

**Healthcare Workforce Development Division**

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Members of the Commission

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

**September 15, 2014
 Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION (CHWPC)**

**Family Nurse Practitioner (FNP)/
 Physician Assistant (PA) and
 Registered Nurse (RN) Policy Meeting
 Teleconference/Webinar**

400 R Street, Room 336
 Sacramento, CA 95811

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Commission Members Present:

William Henning, DO - Chair
 Katherine Flores, MD
 Carol Jong, PhD, RD
 Karyn Karp, CRNA, MS
 Catherine Kennedy, RN
 Laura Lopez
 Ann MacKenzie, NP
 Angelica Millan, RN, MSN, RNP, FAAN
 Katherine Townsend, EdD, MSN

Commission Members Not in Attendance:

Roslynn Byous, DPA, PA-C
 Elizabeth Dolezal
 Michael Farrell, DO
 Kathyann Marsh, PhD, RN
 Cathryn Nation, MD
 Joseph Provenzano, DO

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Melissa Omand, Program Administrator
 Barbara Zendejas, Program Administrator
 Michelle Lehn, Program Administrator
 Racheal Gastelum, Program Analyst
 Tyfany Frazier, Program Coordinator

Agenda Item 1: Call to Order

Chair William Henning called the meeting to order.

Agenda Items 2: Introduction of the CHWPC Members

Commissioners introduced themselves.

Agenda Item 3: Task Forces Scope and Expected Outcomes for the FNP/PA and RN Task Forces and Policy Meetings

Lupe Alonzo Diaz, Deputy Director, explained that the Family Nurse Practitioner/Physician Assistant (FNP/PA) Task Force was held on July 28, 2014 and the Registered Nurse (RN) Task Force was held August 25, 2014 to recommend updates to the Request for Applications (RFA), Priorities for Funding, Evaluation Criteria and Progress/Final Reports. The CHWPC would be reviewing and voting on these recommendations today.

Agenda Item 4: Approval of July 10, 2014-Revised; July 24, 2014; July 28, 2014-Revised and August 25, 2014-Revised Meeting Minutes.

Commissioners reviewed and approved the meeting minutes as submitted.

Action Items:

- Motion to approve meeting minutes (Townsend), Seconded (Flores). Motion Adopted.

The July 10, 2014-Revised; July 24, 2014; July 28, 2014-Revised and August 25, 2014-Revised Meeting Minutes are hereby incorporated as Attachment 1

Agenda Item 5: Review and Approve July 28, 2014 FNP/PA Task Force Recommendations to the 2014 Base and Special Programs RFA

Melissa Omand led the discussion of Task Force recommended updates to the 2014 FNP/PA Base and Special Programs RFA's. She explained that many of the updates echoed the Family Medicine RFA that was approved by the CHWPC on July 24, 2014.

Action Items:

Base RFA

Executive Summary:

Motion to accept Task Force recommendations: Requiring applicants to identify how they address social determinants of health (Flores), Seconded (Kennedy)

Motion to accept Task Force recommendations to the FNP/PA Base RFA (Flores), Seconded (Kennedy)

Special Programs Request for Application

Motion to accept Task Force recommendations to the Special Programs RFA (Flores), Seconded (Millan)

Proposed Changes to the 2014 FNP/PA Base RFA and Special Programs RFA are hereby incorporated as Attachments A and B

Agenda Item 6: Review and Approve July 28, 2014 FNP/PA Task Force Recommendations for the Evaluation Criteria for 2014 FNP/PA Base and Special Programs RFAs

Action Items:

Evaluation Criteria: The California Endowment (TCE) Priorities:

Motion to add scoring criteria of one point for every example of how the applicants address social determinants of health and one point for every example of pathways and pipelines

to be scored equally across all disciplines (Flores), Seconded (Townsend). Motion Adopted.

Motion to add the question to the Special Programs RFA: What Priorities for Funding are being addressed by your special program (Henning), Seconded (Flores). Motion Adopted.

Agenda Item 7: Review and Approve July 28, 2014 FNP/PA Task Force Recommendations for 2014 FNP/PA Special Programs Funding Priorities

Melissa Omand led a discussion on Special Programs funding priorities. There were 14 priorities that The California Endowment asked the Commission to consider when funding programs.

ACTION ITEMS:

Motion to accept the Task Force recommendation to add the following criteria as presented

1. Engage in Patient Centered Medical Home (PCMH) transformation through the development of curricula and training of residents in team-based care, population health management, chronic care management, and registry use or registry-type function of an electronic health record
2. Recruit and retain primary care faculty in rural and underserved communities (Townsend), Seconded (Millan). Motion Adopted.

Agenda Item 8: Review and Approve July 28, 2014 FNP/PA Task Force Recommendations for 2014 FNP/PA Base and Special Programs Progress and Final Reports

ACTION ITEM:

Motion to approve the progress and final reports with the recommended edits (Flores), Seconded (Townsend). Motion Adopted.

Agenda Item 9: Review and Approve August 25, 2014 RN Task Force Recommendations to the 2014 Capitation and Special Programs RFAs

Barbara Zendejas led the discussion of Task Force recommended updates to the 2014 RN Capitation Application.

ACTION ITEMS:

Motion to approve the Task Force recommended updates to the RN Capitation RFA (Flores), Seconded (Kennedy). Motion Adopted.

Motion to approve the Task Force recommended updates to the RN Special Programs RFA (Kennedy), Seconded (Millan). Motion Adopted.

Agenda Item 10: Review and Approve August 25, 2014 RN Task Force Recommendations for the Evaluation Criteria for 2014 RN Capitation and Special Programs RFAs

ACTION ITEM:

Motion to accept the Task Force recommended updates to the RN Capitation and Special Programs Evaluation Criteria (Jong), Seconded (Millan). Motion Adopted.

Agenda Item 11: Review and Approve August 25, 2014 RN Task Force Recommendations for the 2014 RN Capitation and Special Programs Progress and Final Reports

Action Item:

Motion to accept the RN Capitation and Special Programs Progress and Final Reports (Kennedy), Seconded (Townsend). Motion Adopted.

Agenda Item 12: General Public Comment

None

Agenda Item 13: Agenda Item for Next Meeting

Next Policy Meeting will occur October 23, 2014 to hear the recommendations from the Primary Care Residencies (Expansion) and New Slots (\$4M) Task Forces

Agenda Item 14: Adjournment

The meeting adjourned at 12:12pm

All the attachments mentioned in these minutes can be found at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html

Executive Secretary Report: October 2014
Lupe Alonzo-Diaz
Healthcare Workforce Development Division
October 21, 2014

Highlights

- Mini Grants
 - RFP on schedule for January 2015 release
- CHW/P CalSEARCH
 - Developing an advisory committee to solicit stakeholder feedback on RFPs, criteria, etc.
- CalSIM
 - Will be finalizing a report by end of November identifying options for utilizing CHWs/Ps in interdisciplinary primary care teams
 - Will hear about grant status by end of October
- Song-Brown
 - Wrapped up task force convenings for Primary Care Residencies expansion and New Slots/\$4 Million
- State Loan Repayment Program
 - 2014 Application cycle open September 15 – November 15
- Mental Health Workforce Education and Training (WET)
 - Consumer and Family Member (C/FM) Employment/Peer Certification – California Mental Health Planning Council exploring legislation
 - Will be engaging stakeholders to amend WET regulations
- HWPP
 - AB 1174 extended HWPP #172 through January 1, 2016
 - Staff recommendation regarding HWPP #173 Community Paramedicine released
- SDP
 - Next installment of mini-workshop will take place in Oroville, Butte County to reach out to rural health clinics and providers in Northern California
- Healthcare Reform
 - Federal Grant opportunities posted to date is over \$1 billion in available funds (\$1.03 million)
 - Completed 25+ letters of support to date to California clinics applying for HRSA's ACA-NAP Grant
- Clearinghouse
 - PA report released during annual CAPA conference
 - Six Fact Sheets posted to website
 - Developing plan to work with Department of Consumer Affairs regarding AB 2102 – signed by Governor

Key Projects Coming Up (strike out = completed)

| September | October | November |
|--|--|--|
| <ul style="list-style-type: none"> ● TCE Presentation re Year 1 ● Song-Brown FM RFA Release ● <u>Song-Brown PCR Mtg #2</u> ● <u>\$4M/New Slots Mtg #1</u> ● SLRP application cycle ● WET C/FM RFAs for TA ● Clearinghouse Phase III scope finalized ● Release WET Ed Capacity-Psych MH Nurse Practitioners RFA ● WET Regulations stakeholder | <ul style="list-style-type: none"> ● Song-Brown PCR Mtg #3 ● \$4M/New Slots Mtg #2 ● CHWPC Policy Meeting ● Song-Brown FNP/PA RFA Release ● CMHPC Presentation re WET ● Staff Rec: HWPP #173 ● CalSIM award made ● CHPC Conference ● CalREACH super user training ● Academy launched | <ul style="list-style-type: none"> ● CalSIM draft report on CHWs/Ps ● DO Decision on HWPP #173 ● TCE grant award for Year 2 ● Song-Brown RN RFA released ● Release \$2M WET Peer Training RFA ● Develop WET Evaluation RFP ● Develop WET Retention RFAs ● Release WET C/FM Needs |

| | | |
|--|---|--|
| process begins | <ul style="list-style-type: none"> • Develop WET C/FM Needs Assessment RFA • WET Advisory Cmte Meeting • Presentation to CBHDA on upcoming RFAs | <ul style="list-style-type: none"> • Assessment RFA • WET Regulations stakeholder process |
| December | January | February |
| <ul style="list-style-type: none"> • TCE Final Report Year 1 • Song-Brown FM Funding Meeting – Elections • Clearinghouse Legislative Report • Release WET Retention and Evaluation RFAs • WET Regulations Revision OSHPD review and approve process • DHCS Leg Report due • CalREACH+ contract begins | <ul style="list-style-type: none"> • SFLs • Release Mini-Grants RFA • CalSEARCH Release (WET and TCE funds) • Song-Brown PCR and \$4M RFA Release • Song-Brown FNP/PA Funding Meeting • Begin CalSIM grant activities | <ul style="list-style-type: none"> • Mini Grants and CalSEARCH RFA Application Reviews • Release new WET Psych Residency RFA |

Legislation Impacting HWDD

- AB 2102 – data collection
- AB 1174 – HWPP #172 dental auxiliaries



Pathways

- Augment funding for Mini-Grants to increase exposure to healthcare careers
- Rollout “Healthcare Workforce Academy” to support pathway programs
- Develop pathway programs to increase supply and diversity of health professionals
- Explore partnerships to support “frontline” and allied health workers



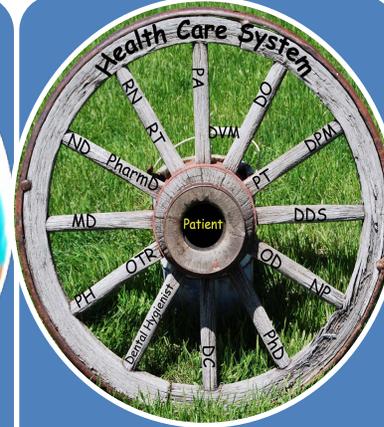
Training & Placement

- Institutionalize CalSEARCH to provide clinical rotations in underserved areas
- Explore role in mental health peer support
- Fund innovative health training programs via Song Brown
- Explore funding of primary care and other training programs via Song Brown
- Explore development of innovative training/retraining programs for incumbents



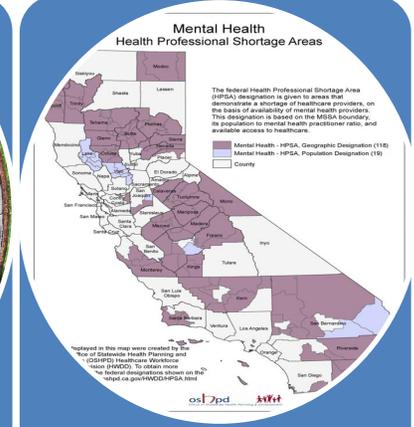
Financial Incentives

- Implement \$52 million grant to support health professionals and training programs
- Increase funding for existing programs
- Develop financial incentive programs for:
 - Entry-level Masters in Nursing
 - Nurse Educators
 - PharmD
- Expand eligibility of State Loan Repayment Program (SLRP) to pharmacists
- Explore other state's best practices for SLRP
- Implement CalREACH, OSHPD's e-app for financial incentive programs



Systems Redesign

- Explore development of projects that support new healthcare delivery models
- Increase utilization of Healthcare Workforce Pilot Program to test, demonstrate and evaluate expanded skill set and test new health delivery models
- Oversee community paramedicine pilot project
- Continue to proactively designate health professional shortage areas
- Explore e-application for WET and shortage designations
- Explore regional partnerships across primary care and mental health



Research & Policy

- Create five-year mental health workforce education and training plan
- Enhance Clearinghouse, adding supply, demand and education data for all healthcare professions
- Lead efforts to standardize healthcare workforce data
- Explore development of database with community identified and best practices in healthcare workforce development
- Track and analyze legislation impacting health workforce
- Develop policy recommendations on health workforce issues
- Identify, promote, and facilitate attainment of additional federal resources and funding opportunities for students, practitioners, and organizations



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Policies and Procedures
of the
California Healthcare Workforce Policy Commission
(December 2011)

I. Introduction

The purpose of this document is to provide information regarding the policies and procedures under which the California Healthcare Workforce Policy Commission (Commission) performs its functions and duties.

