists
  - Nocturnists
  - Laborists
  - Proceduralists
  - Rapid Response Teams
  - Hospital EMR

- **SNF/Long-Term Care**
  - SNF-ists/Extensivists

- **Ambulatory Care**
  - Medical Home (PCMH)
  - Palliative Care and Hospice
  - 24/7 Urgent Care Centers
  - Home Health Providers
  - ASC, Free-Standing DI & Rx

- **Vertical Integration**
  - IPAs, IDNs, PHOs, and ACOs
Transformation of Medical Education

Achieving a balance between primary care and specialty care
Transformation of Medical Education

1. Physician leadership
2. Specialty and Geographic Distribution
3. Practice Transformation
4. Interdisciplinary education and training
5. Patient, family and community engagement and SDOH
6. Technology – HIT, HIE, Telehealth, artificial intelligence, robotics
7. How does value-based practice differ from what we do now?
8. Prepare for Medicare Advantage for All?
Thank You!

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