May Policy Meeting Materials

Table of Contents

May 20, 2015

Meeting Agenda
Agenda Item 4 – April 28-29 Meeting Minutes
Agenda Item 6 – Executive Secretary’s Report
Agenda Item 7 – PCR Reviewer Survey
Agenda Item 7 – New Slots Reviewer Survey
Agenda Item 8 – FM Medicine Guidelines for Funding
Agenda Item 8 – Standards for Family Medicine
Agenda Item 9 – FM RFA and FM RFA and Evaluation Criteria Comparison
Agenda Item 9 – SB Program Glossary of Terms
Agenda Item 10– The California Endowment – Song-Brown Program Funding
Agenda Item 11– PCR RFA and PCR RFA and Evaluation Criteria Comparison

May 21, 2015

Agenda Item 4 – New Slots RFA and Evaluation Criteria Comparison and New Slots RFA
Agenda Item 5 – Policies and Procedures of the CHWPC
Agenda Item 5 – Song-Brown Goals
Agenda Item 6 – CHWPC Work-Plan
NOTICE OF PUBLIC MEETING
CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)
Policy Meeting
May 20-21, 2015
Location: OSHPD Headquarters
CM RM. 471
Sacramento, CA 95811

AGENDA
May 20, 2015
10:00 A.M. – 5:00 P.M.

<table>
<thead>
<tr>
<th>Item</th>
<th>Subject</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td>1</td>
<td>Call to Order</td>
<td>Katherine Townsend</td>
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<tr>
<td>2</td>
<td>Introduction of CHWPC Members</td>
<td>Members</td>
</tr>
<tr>
<td>3</td>
<td>Chair’s Remarks</td>
<td>Katherine Townsend</td>
</tr>
<tr>
<td>4</td>
<td>Approval of April 28-29, 2015 Minutes</td>
<td>Members</td>
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<tr>
<td>5</td>
<td>OSHPD Director’s Report</td>
<td>Robert P. David</td>
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<tr>
<td>6</td>
<td>Executive Secretary’s Report</td>
<td>Lupe Alonzo-Diaz</td>
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<tr>
<td>7</td>
<td>Exploring the Use of Subject Matter Experts (SME) for the Review and Scoring of Request for Proposals (RFP)</td>
<td>Kyra Van Bogert</td>
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<tr>
<td></td>
<td>Staff will present the findings of the SME survey and the CHWPC</td>
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<td>will discuss and make a decision on options for scoring RFPs</td>
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<td>including SMEs, staff and/or Commissioners.</td>
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<td></td>
<td>Informational Item</td>
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<tr>
<td>8</td>
<td>Review and Approve the Family Medicine Standards and Guidelines for Funding</td>
<td>Melissa Omand</td>
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<tr>
<td></td>
<td>Staff will present proposed changes to the Guidelines and Standards that assist the CHWPC in determining grant requirements for funding.</td>
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</tbody>
</table>
Every effort will be made to address each agenda item as listed; however, the agenda order is tentative and subject to change without prior notice. A 30-minute to one-hour lunch may be taken sometime during the day.

Please address any questions or concerns regarding the meeting agenda or logistics to Tyfany Frazier at (916) 326-3754 or tyfany.frazier@oshpd.ca.gov.

Song-Brown Meeting Materials will be available as developed via the OSHPD website at: http://oshpd.ca.gov/General_Info/Public_Meetings.html

Pursuant to the Americans with Disabilities Act, reasonable accommodation requests may be directed, at least five (5) working days in advance of this event to Tyfany Frazier at (916) 326-3754 or Tyfany.Frazier@oshpd.ca.gov. OSHPD will ensure that it makes every effort to accommodate the request.

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<tbody>
<tr>
<td>9</td>
<td>Discuss and Approve the RFP and Evaluation Criteria used to Evaluate the Family Medicine Capitation Proposals for Funding</td>
<td>Melissa Omand</td>
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<tr>
<td></td>
<td>Staff will present proposed changes to the RFP and Evaluation Criteria that assist the CHWPC in determining funding recommendations.</td>
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<td></td>
<td>Public Comment</td>
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<td></td>
<td>Action Item: Discuss and Approve</td>
<td></td>
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<tr>
<td>10</td>
<td>Presentation on The California Endowment Funding</td>
<td>Lupe Alonzo-Díaz &amp; George Flores</td>
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<tr>
<td></td>
<td>Presenters will discuss funding changes to the California Endowment’s Song-Brown grant as well as priorities for Years 3 and 4 of the grant.</td>
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<td></td>
<td>Informational Item</td>
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<tr>
<td>11</td>
<td>Discuss and Approve the RFP and Evaluation Criteria to Evaluate the Primary Care Residencies Proposals for Funding</td>
<td>Rachael Gastelum</td>
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<tr>
<td></td>
<td>Staff will present proposed changes to the RFP and Evaluation Criteria that assist the CHWPC in determining funding recommendations.</td>
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<td>Public Comment</td>
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<td></td>
<td>Action Item: Discuss and Approve</td>
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<tr>
<td>12</td>
<td>Adjournment</td>
<td>Katherine Townsend</td>
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### AGENDA
May 21, 2015
9:00 A.M. – 2:00 P.M.

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<td>Katherine Townsend</td>
</tr>
<tr>
<td>4</td>
<td>Discuss and Approve the RFP and Evaluation Criteria Used by the Song-Brown Program to Evaluate the New Slots Capitation Proposals for Funding</td>
<td>Rachael Gastelum</td>
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<tr>
<td></td>
<td>Staff will present proposed changes to the RFP and Evaluation Criteria</td>
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<td>that assist the CHWPC in determining funding recommendations.</td>
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<td>Public Comment</td>
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<td><strong>Action Item: Discuss and Approve</strong></td>
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<tr>
<td>5</td>
<td>Discuss and Update the CHWPC Policies and Procedures and the Song-Brown Goals</td>
<td>Melissa Omand</td>
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<td></td>
<td>Recommended changes may include but are not limited to adding</td>
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<td></td>
<td>primary care residencies, changing family practice to family medicine,</td>
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<td>updating the number of meetings annually, etc.</td>
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<td>Public Comment</td>
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<td></td>
<td><strong>Action Item: Discuss and Approve</strong></td>
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<tr>
<td>6</td>
<td>Discuss and Update the CHWPC Work Plan</td>
<td>Melissa Omand</td>
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<td></td>
<td>The Commission will review the 2012-13 Work Plan and develop the FY</td>
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<td>2015-16 Work Plan. The Work Plan is developed by the Commission and</td>
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<td>guides their policy discussions and decisions.</td>
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<td><strong>Informational Item</strong></td>
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<tr>
<td>7</td>
<td>Presentation on SharePoint Use for Commissioners</td>
<td>Tyfany Frazier</td>
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<td>Staff will present on installing and using the program needed to use</td>
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<td>OSHPD SharePoint</td>
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<td><strong>Informational Item</strong></td>
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<tr>
<td>8</td>
<td>Public Comment</td>
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<tr>
<td>9</td>
<td>Agenda Items for Future Meetings</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Adjournment</td>
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April 28-29, 2015
Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

Primary Care Residencies (PCR) and New Slots ($4M) Funding Meeting

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

Commission Members Present:
Rosslynn Byous, DPA, PA-C
Elizabeth Dolezal
Katherine Flores, MD
Karyn Karp*, CRNA, MS
Catherine Kennedy, RN
Laura Lopez
Ann MacKenzie, NP
Cathryn Nation, MD
Joseph Provenzano, DO

*Only attended 4/29/15

Commission Members Not in Attendance:
Michael Farrell, DO
William Henning, DO
Carol Jong, PhD, RD
Angelica Millan, RN, MSN, RNP, FAAN
Kathyann Marsh, PhD, RN

Staff to Commission:
Lupe Alonzo-Diaz, Deputy Director
Melissa Omand, Program Staff Manager
Barbara Zendejas, Program Administrator
Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:
Fran Mueller, Chief Deputy Director
Elizabeth Wied, Chief Legal Counsel

Agenda Item 1: Call to Order
Chair Townsend called the meeting to order.

Agenda Items 2: Introduction of CHWPC Members and Statements of Recusal

CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them. Each Commissioner indicated from which Primary Care Residency program they would recuse themselves.

Recusals:
Rosslynn Byous – Riverside
Elizabeth Dolezal – None
Katherine Flores – UCSF-Fresno

Action may be taken on any item listed on the agenda
Agenda Item 3: Chair’s Remarks

Chair Townsend reminded Commissioners of policies and procedures for the meeting.

Agenda Item 4: Approval of March 4-5, 2015 Minutes

Commissioners reviewed and approved the meeting minutes as submitted.

Action Items:

Motion to approve meeting minutes (Dolezal), Second (Flores), Motion Adopted.

The March 4-5, 2015 Meeting Minutes are hereby incorporated as Attachment A

Agenda Item 5: OSHPD Director’s Report

Robert David, OSHPD Director, reported that the legislature is currently at the mid-point of the year and the focus is still access to care in underserved communities. He reported on several Senate Bills (SB) that were being amended in committee, and that OSHPD would still continue to follow, including SB 22, SB 614, and SB 291.

Agenda Item 6: Executive Secretary’s Report

Lupe Alonzo-Diaz, Deputy Director, Healthcare Workforce Development Division (HWDD), reported on the following items:

- Funding/Finance
- HCTP Mini-Grants and CalSEARCH
- Song-Brown
- Health Workforce Pilot Program (HWPP)
- Shortage Designation Program (SDP)
- SLRP
- Workforce Education and Training (WET) and HCR
- CalSIM
- Clearinghouse
- Policy/Legislative Issues:

The Executive Secretary’s Report is hereby incorporated as Attachment B

Agenda Item 7: Background on Primary Care Residencies Expansion

Melissa Omand, Song-Brown Program Staff Manager, presented an overview of the statutory changes to Song-Brown as a result of Senate Bill 857 (Committee on Budget and Fiscal Review, 2014); which describes the expansion of Song-Brown to other primary care specialties including Internal Medicine, Obstetrics/Gynecology (OB/GYN), and Pediatrics.
Agenda Item 8: PCR Capitation Presentations

There were 15 capitation funding requests. Representatives from the following Institutions presented information on their programs (an asterisk indicates submission of a base and special program application):

UC Davis–Pediatrics, Olive View–Internal Medicine, UCSF Fresno–Pediatrics, Kaiser, Los Angeles–Pediatrics, UCSF–Internal Medicine, UCSF Benioff Children’s Hospital Oakland–Pediatrics, White Memorial Medical Center–OB/GYN, Kern Medical Center– Internal Medicine, White Memorial Medical Center–Internal Medicine, UC Davis–Internal Medicine, UC Riverside–Internal Medicine, UCLA Medical Center–Internal Medicine, Kern Medical Center–OB/GYN, UCSF–OB/GYN, UCLA–Pediatrics

ACTION ITEMS:

Olive View–Internal Medicine: Section 1 Question 1b
Motion to amend scoring from four and thirty-three hundredths to five points (Dolezal), Second (Flores). Motion Adopted.

Section 1 Question 4b
Motion to amend scoring from three to four points (Nation), Second (Kennedy). Motion Adopted.

UCSF Fresno–Pediatrics: Section 1 Question 1b
Motion to amend scoring from four and thirty-three hundredths to five points (Dolezal), Second (Provenzano). Motion Adopted.

UCSF Benioff Children’s Hospital Oakland–Pediatrics: Section 1 Question 2a
Motion to amend scoring from five and sixty-seven hundredths to seven points (Dolezal), Second (Nation). Motion Adopted.

White Memorial Medical Center–OB/GYN: Section 1 Question 1a
Motion to amend scoring from seven and thirty-three hundredths to eight points (Flores), Second (Byous). Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from four and thirty-three hundredths to five points (Flores), Second (Byous). Motion Adopted.

Kern Medical Center – Internal Medicine: Section 1 Question 3a
Motion to amend scoring from zero to five points (Flores), Second (Nation). Motion Adopted.

White Memorial Medical Center–Internal Medicine: Section 1 Question 3a
Motion to amend scoring from zero to five points (Dolezal), Second (Flores). Motion Adopted.

UCLA Medical Center–Internal Medicine: Section 1 Question 1a
Motion to amend scoring from five and thirty-three hundredths to six points (Marsh), Second (Karp). Motion Adopted.
Kern Medical Center – OB/GYN: Section 1 Question 1b
Motion to amend scoring from zero to five points (Flores), Second (Nation). Motion Adopted.

Agenda Item 10: PCR Capitation Funding Discussion and Decision
All 15 PCR Capitation proposals were fully funded.

ACTION ITEM:
Motion to approve funding as presented (Provenzano) Second (Kennedy) with Amendment for Kern to provide progress reports. Motion Adopted.

PCR Capitation Awards list is hereby incorporated as Attachment C

Agenda Item 15: Background on New Slots ($4M) Legislation
Ms. Omand, presented an overview of the statutory changes to Song-Brown as a result of SB 870 (Committee on Budget and Fiscal Review, 2014) and SB 1465 (Committee on Health, 2014) which allows primary care residency programs to increase the number of primary care practitioners in California’s medically underserved communities. Specifically, this provision provides a one-time $4 million augmentation in the FY 2014-15 budget and is being used to provide grants to support new primary care physician residency slots.

Agenda Item 16: New Slots ($4M) Presentations
There were 20 funding requests. Representatives from the following Institutions presented information on their programs:

UC Davis–Pediatrics, Santa Barbara Cottage Hospital–Internal Medicine, Kaweah Delta Health Care District–Family Medicine, Rio Bravo–Family Medicine, Kaiser Permanente Napa-Solano–Family Medicine, Marian Regional Medical Center–Family Medicine, Pomona Valley–Family Medicine, Sierra Vista–Family Medicine, Scripps–Family Medicine, UCSF–Internal Medicine, Kaiser, Los Angeles – Pediatrics, Family Health Centers of San Diego–Family Medicine, UC San Diego–Family Medicine, UCSF–SF General Hospital–Family Medicine, White Memorial Medical Center–OB/GYN, Natividad–Family Medicine, UC Riverside–Family Medicine, UC Riverside–Internal Medicine, Valley of Modesto–Family Medicine, UC Davis–Internal Medicine

ACTION ITEMS:

UC Davis–Pediatrics: Section 1 Question 1a
Motion to amend scoring from five and sixty-seven hundredths to eight points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from two and sixty-seven hundredths to five points (Dolezal), Second (Flores). One Abstention, Motion Adopted.
Section 1 Question 2a
Motion to amend scoring from four to seven points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from two and thirty-three hundredths to two and sixty-seven hundredths points (Dolezal), Second (Flores). Motion Adopted.