II. California Healthcare Workforce Policy Commission

The Commission was statutorily created in October 1973 (Senate Bill 1224 - Song, Chapter 1176, Statutes of 1973) and cited as the Song-Brown Family Physician Training Act (Act). Subsequent legislation has broadened the Act:

- Senate Bill 490 (Chapter 1003, Statutes of 1975) authorized the funding of primary care nurse practitioner programs and requires that all funded programs include a component of training in underserved multicultural communities, lower socioeconomic neighborhoods or rural communities.
- Assembly Bill 2450 (Chapter 1196, Statutes of 1976) established the Rural Health Services Development Program and requires the Commission to designate geographical rural areas where unmet priority need for primary care services exists.
- Assembly Bill 3943 (Chapter 1750, Statutes of 1984) included osteopathic medical residency programs as being eligible for Song-Brown Funding.
- Senate Bill 2614 (Chapter 1087, Statutes of 1988) required the Commission, when making recommendations to the Director, to give priority to programs that have demonstrated success in the areas of placing individuals in medically underserved areas, attracting and admitting members of minority groups and former residents of medically underserved areas.
- Assembly Bill 2944 (Chapter 585, Statutes of 1993) required the Commission to establish standards for postgraduate osteopathic medical programs in family practice.
- Assembly Bill 2874 (Chapter 711, Statutes of 1993) removed the requirement of an annual report to the Legislature from the Commission.
- Assembly Bill 3426 (Chapter 1130, Statutes of 1993) authorized the collection of voluntary donations by physicians during re-licensure to be used to support the Song-Brown Family Physician Training Program.
- Assembly Bill 3449 (Chapter 1305, Statutes of 1993) authorized the Commission to repay education loans for medical students who commit to work in medically underserved shortage areas.
- Assembly Bill (Chapter 582, Statutes of 2004) changed the name of the Commission from the California Health Manpower Policy Commission to the California Healthcare Workforce Policy Commission.

- Senate Bill 68 (Chapter 78, Statutes of 2005) authorizes the Commission to establish a Song-Brown Nursing Program, and adds 5 new nursing commission members to the California Health Workforce Policy Commission for a total of 15 members.
- Senate Bill 1850 (Chapter 259, Statutes of 2007) required that the Song-Brown Family Physician Act now be referred to as Song-Brown Health Care Workforce Training Act.

The governing provisions are contained in Health and Safety Code, Sections 128200 through 128241.

III. Objectives of the California Healthcare Workforce Policy Commission

In accordance with Health and Safety Code, Section 128225 the Commission shall review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of all programs under the Song-Brown Health Care Workforce Training Act.

The Commission shall identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist. The Commission also establishes standards for the programs to include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and should be organized to prepare program graduates for service in those neighborhoods and communities.

The Commission shall give priority to programs that have demonstrated success in the following areas:

1. Actual placement of individuals in medically underserved areas.
2. Success in attracting and admitting members of minority groups to the program.
3. Success in attracting and admitting individuals who were former residents of medically underserved areas.
4. Location of the program in a medically underserved area.
5. The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

IV. Executive Secretary

The Chief of the Healthcare Workforce Development Division in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the Commission.

V. Commission Members

In accordance with Health and Safety Code, Section 128215 a California Healthcare Workforce Policy Commission was created. The Commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

1. Nine members appointed by the Governor, as follows:
 - a. One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
 - b. One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
 - c. One representative of practicing family physicians.
 - d. One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
 - e. One representative of undergraduate medical students in a family practice program or residence in family practice training.
 - f. One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
 - g. One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.
 - h. One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
 - i. One representative of practicing registered nurses.
2. Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
3. Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
4. Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

VI. Chair and Vice-Chair Duties and Responsibilities

Chair

1. Assure that the Commission operates in accordance with the terms of the Song-Brown Healthcare Workforce Training Act statute.
2. Propose policy and procedure changes for Commission.
3. Reviews Commission meeting agendas.
4. Chair and attend all meetings of the Commission. If unable to attend, arrange for this to be performed by the Vice-Chair, and inform the Executive Secretary of the absence.
5. Advise the Director of Office of Statewide Health Planning and Development on Commission activities.
6. Attend all Health Profession Education Meetings as the Office of Statewide Health Planning and Development Ex-Officio member.

Vice-Chair

Upon absence of or upon delegation by the Chair, the Vice-Chair of the Commission shall assume the duties of the Chair. Should the Chair become unable to serve out his/her term, the Vice-Chair shall serve as Chair until the end of the two year term and an election for Vice-Chair shall occur during the next scheduled meeting of the Commission.

VII. Commission Members Duties

1. For all new members, complete and return the appointment package that is sent out by Song-Brown staff (staff). This package includes:
 - Employee Action Request (STD 686)
 - Designation of Person Authorized to Receive Warrants (STD 243)
 - Emergency Notification Information (OSH-AD 334)
 - Ethnicity Questionnaire (SPB 1070)
 - Employment Eligibility Verification (OMB No. 1615-0047)
 - Authorization to Use Private Vehicle (STD 261)
 - Request for CalATERS (OSH-AD412)
 - Oath of Office (STD 688)
2. The Office of Statewide Health Planning and Development has adopted a Conflict of Interest Code under the Political Reform Act that designates that commission members file a Statement of Economic Interests (Form 700) annually. The Form 700 is sent out by Office of Statewide Health Planning and

Development's Human Resources Services with instructions on which disclosure categories to file and where to file.

3. It is required that members of this Commission take an Ethics Training course within 30 days of the appointment date, and to provide a certificate of completion. The course is to be completed every two years. The website address: <http://www.aq.ca.gov/ethics/>
4. If unable to attend a meeting, inform Chair and staff of the absence.
5. Resignation – When a member resigns from the Commission, the member shall send a letter of resignation to their appointing authority, noting the effective date of the resignation. A copy of the letter shall be sent to the Director of Office of Statewide Health Planning and Development.

VIII. Commission Members Responsibilities

1. At each of the funding meetings, every member will identify themselves and their affiliations to the Commission and the public audience, making public any disqualifying conflict of interest position.
2. Identify specific areas of the state where unmet priority needs for primary care physicians and registered nurses exist.
3. Establish standards and contract criteria for funding of family practice, family nurse practitioner, physician assistant and registered nurse education programs, including provisions to encourage students and residents to provide service in unmet need areas.
4. Review and make recommendations to the Director of Office of Statewide Health Planning and Development concerning funding of family practice, family nurse practitioner, physician assistant and registered nurse education programs.
5. If the Commission determines that a funded program does not meet the standards established by the Commission, it shall submit to the Director of Office of Statewide Health Planning and Development and the Legislature a report detailing its objections.
6. Establish standards and contract criteria for special programs.
7. Review and makes recommendations to the Director of Office of Statewide Health Planning and Development concerning funding of special programs.
8. During each program's presentation, use the worksheets provided to review and evaluate the program by their compliance with statutes.

9. After all the programs have made their presentations, use the ballot provided to rank each program for funding awards.
10. The completed worksheets and signed ballots must be returned to staff before the funding discussion and decision process begins. A Commissioner's vote will not count if the completed worksheets are not submitted with the signed ballots.

IX. Election Process

The Chair and Vice-Chair of the Commission are appointed members elected by a majority of the Commission members.

1. Staff will announce elections during the November Commission meeting.
2. Staff will call for nominations to be sent to Healthcare Workforce Development Division.
3. Staff will contact all nominees to determine their interest in the position they have been nominated for before finalizing the ballot.
4. Staff will send ballots with February/March Meeting packets to Commissioners.
5. Elections for Chair and Vice-Chair will be held at the February/March meeting.
6. Staff will collect the ballots for the Chair and Vice Chair officers on the morning of the first day of the meeting.
7. The Song-Brown Program Director and one Commission member will count the ballots at the end of the first day.
8. Staff will announce the new officers at the end of the February/March meeting.
9. Terms for the Chair and Vice-Chair Officers will be for a period of two years.
10. No more than two terms may be served consecutively.
11. In the event of a tie, each nominee will be given an opportunity to address the Commission, and then a re-vote will take place. Subsequent ties would follow the same process.

IX. A. Special Election - Vacancy for Chair or Vice Chair Position

1. The staff will announce the election at the first meeting after the vacancy has occurred for either the Chair or Vice Chair position.

2. Staff will call for nominations to be sent to Healthcare Workforce Development Division.
3. Staff will send ballots with the materials for the next California Healthcare Workforce Policy Commission (CHWPC) meeting once the call for nominations has been completed.
4. Staff will collect and count ballots for the Special Election vacancy at the beginning of the next CHWPC meeting.
5. Staff will announce the new officer at the end of the meeting.
6. Terms for the Chair or Vice-Chair replacement will be for the remaining period of time of the initial term.
7. No more than two additional terms may be served consecutively.
8. In the event of a tie, each nominee will be given an opportunity to address the Commission, and then a re-vote will take place. Subsequent ties would follow the same process.

X. Conducting Public Meetings

Public meeting procedures will follow the Bagley-Keene Open Meeting Act.

XI. Meeting Requirements

In accordance with Government Code, Sections 11120, all meetings are open to the public as required by the Bagley-Keene Open Meeting Act.

Commission members are required to attend all California Healthcare Workforce Policy Commission meetings. The Commission funding meetings are generally held in February for registered nurse education programs, in August for family practice

residency programs, and in November for family nurse practitioner and physician assistant training programs. The Commission policy meeting is generally held in May.

Commission members may be required to participate in California Healthcare Workforce Policy Commission Task Force meetings as necessary to develop and make policy recommendations to the full Commission.

1. Funding Meetings

The Commission convenes on the call of the Chair. The Commission will conduct its business and hear presentations by training and educational programs that have filed applications to be considered for Song-Brown funding.

The Commissioners will rank each applicant on how well they have achieved Song-Brown Health Care Workforce Training Act objectives. This ranking process will determine the amount of funding each program will receive. The meetings are held in various areas throughout the state.

2. Special Meetings

The Chair or the Executive Secretary may call special meetings at any time for any specific business. Special meetings are convened at various locations selected throughout the state.

3. Meeting Notices and Agendas

- a. Notice of all public meetings and their agendas shall be made available to all members, to any person who so requests, and posted to the Office of Statewide Health Planning and Development webpage, at least ten (10) days in advance of the meeting.
- b. The agenda will provide a description of each item of business to be transacted or discussed so that interested members of the public will be capable of understanding the nature of each item.
- c. As a general rule, items not appearing on the agenda shall not be discussed or voted on. However, when an item is raised by a member of the public, the Commission may accept comments and discuss the item for a limited time, but no action is taken until it is added to the agenda of a subsequent meeting.

4. Voting

- a. Only appointed members of the Commission can vote at a meeting. Office of Statewide Health Planning and Development staff members, invited guests and members of the audience may not vote at a Commission meeting.
 - i. All voting will be conducted in the open meetings.

5. Quorum

A quorum for a meeting of the Commission will consist of one more than half the sitting members.

6. Conflict of Interest

- a. Per Government Code, Sections 87105, during a Commission meetings, "... upon identifying a conflict of interest or a potential conflict of interest and immediately prior to the consideration of the matter, do all the following:

(1) Publicly identify the financial interest that gives rise to the conflict of interest or potential conflict of interest in detail sufficient to be understood by the public, except that disclosure of the exact street address of a residence is not required.

(2) Recuse himself/herself from discussing and voting on the matter.”

- b. The member will not be required to leave the room provided the member recuses himself or herself from the discussion and voting on the item.
 - c. The disqualified member may not be counted toward achieving a quorum while the item is being voted on.
 - d. The identification of the conflict and economic interest shall be made part of the public record.
7. Meeting Minutes

Meeting minutes shall be made of all meetings and submitted to the Commission for consideration and approval at the following meeting.

8. Agenda and Meeting Materials

With the Executive Secretary's concurrence, the staff will develop and send to each member an agenda listing the matters to be considered and, so far as practical, copies of all written reports and applications which are to be reviewed by the Commissioners. These packages will be distributed at least ten (10) days prior to any meeting.

XII. Compensation

1. Expenses and Reimbursements

- a. It is the policy of Office of Statewide Health Planning and Development to pay per diem and to reimburse reasonable and necessary travel and incidental business expenses to the Commissioners in accordance with Department of Personnel Administration for Excluded Employees Rule Number's 599.616.1 through 599.626.1.
- b. No payment of expenses to Commissioners can be made prior to the return of all completed forms from the appointment package.
- c. Transportation expenses will be reimbursed for all charges essential for transportation to and from the meeting place. Reimbursement shall be made only for the method of transportation which is in the best interest of the state.

Travel should be via the shortest, usually traveled route. An explanation is required for any deviation or unusual delay.

- d. Expense claims should be submitted after each commission meeting. Commission members should submit their claims to staff. Failure to furnish receipts must be explained on expense claims. The amount involved cannot be allowed in absence of a satisfactory explanation. All expense claims must contain a brief statement of the purpose or objective of each trip or business related meal for which reimbursement is claimed.

In accordance with Health and Safety Code, Commission members of the California Healthcare Workforce Policy Commission are reimbursed for their reasonable actual expenses incurred in attending meetings. The meetings are conducted to carry out the provisions of Health and Safety Code, Division 107, Part 3, Chapter 4, Article 1, Section 128200 through 128241.

