



SPOTLIGHT on **HEALTH POLICY**

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**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 health care
- ❑ 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 health care expenditures at \$6 trillion; Medicare hospital trust fund (Part A) goes broke



The Burning Platform: California and the Nation

- ❑ 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

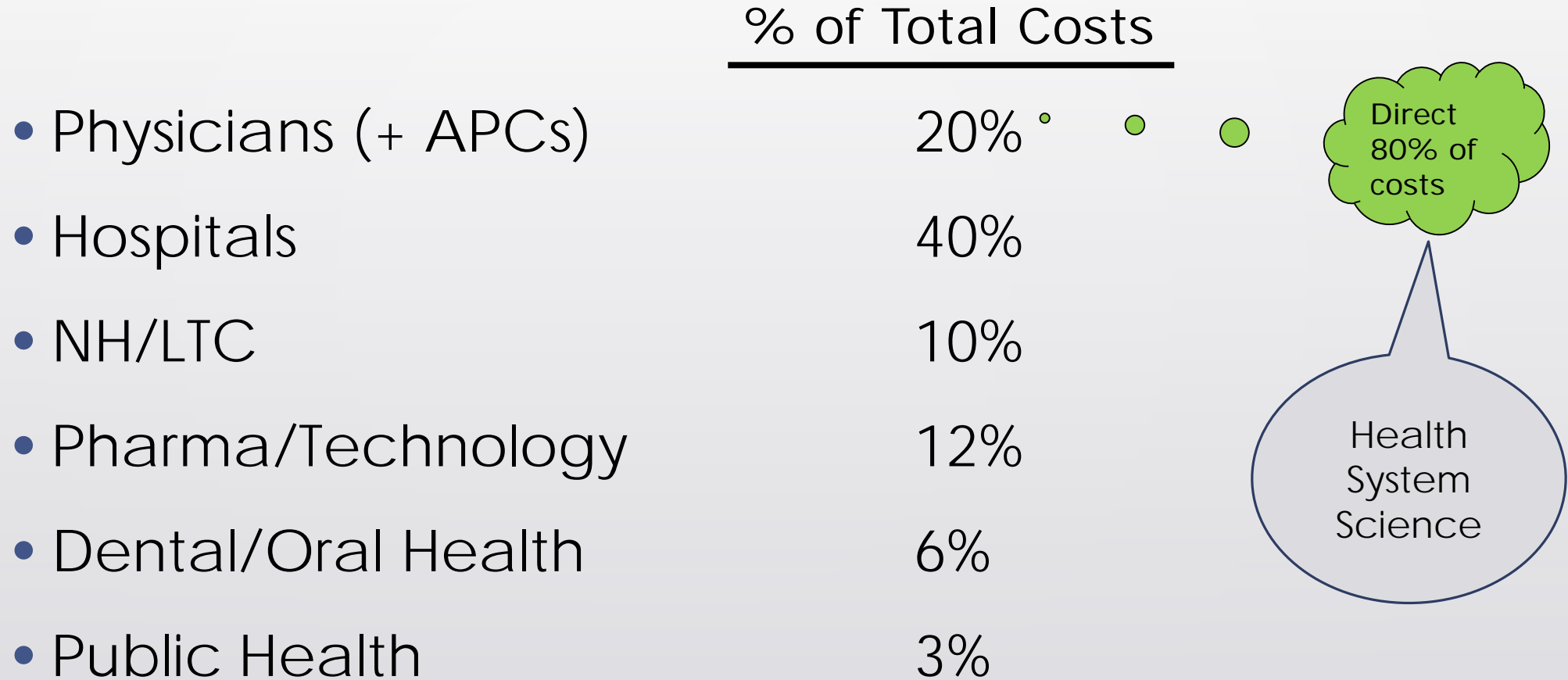
Source: [UCSF's California's Primary Care Workforce: Forecasted Supply, Demand, and Pipeline of Trainees, 2016-2030](#)