Section 1 Question 5a
Motion to amend scoring from two and sixty-seven hundredths to five points (Dolezal), Second (Flores). Motion Adopted.

Kaweah Delta Health Care District–Family Medicine: Section 1 Question 2a
Motion to amend scoring from five to seven points (Dolezal), Second (Nation). Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from one and sixty-seven hundredths to three points (Byous), Second (Dolezal). Motion Adopted.

Section 2 Question 8
Motion to amend scoring from thirty-three hundredths to zero points (Dolezal), Second (Flores). Motion Adopted.

Kaiser Permanente Napa-Solano–Family Medicine: Section 2 Question 8
Motion to amend scoring from one and sixty-seven hundredths to one point (Dolezal), Second (Flores). Motion Adopted.

Section 2 Question 9
Motion to amend scoring from one and sixty-seven hundredths to two points (Dolezal), Second (Flores). Motion Adopted.

Marian Regional Medical Center–Family Medicine: Section 1 Question 1a
Motion to amend scoring from four and sixty-seven hundredths to six points (Dolezal), Second (Kennedy). Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from three and thirty-three hundredths to four points (Dolezal), Second (Flores). Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from five to seven points (Dolezal), Second (Flores). Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from one and sixty-seven hundredths to three points (Flores), Second (Dolezal). Motion Adopted.

Section 2 Question 8
Motion to amend scoring from one and thirty-three hundredths to one point (Dolezal), Second (Flores). Motion Adopted.
Section 2 Question 9
Motion to amend scoring from one and thirty-three hundredths to one point (Dolezal), Second (Flores). Motion Adopted.

Pomona Valley–Family Medicine: Section 2 Question 8
Motion to amend scoring from thirty-three hundredths to zero points (Flores), Second (Kennedy). Motion Adopted.

UCSF–Internal Medicine: Section 1 Question 1a
Motion to amend scoring from six and sixty-seven hundredths to eight points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from three and sixty-seven hundredths to five points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from five to seven points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from two to three points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 5a
Motion to amend scoring from three and sixty-seven hundredths to four points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Kaiser, Los Angeles – Pediatrics: Section 1 Question 1a
Motion to amend scoring from four and thirty-three hundredths to seven and thirty-three hundredths points (Dolezal), Second (Byous). Three Abstentions, Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from three and thirty three to six points (Dolezal), Second (Byous). Three Abstentions, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from two to three points (Dolezal), Second (Byous). Three Abstentions, Motion Adopted.

Section 1 Question 5a
Motion to amend scoring from two and thirty-three hundredths to four and thirty-three hundredths points (Dolezal), Second (Byous). Three Abstentions, Motion Adopted.

Section 2 Question 8
Motion to amend scoring from sixty-seven hundredths to one point (Flores), Second (Kennedy). Motion Adopted.

Section 2 Question 9
Motion to amend scoring from one and sixty-seven hundredths to two points (Dolezal), Second (Flores). Motion Adopted.
Family Health Centers of San Diego–Family Medicine: Section 2 Question 2
Motion to amend scoring from two and sixty-seven hundredths to three points (Byous), Second (Flores). Motion Adopted.

Section 2 Question 9
Motion to amend scoring from one and thirty-three hundredths to one point (Dolezal), Second (Flores). Motion Adopted.

UC San Diego–Family Medicine: Section 1 Question 1a
Motion to amend scoring from five to six points (Dolezal), Second (Flores). Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from two to three points (Dolezal), Second (Byous). Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from three and thirty-three hundredths to five points (Dolezal), Second (Byous). Two Abstentions, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from sixty-seven hundredths to two points (Dolezal), Second (Byous). One Abstention, Motion Adopted.

UCSF–SF General Hospital–Family Medicine: Section 1 Question 1b
Motion to amend scoring from four and sixty-seven hundredths to five points (Flores), Second (Lopez). Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from six and thirty-three hundredths to seven points (Dolezal), Second (Flores). Motion Adopted

Section 2 Question 9
Motion to amend scoring from one and thirty-three hundredths to one point (Dolezal), Second (Flores). Motion Adopted.

White Memorial Medical Center–OB/GYN: Section 1 Question 1a
Motion to amend scoring from six and thirty-three hundredths to eight points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from three and sixty-seven hundredths to five points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from four and sixty-seven hundredths to six and thirty-three hundredths points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from two to three points (Dolezal), Second (Flores). One Abstention, Motion Adopted.
Section 1 Question 5a
Motion to amend scoring from three and thirty-three hundredths to four points (Dolezal), Second (Flores). One Abstention, Motion Adopted.

Natividad–Family Medicine: Section 1 Question 5a
Motion to amend scoring from zero to five points (Flores), Second (Dolezal). Motion Adopted.

Section 2 Question 1
Motion to amend scoring from two and sixty-seven hundredths to three points (Byous), Second (Flores). Motion Adopted.

UC Riverside–Family Medicine: Section 1 Question 1b
Motion to amend scoring from two to four points (Flores), Second (Lopez). One Abstention, Motion Adopted.

Section 2 Question 4
Motion to amend scoring from one and sixty-seven hundredths to three points (Flores), Second (Lopez). Motion Adopted.

Section 2 Question 9
Motion to amend scoring from one and sixty-seven hundredths to two points (Dolezal), Second (Flores). Motion Adopted.

UC Riverside–Internal Medicine: Section 1 Question 1a
Motion to amend scoring from six to six and thirty-three hundredths points (Dolezal), Second (Flores). Two Abstentions, Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from one and sixty-seven hundredths to two points (Dolezal), Second (Flores). Two Abstentions, Motion Adopted.

Section 1 Question 2a
Motion to amend scoring from four and sixty-seven hundredths to five and thirty-three hundredths points (Dolezal), Second (Flores). Two Abstentions, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from two to two and thirty-three hundredths points (Dolezal), Second (Flores). Two Abstentions, Motion Adopted.

Section 1 Question 5a
Motion to amend scoring from four and thirty-three hundredths to three points (Dolezal), Second (Flores). Two Abstentions, Motion Adopted.

UC Davis–Internal Medicine: Section 1 Question 1a
Motion to amend scoring from seven and thirty-three hundredths to seven and sixty-seven hundredths points (Dolezal), Second (Lopez). Two Abstentions, Motion Adopted.

Section 1 Question 1b
Motion to amend scoring from four to five points (Dolezal), Second (Lopez). Two Abstentions, Motion Adopted.
Section 1 Question 2a
Motion to amend scoring from five and sixty-seven hundredths to seven points (Dolezal), Second (Lopez). Two Abstentions, Motion Adopted.

Section 1 Question 2b
Motion to amend scoring from two to two and sixty-seven hundredths points (Dolezal), Second (Lopez). Two Abstentions, Motion Adopted.

Section 1 Question 5a
Motion to amend scoring from four and thirty-three hundredths to four and sixty-seven hundredths points (Dolezal), Second (Lopez). Two Abstentions, Motion Adopted.

Agenda Item 18: Staff Tally of Commission Scores and New Slots ($4M) Capitation Funding Discussion and Decision
Seventeen of the 20 Capitation proposals were funded: Eight proposals received full funding and nine proposals were funded at reduced levels.

ACTION ITEM:
Motion to approve funding as presented (Provenzano) Second (Nation). Motion Adopted.

New Slots ($4M) Capitation Awards list is hereby incorporated as Attachment D

Agenda Item 19: General Public Comment
- A comment was made thanking the Commissioners for their thoughtful public examination of the PCR and New Slots ($4M) applications.
- A comment was made regarding the focus on Primary Care and the excitement around more funding opportunities.
- A comment was made thanking the Commission for being focused on the mission of the legislation.
- A comment was made thanking the Commission for the opportunity to apply for Pediatric funding.
- A comment was made regarding subspecialties for Pediatrics and OB/GYN's, specialties are an important piece of the healthcare workforce needed and they should not be left out of funding.
- A comment was made thanking the Commission for giving Kern Medical Center the opportunity to continue to serve their populations in need.

Agenda Item 20: Future Agenda Items
- Discuss the process used by the Commission to identify Subject Matter Experts for application review.
- Discuss the process used by the Commission to score applications.

Agenda Item 21: Adjourn Meeting
The meeting adjourned at 5:00 pm

All the attachments mentioned in these minutes can be found at: http://oshpd.ca.gov/General_Info/Public_Meetings.html
March 4-5, 2015
Meeting Minutes

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION (CHWPC)

Registered Nurse (RN) Education Programs Funding Meeting

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

Commission Members Present:
Elizabeth Dolezal
Katherine Flores, MD
William Henning, DO
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
Joseph Provenzano, DO
Katherine Townsend, EdD, MSN

Commission Members Not in Attendance:
Rosslynn Byous, DPA, PA-C
Michael Farrell, DO
Cathryn Nation, MD

Staff to Commission:
Lupe Alonzo-Diaz, Deputy Director
Melissa Omand, Program Staff Manager
Barbara Zendejas, Program Administrator
Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:
Fran Mueller, Chief Deputy Director
Elizabeth Wied, Chief Legal Counsel

Agenda Item 1: Call to Order
Chair Townsend called the meeting to order.

Agenda Items 2: Introduction of CHWPC Members and Statements of Recusal
CHWPC members introduced themselves and indicated whom they represent and which government authority appointed them. Each Commissioner indicated from which RN education program they would recuse themselves.

Recusals:
Elizabeth Dolezal – None
Katherine Flores – None
William Henning – None
Carol Jong – None
Karyn Karp – None
Catherine Kennedy – None
Laura Lopez – None
Ann MacKenzie – None
Kathyann Marsh – None
Angelica Millan – None
Joseph Provenzano – None
Katherine Townsend – None

**Agenda Item 3: Chair’s Remarks**

Chair Townsend reminded Commissioners of policies and procedures for the meeting.

**Agenda Item 4: Approval of January 28-29, 2015 Minutes**

 Commissioners reviewed and approved the meeting minutes as submitted.

**Action Items:**

Motion to approve meeting minutes (Henning), Second (MacKenzie), Motion Adopted.

*The January 28-29, 2015 Meeting Minutes are hereby incorporated as Attachment A*

**Agenda Item 5: OSHPD Director’s Report**

Fran Mueller, OSHPD Chief Deputy Director, represented OSHPD’s Director, Robert David, for the meeting. Ms. Mueller reported that OSHPD will be closely following Senate Bill 22 regarding Graduate Medical Education. This bill would require OSHPD in consultation with the CHWPC to develop criteria for this distribution of funding. Senate Bill 26 would create an All Payer Claims Database with an outside contractor by 2017. This database would require health organizations and health plans to submit data to OSHPD. Senate Bill 614 would establish a peer and family support system for mental health. She also reported that the new budget cycle would include a Budget Change Proposal for Senate Bill 906 regarding the Annual Percutaneous Intervention (PCI) reporting system.

**Agenda Item 6: Executive Secretary’s Report**

Lupe Alonzo-Diaz, Deputy Director, Healthcare Workforce Development Division (HWDD), reported on the following items:

- Mini-Grants funding determinations
- Song-Brown release of PCR and New Slots ($4M) Request for Application (RFA)
- State Loan Repayment Program awards totaling $1,000,000
- Mental Health Workforce Education and Training (WET) RFA’s Awarded
- Clearinghouse Fact Sheets
- Federal Healthcare Reform grant opportunities

*The Executive Secretary’s Report is hereby incorporated as Attachment B*

**Agenda Item 7: Registered Nurse Shortage Areas (RNSA) – Discussion, Review and Approval of the Annual Update to the RNSA Designation**

Debra Gonzalez, HWDD GIS Analyst, presented the Commission with the updated RNSA designation report.
Action Items:

Motion to adopt the updated RNSA Designation Report (Marsh), Second (Flores), Motion Adopted.

*The RNSA Designation Report is hereby incorporated as Attachment C*

**Agenda Item 8: Primary Care Shortage Areas (PCSA) – Discussion, Review and Approval of the Annual Update to the PCSA Designation**

Ms. Gonzalez also presented the Commission with the updated PCSA designation report.

Action Items:

Motion to adopt the updated PCSA Designation Report (Millan), Second (Provenzano), Motion Adopted.

*The PCSA Designation Report is hereby incorporated as Attachment D*

**Agenda Item 9: RN Capitation and Special Programs Presentations**

There were 17 capitation and eight special programs funding requests. Representatives from the following Institutions presented information on their programs (an asterisk indicates submission of a base and special program application):

Riverside City College*; San Jose Evergreen Valley College*; CSU, Fresno; Mt. San Antonio College*; University of San Francisco*; American University of Health Sciences; Fresno City College; University of California, Irvine; Azusa Pacific University; CSU, Northridge; CSU, Stanislaus; CSU, Fullerton*; Charles R. Drew University; Mt. San Jacinto Community College; CSU, Bakersfield*; Merced College*; Los Angeles Harbor College; West Hills College

**ACTION ITEMS:**

Motion for staff to identify which RFA and or Evaluation Criteria questions will need to be discussed at the Spring Policy Meeting (Henning) Second (Dolezal) with amendment.

**Capitation**

**Riverside City College: Section 2 Question 6**

Motion to amend scoring from zero to two points (Flores), Second (Kennedy). Motion Adopted.

**Fresno City College: Section 2 Question 9**

Motion to amend scoring from zero to two points (Flores), Second (Millan). Motion Adopted.

**Mt. San Antonio: Section 2 Question 9**

Motion to amend scoring from one to two points (Dolezal), Second (Flores). Motion Adopted.

**American University of Health Sciences: Section 2 Question 7a**

Motion to amend scoring from two to three points (Flores), Second (Kennedy). Motion Adopted.
Section 2 Question 9
Motion to amend scoring from one to four points (Dolezal), Second (Flores). Motion Adopted.

Azusa Pacific University: Section 2 Question 9
Motion to amend scoring from one to two points (Dolezal), Second (Flores). Motion Adopted.

California State University, Fullerton: Section 2 Question 2
Motion to amend scoring from one and a half to three points (Marsh), Second (Karp). Motion Adopted.

Mt. San Jacinto Community College: Section 2 Question 9
Motion to amend scoring from two to four points (Flores), Second (Kennedy). Motion Adopted.

California State University, Bakersfield: Section 1 Question 1B
Motion to amend scoring from three and a half to five points (Flores), Second (Lopez). Motion Adopted.

West Hills College: Section 2 Question 6
Motion to amend scoring from zero to two points (Flores), Second (Millan). Motion Adopted.

Agenda Item 13: Chair’s Remarks
Chair Townsend called the meeting to order and reported that the agenda would be changed to hear the Special Programs funding decision before the Capitation funding decision.