2. Meeting Attendance Allowance

In accordance with Health and Safety Code, Section 128220, Commission members are eligible to claim \$100.00 for each day's attendance at a Commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

Comparison of the PCR and New Slots RFAs

| RFA Page Title | Page # | PCR RFA | Page # | New Slots (\$4M) RFA |
|------------------------|--------|---|--------|---|
| Program Information | 3 | <p>Task force recommends:</p> <ul style="list-style-type: none"> -The maximum number of residents that any one applicant program can request is three (3) -Capitation funding be provided for three (3) years only regardless of the length of residency | 3-4 | <p>Task force recommends:</p> <ul style="list-style-type: none"> -Creation of four definitions <ul style="list-style-type: none"> • Expansion, New Positions • Re-allocated New Primary Care Positions • Newly Approved Programs • HRSA/Teaching Health Center Grants -The maximum number of residents that any one applicant program can request is three (3) -Capitation funding be provided for three (3) years -Applicant funding be set at \$50,000 per resident per year for a total of \$150,000 for one resident for three years -Define an established program as: An established program is one that has received accreditation and has graduated at least one class by June 30, 2015. -Define a new program as: A new program is one that has received accreditation and will either enroll its first class by July 1, 2015 or will not have graduates as of July 1, 2015. |
| Contractor Information | 4 | No changes | 5 | No changes |
| Executive Summary | 5 | No changes | 5 | <p>Task Force recommends adding the following questions: Describe your rationale for creating the new position(s) and justification for funding. Describe your plan for financial sustainability and how you will ensure that these positions will be designated primary care</p> |
| Statistics | 6 | <p>Task force recommends rewording questions 1-3 to read as follows:</p> <p>Q1: What is the total number of first year positions available?</p> <p>Q2: What is the total number of first year positions filled?</p> <p>Q3: What is the total number of R1-R3 (R1-R4 for OB/GYN) residents trained in your program?</p> <p>Task Force changed the years represented on the table to 2013/14, 2012/13, 2011/12, 2010/11.</p> | 7-8 | <p>Task Force recommends replacing the one table with a total of four tables adding the following questions:</p> <p>Q1: What is the total number of first year positions available?</p> <p>Q2: What is the total number of first year positions filled?</p> <p>Q3: What is the total number of R1-R3 (R1-R4 for OB/GYN and Med-Peds) residents trained in your program?</p> <p>Q4: Do you have a dedicated primary care track? If yes, then please answer the following.</p> <p>Q5: What is the total number of first year positions dedicated to primary care?</p> <p>Q6: What is the total number of first year positions dedicated to primary care that filled?</p> <p>Q7: What is the total number of R1-R3 primary care residents trained in your program?</p> |
| Languages | 7 | No changes | 9 | No changes |

Comparison of the PCR and New Slots RFAs

| RFA Page Title | Page # | PCR RFA | Page # | New Slots (\$4M) RFA |
|----------------------------------|--------|--|--------|--|
| Family Practice Center Payer Mix | 8 | Task Force recommends deleting this page and moving the payer mix question to another page of the RFA. Payer mix to be a narrative response question. The question will read: Identify a percent of each of the following payers by site: Medicare/VA, Medi-Cal, uninsured, other. Information to be collected for no more than 3 continuity sites. | 10 | Task Force recommends deleting this page and moving the payer mix question to another page of the RFA. Payer mix to be a narrative response question. The question will read: Provide the percent of payer mix: Medicare/VA, Medi-Cal, uninsured, and other. Describe any other unique features of the patient population your training program services. (e.g. Homeless population, farm workers, Indian Health Services). |
| Graduates Information | 9-10 | Task Force recommends the following changes: - Collect graduate practice specialty - Collect National Provider Identifier number for each graduate for future data collection efforts - Collect graduate data 3-5 years post residency starting with 2009/10, 2010/11, and 2011/12. -3 years data is the minimum. 5 years data to be given favorable consideration. - Add Question: Is the graduate practicing predominately ambulatory primary care? (Predominately defined as - more than 50%) -Add question: Is the graduate currently in or has graduated from a subspecialty fellowship? (With the exception of Geriatrics, Palliative Care, General IM and Adolescent Medicine) | 11-12 | Task Force recommends the following changes: - Collect graduate practice specialty - Add National Provider Identifier number to each graduate for future data collection efforts. - Collect three years' worth of data starting with 2013/14 - Add question: Is the graduate currently in or has completed a graduate subspecialty fellowship? - Add question: Is this graduate practicing greater than 50% in ambulatory primary care? - Supplemental Question to be answered by Program Directors prior to funding meeting: How many of your new resident positions that start July 1, 2015 will be filled by graduates from a California based medical school? |
| Program Strategies | 11 | No changes | 13 | No changes |
| Underrepresented Minorities | 12 | No changes | 14 | No changes |
| Training in Areas of Unmet Need | 13-14 | Task Force recommends the following changes: - Continue to collect principal, secondary, and continuity training site information (up to 3 continuity sites) - Remove table that collects amount of time spent at each training site - Add question: Identify the percent for each of the following payers by site: Medicare/VA, Medi-Cal, uninsured, other. Information to be collected for no more than 3 continuity sites. | 15-16 | Task Force recommends the following changes: - Continue to collect principal, secondary, and continuity training site information - Remove table that collects amount of time spent at each training site - Add question: Provide the percent of payer mix: Medicare/VA, Medi-Cal, uninsured, and other. Describe any other unique features of the patient population your training program services. (e.g. Homeless population, farm workers, Indian Health Services). |
| Program Expenditures | 15 | Task force removed this page from the RFA. | 17 | Task force removed this page from the RFA. |

Comparison of the PCR and New Slots RFAs

| RFA Page Title | Page # | PCR RFA | Page # | New Slots (\$4M) RFA |
|------------------------|--------|--|--------|---|
| Program Structure | 16 | -Task Force deleted question 1 and 2 -Revise affiliation agreement with a medical school yes/no question to read: For non-medical school based residency programs, does your residency have an affiliation agreement with a medical school? Yes/no | 18 | Task force removed this page from the RFA. |
| Faculty Qualifications | 17 | Task Force recommends the following changes: - Revise statement to read: Describe how your program's primary/core teaching faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. Include other significant faculty who interact with the residents. - Consider collecting race/ethnicity of faculty - Consider collecting loan repayment or scholarship information for faculty - Primary/core Teaching Faculty are defined as faculty that spend 20 hours a week on average working with residents in these 4 components: teaching, supervision, administration, research and/or scholarship. - List a maximum of 5 faculty members | 19 | Task Force recommends the following change to the statement: -Identify up to five members of your programs faculty and explain how each of them possesses the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of PCMH principles and health care disparities. |
| Residency Training | 18-19 | Task force recommends the following changes: - Q1: Remove items within the parenthesis - Q2: No change - Q3: Revise to read: Describe any structured interdisciplinary learning that your residents participate in with other healthcare professionals - Q4: Revise question 4 to read: Describe how practicing primary care physicians from the local community are utilized in the training program. - Delete requirement to upload letters documenting an affiliation agreement. | 20-21 | Task Force recommends the following changes: - Q1: Remove items within the parenthesis - Q2: Explain how the residency program or patient centered medical home (PCMH) structures primary care training to encourage graduates to practice as a health care team that includes inter-disciplinary providers. - Q3: Please describe the components of your curriculum that support primary care. In support of this question, please describe your primary care continuity clinic activities, including management of a panel of patients - Q4: Describe how practicing physicians from the local community are utilized in the training program. - Q5: Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas. - Q6: Estimate the percentage of time your residents spend on average in a continuity clinic. R1, R2, R3 (R4) - Q7: Estimate the percentage of time your residents spend on average in ambulatory care settings. (excluding continuity clinics) R1, R2, R3 (R4) |

Comparison of the PCR and New Slots RFAs

| RFA Page Title | Page # | <u>PCR RFA</u> | Page # | <u>New Slots (\$4M) RFA</u> |
|-----------------------------|--------|----------------|--------|-----------------------------|
| Required Attachments | 20 | No changes | 20 | No changes |
| Program Director Assurances | 21 | No changes | 20 | No changes |

**PROPOSED PRIMARY CARE RESIDENCY
TRAINING PROGRAMS**

Request for Application

Application Information/Guidance

CAPITATION FUNDING

**California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700**

January 2015

OSHPD

*Office of Statewide Health Planning and Development
Healthcare Workforce Development Division*

400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700
Fax (916) 322-2588

Draft

Proposed PCR Capitation Application

| | |
|----------------------------------|-------------|
| Table of Contents | Page 2 |
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| Program Strategies | Page 11 |
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| Training in Areas of Unmet Need | Pages 13-14 |
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| Faculty Qualifications | Page 17 |
| Residency Training | Page 18-19 |
| Required Attachments | Page 20 |
| Program Director Assurances | Page 21 |
| Evaluation Criteria | Pages 22-24 |

This page captures information on the applicant programs

PROGRAM INFORMATION

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Program
Director: Program
Director Degree *
Program Director Email *
Program Director Phone *
Title of Training Program
Training Program Address

If your Training Program is not in the dropdown, please enter the information here.

Title of Training Program
Training Program Address
Street
Suite
City State California Zip
County

Training Program Status

Funding Information

| Capitation Type | Cycles Requested | Capitation Rate | Total Requested |
|--------------------|----------------------|-----------------|-----------------|
| Capitation-Renewal | <input type="text"/> | \$51,615 | |
| Capitation - New | <input type="text"/> | \$51,615 | |

Grand Total Requested

1. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- The maximum number of residents that any one applicant program can request be set at three (3).
- Capitation funding be provided for three (3) years in only regardless of the length of residency (OB/GYN residencies are four (4) years in length).

This page captures contract information for the applicant in the event of an award

CONTRACTOR INFORMATION

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Name of Contract Organization *

Name of Contracts Officer First Name * Last Name *

Title of Contracts Officer *

Mailing Address (where contract should be mailed)

Address *

Suite

City * State California Zip *

County *

Telephone *

Email *

Federal Tax ID Number *

The applicant uses this page to provide an Executive Summary for their proposal

EXECUTIVE SUMMARY

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

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/ / *

OSHDP Staff Only:

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/ / *

This page captures basic information about the program for data collection purposes

STATISTICS

Instructions:

Please fill in the appropriate fields.
 Required fields are marked with an *.
 When done, click the SAVE button.

| Academic Year (AY) | 2012/13 | 2011/12 | 2010/11 |
|--|----------------------|----------------------|----------------------|
| 1. What is the total number of first year slots available? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. How many residents were trained in your program? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Of those trained how many residents were Male? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Of those trained how many residents were Female? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Of those trained how many residents were transgender? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. What is the average number of patients seen by a 1st year resident? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. What is the average number of patients seen by a 2nd year resident? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. What is the average number of patients seen by a 3rd year resident? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. How many residents are currently being supported with Song-Brown funds? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Comments _____

2. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Revised the current statistics table shown above with the table created below.

| | Questions | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---------|---------|---------|---------|
| 1 | What is the total number of first year positions available? | | | | |
| 2 | What is the total number of first year positions filled? | | | | |
| 3 | What is the total number of R1-R3 (R1-R4 for OB/GYN) residents trained in your program? | | | | |
| 4 | Of those trained how many residents were Male? | | | | |
| 5 | Of those trained how many residents were Female? | | | | |
| 6 | Of those trained how many residents were Transgender? | | | | |

This page captures languages spoken of current program residents. Language categories are based on Medi-Cal threshold languages for California.

LANGUAGES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

| Language | Current Students/Residents |
|------------------------|----------------------------|
| American Sign Language | <input type="text"/> |
| Arabic | <input type="text"/> |
| Armenian | <input type="text"/> |
| Cantonese | <input type="text"/> |
| Farsi | <input type="text"/> |
| Hmong | <input type="text"/> |
| Khmer | <input type="text"/> |
| Korean | <input type="text"/> |
| Laotian | <input type="text"/> |
| Mandarin | <input type="text"/> |
| Other Chinese | <input type="text"/> |
| Russian | <input type="text"/> |
| Spanish | <input type="text"/> |
| Tagalog | <input type="text"/> |
| Vietnamese | <input type="text"/> |
| Other | <input type="text"/> |

Comments

0 of 250

This page captures the Family Practice Center Payer Mix. This information provides the Commission with a picture of the patient population served by the Family Practice Center.

FAMILY PRACTICE CENTER PAYER MIX

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

| Payment Type | Percentage |
|----------------------------------|------------------------|
| Medi-Cal Managed Care | <input type="text"/> % |
| Medi-Cal Traditional | <input type="text"/> % |
| Medicare Managed Care | <input type="text"/> % |
| Medicare Traditional | <input type="text"/> % |
| County Indigent Programs | <input type="text"/> % |
| Other Third Party - Managed Care | <input type="text"/> % |
| Other Third Party - Traditional | <input type="text"/> % |
| Other Indigent | <input type="text"/> % |
| Other Payers | <input type="text"/> % |
| Total | % |

Comments

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3. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Delete this table from the PCR RFA

Pages 9 and 10 capture statutory information for actual placement of individuals in medically underserved areas by capturing the current practice site information for past graduates of the program. Collection of graduate practice site name and location cannot be changed.

GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name Graduate First Name HPEF Scholar NHSC Recipient

1. Practice Site
After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Add/Edit Address
Practice Site [OSHDP ID](#)

Address
City State Zip County

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.
 Unknown
Practice site unknown because

4. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:
- Collect graduate data for 3 - 5 years post residency with three (3) years being the minimum and programs given favorable consideration if they have complete data for five (5) years. **Favorable consideration included in the evaluation criteria (add criteria number)**
 - **Graduate years to be:**
 - Collect graduate practice specialty.
 - Collect National Provider Identifier number for each graduate for future data collection efforts
 - Add question: Is the graduate currently in or has the graduate completed a subspecialty fellowship? With the exception of Geriatrics, Palliative Care, General IM, and Adolescent Medicine.
 - Add question: Is the graduate practicing predominately ambulatory primary care?
 - Predominately defined as practicing more than 50%

Practice Site Status

3. For a practice site not entered in section 1, enter information below

Practice Site [OSHDP ID](#)

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City State Zip County

4. For private practice sites not entered in section 1, enter information below

Private Practitioner First Name Private Practitioner Last Name Practice Title

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City State Zip County

This page captures statutory priorities of attracting and admitting members of minority groups to the program and attracting and admitting individuals who were former residents of medically underserved areas.

PROGRAM STRATEGIES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet need.

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Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.

0 of 2000

How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

0 of 2000

This page captures the race/ethnicity of prior year graduates as well as current residents of the program. The Commission has their own definition of Underepresented Minorities. The categories highlighted in yellow are considered to be under represented in the health professions relative to their numbers in the total population.

| Ethnic/Racial Category | Graduates 2013/14 | Graduates 2012/13 | Graduates 2011/12 | Total | Current Students/ Residents 2014/15 |
|---|----------------------|----------------------|----------------------|-------|---|
| American Indian, Native American or Alaska native | | | | | |
| Asian | | | | | |
| Asian Indian | | | | | |
| Cambodian | | | | | |
| Chinese | | | | | |
| Filipino | | | | | |
| Indonesian | | | | | |
| Japanese | | | | | |
| Korean | | | | | |
| Laotian/Hmong | | | | | |
| Malaysian | | | | | |
| Pakistani | | | | | |
| Thai | | | | | |
| Vietnamese | | | | | |
| Black, African American or African Hispanic or Latino | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | |
| White/Caucasian, European/Middle Eastern Other | | | | | |
| Yellow highlight defines underrepresented minorities by the California Healthcare Workforce Policy Commission (CHWPC) | | | | | |

UNDERREPRESENTED MINORITY DEFINITION

Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African – Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**

Pages 13 and 14 capture statutory information for placement of training sites in areas of unmet need by capturing the training sites of the program. Collection of training site name and location cannot be changed.

TRAINING IN AREAS OF UNMET NEED

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.
If Training site is not listed, please use the section below.
Please save the page before adding an address.

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

OSHPD ID

Training Site Status

2. For training sites not in section 1, enter the information below.

Training Site

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City

State Zip Code

County

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

OSHPD ID

3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name Private Practitioner Last Name Title

After saving the page, click the Add/Edit link below to add your site's address.

