

Office of Statewide Health Planning and Development



Highlights for 2011

OSHPD promotes healthcare accessibility through leadership in analyzing California's healthcare infrastructure, promoting a diverse and competent healthcare workforce, providing information about healthcare outcomes, assuring the safety of buildings used in providing healthcare, insuring loans to encourage the development of healthcare facilities, and facilitating development of sustained capacity for communities to address local healthcare issues.

FROM THE DIRECTOR



It is my pleasure to present to you on behalf of the staff of the Office of Statewide Health Planning and Development (OSHPD) a list of highlights for 2011.

During my time as OSHPD's Acting Director we have been confronted by changes and challenges. First and foremost of these

challenges was responding to the state's fiscal environment as we strive to fulfill our mission for equitable healthcare accessibility for Californians. This past year, we focused on streamlining and maximizing efficiencies, while providing excellent service to California.

As we move into 2012, we continue to implement changes and programs that hold promise for even greater efficiencies and progress. Continued success depends upon our shared commitment to future possibilities, a commitment that our extraordinary staff demonstrates daily. OSHPD staff is motivated to make a difference in the health of the communities we serve through the programs we administer. We look forward to making 2012 another positive step in advancing "equitable healthcare accessibility for California."

The following sections present the department's priorities and achievements for 2011.

—Stephanie Clandenin, Acting Director

WHO WE ARE

The Office of Statewide Health Planning & Development (OSHPD) administers programs to promote equitable access to healthcare by creating a diverse and competent healthcare workforce, providing information about healthcare outcomes, overseeing the safety of buildings used in providing healthcare, and insuring construction loans to encourage the development of healthcare facilities throughout the state.

OSHPD serves a variety of constituencies including hospitals, insurers, health plans, patients, the building and construction industry, academia, healthcare professionals, and healthcare workforce students and graduates. OSHPD operates almost entirely on non-general funds, which support the work of more than 400 employees, including numerous architects, engineers, researchers, workforce analysts, financial specialists, and accountants, as well as other professionals and support staff.



2011 HIGHLIGHTS

The year was one of streamlining, maximizing efficiencies, and challenging ourselves to provide our best service. With the implementation of healthcare reform on the horizon, preparing an adequate and culturally competent healthcare workforce has never been more important. As three to four million Californians become eligible for health insurance in 2014 as a result of the Affordable Care Act, the state's healthcare workforce will need to more than double over the next 10 years. To begin meeting these needs the Healthcare Workforce Development Division and the Health Professions Education Foundation increased access to healthcare for underserved populations by awarding more than \$20.8 million in financial incentives to students, health providers and educational institutions throughout the state.

During 2011, OSHPD significantly improved plan review timelines for hospital construction projects resulting in nearly \$10 billion of active health facility construction, which translates into jobs and economic vitality for those communities with projects. The Cal-Mortgage division improved community access to healthcare by insuring more than \$140 million in healthcare facility financing.

The Healthcare Information Division continued to provide transparency to the healthcare system by collecting healthcare data and publishing outcome reports and Health Facts about the quality and safety of healthcare in California.

Some detailed highlights for the year include:

Healthcare Workforce

- Increased the healthcare workforce by awarding more than \$20.8 million in grants and loan repayments to students and programs committed to the education and training of current and future healthcare professionals
- The Mental Health Loan Assumption Program funding doubled from \$2.5 million to \$5 million enabling awards to 474 mental health providers practicing in California's hard-to-fill service areas and retain positions in the public health system.
- Through the hybrid State Loan Repayment Program, in partnership with the Foundation's Steven M. Thompson Physician Corps Loan Repayment Program, awarded 61 primary care physicians for a total of \$5,652,328. The matching dollars enabled these programs to award 30 more physicians than we would have without the collaboration.
- Initiated the process to implement CalREACH, a Web-based application system that will provide for electronic submission of grant, scholarship and loan applications via the Web, while allowing staff to electronically process and monitor applications.
- The Foundation was approved for a \$150,000 two-year grant from The California Wellness Foundation to help support the Allied Healthcare and Health Professions Education Scholarship and Loan Repayment Programs.

Health Facility Construction & Financing

- The 2011 total value of hospital construction projects was more than \$25 billion. The year closed with \$9.9 billion in the active construction phase, with an additional \$4.3 billion of OSHPD approved projects "shovel ready" and awaiting action by the builder. Another \$2.2 billion was in the final OSHPD approval phase, and \$9.1 billion was under plan review.
- OSHPD significantly improved turnaround times for reviewing health facility project plans during 2011. By mid-year, on average, OSHPD was meeting turnaround goals 95% of the time. The Rapid Review Unit, for projects costing less than \$100,000, reduced turnaround time for small projects by 30%.
- The first phase of a new Electronic Services Portal providing real-time tracking of hospital construction projects was implemented. The new tool provides easier access to project review status for all interested parties.



2011 HIGHLIGHTS



- Backlog for geotechnical reviews (ground and soil conditions) were reduced by 75%, resulting in quicker plan approvals, as these reviews are part of the critical path needed for new hospital building construction.
- Twelve new health facility projects totaling \$140 million were insured by the Cal-Mortgage program, thereby enhancing access to healthcare and improving the economic vitality for those communities.