Agenda Item 14: Presentation on OSHPD Conflict of Interest Policy and its Impact on CHWPC Members
Elizabeth Wied, Chief Legal Counsel, presented the Commission with information regarding the upcoming release of the Statement of Economic Interest Form 700 that must be filed every year.

Agenda Item 17: RN Capitation Funding Decision
Fifteen of the 17 Capitation proposals were funded. Two proposals received full funding and 13 proposals were funded at reduced levels.

ACTION ITEM:
Motion to approve funding as presented (Dolezal) Second (Karp). Motion Adopted.

RN Capitation Awards list is hereby incorporated as Attachment E

Public Comment Regarding Capitation Funding Decision
No public comment.
Agenda Item 18: RN Special Programs Funding Decision

All of the eight proposals submitted were fully funded.

ACTION ITEM:

Motion to approve funding as presented and any remaining funds will be rolled over to Capitation funding (Henning) Second (Dolezal). Motion Adopted.

*RN Special Programs Awards list is hereby incorporated as Attachment F*

Public Comment Regarding Special Programs Funding Decision

No public comment.

Agenda Item 19: General Public Comment

- A comment was made regarding receiving copies of the reviewer’s comments.
- A comment was made thanking the Commissioners for their hard work and efforts to fund as many programs as possible.
- A comment was made appreciating the transparency of the funding process.
- A comment was made praising the online application system and indicating that the application process is getting easier for applicants

Agenda Item 20: Future Agenda Items

- Discuss the process used by the Commission to finalize application scores at the funding meetings.
- Standardizing the Special Programs and Capitation evaluation criteria and the RFA questions.
- Matching the evaluation criteria more closely with the application.

Agenda Item 21: Adjourn Meeting

The meeting adjourned at 1:55 pm

All the attachments mentioned in these minutes can be found at:
http://oshpd.ca.gov/General_Info/Public_Meetings.html
Executive Secretary Report  
Lupe Alonzo-Diaz  
Healthcare Workforce Development Division  
April 17, 2015

Highlights:

- **Funding/Finance**
  - Spring Finance Letter was submitted making changes to the TCE/Song-Brown grant per funder’s request

- **HCTP**
  - Mini-Grants – awarded 46 applications at $603,706 to support an estimated 16,555 students
  - CalSEARCH – 12 applications received requesting $317,000 to support an estimated 97 participants

<table>
<thead>
<tr>
<th>Program</th>
<th>Applications</th>
<th>$</th>
<th>Students Impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini-Grants</td>
<td>46</td>
<td>$603,706 awarded</td>
<td>16,555</td>
</tr>
<tr>
<td>CalSEARCH</td>
<td>12</td>
<td>$317,000 requested</td>
<td>97</td>
</tr>
</tbody>
</table>

- **Song-Brown**
  - SME review panel completed review/scoring of PCR and New Slots ($4M) RFAs
  - April 28-29 funding meeting to determine funding recommendations:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Apps</th>
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<th></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Received</td>
<td>Awarded</td>
<td>Requested</td>
<td>Awarded</td>
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<tr>
<td>PCR</td>
<td>15</td>
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<td>$2,322,675.00</td>
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<tr>
<td>New Slots</td>
<td>20</td>
<td></td>
<td>$7,200,000.00</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td></td>
<td>$9,522,675.00</td>
<td></td>
</tr>
</tbody>
</table>

- Developing follow-up survey for SME review panel to capture feedback regarding scoring process and RFA
- Received annual contribution from UC. Annually UC matches contributions received by licensed physicians and surgeons ($151,000)
- 51 Family Medicine Capitation and Special Programs grants completed and forwarded for signature
- 24 FNP/PA Base and Special Programs grants completed and forwarded for signature
- Staff pushing 15 RN capitation and 8 Special Programs grants through CalREACH
- Working on FY 2015-16 Song-Brown Work Plan
- May 20 and 21 Policy Meeting potential agenda topics:
  - Standardizing RFAs
  - Evaluating scoring process including use of staff and SME scoring
  - Re-evaluating scoring criteria

- **Health Workforce Pilot Program (HWPP)**
  - Contractor developed evaluation of training for HWPP #173 Community Paramedicine

- **Shortage Designation Program (SDP)**
  - Next Technical Assistance Mini-Workshop scheduled May 6 in Lake County
  - Mini-Workshop for July scheduled July 8 in Humboldt County

- **SLRP**
  - Seven more award announcements between March 1 and April 3 for a total of 63 awardees for 2014

- **Workforce Education and Training (WET)**
  - RFA - Networks to Support PMHS Workforce with Lived Experience – Grant Agreements start April
  - Intent to award for the Comprehensive Assessment of Consumer, Family Member, Parent/Caregiver Workforce RFA posted March 25, 2015 and awarded to University of
California San Diego, Health Services Research Center. The contract is expected to start in April 2015.

- RFA Peer Personnel RFA released February 27. Bidders Conference held March 13. Final filing date is April 16.
- Medi-Cal Section 1115 Waiver submitted (see attached)
- Attended Healthcare Workforce Development Council (HWDC) meeting April 8, 2015

- CalSIM
  - Exploring role regarding palliative care and CHW/P

- Clearinghouse
  - Working with DCA to implement AB 2102
  - Joint Application Design/Development (JAD) scheduled for April 23 with CCCCCO

Policy/Legislative Issues:
- Assembly Budget Committee: advocates proposal to annually appropriate $8 million to Song-Brown for new and existing slots
- SB 22 (Roth) funds GME slots via Song Brown
- SB 291 (Lara) required OSHPD to prepare a Mental Health Manpower Plan
- SB 614 (Leno) develops Peer Personnel Certification Program
- AB 502 (Chau) Dental Hygienists practice after shortage designation expires
- SB 622 (Hernandez) Pilot Project
- AB 1223 (O'Donnell) Permits Emergency Medical Service agencies to allow transportation of noncritical cases to alternative medical treatment facilities
# Primary Care Residency Programs
## Capitation Awards
### April 2015

<table>
<thead>
<tr>
<th>Training Program</th>
<th>Specialty</th>
<th>Award</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Los Angeles</td>
<td>Pediatrics</td>
<td>$154,845</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>Kern Medical Center</td>
<td>Internal Medicine</td>
<td>$154,845</td>
<td>Kern</td>
</tr>
<tr>
<td>Kern Medical Center</td>
<td>OB/GYN</td>
<td>$154,845</td>
<td>Kern</td>
</tr>
<tr>
<td>Olive View - UCLA Medical Center</td>
<td>Internal Medicine</td>
<td>$154,845</td>
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<td>UCSF Benioff - Children's Hospital</td>
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<td>UCSF Fresno</td>
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<td>$154,845</td>
<td>Sacramento</td>
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<tr>
<td>University of California, Davis</td>
<td>Pediatrics</td>
<td>$154,845</td>
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<td>University of California, Los Angeles</td>
<td>Pediatrics</td>
<td>$154,845</td>
<td>Los Angeles</td>
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<tr>
<td>University of California, Los Angeles</td>
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<td>University of California, Riverside</td>
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<td>$154,845</td>
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<td>University of California, San Francisco</td>
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<tr>
<td>White Memorial Medical Center</td>
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<tr>
<td>White Memorial Medical Center</td>
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"Access to Safe, Quality Healthcare Environments that Meet California's Diverse and Dynamic Needs"
## New Slots ($4M) Capitation Awards
### April 2015

<table>
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<tr>
<th>Training Program</th>
<th>Specialty</th>
<th>Award</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Health Centers of San Diego</td>
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<td>Kaiser Los Angeles</td>
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<td>Kaiser Napa/Solano</td>
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<td>Kaweah Delta Healthcare District</td>
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<td>Marian Regional Medical Center</td>
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<td>Natividad Medical Center</td>
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<td>UCSF San Francisco General Hospital</td>
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“Access to Safe, Quality Healthcare Environments that Meet California’s Diverse and Dynamic Needs”
Executive Secretary Report  
Lupe Alonzo-Diaz  
Healthcare Workforce Development Division  
May 14, 2015

Budget Actions/Requests:
- April Finance Letter was approved by the Senate and Assembly Budget Sub-Committees making changes to the TCE/Song-Brown grant for Grant Year Three/Fiscal Year 2015-16
  - $400,000 to CalSEARCH  
  - $300,000 to CalPostBac  
  - $150,000 to CDPH Fellowship Program  
  - No funding for FM and FNP/PA special programs ($1,399,125 and $753,375, respectively); these funds will be redirected to Grant Year Four/Fiscal Year 2016-17  
- Assembly Budget Committee: advocates proposal to annually appropriate $8 million to Song-Brown for new and existing slots

Legislative Bills:
- SB 22 (Roth) Residency Training – Held in Senate Appropriations Committee  
  - This bill would require OSHPD to establish a nonprofit public benefit corporation, to be known as the California Medical Residency Training Foundation; would create the California Medical Residency Training Fund in the State Treasury, a continuously appropriated fund; and would require the foundation to solicit and accept funds from business, industry, foundations, and other private or public sources for the purpose of establishing and funding new graduate medical residency training programs in medically underserved areas of the state, as specified.  
- SB 291 (Lara) – Held in Senate Appropriations Committee  
  - This bill would require OSHPD to include the mental health needs of vulnerable communities, as defined, in the Health Manpower Plan.  
- SB 614 (Leno) – Held in Senate Appropriations Committee  
  - This bill would require the State Department of Health Care Services to establish, by July 1, 2016, a statewide peer and family support specialist certification program, as a part of the state’s comprehensive mental health delivery system and the Medi-Cal program. The bill would include 3 certification categories: adult peer support specialists, family peer support specialists, and parent peer support specialists. The certification program’s components would include, among others, defining responsibilities and practice guidelines, determining curriculum and core competencies, specifying training and continuing education requirements, and establishing a code of ethics and certification revocation processes. This bill would require DHCS to collaborate with OSHPD and interested stakeholders in
developing the certification program, and to obtain technical assistance pursuant to a specified joint state-county decision-making process.

- **AB 502 (Chau) – in Assembly, second reading**
  - This bill would provide that an alternative dental hygiene practice established within a certified shortage area is not required to close due to the removal of the dental health professional shortage area designation if the registered dental hygienist in alternative practice meets certain requirements.

- **SB 622 (Hernandez) – Held in Senate Appropriations Committee**
  - This bill would declare the intent of the Legislature that the Office of Statewide Health Planning designate a pilot project to test, demonstrate, and evaluate expanded roles for optometrists in the performance of management and treatment of diabetes mellitus, hypertension, and hypercholesterolemia.

- **AB 1223 (O’Donnell) – Held in Assembly Appropriations Committee**
  - This bill provides a definition for the term “ambulance patient offload time” and requires EMSA to create a methodology that local EMS agencies may use to create a policy for the measurement and reporting of ambulance patient offload time appropriate for their region.

- **AB 253 (Hernandez) – Re-referred to Appropriations Committee**
  - This bill expands the Mental Health Services Oversight & Accountability Commission (MHSOAC) by adding two additional members with expertise in Veterans’ mental health issues and reducing Mental Health disparities.

- **SB 323 (Hernandez) – In the Assembly. First reading. Held at Desk**
  - This scope of practice bill would authorize a nurse practitioner who holds a national certification from a national certifying body recognized by the Board of Registered Nursing to practice without the supervision of a physician and surgeon, if the nurse practitioner meets existing requirements for nurse practitioners and practices in one of certain specified settings.

- **SJR 7 (Pan) Medical Residency Programs – In the Assembly. Held at Desk**
  - This resolution would urge the Congress and the President of the United States to renew funding for the Health Resources and Services Administration’s Teaching Health Center and Primary Care Residency Expansion Graduate Medical Education Programs, and to lift the freeze on residency positions funded by Medicare to expand physician supply and improve access to health care.
Song-Brown PCR
Reviewer Survey Results
May 20, 2015
Objectives of Survey

- Improve the quality and transparency of the review process
- Use survey results to assess possible changes to statutory criteria questions
Survey Process/Procedure

• Two panels consisting of three members each
• Survey was emailed to all reviewers
• Four out of six responded to the survey (66%)
• All responders agreed their medical expertise was necessary and appropriately used in reviewing applications
• All responders are interested in serving on future review panels
• Statutory criteria 1a, 1b, 2a, 2b, 4b, 1, and 2 were used in the survey because reviewers had two points or greater difference in scoring.
Section I, Statutory Criteria 1a: Components of training designed for medically underserved multicultural communities, lower social economic 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
Comments/Recommended Changes to Criteria 1a

• “Either add in ‘planned or current’ curriculum as it can make a difference in scoring.”
• “Do you give 3 points when you have one rotation in a MUA or get 1 point for each location for a max of 3 points?”
• “Is students being mentored mean undergraduates? medical students? or high school students?”
• “Does the mentoring involve the residents or is just the faculty or the facility. Also is it part of a required rotation or offered and if so what % chose this offering?”
Section I, Statutory Criteria 1b: 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
Comments/Recommended Changes to Criteria 1b

• “What is meant by recruitment program?.”
Section I, Statutory Criteria 2a: 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
Comments/Recommended Changes to Criteria 2a

• “What type of students are meant in student rotations?”
Section I, Statutory Criteria 2b: 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 primary care
**Section I, Statutory Criteria 4b:** Does the program have a plan and/or curriculum that promotes training in ambulatory and community settings?

0 points for no mention
3 points for a curriculum only
5 points for a detailed, well-defined curriculum that shows expected outcomes
Comments/Recommended Changes to Criteria 4b

• “For 5 points maybe bold ‘SHOWS’ as it was it seemed not well understood.”
Section II, Statutory Criteria 1: Does the residency training program structure its training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners as evidenced by letters from the disciplines?

0 points, no mention of either team training of PCMH
1 point, some team training in hospital or clinic settings as evidenced by letters or the application
2 points, for evidence of training with NP/PA/APRN
3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application
Comments/Recommended Changes to Criteria 1

• “0 points no mention of either team training OR PCMH”
• “1 point clarify letter of support.”
Section II, Statutory Criteria 2: 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
Ideas for improving the Review Process and the Evaluation Criteria

• “Need more focus on how a program can improve using our resources rather than whether they are already functioning at 100%.”

• “It just needs to be very clear on whether any outcomes mean expected outcomes or documented outcomes.”

• “I think our major mistake was creating criteria that allowed us to assess the current status of a program as opposed to the good that our money could do to improve a program, thereby rewarding the best programs with more money.”
Song-Brown New Slots ($4M)
Reviewer Survey Results
May 20, 2015
Objectives of Survey

• Improve the quality and transparency of the review process
• Use survey results to assess possible changes to statutory criteria questions
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• Statutory criteria 1a, 1b, 2a, 2b, 5a, 1, 3, and 5 were used in the survey because reviewers had two points or greater difference in scoring.
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0 points, no mention
3 points, program's curriculum specifically addresses underserved communities
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2 points, program works with students in a mentoring program
Comments/Recommended Changes to Criteria 1a

- “There is no standard by which to measure what is a meaningful underserved community focus. Some applicants had one week community medicine rotations and others had this as a focus for entire training/residency. Include criteria to measure length and breadth of community medicine involvement to distinguish programs.”

