

*Health Workforce Development Council (HWDC)
Action Plan Implementation Team*

*Development of Priority HWDC Recommendations
Proposed Themes and Recommendations*

October 2, 2012

- 1. Targeted strengthening of and investment in California's Primary Care Capacity aligned with and leveraging existing and planned programs and population needs.**
 - a. Increase primary care residencies; with a priority emphasis on underserved areas*
 - b. Support advanced practice nurses to function at full scope of current legal practice*
 - c. Increase ability for physician assistants' to supervise medical assistants to enhance capacity and productivity.*
 - d. Increase loan repayment, scholarship funding and incentives physicians, PA's, AP Nurses to pursue primary care and practice in urban and rural underserved areas.*
 - e. Preserve funding for and increase the capacity of PRIME Programs based on the UC plan*
 - f. Increase pilot funding for new team based models of primary care, their evaluation and spread of best practices.*
 - g. Increase the numbers of nurses with BSN's through implementation of the collaborative model of nursing education for seamless progression from ADN to BSN and the BSN at community colleges.*
 - h. Update the Community College curriculum for medical assistants to include new models of care and the expanded role of the medical assistant.*
 - i. Implement apprenticeship programs for medical assistants (recommend deleting this as the feasibility is very low, currently there are no apprenticeships in allied health)*
 - j. Expand and standardize training programs at community colleges to increase access, and consistent competencies for community health workers (CHW)/Promotores.*
 - k. Change regulations to allow the services of CHW/Promotores to be reimbursable with government and private payers*

- 2. Determine, preserve, and restore funding for California's public education institutions (K-12, Community Colleges, CSU, and UC) that provide workforce preparation and education programs to meet health workforce requirements.**
 - a. Support UCR (if accredited in Oct) and Merced Medical Schools*
 - b. Maintain the current educational capacity of nursing schools*

- c. *Increase the capacity of social work programs through outreach and funding placements to increase the number and preparation for care management and behavioral health*
 - d. Maintain current capacity of PA programs in California
 - e. **Maintain current capacity of Medical Assistant programs.**
- 3. Increase capacity in specialty and ancillary services as required to ensure access, quality and cost effectiveness**
- a. *Create additional capacity in specialty science courses which currently have limited availability and are over- subscribed by utilizing distance education, technology, etc. (i.e. Hematology course offered by CSUS)*
 - b. Increase the number and distribution of radiologic technologists trained in specialty modalities such as MRI, CT, Ultrasound to increase diagnostic access and capability.
 - c. Promote and **educate** hospitals, schools **on** the use of training consortia for CLS
- 4. Ensure that California’s health workforce is representative of the population and geographic areas and can provide quality, culturally responsive and appropriate services to our growing, emerging majority populations.**
- a. *Preserve and increase funding for proven programs throughout CA that increase workforce diversity, expand the pool of candidates from all backgrounds and provide rewarding career and job opportunities for CA residents (i.e., PRIME, Post-Bac, HCOP, **Welcome Back**, K-16 pipeline programs).*
 - b. *Develop and document the business case of the benefits of increased diversity and the return on investment on health, economic development, education and opportunity.*
 - c. Develop career ladders for community health workers, **medical assistants, etc** and strengthen their training.
 - d. *Make Song-Brown Funding of community health centers contingent upon increasing clinical rotations to PA programs;*
 - e. Increase paid public health internships for underrepresented students to work in underserved urban and rural areas.
- 5. Invest in regional workforce planning, programs and infrastructure in underserved areas to increase workforce capacity and contribute to health, economic and educational goals.**
- a. Invest in pilot workforce infrastructure and programs in the Inland Empire/Coachella Valley, Central Valley and other priority regions.
 - b. Coordinate efforts across regions and expansion of best practices
 - c. Expand to other regions based on need, readiness and investment

6. Establish Solid infrastructure to develop and implement plans at the statewide and regional level

- a. Institutionalize the HWDC
- b. Implement CWIB statewide and regional structures and strategies
- c. Establish and sustain sufficient private statewide workforce infrastructure (overall and profession specific) to partner with HWDC and CWIB and lead priority imitative implementation and coordination.
- d. Establish primary care workforce coordinating entity with sufficient staffing, data and funding
- e. *Establish staffing and data required for public health workforce enumeration, tracking and development.*
- f. *Support OSHPD Clearinghouse expansion, data collection and reporting:*
 - i. *Require licensing entities to collect or provide data*
 - ii. *Standardize data collected to inform projections and analysis*
 - iii. *Support authority to share social security numbers from licensing entities*
- g. Establish “I Hub” coordinating workforce intermediaries in key regions

7. Leverage electronic medical records, tele-health and emerging models for medical and preventative services (i.e., medical homes) to more effectively and efficiently utilize professionals and provide career advancement.

- a. **Strengthen Medical Assistant curriculum and career ladder opportunities to support increased roles and advancement**
- b. Community Health Worker/Promotores increased roles in community health, health education and population health
- c. Strengthen role of social workers, nurses and medical assistants and other professionals in care coordinators and case manager training and distribution to ensure patients receive services at the most appropriate, cost effective setting.
- d. Increase use of tele-health for provision of specialty physical and mental health services and for use in expanding educational program access and training capabilities.
- e. Increase use of extended function dental assistants in health centers to increase oral health access