

Agenda Item 7:

Primary Care Physician and Psychiatry Workforce and the GME Landscape in California

Presenters: Janet Coffman, UCSF Healthforce Center;
Diane Rittenhouse, Senior Fellow, Mathematica;
Hovik Khosrovian, Senior Policy Advisor, Health Workforce Development, HCAI

Presentation outline

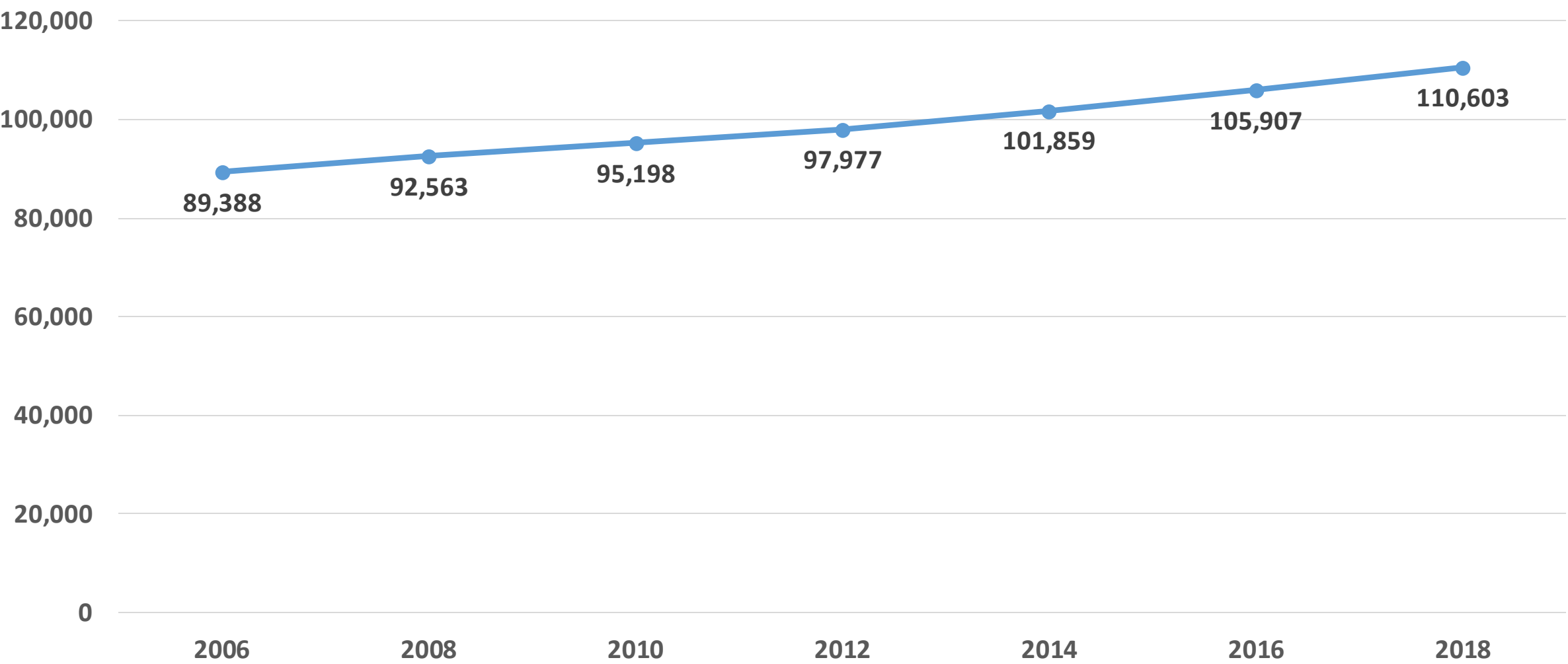
- I. Physician Supply: The California Landscape (Coffman)
- II. Graduate Medical Education: Investment Over Time (Khosrovian)
- III. Expanding Graduate Medical Education: Challenges and Opportunities (Rittenhouse)

I. Physician Supply: The California Landscape

Workforce Supply Model



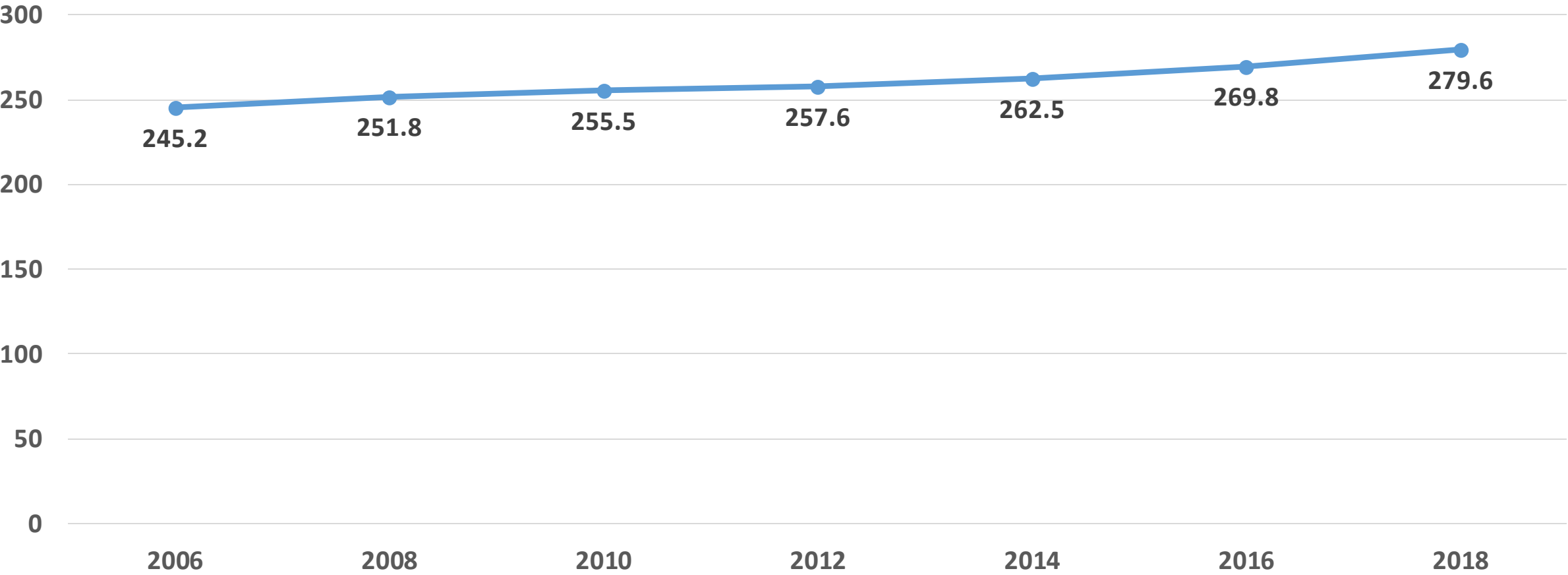
Number of physicians in California over time



Source: California Health Care Almanac (Coffman, et al. March 2021)