Please save the page before adding an address.

Address

City

State

Zip Code

County

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

Complete this table for the training site selected or entered.
Total hours spent by resident at this site:

| PGY-1 | PGY-2 | PGY-3 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

5. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Continue to collect principal, secondary, and continuity training site information
- Remove table that collects amount of time spent at each training site
- Add the following for each training site input by the applicant program:
Identify the percent for each of the following payers: Medicare/VA, Medi-Cal, uninsured, other.

Evaluate payer mix for no more than 3 continuity sites.

Staff question: At the Task Force meeting on 10/7/14, the Task Force discussed adding "principle continuity", "secondary continuity", or "other" if selecting Continuity Training Site. Is this necessary? If so, what is the definition of "principle continuity", "secondary continuity", and "other".

This page captures the program expenditures for the program

1. If there is no Family Practice Center associated with internal medicine, pediatric and OB/GYN residencies, is there other expenditure categories we should look at?

PROGRAM EXPENDITURES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

| Line Item | Total Annual Expenditures |
|----------------------------------|---------------------------|
| Faculty Costs | <input type="text"/> |
| Residency Stipends | <input type="text"/> |
| Family Practice Center Costs | <input type="text"/> |
| Other Costs | <input type="text"/> |
| Total Annual Expenditures | |

Comments

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-
6. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Remove this page from the PCR RFA

These questions are based on the Standards for Family Medicine residency programs. The Task Force will be reviewing the Standards and making recommendations to the Commission regarding the Standards for internal medicine, pediatrics and OB/GYN residency programs.

PROGRAM STRUCTURE

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

For programs based at a medical school, provide evidence that family medicine is recognized as a major independent specialty. What is the organizational status of family medicine in the medical school (e.g., department, division)?

1

0 of 2000

For programs not based at a medical school, indicate if an affiliation agreement exists with a medical school. If no affiliation exists, explain why.

2

0 of 2000

Does your residency program have an affiliation agreement with a medical School? * Yes No
By stating yes, you agree to provide a copy upon request.

7. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Delete question 1 and 2.
- Revise Question, “does your residency program have an affiliation agreement with a medical school?” to read “For non-medical school based residency programs, does your residency have an affiliation agreement with a medical school?”

The page captures information about the faculty of the Family Medicine residency program.

FACULTY QUALIFICATIONS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. (Include examples of staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities).

| Faculty Member Name/Position | Qualifications |
|------------------------------|----------------|
| | |
| | |
| | |
| | |
| | |

8. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Revise statement above to read – Describe how your program’s primary/core teaching faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. Include other significant faculty who interact with the residents.
- List a maximum of 5 faculty members
- Consider collecting race/ethnicity of faculty
- Consider collecting loan repayment or scholarship information for faculty (i.e. NHSC Scholar, SMTLRP, SLRP, etc.)
 - Primary/core teaching faculty is defined as faculty that spend 20 hours a week on average working with residents in these four (4) components: teaching, supervision, administration, research and/or scholarship.

Pages 18 and 19 capture information about the training of the residents; how they are being taught and what aspects of their training are exposing them to underserved populations.

RESIDENCY TRAINING

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models (e.g., technology assisted education tools, health information technology, simulation, etc.).

1.

0 of 2000

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.

2.

3.

Describe your affiliation with an FNP/PA training program and/or other health profession training program.

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Upload letters documenting this affiliation agreement or relationship on the Required Attachments page.

Describe how practicing family physicians from the local community are utilized in the training program.

4.

0 of 2000

Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas.

5.

9. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Revise question 1 to remove all items within the parenthesis.
- Revise question 3 to read: Describe any structured interdisciplinary learning that your residents participate in with other healthcare professionals.
- Revise question 4 to read: Describe how practicing primary care physicians from the local community are utilized in the training program.
- Delete requirement to upload letters documenting an affiliation agreement.

This page captures all required document uploads

REQUIRED ATTACHMENTS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

| | | |
|--|----------------|---|
| <input type="button" value="Choose File"/> | No file chosen | * |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

~~Upload letters from inter-disciplinary providers that support statements made on the Residency Training form~~

| | | |
|--|----------------|---|
| <input type="button" value="Choose File"/> | No file chosen | * |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Upload letters that document an affiliation with an FNP/PA training program and/or other health professions training programs.

| | | |
|--|----------------|--|
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

| | | |
|--|----------------|---|
| <input type="button" value="Choose File"/> | No file chosen | * |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Program Director assurances page

PROGRAM DIRECTOR ASSURANCES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

This page intentionally left blank

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Definition of Internal Medicine

For the purposes of this program, internal medicine is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to handle the broad and comprehensive spectrum of illnesses that affect adults, and are recognized as experts in diagnosis, in treatment of chronic illness, and in health promotion and disease prevention, not limited to one type of medical problem or organ system. Physicians in this field of medical practice often care for patients over the duration of their adult lives, providing the physician an opportunity to establish long and rewarding person relations with their patients.¹

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach internal medicine residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to internal medicine residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs.

Involvement of Local Community Physicians

Practicing primary care physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The internal medicine residency training program director should be a physician certified by the American Board of Internal Medicine or American Osteopathic Board of Internal

¹ Definition created by staff at the first PCR Task Force Meeting on August 13, 2014.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Medicine.

Existence of Department of Internal Medicine or Equivalent

Training institutions shall have an internal medicine department or administrative unit equivalent to those of the major clinical specialties.

**Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Definition of Obstetrics and Gynecology

For the purposes of this program, Obstetrics and Gynecology is defined as that field of medical practice in which the physician, by virtue of satisfactory completion of an accredited program of graduate medical education possesses special knowledge, skills and professional capability in the medical and surgical care of women related to pregnancy and disorders of the female reproductive system. Physicians in this field of medicine provide primary and preventive care for women and serve as consultants to other health care professionals.¹

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach obstetrics and gynecology residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to obstetrics and gynecology residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs.

Involvement of Local Community Physicians

Practicing primary care physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The obstetrics and gynecology residency training program director should be a

¹ The American Board of Obstetrics and Gynecology

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

physician certified by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology.

Existence of Department of Obstetrics and Gynecology or Equivalent

Training institutions shall have an obstetrics and gynecology department or administrative unit equivalent to those of the major clinical specialties.

**Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PEDIATRIC RESIDENCY TRAINING PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Created September 19, 2014)**

Definition of Pediatrics

For the purposes of this program, pediatrics is defined as that field of medical practice in which the physician, by virtue of training and experience, is concerned with the physical, mental and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.¹

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach pediatric residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to pediatrics residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs.

Involvement of Local Community Physicians

Practicing primary care physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The pediatric residency training program director should be a physician certified by the American Board of Pediatrics or American Osteopathic Board of Pediatrics.

¹ American Academy of Pediatrics

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PEDIATRIC RESIDENCY TRAINING PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Created September 19, 2014)**

Existence of Department of Pediatrics or Equivalent

Training institutions shall have a pediatric department or administrative unit equivalent to those of the major clinical specialties.

**Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program.

DRAFT

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR INTERNAL MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 19, 2014)**

- I. Each Internal Medicine Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

- II. Each Internal Medicine Residency Training Program or Post Graduate Osteopathic Medical Program in Internal Medicine, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physicians for service in such neighborhoods and communities.

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Internal Medicine physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and match internal medicine residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 19, 2014)

- I. Each Obstetrics and Gynecology Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

- II. Each Obstetrics and Gynecology Residency Training Program or Post Graduate Osteopathic Medical Program in Obstetrics and Gynecology, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physicians for service in such neighborhoods and communities.

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Obstetrics and Gynecology Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and match obstetrics and gynecology residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR PEDIATRIC RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 19, 2014)**

- I. Each Pediatric Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

- II. Each Pediatric Residency Training Program or Post Graduate Osteopathic Medical Program in Pediatrics, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physicians for service in such neighborhoods and communities.

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Pediatric Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and match pediatric residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

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There was no final motion from the Task Force to approve the evaluation criteria because there was still some discussion over the payer mix.

| Section I | Statutory Criteria | Total Points Available | RFA Page(s) |
|-----------|--|------------------------|-------------|
| 1 | Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine | 15 | Page 9-10 |
| 1.a | Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities 0 points, no mention 3 points, program's curriculum specifically addresses underserved communities 3 points, program has rotations in underserved areas 2 points, program works with students in a mentoring program | 8 | Page 13-14 |
| 1.b. | Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 2 points, program has an active counseling program 2 points, program has an active placement program 1 point, program has a recruitment program | 5 | Page 11 |
| 2 | Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine | 15 | Page 11 |
| 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 in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process | 7 | Page 11 |
| 2.b. | Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students) 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 3 points, program residents are actively engaged in formal pipeline program for Family Medicine primary care | 3 | Page 11 |
| 3 | Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine | 15 | Page 13 |
| 3.a. | Number of clinical hours in areas of unmet need 1 point, <25% hours in area of UMN 2 points, ~50% hours in areas of UMN 3 points, >75% hours in areas of UMN | 3 | X |
| 3.b. | 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? 0 points, No 5 points, Yes | 5 | X |
| 3.a. | Describe the training sites payer mix. 5 points, greater than 25% 8 points, greater than 50% 10 points, greater than 75% **Needs further discussion | 10 | Page 14 |

Proposed PCR Evaluation Criteria

| | | | |
|---|---|-------------------------------|--------------------|
| 4 | Placement of graduates in primary care ambulatory settings (% and # of graduates in primary care ambulatory settings in areas of UMN) The New Slots (\$4) Task Force suggested the following scoring criteria: 6 points, % of grads 4 points, # of grads | 15-10 | Page 18-19 |
| 4.a. | Does the program have complete graduate data for three to five years post-residency? 0 points for less than 3 years of complete graduate data 3 points for three years of complete data or new programs 4 points for four years of complete data 5 points for 5 years of complete data **Needs further discussion - need definition of "complete data". | 5 | Page 9-10 |
| 4.b. | Does the program have a plan and curriculum that promotes training in ambulatory and community settings? **Needs further discussion and weighted point criteria | 5 | Page 18-19 |
| Total points possible for Section I | | 76 98 | |
| Section II | Other Considerations | Total Points Available | RFA Page(s) |
| 1 | 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? 0 points, no mention of either team training or PCMH 1 point, some team training in hospital or clinic settings as evidenced by letters or the application 2 points, regular focus on team training in all setting of care as evidenced by letters or the application 3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application | 3 | Page 18-19 |
| 2 | 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? 0 points, No 3 points, Yes | 3 | X |
| 3 | 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 -3 points, for each example per unique faculty member | 3 | Page 17 |
| 4 | Does the program utilize-use family-primary care physicians from the local community in the training program? 0 points, No 3 points, Yes 0 points, no mention 1 point for each example cited up to 3 points | 3 | Page 18-19 |
| 5 | 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. | 3 | Page 20 |
| 6 | Does the program integrate different educational modalities into learning delivery models? 0 points, no mention 1 point per example cited | 3 | X |
| 7 | 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 3 points, three 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. | 3 | X |
| 8 | Does the program promote training in ambulatory and community settings in underserved areas? 0 points, No 3 points, Yes | 3 | X |
| Total points possible for Section II | | 24 12 | |
| Total points possible for Section I and II | | 100-110 | |

OSHPD Office of Statewide Health Planning and Development



Healthcare Workforce Development Division

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Sacramento, California 95811-6213
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Attachment C
Agenda Item 8

**Song Brown Contract: XX-XXXX
Primary Care Capitation Final Report**

As stated in your contract, Section D, a final report is due at the end of the contract period.

1. In 1-2 sentences, describe the objectives stated in your capitation application.
2. In 1-2 sentences, describe the successes and/or challenges you faced in meeting those objectives.
3. Describe how the Song-Brown funding your program received has benefited the residents of your program.

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4. Using the table below provide the names of all residents trained during the term of this contract. Indicate N/A if information requested doesn't apply.
 (Add additional rows if necessary)

| Program Resident | P G Y 1 | P G Y 2 | P G Y 3 | P G Y 4 | Specialty | Graduate practice site (Name and complete address) |
|------------------|------------------|------------------|------------------|------------------|-----------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Comments:

5. Using the table below identify training sites used by the residents during the term of this contract. (Add additional rows if necessary)

| Training Site Name | Training Site Address | Is this a non-hospital, outpatient setting? | Number of hours spent at site providing primary care | | |
|--------------------|-----------------------|---|--|------|------|
| | | | PGY1 | PGY2 | PGY3 |
| | | | | | |
| | | | | | |
| | | | | | |

Comments:

OSHDP Office of Statewide Health Planning and Development



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6. Describe the extent to which your program has increased the number of health professionals from racial/ethnic and other underserved groups.

DRAFT

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Song-Brown Funding Information

Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

| Budget Category | Description | Amount |
|-------------------------|-------------|--------|
| Personnel | | |
| | | |
| | | |
| | | |
| Resident Support | | |
| | | |
| | | |
| | | |
| Equipment | | |
| | | |
| | | |
| | | |
| Supplies | | |
| | | |
| | | |
| | | |
| Other | | |
| | | |
| | | |
| | | |

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7. Please provide the following information:

| | | |
|-----------------------|---------|-------------------|
| Program Director Name | Degrees | Title of Position |
|-----------------------|---------|-------------------|

| |
|---|
| Mailing Address (Organization, Street, City, State, Zip Code) |
|---|

| | | |
|----------------|---------------|------------|
| E-Mail Address | Telephone No. | FAX Number |
|----------------|---------------|------------|

CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):
 I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

| | |
|------------------|------|
| Program Director | Date |
|------------------|------|

The PCR Task Force had a consensus on motioning the acceptance of the Final Report Template but lost its quorum before motion could pass.

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Attachment D
 Agenda Item 8

Members of the Commission

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

Revised
August 13, 2014
Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE
POLICY COMMISSION (CHWPC)

Primary Care Residencies (PCR)
Task Force Meeting

Courtyard Marriott @ Sacramento Airport Natomas
 2101 River Plaza Dr.
 Sacramento, CA 95833

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Task Force Members Present:

Cathryn Nation, MD - Chair
 Robert Adler, MD
 Peter Broderick, MD
 Michael Farrell, MD
 Hector Flores, MD
 Katherine Flores, MD
 Albina Gogo, MD
 Lori Goyne
 Sharad Jain, MD
 Gregg Lund, DO
 Mark Noah, MD
 Brenda Ross-Shelton, MD
 Lori Winston, MD

Task Force Members Not Present:

David Carlisle, MD

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Melissa Omand, Program Administrator
 Barbara Zendejas, Program Administrator
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Stephanie Clendenin, Chief Deputy Director
 Jacob Knapp, Legal Counsel

Agenda Item 1: Call to Order

Cathryn Nation, MD called the meeting to order.

