APPENDIX 1
PROVIDER WORKFORCE INITIATIVES REPORT

A summary of each provider workforce initiative and the impact, or anticipated impact, has on the California Correctional Health Care Services (CCHCS) medical care delivery system is provided below. Some of these strategies are in their first stages of development or implementation, while others represent a continual and long-term plan to maintain achievements made.

Expanded Recruitment and Outreach Strategies
Provider Workforce Recruitment teams consisting of medical executive leadership, clinical staff, and recruitment staff meet monthly to discuss recruitment initiatives, marketing campaigns, and outreach activities. Enhanced recruitment as summarized below has brought in over 400 physician candidates to the Centralized Hiring Unit for follow-up. Some of these enhanced recruitment strategies include:

Print and Digital Marketing – CCHCS’s marketing presence has increased steadily through the development and implementation of professional recruitment marketing materials that deliver a compelling and consistent message. These materials emphasize work-life balance; promote correctional medicine as a viable career option; highlight the competitive pay and benefits offered through the state of California; and dispel myths health care professionals often have regarding correctional medicine, including safety and patient panel/population concerns. The following marketing materials are customized to target specific professional audiences and promote specific classifications, institutions, or regions:
- Recruitment flyers for use at local and national events;
- Print advertising placed in targeted State and national professional publications;
- Digital advertising placed in targeted professional association career centers and high-traffic websites frequented by health care professionals; and
- Branded conference booth materials including quick screens, tablecloths, and back walls.

Military Outreach – In addition to the efforts noted above, military-specific recruitment has increased. These recruiting efforts focus on military health care professionals transitioning to civilian careers and emphasize pay and benefits, CCHCS’s organizational structure, and the opportunity for service members to begin a rewarding second career with CCHCS.

Conferences – Recruitment teams attend 10-15 conferences annually throughout the spring and fall, which include traveling to out-of-state events. This busy event schedule is shared through the development and implementation of an online event calendar housed on the internal Lifeline site. Metrics on conference attendance, including viable leads gathered and status of those leads within the hiring process, are gathered and shared within quarterly reports for efficiency analysis.
Enhanced Provider Compensation

(15 percent pay differential) – The use of the 15 percent pay differential to enhance recruitment and retention for physician providers began in July 2015 at California Health Care Facility (CHCF) and expanded to Avenal State Prison (ASP), California Medical Facility, California State Prison, Corcoran, Kern Valley State Prison (KVSP), California State Prison, Los Angeles (LAC), Mule Creek State Prison (MCSP), North Kern State Prison (NKSP), Pleasant Valley State Prison (PVSP), Richard J. Donovan Correctional Facility (RJD), California State Prison, Sacramento, Substance Abuse Treatment Facility, and Salinas Valley State Prison (SVSP) in May 2017. These additional 12 institutions were defined hard-to-recruit due to their remote location, high cost of living, and/or low staffing levels.

The 15 percent pay differential successfully brought in five new physician providers into those institutions receiving the differential and six of those institutions are now currently staffed above 80 percent. However, the implementation negatively affected other institutions as 14 physicians left existing positions to transfer to institutions receiving the differential. To offset the loss in staff, recruitment efforts for those negatively impacted institutions were increased. As of the filing of this report, only seven institutions (58.3 percent) have seen an increase in physician providers, with five (41.7 percent) having received no additional physicians. Additionally, some physicians who initially transferred to institutions with the pay differential have since transferred to institutions not receiving differentials.