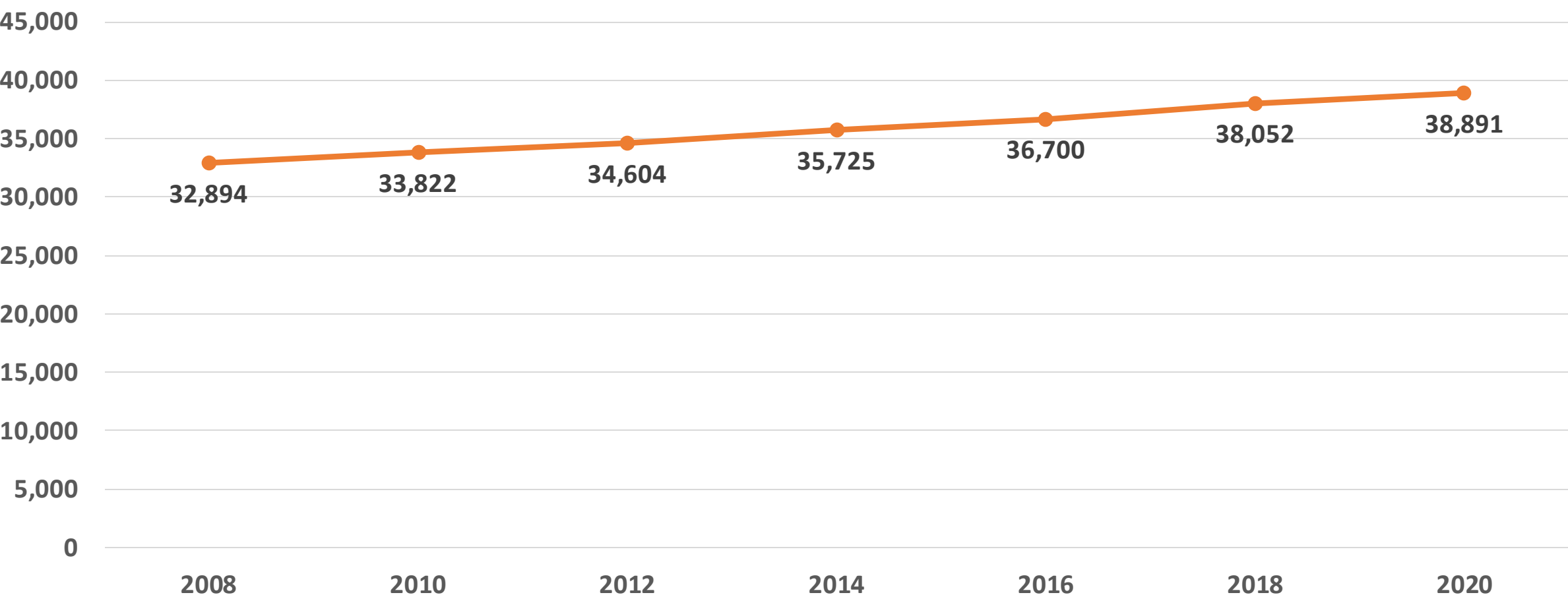
Ratio of Physicians to California Population Over Time

Physicians per 100,000 Population



Source: California Health Care Almanac (Coffman, et al. March 2021)

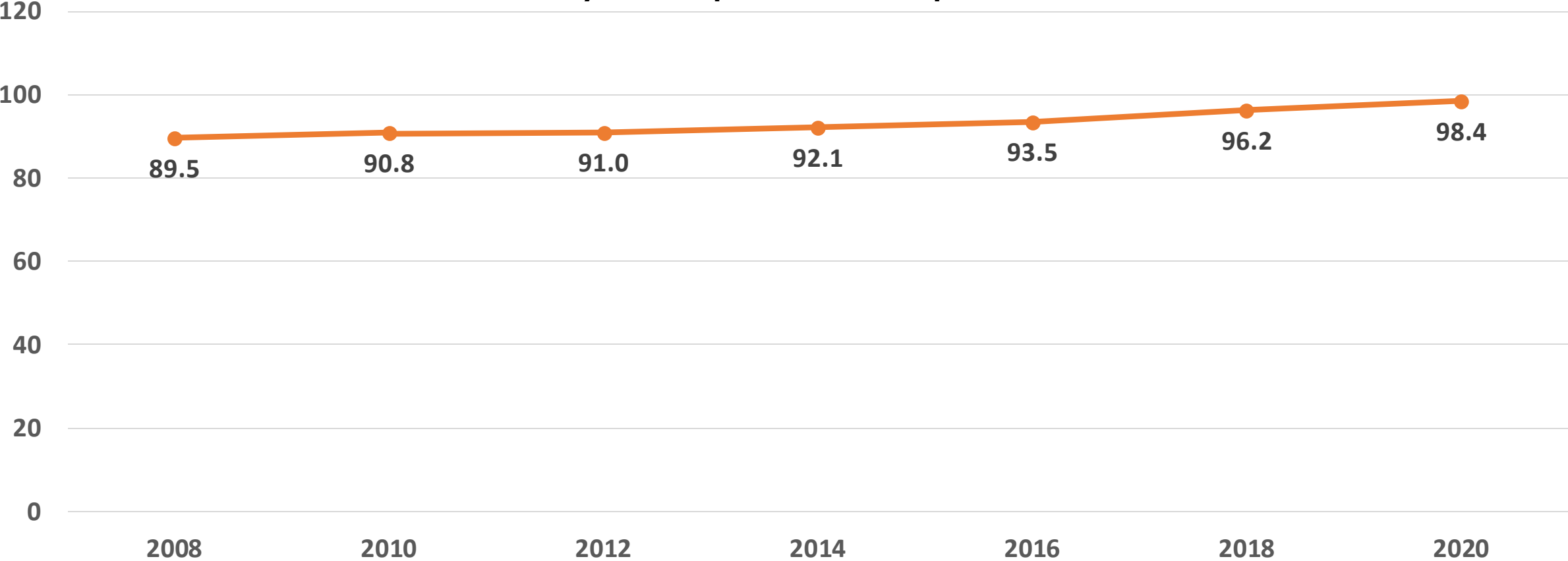
Number of Active Primary Care Physicians In California Over Time



Source: Association of American Medical Colleges, State Physician Workforce Data Book, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2022

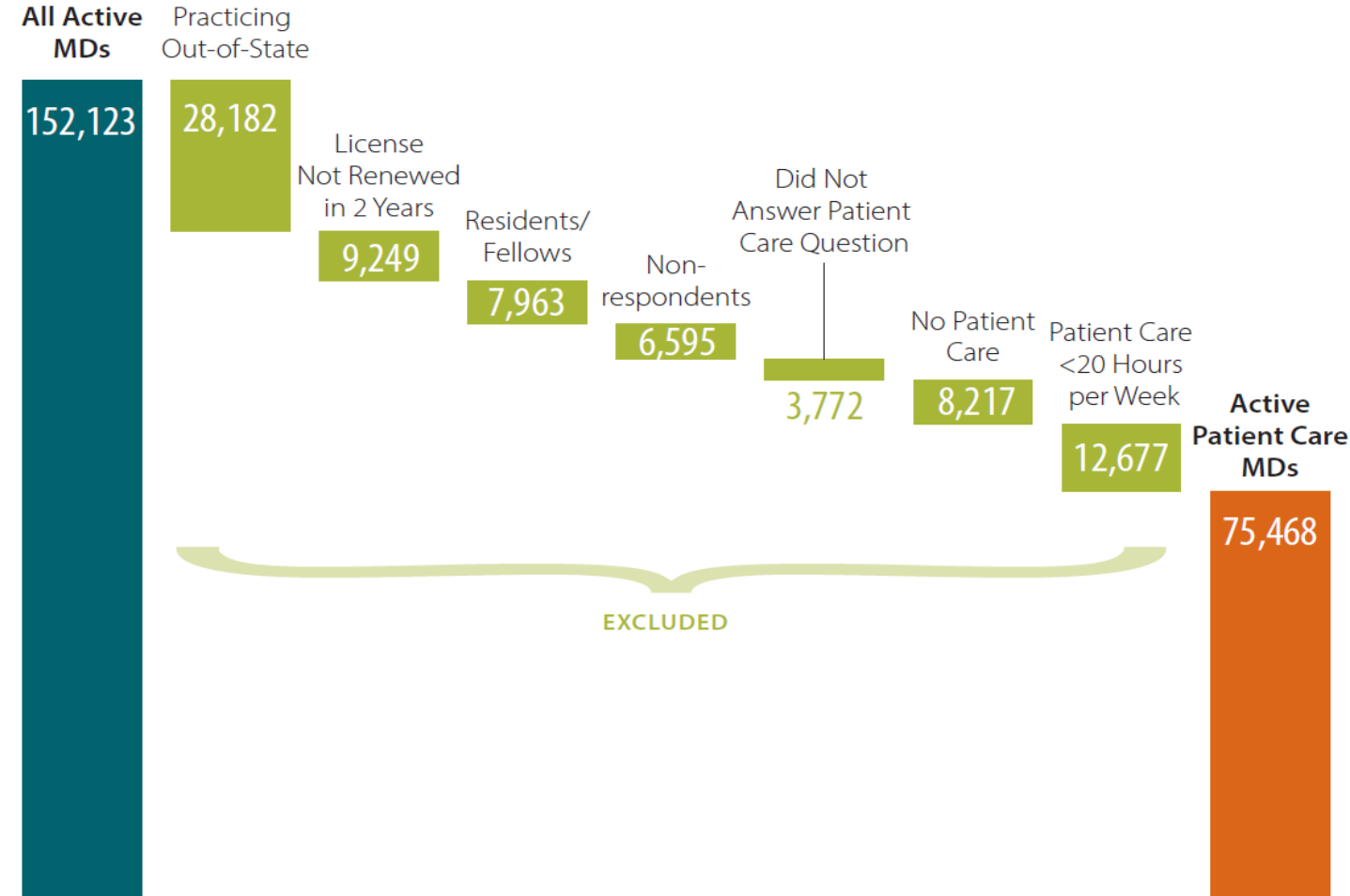
Ratio of Active Primary Care Physicians to California Population Over Time