Healthcare Quality and Cost Reporting and Data

- Created a new tool that improves efficiency for finding and downloading hospital and long-term care facility annual financial disclosure reports, resulting in reports being available to interested persons sooner than required by law.
- Published Agency for Healthcare Research and Quality (AHRQ) Hospital Volume and Utilization Indicators for 2008 and 2009. Updated previously published 2005, 2006 and 2007 Indicators, using revised specifications.
- Published several Health Facts Reports including, "Trends in Bariatric Surgery in California Hospitals, 2005-2009", and "Trends in the Hospitalization of Persons Living with HIV/AIDS in California, 1988 to 2008". These briefs provided transparency to the healthcare system making it more accountable to the department's stakeholders.
- Developed and began implementation of a Data User Outreach Plan, and a Data User Engagement, Accountability & Transparency Initiative, both designed to improve responsiveness to stakeholders.

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For more information call 916-326-3600
or go to www.oshpd.ca.gov

HEALTH facts

Trends in Bariatric Surgery in California Hospitals, 2005 to 2009

Executive Summary
Nearly one quarter of California's population is clinically obese. With the trend for bariatric surgery rising, a growing number of managers will seek surgical interventions to manage obesity-related health-threatening weight problems. The greater availability, affordability (through insurance coverage) and increasing popularity of some weight-loss procedures has prompted the state to take a closer look at their characteristics, costs, outcomes, and the hospitals where they are performed.

Key Findings
• There was a four-fold increase in the number of Laparoscopic Adjustable Gastric Banding (Lap Band) surgeries performed from 2005 to 2009, coupled with a corresponding five-fold decrease in Open Roux-en-Y Gastric Bypass (Open RYGB) procedures. There was also a four-fold increase in the number of Vertical Sleeve Gastrectomy (VSG) procedures performed, though absolute numbers remain relatively stable.
• Laparoscopic Roux-en-Y Gastric Bypass (RYGB) surgery remains the most common type of surgery, comprising 73% of all surgeries performed in hospitals.
• Sixty-eight percent of bariatric surgery were White-Non-Hispanic. Bariatric surgery was performed on a patient with a relatively low obesity prevalence (18.2% of bariatric patients) compared to the state's overall population and have a life expectancy of 30.1%.
• Deaths within 30 days following surgery are quite rare (1.5% within 30 days) and are more common among patients who are older.

Trends in the Hospitalization of Persons Living with HIV/AIDS in California, 1988 to 2008

Background
The HIV/AIDS epidemic in the United States. In 1981, AIDS was first reported in the United States. Since that time, through December 2008, there were more than 1 million AIDS cases reported in the United States, with approximately 520,000 deaths. In California, AIDS cases reported in 2008 were 67,296 persons reported in the 107,707 cases reported in California. The number of AIDS cases reported in California in 2008 was 1,000 more than in 2007. The number of AIDS cases reported in California in 2008 was 1,000 more than in 2007. The number of AIDS cases reported in California in 2008 was 1,000 more than in 2007.

Purpose of This Report. This report makes use of HIV/AIDS surveillance data collected by the California Department of Public Health, Office of AIDS, plus hospital inpatient discharge data collected for the Office of Statewide Health Planning and Development to assess trends in hospital inpatient care for persons diagnosed with HIV infection over the period 1988 to 2008. It shows the number of people with HIV/AIDS who were hospitalized in California over their lifetimes, broken out by age, race, and ethnicity, and gender. It also shows the number of people with HIV/AIDS who were hospitalized in California over their lifetimes, broken out by age, race, and ethnicity, and gender. It also shows the number of people with HIV/AIDS who were hospitalized in California over their lifetimes, broken out by age, race, and ethnicity, and gender.

Key Findings
• The peak of people in California who could be hospitalized with a diagnosis of HIV infection (other than AIDS) was in 1998, with 1,100 hospitalizations. This number has since declined to 1,000 in 2008. This number has since declined to 1,000 in 2008. This number has since declined to 1,000 in 2008.

Number of Selected Metropolitan Areas of Statewide Health Planning and Development

County	Hospital Name	Population	Reception	Reception	Reception	Reception
STATEWIDE TOTAL						
Alameda	Alameda County Medical Center - Highland Campus	2	2	2	2	7
Alameda	Alameda Hospital	2	2	2	2	1
Alameda	Alta Bates Summit Medical Center - Alta Bates Campus	2	1	1	1	25
Alameda	Alta Bates Summit Medical Center - Summit Campus - Hawthorne	5	10	17	549	1,114
Alameda	Children's Hospital and Research Center at Oakland	1	3	3	3	8
Alameda	Eden Medical Center	1	3	3	3	8
Alameda	Fremont Hospital	1	3	3	3	8
Alameda	Kaiser Foundation Hospital - Hayward	2	9	30	30	36
Alameda	Kaiser Foundation Hospital - Oakland Campus	2	9	27	27	19
Alameda	Kindred Hospital - San Francisco Bay Area	1	1	1	1	3
Alameda	Saint Rose Hospital	1	1	1	1	137
Alameda	San Leandro Hospital	1	1	1	1	18
Alameda	Vallejos Medical Center	3	4	38	194	21
Alameda	Washington Hospital - Fremont	1	4	4	135	440
Amador	Summit Amador Hospital	1	1	1	1	1
Butte	Biggs Grady Memorial Hospital	1	1	1	1	1
Butte	Edson Medical Center - Edson Campus	2	1	32	172	366
Butte	Feather River Hospital	1	1	1	1	21
Butte	Oroville Hospital	1	1	1	1	16
Colusa	Mark Twain Saint Joseph's Hospital	1	1	1	1	1

