



## Office of Statewide Health Planning and Development

**Healthcare Workforce Development Division**

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**Members of the Commission**

Andrea Boyle, RN, NP, PhD, Chair  
 William W. Henning, DO, Vice Chair  
 Rosslynn S. Byous, DPA, PA-C  
 Elizabeth Dolezal  
 Michael Farrell, MD  
 Katherine Flores, MD  
 Carol Jong, PhD, RD  
 Catherine Kennedy, RN  
 Laura Lopez  
 Ann MacKenzie, NP  
 Kathyann Marsh, RN, MSN  
 Angelica Millan, RN, MSN, RNP, FAAN  
 Cathryn Nation, MD  
 Joseph Provenzano, DO  
 V. Katherine Townsend, PhD, MSN

**NOTICE OF PUBLIC MEETING****CALIFORNIA HEALTHCARE WORKFORCE  
 POLICY COMMISSION (CHWPC)**

**May 14, 2014  
 Wednesday**

400 R Street, Room 471  
 Sacramento, CA 95811

**AGENDA  
 10:00 a.m. – 4:00 p.m.**

OSHPD Director  
 Robert P. David

Executive Secretary  
 Lupe Alonzo-Diaz, MPAff

*Action may be taken on any  
 item listed on the agenda*

Item	Subject	Contact
1	Call to Order	Andrea Boyle
2	Introduction of CHWPC Members	Members
3	Chair's Remarks	Andrea Boyle
4	Approval of April 16-17, 2014 Minutes	Andrea Boyle
5	OSHPD Director's Report	Robert P. David
6	Executive Secretary's Report <ul style="list-style-type: none"> <li>Update on OSHPD activities related to Health Care Reform Activities</li> <li>Update on OSHPD activities related the Governor's Budget Proposals</li> <li>Update on OSHPD activities related to Mental Health Services Act Workforce Education and Training (WET) Five-Year Plan</li> </ul>	Lupe Alonzo-Diaz
7	Review and Approval of the Evaluation Criteria Used by the Song-Brown Program to Evaluate the Family Practice Capitation and Special Program Applications for Funding <ul style="list-style-type: none"> <li>Public Comment</li> </ul>	Manuela Lachica
8	Review and Approval of the Evaluation Criteria Used by the Song-Brown Program to Evaluate the Family Nurse Practitioner and Physician Assistant Base and Special Program applications for Funding <ul style="list-style-type: none"> <li>Public Comment</li> </ul>	Manuela Lachica
9	Review and Discussion of Registered Nurse Task Force's Recommendations Regarding Evaluation Criteria for Registered Nurse Capitation Applications for Funding <ul style="list-style-type: none"> <li>Public Comment</li> </ul>	Manuela Lachica
10	Presentation Regarding the University of California, San Francisco's Review of Song-Brown's Data Collection and Evaluation Methods	Janet Coffman

Item	Subject	Contact
11	Discussion of Application Scoring Process	Andrea Boyle
12	Special Program Funding Open Discussion Regarding Priorities and Evaluation Criteria for Special Program funding	Andrea Boyle
13	Background Information Regarding Teaching Health Centers	Lupe Alonzo-Diaz
14	Review and Discussion of California Healthcare Workforce Policy Commission Work Plan	Elizabeth Dolezal and William Henning
15	Public Comment	Andrea Boyle
16	Future Agenda Items	Andrea Boyle
17	Adjourn	Andrea Boyle

Every effort will be made to address each agenda item as listed, however, the agenda order is tentative and subject to change without prior notice. A 30-minute to one-hour lunch will be taken sometime during the day. Pursuant to the Americans with Disabilities Act, reasonable accommodation requests may be directed, at least five (5) working days in advance of this event, to Tyfany Frazier at (916) 326-3754 or [Tyfany.Frazier@oshpd.ca.gov](mailto:Tyfany.Frazier@oshpd.ca.gov) OSHPD will ensure that it makes every effort to accommodate your request.