Medical Officer of the Day – The Medical Officer of the Day (MOD) is a recently revived strategy to offer onsite physician provider services after normal business hours rather than solely relying on the on-call process. Whereas the on-call process requires the designated provider be available by telephone for consultation and/or call-back, when necessary, the MOD allows physicians to voluntarily provide onsite services at an institution for a minimum of four hours after regular business hours during third watch. MOD is currently being tested at California Correctional Women’s Facility, California Institution for Men (CIM), KVSP, LAC, MCSP, NKSP, RJD, and SVSP for a period of six months. It is anticipated that by providing after-hours patient care in the triage and treatment areas (TTA), reception centers, and primary care clinics, it will reduce patient backlogs and emergency department and hospital send outs.
**Dual Appointments** – Dual Appointments allow physicians working full-time positions at one institution to provide support at another institution and be compensated as a second State appointment. As physicians in dual appointments may only work up to 40-44 hours depending on the pay period, typically, the provider covers third watch or weekend hours. While authority to hire physicians into dual appointments was implemented in September 2017, to date six physicians are providing additional coverage through the dual appointment process at ASP, CHCF, California Rehabilitation Center (CRC), Deuel Vocational Institution, NKSP, and Valley State Prison.

**Proposed Retention Bonus** – Advanced Practice Providers currently receive a recruitment and retention pay differential. CCHCS is in the process of developing a proposal to expand the program to include incremental retention bonuses for physicians. The details of the proposal remain confidential at this time.

**Annual Salary Surveys** – Salary surveys are an essential tool to monitor the competitiveness of CCHCS’s provider pay scales. The surveys assess current total compensation, inclusive of benefits, and provide CCHCS a platform to compare salary information with community rates across the nation and in markets where our institutions are located. This information can be used to petition for pay increases, if warranted, and ensures CCHCS remains competitive regarding salary. Approximately every two years, studies are conducted for the most mission-critical classes including Physician Assistant, Nurse Practitioner, and Physician and Surgeon and recommendations are made based on the analysis.

**Educational Partnership Program (EPP)**
The EPP is a partnership between CCHCS and various educational entities to develop student awareness of future job opportunities within correctional medicine by providing a clinical experience to students and residents. CCHCS has 15 partnerships with several University of California campuses and Osteopathic Medical schools spanning 25 contracts for medical students, residents, Nurse Practitioner and Physician Assistant students. CCCHS’s providers act in the role of instructors to the students.

Seven institutions are participating in the program, with CIM, California Institution for Women (CIW), LAC, CRC, and California State Prison, San Quentin (SQ) instructing students from Western University and the University of California, San Francisco; and CHCF and MCSP instructing students from the University of California, Davis. Efforts are ongoing to increase the number of sites and instructors to provide this valuable learning opportunity.
In building these relationships, CCHCS is building a provider pipeline by providing a pathway for new physicians and other medical professionals to view correctional medicine as a viable career option and creating a positive clinical training experience. In addition to receiving training in the mechanics of correctional medicine, the opportunity helps students build a level of comfort with working in a prison environment. Beyond student education, the program also increases provider job satisfaction by providing instructors a direct link to the practice of medicine outside the world of corrections and allowing them to help shape the future practice of these students.

As with civil service providers, the EPP has developed a standardized onboarding process for its students. Student rotations last from two to six weeks in length, with some institutions having continuity clinics with the students that can last up to one year. EPP works directly with the educational partners and students to determine the type of rotation needed with some requesting student rotation as an elective course.

The EPP has also established a research workgroup with the CCHCS Office of Legal Affairs, CDCR Office of Research, and Committee for the Protection of Human Subjects to determine the feasibility of allowing CCHCS physicians and students to submit project proposals for publication.

Additional plans are in development for a CCHCS Nurse Practitioner Residency Program. The proposal is still in the early stages of consideration with a goal to have a two-year program accepting students for 2019/2020.

**Streamlined Hiring and Credentialing Process**

Human Resources developed a centralized hiring process that streamlined hiring efforts. Results of the process include a revised Live Scan process and a team of staff dedicated solely to hiring the provider workforce. These efforts have minimized the total number of days from interview to formal offer of employment to less than two months for the majority of physician hires, with the majority of tentative offers of employment often happening in less than one week from the interview date.

The Credentialing and Privileging Unit recently implemented a user-friendly web-based application for processing credentialing applications and issuing temporary privileges. The new process automated a previously convoluted and often manual process, thereby decreasing overall time to credential. In 2018, CCHCS will move from site-specific to statewide privileges, which will allow physicians to provide services at multiple institutions without repeatedly going through the credentialing process.

