

Agenda Item 5:

HCAI Strategy

Facilitator: Nicole Bennett, Managing Director & Partner, Boston Consulting Group

Significant pressures on CA health workforce

California's Health Care workforce is under significant pressure...

- **Workers leaving the field**, driven by **burnout** & **desire for flexibility**
- **Increased burden of physical & behavioral care** after pandemic
- Mix of **staffing shortages & maldistribution** exacerbating challenges
- Existing workforce is lacking in **diversity, inclusivity, and equity**
- **Providers experiencing financial challenges**

Behavioral health: Longstanding shortages, with access further constrained by geography, ability to pay, & cultural competency while demand continues to increase

Nursing: Range of issues driving shortages and mismatch in geography and specialties while turn-over increasing overall (e.g. 30% of RNs report considering leaving job in next year, while nursing school class sizes decrease)



... and ultimately limiting access to affordable health care for Californians

For **providers**, shortages may:

- Reduce **operational staffing levels**, especially in **rural geographies** where shortages are most acute
- Lower **productivity**, as providers are unable to practice at "top of license" or optimize care model
- **Further strain** remaining providers with increased volume, exacerbating trends of **burnout** and impacting quality of life
- **Negatively impact financials** (e.g., if reliant on agency spend) risking **sustainability of institutions**

For **patients**, shortages & provider challenges result in:

- **Reduced access to care** due to lower provider capacity or potential facility closures, driving **increased reliance on high-cost emergency services**
- **Increased costs** passed on from providers and insurance coverage gaps increasing the real cost paid by consumers
- Compromised **quality of care**, e.g., due to reduced provider engagement

Increased support and advances in care models create opportunity; coordination will be critical

State-wide commitments

Workforce for Healthy California Initiative: \$1B+ across programs to increase number of providers, provide additional training, & increase cultural competency / Medi-Cal availability

Nursing: Comprehensive Nursing Initiative (\$220M of Workforce for Healthy CA specific to nursing) to increase pipeline, retention, and training slots/clinical placements

Behavioral Health: CYBHI established a \$4.7B multiyear, multidepartment package of investments, with Workforce Training & Capacity as a key strategic area

Other pilots & projects: Healthcare workforce initiatives being driven by higher ed institutions, labor, & local workforce boards

Executive Order N-11-23: Master Plan on Career Education will drive greater collaboration across govt on these topics

Changing Care Models

Shifting care models & settings: Rise of fully integrated, "whole person" care, home & community or school-based care, preventive care, value-based / risk-sharing models, etc.

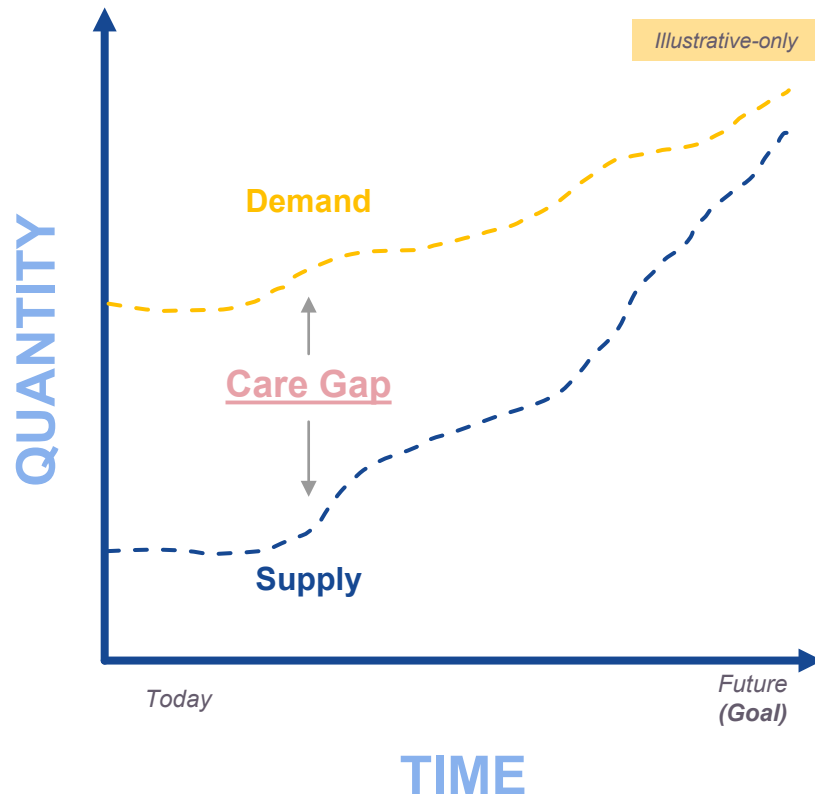
Rise of telehealth: Increased opportunity to serve communities virtually and more options for connecting patients to care

Decreasing stigma: Lower stigma, particularly around behavioral health services, is increasing demand and recognition for support

Increased AI applications: Developments enable more personalized & differentiated care; additionally, can replace time-consuming tasks, freeing up providers

Getting the right care to the right people means investing in data

Supply currently lags demand in today's complex healthcare labor market ...