- “Better define degree of involvement for ‘rotations’ in underserved areas and ‘working with students in a mentoring program.’ Can partial points be awarded depending upon reviewers subjective feelings about degree of meeting the criteria. Should that be made clear to applicants? I felt a bit like the more an applicant writes, the greater likelihood they will receive the points.”

- “‘Components of CORE TRAINING FOR ALL RESIDENTS designated for medically underserved….’ This would distinguish these programs from programs who have ELECTIVE ROTATIONS for residents in eligible areas. We could give 1 point if there are options for electives in these areas.”

- “In the 3rd part when it states working with students in a mentoring program, it is not totally clear if it is meant resident ‘students’, or students as in pipeline programs.”
Section I, Statutory Criteria 1b: 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

![Response Chart]

- Strongly agree
- Agree
- Diagree
- Strongly disagree
Comments/Recommended Changes to Criteria 1b

• “Reviewers disagreed on what was an ACTIVE counseling or placement program. Again, discrepancies between programs that have once or twice yearly sessions to discuss career placement vs programs that have sessions throughout training. OSHPD could ask about number of sessions or provide scorers with a sample that would receive full points.”

• "Again, a bit subjective. Some programs have a formal counseling program (usually larger ones), but some smaller programs do counseling and recruitment on an individual basis since they often have a one on one counseling relationship and may not be able to promulgate it as a formal program.”

• “Give more points for formal efforts, and less but some for strong informal efforts.”
Comments/Recommended Changes to Request for Application Question:
Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet need

• “Perhaps direct programs to describe what outcomes their placement programs have had/success rates.”

• “Explain the formal and informal structures that you have in place to counsel and recruit residents to ...(I don't understand the difference between recruitment and placement).”

• “It was also hard to give deserved credit to programs that have more formal structured efforts vs the informal advising that is done at some level at every single residency.”
Section II, Statutory Criteria 2a: 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
Comments/Recommended Changes to Criteria 2a

• “There are metrics here about NHSC, second language, etc. Some reviewers gave and took a point for each of such metrics met, others looked more holistically. I would change the wording to include a list of metrics found among top scoring programs and assign points for each. Then it would be clearer to score other programs.”

• “Some programs would not have the opportunity to engage in clinics that contain student rotations in underserved areas or underserved populations in that clinics may not have the infrastructure to support students or the clinics may be remote from medical schools or undergraduate schools. Maybe they shouldn't be ‘penalized’ for that particular facet of the application.”

• “1-2 points, program engaged in clinics THAT ALL RESIDENTS ROTATE THROUGH that contain student rotations in underserved areas and/or underserved populations" This wording gives credit to programs who have all residents in these rotations, not just residents who elect eligible rotations.”
Section I, Statutory Criteria 2b: 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 primary care
Comments/Recommended Changes to Criteria 2b

• “Disagreement between reviewers on what constituted a formal pipeline program, how often residents meet students. OSHPD could come up with an example for each point, informal vs formal pipeline.”
Section I, Statutory Criteria 5a: Does the program have a plan and/or curriculum that promotes training in ambulatory and community settings?
0 points for no mention
3 points for a curriculum only
5 points for a detailed, well-defined curriculum that shows expected outcomes
Comments/Recommended Changes to Criteria 5a

• “There are some programs that only produced primary care physicians and others that produce specialists. There is an inherent difference in the depth of the primary care curriculum with such applicants. As such, I would include more specifics from a robust primary care curriculum in the evaluation metrics so reviewers know what key elements distinguish basic primary care training from intensive training.”

• “There was also disagreement about what entailed outcomes, this needs to be clarified for future cycles.”

• “Maybe allow anywhere from 0 to 5 points depending upon the reviewers judgement of the strength of that curriculum and any outcomes data and use the current descriptors of 3 points and 5 points as bench markers.”

• “This might be good for Peds and IM, but this is at the core for FM so all the FM programs got full credit.”
Section II, Statutory Criteria 1: 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
Comments/Recommended Changes to Criteria 1

• “Focus should be on how many PRIMARY CARE physicians are on core faculty in scoring.”

• “May adversely affect new and smaller programs who may not have the resources or may not yet have had the opportunity for faculty development that would emphasize the healthcare disparities aspects.”
Comments/Recommended Changes to Request for Application Question: **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.**

• “Clarify that review board is interested in disparity focused backgrounds and research, not the entire CV of faculty.”
Section II, Statutory Criteria 3: Does the program integrate different educational modalities into learning delivery models?

0 points, no examples
1 point, one example
2 points, two examples
3 points, three or more examples
Comments/Recommended Changes to Criteria 3

• “As a reviewer, I wasn't sure what this meant. I understood the "different educational modalities," but didn't understand how they applied to "learning delivery models." Did this mean "care delivery modes" or did it refer to learning or educational delivery models. Did this mean that residents are taught in lectures, group discussions, M&Ms, self-learning formats or did it mean that they learned about care delivery through different educational modalities like individual practices, small groups, hospital-based clinics, large group models, etc.”

• “Hard to say, I am not sure the point of this one. Every program over three years, even bad ones, deliver educational material in at least a couple of different ways. So the three examples is a pretty low threshold to demonstrated educational excellence. If you are trying to determine educational excellence, that is very tough o do with a single question.”
Comments/Recommended Changes to Request for Application Question: Describe how your program integrates or includes different education modalities into the learning delivery models

• “We could give examples of modes of educational modalities that would meet the criteria.”
Section II, Statutory Criteria 5: Does the program have components of curriculum that support primary care through primary care continuity clinic activities, including management of a panel of patients?

Portion A:
0 points, no examples
1 point, one example
2 points, two examples

Portion B:
3 points, at least two examples plus an example of patient panel management
Comments/Recommended Changes to Criteria 5

• “Include example for reviewers to id what is worthy of three points for patient panel management.”

• “The ‘example of patient panel management’ was a bit unclear to me as a reviewer. Some examples of patient panel management seemed pretty routine patient care, while others were more advanced and some were quite innovative, but it seemed that all received the same points.”

• “Portion A: Does the program have components of curriculum that support primary care through primary care continuity clinic activities? Portion B: Does the program assign each resident a panel of patients?.”
Ideas for Improving the Review Process and the Evaluation Criteria

• “The most important metric regarding production of primary care physicians that practice over 50% primary care in ambulatory settings needs to be shared with review panel and included heavily in scoring. This is the key metric that identify success of program in producing the PCPs the state investment is for.”

• “Reviewers would benefit from a perfect score example for certain questions to set a standard.”
Definition of Family Medicine Practice

For the purposes of this program, family practice medicine is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

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 locating their graduates in California’s areas of unmet priority need for primary care family 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 family practice medicine residents how to work with and utilize physician assistants and/or nurse practitioners in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given family practice medicine residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner training programs.

Involvement of Local Community Physicians

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

Board-Certified Training Program Director

The family practice medicine residency training program director should be a physician certified by the American Board of Family Practice Medicine or American Osteopathic Board of Family Physicians.

Existence of Department of Family Practice Medicine or Equivalent

Training institutions shall have a family practice department or administrative unit equivalent to those of the major clinical specialties.
Meaningful Affiliation between Hospitals or other Health Care Delivery Systems and Approved Accredited Medical Schools

In assessing how meaningful an agreement of affiliation or association is between hospitals or other health care delivery systems and approved medical schools, the following criteria are used by the Commission in regards to family practice residency training programs:

1. A written agreement exists.
2. Residents, upon successfully completing the residency program, receive a certificate from the affiliated university medical school.
3. The Director of the program and key faculty have teaching appointments at the university.
4. The university assumes some of the costs of the training program.
5. The university supplies teaching support to some significant degree.
6. The institution accepts a program of quality assessment instituted by the university.

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.

SONG-BROWN HEALTHCARE WORKFORCE TRAINING ACT
STANDARDS FOR FAMILY PRACTICE MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
("Revised May 13, 1998")

I. Each Family Practice Medicine Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:

A. Meet the American Medical Association's "Essentials for Residency Training in Family Practice", and

B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and

C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty.

For postgraduate osteopathic medical programs in family practice:

A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above and

B. Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and

C. Meet C requirement above.

II. Each Family Practice 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 Family Practice Medicine Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice 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 family physicians for service in such neighborhoods and communities.

Commented [OM1]: Removed to be consistent with Standards for IM, OB/GYN and Pediatric Residency Programs. Approved by the Commission 10/23/14.

Commented [OM2]: This language is directly from statute and approved by the Commission for use in the Standards of IM, OB/GYN and Pediatric Residency Programs. Approved by the Commission 10/23/14.

Commented [OM3]: Updating to reflect Family Medicine
SONG-BROWN HEALTHCARE WORKFORCE TRAINING ACT
STANDARDS FOR FAMILY PRACTICE MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
("Revised May 13, 1998")

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family 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 family physicians within California as defined by the California 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 family practice 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.

Commented [OM4]: Added California
<table>
<thead>
<tr>
<th>Section 1 - Statutory Criteria</th>
<th>Family Medicine Residency Programs</th>
<th>Primary Care Residency Programs (PCR)</th>
<th>Family Medicine/Primary Care New Slots ($4M) funding</th>
</tr>
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<tbody>
<tr>
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<td>Components of training designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities</td>
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<tr>
<td><strong>Evaluation Criteria 1a</strong></td>
<td>0 points, no mention</td>
<td>0 points, no mention</td>
<td>0 points, no mention</td>
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<td></td>
<td>3 points, program’s curriculum specifically addresses underserved communities</td>
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<td>2 points, program has rotations in underserved areas</td>
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<td><strong>Discussion: Clarity</strong></td>
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<td>See New Slots Survey - review panel members provided comments related to this criteria</td>
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<td><strong>RFA Question</strong></td>
<td>Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet need.</td>
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<td><strong>Evaluation Criteria 1b</strong></td>
<td>Counseling and placement program to encourage graduate placement in areas of unmet need</td>
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<td>1 point, program has a recruitment program</td>
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<td><strong>Discussion: Definition requested</strong></td>
<td>Definition of active placement program requested. Is this placement in areas of unmet need? See PCR survey - review panel members provided comments related to this criteria.</td>
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<td><strong>RFA Question</strong></td>
<td>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.</td>
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<td>Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.</td>
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<tr>
<td><strong>Discussion: Definition requested and points for pipeline program</strong></td>
<td>1) definition for pipeline programs needed; 2) should points for pipeline programs be determined by whether it is an elective or requirement? (See PCR survey-review panel members provided comments related to this criteria)</td>
<td>1) definition for pipeline programs needed; 2) should points for pipeline programs be determined by whether it is an elective or requirement? (See New Slots survey-review panel members provided comments related to this criteria)</td>
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<td>Evaluation Criteria 2b</td>
<td>Programs in place to encourage residents to help recruit and mentor under-represented minorities and/or underrepresented groups 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</td>
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<td><strong>Discussion Item: Clarity</strong></td>
<td>1) What is actively engaged? 2)What is a formal pipeline program? (See PCR survey-review panel members provided comments related to this criteria)</td>
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<td>RFA Question</td>
<td>Does the program have a required number of hours that must be spent in areas of unmet need? Yes or No If yes, what is the required number of hours? If yes, what percent of the total number of hours must be spent in areas of unmet need?</td>
<td>Task Force voted not to add to PCR RFA Commission approved 10/23/2014</td>
<td>Task Force voted not to add to New Slots RFA Commission approved 10/23/2014</td>
</tr>
<tr>
<td>Evaluation Criteria 3a</td>
<td>Number of clinical hours in areas of unmet need? 1 point, 25% hours in area of UMN 2 points, &gt;50% hours in areas of UMN 3 points, &gt;75% hours in areas of UMN</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Discussion Item: Relevancy</strong></td>
<td>Do we want to continue to ask this information to the FM application? Last year’s applicants were given a pass due to the phrasing of the question, not all programs have a required number of hours. Perhaps we just re-phrase the question to remove the required hours language</td>
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<td><strong>RFA Question</strong></td>
<td>Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.</td>
<td>Explain how the residency program structures training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners.</td>
<td>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 licensed non-physician practitioners.</td>
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<td><strong>Evaluation Criteria 1</strong></td>
<td>Does the residency 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?</td>
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<tr>
<td><strong>Discussion Item: Consistency</strong></td>
<td>RFA question is similar to PCR, however evaluation criteria is different.</td>
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<td>RFA question and evaluation criteria differs from FM and PCR.</td>
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<td><strong>RFA Question</strong></td>
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<td>(See New Slots survey-review panel members provided comments related to this criteria.)</td>
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<td><strong>RFA Question</strong></td>
<td>Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.</td>
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<td><strong>Evaluation Criteria 5</strong></td>
<td>Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?</td>
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<td>What types of letters are acceptable? Are letters showing a collaboration more important than the fact they are form letters?</td>
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### Section 1 - Statutory Criteria

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</tr>
</thead>
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<tr>
<td>Does the program integrate different educational modalities into learning delivery models?</td>
<td>Not Applicable</td>
<td>Does the program integrate different educational modalities into learning delivery models? Does the program use technology assisted tools or integrate health information technology into the training model?</td>
<td>Does the program integrate different educational modalities into learning delivery models? Does the program use technology assisted tools or integrate health information technology into the training model?</td>
</tr>
<tr>
<td>0 points, no mention</td>
<td>0 points, no mention</td>
<td>0 points, no mention</td>
<td>0 points, no mention</td>
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<tr>
<td>1 point per example cited</td>
<td>1 point per example cited</td>
<td>1 point per example cited</td>
<td>1 point, one example</td>
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<tr>
<td>3 points, three or more examples cited</td>
<td>3 points, three or more examples cited</td>
<td>3 points, three or more examples cited</td>
<td>2 points, two examples</td>
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### Discussion

**Item: Consistency**

- FM has two evaluation criteria for one question
- PCR asks the question but doesn’t evaluate it
- New Slots has one evaluation criteria

(See New Slots survey - review panel members provided comments related to this criteria)
PROPOSED FAMILY MEDICINE 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