Physicians per 100,000 Population



Source: Association of American Medical Colleges, State Physician Workforce Data Book, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2022

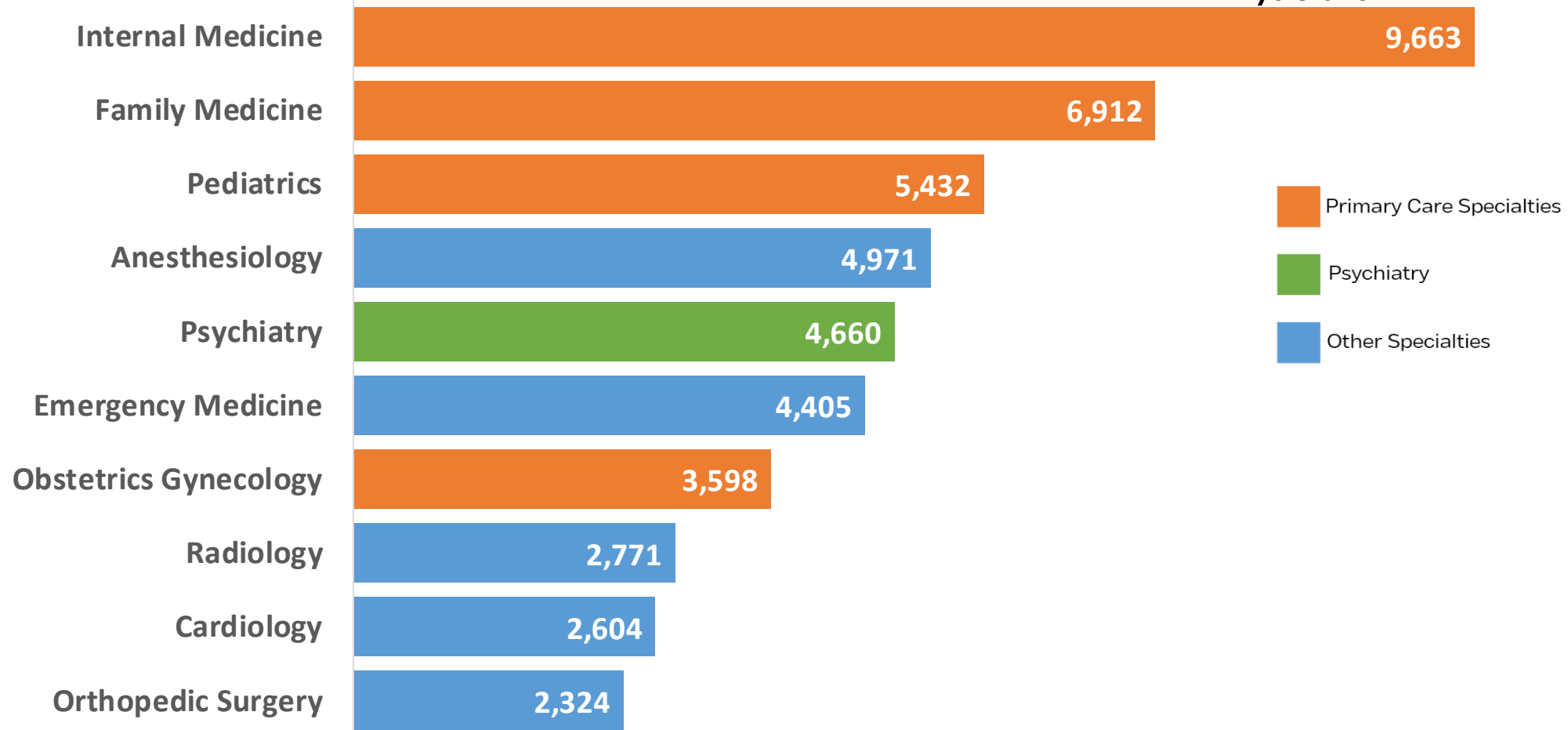
Method for Determining Number of Active Care Physicians, 2020



Source: California Health Care Almanac (Coffman, et al. March 2021)

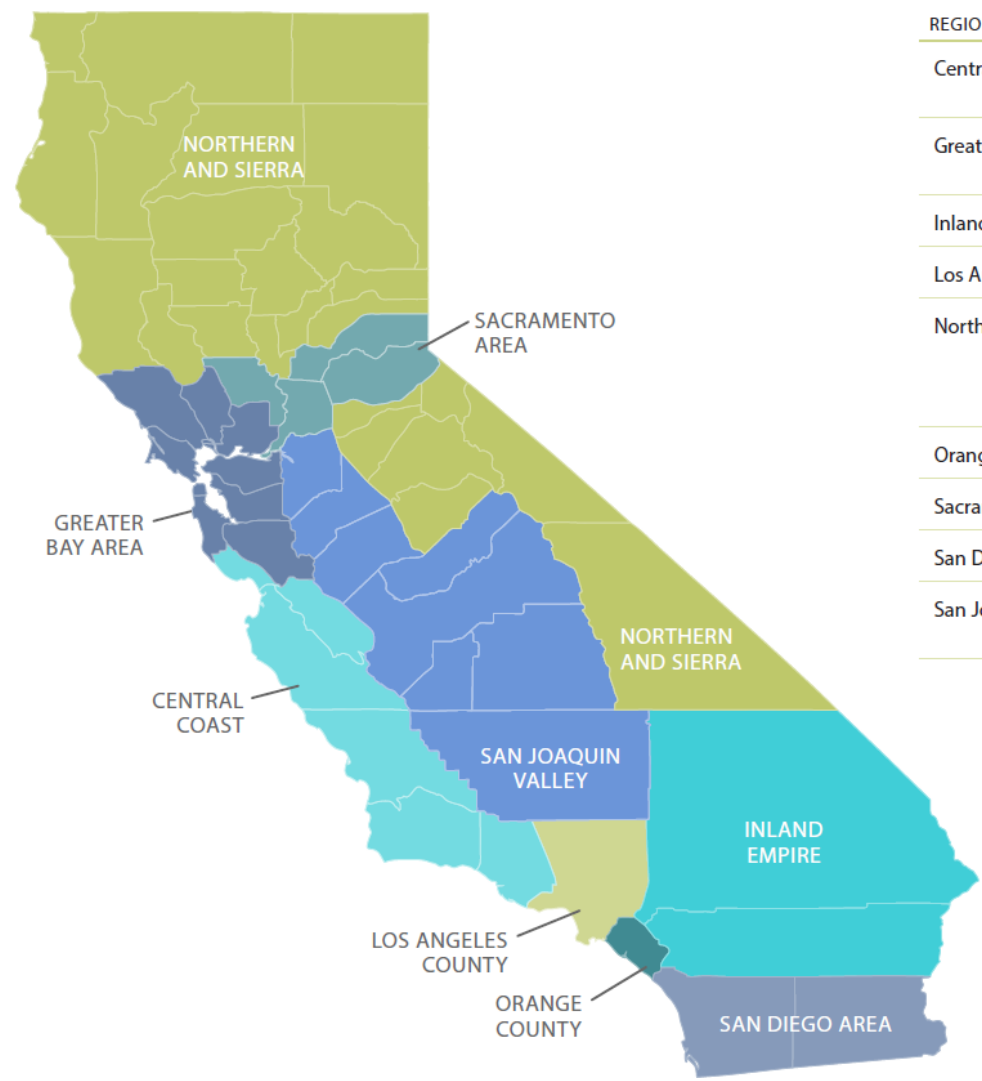
Top Ten Specialties (2020)

Number of Active Patient Care Physicians



Source: California Health Care Almanac (Coffman, et al. March 2021)

