HCAi
Department of Health Care Access and Information

Agenda Item 16:

Strengthening California's Primary Care Team Workforce

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Mathematica
Progress Together

Strengthening California's Primary Care Team Workforce: Data and Recommendations for Action

California HCAI HWET Council

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Agenda

1. Background/context
2. Study Overview
3. Policy Recommendations
4. Specific opportunities for action to address primary care workforce supply and training

Primary care is foundational

First point of contact
For someone experiencing new symptoms or concerns

Coordinated
Care for patients across the health system

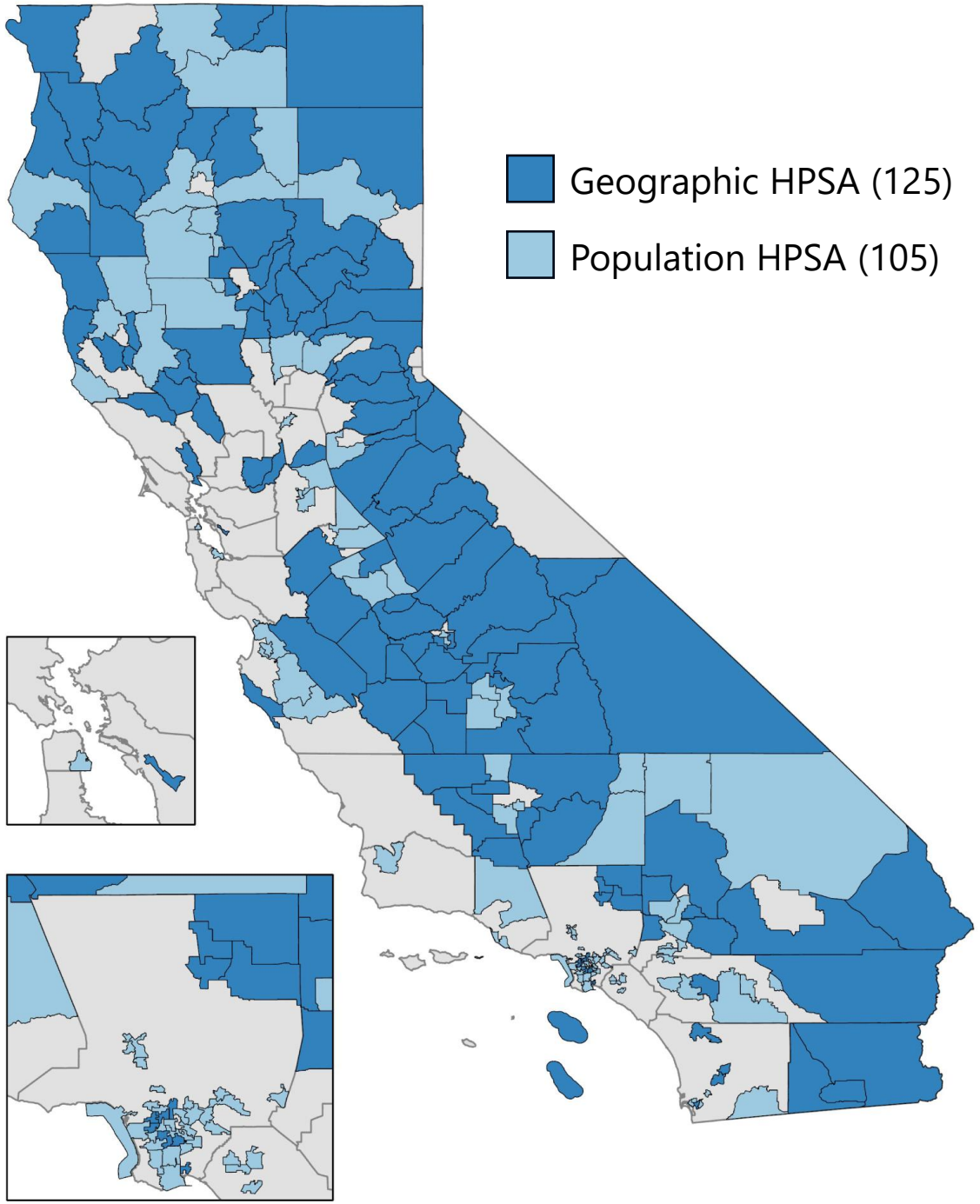
Comprehensive
Whole-person care from prevention to acute and chronic physical and behavioral health management

