

California Healthcare Workforce Policy Commission (CHWPC)
 Evaluation Worksheet Task Force Committee
 400 R Street, Conference Room 336
 Wednesday, February 19, 2014
 Start: 3:00 p.m.
 Adjournment: 4:30 p.m.

TASK FORCE MEMBERS PRESENT	STAFF TO TASK FORCE PRESENT
William Henning, DO - Chair Rosslynn Byous, DPA, PA-C Elizabeth Dolezal Michael Farrell, DO Kathy Flores, MD Catherine Kennedy, RN Kathy Townsend, EdD, MSN	Lupe Alonzo-Diaz, MPAff Senita Robinson, MS Manuela Lachica Melissa Omand Barbara Zendejas Tyfany Frazier
	ADDITIONAL OSHPD STAFF
	Sahana Ayer Pattye Nelson Felicia Borges

TOPIC	AGENDA ITEM	ACTION ITEM OR DISCUSSION
Call to Order	Meeting called to order at 3:00 p.m.	
Introduction of Task Force Members	Task Force members indicated whom they represent and which government authority appointed them. Office of Statewide Health Planning (OSHPD) Staff introduced themselves.	Commissioner Henning served as Chair for the Task Force
Purpose of Task Force and Meeting	Deputy Director Lupe Alonzo-Diaz, Healthcare Workforce Development Division, stated the purpose of the Task Force was to provide recommendations to the larger Commission on scoring criteria for the family practice Capitation application and the California Endowment (TCE) funds, and proposed funding options for the next April funding meeting.	The Task Force is developing specific criteria that will be used by OSHPD staff to score capitation applications. Commissioners will review staff recommended scores and approve by either adopting them or proposing changes. Commissioner Dolezal clarified that Commissioners need to understand the scoring process and their charge to endorse the scoring criteria.

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TOPIC	AGENDA ITEM	ACTION ITEM OR DISCUSSION
<p>Discussion of Scoring for Capitation and Special Programs Applications</p>	<p>Manuela Lachica, Song Brown Program Director, reviewed the scoring evaluation criteria.</p> <p>Scoring Evaluation Criteria is hereby incorporated as Attachment A</p>	<p>Task Force members decided to defer language outlined in blue bullet points to the May Policy meeting.</p> <p>Section I - Statutory Criteria</p> <p>1A. Definition of Balint groups: <i>Group of physicians that meet regularly and present clinical cases in order to better understand the patient-physician relationship.</i> For purposes of scoring, the word Balint will be taken out and the definition will be used to read as using group settings or periodic group sessions. Last bullet point (plus opportunity to serve as medical director of student-run free clinic) was changed to opportunity to work in a not for profit or student run clinic.</p> <p>2b. Is the same question as #5 for The California Endowment (TCE) scoring criteria. Task Force members determined that the scoring would remain the same.</p> <p>3a. Allow full points for any hours provided.</p> <p>Section II – Other Considerations</p> <p>1. A Commissioner asked whether there were Song-Brown programs that had achieved National Committee for Quality Assurance accreditation. Staff will research this information.</p>

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		<p>3. For this cycle give one point up to three points for each point the applicant discusses in the application (Patient Centered Medical Homes, health disparities/equities). A suggestion was made to ask the question another way (for example, if they are looking at a curriculum on health disparities.)</p> <p>5. A statement needs to be added: letters from the programs parent companies are not permitted.</p> <p>Section III – The California Endowment</p> <p>1-4. Each Program will receive one point for each graduate and training site that meets TCE criteria, the total combined score will then be scored using a range.</p> <p>Commissioner Henning inquired whether to notify TCE about the scoring criteria. Ms. Alonzo-Diaz noted that TCE wanted the Commission to have full flexibility and control on how funding guidelines were developed as long as the scoring criteria met their larger priorities.</p>
Staff Scoring Process	<p>Manuela Lachica described the staff scoring process</p> <p>Final Staff Scoring Process is hereby incorporated as Attachment B</p>	
Discuss and make decisions regarding available funding for Family Medicine	<p>Program Analyst Melissa Omand described the proposed funding options for using surplus TCE funding and remaining statutory funds for Family Practice Residency programs.</p>	<p>Ms. Alonzo-Diaz noted that because the unexpended balance was part of a one-year grant, it was preferable to expend those funds on the next cycle.</p>