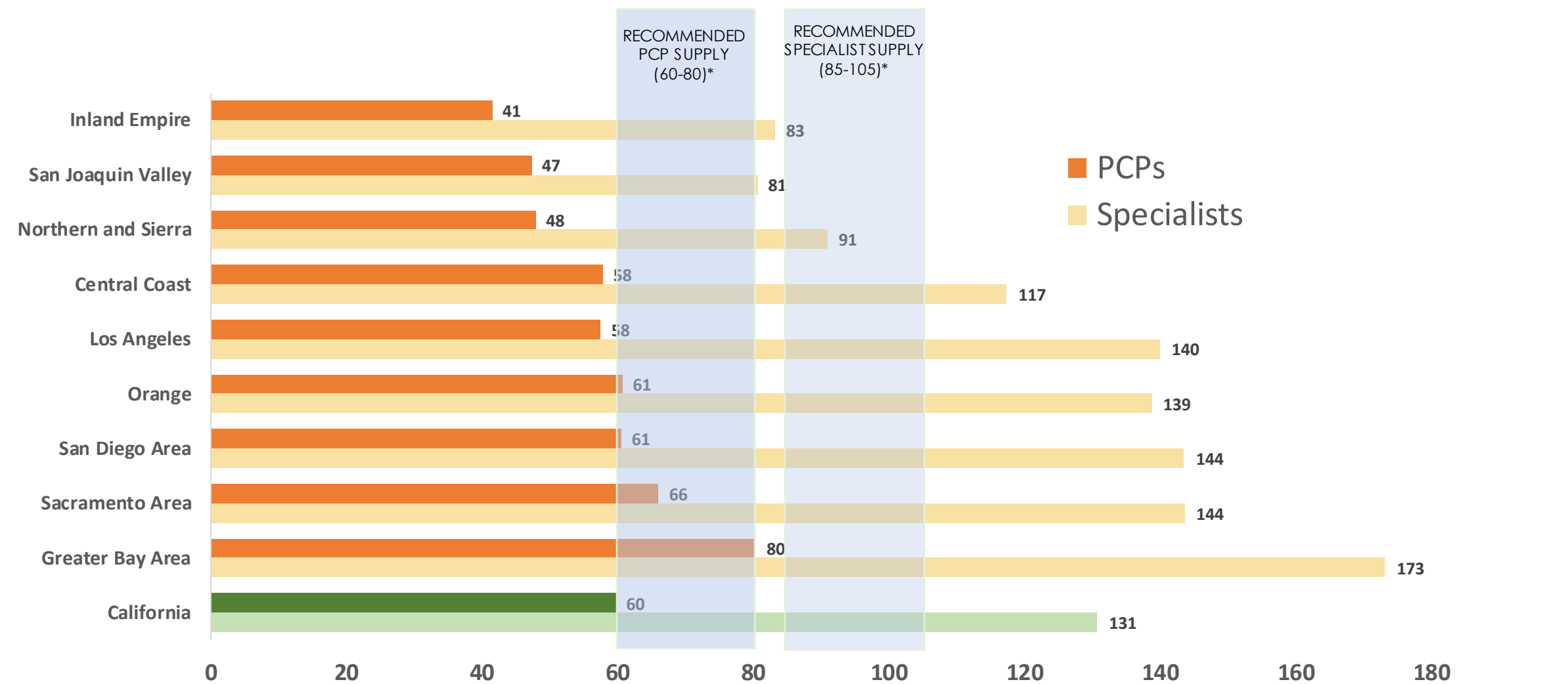
Map of California Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

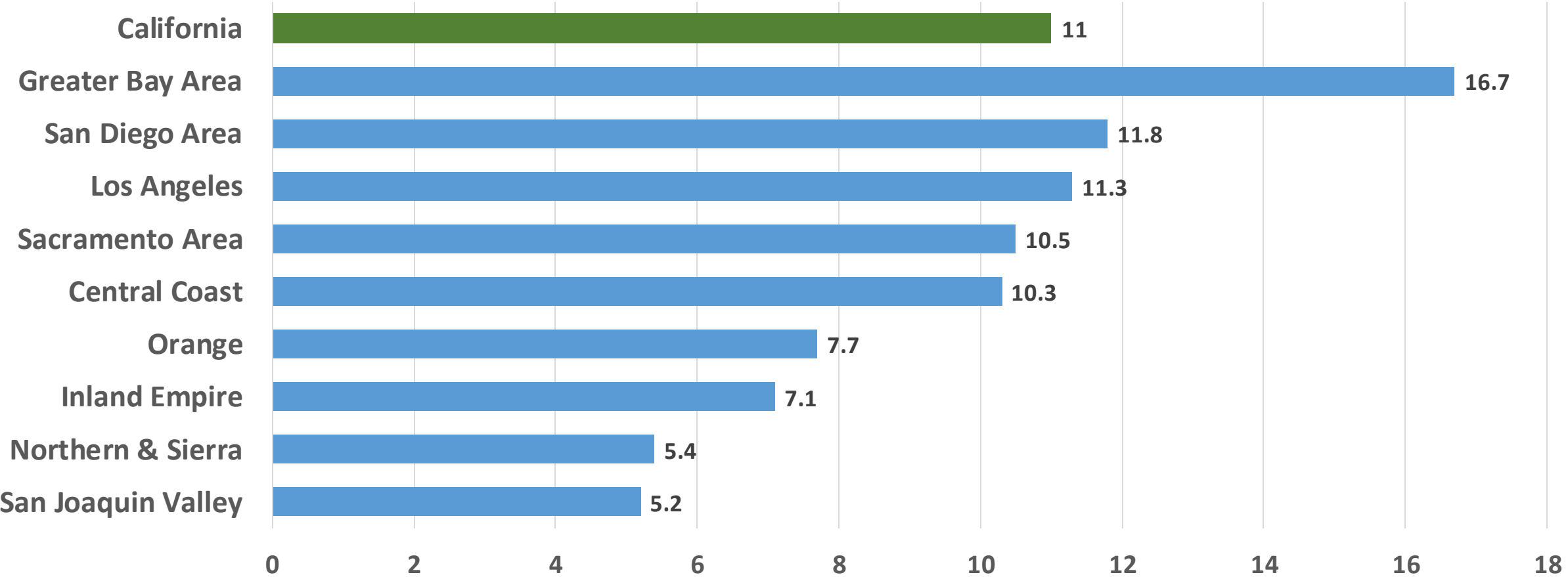
Source: California Health Care Almanac (Coffman, et al. March 2021)

Primary Care Physicians & Specialists by California Region, 2020



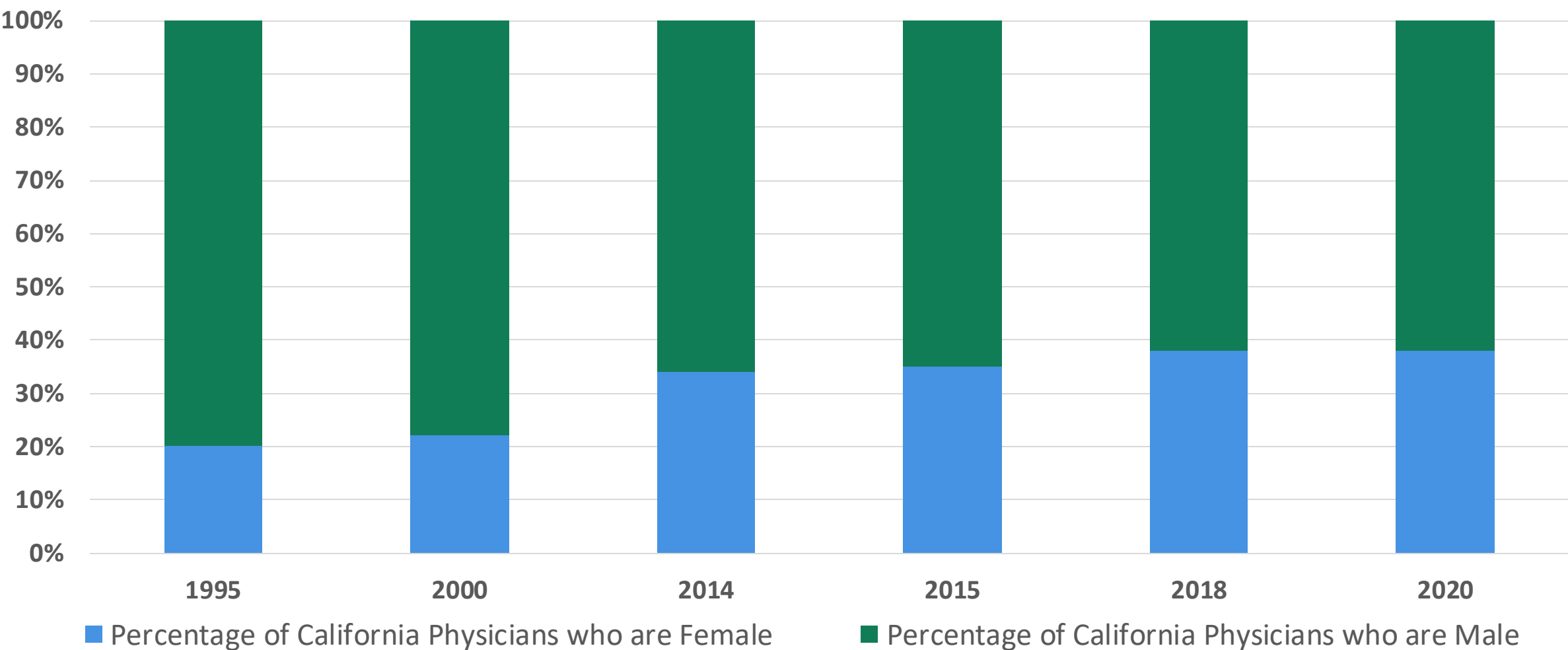
Source: California Health Care Almanac (Coffman, et al. March 2021)