Continuous
Long-term trusting partnerships with patients

Primary Care Access in California

Despite near-universal insurance coverage in California, access to primary care remains out of reach for millions

Over 11.4 million Californians live in federally designated primary care shortage areas

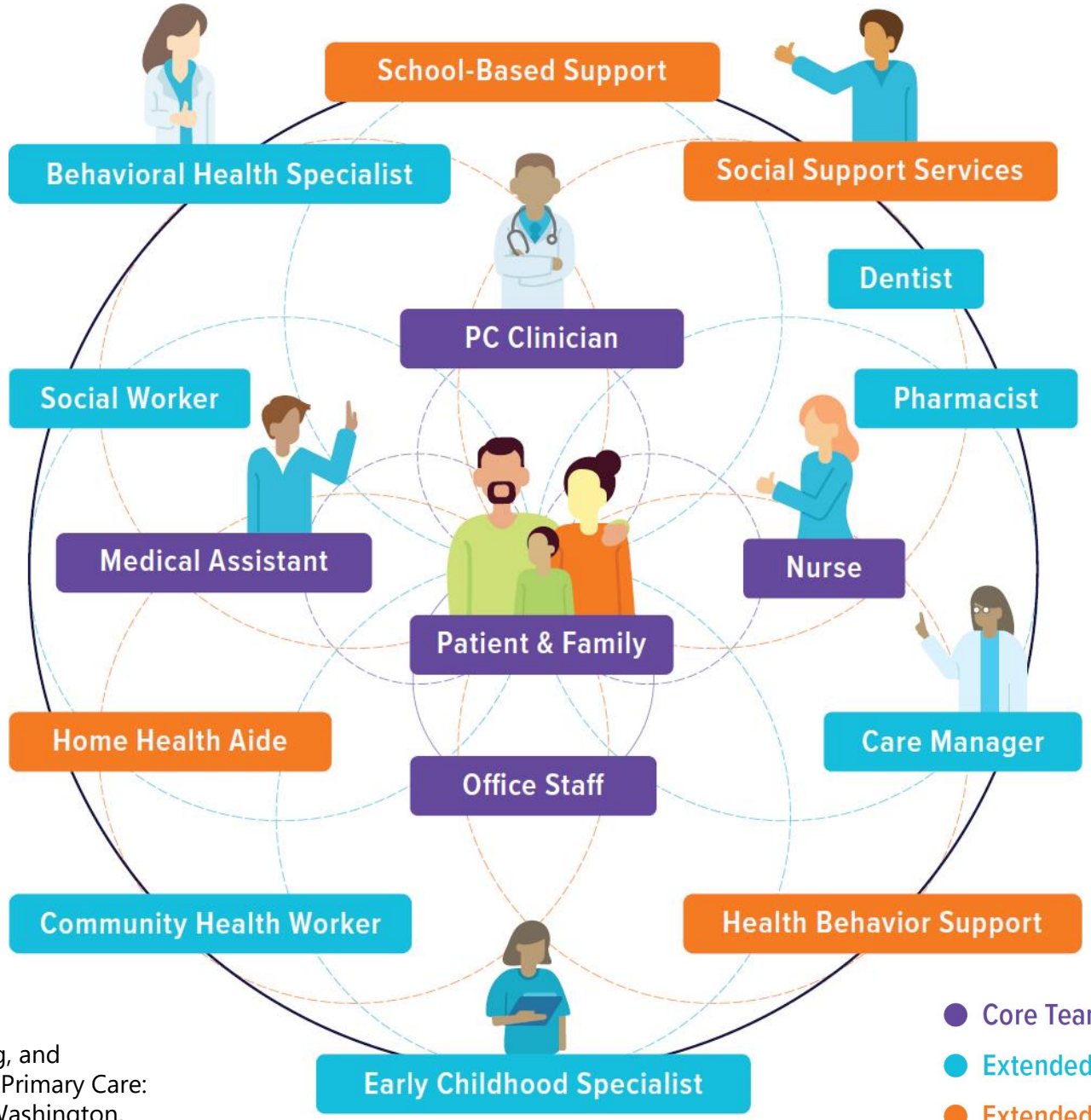


The future of primary care depends on well-supported, interprofessional teams.

