Primary Care MD Action Plan

Broad Strategy: Primary MD Care Capacity					
Baseline:					
Objective	**Activities**	**Anticipated Outcome**	**Timeline**	**Lead and Resources**	**Evaluation Method**
1. Increase residency programs and slots for primary care physicians with a specific focus on community based residencies and geographic areas of unmet need.	• Establish estimate of base-line primary care residency slots and distribution through CHWA residency study. Identify priority target areas and opportunities. • Implement CHWA Primary Care Initiative Residency Workgroup with leadership and participation from CAFP, CMA, AHEC, UCOP, OSHPD, UCSF, HRSA, CSRHA. CPCA etc. Will focus on setting goals, determining strategies, identifying funds and advocacy. Secure funding for expert GME consultant to support workgroup to develop recommendations and identify funding and a work plan. • Develop proposals based on findings and recommendations (phase 2). • Coordinated advocacy to sustain and expand Song Brown.	• Evidence to identify areas of need and opportunities. • Data and method for tracking. • Tangible, actionable plan that can be funded and tracked. • Work group of key stakeholders and experts to ensure buy in, completion and coordination. • Solid plan for meeting objective, including strategies for funding. • Broad Advocacy Support. • Additional PC residency slots for CA with mechanism for ongoing coordination	Phase 1- April- Dec 2012 (assuming investment provided)	CHWA working in conjunction with residency work group 100-150k for phase 1 to staff and operate workgroup and fund consultant. Phase 2 for proposals and implementation (TBD)	• Complete base line analysis • Workgroup in place with staff and consultant • Recommendations for increasing slots • Increased slots secured (phase 2)
2. Develop the infrastructure and data and necessary to support primary care workforce development at regional and statewide level.	• Formalize and invest in a Primary Care Workforce Initiative for California through CHWA (with close Council linkages) to implement the strategic plan, provide ongoing coordination, advocacy and adjust strategies as needs and solutions change.	• Single, neutral “hub” for planning, coordination, communication and advocacy among key stakeholders. Individual groups still lead respective efforts. Sufficient staffing to coordinate and support implementation.	April- Ongoing	TBD	• Initiative in place with sufficient staffing and funding and representation • Data available • Metrics and reporting in place • Funding in place

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	• Develop supply and demand projections for primary care within the context of healthcare reform, health homes and HIT. Establish baseline and targeted need within defined timeframes. • Establish mechanism through the OSHPD Health Care Workforce Clearinghouse and Primary Care Workforce Initiative to provide timely ongoing tracking and public reporting to measure progress toward goals and inform adjustment of strategies. • Support OSHPD to get data needed. • Support academic researchers to analyze and report out data available from Clearinghouse and generate data from other needed sources.	• Data necessary for planning, decision-making and tracking available to stakeholders. • Clearinghouse is supported and has data needed. • Analysis and reporting meets needs to secure support, sufficient number of primary care MD's and systems change • Sufficient funds to invest in programs to meet priority target needs.			
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3. Increase recruitment and retention of primary care MDs; particularly for the safety net and underserved areas.	• Increase loan repayment and scholarship programs and funding for primary care in California. • Explore new creative approaches to incent primary care practice in underserved areas. • Increase participation in loan repayment programs by streamlining and simplifying process. • Increase awareness and participation by sites to facilitate participation. • Increase use of Steven M. Thompson Physician Corps Loan Repayment and California State Loan Repayment	• Increased number of med students and residents choosing primary care and practicing in underserved areas. • Reduce the number of vacancies for primary care providers in primary care clinics (FQHCs, RHCs, etc.) in Health Professions Shortage Areas	June 2012-ongoing	CMA, CAFP, OSHPD?	• Increased $ for scholarship and loan repayment. • Increased use of funds for target individuals and organizations • Increased primary care MD's practicing in underserved areas

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	Program funds and creative use of public and private funds for match. • Assess State Loan Repayment Program site matching guidelines to determine ways to increase participation and minimize costs. • Explore opportunities to expand training for IMG's to practice in CA such as the proven UCLA IMG Residency Program; particularly in underserved areas.				
4. Develop supportive payment structure and policies targeted at increasing the attractiveness of primary care as a career path, retention of primary care MD's, sufficient capacity for health reform and effective use of MD's in medical homes and new delivery models.	• Ensure sufficient payment by MediCal to support needed primary care capacity. • Promote Medi-Cal primary care payment increase to Medicare and advocate to sustain this increase after the federal support period (2013-2014). • Advocate for continuation of the Medicare Primary Care 10% bonus after the Federal support period (2011-2015). • Structure enhanced payment and new mechanisms for full scope of practice in new models of care (ACO, Health Home), including payment for care coordination. • Create scientific-based reimbursement system that can establish payment levels at a tipping point that attracts and retains primary care physicians, particularly in underserved areas.	• Sufficient Capacity for MediCal enrollees and participants in other ACA related programs. • Increased number of CA medical school graduates choosing primary care and underserved areas.	TBD	TBD	TBD

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