Agenda Items 2: Welcome and Introductions of PCR Task Force Members

Task Force members and OSHPD staff introduced themselves.

Agenda Item 3: Overview of Song-Brown Program

Melissa Omand, Song-Brown Program Administrator, provided an overview of the Song-Brown Program

The Song-Brown Overview is hereby incorporated as Attachment A.1

Agenda Item 4: Background on Primary Care Residencies Expansion

Lupe Alonzo-Diaz explained that there were three major augmentations to the Song-Brown Program:

- Expansion of the Song-Brown Program to include the primary care specialties: Internal Medicine, Obstetrics/Gynecology (OB/GYN), and Pediatrics.
- Additional one-time funding of \$4 million dollars for new primary care residency slots that are available to Family Medicine and the additional primary care specialties.
- Expansion to specifically include funding for Teaching Health Centers.

She further explained that the primary care expansion would not be a stand-alone program, but would uphold the larger mission of the Song-Brown Program in the four core values:

- Actual placement of graduates in Areas of Unmet Need (AUN),
- Attracting and admitting residents from underrepresented communities,
- Location of programs in AUN and medically underserved areas, and
- Focus of training in primary care.

The Primary Care Residencies Fact Sheet is hereby incorporated as Attachment B

Agenda Item 5: PCR Task Force Members Roles and Responsibilities

Lupe Alonzo-Diaz explained that the Task Force would focus on two expected outcomes:

- Very specific recommendations to the CHWPC regarding the Primary Care Residencies Request for Application, scoring criteria, and evaluation criteria, and
- Any larger policy issues that do not fit into specific categories, but are still relevant to the Internal Medicine, OB/GYN, and Pediatric disciplines.

Agenda Item 6: Review and Approve PCR Guidelines and Standards for Internal Medicine, OB/GYN and Pediatrics

Melissa Omand led the discussion on content for the Guidelines and Standards. The members were tasked with further study of what constitutes a meaningful affiliation between hospitals or other healthcare delivery systems and approved medical schools that is relevant to each discipline and to study the current Standards and come back with recommendations for the specific specialties. The public did not provide any comments.

Action Items:

Guidelines

Internal Medicine

- Motion to adopt the American College of Physicians definition of the General Internist for the official Song-Brown Definition of Internal Medicine (K. Flores), Seconded (Shelton-Ross). Motion Adopted.

OB/GYN

- Motion to adopt the American Board of Obstetrics and Gynecology definition of Obstetricians and Gynecologists as the official Song-Brown Definition of OB/GYNs (Ross-Shelton), Seconded (Lund). Motion adopted

Pediatrics

- Motion to adopt the American Academy of Pediatrics definition of Pediatrics as the official Song-Brown Definition of Pediatrics (Adler), Seconded (Gogo). Motion Adopted.

The CHWPC Guidelines for Funding Applicants and Program Evaluation are hereby incorporated as Attachment D.1, D.2, and D.3

Agenda Item 7: Discuss Scope, Content and Requirements for a PCR Request for Application (RFA) and Evaluation Worksheet

Melissa Omand led the discussion on RFA Content. The public did not provide any comments.

Action Items:

- Motion to remove program expenditures from Primary Care Residencies RFA, (Adler), seconded (Jain). Motion adopted.

The Family Medicine Residency Training Program RFA is hereby incorporated as Attachment E.1

Agenda Item 8: Public Comment

A member of the public recommended that the Task Force members give specific points for the percentage of time spent by graduates practicing in Primary Care

Agenda Item 9: Future Agenda Items

Staff will prepare a survey regarding the RFA and prepare a draft version of the RFA for the next meeting

Task Force Members will define specific wording for affiliation agreements and the standards for each discipline

Flip Chart Task Force Questions are hereby incorporated as Attachment F

Agenda Item 10: Adjourn Meeting

The meeting adjourned at 4:00pm

All the attachments mentioned in these minutes can be found at:
<http://oshpd.ca.gov/hwdd/2014/Song-Brown/PCR-Aug13-Meeting-Materials.pdf>

**Healthcare Workforce Development Division**

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Attachment D-1
 Agenda Item 8

Members of the Commission

William W. Henning, DO, **Vice Chair**
 Roslynn S. Byous, DPA, PA-C
 Elizabeth Dolezal
 Michael Farrell, DO
 Katherine Flores, MD
 Carol Jong, PhD, RD
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 V. Katherine Townsend, PhD, MSN

**September 18, 2014
 Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION (CHWPC)**

**Primary Care Residencies (PCR)
 Task Force Meeting**

OSHPD
 400 R St. RM 471
 Sacramento, CA 95811

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Task Force Members Present:

Cathryn Nation, MD - Chair
 Robert Adler, MD
 Peter Broderick, MD
 David Carlisle, MD
 Katherine Flores, MD
 Lori Goyme
 Sharad Jain, MD
 Gregg Lund, DO
 Mark Noah, MD
 Lori Winston, MD

Task Force Members Not Present:

Michael Farrell, DO
 Hector Flores, MD
 Albina Gogo, MD
 Brenda Ross-Shelton, MD

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Melissa Omand, Acting Staff Program
 Manager
 Michelle Lehn, Program Administrator
 Rachael Gastelum, Program Analyst
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel

Agenda Item 1: Call to Order

Chair Cathryn Nation, MD called the meeting to order.

Agenda Items 2: Welcome and Introductions of PCR Task Force Members

Task Force members and OSHPD staff introduced themselves. OSHPD Director Robert David gave a short update on OSHPD activities related to the Napa Earthquake and legislation that is still pending.

Agenda Item 3: Approval of PCR Task Force Meeting Minutes for August 13, 2014

The task force members reviewed the minutes from the previous Task Force Meeting and had no corrections.

Action Item:

Motion to adopt the meeting minutes as presented (Broderick), Seconded (Flores). Motion Adopted.

The August 13 PCR Task Force Meeting Minutes are hereby incorporated as Attachment 1

Agenda Item 4: Overview of the Request for Application (RFA) Development Survey

Melissa Omand led the discussion of the survey regarding the development of the PCR RFA. The purpose of the survey was to assist staff in developing recommendations for the PCR RFA.

The Request for Application (RFA) Development Survey is hereby incorporated as Attachment A

Agenda Item 5: Review and Approve the Development of PCR Guidelines and Standards for funding for Internal Medicine, OB/GYN and Pediatrics

Melissa Omand led the discussion on content for the Guidelines and Standards. The members were tasked with further study of what constitutes a meaningful affiliation between hospitals or other healthcare delivery systems and approved medical schools that is relevant to each discipline and to study the current Standards and come back with recommendations for the specific specialties.

Action Items:

Guidelines for Funding Applications and Program Evaluation:

Motion to approve the Definitions Section for the Internal Medicine, OB/GYN and Pediatric specialties as presented in the Guidelines (Adler), Seconded (Lund). Motion Adopted.

Motion to change the drafted language of the Internal Medicine, OB/GYN and Pediatric specialties; 'Strategies Relating to Areas of Need' to: Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission (Noah), Seconded (Jain). Motion Adopted.

Motion to change the language of the 'Concept of Health Care Teams' section (with language reflecting each specialty of Internal Medicine, OB/GYN, and Pediatrics language) to: Training programs should be so organized as to teach internal medicine residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to internal medicine residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs (Goyne), Seconded (Flores). Motion Adopted.

Motion to adopt the Song-Brown Health and Safety Code Section 128225.b.1 language for the 'Meaningful Affiliation between Hospitals or Other Health Care Delivery Systems and Approved Medical Schools' section and to remove meaningful from the title (Adler), Seconded (Carlisle). Motion Adopted.

Standards for Residency Training Programs:

Motion to delete the wording Residency Review Committee and add the American Osteopathic Association to Standards Section I and to delete Standards Section II. (Lund), Seconded (Carlisle). Motion Adopted.

Motion to accept Standards Section III and Standards Section IV (Broderick), Seconded (Lund). Motion Adopted.

The CHWPC Guidelines for Funding Applicants and Program Evaluation and Standards for Residency Training Programs are hereby incorporated as Attachments B, B.1 and B.2 and C, C.1 and C.2

Agenda Item 6: Review and Approve the Proposed PCR RFA

The task force members reviewed the Proposed RFA based on the responses to the RFA Development Survey

Action Items:

Program Information: Motion to accept staff recommendation that the maximum number of residents that any one applicant program can request be set at three and add language for the OB/GYN Programs stating that funding will be for three years but there will be no restriction as to what Residency years shall be funded (Lund), Seconded (Jain). Motion Adopted.

Statistics: Motion to require three to five years of post-residency graduate practice site data with three being the minimum and up to five years receiving favorable consideration.

Motion to delete questions six, seven, eight, and nine from the table (Noah), Seconded (Carlisle). Motion Adopted

Family Practice Center Payer Mix: Motion to delete the Family Practice Center Payer Mix table and add as a narrative response in another section of the application (Adler), Seconded (Carlisle). Motion Adopted.

Graduates Information:

Motion to:

1. Collect three to five years of graduate data beyond residency
2. Accept staff recommendation to collect graduate practice specialty
3. Eliminate the collection of the graduates medical school name and location
4. Add the National Provider Identifier (NPI) number as part of the graduate identifier
5. Add the question 'Is the graduate currently in or completed a graduate subspecialty fellowship with the exceptions of Geriatrics, Palliative, general Internal Medicine, and Adolescent Medicine'?
6. Add the question 'Is this graduate practice site predominantly ambulatory primary care'?

(Broderick), Seconded (Lund). Motion Adopted.

Training in Areas of Unmet Need:

Motion to:

1. Collect a narrative response of the payer mix of each of the training sites utilized by the program
2. Require the applicant to identify if the site is a principal training site or a continuity site (Carlisle), Seconded (Flores). Motion Adopted.

Motion to eliminate the table requesting the amount of time spent by residents at each training site (Adler), Seconded (Carlisle), Motion Adopted.

Faculty Qualifications:

Motion to:

1. Change program faculty to primary teaching faculty
2. Add other significant faculty who interact with the residents
3. Examples will include: faculty status as Underrepresented Minority, NHSC scholar and loan repayment recipient (Lund), Seconded (Carlisle). Motion Adopted.

Residency Training:

Motion to:

1. Accept staff recommendation to revise question one
2. Revise the language of question three to read: Briefly describe any structured inter-disciplinary learning that your residents do with other allied professionals (Broderick), Seconded (Flores). Motion Adopted.

Motion to delete the affiliation agreement requirement (Noah), Seconded (Broderick). Motion Adopted.

Public Comment:

Will these changes affect the Family Medicine RFA?

Should applicants who have a larger data set receive greater points since they represent a greater number in Primary Care?

The Proposed PCR RFA is hereby incorporated as Attachment D

Agenda Item 7: Develop and Approve Evaluation Criteria for PCR Capitation RFA

Melissa Omand led the discussion to develop and approve the evaluation criteria.

Action Items:

- Motion to add Primary Care to the Statutory Criteria as question four with additional evaluation criteria (Carlisle), seconded (Flores). Motion adopted.

Public Comment:

Recommend adding at least 15 points to the Statutory Criteria for Primary Care
Awarding points with the programs in tiers will give the best return

Motion that staff prepares and distributes the updated version of the evaluation criteria to the Task Force members (Carlisle), Seconded (Broderick). Motion Adopted

The Evaluation Criteria for PCR Capitation RFA is hereby incorporated as Attachment E

Agenda Item 8: Review and Approve PCR Final Report Template

PCR Final Report Template will be reviewed and approved at the October 7 teleconference meeting.

Agenda Item 9: Public Comment

A member of the public applauded the decisions that the Task Force made in recommending additional points for Primary Care activities.

Agenda Item 10: Agenda Items for Next Meeting

Staff will prepare and distribute the updated evaluation criteria document

Agenda Item 11: Adjourn Meeting

The meeting adjourned at 4:00pm.

All the attachments mentioned in these minutes can be found under meeting materials at: http://oshpd.ca.gov/General_Info/Public_Meetings.html

**Healthcare Workforce Development Division**

400 R Street, Suite 330
 Sacramento, California 95811-6213
 (916) 326-3700
 Fax (916) 322-2588
 www.oshpd.ca.gov

Attachment D-2
 Agenda Item 8

Members of the Commission

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

**October 7, 2014
 Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION (CHWPC)**

**Primary Care Residencies (PCR)
 Task Force Meeting
 Teleconference**

OSHPD
 400 R St., Room 336
 Sacramento, CA 95811

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Task Force Members Present:

Cathryn Nation, MD - Chair
 Robert Adler, MD
 Peter Broderick, MD
 David Carlisle, MD
 Michael Farrell, DO
 Katherine Flores, MD
 Albina Gogo, MD
 Lori Goyne
 Sharad Jain, MD
 Gregg Lund, DO
 Mark Noah, MD
 Brenda Ross-Shelton, MD
 Lori Winston, MD

Task Force Members Not Present:

Hector Flores, MD

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Senita Robinson, MS, Section Chief
 Melissa Omand, Acting Program Staff Manager
 Michelle Lehn, Program Administrator
 Rachael Gastelum, Program Analyst
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel

Agenda Item 1: Call to Order

Chair Cathryn Nation called the meeting to order.

Agenda Items 2: Welcome and Introductions of PCR Task Force Members

Task Force members and OSHPD staff introduced themselves.

Agenda Item 3: Approval of PCR Task Force Meeting Minutes for September 18, 2014

The Task Force members will receive the minutes by e-mail and may provide public comment at the CHWPC Policy Meeting on October 23, 2014.

Agenda Item 4: Review and Approve August 13, 2014 and September 18, 2014 PCR Task Force Recommendations to the 2014 PCR Request for Application (RFA)

The Task Force members reviewed the proposed RFA based on the recommendations from the September 18, 2014 PCR Task Force meeting.