It would take 26.7 hours per day for a single physician to deliver all recommended care to an average patient panel

Team-based care improves quality, access, clinician experience, and patient trust by:

- **Distributing tasks across team members— clinicians, nurses, behavioral health providers, pharmacists, MAs, and community health workers, making the work manageable and sustainable**
- **Supporting proactive, population-based care and outreach**
- **Integrating behavioral health and addressing social needs**



National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press.

Study overview

Study Aims

To advance a pragmatic approach to building the primary care team workforce in California in the near term

To generate a report

- that offers an evidence-based and practice-informed description of the current strengths and gaps in California's interprofessional primary care workforce
- that makes policy recommendations to bolster the primary care team-based workforce over the next five years
- that provides actionable insights for decision-makers (e.g., HCAI, educational institutions, training and certification programs)"

Study Methods

- Reviewed literature and best practices
- Interviewed 18 high-performing primary care practices across California
- Consulted educators and field experts through discussions, advisory board meetings and reactor panels
- Developed case studies on innovative team-based care models
- Conducted a 2025–2035 supply-and-demand analysis of primary care team members
- Developed and vetted six policy recommendations with actionable steps for California stakeholders

Primary Care Team Workforce in California: The State of the State

- The primary care workforce is changing — and we lack the data to fully understand it.
- Primary care teams are not one-size-fits-all across practice types.
- Payment policies are key to determining primary care team size, composition, and functions.
- California primary care practices face a large and persistent gap between aspirational workforce models and the realities of day-to-day operations.
- Despite improvements resulting from California's major investments in the health workforce, primary care shortages and inequities persist.
- Training for primary care team members remains siloed by discipline, with insufficient focus on primary care and interprofessional education
- Innovators are developing creative delivery models that will affect the primary care team workforce, but California has no organized way to share their insights or scale best practices.

“Ensuring a sufficient and well-trained interprofessional primary care workforce depends on the coordinated actions of state policymakers, government agencies, health care purchasers and payers, health systems, academic institutions that educate and train the primary care workforce, and advocacy organizations committed to improving health care access and quality.”

Policy recommendations and opportunities for action

Policy Recommendations

1

Workforce data

Expand access to comprehensive workforce data for the primary care team.

2

Bolster payment

Bolster primary care payment to ensure it is adequate, well-structured and specifically allocated to support high-quality, team-based primary care.

3

Adequate supply

Continue evidence-based policies to grow the primary care workforce, improve its distribution, and align it with California's diversity.

4

Education and training

Ensure all primary care team members receive high-quality training in interprofessional, team-based primary care.

5

Technical assistance

Establish statewide technical assistance to support high-quality, team-based care in all primary care settings.

6

Retention

Support retention of primary care team members by reducing administrative burden, promoting career ladders, and protecting high-retention practice models.

3-Part approach for accountability

Scorecard | **Taskforce** | **State Office for Primary Care**

Policy Recommendations Most Relevant to HCAI

1

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Expand access to comprehensive workforce data for the primary care team.

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3-Part approach for accountability

Scorecard | **Taskforce** | **State Office for Primary Care**

RECOMMENDATION

1

Data

Increase availability of comprehensive workforce data for all members of the primary care team, including data on key demographic characteristics, time spent providing patient care, and rates at which new graduates work in primary care practices.

Types of Workforce Data Collected by the California State Government

	Demographics (Age, gender, Race/ethnicity)	Languages spoken well enough to serve clients	Geographic location of practice (primary and secondary)	Time spent providing patient care (including telehealth)	Primary care specialty	Practice in a primary care setting
Doctor of medicine (MD) / Osteopathic medicine (DO)	✓	✓	✓	✓	✓	
Nurse practitioner (NP) / Physician assistant (PA)	✓	✓	✓	✓	✓	
Registered nurse (RN)/ Licensed vocational nurse (LVN)	✓	✓	✓	✓	✓	
Master's level behavioral health clinicians (LCSW, LMFT, LPCC) and Licensed psychologist	✓	✓	✓	✓		
Pharmacist	✓	✓	✓	✓		
Community health worker (CHW)						
Medical assistant (MA)						