**Agenda Item #7**

Song-Brown Program  
 Family Practice Residency Programs  
 Capitation Funding Evaluation Criteria

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1.a	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities 0 points, no mention 1-2 points, brief or limited training, in setting of group training or periodic group sessions (demonstration of frequency) 1-2 points, regular meetings with skill building (demonstration of frequency) 1 point, optional rotation in underserved area 1 point, required rotation in underserved area 1 point, all of the above plus additional opportunities in working with medical students or mentoring program 1 point, opportunity to serve in a not-for-profit or student-run free clinic	8
1.b.	Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 1 point, general culture to serve the underserved 1 point, active recruitment of residents with interest to serve the underserved (i.e., NHSC) 1 point, informal program to encourage placement either through optional elective or counseling 1 point, placement program with outcomes data 1 point, all of the above plus use of an alumni network	5
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15
2.a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need 0 points, no mention 1-3 points, program shows interest in recruiting residents speaking a second language, coming from an underserved community, NHSC scholars 1-2 points, program engaged with medical school to run student free clinics, collaborates with program residents to support that effort 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process	7



2.b.	<p>Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups</p> <p>0 points, no mention</p> <p>1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students)</p> <p>2 points, program is actively engaged (i.e. a rotation), in junior high/high school health education program and/or career fairs with residents involved as the primary educators and coordinators</p> <p>3 points, program residents are actively engaged in formal pipeline program for Family Medicine</p>	3
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15
<b>Section I</b>	<b>Statutory Criteria</b>	<b>Total Points Available</b>
3.a.	<p>Number of clinical hours in areas of unmet need</p> <p>1 point, &lt;25% hours in area of UMN</p> <p>2 points, ~50% hours in areas of UMN</p> <p>3 points, &gt;75% hours in areas of UMN</p> <p>All applicants will receive full points (3 for the April FP funding meeting. The question will be revisited for relevancy at the May 2014 policy meeting.</p>	3
3.b.	<p>Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers?</p> <p>0 points, No</p> <p>5 points, Yes</p>	5
<b>Total points possible for Section I</b>		<b>76</b>
<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
1	<p>Does the residency training program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by letters from the disciplines?</p> <p>0 points, no mention of either team training or PCMH</p> <p>1 point, some team training in hospital or clinic settings as evidenced by letters or the application</p> <p>2 points, regular focus on team training in all setting of care as evidency by letters or the application</p> <p>3 points, program is NCQA accredited as a PCMH at any level as evidency by letters or the application</p>	3
2	<p>Does the program have an affiliation or relationship with an FNP and PA Training Program as well as other health professions training programs as evidenced by letters from the disciplines?</p> <p>0 points, No</p> <p>3 points, Yes</p>	3



3	<p>Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?                  0 points, no mention                  1 point, demonstration by faculty that they have familiarity with PCMH                  1 point, demonstration by faculty that they have familiarity with healthcare/ disparities                  1 point, demonstration by faculty they are spending significant time with residents teaching both topics                  All applicants will receive full points (3 for the April FP funding meeting. The question will be revisited at the May 2014 policy meeting.</p>	3
4	<p>Does the program utilize family physicians from the local community in the training program?                  0 points, No                  3 points, Yes</p>	3
5	<p>Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?                  0 points, no letters attached                  1 point per letter                  2 points for 2 letters                  3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.</p>	3
<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
6	<p>Does the program integrate different educational modalities into learning delivery models?                  0 points, no mention                  1 point per example cited                  2 points, two or more examples cited                  Examples: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds.</p>	2
7	<p>Does the program use technology assisted educational tools or integrate health information technology into the training model?                  0 points, no mention                  1 point per example cited                  2 points, two or more examples cited                  Examples: program explicitly mentions regular use of EMR and/or Telehealth with emphasis on residents being trained on how to use this technology and make it effective in their practice.</p>	2
8	<p>Does the program promote training in ambulatory and community settings in underserved areas?                  0 points, No                  2 points, Yes</p>	2

9	Discretionary points: Reviewer must provide an explanation The discretionary points for FP will be suspended for and the Commission will use the same method of approving/changing staff scores as used for the FNP/PA meeting.	3
	<b>Total points possible for Section II</b>	<b>24</b>
	<b>Total points possible for Section I and II</b>	<b>100</b>
<b>Section III</b>	<b>The California Endowment Priorities</b>	<b>Total Points Available</b>
1	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment. Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
2	Placement of graduates in one of the Central Valley counties Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
3	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
4	Location of the program and/or clinical training sites in one of the Central Valley counties Final points for this question will be based on the point range developed by staff - See Table A	See footnote below
5	Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1-2 points, pipeline/recruitment program in development 1-2 points, rotation based in junior high/high school focused around health education and/or career fair 1-2 points, requirement that residents regularly participate in mentoring activities	6

For evaluation criteria 1 and 2 - applicants will receive one point for each graduate located in one of the identified areas

For evaluation criteria 3 and 4 - applicants will receive one point for each graduate located in one of the identified areas