Action Items:

Statistics:

Motion to revise the table presented as follows:

1. Question one will read: What is the total number of first-year positions available?
2. Question two will read: What is the total number of first-year positions filled?
3. Add a new question to read: What is the total number of R1-R3 (R1-R4 for OB/GYN) residents trained in your program?

(Adler), Seconded (Ross). Motion Adopted

Motion to revise the table to collect data for four academic years, 2013/14, 2012/13, 2011/12, 2010/11 (Adler), Seconded (Carlisle). Motion Adopted.

Languages:

Clarification to be included in the Information and Guidance document that the data given in this section should refer to current residents.

Graduates Information:

Motion to revise question six to read: Is the graduate practicing predominantly ambulatory primary care? Define "predominantly" as more than 50 percent of the time. (Flores), Seconded (Jain). Motion Adopted.

Training in Areas of Unmet Need:

Motion to require applicants to identify the payer mix for no more than three continuity sites. The payer categories counted will be: Medicare/Veteran Affairs, Medi-Cal, Uninsured, and Other (Jain), Seconded (Adler). Motion Adopted.

Program Structure:

Motion to delete questions one and two and revise the yes/no question to read: For non-medical school based residency programs, does your residency program have an affiliation agreement with a medical school? (Adler), Seconded (Nation). Motion Adopted.

Faculty Qualifications:

Motion to define primary/core teaching faculty as: Faculty that spend 20 hours a week on average working with residents in teaching, administration, research and/or scholarships, and supervision (Flores), Seconded (Nation). Motion Adopted.

Motion to approve the proposed PCR RFA consistent with the changes and actions recorded (Adler), Seconded (Carlisle). Motion Adopted.

The Proposed PCR RFA is hereby incorporated as Attachment A

Agenda Item 5: Review and Approve September 18, 2014 PCR Task Force Recommendations to the 2014 Evaluation Criteria for the PCR RFA

Motion to:

1. Add evaluation criteria Section I number 3a to read: What is payer mix of the primary, secondary and up to three continuity sites. In evaluating the program, the point values are listed below.
The point values are as follows:
0 points for 24 percent or lower
5 points for 25 to 49 percent
8 points for 50 to 74 percent
10 points for 75 percent or greater
2. Reword evaluation criteria Section I number 4 to read: Placement of graduates in primary care ambulatory settings (percentage and number of graduates in primary care ambulatory settings)
3. Reword evaluation criteria Section I number 4a and change to criteria Section I number 4b. The criteria will now read: Does the program have a plan and a curriculum that promotes training in ambulatory and community settings?
4. Add evaluation criteria Section I number 4a to read: Does the program have complete graduate data for three to five years post-residency?
The point values are as follows:
0 points for less than 3 years of complete graduate data
3 points for three years of complete data or new programs
4 points for four years of complete data
5 points for 5 years of complete data

(Broderick), Seconded (Jain). Motion Adopted.

The Evaluation Criteria for the PCR Capitation RFA is hereby incorporated as Attachment B

Agenda Item 6: Review and Approve PCR Final Report Template

There was a general consensus to approve the final report, however the Task Force could not vote since it lost a quorum.

Agenda Item 7: Public Comment

None

Agenda Item 8: Next Steps

The minutes of this meeting will be provided at a later date

Agenda Item 9: Adjournment

The meeting adjourned at 12:20pm

All the attachments mentioned in these minutes can be found under meeting materials at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html

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PROPOSED NEW SLOTS (\$4M) FUNDING

Request for Application

Application Information/Guidance

CAPITATION FUNDING

California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

January 2015

OSHPD

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700
Fax (916) 322-2588

Draft

New Slots (\$4M) Funding Application

| | |
|----------------------------------|-------------|
| Table of Contents | Page 2 |
| Program Information | Page 3-4 |
| Contractor Information | Page 5 |
| Executive Summary | Page 6 |
| Statistics | Page 7-8 |
| Languages | Page 9 |
| Family Practice Center Payer Mix | Page 10 |
| Graduates Information | Pages 11-12 |
| Program Strategies | Page 13 |
| Underrepresented Minorities | Page 14 |
| Training in Areas of Unmet Need | Pages 15-16 |
| Program Expenditures | Page 17 |
| Program Structure | Page 18 |
| Faculty Qualifications | Page 19 |
| Residency Training | Page 20-21 |
| Required Attachments | Page 22 |
| Program Director Assurances | Page 22 |

This page captures information on the applicant programs

PROGRAM INFORMATION

Instructions:

Please fill in the appropriate fields.
 Required fields are marked with an *.
 When done, click the SAVE button.

Program
 Director:
 Program *
 Director Degree *
 Program *
 Director Email *
 Program *
 Director Phone *
 Title of Training
 Program
 Training Program Address

If your Training Program is not in the dropdown, please enter the information here.

Title of Training Program
 Training Program Address
 Street
 Suite
 City State California Zip
 County
 Training Program Status

Funding Information

| Capitation Type | Cycles Requested | Capitation Rate | Total Requested |
|------------------------------|----------------------|-----------------|-----------------|
| Capitation-Renewal | <input type="text"/> | \$51,615 | |
| Capitation - New | <input type="text"/> | \$51,615 | |
| Grand Total Requested | | | |

1. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:
 - Only programs under the following conditions may apply for this funding:
 - Expansion New Positions- an established program that will create/add new primary care positions that will result in an increase in total resident positions. **Defines positions**
 - Reallocated New Primary Care Positions – an established program that will expand primary care positions by reallocating existing non-primary care positions to primary care positions. **Defines positions**
 - Newly Approved Programs- has received accreditation and will either enroll its first class by July 1, 2015 or will not have graduates as of July 1, 2015. **Defines a program**
 - HRSA/Teaching Health Center Grants – programs established through HRSA/Teaching Health Center grants that will lose funding on June 30, 2015. **Defines a program**
 - The maximum number of residents that any one applicant program can request be set at three (3).
 - Capitation funding be three (3) years in length.
 - Applicant funding will be set at \$50,000 per resident per year for a total of \$150,000 for one resident for three years.
 - Define an established program as: An established program is one that has received accreditation and has graduated at least one class by June 30, 2015.

- Define a new program as: A new program is one that has received accreditation and will either enroll its first class by July 1, 2015 or will not have graduates as of July 1, 2015.

Staff Recommendation:

Have a definition for program types: Established or new

Have a definition of position types: Expansion, new and re-allocated

This page captures contract information for the applicant in the event of an award

CONTRACTOR INFORMATION

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Name of Contract Organization *

Name of Contracts Officer First Name * Last Name *

Title of Contracts Officer *

Mailing Address (where contract should be mailed)

Address *

Suite

City * State California Zip *

County *

Telephone *

Email *

Federal Tax ID Number *

The applicant uses this page to provide an Executive Summary for their proposal

EXECUTIVE SUMMARY

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

0 of 2000

OSHPD Staff Only:
0 of 2000

-
2. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:
- Add to the Executive Summary:
 - Describe your rationale for creating the new position(s) and justification for funding. Describe your plan for financial sustainability and how you will ensure that these positions will be designated primary care.

This page captures basic information about the program for data collection purposes

STATISTICS

Instructions:

Please fill in the appropriate fields.
 Required fields are marked with an *.
 When done, click the SAVE button.

| Academic Year (AY) | 2012/13 | 2011/12 | 2010/11 |
|--|----------------------|----------------------|----------------------|
| 1. What is the total number of first year slots available? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. How many residents were trained in your program? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Of those trained how many residents were Male? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Of those trained how many residents were Female? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Of those trained how many residents were transgender? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. What is the average number of patients seen by a 1st year resident? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. What is the average number of patients seen by a 2nd year resident? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. What is the average number of patients seen by a 3rd year resident? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. How many residents are currently being supported with Song-Brown funds? | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Comments _____

3. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:
 - Remove the above statistics table and replace with the four below.

Please answer the following questions about your current class of residents beginning July 1, 2015:

| Questions | PGY 1 | PGY 2 | PGY 3 | PGY 4 |
|--|-------|-------|-------|-------|
| 1 If planning to expand for the 2015-16 Academic Year, how many resident positions will you be adding to your program? | | | | |
| 2 What will your approved resident positions be after expansion? | | | | |

Please answer the following questions about your current class of residents beginning July 1, 2015:

| Questions | PGY 1 | PGY 2 | PGY 3 | PGY 4 |
|---|-------|-------|-------|-------|
| 3 How many of your residents are Male? | | | | |
| 4 How many of your residents are Female? | | | | |
| 5 How many of your residents are Transgender? | | | | |

Please answer the following questions for the graduates of each year listed

| | Questions | 2014/15* | 2013/14 | 2012/13 | 2011/12 |
|---|---|----------|---------|---------|---------|
| 6 | What was the total number of first year positions available? | | | | |
| 7 | What was the total number of first year positions filled? | | | | |
| 8 | What was the total number of R1-R3 (R1-R4 for OB/GYN and Med-Peds) residents trained in your program? | | | | |

Q4: Do you have a dedicated primary care track? If yes, then please answer the following.
 Yes ___ No ___

| | Questions | 2014/15* | 2013/14 | 2012/13 | 2011/12 |
|----|---|----------|---------|---------|---------|
| 9 | What is the total number of first year positions dedicated to primary care? | | | | |
| 10 | What is the total number of first year positions dedicated to primary care that filled? | | | | |
| 11 | What is the total number of R1-R3 primary care residents trained in your program? | | | | |

This page captures languages spoken of current program residents. Language categories are based on Medi-Cal threshold languages for California.

LANGUAGES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Language **Current Students/Residents**

American Sign Language

Arabic

Armenian

Cantonese

Farsi

Hmong

Khmer

Korean

Laotian

Mandarin

Other Chinese

Russian

Spanish

Tagalog

Vietnamese

Other

Comments

0 of 250

This page captures the Family Practice Center Payer Mix. This information provides the Commission with a picture of the patient population served by the Family Practice Center.

FAMILY PRACTICE CENTER PAYER MIX

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

| Payment Type | Percentage |
|----------------------------------|------------------------|
| Medi-Cal Managed Care | <input type="text"/> % |
| Medi-Cal Traditional | <input type="text"/> % |
| Medicare Managed Care | <input type="text"/> % |
| Medicare Traditional | <input type="text"/> % |
| County Indigent Programs | <input type="text"/> % |
| Other Third Party - Managed Care | <input type="text"/> % |
| Other Third Party - Traditional | <input type="text"/> % |
| Other Indigent | <input type="text"/> % |
| Other Payers | <input type="text"/> % |
| Total | % |

Comments

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-
4. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:
- To delete this table from the application and ask about the payer mix as a narrative response elsewhere in the RFA. Moved to the Training Sites in areas of Unmet Need page.

Pages 9 and 10 capture statutory information for actual placement of individuals in medically underserved areas by capturing the current practice site information for past graduates of the program.

GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name Graduate First Name HPEF Scholar NHSC Recipient

1. Practice Site
After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Add/Edit Address
Practice Site [OSHPD ID](#)

Address

City State Zip County

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.

Unknown
Practice site unknown because

5. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:
- Collect three (3) years of graduate practice site data starting with 2013/14, 2012/13, 2011/12
 - Collect graduate practice specialty
 - Add National Provider Identifier number for each graduate for future data collection efforts.
 - Add question: Is the graduate currently in or has the graduate completed a subspecialty fellowship? With the exception of Geriatrics, Palliative Care, General IM and Adolescent Medicine
 - Add question: Is this graduate practicing predominately ambulatory primary care?
 - Predominately defined as practicing more than 50%.
 - Supplemental information will be required prior to presentation at the funding meeting. How many of the new resident positions were filled by graduates from a California based medical school?

Practice Site Status

3. For a practice site not entered in section 1, enter information below

Practice Site

[OSHDP ID](#)

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City

State

Zip County

4. For private practice sites not entered in section 1, enter information below

Private Practitioner

First Name

Private Practitioner

Last Name

Practice Title

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City

State

Zip

County

This page captures statutory priorities of attracting and admitting members of minority groups to the program and attracting and admitting individuals who were former residents of medically underserved areas.

PROGRAM STRATEGIES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet need.

0 of 2000

Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.

0 of 2000

How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

0 of 2000

This page captures the race/ethnicity of prior year graduates as well as current residents of the program. The Commission has their own definition of Underrepresented Minorities. The categories highlighted in yellow are considered to be under represented in the health professions relative to their numbers in the total population.

| Ethnic/Racial Category | Graduates 2013/14 | Graduates 2012/13 | Graduates 2011/12 | Total | Current Students/ Residents 2014/15 |
|---|----------------------|----------------------|----------------------|-------|---|
| American Indian, Native American or Alaska native | | | | | |
| Asian | | | | | |
| Asian Indian | | | | | |
| Cambodian | | | | | |
| Chinese | | | | | |
| Filipino | | | | | |
| Indonesian | | | | | |
| Japanese | | | | | |
| Korean | | | | | |
| Laotian/Hmong | | | | | |
| Malaysian | | | | | |
| Pakistani | | | | | |
| Thai | | | | | |
| Vietnamese | | | | | |
| Black, African American or African | | | | | |
| Hispanic or Latino | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | |
| White/Caucasian, European/Middle Eastern | | | | | |
| Other | | | | | |
| Yellow highlight defines underrepresented minorities by the California Healthcare Workforce Policy Commission (CHWPC) | | | | | |

UNDERREPRESENTED MINORITY DEFINITION

Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African – Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**

Pages 13 and 14 capture statutory information for placement of training sites in areas of unmet need by capturing the training sites of the program.

TRAINING IN AREAS OF UNMET NEED

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.
If Training site is not listed, please use the section below.
Please save the page before adding an address.

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

[OSHDP ID](#)

Training Site Status

2. For training sites not in section 1, enter the information below.

Training Site

After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.

Address
 City State Zip Code
 County

Principal Training Site
 Secondary Training Site
 Continuity Training Site

NHSC site

OSHPD ID

3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name Private Practitioner Last Name Title

After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.

