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Members of the Commission

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 Katherine Flores, MD
 Carol Jong, PhD, RD
 Karyn Karp, CRNA, MS
 Catherine Kennedy, RN
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 Kathyann Marsh, PhD
 Angelica Millan, RN, MSN, RNP, FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO
 V. Katherine Townsend, PhD, MSN

**September 18, 2014
 Meeting Minutes**

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

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

OSHPD
 400 R St. RM 471
 Sacramento, CA 95811

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

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

Task Force Members Present:

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

Task Force Members Not Present:

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

Staff to Commission:

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

Additional OSHPD Staff:

Robert David, OSHPD Director
 Elizabeth Wied, Chief Legal Counsel

Agenda Item 1: Call to Order

Chair Cathryn Nation, MD called the meeting to order.

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

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

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

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

Action Item:

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

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

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

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

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

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

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

Action Items:

Guidelines for Funding Applications and Program Evaluation:

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

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

Motion to change the language of the 'Concept of Health Care Teams' section (with language reflecting each specialty of Internal Medicine, OB/GYN, and Pediatrics language) to: Training programs should be so organized as to teach internal medicine residents how to work with physician assistants, nurse practitioners and/or other health

professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to internal medicine residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs (Goyne), Seconded (Flores). Motion Adopted.

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

Standards for Residency Training Programs:

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

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

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

Agenda Item 6: Review and Approve the Proposed PCR RFA

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

Action Items:

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

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

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

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

Graduates Information:

Motion to:

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

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

Training in Areas of Unmet Need:

Motion to:

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

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

Faculty Qualifications:

Motion to:

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

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

Residency Training:

Motion to:

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

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

Public Comment:

Will these changes affect the Family Medicine RFA?

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

The Proposed PCR RFA is hereby incorporated as Attachment D

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

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

Action Items:

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

Public Comment:

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

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

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

Agenda Item 8: Review and Approve PCR Final Report Template

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

Agenda Item 9: Public Comment

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

Agenda Item 10: Agenda Items for Next Meeting

Staff will prepare and distribute the updated evaluation criteria document

Agenda Item 11: Adjourn Meeting

The meeting adjourned at 4:00pm.

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