Actively Licensed Psychiatrists per 100K Population by Region, 2020



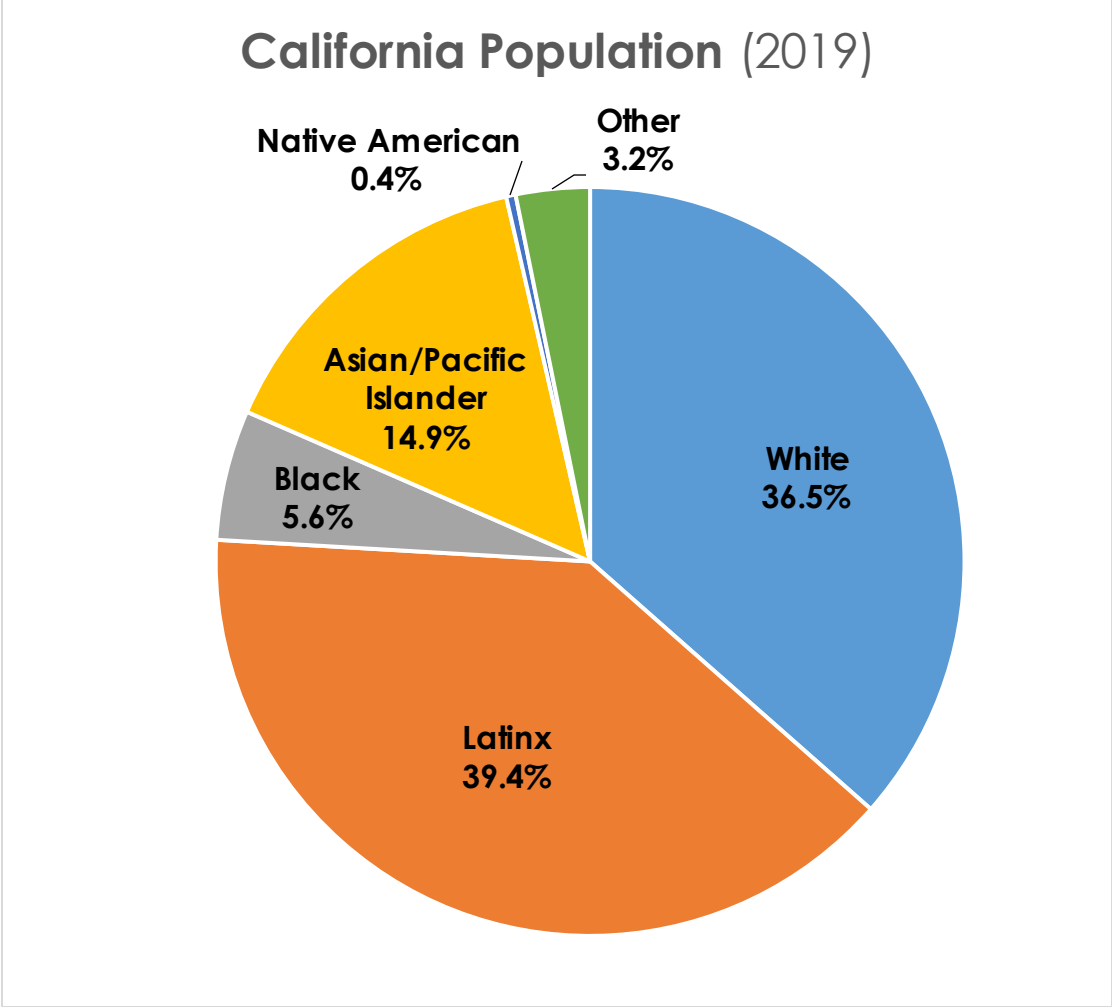
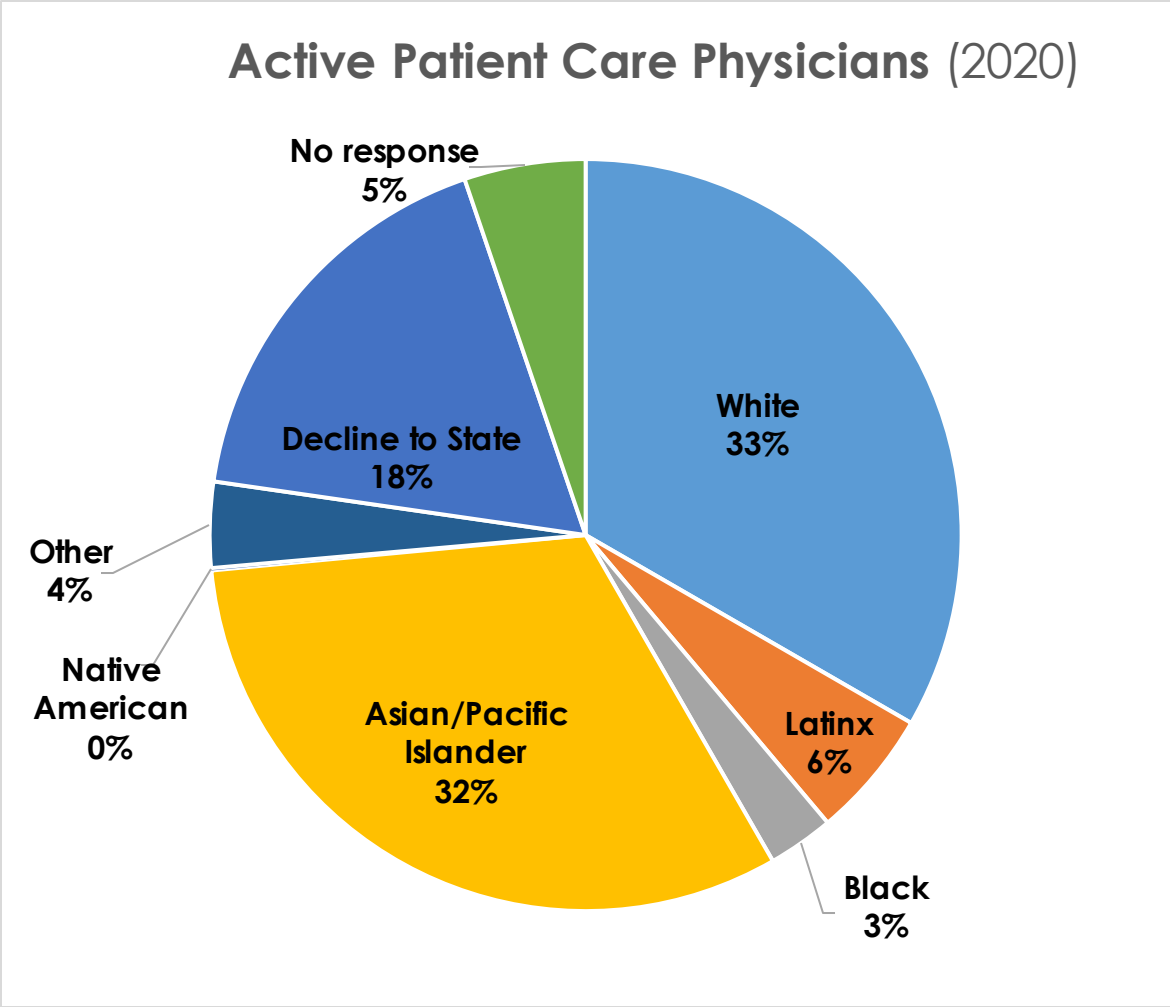
Sources: Medical Board of California Mandatory Survey, 2020; Public Information Licensee List, 2020