Address
 City State Zip Code
 County

Principal Training Site
 Secondary Training Site
 Continuity Training Site

NHSC site

Complete this table for the training site selected or entered.
 Total hours spent by resident at this site:

| PGY-1 | PGY-2 | PGY-3 |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

6. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Continue to collect principal, secondary, and continuity training site information
- Remove table that collects amount of time spent at each training site
- Add the following for each training site input by the applicant program: Identify the percent for each of the following payers: Medicare/VA, Medi-Cal, uninsured, and other. **Needs further discussion by Commission**
- Add question: Describe any other unique features of the patient population your training program services. (e.g. Homeless population, farm workers, Indian Health Services)

This page captures the program expenditures for the program

1. If there is no Family Practice Center associated with internal medicine, pediatric and OB/GYN residencies, is there other expenditure categories we should look at?

PROGRAM EXPENDITURES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

| Line Item | Total Annual Expenditures |
|----------------------------------|---------------------------|
| Faculty Costs | <input type="text"/> |
| Residency Stipends | <input type="text"/> |
| Family Practice Center Costs | <input type="text"/> |
| Other Costs | <input type="text"/> |
| Total Annual Expenditures | |

Comments

0 of 250

-
7. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:

- To remove this page from the New Slots (\$4M) RFA

These questions are based on the Standards for Family Medicine residency programs. The Task Force will be reviewing the Standards and making recommendations to the Commission regarding the Standards for internal medicine, pediatrics and OB/GYN residency programs.

PROGRAM STRUCTURE

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

For programs based at a medical school, provide evidence that family medicine is recognized as a major independent specialty. What is the organizational status of family medicine in the medical school (e.g., department, division)?

0 of 2000

For programs not based at a medical school, indicate if an affiliation agreement exists with a medical school. If no affiliation exists, explain why.

0 of 2000

Does your residency program have an affiliation agreement with a medical School? * Yes No
By stating yes, you agree to provide a copy upon request.

-
8. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:
- To remove this page from the New Slots (\$4M) RFA

The page captures information about the faculty of the Family Medicine residency program.

FACULTY QUALIFICATIONS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. (Include examples of staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities).

| Faculty Member Name/Position | Qualifications |
|------------------------------|----------------|
| | |
| | |
| | |
| | |
| | |

9. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Rephrase statement to read: Using the table Identify up to five members of your programs faculty and explain how each of them possesses the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of PCMH principles and health care disparities.

Pages 18 and 19 capture information about the training of the residents; how they are being taught and what aspects of their training are exposing them to underserved populations.

RESIDENCY TRAINING

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models (e.g., technology assisted education tools, health information technology, simulation, etc.).

0 of 2000

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.

1

2

3

Describe your affiliation with an FNP/PA training program and/or other health profession training program.

0 of 2000

Upload letters documenting this affiliation agreement or relationship on the Required Attachments page.

Describe how practicing family physicians from the local community are utilized in the training program.

4

0 of 2000

Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas.

5

10. New Slots (\$4M) Task Force recommendations to the California Healthcare Workforce Policy Commission:

- This page will have the following edits to Questions 1-5 and two new questions:
 - Question 1: Revise question 1 to remove all items within the parenthesis.
 - Question 2: Add patient centered medical home (PCMH) to the question and use primary care language: “Explain how the residency program or patient centered medical home (PCMH) structures primary care training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.”
 - Question 3: Revise question to read: “Please describe the components of your curriculum that support primary care. In support of this question, please describe your primary care continuity clinic activities, including management of a panel of patients.”
 - Question 4: Delete the word “family” and replace with “primary care”
 - Question 5: Leave as is
 - Add question: Estimate the percentage of time your residents spend on average in a continuity clinic. R1, R2, R3 (R4)
 - Add question: Estimate the percentage of time your residents spend on average in ambulatory care settings. (excluding continuity clinics) R1, R2, R3 (R4)

This page captures all required document uploads

REQUIRED ATTACHMENTS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

| | | |
|--|----------------|---|
| <input type="button" value="Choose File"/> | No file chosen | * |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Upload letters from inter-disciplinary providers that support statements made on the Residency Training form.

| | | |
|--|----------------|---|
| <input type="button" value="Choose File"/> | No file chosen | * |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Upload letters that document an affiliation with an FNP/PA training program and/or other health professions training programs.

| | | |
|--|----------------|--|
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

| | | |
|--|----------------|---|
| <input type="button" value="Choose File"/> | No file chosen | * |
| <input type="button" value="Choose File"/> | No file chosen | |
| <input type="button" value="Choose File"/> | No file chosen | |

Program Director assurances page

PROGRAM DIRECTOR ASSURANCES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

| Section I | Statutory Criteria | Total Points Available | RFA Page(s) |
|-----------|---|------------------------|-------------|
| 1 | Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine | 15 | Page 9-10 |
| 1.a | Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Fa | 8 | Page 13-14 |
| 1.b. | Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 2 points, program has an active counseling program 2 points, program has an active placement program 1 point, program has a recruitment program | 5 | Page 11 |
| 2 | Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine | 15 | Page 11 |
| 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 in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process | 7 | Page 11 |
| 2.b. | Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students) 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 3 points, program residents are actively engaged in formal pipeline program for Family Medicine primary care | 3 | Page 11 |
| 3 | Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine | 15 | Page 13 |
| 3.a. | Number of clinical hours in areas of unmet need 1 point, <25% hours in area of UMN 2 points, ~50% hours in areas of UMN 3 points, >75% hours in areas of UMN | 3 | X |
| 3.b. | 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? 0 points, No 5 points, Yes | 5 | X |
| 4 | Describe the training sites payer mix. 5 points, greater than 25% 8 points, greater than 50% 10 points, greater than 75% | 10 | Page 14 |

Proposed New Slots (\$4M) Evaluation Criteria

| | | | |
|--|---|-------------------------------|--------------------|
| 5 | Placement of graduates in primary care ambulatory settings (% and # of graduates in primary care ambulatory settings in areas of UNM) 6 points, % of grads 4 points, # of grads | 15-10 | Page 18-19 |
| 5.a. | Does the program have a plan and curriculum that promotes training in ambulatory and community settings? Staff question: This question is asked in section 2 of the evaluation criteria. Do you want to keep this question here or change the question to credit programs with CA Medical School graduates? | 5 | Page 18-19 |
| Total points possible for Section I | | 93 | |
| Section II | Other Considerations | Total Points Available | RFA Page(s) |
| 1 | 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? 0 points, no mention of either team training or PCMH 1 point, some team training in hospital or clinic settings as evidenced by letters or the application 2 points, regular focus on team training in all setting of care as evidenced by letters or the application 3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application | 3 | X |
| 2 | 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? 0 points, No 3 points, Yes | 3 | X |
| 3 | 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 1-3 points, for each example per unique faculty member Staff Question: This evaluation criteria is evaluating faculty qualifications on page 17 of the RFA. Does the Task Force want to change the wording of the criteria to include elements of PCMH? If so, is the point system still applicable? | 3 | Page 17 |
| 4 | Does the program utilize use family primary care physicians from the local community in the training program? 0 points, No 3 points, Yes 0 points, no mention 1 point for each example cited up to 3 points | 3 | X |
| 5 | 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. | 3 | Page 20 |
| 6 | Does the program integrate different educational modalities into learning delivery models? 0 points, no mention 1 point per example cited | 3 | X |
| 7 | 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 3 points, three 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. | 3 | X |
| 8 | Does the program promote training in ambulatory and community settings in underserved areas? 0 points, No 3 points, Yes | 3 | X |

Proposed New Slots (\$4M) Evaluation Criteria

| | | | |
|---|--|------------|--------------------------|
| 9 | <p>Does the program integrate different educational modalities into learning delivery models? (Does the program use technology assisted educational tools or integrate health information technology into the training model?)</p> <p>0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples</p> | 3 | Page 18-19 Question 1 |
| 10 | <p>Does the residency program or patient centered medical home (PCMH) structure its primary care training to encourage graduates to practice as a health care team that include inter-disciplinary providers?</p> <p>0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples</p> | 3 | Page 18-19 Question 2 |
| 11 | <p>Does the program have components of your curriculum that support primary care through primary care continuity clinic activities, including management of a panel of patients?</p> <p><u>Portion A:</u> 0 points, no examples 1 point, one example 2 points, two examples</p> <p><u>Portion B:</u> 3 points, at least two examples plus an example of patient management panel</p> | 5 | Page 18-19 Question 3 |
| 12 | <p>Does the program use primary care physicians from the local community in the training program?</p> <p>0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples</p> | 3 | Page 18-19 Question 4 |
| 13 | <p>Does the program promote training in ambulatory care and community settings in underserved areas?</p> <p>0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples</p> | 3 | Page 18-19 Question 5 |
| 14 | <p>Percentage of time residents spend on average in a continuity clinic: R1, R2, R3, (R4).</p> <p>0 point: average 24% or less 1 point: 25%-49% 2 points: 50%-74% 3 points: 75% or above</p> | 3 | Page 18-19 Question 6 |
| 15 | <p>Percentage of time residents spend on average in ambulatory care settings (excluding continuity clinics): R1, R2, R3, (R4).</p> <p>0 point: average 24% or less 1 point: 25%-49% 2 points: 50%-74% 3 points: 75% or above</p> | 3 | Page 18-19 Question 7 |
| Total points possible for Section II | | 29 | |
| Total points possible for Section I and II | | 122 | |

OSHPD Office of Statewide Health Planning and Development



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Attachment G
 Agenda Item 9

**Song Brown Contract: XX-XXXX
 New Slots (\$4M) Capitation Final Report**

As stated in your contract, Section D, a final report is due at the end of the contract period.

1. In 1-2 sentences, describe the objectives stated in your capitation application.

2. In 1-2 sentences, describe the successes and/or challenges you faced in meeting those objectives.

3. Describe how the Song-Brown funding your program received has benefited the residents of your program.

4. Describe your resident complement prior to this capitation funding received.

| PGY1 | PGY2 | PGY3 |
|------|------|------|
| | | |

5. Describe your current resident complement.

| PGY1 | PGY2 | PGY3 |
|------|------|------|
| | | |

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- Using the table below provide the names of all residents trained during the term of this contract. Indicate N/A if information requested doesn't apply.
 (Add additional rows if necessary)

Staff recommendation: Add medical school and address for each resident to this table

| Program Resident | P | P | P | P | Specialty | Graduate practice site (Name and complete address) |
|------------------|---|---|---|---|-----------|---|
| | G | G | G | G | | |
| | Y | Y | Y | Y | | |
| | 1 | 2 | 3 | 4 | | |
| | | | | | | |
| | | | | | | |

Comments:

- Using the table below identify training sites used by the residents during the term of this contract. (Add additional rows if necessary)

| Training Site Name | Training Site Address | Is this a non-hospital, outpatient setting? | Number of hours spent at site providing primary care | | |
|--------------------|-----------------------|---|--|------|------|
| | | | PGY1 | PGY2 | PGY3 |
| | | | | | |
| | | | | | |
| | | | | | |

Comments:

- Describe the extent to which your program has increased the number of health professionals from racial/ethnic and other underserved groups.

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Song-Brown Funding Information

Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

| Budget Category | Description | Amount |
|-------------------------|-------------|--------|
| Personnel | | |
| | | |
| | | |
| | | |
| Resident Support | | |
| | | |
| | | |
| | | |
| Equipment | | |
| | | |
| | | |
| | | |
| Supplies | | |
| | | |
| | | |
| | | |
| Other | | |
| | | |
| | | |
| | | |

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Attachment H
 Agenda Item 9

Members of the Commission

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

**September 30, 2014
 Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION (CHWPC)**

**New Slots (\$4M)
 Task Force Meeting**

Four Points by Sheraton - Sacramento Airport
 4900 Duckhorn Blvd
 Sacramento, CA 95834

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Task Force Members Present:

Rosslynn Byous, DPA, PA-C - Chair
 Myles Abbott, MD
 Chester Choi, MD
 Jeremy Fish, MD
 Katherine Flores, MD
 Andrew Gersoff, MD
 Kelly Jones, MD
 Debra Lynn Lupeika, MD
 Cathryn Nation, MD
 Anh Nguyen, MD
 Erin Quinn, PhD, MEd
 Rob Warren, DO, MBA
 Daniel West, MD
 Ghia Xiong, PsyD

Task Force Members Not Present:

Alexander Li, MD
 Elizabeth Griffiths

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Senita Robinson, MS, Chief
 Melissa Omand, Program Manager
 Michelle Lehn, Program Administrator
 Rachael Gastelum, Program Analyst
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, OSHPD Chief Legal Counsel
 Jacob Knapp, OSHPD Legal Counsel

Agenda Item 1: Call to Order

Chair Rosslynn Byous, DPA, PA-C called the meeting to order.

Agenda Items 2: Welcome and Introductions of PCR Task Force Members

Task Force members and OSHPD staff introduced themselves. OSHPD Director Robert David gave a short update on OSHPD activities related to the Napa Earthquake and legislation that is still pending.

Agenda Item 3: Overview of the Song-Brown Program

Melissa Omand gave an overview of the Song-Brown Program, and how the program increases the numbers of Family Physicians, Family Nurse Practitioners, Physician

Assistants, and Registered Nurses, and is being expanded to increase the numbers of primary care physicians.

The Song-Brown Overview is hereby incorporated as Attachment A

Agenda Item 4: Background on New Slots (\$4M) Legislation

Deputy Director Lupe Alonzo-Diaz gave an overview of the legislation that led to the creation of the New Slots (\$4M) Task Force, what the purpose was and what the goals of the task force would be.

The Health and Safety Code Section 128200-128241 are hereby incorporated as Attachment B

Agenda Item 5: New Slots (\$4M) Task Force Members Roles and Responsibilities

Lupe Alonzo-Diaz explained that this task force would be responsible for creating a New Slots Request for Application (RFA) including defining what programs would be eligible, evaluation criteria, and a final report.

The New Slots (\$4M) Task Force Members Roles and Responsibilities are hereby incorporated as Attachment C-2

Agenda Item 6: Review the “Funding for New Primary Care Residency Slots” Survey

The task force members reviewed the responses from the Funding for New Primary Care Residency Slots Survey.

The New Primary Care Residency Slots Survey is hereby incorporated as Attachment D

Agenda Item 7: Review the Guidelines and Standards for Funding for Family Medicine, Internal Medicine, OB/GYN, and Pediatrics

Action Items:

Guidelines for Funding Applications and Program Evaluation:

Motion to accept the current guidelines for the four PCR specialties: Family Medicine, Internal Medicine, OB/GYN and Pediatrics as presented (Nation), Seconded (Jones).
Motion Adopted.

