Building a Health Workforce for the Future: Lessons from a Multi-Stakeholder Statewide Initiative
Key Questions to be Addressed

What are key gaps in the health workforce pathway?

What is a vision to meet workforce needs that will improve population health?

Why is health workforce diversity essential to improving population health?

How are other sectors crucial to improve population health?

What is a holistic way to approach health workforce development?

Who has a role in building the health workforce of the future?
California Future Health Workforce Commission: Foundation Funders
Commission Charge

- Develop a strategic plan to build the future CA health workforce (2030).
  - Advance practical short, medium, and long term solutions to address current and future workforce gaps.
  - Agree on a cooperative strategy that promotes shared ownership and priorities and that makes optimal use of diverse stakeholder resources.
- Secure commitments for effective plan implementation, including a state infrastructure to facilitate and monitor progress.
- Build on, align with, and leverage relevant public and private efforts for greater collective innovation, efficiency, and impact.
- Educate and engage key public and private stakeholders to support success.
Commission Framework: Focus Areas & Foundational Elements

**DIVERSITY**
- race/ethnicity, gender, sexual orientation, socioeconomic status

**EQUITY**
- ensuring opportunity (e.g., education, living wage), geographic distribution, racial equity

**TECHNOLOGY**
- leveraging technology to accelerate transformation across settings

**QUALITY EDUCATION, CAPACITY, AND TRAINING ALIGNED WITH NEEDS**

**FOUNDATIONAL ELEMENTS**
- Shared Ownership of the problem and solution among key stakeholders, and working together differently to achieve results

**OUTCOMES**
- Improved Economic Opportunity
- Health Equity
- Better Health & Safety
- Better Care
- Lower Costs
- Healthy Workforce

**Focus Areas**
- Primary Care & Prevention
- Behavioral Health
- Healthy Aging & Care for Older Adults

**Future health workforce - the right people in the right places with the right competencies and capabilities - working effectively to promote and deliver health in all communities**
Challenges
Influences on Population Health are Interdependent

Population growth
Increasing diversity of population
Rising poverty levels
Aging population
Chronic illness
Social Determinants of Health

Collectively, these have enormous implications for the future health workforce in California
Shortfalls

In the next 10 Years
Over 4,000 primary care clinicians
Up to 600,000 home care workers
41% fewer psychiatrists than needed

Now
Latinos represent nearly 40% of population, only 7% of physicians
Over 7 million people live in HPSAs (70% Latino, AA, Native American)
Provider/pop ratios in inner city & rural areas 50% recommended levels
Over 1/3 of physicians and NPs over 55 and expected to retire in 10 years
60% of PH managers & supervisors currently eligible for retirement
95% of funding for govt PH tied to categorical programs
Older Adults

4M increase by 2030 – 87% increase from 2012
20% of CA population 65 or older
Pop with self-care difficulties will double to 1M
50% will be widowed, divorced, separated, or never married
Over 50% over 65 rely on social security for 80% or more of income
76% of older adults prefer to age in place (nationally)
25% have multiple chronic conditions
Behavioral Health

2/3 of CA adults with a mental illness and 2/3 of adolescents with major depressive episodes do not receive treatment.

ED visits related to mental disorders increased over 50% nationally between 2006 and 2013.
Education/Training Capacity

Medical school enrollment 18/100k (30/100k nationally)

60% Californians who attended med school did so out of state

Higher costs and indebtedness drives move to specialties, away from HPSAs

THCGME programs (6) welcome, but present trade-offs to rural providers
Primary Prevention /SDoH

In last 5 years, homeless pop increased 54%, representing 24% of total homeless in U.S. (134k of 554k)

Estimated need for 1.5M additional units of rental housing

11.2% of CA population food insecure between 2015-17. Estimated costs to HC in U.S. in 2015 $78-160B

Over 38% of population is under 150% of CPM ($7k more than FPL)

65% of 4 yr olds attended a pre-K program in 2016 (69% eligible for public subsidies) with significant geo variation, i.e., as low as 40% in some counties.
Essential Conditions for Change

- Adequate Medi-Cal reimbursement
- Move to value-based payment
- Increased investment in:
  - Primary care
  - Primary prevention (e.g., early childhood education, affordable housing, K-12)
  - Technology for low income residents and providers in rural and inner city communities
  - Bridge between clinical care and community/cultural centered improvement in health and well-being.
- K-16 education effectively prepares all students for health professions training and employment
The Structures and Process
Structures