Current Strengths (HCAI)

- Research Data Center established
- Licensure survey infrastructure
- Growing analytic capacity

RECOMMENDATION

1

Data

Opportunities for action

1) Improve Licensure Renewal Surveys
2) Examine Other Sources of Data
3) Explore the Feasibility of Creating New Sources of Data
4) Augment Accountability Reporting
5) Improve Dissemination of Data

RECOMMENDATION

1

Data

Opportunities for action:
Improve Licensure Renewal Surveys

- **Modify the survey to better identify physicians, NPs, and PAs whose primary professional activity is providing primary care**

RECOMMENDATION

1

Data

Opportunities for action:
Examine Other Sources of Data

- HCAI could augment the collection of labor force participation data through licensure renewal surveys with the analysis of claims and encounter data.
- Analyze HCAI's data on licensed primary care clinics and/or HRSA's data on FQHCs and FQHC "look-a-likes" to assess staffing levels and the mix of primary care team members in clinics that primarily serve Medi-Cal beneficiaries and uninsured Californians.

RECOMMENDATION

1

Data

Opportunities for action:
Explore the Feasibility of Creating New Sources of Data

- **HCAI could partner with philanthropy to assess the feasibility of collecting and analyzing data on the supply, geographic distribution, and demographic characteristics of MAs, CHW/Ps, and other unlicensed members of primary care teams and assess trends in supply and demand for unlicensed team members.**

RECOMMENDATION

1

Data

Opportunities for action:
Augment Accountability Reporting

RECOMMENDATION

1

Data

Expand routine workforce reporting

- HCAI could analyze and publish data on the number of graduates of training programs for primary care team members and their demographic characteristics by leveraging existing sources of data (e.g.,, Accreditation Council for Graduate Medical Education, Board of Registered Nursing, Integrated Postsecondary Education Data Systems)

Strengthen accountability for state-funded training programs

- Require Song-Brown Family NP and PA Program grantees to report the proportion of their graduates working in primary care five years after graduation.
- Align reporting requirements with existing expectations for Song-Brown and CalMedForce grantees
- Generate insights on NP and PA graduates' impact on the primary care workforce
- Facilitate comparison of physician and nonphysician training investments

Opportunities for action:
Improve Dissemination of Data

- **HCAI could expand the dissemination of data on primary care team members in California via additional data visualizations and downloadable data sets.**
- **Amend Business and Professions Code section 502 to permit HCAI to develop policies and procedures to make confidential, licensee-level data available to researchers in a manner that protects licensees' privacy.**