Gender distribution of physicians in CA over time



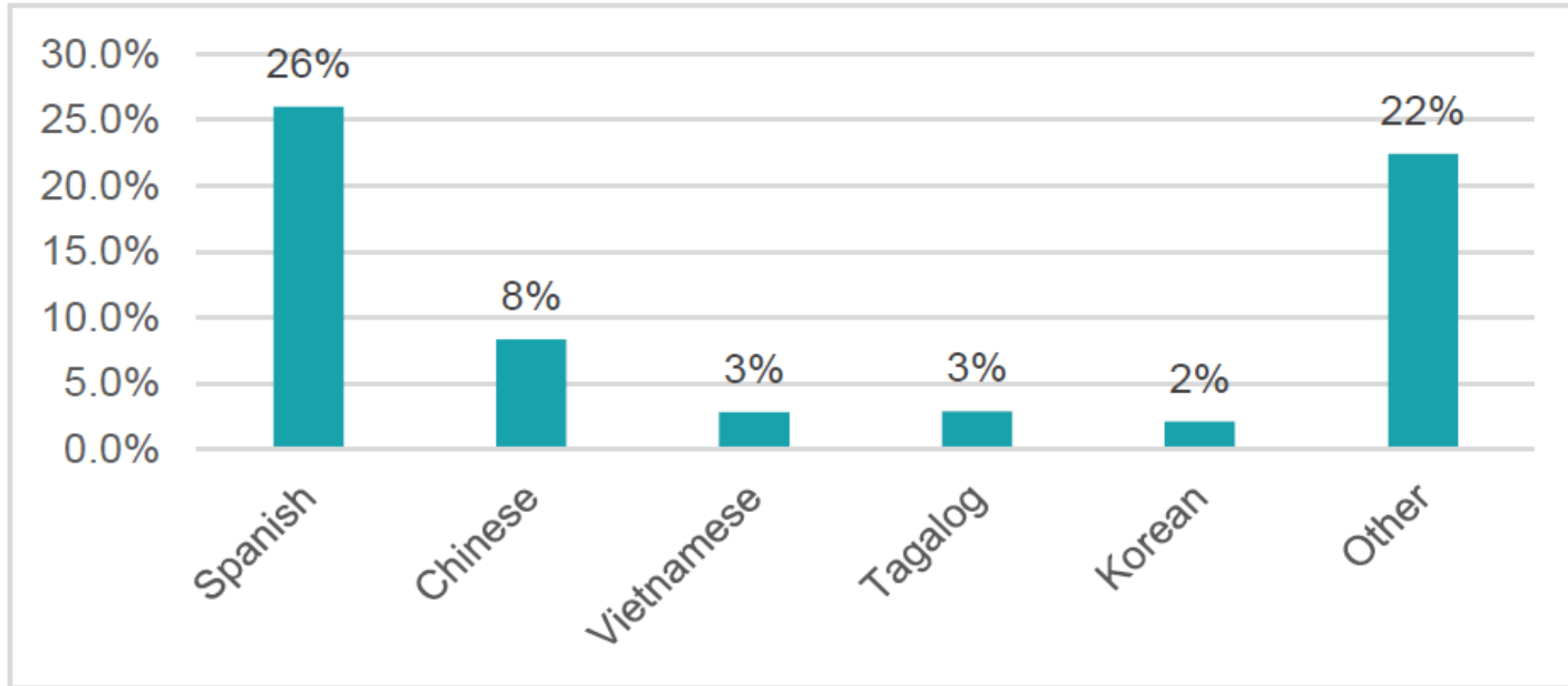
Sources: Physician Supply and Medical Education in California – A Comparison with National Trends (Grumbach, et al. 1998); The Practice of Medicine in California: A Profile of the Physician Workforce (Dower, et al. February 2001); California Health Care Almanac (Coffman, et al. August 2017); The State of California’s Physician Workforce (Coffman & Fix, 2021); California Health Care Almanac (Coffman, et al. March 2021)

Snapshot of race of physicians in 2020



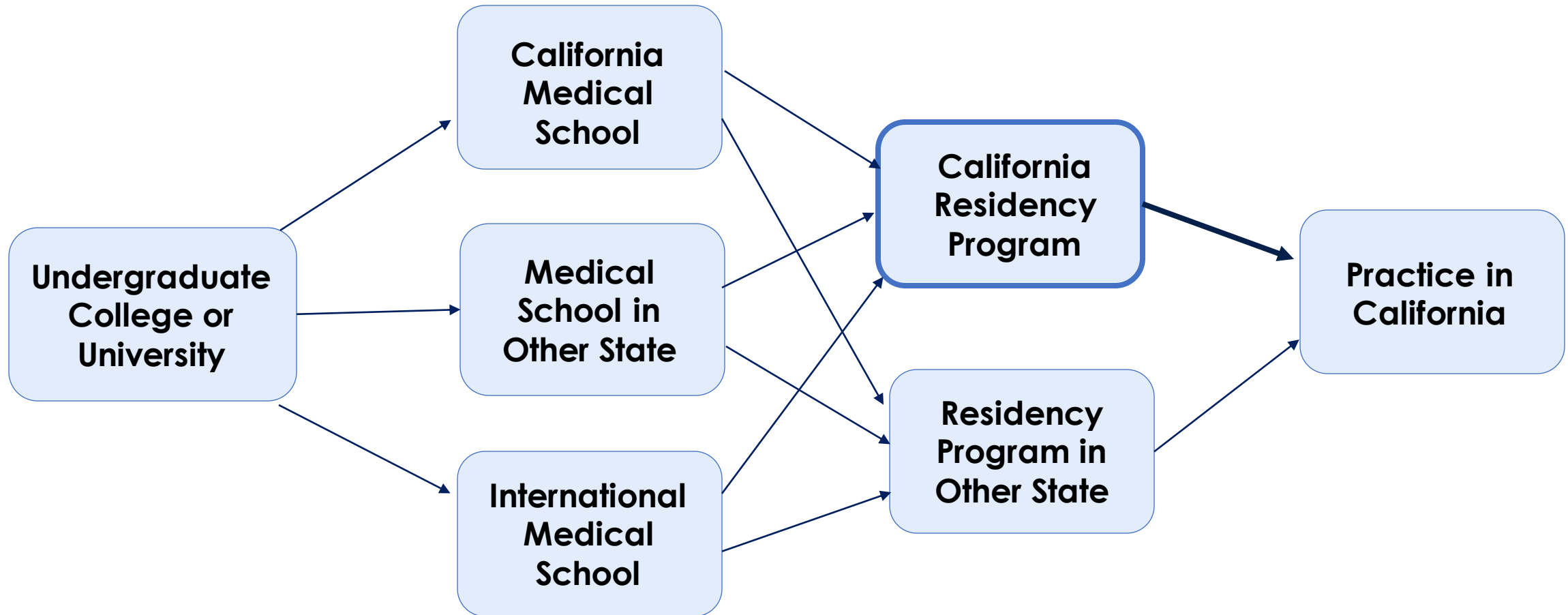
Source: California Health Care Almanac (Coffman, et al. March 2021)

Percentage of Active Patient Care MDs Speaking Languages Other Than English, 2020



Source: California Health Care Almanac (Coffman, et al. March 2021)