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<p>Capitation and Special Programs</p>	<p>Funds Requested Worksheet is hereby incorporated as Attachment C</p>	<p>Funding Recommendation #1</p> <p>A Commissioner noted that outreach to new and existing Physician Assistant programs needed to be considered so that in the future there are no surplus funds.</p> <p>Funding Recommendation #3</p> <p>Rank the new programs separately and tier them at 0, 1, or 2 cycles. Full Commission will discuss at May 14, 2014 policy meeting.</p>
<p>Discussion of Future Agenda Items</p>		<p>Items for Discussion at March Policy Meeting</p> <p>Section II question #9, should the discretionary points be dropped in the future? This was added to provide a discretionary benefit to the presentations. For that purpose should it also be added to FNP/PA and RN scoring criteria?</p> <p>Items for Discussion at May Policy Meeting</p> <ul style="list-style-type: none"> • Review the evaluation criteria for FNP/PA and RN. • Set up a second taskforce that will report to the full commission to discuss the blue bullet points in the scoring evaluation. • Decide if Section I question #3a should be changed from number of hours to a percentage of hours, or if it should be removed

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		<p>from the evaluation criteria.</p> <ul style="list-style-type: none"> • Decide if Section II question #3 is worth asking in future Request for Proposals (RFA). • A discussion should occur regarding the manner in which the Song-Brown funds are distributed. Is it fair that programs are asking for the maximum amount? • Should the evaluation bulleted scoring criteria be published in future RFAs as well?
Adjournment	Meeting adjourned at 4:33pm	

SONG-BROWN PROGRAM
Family Practice Residency Program
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.	<p>Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities</p> <p style="color: red;">0 = no mention</p> <ul style="list-style-type: none"> <li style="color: red;">• 1-2 = brief or limited training, in setting of Balint group or periodic group sessions <li style="color: red;">• 3-4 = regular meetings with skill building <li style="color: red;">• 5 = optional rotation in underserved area <li style="color: red;">• 6 = required rotation in underserved area <li style="color: red;">• 7 = all of the above plus additional opportunities in working with medical students or mentoring program <li style="color: red;">• 8 = all of the above plus opportunity to serve as medical director of student-run free clinic 	8
1. b.	<p>Counseling and placement program to encourage graduate placement in areas of unmet need</p> <p style="color: red;">0 = no mention</p> <ul style="list-style-type: none"> <li style="color: red;">• 1 = general culture to serve the underserved <li style="color: red;">• 2 = active recruitment of residents with interest to serve the underserved (i.e., NHSC) <li style="color: red;">• 3 = informal program to encourage placement either through optional elective or counseling <li style="color: red;">• 4 = robust placement program with track record <li style="color: red;">• 5 = all of the above plus use of an alumni network <ul style="list-style-type: none"> <li style="color: blue;">• The clinical coordinator documents time in the classroom to discuss placement and documents phone calls or emails that are made in behalf of the student that are placed in unmet need. <li style="color: blue;">• It is mentioned that a preceptor list is available for students to look at. 	5
2.	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15

2.a.	<p>Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need</p> <ul style="list-style-type: none"> • 0-3 = program shows interest in recruiting residents speaking a second language, coming from an underserved community, NHSC scholar • 4-5 = program engaged with medical school to run student-free clinics, collaboration with program residents to support that effort • 6-7 = all of the above plus program is participating in pipeline program with underserved school and engages residents in that process • The program has a scoring sheet that ranks the students they admit, ie they speak a second language or they were raised in an underserved area. If they have documentation or mention they have it. 	7
2. b.	<p><i>Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups.</i></p> <ul style="list-style-type: none"> • 0 = no mention • 1 = option for residents to collaborate with students • 2 = program is actively engaged (i.e., a rotation) in JH/HS health education program and/or career fairs with residents involved as the primary educators and coordinators • 3 = program residents are actively engaged in formal pipeline program for Family Medicine 	3
3.	<p>Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)</p>	15
3. a.	<p>Number of clinical hours in areas of unmet need Clinical hours are documented and not the percentages: 0 = no mention</p> <ul style="list-style-type: none"> • <25% hours in area of UMN • ~ 50% hours in area of UMN • 75% hours in area of UMN 	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> <ul style="list-style-type: none"> • This is a yes or no question • 0 = No • Yes = 5 	5
Total points possible for Section I		76