June 2015

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
Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>Program Information</td>
<td>3</td>
</tr>
<tr>
<td>Contractor Information</td>
<td>4</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>5</td>
</tr>
<tr>
<td>Statistics</td>
<td>6</td>
</tr>
<tr>
<td>Languages</td>
<td>7</td>
</tr>
<tr>
<td>Family Practice Center Payer Mix</td>
<td>8</td>
</tr>
<tr>
<td>Graduates Information</td>
<td>9</td>
</tr>
<tr>
<td>Program Strategies</td>
<td>10</td>
</tr>
<tr>
<td>Underrepresented Minorities</td>
<td>11</td>
</tr>
<tr>
<td>Training in Areas of Unmet Need</td>
<td>12-13</td>
</tr>
<tr>
<td>Program Expenditures</td>
<td>14</td>
</tr>
<tr>
<td>Program Structure</td>
<td>15</td>
</tr>
<tr>
<td>Faculty Qualifications</td>
<td>16</td>
</tr>
<tr>
<td>Residency Training</td>
<td>17-18</td>
</tr>
<tr>
<td>Required Attachments</td>
<td>19</td>
</tr>
<tr>
<td>Program Director Assurances</td>
<td>20</td>
</tr>
<tr>
<td>Evaluation Criteria</td>
<td>21-24</td>
</tr>
</tbody>
</table>
Staff comments/recommendations:

- Should we continue to fund expansion slots through this RFA?
  2 programs received expansion funding at the December 2014 meeting. One of those programs also received expansion funding during the New Slots funding meeting.
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:
State:
City:
State: California  Zip:
County:
Telephone:
Email:
Federal Tax ID Number:

Staff comments/recommendations:
No Changes
EXECUTIVE SUMMARY

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

Staff comments/recommendations:
No Changes
**Staff comments/recommendation:**

1. Remove questions 6-8 and make a stand alone table with these questions.
2. Remove question 9 asking about residents currently supported by Song-Brown funds. Most programs get this information wrong and staff maintains records with the correct information.
3. Question on clinical hours spent in areas of unmet need: This was removed for PCR and New Slots. Do we want to continue to ask this question in the RFA and have it evaluated? *(Discussed on FM RFA and Evaluation Criteria Comparison)*
**LANGUAGES**

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

<table>
<thead>
<tr>
<th>Language</th>
<th>Current Students/Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Sign Language</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td>Armenian</td>
<td></td>
</tr>
<tr>
<td>Cantonese</td>
<td></td>
</tr>
<tr>
<td>Farsi</td>
<td></td>
</tr>
<tr>
<td>Hmong</td>
<td></td>
</tr>
<tr>
<td>Kirmer</td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td></td>
</tr>
<tr>
<td>Laotian</td>
<td></td>
</tr>
<tr>
<td>Mandann</td>
<td></td>
</tr>
<tr>
<td>Other-Chinese</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Tagalog</td>
<td></td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Comments

**Staff comments/recommendations:**
No changes
Staff comments/recommendations:
No changes
GRADUATE INFORMATION

Instructions:
Please fill in the appropriate fields.
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 • NPEF 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.
Please save the page before adding an 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

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

Practice Site
OSHPD ID
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 County

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

Private Practitioner
First Name Last Name Practice 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 County

Staff comments/recommendations:
No changes
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.

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.

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

Staff comments/recommendations:
No changes
UNDERREPRESENTED MINORITIES

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

<table>
<thead>
<tr>
<th>Ethnic/Racial Category</th>
<th>Graduates 2013/14</th>
<th>Graduates 2012/13</th>
<th>Graduates 2011/12</th>
<th>Total</th>
<th>Current Students/Residents 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Native American/Alaskan Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cambodian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Filipino</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indonesian</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Japanese</td>
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<td>Latvian/Latvian</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Malaysian</td>
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<td>0</td>
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<tr>
<td>Pakistani</td>
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<td>0</td>
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<td>Thai</td>
<td>0</td>
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<td>0</td>
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<td>Vietnamese</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Black, African American or African</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White/Caucasian/European/Middle Eastern</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Other</td>
<td>0</td>
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<td>0</td>
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<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Defined as underrepresented by the California Healthcare Workforce Policy Commission

Comments

0 of 250

Staff comments/recommendations:
1. For current students, add columns for PGY-1, PGY-2 and PGY-3 residents. Current students 2015/16
Staff comments/recommendations:
Definitions requested for:

Principal Training Site
Secondary Training Site
Continuity Training Site
3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name [ ] Private Practitioner Last Name [ ] Title [ ]

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:

<table>
<thead>
<tr>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
</tr>
</thead>
</table>

Staff comments/recommendations:
No changes
**PROGRAM EXPENDITURES**

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

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Total Annual Expenditures</th>
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</thead>
<tbody>
<tr>
<td>Faculty Costs</td>
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</tr>
<tr>
<td>Residency Stipends</td>
<td></td>
</tr>
<tr>
<td>Family Practice Center Costs</td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Expenditures</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

Staff comments/recommendations:
No changes
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 3000

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.

Staff comments/recommendations:
1. Based on the updated Standards and Guidelines is this question still necessary?
2. PCR and New Slots ($4M) have no such question
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).

<table>
<thead>
<tr>
<th>Faculty Member Name/Position</th>
<th>Qualifications</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

Staff comments/recommendations:
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.).

Describe the primary care career pathways and/or pipeline activities in which your residents participate.

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

Upload letters from the inter-disciplinary providers that support your statement on the Required Attachments page.
Describe your affiliation with an FNP/PA training program and/or other health profession training program.

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.

Describe the program's strategies used to promote training in ambulatory and community settings in underserved areas.
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.
Browse
Browse
Browse

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

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

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

If requesting Capitation – Expansion attach copies of the approval letter from the ACGME or AOA showing approval to expand.
Browse
Browse
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.
<table>
<thead>
<tr>
<th>Section I</th>
<th>Statutory Criteria</th>
<th>Total Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)</td>
<td>15</td>
</tr>
<tr>
<td>1.a</td>
<td>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</td>
<td>8</td>
</tr>
<tr>
<td>1.b</td>
<td>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</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)</td>
<td>15</td>
</tr>
<tr>
<td>2.a</td>
<td>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</td>
<td>7</td>
</tr>
</tbody>
</table>
### Family Medicine Residency Programs
### Capitation Funding Evaluation Criteria

<table>
<thead>
<tr>
<th>Section I</th>
<th>Statutory Criteria</th>
</tr>
</thead>
</table>
| 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 |
| 3         | Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)                                                                                                                                                                                                                                                                                      |
| 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.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                                                                                                                                                                                                                                                                                                                                                          |

**Total points possible for Section I**  

| 76 |

<table>
<thead>
<tr>
<th>Section II</th>
<th>Other Considerations</th>
</tr>
</thead>
</table>
| 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                                                                                                                                                                                                                                                                                     |
| 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                                                                                                                                                                                                                                                                                                                                                          |

**Total Points Available**  

| 3 |

---
<table>
<thead>
<tr>
<th>Section II</th>
<th>Other Considerations</th>
<th>Total Points Available</th>
</tr>
</thead>
</table>
| 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                      |
| 4          | Does the program utilize family physicians from the local community in the training program?  
0 points, No  
3 points, Yes                                                                                                                                                                                                                                                                                     | 3                      |
| 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                      |
| 6          | Does the program integrate different educational modalities into learning delivery models?  
0 points, no mention  
1 point per example cited  
3 points, three or more examples cited  
Examples: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds.                                                                                                                                 | 3                      |
| 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 explicity mentions regular use of EMR and/or Teleheath with emphasis on residents being trained on how to use this technology and make it effective in their practice.                                                                                                                                 | 3                      |
| 8          | Does the program promote training in ambulatory and community settings in underserved areas?  
0 points, No  
3 points, Yes                                                                                                                                                                                                                                                                              | 3                      |
|            | **Total points possible for Section II**                                                                                                                                                                                                                                                                                                               | **24**                 |
|            | **Total points possible for Section I and II**                                                                                                                                                                                                                                                                                                          | **100**               |
### The California Endowment Priorities

<table>
<thead>
<tr>
<th>Section III</th>
<th>The California Endowment Priorities</th>
<th>Total Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Placement of graduates in one of the Central Valley counties</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Location of the program and/or clinical training sites in one of the Central Valley counties</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups.</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>0 points, no mention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2 points, pipeline/recruitment program in development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2 points, rotation based in junior high/high school focused around health education and/or career fair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-2 points, requirement that residents regularly participate in mentoring activities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Does the program include activities to increase primary care career pathways/pipelines?</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>0 points, no mention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 point for each example of activities to increase primary care career pathways/pipelines up to 5 points total</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Is the program addressing one or more of the Social Determinants of Health for their patient population</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>0 points, no mention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 point for each example of Social Determinants of Health addressed in the patient population up to 4 points total</td>
<td></td>
</tr>
</tbody>
</table>

### Counts of Graduates and Training Sites in BHC Communities and Central Valley Counties

<table>
<thead>
<tr>
<th>Counts of Graduates and Training Sites</th>
<th>Total Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 through 5</td>
<td>1 point</td>
</tr>
<tr>
<td>6 through 10</td>
<td>2 points</td>
</tr>
<tr>
<td>11 through 15</td>
<td>3 points</td>
</tr>
<tr>
<td>16 through 20</td>
<td>4 points</td>
</tr>
<tr>
<td>Above 21</td>
<td>5 points</td>
</tr>
</tbody>
</table>
Song-Brown Program
Glossary of Terms

Academic Year (AY): For the purposes of the Song-Brown program an Academic Year for Family Medicine Residency Programs is considered to be July 1-June 30. Academic Year for FNP/PA and Registered Nurse programs are considered to be XXX.

Accreditation Council for Graduate Medical Education (ACGME): ACGME is a private professional organization responsible for the accreditation of residency education programs. www.acgme.org

Accrediting Review Commission on Education for the Physician Assistant (ARC-PA): The ARC-PA is an independent accrediting body authorized to accredit qualified PA educational programs leading to the professional credential, Physician Assistant (PA). The ARC-PA defines the standards for PA education and evaluates PA education programs within the territorial United States to ensure their compliance with those standards. http://www.arc-pa.org/

Ambulatory Care: ambulatory care is a personal health care consultation, treatment, or intervention using advanced medical technology or procedures delivered on an outpatient basis (i.e. where the patient's stay at the hospital or clinic, from the time of registration to discharge, occurs on a single calendar day).

American Indian, Native American or Alaska Native: persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community.

American Osteopathic Association (AOA): AOA is the primary certifying body for DOs, the AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospital and other health care facilities. http://www.osteopathic.org/Pages/default.aspx

Asian: persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, Indonesia, Japan, Korea, Laos, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
**Base funding:** funding provided to support the education and training of students of Family Nurse Practitioner and Physician Assistant training programs. Funding is provided based on the size of the training program.

**Black, African American or African:** persons having origins in any of the black racial groups of Africa.

**Building Healthy Communities (BHC):** 14 California communities identified by The California Endowment to invest in to improve the community health system. [http://www.calendow.org/healthycommunities/index.html](http://www.calendow.org/healthycommunities/index.html)

**California Responsive Electronic Application for California’s Healthcare CalREACH:** CalREACH is OSHPD’s web based application system used to apply for grants, scholarships, and loan repayment assistance.

**California Healthcare Workforce Policy Commission (CHWPC):** a 15-member citizen advisory board that provides expert guidance and statewide perspectives on health professional education issues, reviews applications and recommends contract awards to the Director of the Office of Statewide Health Planning and Development (OSHPD).

**Capitation funding:** funding provided to support the education and training of one resident or student. Capitation funding is available for Family Medicine, Primary Care (Internal Medicine, Obstetrics and Gynecology (OB/GYN) and Pediatrics) and Registered Nurse (RN) Education Programs. Per resident/student capitation rates varies based on the funding being requested.

**Career pathways/pipelines:** linked education and training services that enable students to progress to the next level of employment and education.

**Central Valley Counties:** defined by OSHPD’s Shortage Designation Unit as Madera, Merced, Kern, Stanislaus, San Joaquin, Yolo, Sacramento, Tulare, Kings and Fresno Counties.

**Contract Organization:** the contract organization is the institution which will be legally and financially responsible and accountable for all State funds should an award be made.

**Cycle:** funding for one (1) resident of a family medicine or primary care residency program for three (3) years of residency.

**Continuity Clinic:** A clinical site where residents spend a significant portion of each training year and have an assigned panel of patients whom they provide primary and first contact care as well as follow up and chronic disease care.
Established Program: An established program is one that has received accreditation and has graduated at least one class by June 30, 2015.

Expansion Cycles: Family Medicine residency programs applying for Family Medicine capitation funding may request expansion cycles if they have received approval from the ACGME to permanently expand their resident complement.

Family Medicine: for the purposes of the Song-Brown program, family medicine is defined as the field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

Family Nurse Practitioner: for the purposes of the Song-Brown program, a family nurse practitioner is a registered nurse who successfully completes a program approved as meeting standards established by the Board of Registered Nursing as specified in the California Nursing Practice Act.

Family Practice Center: Definition placeholder

Federally Qualified Health Center (FQHC): a reimbursement designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services. FQHC’s include all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Certain tribal organizations and FQHC Look-Alikes (an organization that meets PHS Section 330 eligibility requirements, but does not receive grant funding) also may receive special Medicare and Medicaid reimbursement. (U.S. Department of Health and Human Services)

Graduate Medical Education (GME): Formal medical education pursued after receipt of the doctor of medicine (M.D.) or other professional degree in the medical sciences, usually as an intern, resident, or fellow. (Mosby’s Medical Dictionary, 8th edition. © 2009, Elsevier). Any type of formal, usually hospital-sponsored or hospital-based training and education, that follows graduation from a medical school, including internship, residency, or fellowship. (McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by the McGraw-Hill Companies, Inc.)

Graduate Practice Site: (1) a location where a resident works after completing a family medicine or primary care residency program. (2) a location where a student works after
graduating from a family nurse practitioner, physician assistant and or registered nurse education training program.

**Grant Preparer:** for the purposes of the Song-Brown program, an authorized representative of the Program Director that will be completing the grant request for application.

**Health Professional Shortage Area (HPSA):** areas designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (for example, low income or Medicaid eligible) or facilities (for example, federally qualified health center or other state or federal prisons). [http://www.hrsa.gov/index.html](http://www.hrsa.gov/index.html)

**Health Resources and Services Administration (HRSA):** the Health Resources and Services Administration is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. [http://www.hrsa.gov/index.html](http://www.hrsa.gov/index.html)

**Healthcare Workforce Development Division (HWDD):** HWDD is a division within the Office of Statewide Health Planning and Development that encourages demographically underrepresented groups to pursue health care careers, identifies geographic areas of unmet need, and encourages primary care physicians and non-physician practitioners to provide healthcare in health professional shortage areas of California. [http://oshpd.ca.gov/HWDD/](http://oshpd.ca.gov/HWDD/)

**Inter-professional Education:** defined as learning occurring when two or more professions learn with, from and about each other to improve collaboration and the quality of care” (CAIPE, 2002). Effective Inter-professional education improves quality of patient care, focuses on the needs of the learners and learners are active participants in assessing, planning, delivering, and evaluating IPE.