California Physician Workforce Pipeline



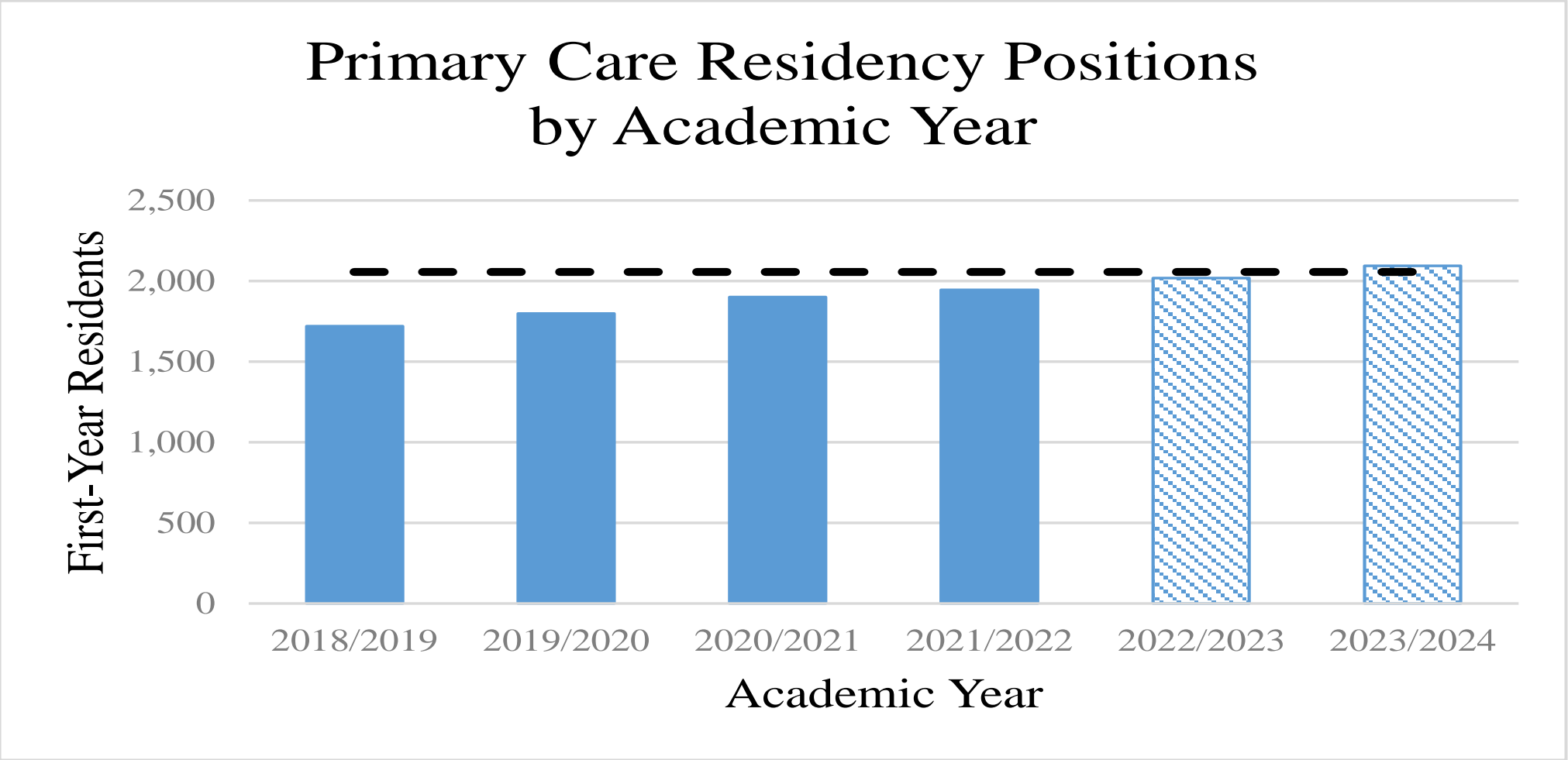
II. Graduate Medical Education: Investment Over Time

CA Future Health Workforce Commission: 2019 Report

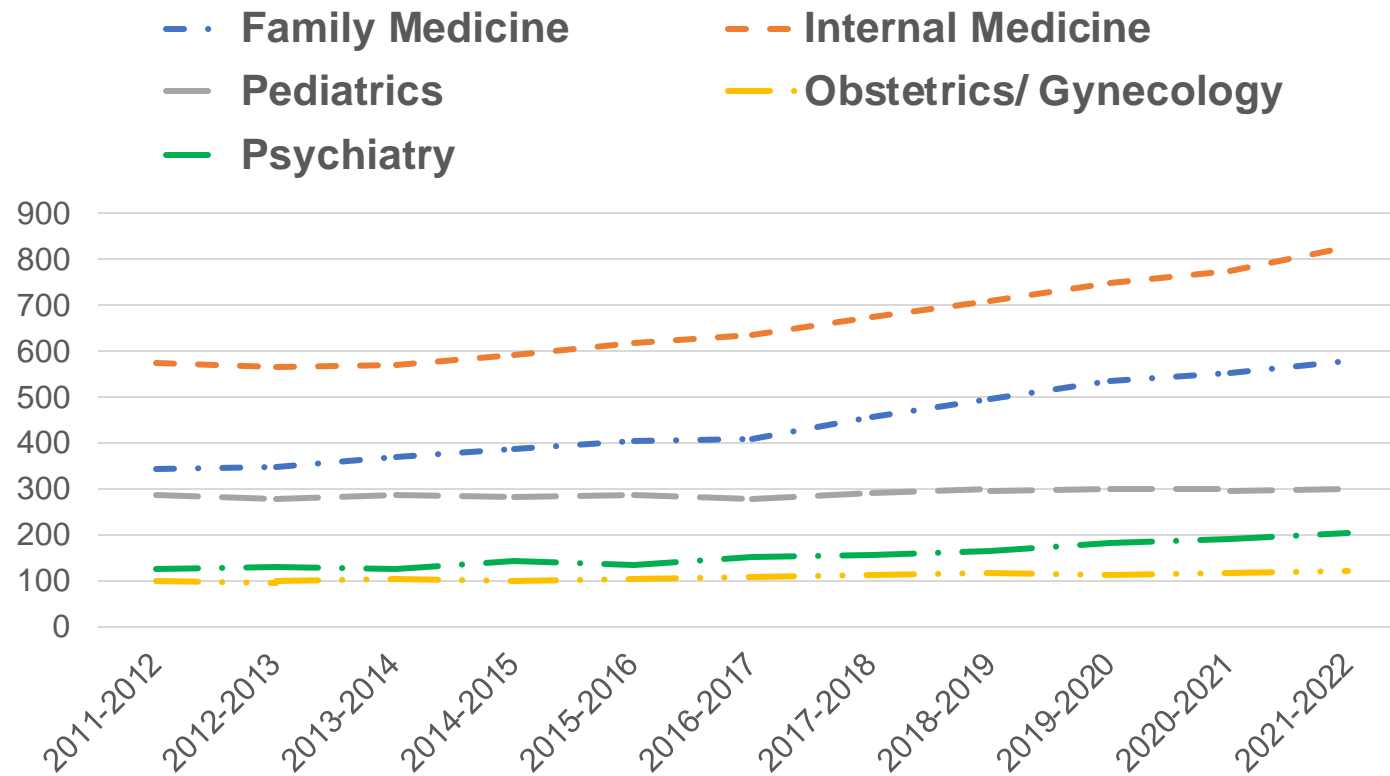
- Strategy 2: Align and Expand Education and Training to Prepare Health Workers to Meet California's Health Needs
 - Recommendation 2.2: Expand the number of primary care physician and psychiatry residency positions
 - Increase the number of first-year residents in primary care residency programs by 337 residents per year (20%) between 2018 and 2024
 - Maintain the increase from 2024 to 2029