Section II	Other Considerations	
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> <ul style="list-style-type: none"> 0 = no mention of either team training or PCMH • 1 = some training in hospital or clinic settings • 2 = regular focus on team training in all settings of care • 3 = program is NCQA accredited as a PCMH at any level 	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> <ul style="list-style-type: none"> • This is a yes or no question • 0 = No • Yes = 3 	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?</p> <ul style="list-style-type: none"> • 3 = There must be a demonstration by faculty that they have any familiarity with PCMH, health disparities/equity, and that they are spending significant time with the residents teaching this topic. • If you know the program has OSCE exams does it state that there is always a cultural component? 	3
4.	<p>Does the program utilize family physicians from the local community in the training program?</p> <ul style="list-style-type: none"> • This is a yes or no question • 0 = No • Yes = 3 	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?</p> <ul style="list-style-type: none"> • Quality over quantity is an important factor • Letters should discuss the program's Community engagement with residents, they should provide a good description of the relationship between the program and the community organization • Letters should be from community clinics, school based programs, other community organizations with whom the program is collaborating. • 3 = If letters are excellent, and not form letter but rather a good description of the relationship between the program and the community organization. 	3

Section II	Other Considerations	Total Points Available
6.	<p>Does the program integrate different educational modalities into learning delivery models?</p> <p>0 = no mention</p> <p>What type of training do the residents receive?</p> <ul style="list-style-type: none"> • 2 = Program cites several learning delivery models • Examples are as follows: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multidisciplinary rounds, etc. 	2
7.	<p>Does the program use technology assisted educational tools or integrate health information technology into the training model?</p> <p>0 = no mention of use or anticipated use of EMR</p> <ul style="list-style-type: none"> • 1 = some use in course of training • 2 = 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 	2
8.	<p>Does the program promote training in ambulatory and community settings in underserved areas?</p> <ul style="list-style-type: none"> • This is a yes or no question • 0 = No • Yes = 2 	2
9.	<p>Discretionary points: Reviewer must provide an explanation</p> <ul style="list-style-type: none"> • Well organized and exceptionally prepared application with stellar letters of recommendation and strong numbers in the major criteria should get additional points • An application that is not well organized, or looks good but has poor letters of rec, shouldn't get the complete • Commissioners should still be asked their rationale behind assigning the points as this will provide clarity to the thinking process but also guide programs in their future applications 	3
Total points possible for Section II		24
Total points possible for Section I and II		100
Section III	California Endowment Priorities	
1.	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.	See footnote below
2.	Placement of graduates in one of the Central Valley counties	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	See footnote below
4.	Location of the program and/or clinical training sites in one of the Central Valley counties	See footnote below
5.	<p>Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups.</p> <ul style="list-style-type: none"> • If the program cannot address this question, even if asked during their presentation then how many points should they get if any?. • Some programs may be in the development stage; building a pipeline program or adopting something like Future Faces of Family Medicine which means they know the importance and working towards it. • A robust program that is actively engaging residents in the pipeline process and teaching residents the importance of furthering the pipeline, should be awarded full credit. • 0 = no mention • 1-2 = pipeline/recruitment program in development (building off program's response to criteria 2a/2b) • 3-4 = rotation based in JH/HS focused around health education and/or career fair. • 5-6 = requirement that residents regularly participate in mentoring, PRIME students, Future Faces of Family Medicine Program, or other mentorship activity. 	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 training site located in one of the identified areas.

Office of Statewide Health Planning and Development

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**Attachment B****To:** California Healthcare Workforce Policy Commission**Date:** February 11, 2014**From:** Office of Statewide Health Planning and Development**Subject:** Staff Scoring Process for Family Medicine Applications

For the April 16-17, 2014 California Healthcare Workforce Policy Commission (CHWPC) Family Medicine funding meeting, staff will score 35 capitation applications as follows:

1. Staff will draft an evaluation criteria worksheet based on feedback provided by two Family Medicine subject matter experts to score the applications;
2. This evaluation criteria worksheets will be presented to the Commission Work Group for their review and discussion;
3. Staff will use the evaluation criteria worksheet adopted by the Commission Work Group;
4. Each application will be reviewed by two of three Song-Brown staff members;
5. Scores for all 35 applications will be put into an excel spreadsheet for Commissioner to review prior to the funding meeting;
6. During the funding meeting, Commissioners will discuss changes to staff scores;
7. Motions will be made to change staff scores during the meeting following those specific presentations;
8. Commissioners will determine Tiers for Family Medicine funding.

