



California Future Health Workforce Commission  
Meeting 1 Minutes

September 28, 2017

10:00 am – 3:00 pm

University of California Office of the President

1111 Franklin Street – Lobby One Room

Oakland, CA 94607

<b>Commissioner Attendance</b>	
<b>Present</b>	
Lloyd Dean, MA (Co-chair)	Elizabeth Gibboney, MA
Janet Napolitano, JD (Co-chair)	Alma Hernandez
Anne Bakar	Ed Hernandez, OD
America Bracho, MD, MPH	Rishi Manchanda, MD, MPH
Linda Burnes Bolton, DrPH, RN, FAAN	Eloy Ortiz Oakley, MBA
David Carlisle, MD, PhD, MPH	Nirav Shah, MD, MPH
Joseph Castro, PhD, MPP	Sheila Thornton
Diana Dooley, JD	Timothy White, PhD
Hector Flores, MD	Jim Wood, DDS
Jane Garcia, MPH	Donna Wyatt
C. Dean Germano, MHSc, FACHE	
<b>Absent</b>	
Mitch Katz, MD	Heather Young, PhD, RN, FAAN
Arnold Milstein, MD, MPH	

- I. Welcome & Introductions
  - Co-chairs give individual remarks and ask Commissioners to give one word to describe their hopes for the California Future Health Workforce Commission (Commission).
  - Commissioners are given the opportunity to add their own remarks.
- II. Foundation CEO remarks
  - CEOs from three of the four foundations supporting the work of the Commission give individual remarks.
  - Sandra Hernandez, MD of the California Health Care Foundation speaks about aspirations for the Commission to develop a forward-looking plan to develop an efficient, effective workforce to care for California’s current and future patient populations.
  - Peter Long, PhD of the Blue Shield of California Foundation urges the Commission to keep in mind the needs of Californians with a sense of urgency. Dr. Long also

encourages exploring whole-person care, unique partnerships to encourage this type of care, and the need to evolve and integrate the other systems and sectors.

- Robert Ross, MD of The California Endowment gives the backstory of the Commission's development. Dr. Ross also heeds the warning that sometimes you lose the boldness of conclusions when you make decisions based on consensus.

### III. Overview of Purpose, Process & Products

- Jeff Oxendine, MBA, MPH and Kevin Barnett, DrPH, MCP, co-directors of the Commission's management team, give an introductory level-setting presentation.
- Co-chairs give Commissioners the opportunity to comment and ask questions of the presentation. Some key comments from Commissioners include:
  - There needs to be a here and now in the Commission's thinking because there are real current-day health workforce challenges.
  - Increasing the number of people in the health professions pipeline is a long-term issue, but in the short-term, the Commission can help incentivize people who are already in the pipeline by helping them get through quicker. The Commission should explore the current configuration for credentialing to figure out what a better configuration is for the health care workforce.
  - Investments in prevention and creating more providers who are focused on prevention is costly. Resources are needed to both train and treat; the amount of discretionary public funding available is tightly regulated. We need resources that may not be a part of our current system.
  - Many Commissioners are hopeful that we can create a workforce that is not limited by our current systems. The Commission should focus on the health outcomes that it wants to achieve within California.
  - The Commission should be bold by making suggestions of what we are no longer going to do to save money and be innovative. It should not just look to what more we can add, but we should commit to halting practices that are outdated and inefficient.
- Jeff Oxendine provides an overview of the Commission's overall structure and of the entities supporting the Commission's work.

### IV. Technical Advisory Committee update provided by Dr. Barnett.

### V. Presentation and Discussion: Future CA Health Trends and Scenarios and their Implications for Workforce Planning

- Diane Rittenhouse, MD, MPH presents on the future California health trends impacting health workforce planning.
- Dr. Barnett presents on health care transformation and its impact on health workforce planning.
- Co-chairs invite the full Commission to participate in a scenario planning discussion. Key comments from Commissioners include:
  - Commissioners ask the question of how federal uncertainty should influence the Commission's assumptions of future scenarios. Most Commissioners agree that they cannot foresee a scenario where California will receive additional federal funds as compared to previous funding levels.

- The Commission should assume that it is going to have to find ways to serve those in need by developing new models and new definitions of health delivery.
- California’s real challenge will be to keep moving toward creating real reform and building on the momentum from the last 10-15 years. While California has already seen a pulling back from the federal level, we have not yet had any adverse federal intervention. In an optimistic scenario, the Commission may want to assume that California will continue to receive current levels of federal funding, but no new funding.
- There is currently little to no alignment between our educational systems and the need to focus on primary care. We need to be bold about changing the curriculum to focus it on primary care moving forward.
- The Commission should look to other successful state models, including Colorado, to learn how to best deploy and create a network of professionals who can deliver care
- The high cost of health professional education impacts a student’s decision to not choose primary care specialties of inability to repay debt.
- Most single payor systems around the world only work because the government subsidizes health professional education.
- California has underutilized personnel who are constrained by their licensure.
- Within primary care, the Commission should explore ways to train more about self-care.
- Co-Chair Napolitano requests a “Blue Sky” activity at the subsequent Commission meeting.

VI. Presentation and Discussion: Workforce Supply, Demand, and Demographics; The Educational Pipeline and Scenarios

- Janet Coffman, PhD, MA, MPP presents and facilitates a discussion among Commissioners. Key comments during the discussion include:
  - There are not enough training sites to support the number of residency slots needed to support medical schools and residency programs that exist in the Los Angeles areas.
  - Is there race/ethnicity supply data for professions such as dentistry, optometry, and pharmacy? Many of these professions face a much more challenging diversity situation as compared to medical professionals.
  - We know that there are limitations in the data sets that we currently have, but we want the Commission’s work to be evidence-based. Many regulatory boards fail to collect the data required of them by statute. The Commission should decide what new data sets could be helpful in developing the evidence-base for our future health workforce work.
  - The current paradigm of primary care is broken. Providers are not generally trained in equity, but should be. Families and communities should become an active part of educating faculty about what the needs of their communities truly are.
  - There are the challenges in the way our curriculum is designed and delivered. Even at full training capacity, our educational systems cannot currently keep up

with the current demand for health care workers. Faculty-to-student ratios required by accreditation make education unnecessarily expensive. This cost also reduces the diversity within these programs. The Commission should also explore the lack of diversity of administrators at the helm of health professions training schools.

- The Commission should study ways to create regional incentives to entice trained providers to return to their home regions to provide care.
- The Commission needs to pursue relevance in training programs, particularly with respect to addressing social determinants of health.

VII. Proposed Priority Areas of Focus and Foundational Elements

- Co-chairs present a visual that proposes the Commission's work focus on 3 priority areas (Primary Care & Prevention, Behavioral Health, and Aging).
- Commissioners generally agree that the 3 proposed focus areas are all urgent areas where the potential for progress is promising.
- A few Commissioners request that the Commission be intentional about allowing for discussions around the innovations that are possible within the areas of intersection between the 3 areas.
- The Commission needs to embrace opportunities and challenges brought about by new technologies. Technology will change how certain professions provide care. Commissioners request more education on technology and its workforce implications.
- Co-chairs call for a consensus vote: Does the Commission agree that Primary Care & Prevention, Behavioral Health, and Aging should be the 3 primary areas of focus for purposes of the Commission's work?  
Decision: Consensus reached that Primary Care & Prevention, Behavioral Health, and Aging are the primary focus areas.

VIII. Adjourn: 2:40 pm.