... with this care gap being driven by key interrelated factors:



Total roles staffed / needed by specialty



Geographic distribution of providers & disease burden



Utilization patterns
(based on delivery channels available & care-seeking behavior)



Importance of culturally competent care



Insurance coverage acceptance



Education pipeline & licensure



Attrition rates
(e.g., migration, retirement, burnout)



Creating a detailed workforce model enables HCAI to **develop a targeted set of interventions to close the care gap** & focus on **investment avenues with the greatest lasting impact**

Additionally, it provides a replicable model for leverage across other use cases

OHWD program categories

● Focus area for initial effort



Key interdependencies between nursing & primary care to be managed throughout the process

Specific roles by workforce categories

BEHAVIORAL HEALTH

- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Licensed Clinical Social Worker
- Licensed Educational Psychologist
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Peer Personnel
- Psychiatric Mental Health Nurse Practitioner
- Clinical Psychologist
- Registered Psychological Associate
- Substance Use Disorder Counselor
- Certified Wellness Coach

NURSING

- Advanced Practice Nursing:
 - Clinical Nurse Specialist
 - Licensed Midwife
 - Nurse Anesthetist
 - Nurse Midwife
 - Nurse Practitioner
- Nursing:
 - Public Health Nurse
 - Registered Nurse
 - Vocational Nurse
 - School Nurse

Partnering with BCG to develop strategy & underlying analytical tool



Strategic planning

An **integrated, data-driven** strategy that identifies **innovative and tested best practices** to resolve persistent workforce gaps and translate best practices into an **actionable roadmap with discrete, sequenced interventions**



Supply, pipeline, and demand modeling

Thorough assessment of California's healthcare workforce through the **design, architecture, and build of a flexible analytical tool** that enables continued use, future improvements, and expansion to additional healthcare professions

Key deliverables include:

Strategic plan for California's health workforce

- **Guiding principles** that outline HCAI's mandate & vision, built upon key capabilities, vis-à-vis other stakeholders
- **Comprehensive map of funding sources and roles**
- Recommendations for evidence-based **interventions and initiatives** to support a healthy healthcare workforce in CA
- Sequenced **implementation planning** & integrated **roadmap**