RECOMMENDATION

1

Data

RECOMMENDATION

3

Supply, Distribution, Diversity

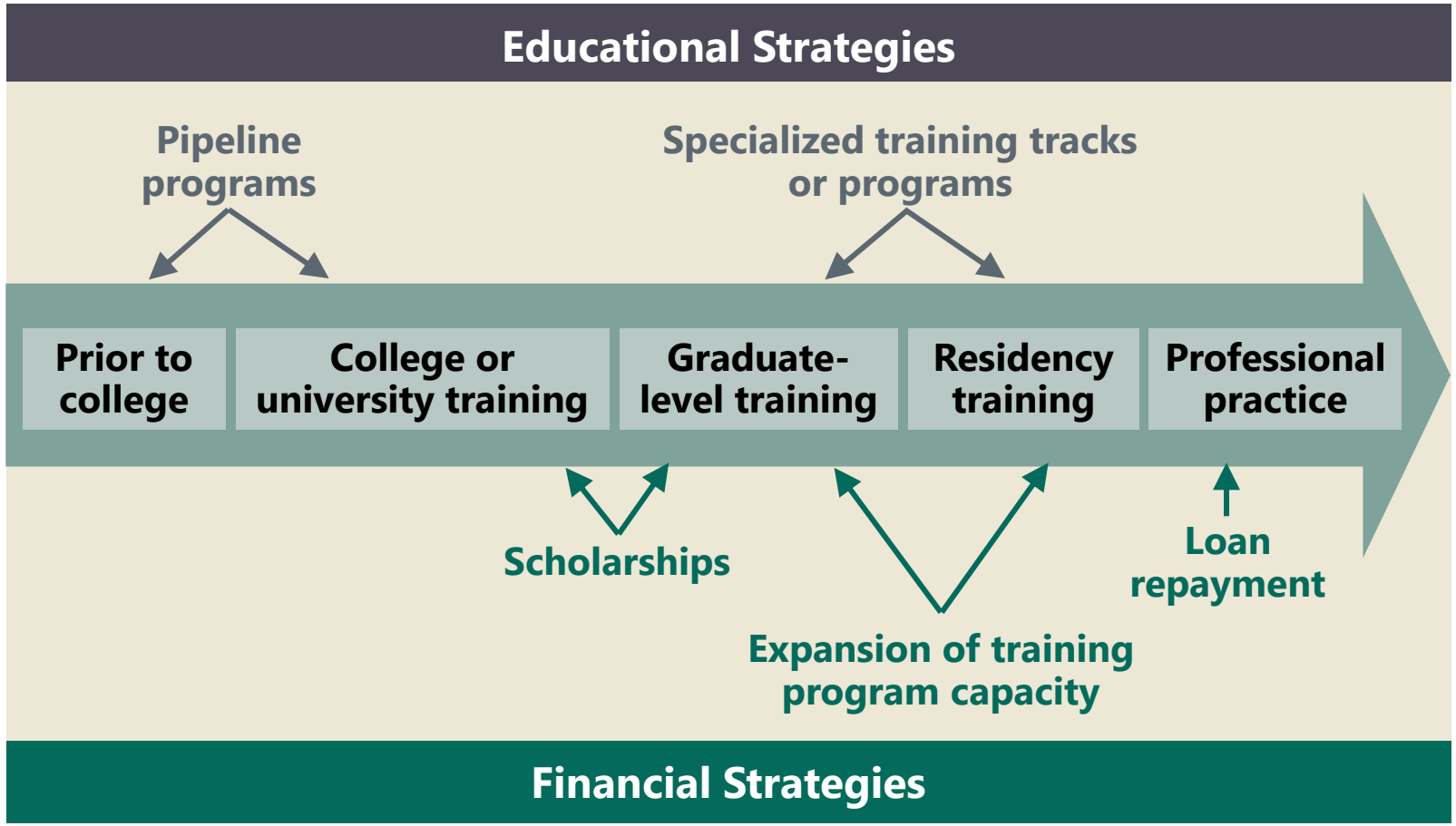
Continue to implement evidence-based policies to

1) ensure California has sufficient numbers of primary care team members overall,
2) improve the geographic distribution of primary care team members, and
3) reflect the racial/ethnic and linguistic diversity of California's population.

RECOMMENDATION

3

Supply, Distribution, Diversity



Source: Rittenhouse et al., Health Workforce Strategies for California: A Review of the Evidence (California Health Care Foundation, April 2021), p. 5, Fig. 1 "Examples of Public Sector Strategies to Increase the Number and Diversity of Health Professionals."

Opportunities for action include:

- Sustain state investments in workforce policy and programs
- Continue to funding educational institutions that have a strong track record of producing health professionals consistent with state goals regarding diversity, geographic distribution, and representation in primary care.
- HCAI, Physicians for a Healthy California, and other entities that fund training for primary care team members can improve the collection, analysis, and reporting of data on graduates of the training programs they fund, and on scholarship and loan repayment recipients
- Purchasers, health plans, and philanthropic foundations should augment state government investments in primary care workforce development.

RECOMMENDATION

3

Supply, Distribution, Diversity

Opportunities for action:
Supply

Prioritize funding the following:

- Dual-enrollment programs so future primary care team members can complete their education more quickly
- Apprenticeships and similar programs for MAs or other unlicensed primary care team members
- Accelerated education programs, such as three-year medical school programs and advanced standing programs for people with bachelor's degrees in social work
- NP and PA education programs and GME programs in primary care specialties that have strong track records of producing graduates who provide primary care

RECOMMENDATION

3

Supply, Distribution, Diversity

Opportunities for action: Distribution

Prioritize funding the following:

- **Expand training capacity in rural and urban underserved areas**
  - Emphasize teaching health centers for community-based GME and interprofessional education
- **Advance place-based pipeline strategies**
  - Recruit students from underserved (especially rural) areas
  - Train locally with academic, financial, and social supports
  - Support transition into local primary care practice
- **Increase financial incentives for service in high-need areas**
  - Scholarships for students from areas with low primary care supply
  - Loan repayment for clinicians practicing in underserved, especially rural, communities
- **Prioritize rurality in workforce programs (HCAI)**
  - Score applications based on rural location (e.g., MSSAs, zip codes)
  - Amend statutes as needed to allow rural prioritization

RECOMMENDATION

3

Supply, Distribution, Diversity

Opportunities for action: Racial/ethnic/linguistic diversity)

Fund pipeline and pathway programs

- **Recruit and mentor students from historically excluded communities (including rural)**
- **Provide financial, social, and mentoring supports and intensive primary care training**

Expand targeted scholarships

- **Support students from racially/ethnically excluded groups**
- **Reduce educational debt and encourage careers in primary care**

Support internationally trained physicians

- **Enable Spanish-speaking physicians to provide culturally and linguistically concordant care**
  - Examples: UCLA International Medical Graduate Program; Licensed Physicians from Mexico Pilot Program

RECOMMENDATION

3

Supply, Distribution, Diversity

RECOMMENDATION

4

Education and Training

Ensure that all members of the primary care team receive high-quality education and training in interprofessional, team-based primary care.

Opportunities for action

- **Primary Care Curriculum and Clinical Training**
- **Interprofessional Education**

RECOMMENDATION

4

Education and Training

Opportunities for action: Primary Care Curriculum and Clinical Training

Integrate primary care across all training programs

- Prioritize primary care in institutional strategy and curricula (required and elective)

Strengthen accreditation and standards

- Require primary care–specific didactic and clinical training
- Improve NP program audits to ensure curriculum quality

Expand primary care clinical placements for all team members

- Partner with practices through certification, financial incentives, and coaching support

RECOMMENDATION

4

Education and Training

Opportunities for action: Primary Care Curriculum and Clinical Training

(Continued)

Support and retain primary care faculty and preceptors

- **Offset lower compensation and productivity through reimbursement, tax incentives, and competitive pay**

Fund post-graduate primary care residencies

- **For RNs, NPs, PAs, and pharmacists to support transition to practice, especially in rural and underserved areas**

Build robust primary care pipelines

- **Recruit and train learners with demonstrated interest in community-based primary care to improve retention**

RECOMMENDATION

4

Education and Training

Opportunities for action: Interprofessional Education (IPE)

Invest in IPE innovation and dissemination

- Fund demonstration projects and learning collaboratives
- Support packaging and sharing of evidence-based IPE curricula statewide

Strengthen IPE faculty capacity

- Provide scholarships and financial support for IPE faculty development

Expand access to practice coaching

- Train practice coaches using evidence-based approaches to support team-based care

Incentivize interprofessional training in GME

- Encourage training multiple primary care professions together at shared sites
- Prioritize team-based care models in residency clinics

RECOMMENDATION

4

Education and Training

RECOMMENDATION

6

Retention

Support the retention of primary care team members through policies to reduce administrative burden, promote career ladders, and safeguard primary care practice models with high retention rates.

Opportunities for action

- **Reduce Administrative Burden**
- **Invest in Career Ladders and Support High-Retention Practice Models**

RECOMMENDATION

6

Retention

Opportunities for action:
Reduce Administrative Burden

RECOMMENDATION

6

Retention

Streamline reporting and billing requirements

Promote data interoperability and technology enablement

- Expand interoperability beyond EHRs using APIs and cloud-based services
- Leverage AI to reduce documentation burden and support scribing

Simplify and align quality reporting

- Standardize performance measures across payers
- Require payers to cover costs of proprietary measures
- Reduce reporting burden for independent practices

Build on existing statewide efforts

- Payment Model Demonstration Project
- California Quality Collaborative
- Integrated Healthcare Association's advanced primary care measure set
- Standardized contracting by public purchasers

Opportunities for action: Invest in Career Ladders and Support High-Retention Practice Models

Invest in career ladder programs and upskilling initiatives

- Support MA-to-nursing training pathways and expanded clinical and leadership roles for LVNs and RNs
- Fund mentorship programs to support long-term engagement.