24 member Commission
Decision Makers / Leaders

40 member Technical Advisory Committee
Health Workforce Stakeholders

3 Subcommittees (approx. 20 members each)
Experts in Primary Care, Prevention, BH, and Aging
Key Activities

• Commission met 7 times between September 2017 and January 2019 (public meetings)
• Technical Advisory Committee and 3 subcommittees met repeatedly over 18 months
• Statewide survey to solicit input on draft recommendations, approximately 1000 responses.
• January 15, 2019: Commission adopted final report and 27 recommendations
• February - May 2019: Public rollout of report and recommendations
Elements of Deliberative Process

- Select Priority Focus Areas
- Future Assumptions
- Blue Sky Future Envisioning
- Set North Star Goals
- ID and Analyze Current Problems
- Define Success and End Products

- Establish Critical Path Strategies
- Engage stakeholders
- Strategy analysis & refinement
- Develop 27 detailed recommendations
- Conduct impact assessments
- Select top 10 recommendations
Development of Recommendations

- Stakeholder survey feedback
  - June – July 2018
- Input from Commissioners & meetings with key stakeholders
  - October 2017 – September 2018
- Input from TAC
  - September 2017 – September 2018
- Sub-committee recommendations
  - November 2017 – May 2018
- Commission selection of priority areas
  - September – November 2017
- Input from Foundations
  - May–September 2018
- Sub-committee Co-Chair agreement
  - August – September 2018
- Input from Commission Co-Chair team
  - September 2018

Management Team synthesis
Commission Vision and Strategies

Strategy 1
Increase opportunity for all Californians to advance in the health professions.

Strategy 2
Align and expand education and training to prepare health workers to meet California's health needs.

Strategy 3
Strengthen the capacity, effectiveness, well-being, and retention of the health workforce.

Vision for California's Workforce

By 2030, California's health workforce will reflect the diversity of the state and have the capacity and competencies to:
- Improve health, equity, and well-being in all communities.
- Provide accessible, affordable, high-quality services at the right time, at the right level, and in the right places.
- Transform health care delivery to address social needs and improve health outcomes across the life course.
Strategy 1:
Increase Opportunities for All Californians to Pursue Health Careers

1.1 Scale pipeline programs for students from underrepresented and low-income backgrounds.

1.2 Recruit and support UR college students to pursue health careers.

1.3 Support scholarships for priority professions and service in underserved communities.

1.4 Increase postbac slots for students from underserved communities.

1.5 Expand funding to strengthen the size, distribution, and diversity of the BH workforce.

1.6 Expand loan repayment programs for PCPs in safety-net and underserved communities.

1.7 Create a California Health Corps to address health workforce gaps.

1.8 Assess, treat, and improve college student mental health and promote behavioral health careers.

1.9 Implement a prevention and early intervention MH and workforce development model for K–12.
Strategy 2: Align and Expand Education and Training to Meet CA Needs

2.1 Sustain and expand the PRIME program across UC campuses.

2.2 Expand the number of primary care physician and psychiatry residency positions.

2.3 Recruit and train students from underserved communities to practice in CHCs in home regions.

2.4 Expand medical school enrollment for the benefit of medically underserved areas.

2.5 Develop a four-year medical education program at Charles R. Drew University.

2.6 Bring together SPPH and LPHAs to train the next generation of PH professionals.

2.7 Integrate training on social determinants into all health professions training programs.

2.8 Expand the role of the CCC system in online training of the future workforce.
Strategy 3: Strengthen the Capacity, Effectiveness, and Retention of the Health Workforce

3.1 Maximize the role of nurse practitioners fill gaps in primary care.
3.2 Establish a universal home care worker family of jobs with career ladders and training.
3.3 Develop a psychiatric NP program that serves underserved rural and urban communities.
3.4 Scale the engagement of CHWs, promotores, and peer providers.
3.5 Strengthen training for PCPs on behavioral health and wellness using TTT modalities.
3.6 Establish a CA Health Workforce Technology and Data Center.
3.7 Assess well-being and develop a statewide action plan to proactively address burnout.
3.8 Establish PC spending targets and requirements for public and private payers.
3.9 Build capacity of LPHAs to support collaborative community health improvement.
3.10 Engage health plans in regional workforce partnerships and initiatives.
Moving Forward

Recommendations offer detailed implementation strategies, budgets, and impact assessments (as permitted by available data)

Dialogue in executive and legislative branch to explore policy, regulatory, and administrative actions.

Philanthropy to determine next steps in selection of priorities and funding of implementation.

Stakeholders positioning for engagement, support, and advocacy.

Employers and academic institutions explore avenues for investment and adjustment in priorities aligned with recommendations.
Full report, recommendations, and impact statements available at:

futurehealthworkforce.org