WHAT WE DO

Healthcare Workforce



The **Healthcare Workforce Development Division (HWDD)** administers programs designed to increase access to healthcare for underserved populations by advancing the recruitment and training of future health professionals through grants and loan repayments that encourage health professionals to serve in these areas. HWDD also provides data and geographic information systems (GIS) analyses as well as dissemination of information on California's healthcare workforce infrastructure. Federal and state funds are directed through the Health Career Training Program (HCTP), the Song-Brown Family Physician Training Program (Song-Brown), the Health Workforce Pilot Project, the National Health Service Corps State Loan Repayment Program (SLRP), the Primary Care Cooperative Agreement, and Rural Health Services. The division is supported by special fees generated by the California Health Data and Planning Fund, Mental Health Services Act funds, federal grants and occasional special project support from private foundations.



The **Health Professions Education Foundation (Foundation)** is a 501(c)(3) non-profit public benefit corporation housed within OSHPD. The Foundation improves access to healthcare in underserved areas of California by providing scholarships, loan repayments, and programs to health professional students and graduates. In return for this support, recipients agree to provide direct patient care in a medically underserved area of California for a period of one to four years. The Foundation receives its funding through various sources including licensing fees, special funds, grants, donations and minimal general funds.

Health Facility Construction

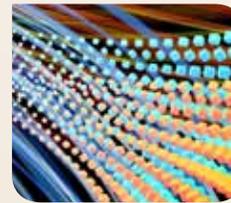


The **Facilities Development Division (FDD)** reviews health facility construction plans to ensure that more than 1,700 facilities containing more than 4,000 buildings with over 200,000 licensed beds meet California Building Codes and state seismic safety standards mandated by law. Review of ongoing construction activity ensures that building codes and fire life safety requirements are being adhered to, thereby protecting the safety of patients and healthcare workers in those facilities.

The division is supported by a fee for service charged to health facilities submitting plans to the division for review.



The **Cal-Mortgage Loan Insurance Division (Cal-Mortgage)** administers the Cal-Mortgage Loan Insurance Program which provides loan insurance to non-profit and public health facilities to borrow money for capital needs. This guarantee provides borrowers access to lower interest rates. Without such a guarantee, many of these facilities could not arrange the financing required to serve their communities. The division is supported entirely through loan insurance premiums and fees.



Healthcare Data

The **Healthcare Information Division** collects specified data from nearly 5,000 licensed healthcare facilities and makes the data relating to financial performance, utilization, patient characteristics, and services provided available to the public. The division publishes risk-adjusted hospital and physician quality (outcome) ratings for heart surgery and other procedures and conducts numerous studies on health topics, such as preventable hospital admissions and readmissions, trends in care, and racial/ethnic disparities, among others. The division is supported entirely through a fee assessment on hospitals and long-term care facilities.

OSHPD VALUES

Accountability

Professionalism

Communication

Respect

Innovation

Service

Integrity

Teamwork

OSHPD EXECUTIVE STAFF

Stephanie Clendenin

Acting Director
Office of Statewide Health Planning and Development

Anne Drumm

Assistant Director, Legislative and Public Affairs
Office of Statewide Health Planning and Development

Elizabeth Wied

Chief Legal Counsel
Office of Statewide Health Planning and Development

Deborah Holstien

Acting Chief Information Officer
Office of Statewide Health Planning and Development

Chuck Lano

Chief Information Security Officer
Office of Statewide Health Planning and Development

Bonita Kwong

Equal Employment Opportunity Officer
Office of Statewide Health Planning and Development

Lupe Alonzo-Diaz

Acting Deputy Director
Healthcare Workforce Development Division

Lupe Alonzo-Diaz

Executive Director
Health Professions Education Foundation

Paul Coleman

Deputy Director
Facilities Development Division

Ron Spingarn

Deputy Director
Healthcare Information Division

Carl A. McLaney

Deputy Director
Cal-Mortgage Loan Insurance Division

Karen Miskanis

Deputy Director
Administrative Services



400 R Street
Sacramento, CA 95811
916-326-3600

700 N. Alameda Street
Los Angeles, CA 90012
213-897-0166

www.oshpd.ca.gov



Edmund G. Brown Jr.
Governor, State of California

Diana S. Dooley
Secretary, California Health & Human Services Agency