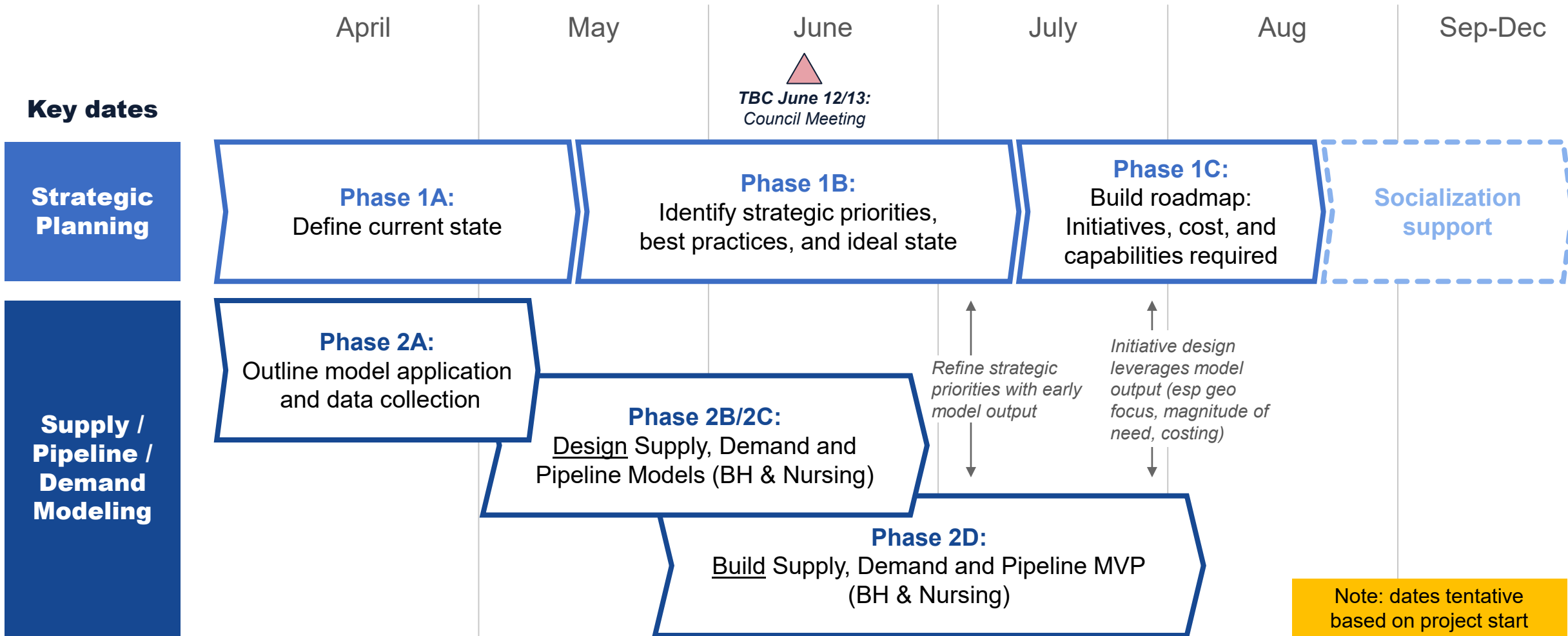
Fully operational digital tool

- Models **supply, demand, and pipeline for Behavioral Health and Nursing workforce** over ~10 years
- Detailed model governance and continuous improvement plan

Support for **communication and input gathering** with stakeholders and sharing analytical results

Enablement and training throughout the process to support HCAI in continuing forward independently

Anticipated timeline across initial ~20 weeks of support & continued socialization



Next steps



Stakeholder interviews



**Data collection & outline
model applications**



**Update council on first
phase of effort in June**

Questions?

Appendix

Backup: Will need to disaggregate supply & demand by additional factors

Demand-side

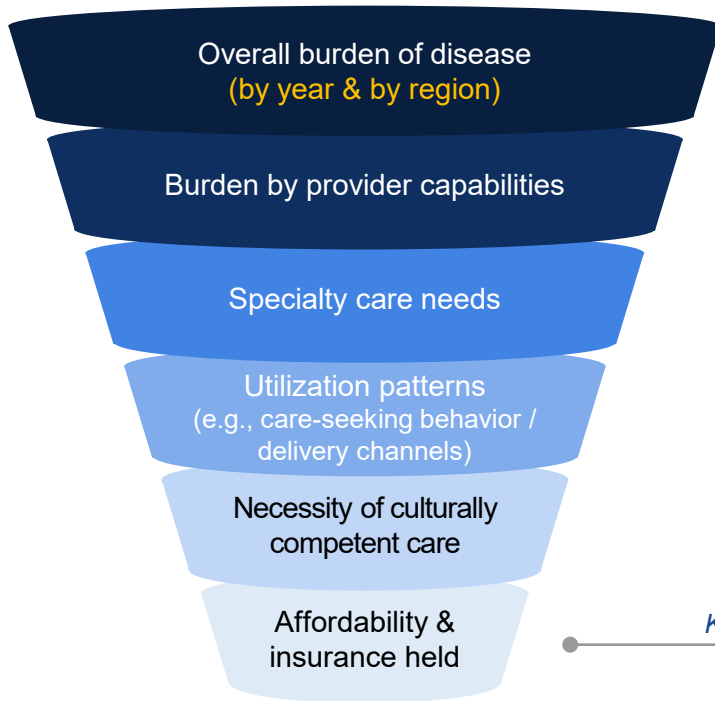


Supply-side



Care gap

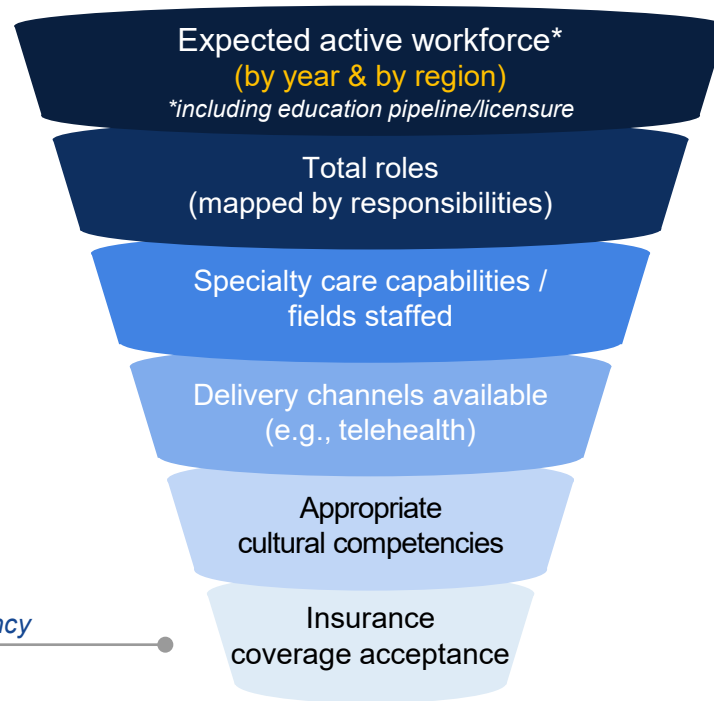
Data needed



Patient : Provider Ratio



EFFECTIVE DEMAND



EFFECTIVE SUPPLY

Key interdependency

Understanding the care gap by specialty and by region using a workforce model enables HCAI to focus on investment avenues with the greatest lasting impact