**Internal Medicine:** for the purposes of the Song-Brown, the 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.

**Managed Care:** Managed care patients are patients enrolled in a managed care plan to receive health care from providers on a pre-negotiated or per diem basis, usually involving utilization review (included Health Maintenance Organizations (HMO), Health Maintenance Organizations with Point-of-Service option (POS), Preferred Provider Organizations (PPO), Exclusive Provider Organizations (EPO), Exclusive Provider Organizations with Point-of-Service option, etc.). [http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf](http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf)
**Medi-Cal Managed Care**: Contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care. This payer category includes patients who are qualified as needy under state laws and was previously reported in the Other Third Parties category. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Medi-Cal Traditional**: The Medi-Cal Traditional category includes patients who are qualified as needy under state laws and was previously reported in the Medi-Cal Category.
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Medically Underserved Areas (MUA)**: areas designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. For Family Medicine, Primary Care and FNP/PA training programs, medically underserved areas are considered to be: HPSAs, MUAs, MUPs, and PCSAs. For registered nurse education programs, medically underserved areas are considered to be Registered Nurse Shortage Areas. [http://www.hrsa.gov/index.html](http://www.hrsa.gov/index.html)

**Medically Underserved Populations (MUP)**: populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. [http://www.hrsa.gov/index.html](http://www.hrsa.gov/index.html)

**Medicare**: A federal health insurance program, administered by the Social Security Administration that provides health care for the aged such as: people age 65 and older, certain younger people under age 65 with certain disabilities, people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant). 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Medicare-Managed Care**: The Medicare – Managed Care category includes patients who are covered by a managed care plan funded by Medicare and was previously reported in the Other Third Parties Category. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Medicare-Traditional**: The Medicare-Traditional category includes patients covered under the Social Security Amendments of 1965 and was previously reported in the Medicare category. These patients are primarily the aged and needy. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**National Committee for Quality Assurance (NCQA)**: The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda. ([http://www.ncqa.org](http://www.ncqa.org))
National Health Service Corps (NHSC): The NHSC is a Federal government program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Workforce. The NHSC awards scholarships and loan repayment to primary care providers in NHSC-eligible disciplines. NHSC providers, in turn, commit to serving for at least two years at an NHSC-approved site located in a Health Professional Shortage Area (HPSA). (http://nhsc.hrsa.gov)

National Provider Identifier Number (NPI): unique identifiers for health care providers and health plans (nppes.cms.hhs.gov)

New Cycles: Family Medicine residency programs applying for Family Medicine capitation funding may request new cycles if they are first time applicants and have no current cycles set to expire as of 6/30 or have determined the need for additional funding.

New Program: A new program is one that has received accreditation and will either enroll its first class by July 1 of a given year or will not have graduates as of June 30 for that same year.

New primary care residency slots: New primary care residency slots are defined by the CHWPC as those slots that will result in an increase in total resident positions.

New Slots ($4M) funding: Song-Brown funding available to family medicine and primary care residency programs to support new primary care residency slots.

Non-physician practitioners: Licensed providers who practice either in collaboration with or under the supervision of a physician. Usually used to describe advanced practice registered nurses and physician assistants.

Obstetrics and Gynecology (OB/GYN): 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.

Office of Statewide Health Planning and Development (OSHPD): OSHPD promotes an equitably distributed healthcare workforce, and publishes valuable information about healthcare outcomes. OSHPD also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to assist the capital needs of California’s not-for-profit healthcare facilities. (http://oshpd.ca.gov)

Other Indigent: The Other Indigent category includes indigent patients who are being provided charity care by the hospital and U.C. teaching hospital patients who are provided care with Support for Clinical Teaching funds. This category excludes those who are recorded in the County Indigent Programs category and this category is
included in the Other Payers category on the 1995-99 Annual Financial Pivot Tables. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Other Payers:** for 2000 Annual Financial data, the Other Payers category includes all patients who do not belong in the other nine payer categories, such as those designated as self-pay. This category excludes the Other Indigent Payer Category on the 2000 Annual Financial Pivot Table. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Other Third Parties-Managed Care:** The Other Third Parties – Managed Care category includes patients covered by managed care plans other than those funded by Medicare, Medi-Cal, or a county; and was previously reported in the Other Third Parties category. Patients enrolled in the Healthy Families program are reported here. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Other Third Parties-Traditional:** The Other Third Parties – Traditional category includes all other forms of health coverage excluding managed care plans. Examples include Short-Doyle, CHAMPUS, IRCA/SLIAG, California Children’s Services, indemnity plans, fee-for-service plans, and Workers’ Compensation. This category was previously reported in the Other Third Parties category. 
http://www.oshpd.ca.gov/hid/Products/Hospitals/AnnFinanData/HAFDDoc2004.pdf

**Patient-Centered Medical Home (PCMH):** The primary care medical home provides primary health care that is relationship-based with an orientation toward the whole person. The medical home practice actively supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans. (http://pcmh.ahrq.gov)

**Payer Categories:** OSHPD Annual and Quarterly Reports include financial and utilization data by payer category, which is defined as the third-party or individual who is responsible for the predominate portion of a patient’s bill. For 2000 Annual and Quarterly Reports, the Office established 10 payer categories: Medicare- Traditional, Medicare- Managed Care, Medi-Cal – Traditional, Medi-Cal – Managed Care, County Indigent Programs – Traditional, County Indigent Programs – Managed Care, Other Third Parties – Traditional, Other Third Parties – Managed Care, Other Indigent, and Other Payers.

**Payer Mix:** Health care jargon for the percentage of revenue coming from private insurance versus government insurance versus self-paying individuals.

**Physician’s Assistant:** For purposes of the Song-Brown program, a physician assistant is defined as a primary care practitioner who meets the requirements of Div. 2, Ch. 7.7, Section 3501 of Business and Professions Code, and is licensed by the Physician Assistant Examining Committee.
**Pipeline Program:** Definition placeholder

**Placement Program:** Definition placeholder

**Primary Care:** For purposes of the Song-Brown program, primary care refers to the specialties of Internal Medicine, OB/GYN and Pediatrics.

**Primary Care Shortage Area:** an area designated by the CHWPC as having an unusually high need for primary care physicians and a lack of access to health care in surrounding areas because of excessive distance, overutilization, or access barriers. ([http://www.oshpd.ca.gov](http://www.oshpd.ca.gov))

**Principal/Primary Clinic:** A clinical site where residents spend a significant portion of each training year (e.g. more than six months doing patient care activities).

**Program Director:** for the purposes of the Song-Brown program, the Program Director is the individual who is to direct the proposed program and who will be responsible for the program. The program director will be required to certify any expenditure related to the contract and sign all quarterly certifications.

**Re-allocated primary care residency slots:** Re-allocated primary care residency slots are defined by the CHWPC as those slots that are being re-allocated from existing non-primary care positions to primary care positions.

**Registered Nurse:** for the purposes of the Song-Brown program, a registered nurse is a nurse who successfully completes a program approved as meeting standards established by the Board of Registered Nursing as specified in the California Nursing Practice Act. The practice of nursing as defined by Section 2725 of the California Nursing Practice Act means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill.

**Registered Nurse Shortage Area:** an area designated by the CHWPC as having a high ratio between patient demand and nurse availability.

**Renewal Cycles:** Family Medicine residency programs applying for Family Medicine capitation funding may request renewal cycles if they have existing contracts with cycles expiring on 6/30.

**Secondary Clinic:** A clinical site where residents spend a minority portion of each training year. (e.g. less than six months and more like two-three months doing patient care activities).
Social Determinants of Health: the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (World Health Organization)


Special Programs funding: Special Programs funding may be requested for but not limited to the following: a) development and funding of the training of health care teams of family medicine residents and primary care physician assistants and/or primary care nurse practitioners; b) programs which link training programs with medically underserved communities in California which appear likely to result in the location and retention of training program graduates in such communities; c) development of undergraduate medical education programs in family medicine; d) the development phase of new family medicine residency, primary care physician assistant, primary care nurse practitioner or registered nurse education programs; e) programs which train in skills needed for serving as a teacher of family medicine residents, primary care physician assistants, primary care nurse practitioners or registered nurses; f) other programs consistent with statutes and activities of the Commission.


The California Endowment (TCE): a private, statewide health foundation with a mission to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians. ([calendow.org](http://calendow.org))

Training Sites: the locations where residents will work and see patients during the course of the residency program. These can be primary, secondary and or continuity clinics.

Underrepresented Minorities (URM): the CHWPC defines underrepresented minorities as 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, Pakistani, Asian Indian, and Thai.

Uninsured: Individuals who have no health insurance or other source of third party coverage.
Song-Brown Program
The California Endowment Grant #20131880
(Grant Year One: December 1, 2013 through November 30, 2014)

Goal: Fund health professions education training programs and special programs to reflect The California Endowment’s (TCE) health workforce priorities for areas of need, increased diversity and representation of health professionals from underserved communities.

Song-Brown received a $21 million three-year grant from TCE to expand Song-Brown funding for health professional training institutions to train family medicine (FM) physicians, family nurse practitioners (FNP), and primary care physician assistants (PA). This funding expands efforts to address the shortage of underrepresented minority (URM) primary care providers in medically underserved areas. Song-Brown incentivizes health profession education institutions (HPEI) to increase access to care in underserved communities by incentivizing HPEIs to recruit URM residents/students, provide clinical training in areas of unmet need, and retain graduates that practice primary care in unmet need areas.

In December 2013, Song-Brown received $12.1 million in requests from 36 FM residency programs and 14 FNP/PA training programs. Table One reflects Grant Year One funding and number of trainee outcomes.

Table One: Grant Year One Outcomes

<table>
<thead>
<tr>
<th>Category</th>
<th>CHDPF Funds</th>
<th>TCE Funds</th>
<th>Number of Awards</th>
<th>Number Residents/Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine: Capitation</td>
<td>$3,830,339</td>
<td>$1,744,082</td>
<td>35</td>
<td>TCE 199</td>
</tr>
<tr>
<td>Family Medicine: Special Programs</td>
<td>$0</td>
<td>$2,170,713</td>
<td>16</td>
<td>TCE 342</td>
</tr>
<tr>
<td>FNP/PA: Base</td>
<td>$350,823</td>
<td>$1,607,180</td>
<td>14</td>
<td>TCE 1,343</td>
</tr>
<tr>
<td>FNP/PA: Special Programs</td>
<td>$0</td>
<td>$1,478,025</td>
<td>10</td>
<td>TCE 663</td>
</tr>
<tr>
<td>Total</td>
<td>$4,181,162</td>
<td>$7,000,000</td>
<td>75</td>
<td>TCE 2,457</td>
</tr>
</tbody>
</table>

CHDPF = California Health Data Planning Fund

Song-Brown successfully incorporated TCE’s health workforce priorities by incorporating scoring criteria and prioritizing programs with training sites located in one of TCE’s 14 Building Healthy Communities (BHC) sites and/or designated counties of the Central Valley. With TCE funding, Song-Brown was able to increase the number of residents and students trained in areas of unmet need specifically located in a BHC site or specified counties in the Central Valley. Table Two reflects the location of training sites utilized by Song-Brown program funded applicants.

Table Two: Grant Year One Training Sites Located in BHC or Central Valley Counties

<table>
<thead>
<tr>
<th>Funding</th>
<th>Family Medicine Training Sites</th>
<th>FNP/PA Training Sites</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHDPF</td>
<td>11</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>TCE</td>
<td>54</td>
<td>304</td>
<td>358</td>
</tr>
<tr>
<td>Totals</td>
<td>65</td>
<td>310</td>
<td>375</td>
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1 Health Professional Shortage Areas, Medically Underserved Areas, Medically Underserved Populations and Primary Care Shortage Areas
## Song-Brown TCE

<table>
<thead>
<tr>
<th></th>
<th>Year 1 Actuals</th>
<th>Year 2 Proposed</th>
<th>Year 3 Proposed</th>
<th>Year 4 Proposed</th>
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<tr>
<td>Family Medicine Capitation</td>
<td>$2,891,997.00</td>
<td>$2,661,750.00</td>
<td>$2,598,375.00</td>
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<tr>
<td>Family Medicine Special Programs</td>
<td>$2,021,975.00</td>
<td>$1,433,250.00</td>
<td>$1,399,125.00</td>
<td></td>
</tr>
<tr>
<td>FNP/PA Base</td>
<td>$608,003.00</td>
<td>$1,433,250.00</td>
<td>$1,399,125.00</td>
<td></td>
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<tr>
<td>FNP/PA Special Programs</td>
<td>$1,478,025.00</td>
<td>$771,750.00</td>
<td>$753,375.00</td>
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<tr>
<td>Mini-Grants</td>
<td>$-</td>
<td>$100,000.00</td>
<td>$-</td>
<td></td>
</tr>
<tr>
<td>Cal-SEARCH</td>
<td>$-</td>
<td>$450,000.00</td>
<td>$400,000.00</td>
<td></td>
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<tr>
<td>Cal-Post Bac</td>
<td>$-</td>
<td>$300,000.00</td>
<td>$-</td>
<td></td>
</tr>
<tr>
<td>CDPH Public Health Fellowship</td>
<td>$-</td>
<td>$150,000.00</td>
<td>$150,000.00</td>
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<tr>
<td><strong>Total</strong></td>
<td>$7,000,000.00</td>
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## PROPOSED - revised 05-07-2015

<table>
<thead>
<tr>
<th></th>
<th>Year 1 Actuals</th>
<th>Year 2 Proposed</th>
<th>Year 3 Proposed</th>
<th>Year 4 Proposed</th>
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<tr>
<td>Family Medicine Capitation</td>
<td>$2,891,997.00</td>
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<td>$1,478,025.00</td>
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<td>$-</td>
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<td>CDPH Public Health Fellowship</td>
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<td><strong>Total</strong></td>
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<td>Section 1 - Statutory Criteria</td>
<td>Primary Care Residency Programs (PCR)</td>
<td>Family Medicine/Primary Care New Slots ($4M) funding</td>
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<td>-------------------------------</td>
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<td><strong>RFA Question</strong></td>
<td>Does the program have complete graduate data for three to five years post-residency?</td>
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<td><strong>Evaluation Criteria 4.a.</strong></td>
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<td>3 points for three years of complete data or new programs</td>
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</tr>
<tr>
<td></td>
<td>4 points for four years of complete data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 points for five years of complete data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discussion: Clarity</strong></td>
<td>Should this be evaluated? All but one applicant provided complete data so applicants received the allotted points. Should there be more clarity as to what is complete data or how that data is evaluated?</td>
<td>New Slots does not ask this question</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RFA Question</strong></td>
<td>Do you have a plan and/or curriculum that promotes training in ambulatory and community settings?</td>
<td>Do you have a plan and/or curriculum that promotes training in ambulatory and community settings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation Criteria 4.b.</strong></td>
<td>0 points for No</td>
<td>0 points for No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 points for a curriculum only</td>
<td>3 points for a curriculum only</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 points for a detailed, well-defined curriculum that shows expected outcomes</td>
<td>5 points for a detailed, well-defined curriculum that shows expected outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Discussion: Clarity</strong></td>
<td>See the PCR survey - review panel members provided comments related to this criteria</td>
<td>See the New Slots survey - review panel members provided comments related to this criteria</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

June 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
Proposed Primary Care Capitation Application

Table of Contents

- Program Information Page 3
- Contractor Information Page 4
- Executive Summary Page 5
- Statistics Page 6
- Languages Page 7
- Graduates Information Page 8-9
- Program Strategies Page 10
- Underrepresented Minorities Page 11
- Training in Areas of Unmet Need Pages 12-13
- Faculty Qualifications Page 14
- Residency Training Page 15-16
- Required Attachments Page 17
- Program Director Assurances Page 18
- Evaluation Criteria Page 19-21
Program Information

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

Practice Specialty:
- [ ] Internal Medicine Residency Program
- [ ] Obstetrics and Gynecology (OB/GYN) Residency Program
- [x] Pediatric Residency Program

Program Director:

Program Director:

Degree:

Email:

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-New: 4 $51,615

Grand Total Requested:

For non-medical school based residency programs, does your residency have an affiliation agreement with a medical school?