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

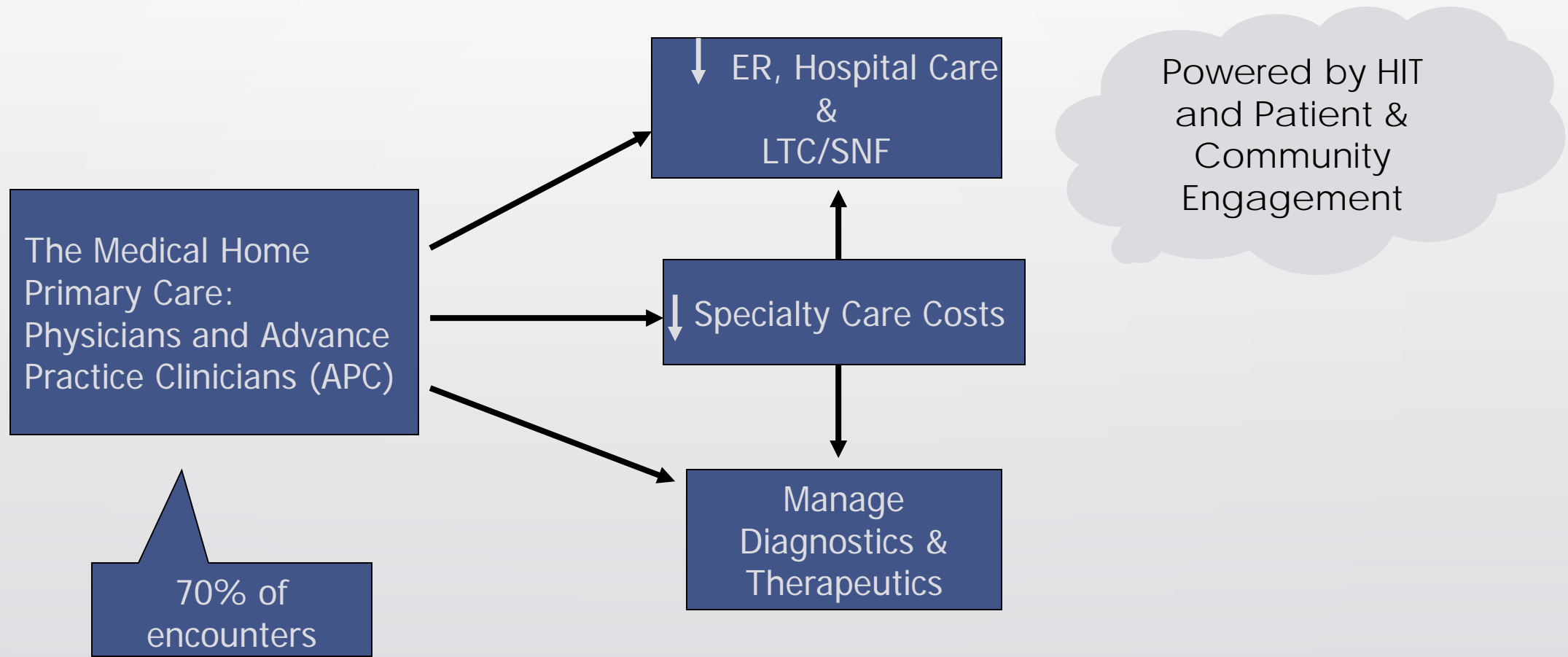
The Stakeholders: Why Medical Education Matters



