

FY20-21 Budget Proposal
Medi-Cal Healthier California for All
Workforce Investment
February 20, 2020



OVERVIEW

Today, there are 1,370 community health centers (CHCs) in California providing high-quality comprehensive care to 7.2 million people. CHCs provide care to everyone, regardless of their ability to pay, their immigration status, or their individual circumstances. In many rural communities throughout California, CHCs are the sole source of medical and behavioral health care for middle- and working-class families. CHCs are proud of the tremendous investments in coverage this state has made. However, CHCs in both urban and rural California also know firsthand that coverage does not equal access.

WORSENING WORKFORCE SHORTAGE

The need to expand access to quality and affordable health care is vital. The Health Resources and Services Administration (HRSA) recently reported that more than 7.7 million Californians live in Health Professions Shortage Areas, a federal designation for counties experiencing shortfalls of primary care, dental care, or mental health care providers. Only two regions in California (Greater Bay Area and Sacramento) have ratios of primary care physicians per population above the minimum ratio recommended by the council of Graduate Medical Education (60 physicians per 100,000) – leaving other areas of the state woefully underprepared to adequately serve their populations (*California Physician Supply and Distribution: Headed for a Drought?*, CHCF 2018). The growing demand for access to affordable health care is further compounded by the fact that California is projected to have a shortfall of more than 4,100 primary care clinicians by 2030 (*California's Primary Care Workforce: Forecasted Supply, Demand, and Pipeline of Trainees, 2016-2030*, Healthforce Center at UCSF, 2017). Behavioral health profession shortages are also concerning, with an existing 11% shortage of psychologists, marriage and family therapists, clinical counselors and social workers (*California's Current and Future Behavioral Health Workforce*, Healthforce Center at UCSF, 2018).

A WORKFORCE FOR ADVANCING AND INNOVATING

The Healthforce Center at UCSF (2017) notes that the current ratio of primary care physicians participating in Medi-Cal is approximately two-thirds of the federal recommendation. While recent Proposition 56 investments in graduate medical education, state loan repayment, and supplemental payments aim to turn the tide, these investments are not sufficient. At a time when this administration is launching a commendable effort with the Medi-Cal Healthier California for All program - a multi-year initiative by DHCS to improve the quality of life and health outcomes by implementing broad delivery system, program and payment reform across the Medi-Cal program - a workforce investment of the same caliber is needed. To succeed at bettering the quality of life for all Medi-Cal beneficiaries and achieve long-term cost savings, a comprehensive spectrum of primary care and behavioral health workforce investments is critical.

THE SOLUTION

The California Future Health Workforce Commission (2019) lays out a bold plan to guarantee that individuals and families, including our Medi-Cal population, are able to receive timely primary care and behavioral health services. To move the Commission's vision forward, a just released Healthforce Center report (October 2019, UCSF), "*Leveraging the State Budget to Implement California Future Health Workforce Commission Recommendations*," presses for immediate action for continued and new investments in this budget cycle.

CaliforniaHealth+ Advocates urges the Governor and the Legislature to appropriate \$250 million in the FY20-21 State Budget to invest in California's healthcare workforce.

Specifically, CaliforniaHealth+ Advocates urges the following one-time investments:

- COMMUNITY-ORIENTED REGIONAL EDUCATION IN PRIMARY CARE (CORE-PC) PROGRAM: Recruit and train students from rural areas and other under-resourced communities to practice in community health centers in their home regions. Modeled after the Hometown Scholars Program at A.T. Still University, and further refined by UC Davis in partnership with northern California community health centers, this general fund investment would establish funds to develop a statewide endorsed applicant program that allows communities to identify local candidates, facilitate connection to medical school programs, and develop supportive pathways for those candidates to successfully graduate, complete residency, and return to a community health center to practice (\$3 million; UCOP).
- PRIME: Sustain current Programs in Medical Education (PRIME) programs to position the program for future growth across all UC campuses (\$9.3 million; UCOP).
- PRIMARY CARE AND PSYCHIATRY RESIDENCY: Expand the number of primary care physician and psychiatry residency positions by stabilizing funding that strengthens the financial viability of Teaching Health Centers, health center-affiliated physician residency programs, as well as primary care and psychiatry residency programs committed to, and located in, underserved communities (\$116 million¹; OSHPD).
- ADVANCED PRACTICE CLINICIANS: Maximize the role of nurse practitioners and physician assistants

as part of the care team to help fill the gaps in primary care and behavioral health. Establish funds to stabilize and expand nurse practitioner and physician assistant fellowships and post graduate training, prioritizing programs with a primary care and behavioral health focus. Fund greater investment in NP training at UC and CSU campuses to serve in underserved rural and urban communities (\$49.7 million; OSHPD; UCOP; CSU).

- DEBT RELIEF: Reduce or eliminate the level of accrued educational debt for underrepresented physicians and behaviorist through scholarships, loan repayment programs, and income-share agreements. Protect and expand state programs to meet gaps not addressed by current local and federal scholarship or loan repayment programs to meet the state’s unique needs for care for underserved populations, geographic regions and communities (\$72 million; OSHPD, HPEF).

The workforce shortage has gone on too long, and is far too complex, for anything short of a multipronged approach that supports those most proximal to practice while building the infrastructure and pathway for a diverse, future workforce. These investments, together with California Advancing and Innovating Medi-Cal program, will transform the Medi-Cal program, achieve the Quadruple Aim, and realize the California for All vision.

FOR MORE INFORMATION

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¹ This \$116 million investment is inclusive of new and existing funding. We request the continuation of over \$70 million funds currently supporting residency. Additionally, we seek

new general fund investments for primary care (over \$20 million) and psychiatry residency (over \$20 million).