Provide mentorship and cross-training

- Enable staff to work at the top of their license or training
- Cross-training (e.g., MAs in health coaching or data management) improves job satisfaction and retention
- Retention is driven by meaningful utilization, not salary alone

RECOMMENDATION

6

Retention

Opportunities for action: Invest in Career Ladders and Support High-Retention Practice Models

(Continued)

Support and replicate high-retention practice models

- **Independent and clinician-owned practices are better at retaining staff compared to health-system owned practices despite marginalization by current payment reform initiatives**
- **Fund and facilitate technical assistance to support team-based care, data collection and analysis, and interoperability**

Leverage Associations and health plans to scale retention innovations

- **Disseminate best practices for retention across practices**
- **Payer-led investments like sabbatical grants can directly support workforce well-being**
- **Example: Health Plan of San Mateo Health**

RECOMMENDATION

6

Retention

Policy Recommendations

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Continue evidence-based policies to grow the primary care workforce, improve its distribution, and align it with California's diversity.

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Education and training

Ensure all primary care team members receive high-quality training in interprofessional, team-based primary care.

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Technical assistance

Establish statewide technical assistance to support high-quality, team-based care in all primary care settings.

6

Retention

Support retention of primary care team members by reducing administrative burden, promoting career ladders, and protecting high-retention practice models.

3-Part approach for accountability

Scorecard | **Taskforce** | **State Office for Primary Care**

3-Part Unified Effort for Accountability

Statewide primary care scorecard (HCAI)

- Track access, equity, and workforce capacity
- Provide a shared data-driven foundation for reform accountability

Statewide primary care taskforce

- Translate scorecard insights into coordinated policy action
- Aligns with successful initiatives other states and national leadership efforts

Dedicated State office for primary care

- Provide long-term leadership and cross-agency alignment
- Reduce fragmentation and serve as central hub for collaboration among all partners committed to strengthening primary care.

HCAi
Department of Health Care Access and Information

Strengthening California's Primary Care Team Workforce

HCAI Response

Purpose of the Response

Considerations While Evaluating

This response focuses on recommendations elevated within the report presentation and identifies:

Existing OHWD activity

Emerging or exploratory work

Operational and statutory limitations

Partnership or funding dependencies

Recommendations were reviewed based on current activities, future opportunities, implementation constraints, and external dependencies.

Recommendation 1 – Data

Increase availability of comprehensive workforce data for all members of the primary care team, including **data on key demographic characteristics**, **time spent** providing patient care, and **rates** at which new graduates work in primary care practices.

Recommendation 1 – Data

Current Activity

- Licensure survey improvements
- Primary care supply-and-demand model
- Established a visualization and analytics unit

Planned Activity

- Reimagining the annual report to the legislature
- Publicly accessible workforce dashboard
- NPI-linked workforce outcomes

Current Limitations

- CHW/MA workforce visibility
- Cross agency data access
- Workforce outcome tracking limitations

Recommendation 3 – Supply, Distribution, Diversity

Continue to implement evidence-based policies to:

- Ensure California has **sufficient numbers** of primary care team members overall
- Improve the **geographic distribution** of primary care team members
- Reflect the **racial/ethnic and linguistic diversity** of California's population

Recommendation 3 – Supply, Distribution, Diversity

Current Activity

- HPSA-informed funding
- Rural workforce incentives
- ADI-informed scholarship scoring
- Accelerated BSW/MSW pathways

Planned Activity

- Workforce need targeting
- Workforce outcome tracking
- Primary care pathway alignment

Current Limitations

- Data limitations around recent graduates
- Funding-dependent expansion
- Limited accelerated pathway funding
- Constraints around solicitating donations

Health Professional Shortage Area (HPSA)
Area Depravation Index (ADI)

Recommendation 4 – Education & Training

Ensure that all members of the primary care team receive **high-quality education** and training in interprofessional, **team-based** primary care.

Recommendation 4 – Education & Training

Current Activity

- Outpatient clinical placement expansion through CalRHT
- Rural facility preceptor support
- Clinical placement reporting improvements

Planned Activity

- Interprofessional training opportunities
- Primary care curriculum expectations
- Workforce placement outcome tracking

Current Limitations

- Limited primary care fellowships
- No statewide IPE pilot programs
- No training clinic designation authority

Key Takeaways