Staff Comments/Recommendations:
No Changes
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: ____________________________

Staff Comments/Recommendations:
No Changes
Executive Summary

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

Staff Comments/Recommendations:
No Changes
**Staff Comments/Recommendations:**

1. Graduate years should remain the same
2. Change language in questions to be past tense
Staff Comments/Recommendations:
No Changes
GRADUATE INFORMATION

Instructions:
Please fill in the appropriate fields.
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  National Provider Identifier Number  ☐ HPEF Scholar  ☐ NHSC Recipient

Graduate Practice Specialty

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: 

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

Is the graduate practicing greater than 50% in ambulatory primary care at this site?

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

8
3. For a practice site not entered in section 1, enter information below

<table>
<thead>
<tr>
<th>Practice Site</th>
<th>OSHPD ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**City** | **State** | **Zip** | **County** |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Is the graduate practicing greater than 50% in ambulatory primary care at this site? [ ]

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

<table>
<thead>
<tr>
<th>Private Practitioner</th>
<th>Practice Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address</th>
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<tbody>
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</table>

**City** | **State** | **Zip** | **County** |
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</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Is the graduate practicing greater than 50% in ambulatory primary care at this site? [ ]

**Staff Comments/Recommendations:**

1. Graduate years should remain the same
**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.

Describe how your program incorporates cultural competency and responsive care training into the program's 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.

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

**Staff Comments/Recommendations:**
No Changes
**Staff Comments/Recommendations:**

1. Graduate years should remain the same
2. For current students, add columns for PGY-1, PGY-2 and PGY-3 residents. Current students 2015/16
TRAINING IN AREAS OF UNMET NEED

Instructions:
Please fill in the appropriate fields.
When done, click the SAVE button.

1. Training Site
After saving the page, click the Add/Edit link below to add your site.

Add/Edit Address

If the site is not listed answer the question below, then click SAVE.
Is the training site a private practitioner’s office?  ○ Yes  ○ No

Identify if the training site is a Principal, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark “0”)

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ☐ ☑

OSHPD ID

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.

Add/Edit Address
Address
City State Zip Code

County

Identify if the training site is a Principal, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark “0”)

○ 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

Address
City  State
County

Zip Code

Identify if the training site is a Principal, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark "0")

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

NHSC site

Staff Comments/Recommendations:
No Changes
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:

0 of 3000

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners:

0 of 3000

Does your program provide any structured interprofessional learning that your residents participate in with other healthcare professionals? If your program does not currently offer interprofessional education, describe your strategies and timeline for implementing these educational activities:

0 of 3000
Staff Comments/Recommendations:
No Changes
FACULTY QUALIFICATIONS

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

Identify up to five members of your program's 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.

<table>
<thead>
<tr>
<th>Faculty Member Name/Position</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

Staff Comments/Recommendations:
No Changes
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.

Browse...
Browse...
Browse...

Upload letters from licensed non-physician practitioners that support statements made on the Residency Training form

Browse...
Browse...
Browse...

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

Browse...
Browse...
Browse...

Staff Comments/Recommendations:
No Changes
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.
### CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
### EVALUATION CRITERIA
### INTERNAL MEDICINE, OB/GYN, AND PEDIATRICS
### RESIDENCY TRAINING PROGRAM

<table>
<thead>
<tr>
<th>Section</th>
<th>Statutory Criteria</th>
<th>Total Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)</td>
<td>15</td>
</tr>
<tr>
<td>1.a</td>
<td>Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities</td>
<td>8</td>
</tr>
<tr>
<td>1.b</td>
<td>Counseling and placement program to encourage graduate placement in areas of unmet need</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program</td>
<td>15</td>
</tr>
<tr>
<td>2.a</td>
<td>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</td>
<td>7</td>
</tr>
<tr>
<td>2.b</td>
<td>Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups</td>
<td>3</td>
</tr>
<tr>
<td>Section</td>
<td>Other Considerations</td>
<td>Total Points Available</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>
| I | 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 Primary Care  
Maximum number of points for # of grads equals 6 for Primary Care | 15 |
| 3 | Describe the training sites payer mix. (Up to 3 continuity clinics)  
5 points, combination of Medi-Cal and uninsured greater than 25% but less than 49%  
8 points, combination of Medi-Cal and uninsured greater than 50% but less than 74%  
10 points, combination of Medi-Cal and uninsured greater than 75% | 10 |
| 3.a. | Placement of graduates in primary care ambulatory settings  
(% and # of graduates in primary care ambulatory settings in areas of UMN)  
6 points, % of grads  
4 points, # of grads | 10 |
| 4 | 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 | 5 |
| 4.a. | Does the program have a plan and/or curriculum that promotes training in ambulatory and community settings?  
5 points for a detailed, well-defined curriculum that shows expected outcomes  
3 points for a curriculum only  
0 points for No | 5 |
| 4.b. | Total points possible for Section I | 98 |
| II | Does the residency training program structure its training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners 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, for evidence of training in NP/PA/APRN  
3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application | 3 |
| 1 | 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 |
| 2 | Does the program use primary care physicians from the local community in the training program?  
0 points, no mention  
1 point for each example cited up to 3 points | 3 |
| 3 | |  |
Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?
0 points, no letters attached 1 point per letter
2 points for 2 letters
3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total points possible for Section II</td>
<td>12</td>
</tr>
<tr>
<td>Total points possible for Section I and II</td>
<td>110</td>
</tr>
<tr>
<td>Section 1 - Statutory Criteria</td>
<td>Family Medicine/Primary Care New Slots ($4M) funding</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>RFA Question</td>
<td>Do you have a plan and/or curriculum that promotes training in ambulatory and community settings?</td>
</tr>
<tr>
<td>Evaluation Criteria 5.a.</td>
<td>0 points for No 3 points for a curriculum only 5 points for a detailed, well-defined curriculum that shows expected outcomes</td>
</tr>
<tr>
<td>Discussion: Definition requested</td>
<td>See New Slots survey - review panel members provided comments related to this criteria</td>
</tr>
</tbody>
</table>

**Section 2 - Other Considerations**

| RFA Question                  | Does the program have components of curriculum that support primary care through primary care continuity clinic activities, including management of a panel of patients? | Not Applicable |
| Portion A:                   | 0 points, no examples 1 point, one example 2 points, two examples | Not Applicable |
| Portion B:                   | 3 points, three or more examples plus an example of patient panel management | |
| Discussion: Clarity          | See New Slots survey - review panel members provided comments related to this criteria | |


PROPOSED NEW SLOTS ($4M) 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

June 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
PROGRAM INFORMATION

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

☐ Family Medicine ☐ Internal Medicine ☐ Obstetrics and Gynecology (OB/GYN) ☐ Pediatrics*

Program: 
Director: 
Director: 
Degree: 
Program: 
Email: 
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

<table>
<thead>
<tr>
<th>Capitation Type</th>
<th>Cycles Requested</th>
<th>Capitation Rate</th>
<th>Total Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$160,000</td>
</tr>
</tbody>
</table>

Staff Comments/Recommendations:
No Changes
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:

Staff Comments/Recommendations:
No Changes
Staff Comments/Recommendations:
No Changes
### Staff Comments/Recommendations:

1. Graduate years should remain the same
2. Change language in questions to be past tense
### LANGUAGES

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

<table>
<thead>
<tr>
<th>Language</th>
<th>Current Students/Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Sign Language</td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
</tr>
<tr>
<td>Armenian</td>
<td></td>
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<tr>
<td>Cantonese</td>
<td></td>
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<tr>
<td>Farsi</td>
<td></td>
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<tr>
<td>Hmong</td>
<td></td>
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<tr>
<td>Khmer</td>
<td></td>
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<tr>
<td>Korean</td>
<td></td>
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<tr>
<td>Laotian</td>
<td></td>
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<tr>
<td>Mandarin</td>
<td></td>
</tr>
<tr>
<td>Other Chinese</td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td></td>
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<tr>
<td>Spanish</td>
<td></td>
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<tr>
<td>Tagalog</td>
<td></td>
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<tr>
<td>Vietnamese</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Comments**

Staff Comments/Recommendations:
No Changes
GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
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

Graduate Practice Specialty

National Provider Identifier Number

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

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.

Please save the page before adding an address.

Practice Site

Address

City State Zip County

Is the graduate practicing greater than 50% in ambulatory primary care at this site?

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

☐ Unknown

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

Practice Site ____________________________ CSHPD ID __________

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 _____ County ______

Is the graduate practicing greater than 50% in ambulatory primary care at this site? ______

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

Private Practitioner
First Name ____________ Last Name ____________ Practice 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 _____ County ______

Is the graduate practicing greater than 50% in ambulatory primary care at this site? ______

Staff Comments/Recommendations:

1. Graduate years should remain the same
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.

Describe how your program incorporates cultural competency and responsive care training into the program's 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.

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

Staff Comments/Recommendations:
No Changes
## UNDERREPRESENTED MINORITIES

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>American Indian/Native American/Alaskan Native</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
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<tr>
<td>Asian Indian</td>
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<td>0</td>
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<td>Cambodian</td>
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<td>0</td>
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<tr>
<td>Malaysian</td>
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<tr>
<td>Pakistani</td>
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<td>Thai</td>
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<tr>
<td>Vietnamese</td>
<td></td>
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<td>0</td>
<td></td>
</tr>
<tr>
<td>Black, African American or African</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White/Caucasian/European/Middle Eastern</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

*Defined as underrepresented by the California Healthcare Workforce Policy Commission*

**Comments**

![Comment Area](image)

**Staff Comments/Recommendations:**
1. Graduate years should remain the same
2. For current students, add columns for PGY-1, PGY-2, PGY-3, and PGY-4 residents.
   Current students 2014/16
TRAINING IN AREAS OF UNMET NEED

Instructions:
Please fill in the appropriate fields.
When done, click the SAVE button.

1. Training Site
After saving the page, click the Add/Edit link below to add your site.

Add/Edit Address

If the site is not listed answer the question below, then click SAVE:
Is the training site a private practitioner's office?  ○ Yes  ○ No

Identify if the training site is a Principle, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark "0")

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ○ +

OSHPO ID

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.

Add/Edit Address
Address
City  State  Zip Code
County ○

Identify if the training site is a Principle, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark "0")

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ○ +

OSHPO ID

12
3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name    Private Practitioner Last Name    Title

Address
City    State    Zip Code
County

Identify if the training site is a Principal, Secondary, or Continuity clinic. For Continuity clinics only, identify the percent of payers at this site. (If the percent of payers is zero please mark "0")

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site

Staff Comments/Recommendations:
No Changes
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

0 of 5000

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 licensed non-physician practitioners

0 of 5000

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.

0 of 5000
Describe how practicing primary care physicians from the local community are used in the training program.

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

<table>
<thead>
<tr>
<th>Academic Year (AY)</th>
<th>PGY1</th>
<th>PGY2</th>
<th>PGY3</th>
<th>PGY4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Estimate the percentage of time your residents spend on average in a continuity clinic, R1, R2, R3 (R4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Estimate the percentage of time your residents spend on average in ambulatory care settings, (excluding continuity clinics) R1, R2, R3 (R4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff Comments/Recommendations:
No Changes


**FACULTY QUALIFICATIONS**

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

Identify up to five members of your program's faculty and explain how each possesses the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of PCMH principles and health care disparities.

<table>
<thead>
<tr>
<th>Faculty Member Name/Position</th>
<th>Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Staff Comments/Recommendations:**
No Changes
**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.

Browse...
Browse...
Browse...

Upload letters from licensed non-physician practitioners that support statements made on the Residency Training form.

Browse...
Browse...
Browse...

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

Browse...
Browse...
Browse...

If requesting Primary Care New Slots Capacitation funding - Attach copies of your ACGME/AOA approval letter for expansion.

Browse...
Browse...
Browse...