Source:
Congressional
Budget Office
2018



High Performance **Primary Care** in Action



Source: Starfield, et al 2005



Progress 2019: Integration & Efficiency

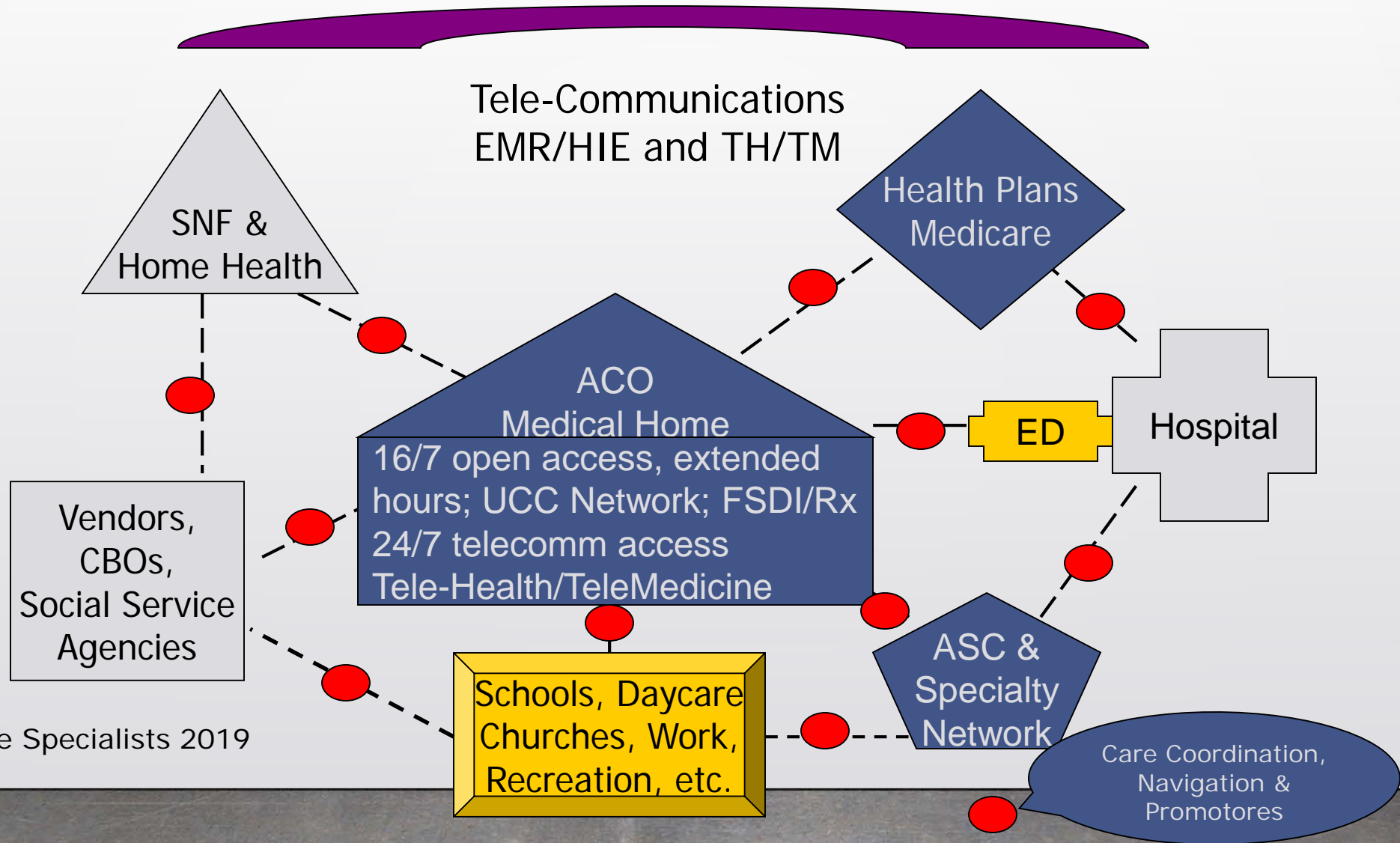
- Primary Care redesign – PCMH
 - 13,000 practices (67,000 clinicians) by NCQA; 8,000 (32,000 clinicians) by TJC and URAC
- Access through technology – digital health, telecommunications, telemedicine
 - Kaiser 2015 – 110 million visits, 52% were virtual and two-thirds provided by non-physicians
 - UC 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)



