Advancing HEALTH in California

NO MATTER WHAT

FEBRUARY 5–6, 2018 · ITUP 22nd Annual Conference

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Addressing Workforce Challenges in California's Public Health Care Systems

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Who are California's public health care systems?

- 21 County-affiliated health systems and UC medical centers
- Operate in 15 counties where more than 80% of the state's population lives
- Provide roughly 35% of all hospital care to Medicaid beneficiaries in the communities they serve
- Provide roughly 40% of all hospital care to the remaining uninsured in the communities they serve
- Operate more than 200 outpatient clinic facilities
- Provide over 11.5 million outpatient visits each year
- Employ more than 78,000 individuals
- Train more than half of all new doctors in the state

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The ACA and the Bridge to Reform

- Public health care systems serve as the primary care provider for more than 500,000 Medicaid enrollees who have gained coverage since 2014
- Primary care transformation began before, and then to scale, under 2010 “Bridge to Reform” waiver and the 1st in the nation pay-for-performance Delivery System Reform Incentive Program (DSRIP)
- 700,000 patients newly-empaneled, 1 million patients added to disease management registries between 2010 and 2015

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The next step - Medi-Cal 2020

- PRIME (Public Hospital Redesign and Incentive Program)
  - Pay-For-Performance successor to DSRIP
  - 18 projects with 101 standardized metrics
  - Focused on primary and preventive care – right care, right place, right time
- GPP (Global Payment Program)
  - Care for the remaining uninsured
  - Merges funding streams to focus on primary care
  - Includes non-traditional services like tech-based encounters and group visits
- Whole Person Care
  - Cross-sector collaboration and care coordination to address social determinants of health

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Workforce challenges for public health care systems

- **Industry-wide shortages**
- **County hiring processes**
- **Influx of new primary care patients**
- **Expanding needs, such as data analytics (P4P programs)**
- **Result: delays in launching Whole Person Care pilots**
  - *"A big piece of the project is **'human infrastructure.'"***
- **Representative workforce**
  - *Ex: identified in **PRIME disparity reduction plans** as a barrier to care for underrepresented populations*

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Creating efficiencies, focusing on wellness

- **PRIME** projects focus on screening/early detection and prevention
- Patient empowerment and self-management tools
- Integration and coordination
- Innovative metrics measure coordinated, patient-centered, tech-enabled care – e-referrals reduce unnecessary visits

- **GPP** creates financial incentives to increase primary & preventive care and non-traditional services, e.g., telephone and group visits

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Creating efficiencies, focusing on wellness

- **Whole Person Care** addresses social determinants of health
- Housing or food insecurity, transportation, other social needs
- Linkage to community resources

- **Ambulatory Care Redesign**
  - **Safety Net Institute (SNI) 501c3 affiliate of CAPH**
- Workshops on team-based care and panel management
- Expert-led programming on topics like nurse co-visits and scope-of-practice

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The Work Ahead for Public Health Care Systems

- **Creating and improving efficiencies helps, but can't solve the problem.**
- Moving away from fee-for-service creates more flexible ways of providing care
- "Provider of Choice" goal can translate to an "Employer of Choice" goal
- Need to increase funding for GME
- Specific focus on representation in recruiting
  - Many Whole Person Care pilots are hiring WPC "graduates" as mentors
  - UCLA Internal Medical Graduate (IMG) program has educated 116 unlicensed Hispanic/Latino physicians who had practiced medicine in Latin America

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