**Staff Comments/Recommendations:**

1. Should all the attachments be required fields?
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.
<table>
<thead>
<tr>
<th>Section</th>
<th>Statutory Criteria</th>
<th>Total Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Placement of graduates in medically underserved areas. (%) and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Primary Care Maximum number of points for # of grads equals 6 for Primary Care</td>
<td>15</td>
</tr>
<tr>
<td>1.a</td>
<td>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</td>
<td>8</td>
</tr>
<tr>
<td>1.b</td>
<td>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</td>
<td>5</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>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 Primary Care Maximum number of points for # of grads equals 6 for Primary Care</td>
<td>15</td>
</tr>
<tr>
<td>2.a</td>
<td>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</td>
<td>7</td>
</tr>
<tr>
<td>2.b</td>
<td>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-primary care</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>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 Primary Care Maximum number of points for # of grads equals 6 for Primary Care</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Describe the training sites payer mix. 5 points, combination of Medi-Cal and uninsured greater than 25% but less than 49% 8 points, combination of Medi-Cal and uninsured greater than 50% but less than 74% 10 points, combination of Medi-Cal and uninsured greater than 75%</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Placement of graduates in primary care ambulatory settings (% and # of graduates in primary care ambulatory settings) 4 points, # of grads 6 points, % of grads</td>
<td>10</td>
</tr>
<tr>
<td>5.a.</td>
<td>Does the program have a plan and/or curriculum that promotes training in ambulatory and community settings? 0 points for No 3 points for a curriculum only 5 points for a detailed, well-defined curriculum that shows expected outcomes</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total points possible for Section I</strong></td>
<td>93</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section II</th>
<th>Other Considerations</th>
<th>Total Points Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points, no mention 1 point for each example cited per unique faculty member up to 3 points</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>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?) 0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>Points Possible</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>4</td>
<td>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 licensed non-physician practitioners? 0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples</td>
<td>3</td>
</tr>
</tbody>
</table>
| 5 | Does the program have components of curriculum that support primary care through primary care continuity clinic activities, including management of a panel of patients?  
Portion A: 0 points, no examples 1 point, one example 2 points, two examples  
Portion B: 3 points, at least two examples plus an example of patient panel management | 5               |
| 6 | Does the program use primary care physicians from the local community in the training program? 0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples | 3               |
| 7 | Does the program promote training in ambulatory care and community settings in underserved areas? 0 points, no examples 1 point, one example 2 points, two examples 3 points, three or more examples | 3               |
| 8 | Percentage of time residents spend on average in a continuity clinic: R1, R2, R3, (R4).  
0 point: average 24% or less 1 point: 25%-49% 2 points: 50%-74% 3 points: 75% or above | 3               |
| 9 | Percentage of time residents spend on average in ambulatory care settings (excluding continuity clinics): R1, R2, R3, (R4).  
0 point: average 24% or less 1 point: 25%-49% 2 points: 50%-74% 3 points: 75% or above | 3               |

**Total points possible for Section II** 29

**Total points possible for Section I and II** 122
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.

Senate Bill 857 (Chapter 31, Statutes of 2014) authorizes the Song-Brown Program to expand eligibility to other primary care residency programs (internal medicine, OB/GYN, and pediatrics) as well as teaching health centers.

Senate Bill 870 (Chapter 40, Statutes of 2014) provides for a one-time augmentation in funding to the California Health Data and Planning Fund to support new primary care physician residency slots.

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.
California Healthcare Workforce Policy Commission
Policies and Procedures

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 Deputy Director of the Healthcare Workforce Development Division in the Office of Statewide Health Planning and Development, or the chief’s deputy director’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 medicine.
   e. One representative of undergraduate medical students in a family practice medicine program or residence in family practice medicine 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. 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)
California Healthcare Workforce Policy Commission
Policies and Procedures

- 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.ag.ca.gov/ethics/](http://www.ag.ca.gov/ethics/) [https://oag.ca.gov/ethics/course](https://oag.ca.gov/ethics/course)

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. Attend all meetings of the California Healthcare Workforce Policy Commission.

2. Review and score assigned applications for funding regardless of ability to attend a funding meeting.

3. At each of the three 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.

4. Identify specific areas of the state where unmet priority needs for primary care physicians and registered nurses exist.

5. Establish standards and contract criteria for funding of family practice medicine, primary care (internal medicine, OB/GYN and pediatrics), family nurse practitioner, physician assistant and registered nurse education programs, including provisions to encourage students and residents to provide service in unmet need areas.

Commented [OM5]: Update to website
Commented [OM6]: Adding meeting attendance requirement
Commented [OM7]: Adding requirement to review and score regardless of ability to attend a meeting
Commented [OM8]: Removing reference to number of funding meetings
Commented [OM9]: Updating to reflect family medicine
Commented [OM10]: Adding primary care

- 5 -

Revised 12/2011
6. Review and make recommendations to the Director of Office of Statewide Health Planning and Development concerning funding of family practitioner, physician assistant and registered nurse education programs.

7. 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.

8. Establish standards and contract criteria for special programs.

9. Review and makes recommendations to the Director of Office of Statewide Health Planning and Development concerning funding of special programs.

10. During each program’s presentation, use the worksheets provided to review and evaluate the program by their compliance with statutes.

11. After all the programs have made their presentations, use the ballot provided to rank each program for funding awards.

12. 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.

13. 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.

   b. 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.
GOALS: SONG-BROWN FAMILY PHYSICIAN TRAINING PROGRAM
(Health and Safety Code Section 128200)

1. To increase the number of competent family and primary care physicians, primary care physician assistants and family nurse practitioners to provide comprehensive primary care to families in California.

2. To improve the training of medical students and residents in family practice medicine by:
   - Encouraging the development of family practice medicine residency programs and departments at California medical schools.
   - Encouraging the training of family practice medicine and primary care physicians in community-based settings (e.g., non-university hospitals, rural facilities) in programs affiliated with accredited medical schools.
   - Encouraging the training of family practice medicine and primary care physicians in medically underserved areas

3. To improve access to primary care services in California’s medically underserved areas by:
   - Increasing the number of family and primary care physicians, primary care physician assistants, and family nurse practitioners who receive quality education and training.
   - Increasing the number of family and primary care physicians, primary care physician assistants and family nurse practitioners who provide services in medically underserved areas.
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<th>Goal/Role</th>
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<tr>
<td>I. Fiscal Accountability, Transparency of SB Funds</td>
<td>1</td>
<td>Develop letter recommending that site visits re-commence as an opportunity to evaluate awardees</td>
<td>Delezal</td>
<td>8/6/12 Completed 8/2012</td>
<td>From 8/4/12 meeting. Letter sent to Director David; staff presented recommendations at 11/1/12 meeting.</td>
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<td>2</td>
<td>Develop recommendations regarding special funding and post-evaluation Send final Reports to CHWPC for review; sent 5/31/13 Develop objective scoring metrics for all special program criteria sets.</td>
<td>Rice</td>
<td>04—05/2013</td>
<td>Task Force was convened to develop recommendations re: evaluation criteria for Family Practice and FNP/PA Special Programs; 2 conference call meetings were held, recommendations were presented at the Policy meeting on 5/29/13. Post-evaluation—no discussion to date on this subject.</td>
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<td>3</td>
<td>Develop recommendations regarding funding direction 1. Formalize process on special programs 2. Workgroup to be formed 3. Report at 11/12 meeting</td>
<td>TBD</td>
<td>TBD</td>
<td>From 07/31/12 meeting 1. Capitation v. minimum funding – TBD. 2. $65,000 balance—these funds were rolled over into the family practice fund for next year 3. Breaking out “renewal” vs “new cycles” – TBD 4. Programs in which employability is an issue for ADN Program – TBD 5. Staff will provide CHWPC members with funding chart for quick reference.</td>
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<td>4</td>
<td>Develop recommendations regarding United Healthcare grant</td>
<td>Alonzo-Diaz, Aguilar</td>
<td>11/1/12 Completed, 11/2012</td>
<td>Survey program directors to get feedback on special projects. —Completed in 11/2012.</td>
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<td>5</td>
<td>Develop recommendations for use of graduate student assistant resources</td>
<td>Lachica</td>
<td>10/5/12 Completed, 10/2012 Project terminated by Medical Students in 12/2012</td>
<td>From 07/31/12 meeting, Commissioners expressed interest in researching these issues: 1. Should Song-Brown capitation funding only be used for pre-licensure students? 2. Options for Commission regarding proposed master’s level degree requirement by 2020 3. What impact will Affordable Care Act have on private physicians and delivery of care in underserved and rural areas that have historically relied on private physicians? 4. Others?</td>
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| II. Aligning Statutory Priorities | 1 | Focus on recruitment of URM students to graduate (medical school, graduate nursing) and undergraduate of all SB funded programs  
1. Update URM definition - provide draft of language to CHWPC  
2. Identify best strategies/practices for effective recruitment of URM through standing agenda item | 1. Sub-Cmte  
2. Sub-Cmte  
- Educationally/Economically disadvantaged  
- Consider survey of program directors – TBD  
2 | 2 | Evaluate new scoring criteria | All            | 05/2014    | After a year of implementing new scoring criteria, assess impact, with the implementation of CalREACH, the review of the new criteria will be postponed until 5/2014                                                                  |
|                         | 3 | Develop recommendations regarding PA masters level                       | Byous          | 11/1/12    | Stumpf with the Physician Assistant Committee will present his findings at the FNP/PA Commission meeting. Byous is working with him on this topic.                                                                 |
|                         | 4 | Discuss patient centered homes and impact to SB                           | Wolfe          | 11/1/12    | Timeline not determined at 7/31/12 meeting, consider CNA presentation                                                                                                                                                  |
|                         | 5 | Discuss employability of RNs and impact to SB                             | Townsend Rice  | 05/2014    | Deborah Rice and Katherine Townsend to present material at FNP/PA meeting                                                                                                                                               |
| III. Planning and Evaluation of Policy Direction | 1 | Develop process for addressing issues that were identified in 07/31/2012 meeting that weren’t prioritized. |                |            | Internal Policy  
1. Explore special programs for recruitment of URM students in training programs (high school, or middle school) – Probable funding as part of the California Endowment Special Program  
2. Discussion of applicants prior to scoring at funding meetings  
3. Options for funding based on geo spread - TBD  
Funding Policy  
1. Discuss role/relationship of “for-Profit” programs in SB program |
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<tr>
<td>III. Planning and Evaluation of Policy Direction</td>
<td>1</td>
<td>Develop process for addressing issues that were identified in 07/31/2012 meeting that weren't prioritized.</td>
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<td>1. with employment; discuss role of LVNs and ADN nurses in CA hospitals especially related to magnet status changing role of ADNs – Presentation by Rice and Townsend in 10/2013 5/14/14 or 6/19-20/14 2. Potential use of SB funds to influence medical students and premedical students to invest in decreasing barriers through residency – TBD 3. Recognize FP/100,000 ratios as valid criteria for SB Funding</td>
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<td>IV. Opportunities for Collaboration on Statewide Policy Initiatives</td>
<td>1</td>
<td>Present information on legislative and budgetary initiatives that impact health workforce</td>
<td>Alonzo-Diaz</td>
<td>Each CHWPC meeting</td>
<td>Via Executive Secretary Report</td>
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<td>2</td>
<td>Present information on status and activities of Healthcare Workforce Development Council</td>
<td>Alonzo-Diaz</td>
<td>Each CHWPC meeting</td>
<td>Via Executive Secretary Report</td>
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<td>V. Internal/Administrative</td>
<td>1</td>
<td>Develop protocols for communication/information between and to Commissioners 1. Refresh of Bagley-Keene 2. Identify additional communication sites (website link, FTP Site, etc.) 3. Type of meeting materials 4. Use of Clearinghouse data 5. Agenda setting for meetings 6. Adding policy discussion at each CHWPC meeting</td>
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<td>Notes: 1. Bagley-Keene review completed by Elizabeth Wied at the Policy meeting in 5/2012 2. Completed, on the OSHPD website in HWDD under “Quick Links” in the CHWPC Resources 3. Staff will survey Commissioners after November meeting – With the implementation of CalREACH, this will be reviewed in 5/2014 4. Staff will use clearinghouse data as needed 5. Chair and Executive Secretary set each meeting agenda 6. Chair and Executive Secretary review policy discussion for each meeting</td>
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<td>V. Internal/ Administrative</td>
<td>2</td>
<td>Contract Review—update contracts to reflect current program practices</td>
<td>Staff</td>
<td>TBD</td>
<td>Staff worked with Legal to convert SB contracts to grant agreements. Grant Agreements to be processed through CalREACH in the future.</td>
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| VI. Develop Request for Application and Evaluation criteria to be consistent with The California Endowment’s (TCE) focus | 1 | Increasing the number of primary care and public health professional shortage areas. | | | A component of the Special programs request for Application and evaluation criteria is designed to reflect TCE priorities for increasing the number and improving the distribution of primary care health professionals in designated underserved areas, as evidenced by: <ul><li>Priorities set for number of graduates working in areas of unmet need; developing program training sites in areas of unmet need; and attracting and admitting members of underrepresented minority and/or economically disadvantaged groups to the program;</li><li>Focus on increasing the number of health professionals from racial/ethnic and other underserved communities;</li><li>Emphasis on programs located in one of the California Endowments 14 Building Healthy Communities or one of the designated Counties of the Central Valley, <a href="http://www.calendow.org/communities/building-healthy-communities/">http://www.calendow.org/communities/building-healthy-communities/</a></li><li>Emphasis on programs linked to career pathway/pipeline programs located in one of the California Endowments 14 Building Healthy communities or one of the designated Counties of the Central Valley (Madera, Merced, Fresno, Kern, Kings, Stanislaus, San Joaquin, Yolo, Sacramento, and Tulare).</li><li>Emphasis on training programs that occurs in non-hospital settings such as community clinics, Federally Qualified Health centers.</li></ul>
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<td>VI. Develop Request for Application and Evaluation criteria to be consistent with The California Endowment’s (TCE) focus</td>
<td>2 Increase the awareness of family Practice Residency programs, Family Nurse Practitioner (FNP) and Physician Assistant (PA) Training Programs for the funding opportunity made available by the TCE funding.</td>
<td>Staff</td>
<td>July-2013 to October-2013</td>
<td>● Daily usage of social media networks, including <a href="http://facebook.com/calhealthworkforce">facebook.com/calhealthworkforce</a> and <a href="http://twitter.com/healthprofcagov">twitter.com/healthprofcagov</a></td>
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<td>● Send e-mail announcements to all FM Residency and FNP/PA Program Directors.</td>
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<td>● Create webinars for online</td>
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<td>● There are 19 FNP and 9 Primary Care PA programs and 43 FM residency programs for a total of 71 eligible programs that can apply for funding.</td>
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<td>3 Support awarding of an additional $7 million, 33 capitation and 11 special program contracts for FM and 13 base and 11 special program contracts for FNP/PA contracts.</td>
<td>Staff</td>
<td>January–February-2014</td>
<td>Make and monitor new grant awards totaling nearly $7 million to health professions education programs</td>
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<td>● Write contracts that will support the training of 33 additional capitation residents and 308 residents through special programs.</td>
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<td>● 1,222 FNP/PA students will be supported through Base funding and 1,034 through special programs</td>
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<td>Capacity established to monitor contract compliance and process payments</td>
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<td>4 Analyze, evaluate, and report on the outcomes of each of the award recipients.</td>
<td>Ongoing</td>
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<td>● Progress and final Reports provided at mid-point and close of contract.</td>
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<td>● Program results analyzed for inclusion in HWDD’s Annual Report</td>
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<td>● Site visits conducted for each award recipient to ensure contract deliverables and adherence to TCE’s priorities.</td>
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<td>● Tracking of marketing efforts and the number of applications received</td>
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