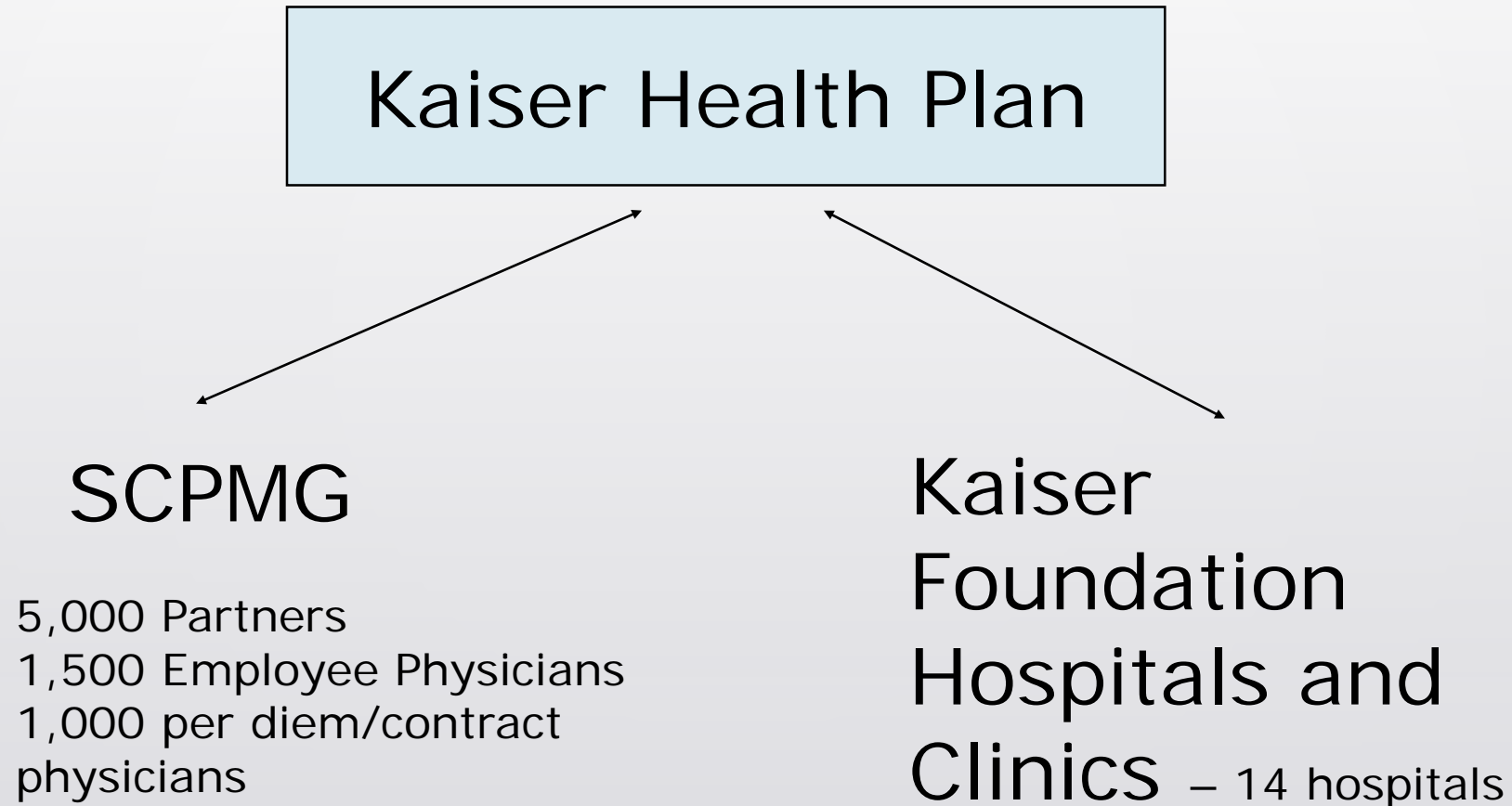
Accountable Care Organizations

- 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



ACO Case Study: Kaiser, Southern California






www.futurehealthworkforce.org



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 URM
- 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 practitioners 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

Pipeline

UME/MP/PA/GME

Para-Professionals



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

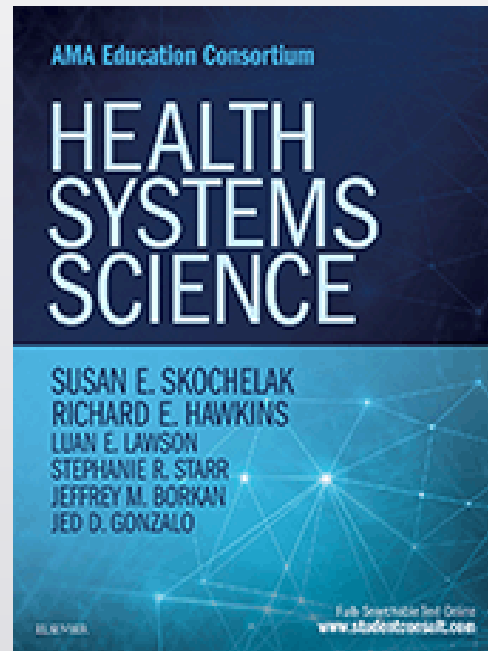
- State Loan Repayment Programs (LRP)
 - Steve Thompson LRP
 - NHSC Cooperative Agreement LRP
 - Cal Health Cares (Prop. 56) LRP *
 - LA County - LA CARE Elevating the Safety Net *, IEHP Network Enhancement
- Mental Health, Workforce Education and Training *
- UC Merced and UC Riverside Expansion Funding *
- 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



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

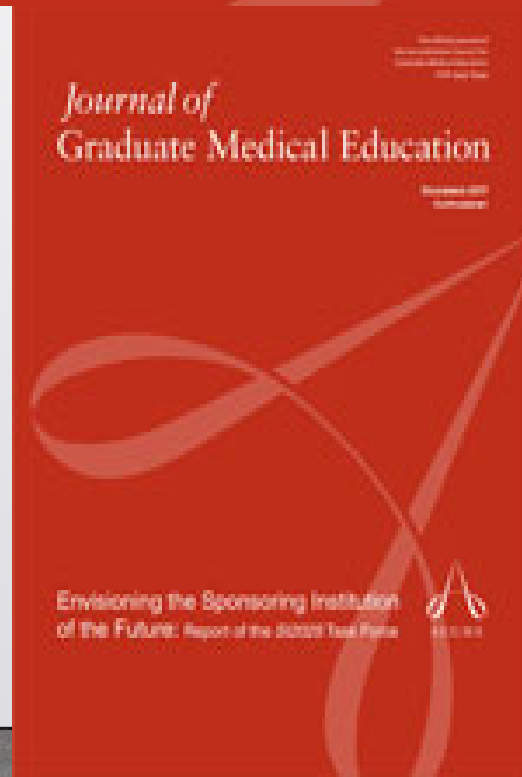


The Six ACGME Competencies, 1999

- 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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