

# HORIZON 2030

*Meeting California's Primary Care Workforce Needs*



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# Executive Summary

This study was undertaken for the California Primary Care Association (CPCA) to examine emerging issues, challenges, and opportunities to build primary care workforce capacity in the state of California. CPCA commissioned this inquiry to inform proactive solutions to the growing shortages of primary care providers and the corresponding impact on health access, quality, and cost.

At current utilization, California will need an estimated 8,243 additional primary care physicians by 2030, or 32% of its current workforce (Pettersen, Cai, Moore, & Bazemore, 2013). A critical challenge will be ensuring sufficient primary care access for the growing number of Californians covered by Medi-Cal. Findings from the key informant interviews and literature review emphasize that primary care workforce shortages are a product of a complex array of barriers and that strengthening capacity on a scale large enough to address emerging needs requires multifaceted solutions and systems change. They also stress that more coordinated, definitive action is needed to implement policy and practice innovations that address key barriers and optimally leverage resources to create meaningful increases in primary care capacity.

To provide CPCA and its partners with a framework for prioritizing the most salient and impactful primary care capacity solutions, the consulting team used the Coordinated California Primary Career Workforce Pathway Model. CPCA and partners

can use the model along with recommendations in this report to frame a comprehensive primary care workforce strategy and prioritize policy, program, and practice solutions.

*Findings and recommendations in this report focus on five components of the model:*

- Career Awareness and Education
- Residencies and Graduate Medical Education Funding
- Primary Care Transformation and Finance Innovations
- Recruitment and Retention
- State and Regional Strategies and Infrastructure

These general themes highlight the landscape within which CPCA, regional consortia, and community clinics and health centers (CCHCs) can engage with other stakeholders to accelerate and advance primary care capacity solutions. They also represent an important call to action for greater and more collective efforts. Based on our inquiry findings, the consultants recommend that CPCA and partners consider the following overarching priority strategies for action now to move the needle on primary care capacity in California.

**California will need an estimated 8,243 additional primary care physicians by 2030.**

## Overarching Priority Recommendations

1. **EDUCATE** the public and key stakeholders about growing primary care access, quality, and cost challenges, utilizing compelling data and patient voices, to make the case for urgent action and investment in primary care capacity expansion.
2. **IMPROVE** documentation and communication of emerging primary care workforce problems and consequences.
3. **SECURE** additional investment and partnerships to accelerate primary care transformation within CCHCs including pilot projects, training, technical assistance, and shared learning.
4. **INCREASE** the number of primary care residencies in California with a priority focus on residencies in community health centers and medically underserved regions.
5. **EXPAND** loan repayment funds and provisions to incentivize new and existing providers to practice in CCHCs.
6. **ADVOCATE** for funds to expand medical schools targeting candidates committed to primary care practice in underserved areas (i.e. University of California, Programs in Medical Education (PRIME) and the University of California, Riverside, School of Medicine).
7. **DEVELOP** formal ongoing relationships between CPCA and other key advocacy organizations and build an inclusive broad-based coalition to focus explicitly on primary care access and workforce-related policy solutions.
8. **DEVELOP** state level public-private entity with the necessary expertise, capacity, and relationships to advance collaborative primary care workforce solutions. Convene a process for development of a multi-year strategic plan for California to strengthen primary care capacity and access.
9. **ACCELERATE** and expand payment reform and pilot projects that align financial incentives and regulations with new team-based primary care models.

## Call to Action

CPCA commissioned this inquiry to be a catalyst for action and to fuel advancement of innovative solutions and partnerships that will meaningfully move the needle toward sufficient primary care capacity for all Californians.

Everyone needs to play a role in the solution. We encourage you to join with CPCA and others to prioritize and advance recommendations that can have immediate impact and start now to create long term systems change. Now is the time.

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Primary Care**  
ASSOCIATION

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