**FAMILY PRACTICE RESIDENCY PROGRAMS
CAPITATION and SPECIAL PROGRAM FUNDING REQUESTS
NOVEMBER 2013**

Attachment C

Number	Program	Renewal Cycles Requested	New Cycles Requested	Capitation Funding Requests	Special Program Requests
1	Kaiser Permanente - Orange	3	1	\$206,460.00	\$0.00
2	UC Davis Family Medicine	2	2	\$206,460.00	\$149,772.00
3	UCLA Family Medicine	4	0	\$206,460.00	\$0.00
4	Kaiser Permanente - San Diego	0	4	\$206,460.00	\$145,000.00
5	Northridge Family Medicine	1	3	\$206,460.00	\$0.00
6	O'Connor Hospital Family Medicine	1	3	\$206,460.00	\$0.00
7	Kaiser Permanente - Fontana	0	1	\$51,615.00	\$0.00
8	UCSF - Fresno Family Medicine	1	3	\$206,460.00	\$150,000.00
9	UCSF - San Francisco General Hospital	0	4	\$206,460.00	\$148,624.00
10	Kaiser Permanente - Los Angeles	0	1	\$51,615.00	\$0.00
11	Valley Family Medicine	0	4	\$206,460.00	\$127,326.00
12	Scripps Family Medicine	2	2	\$206,460.00	\$142,369.00
13	Natividad Family Medicine	2	2	\$206,460.00	\$150,000.00
14	Rio Bravo Family Medicine	0	4	\$206,460.00	\$150,000.00
15	Kaweah Delta Health Care District	2	2	\$206,460.00	\$0.00
16	Shasta Community Health Center	0	4	\$206,460.00	\$126,990.00
17	Sierra Vista Family Medicine	0	4	\$206,460.00	\$150,000.00
18	Long Beach Memorial Family Medicine	1	1	\$103,230.00	\$0.00
19	UCSD Combined -Family Medicine/Psychiatry	3	0	\$154,845.00	\$0.00
20	Family Health Centers of San Diego	0	4	\$206,460.00	\$0.00
21	Loma Linda Inland Empire Consortium	1	3	\$206,460.00	\$0.00
22	Mercy Medical Center, Merced	3	1	\$206,460.00	\$0.00
23	Hanford Family Practice Residency	2	2	\$206,460.00	\$0.00
24	Santa Rosa Family Medicine Residency	1	3	\$206,460.00	\$0.00
25	Riverside County Regional Medical Center	2	2	\$206,460.00	\$140,616.00
26	Mercy Medical Center, Redding	1	0	\$51,615.00	\$0.00
27	San Joaquin General Hospital	0	4	\$206,460.00	\$0.00
28	White Memorial Medical Center	4	0	\$206,460.00	\$149,991.00
29	Pomona Valley Family Medicine	1	0	\$51,615.00	\$0.00
30	UC Irvine Family Medicine	0	0	\$0.00	\$143,805.00
31	Glendale Adventist Family Medicine	0	4	\$206,460.00	\$149,961.00
32	Ventura County Medical Center	4	0	\$206,460.00	\$126,312.00
33	Harbor-UCLA Medical Center	2	0	\$103,230.00	\$149,306.00
34	Contra Costa Family Medicine	2	1	\$154,845.00	\$0.00
35	California Hospital Medical Center	4	0	\$206,460.00	\$149,928.00
36	Presbyterian Intercommunity Hospital	3	0	\$154,845.00	\$0.00
	Total Cycles Requested	52	69		
	Total Funding Requests			\$6,245,415.00	\$2,450,000.00
	CHDPF and TCE Funds Available			\$4,331,000.00	\$1,750,000.00
	Remaining funds from FNP/PA cycle			\$1,141,997.00	\$271,975.00
	Prior Year Rollover			\$150,000.00	\$150,000.00
	Shortage			-\$622,418.00	-\$278,025.00
	Total Shortage			-\$900,443.00	

Updated: 2/19/2014

New Song-Brown Program applicants are highlighted in blue