<https://futurehealthworkforce.org/our-work/finalreport/>

Tracking Progress



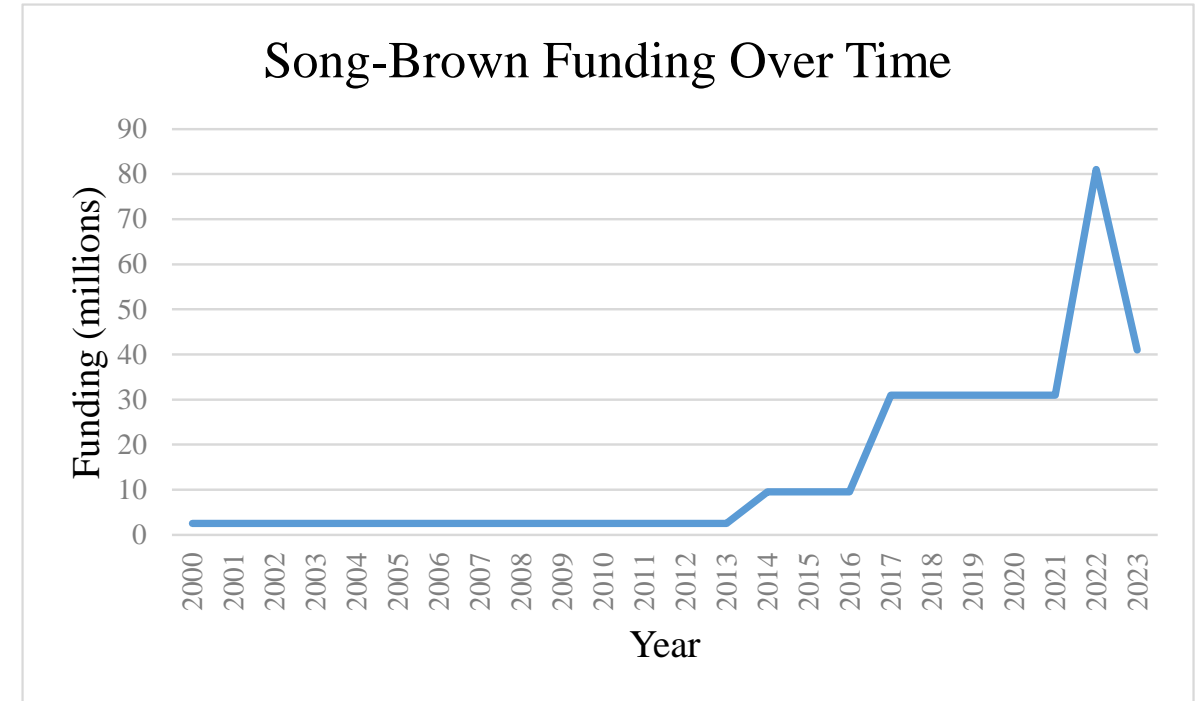
Number of Residents Entering Training in Primary Care Specialties Plus Psychiatry, California, 2011 – 2012 to 2021 – 2022



Source: ACGME, Data Resource Book, Academic Years 2011-2012 to 2021-2022

Song-Brown Healthcare Workforce Training Program

- Established by statute in 1973
- Provides funding through competitive contracts to primary care residency (PCR) and other training programs
- Distinct funding for existing programs, teaching health centers, new positions at existing programs, and new programs
- Increased funding in recent budgets, including \$50 million in 2021 to support new PCR program development, with a focus on Medicare Naïve Hospitals



CalMedForce

- Proposition 56 (2016) established the California Healthcare, Research & Prevention Tobacco Tax Act of 2016.
- Statute allocates \$40 million annually to the University of California to “sustain, retain, and expand” Graduate Medical Education (GME) programs in California.
 - Contracts with Physicians for a Healthy California to administer grants through the CalMedForce program
- Focused on primary care and emergency medicine

<https://www.ucop.edu/uc-health/functions/prop-56.html>

Funding for ACGME

Newly Accredited Programs

- 27 newly accredited primary care residency programs in California from 2018/19 to 2021/22.
- 25 of the 27 newly accredited programs (93%) have received funding from Song-Brown or CalMedForce. Most receive funding from both sources.
- HCAI will soon announce the awards from the \$50 million New PCR Program funding.

		Song-Brown Funding	
		Yes	No
CalMedForce Funding	Yes	17	5
	No	3	2

<https://apps.acgme.org/ads/Public/Reports/Report/8>
<https://www.phcdocs.org/Programs/CalMedForce>

III. Expanding Graduate Medical Education: Challenges and Opportunities

Two approaches to GME expansion

Expanding Existing Training Programs

- Adding positions to existing programs
 - (i.e., matriculating more first-year residents)
- Adding new specialties to existing programs
 - (e.g., launch a new psychiatry residency)

Creating New Training Programs

- GME-naïve hospitals:
 - Begin a program in a hospital that has never trained residents
- Teaching health centers (THCs):
 - Begin a program in a community clinic

Financial Challenges to GME Expansion

Long-term funding is needed for sustainability

- Expanding existing training programs
 - Limited to no available funding from federal government
 - GME is a long-term financial investment, and any funding increase would be needed in perpetuity.
- Creating new training programs
 - Requires substantial start-up funding
 - Depending on the facility, it may not qualify for enough federal funding to sustain the program over the long-term.

Additional challenges to GME expansion

- Capacity
 - Shortage of personnel
 - Qualified program directors and Designated Institutional Officials (DIOs)
- Lack of adequate training sites or experiences
 - Particularly difficult are rotations for more severe or specialized experiences, such as critical care pediatrics or in-patient psychiatry rotations.
 - This can be particularly challenging when trying to set up training in rural locations.
- Time
 - New programs can take several years of planning and funding before the first resident matriculates.

Lessons learned launching new programs in GME-naïve hospitals

- Launching GME is an enormous lift
- GME must align with mission, vision, organizational priorities
- Strong leadership, champions, allies are essential
- Learning curve is steep and required knowledge base is deep; lean heavily on consultants and mentors
- Education and buy-in processes are continual/iterative
- Coordination, collaboration, cross-fertilization across GME specialties

Lessons Learned from Psychiatry GME Case Studies

- *Charles Drew University (2018)*
- *Kaiser Permanente Northern California (2019)*
- Key takeaways:
 - Beginning a new residency program is challenging and requires the full support of organizational leadership.
 - Due to the shortage of psychiatrists, recruiting qualified program leaders and faculty is difficult and time-consuming.
 - Most hospitals don't have the resources within their institution to meet all the accreditation requirements. Partnerships with other organizations for clinical rotations are often necessary.
 - Clear communication between departments and between partnering organizations is a hallmark of success.
 - Long-term funding is required to sustain the program over time.

<https://www.mathematica.org/features/transitional-program-office-to-advance-graduate-medical-education-in-california>

Teaching Health Centers

- Sponsor residency programs in primary care specialties to prepare physicians to practice in community health centers and other safety net settings
- Initial funding authorized through Affordable Care Act; requires periodic reauthorization
- Serve a large number of Medicaid patients
- Located in underserved areas
- Many more community health centers that would like to participate than there are funds

Teaching Health Centers – Existing Programs

Existing Program	Specialty	Year Established
SAC Health Systm/LLU Consortium	Obstetrics/Gynecology	Unknown
	Internal Medicine	1965
	Family Medicine	2012
	Pediatrics	2012
	Psychiatry	2012
Valley Family Medicine Residency of Modesto	Family Medicine	2011
Shasta Community Health Center	Family Medicine	2012
Family Health Centers of San Diego	Family Medicine	2014
Clinica Sierra Vista - Rio Bravo	Family Medicine	2014
Valley Health Team	Family Medicine	2017
Borrego Health	Family Medicine	2017
Centro de Salud e la Comunidad de San Ysidro	Internal Medicine	2018
Lifelong Medical Care	Family Medicine	2018
AltaMed Health Services	Family Medicine	2019
North East Medical Services	Internal Medicine	2022

Teaching Health Centers: Developing Programs

Developing Programs & THC Planning & Development Grantees	Specialty
La Maestra Family Clinic, Inc.	Family Medicine
Healthy Rural California	Psychiatry
Family Health Centers of San Diego	Psychiatry

UCLA

International Medical Graduate (IMG) Program

- Began in 2006
- Prepares Hispanic/Latino physicians who are graduates of medical schools outside the U.S. (non-U.S. citizens / legal residents)
- Students agree to enter a family medicine residency program, and work in a medically underserved community for at least two to three years.

COMPADRE: Collaboration for Pipeline & Capacity

Goal:

- Address workforce shortages in rural, tribal, urban, and under-resourced communities between Sacramento and Portland
- High school through graduate medical education

Collaboration between:

- UC Davis and Oregon Health Science University medical schools (public institutions with regional commitment to addressing health disparities)
- 30 GME programs in 10 health care systems throughout Northern California and Oregon

Funding:

- Began with a “Reimagining Residency” 5-year grant from the American Medical Association

Approach:

- **Recruit** learners from the geographic regions of interest (beginning in high school)
- **Train** physicians in the geographic regions of interest (establish medical school rotations and GME programs)

GME needs support:

- Faculty development
- Recruitment
- Wellness
- Curriculum development e.g. indigenous health competencies, cultural humility

Acknowledgements

- Kate Mulligan, Alexandra Ament, and Amanda Lechner:
Mathematica
- Lupe Alonzo-Diaz:
CalMedForce
- Nataly Diaz:
California Primary Care Association
- Mark Servis:
UC Davis
- California Healthcare Foundation

Questions?