Standards for Residency Training Programs:

Motion to accept the current standards for the four PCR specialties: Family Medicine, Internal Medicine, OB/GYN and Pediatrics as presented (Broderick), Seconded (Lund).
Motion Adopted.

The CHWPC Guidelines for Funding Applicants and Program Evaluation and Standards for Residency Training Programs are hereby incorporated as Attachments E-1, E-2, E-3, E-4 and Attachments F-1, F-2, F-3, F-4

Agenda Item 8: Discuss Scope, Content and Requirements for a New Slots (\$4M) Request for Application (RFA) and Evaluation Worksheet

ACTION ITEMS:

Program Information:

Definitions for New Slots:

Motion to define “Expansion New Positions” as an established program that will create/add new primary care positions that will result in an increase in total resident positions (Jones), Seconded (Abbott). Motion Adopted.

Motion to define “Reallocated New Primary Care Positions” as an established program that will expand primary care positions by reallocating existing non-primary care positions to primary care positions (Jones), Seconded (West) Abstention, Gersoff. Motion Adopted.

Motion to define “Newly Approved Programs” as a newly approved primary care program that has received initial accreditation for positions starting July 1, 2015, and that has no existing residents (Jones), Seconded (West). Motion Adopted.

Motion to add HRSA/Teaching Health Center Grants defined as programs established through HRSA/Teaching Health Center grants that will lose funding on June 30, 2015 (Lupeika), Seconded (Abbott). Motion Adopted.

Motion to set the maximum number of residents that any one applicant can request at three and capitation funding be for three years in length (Fish), Seconded (Quinn). Motion Adopted.

Motion to award \$50,000 per resident per year for a total of \$150,000 for one resident for three years (Jones), Seconded (Nation). Motion Adopted.

Executive Summary: Motion to require applicants to:

1. Describe the rationale for creating new positions and justification for funding
2. Describe the plan for financial sustainability
3. Describe how they will ensure that these positions will be designated for primary care

(Jones), Seconded (Nation). Motion Adopted.

Statistics: Motion to remove the current table and replace with the staff recommended table with the following edits:

1. Change the order of the questions to 1, 4, 5, 6, 2, 3
2. Put in a statement that this table is for statistical purposes only
3. Update the table to include the appropriate years

(Nation), Seconded (Choi). Motion Adopted.

Family Practice Center Payer Mix: Motion to delete the Family Practice Center Payer Mix table and replace with a narrative response: Describe the percentage of government insured, underinsured, or uninsured patients (staff to present appropriate definitions) in Training in Areas of Unmet Need (Jones), Seconded (Nation). Motion Adopted.

Graduate Information:

Motion to:

1. Collect graduate practice specialty

2. Add the National Provider Identifier (NPI) number for each graduate captured on the graduate information page for future data collection efforts
3. Add the question, is the graduate currently in or has completed a graduate subspecialty fellowship with the exceptions of Geriatrics, Palliative, General Internal Medicine, and Adolescent Medicine?

(Fish), Seconded (Lupeika). Motion Adopted.

Motion to add as question #4: Is this graduate practicing greater than 50 percent in ambulatory primary care? (Lupeika), Seconded (Flores). Motion Adopted.

Underrepresented Minority Definition: Advisement to separate Laotian and Hmong ethnic categories .

Training in Areas of Unmet Need:

Motion to:

1. Continue to collect principal, secondary, and continuity training site information
 2. Remove the table that collects the amount of time spent at each training site
- (Choi), Seconded (Nation). Motion Adopted.

Program Expenditures: Motion to remove this page (West), Seconded (Abbott). Motion Adopted

Program Structure: Motion to remove this page (Nation), Seconded (Choi). Motion Adopted.

Faculty Qualifications: Motion to reword the question to: Explain how your program's faculty possesses the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of a Patient Centered Medical Home (PCMH) and health care disparities (Lupeika), Seconded (West). Motion Adopted.

Residency Training:

Motion to:

1. Retain question one with parentheses removed as presented
 2. Revise question two to read: Explain how the residency program or patient centered medical home structures primary care training to encourage graduates to practice as a health care team that includes inter-disciplinary providers
 3. Revise question 3 to read: Please describe the components of your curriculum that support primary care. In support of this statement please describe your continuity clinic activities. (leave open for next meeting discussion)
 4. Delete family from question 4
 5. Accept question five as presented
- (Nation), Seconded (Quinn). Motion Adopted.

The New Slots (\$4M) Request for Application (RFA) and Evaluation Worksheet are hereby incorporated as Attachment G

Agenda Item 9: Public Comment

None

Agenda Item 10: Agenda Items for Next Meeting

Staff will have the Primary Care Residency Task Force Evaluation Criteria available at the

October 9 meeting to compare and maintain a sense of consistency.

Agenda Item 11: Adjourn Meeting

The meeting adjourned at 4:46pm.

All the attachments mentioned in these minutes can be found under meeting materials at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html

DRAFT

**Healthcare Workforce Development Division**

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Attachment H-1
 Agenda Item 9

Members of the Commission

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

**October 9, 2014
 Meeting Minutes**

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION (CHWPC)**

**New Slots (\$4M)
 Task Force**

Four Points Sheraton - Sacramento
 4900 Duckhorn Drive
 Sacramento, CA 95834

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Task Force Members Present:

Roslynn Byous, DPA, PA-C - Chair
 Myles Abbott, MD
 Chester Choi, MD
 Jeremy Fish, MD
 Andrew Gersoff, MD
 Elizabeth Griffiths
 Kelly Jones, MD
 Alexander Li, MD
 Debra Lynn Lupeika, MD
 Cathryn Nation, MD
 Erin Quinn, PhD, MEd
 Rob Warren, DO, MBA
 Daniel West, MD
 Ghia Xiong, PsyD

Task Force Members Not Present:

Anh Nguyen, MD

Katherine Flores, MD

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Senita Robinson, MS, Section Chief
 Melissa Omand, Acting Program Staff Manager
 Michelle Lehn, Program Administrator
 Rachael Gastelum, Program Analyst
 Tyfany Frazier, Program Coordinator
Additional OSHPD Staff:
 Elizabeth Wied, Chief Legal Counsel

Agenda Item 1: Call to Order

Chair Roslynn Byous called the meeting to order.

Agenda Items 2: Welcome and Introductions of PCR Task Force Members

Task Force members and OSHPD staff introduced themselves.

Agenda Item 3: Approval of Previous New Slots (\$4M) Task Force Meeting Minutes on September 30, 2014

The Task Force members will receive the minutes by e-mail and may provide public comment on them at the CHWPC Policy Meeting on October 23, 2014.

Agenda Item 4: Review and Approve September 30, 2014 New Slots (\$4M) Task Force Recommendations to the 2014 New Slots (\$4M) Request for Application (RFA)

The Task Force members reviewed the Proposed RFA based on the recommendations from the September 30, 2014 Task Force meeting.

Action Items:

- Motion to add a supplemental question to be asked before the funding meeting: How many of the new resident positions will be filled by graduates from a California-based medical school (Fish), Seconded (Abbott). Motion Adopted.

Program Information:

- Motion to define:
 1. Established Programs: A program that has received accreditation and has graduated at least one class by June 30, 2015
 2. New Programs: A program that has received accreditation and will either enroll its first class by July 1, 2015 or will not have graduates as of July 1, 2015

(Abbott), Seconded (Gersoff). Motion Adopted.

Statistics:

- Motion to adopt the table of questions from the Primary Care Residencies Task Force and create a separate table with questions five and six from the current table. The questions will read:
 1. What is the total number of first-year positions available?
 2. What is the number of first-year positions filled?
 3. What is the total number of R1-R3 (R1-R4 for OB/GYN and Med-Peds) residents trained in your program?
 4. If planning to expand for the 2015/16 academic year, how many resident positions will you be adding to your program?
 5. What will your approved resident positions be after expansion?

(West), Seconded (Nation). Motion Adopted.

- Motion to change the years represented on the current table to reflect the following four years: 2014/15, 2013/14, 2012/13, 2011/12 (Nation), Seconded (West). Motion Adopted.
- Motion to add the following questions to the statistics table with the above edits:
 1. Do you have a dedicated primary care track? If yes, then please answer the following:
 2. What is the total number of first-year positions dedicated to primary care?
 3. What is the total number of first-year positions dedicated to primary care that filled?
 4. What is the total number of R1-R3 primary care residents trained in your program?

(Nation), Seconded (Fish). Motion Adopted.

Graduates Information:



- Motion to collect three years of data for 2011/12, 2012/13, 2013/14 (Fish), Seconded (West). Motion Adopted.

Training in Areas of Unmet Need:

- Motion to:
 1. Require the applicant to provide the percentage of the payer mix for Medicare/VA, Medical, Uninsured, and Other categories.
 2. Add the question: Describe any other unique features of the patient population your training program serves (e.g. homeless, farmworkers, Indian Health Service, etc.).

(Nation), Seconded (West). Motion Adopted.

Faculty Qualifications:

- Motion to edit the question to read: Identify up to five members of your program's faculty and explain how each of them possess the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of Patient Centered Medical Homes principles and health care disparities (Choi), Seconded (Nation). Motion Adopted.

Residency Training:

- Motion to:
 1. Add the question: Estimate the percentage of time your residents spend on average in a continuity clinic. R1, R2, R3 (R4)
 2. Add the question: Estimate the percentage of time your residents spend on average in ambulatory care settings (excluding continuity clinics) R1, R2, R3 (R4)
 3. Edit question three to read: Please describe the components of your curriculum that support primary care. In support of this question, please describe your primary care continuity clinic activities, including management of a panel of patients.
 4. Edit question four by removing the word family and adding primary care.

(Abbott), Seconded (West). Motion Adopted.

The Final proposed New Slots (\$4M) RFA is hereby incorporated as Attachment A

Agenda Item 5: Review and Approve September 30, 2014 New Slots (\$4M) Task Force Recommendations to the 2014 Evaluation Criteria for the New Slots (\$4M) RFA

Melissa Omand led the discussion to develop and approve the proposed evaluation criteria.

Action Items:

- Motion to recommend a separate scoring criteria for new programs (Abbott), Seconded (Nation). Motion Adopted.
- Motion to retain Section 1 Statutory Criteria questions one, two, and three as presented for a total of 71 points (West), Seconded (Nation), Oppose (Abbott). Motion Adopted.

- Motion to retain an edited version of evaluation criteria Section I question 3b and to change point value to ten points. The updated question will reflect the description of the current payer mix categories, Medicare/VA, Medical, Uninsured, and Other. The evaluation will be scored as follows:
 - Five points: 25%-49%
 - Eight points: 50%-74%
 - Ten points: 75% or above

(Nation), Seconded (West) Motion Adopted.

- Motion to retain Section I question 4 from the Primary Care Residencies (Expansion) evaluation criteria the placement of graduates in primary care ambulatory settings, changing the point value to ten (Choi), Seconded (Lupeika). Motion Adopted.
- Motion to award a maximum of six points for percentage of graduates and a maximum of four points for number of graduates as the point percentage breakdown (Choi), Seconded (Quinn). Motion Adopted.
- Motion to retain the evaluation of the applicants plan and curriculum that promotes training in ambulatory and community settings with a point value of five points (West), Seconded (Choi). Motion Adopted.
- Motion to add the 'Residency Training' section of the New Slots (\$4M) RFA as Section II 'Other Considerations' of the Evaluation Criteria. Questions one, two, four, five, six, and seven will have a point value of three points and question three will have a point value of five points (West), Seconded (Fish). Motion Adopted.

The Evaluation should be scored as follows:

- Motion to score question one, how the program integrates or includes different education modalities into the learning delivery models as:
 - Zero points for no examples
 - One point for one example
 - Two points for two examples
 - Three points for three or more examples

(West), Seconded (Fish). Motion Adopted.

- Motion to score question two, how the residency program or Patient Centered Medical Home (PCMH) structures primary care training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as:
 - Zero points for no examples
 - One point for one example
 - Two points for two examples
 - Three points for three or more examples

(Choi), Seconded (West). Motion Adopted.

- Motion to score question three, the components of the curriculum that support primary care as:
 - Zero points for no examples
 - One point for one example

- Two points for two examples
- Three points for at least two examples, plus an example of a patient management panel

(Nation), Seconded (Fish). Motion Adopted.

- Motion to score question four, how practicing physicians from the local community are utilized in the training program as:
 - Zero points for no examples
 - One point for one example
 - Two points for two examples
 - Three points for three or more examples

(West), Seconded (Lupeika). Motion Adopted.

- Motion to score question five, the programs strategies used to promote training in ambulatory and community settings in underserved areas as:
 - Zero points for no examples
 - One point for one example
 - Two points for two examples
 - Three points for three or more examples

(Nation), Seconded (Quinn). Motion Adopted.

- Motion to score question six, the percentage of time residents spend on average in a continuity clinic as:
 - Zero point: average 24% or less
 - One point: 25%-49%
 - Two points: 50%-74%
 - Three points: 75% or above

(Jones), Seconded (Abbott). Motion Adopted.

- Motion to score question seven, the percentage of time your residents spend on average in ambulatory care settings as:
 - Zero point: average 24% or less
 - One point: 25%-49%
 - Two points: 50%-74%
 - Three points: 75% or above

(West), Seconded (Abbott). Motion Adopted.

- Motion to retain the evaluation, 'Does the program faculty possess the knowledge skill and experience to deliver a primary care curriculum with an emphasis on health care disparities' with the scoring to be one point for each example up to three points (Nation), Seconded (Fish). Motion Adopted.

- Motion to retain the evaluation, 'has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support' with the scoring to be one point for one letter, two points for two letters, and three points for quality letters (not form letters) that describe the relationship between the program and the community organization (West), Seconded (Fish). Motion Adopted.

The Final proposed evaluation criteria is hereby incorporated as Attachment B

Agenda Item 6: Review and Approve New Slots (\$4M) Final Report Template

- Motion to adopt the final report template as presented (West), Seconded (Fish).
Motion Adopted

The New Slots (\$4M) Final Report Template is hereby incorporated as Attachment B

Agenda Item 7: Public Comment

A member of the public recommended that priority be given to students that were from California instead of attending a California Medical School

Agenda Item 8: Next Steps

Agenda Item 9: Adjournment

The meeting adjourned at 5:17pm

All the attachments mentioned in these minutes can be found under meeting materials at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html