St. John's
Well Child & Family Center

808 W. 58th Street
Los Angeles, CA 90037
(323) 541-1600 Fax (323) 541-1601

January 7, 2015

Mari Cantwell, Chief Deputy Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: 1115 Waiver Renewal Workforce Strategies

Dear Ms. Cantwell,

I am writing today on behalf of California's community clinics and health centers, as a member of the California Primary Care Association, and as a participant in the 1115 Waiver Renewal Expert Stakeholder Workgroup on Workforce. I have appreciated the robust and thoughtful workforce dialogue to date. With the recent, and historic, expansion of coverage, this workforce conversation, and investment, could not be any better timed. As our work with DHCS and other stakeholders to design an 1115 Waiver workforce strategy continues, I am inspired and supportive of the workforce goals outlined in our first meetings: (1) Increase number of health workers providing health care services in medically underserved areas and to Medicaid beneficiaries; (2) Develop innovative ways to address whole person care; and (3) Create financial and other incentives to encourage greater commitment to serve Medicaid beneficiaries and practice in underserved areas.

In the second stakeholder meeting, the Department presented a comprehensive list of potential strategies that could be used to achieve our workforce goals. As we enter our third stakeholder meeting, I am mindful of our need to narrow our list of strategies and to focus in on those that can most effectively transform and expand our primary care delivery system to meet the needs of our Medi-Cal enrollees. In the below sections, I aim to draw your attention to those that we believe could have the greatest impact on the care and experience the over 1 million Medi-Cal beneficiaries California's community clinics and health centers serve:

Targeted Financial Incentives

We agree that targeted financial incentives is a proven strategy for attracting new providers to underserved communities. Health centers have seen first-hand the positive impact of loan repayment programs and Song-Brown grants on increasing the pool of providers invested in primary care, serving the underserved and the Medi-Cal population. As we think of short vs long-term impacts of investments in financial incentives, loan repayment programs could be a particularly important area to target. As the

Department considers building on the state's current infrastructure, it is important that we consider not only an additional financial investment, but program criteria and structure. We ask the department to consider the following: (1) does the state loan repayment program sufficiently repay enough of the student's loan to incentive a practice commitment; (2) could the program be better aligned with geographic needs and projected increases in Medi-Cal population; (3) could program structure be modified to encourage more health centers, especially small and medium size centers, to participate by minimizing or eliminating their matching contribution (ie. better mimic National Health Service Corp); and (4) could the program be better structured to support retention on the medium to long term.

We are incredibly excited to see new investments in Teaching Health Centers under consideration as a potential strategy. Investing in teaching health centers is not only an investment in new providers, but is also an investment in a training infrastructure that can translate to providers that come out of residency ready to serve underserved populations in community-based primary care settings. Interest in this training model is high among Californians in medical school. As other committee members have shared, current THC sites in California have seen over 200 applicants per slot. According to a 2009 study, THCs have produced residents that are nearly three times more likely to practice in underserved settings and are 3.4 times as likely to work in a health center (Morris et al.). While the ACA made an incredible investment in Teaching Health Centers, now is the time for California to follow the lead of other states, like Illinois, that are using their 1115 waiver as an opportunity to support current THC sites and further expansion of the THC model.

Lastly, as we consider targeted financial incentives, it is important that we are also considering opportunities to promote training and utilization of nurse practitioners and physician assistants in community based primary care settings. The Department may want to consider pilot opportunities for health centers and other entities interested in exploring such training strategies. Models for such programs can be seen in our own state with Santa Rosa Community Health Centers' Nurse Practitioner Residency Program and in Connecticut's Community Health Center, Inc.'s Nurse Practitioner Residency Training Program.

Alternative Methods of Delivering Care

Committed to care team transformation, we support the 1115 Waiver as an opportunity to incentivize and pilot alternative methods of delivering care. We are supportive of ideas that are grounded in whole person care and can facilitate the implementation of the health home pilot. In particular we encourage the state to explore the role of community health workers and to invest in training that helps transition our current workforce to team-based care. As we consider how to fund and sustain such transformative training over the long-term, we encourage the state to consider the potential role of our state's robust community college infrastructure as a partner in training delivery.

Technology as a Workforce Tool

Lastly, we are excited and supportive of new funding and support for technology as a workforce tool. Many health centers, especially those in the Central Valley, Inland Empire, Rural North, and Central Coast, have already seen the capacity of technology to transform access, especially to specialists. We support both the concepts of incentive payments to providers of existing telehealth programs and to funding for new participants.

In conclusion, CPCA is supportive of programs in the Waiver that strengthen the Medi-Cal program and increase the number for providers delivering better, more coordinated, and higher quality health care to the millions of Medi-Cal beneficiaries. We thank the Department for providing community clinics and health centers the opportunity to be a participant in this exciting workforce conversation on the State's proposal for the 1115 Waiver and offer new ideas for how our state can achieve the Triple Aim. I look forward to continued opportunities to engage with DHCS on these important matters.

Regards,

Jim Mangia, MPH
President & CEO

cc's: Mari Cantwell, DHCS
Wendy Soe, Policy Specialist, DHCS
Anastasia Dodson, DHCS
Bobbie Wunsch, Pacific Health Consulting Group