

HEALTH HUMAN SERVICES-HEALTH (HHS-CVHPI)

Supporting Organizations: California State University, Fresno, Central Valley Health Policy Institute

ACTIONS	STATUS	2007-2009 - FINAL REPORT ACTIVITIES
OVERALL WORK GROUP STAFFING REQUIREMENTS		
Plan, organize and manage all work group meetings; maintain work group records, agendas and minutes; coordinate meetings; evaluate effectiveness of implementation activities; maintain HHS portion of Partnership web site; provide monthly and quarterly reports.		
Goal 1: Develop comprehensive education and training systems to meet the healthcare worker shortage in the region.	<input type="checkbox"/>	
Objective A: Establish A UC Merced medical school within 10 years.		
Work with UC Merced to identify and engage key leaders to champion effort.		
Research the importance of the UC Medical School to the region.	C	In early February 2009, the simultaneous development of phases one and two as recommended by WAG was encouraged by UC President Mark Yudof
Work with UC Merced, UC President and Regents to support 10-year time frame.	C	The Coalition and CPSJV expressed support for the WAG report's phased approach to establishing a medical school, and passed resolutions in support of an expedited (3-phased) timeline whereby the independently accredited UC Merced medical school is established by 2015
Recommend an academic task force to guide program development and fund raising.	IP	Faculty-driven planning will continue at UC Merced in collaboration with academic partners primarily at UC Davis and UCSF Fresno and with the UC Office of the President

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<p>Objective B: Establish Central Valley Nursing Education Consortium.</p>	<p>C</p>	<p>Significant progress was achieved, however funding prohibited continued efforts. Preventive, primary, and nursing shortages were regularly noted during HEZ Seed Grant regional convenings</p> <ul style="list-style-type: none"> • NCLEX passing scores for Valley nursing programs increased from 80% in 2004 2005 to 84.32% in 2006-2007. This translates to approximately 200 more nurses for the Valley, pending additional December numbers. This result reflects a need to standardize the use of testing strategies by all Valley nursing programs that will help “graduate nurses” pass the NCLEX exam. The ongoing challenge is funding to support the efforts • Completed our first faculty training course. Twenty-four Valley RNs have completed the on-line certificate course that will now allow them to serve as clinical faculty. • Grant will sponsor another faculty training course starting in July 2008, with potentially 30 students in July 2008. • Contractual arrangements to award Modesto Junior College and Bakersfield College \$5,000 each for tutoring distance education students is in progress. Fresno City College will receive \$10,000 to initiate a new LVN-to-RN cohort that will graduate in December 2008.
<p>Coordinate with Hospital Council to implement the 2-year grant program.</p>		
<p>Goal 2: Enhance access to appropriate health care services and improved public health management.</p>	<p><input type="checkbox"/> C</p>	<p>Complete: Extensive background research conducted and presented at HEZ Task Force Meetings with regional stakeholders. Regional health care and legislative policy making stakeholders decided to focus on most important prohibitive factor responsible for health care specialty shortage: adjusting health care financing to meet unique Valley needs. Regional (8- county) feasibility assessment roundtable presentations made (~150 persons) to regional health care decision makers including public and private hospital specialty care recruiters, resulted in consensus decision to persue FMAP solution: Adjust CA FMAP rate to meet a SJV carve-out need. All 8 counties were in consensus.</p>

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Objective A: Provide incentives for difficult to recruit health and medical professionals.	IP	Final seed grant report being reviewed by State liasion, Partnership for the Public's Health, and HHS Workgroup
Identify and develop proposed changes in the Health Professional Shortage Area rules.		
Ongoing development of proposed changes in HPSA scoring methodology.		
Develop regionwide strategic plan for enterprise zones and financial incentives.	IP	Since California's failed health reform effort, this objective has been "on hold." However, we continue to monitor President Obama's interests/efforts related to national health reform and look for opportunities to align the Central Valley with national interests in health reform.
Support training efforts of allied health care professionals.		
Objective B: Enhance public health management capabilities.		
Identify essential mechanisms for counties to share technical and professional services.	IP	CVHPI will continue to work with Partnership for the Public's Health (representing collaboration between CSU Fresno College of Health and Human Services and regional health departments directors) to develop Regional Epidemiology and Data Workgroup to coordinate data collection and reporting efforts for the Region
Identify and evaluate opportunities to participate in state training programs.		
Identify needed changes in existing regulations and county polices regarding regional Public Health Laboratories.	NP	
Seek revision of licensure requirements for public health laboratory directors to align with national standards.	NP	
Objective C: Develop a regional plan to address the needs of the uninsured.	IP	
Set standards and goals for project with Work Group.		
Apply for mini grant.		
Develop and implement a pilot for a regional consensus model to cover the uninsured.	C	Work through the Health Enterprise Zone (HEZ) project that includes preliminary regional stakeholder interests to increase FMAP rates in the Central Valley. Although FMAP rates do not assume coverage of the uninsured, there is regional conversation and interest in developing new strategies to address the needs of the uninsured.

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<p>Objective D: Improve delivery of health care services through the use of information technology infrastructure and services.</p>	C/ IP	Report completed and preliminary results presented for National public health leaders at American Public Health Association Annual Conference. 11/2008
Assess e-Health readiness.		
<p>Challenges/Problems/Bottlenecks/Feedback encountered during the quarter</p>		<p>Bottlenecks: Seed Grant - The draft report on health professional shortages and how to solve them has been delayed by extensive administration review. E-health readiness - barriers to successful implementation to improve delivery of health care services through the use of information technology infrastructure and services include reimbursement, such as limitations on rural health clinic and federally qualified health clinic reimbursements currently exist that my benefit from legislation, credentialing processes that create barriers to specialist support, increased staffing costs associated with telemedicine support and staff training, and more. Potential regulatory changes as well as legislative changes may, in the long run, help to improve the use of information technology in the Valley</p>
<p>New funds leveraged during the quarter.</p>		CVHPI received \$250k from local philanthropies to support work on health care reform.