

# Recommendations

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

### Summary of Policy Recommendations

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. *Strengthening California's Primary Care Team Workforce: Data and Recommendations for Action* presents six recommendations that together form a comprehensive plan to strengthen California's primary care workforce:

- ▶ Improved data collection and reporting
- ▶ Modernized payment models

- ▶ Targeted pipeline development to enhance geographic distribution and workforce diversity
- ▶ Consistent and relevant training
- ▶ Supportive infrastructure for team-based care
- ▶ Effective retention strategies

Each recommendation includes a clear rationale, an illustrative "bright spot" showcasing an exemplary practice or policy, and "opportunities for action" offering concrete, timely steps for progress. To view the complete recommendations, refer to *Strengthening California's Primary Care Team Workforce: Data and Recommendations for Action*. The table below provides a quick summary of each recommendation and opportunities for action.

#### Policy Recommendations and Actions to Strengthen Primary Care Teams in California

PROBLEM	RECOMMENDATION	EXAMPLES OF OPPORTUNITIES FOR ACTION
<b>Lack of comprehensive, consistent data on California's primary care workforce, especially for unlicensed team members such as medical assistants (MAs) and community health workers (CHWs), limits evidence-based planning and investment.</b>	<b>Recommendation 1.</b> Increase the 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.	<ul style="list-style-type: none"><li>▶ Explore the feasibility of expanding ongoing data collection activities to include MAs, CHWs, and other unlicensed staff.</li><li>▶ Revise survey questions to better identify clinicians working in primary care.</li><li>▶ Require programs such as Song-Brown to track and report graduates working in primary care.</li><li>▶ Use claims data to complement self-reported licensure renewal survey data.</li><li>▶ Enhance dissemination of workforce data and visualizations via the California Department of Health Care Access and Information's Research and Data Center.</li></ul>

PROBLEM	RECOMMENDATION	EXAMPLES OF OPPORTUNITIES FOR ACTION
<b>Primary care payment remains inadequate and misaligned</b> , limiting the ability of practices to build and sustain interprofessional teams.	<b>Recommendation 2.</b> Bolster primary care payment to ensure it is adequate, appropriately structured, and specifically allocated to support high-quality, team-based primary care.	<ul style="list-style-type: none"> <li>▶ Increase California's investment in primary care in alignment with the California Office of Health Care Affordability's 15% target.</li> <li>▶ Maintain Medi-Cal payment rates to primary care.</li> <li>▶ Simplify and align value-based payment models across payers.</li> <li>▶ Allow same-day billing for physical and behavioral health visits in Federally Qualified Health Centers.</li> <li>▶ Increase reimbursement for CHWs and pharmacists in primary care.</li> <li>▶ Develop and test mechanisms to ensure additional investments reach full-scope primary care practices.</li> </ul>
<b>Persistent workforce shortages, uneven geographic distribution, and lack of diversity</b> continue to limit access and equity in primary care.	<b>Recommendation 3.</b> Continue to implement evidence-based policies to ensure California has sufficient numbers of primary care team members overall, to improve the geographic distribution of primary care team members, and to reflect the racial/ethnic and linguistic diversity of California's population.	<ul style="list-style-type: none"> <li>▶ Sustain and expand CalMedForce and Song-Brown funding for training in primary care specialties.</li> <li>▶ Invest in programs that enable students to complete their education more quickly.</li> <li>▶ Expand pipeline and apprenticeship programs for rural and underserved regions.</li> <li>▶ Provide scholarships and loan repayment for primary care service in shortage areas, especially rural areas.</li> <li>▶ Invest in pathway programs for students from historically excluded groups.</li> <li>▶ Prioritize funding for programs that enhance linguistic and cultural concordance, such as the UCLA International Medical Graduate Program and the Licensed Physicians from Mexico Pilot Program.</li> </ul>
<b>Education and training for team-based primary care remain siloed</b> , with inconsistent interprofessional learning and limited exposure to high-functioning primary care teams.	<b>Recommendation 4.</b> Ensure that all members of the primary care team receive high-quality education and training in interprofessional, team-based primary care.	<ul style="list-style-type: none"> <li>▶ Integrate strong primary care education into all relevant health profession programs.</li> <li>▶ Expand access to clinical placements in primary care settings.</li> <li>▶ Support and retain primary care faculty with reimbursement enhancements, tax incentives, and competitive compensation.</li> <li>▶ Fund and implement postgraduate residencies for registered nurse (RNs), nurse practitioners, physician's assistants, and pharmacists.</li> <li>▶ Develop and fund interprofessional education demonstration projects to foster and scale innovation.</li> </ul>
<b>Established practices lack structured support to implement and sustain high-quality, team-based care</b> , and existing technical assistance efforts are fragmented.	<b>Recommendation 5.</b> Establish a statewide technical assistance infrastructure to support the creation and maintenance of high-quality, team-based care structures and culture in all primary care practice settings.	<ul style="list-style-type: none"> <li>▶ Develop a business model for a statewide primary care extension service to align technical assistance across initiatives.</li> <li>▶ Explore state-based funding mechanisms including allocating future penalties and undertakings or developing a trust.</li> </ul>

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<b>High turnover and burnout threaten primary care team stability, driven by administrative burden, limited career advancement, and fragile independent practices.</b>	<b>Recommendation 6.</b> 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.	<ul style="list-style-type: none"> <li>▶ Reduce administrative burden by simplifying reporting and aligning payer requirements.</li> <li>▶ Promote data interoperability and leverage AI tools to reduce documentation workload.</li> <li>▶ Fund career ladders and upskilling for licensed vocational nurses, MAs, RNs, and CHWs.</li> <li>▶ Support independent and clinician-owned practices, which tend to retain staff better than health system-owned practices.</li> <li>▶ Leverage health plans to scale retention innovations.</li> </ul>

## About the Authors

Mathematica. Established in 1968, Mathematica collaborates with public and private sector partners at the intersection of data, methods, policy, and practice to improve public well-being. **Katie Coleman, MSPH**, is the founder and principal of Research to Practice, an independent consulting firm. **Janet Coffman, PhD, MPP, MA**, is a professor of health policy and co-associate director; Philip R. Lee Institute for Health Policy Studies, UCSF, Healthforce Center. **Rebeckah Muratore, MPH**, is a policy analyst at Mathematica. **Jessica Mogk, MPH**, is a collaborative scientist at the Kaiser Permanente Washington Health Research Institute's Center for Accelerating Care Transformation. **Margaret Fix, MPH**, is a research associate at the Philip R. Lee Institute for Health Policy Studies at UCSF.

## About the Foundation

The [California Health Care Foundation](#) (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.