**New Medical Provider Onboarding**

In February 2017, Medical Services formally launched the New Medical Provider Onboarding (NMPO) program as a mandatory activity for newly hired providers. Prior to NMPO program, the only formalized, standard orientation was the CDCR New Employee Orientation (NEO). While the
NEO is still a component of the NMPO, the new program offers provider-specific educational needs such as population management and care coordination. Designed as a 12-week program, training begins with a three day training at Headquarters (HQ), followed by two weeks of rotational clinical observation, job shadowing, and completed with at least 30 hours of protected training time, gradually leading to independent patient care duties. Since its inception, 72 providers have completed the program.

As a component of the NMPO program, the newly created Provider Resource Library (PRL) takes the idea of web-based decision support to a new level by combining resources that are housed in different locations and making them available to all providers in one central, organized, easy to navigate webpage on Lifeline. The PRL includes links to the Inmate Medical Services Policies and Procedures, clinical care guides, the Quality Management portal, the Patient Safety portal, on-boarding plans and checklists, a PRL user guide, and more. As a critical document resource, it fills a gap that has long existed by providing new medical hires (and current providers) with valuable, up-to-date resources to guide and support them in treating patients in CCHCS’s unique environment.

**Continuing Medical Education**

The CCHCS’s Education and Training Unit (ETU) is dedicated to identifying the specific and specialized educational needs of civil service and contract providers. The ETU provides high quality, evidence-based, effective continuing medical education (CME) activities aimed at advancing provider competence, enhancing practice performance, promoting patient safety, and improving patient outcomes.

In January 2017, the ETU CME program received a six-year Accreditation with Commendation, which is the highest level of accreditation offered by the Institute for Medical Quality (IMQ). The IMQ is the quality arm of the California Medical Association and a subsidiary of the Accreditation Council for CME, a national organization that sets and enforces standards in physician CME. This award demonstrates the ETU’s commitment to providing corrections-specific courses of the highest quality including courses on topics such as low back pain, coccidioidomycosis, suicide risk, depression, end stage liver disease, as well as developing new courses on topics specifically requested by providers and medical leadership.

In 2017, the ETU presented over 65 individual courses representing 175 hours of instruction, in addition to the self-study materials available to providers. The ETU recently approved an application to provide up to 16 hours of CME to physicians who act as preceptors to students and residents in the EPP. Current courses under development include diabetes management and pain management with a focus on opiate usage.

**Improvement-Focused Professional Practice Evaluation**

Even the most qualified providers will face challenges adapting to the correctional health care environment. Adopting a culture of continuous improvement where educational opportunities
are provided and performance reviews are conducted on a regular basis in a non-punitive setting will not only benefit CCHCS as an organization, it will increase provider confidence, improve patient care, and lessen the stress of second-guessed decisions often inherent in a heavily regulated environment.

In February 2018, a new Professional Practice Evaluation (PPE) process in-line with the Joint Commission standards will be implemented and consists of both Focused PPE (FPPE) and Ongoing PPE (OPPE). The FPPE process will provide routine opportunities for medical leadership to mentor and build positive relationships with providers. For new hires, it will further aid the adjustment to providing care in a correctional setting and allow management to make informed decisions on granting active privileges prior to a provider completing the probationary period and becoming a permanent CCHCS employee. For seasoned providers, it will help maintain a supportive leadership model and reinforce standards of care.

The FPPE will focus on the following six core competencies and include an individual improvement plan:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

The OPPE will be a data-driven report that allows providers and medical leadership to review variances in practice on a regular basis to continuously improve practice. The OPPE will be based on CCHCS policies, care guides, and evidence-based metrics in the following domains:

- Scheduling and Access to Care
- Population Health Management
- Medication Management
- Specialty Referral Management
- Unplanned Higher Level of Care

The entire PPE process will be managed by a web-based application that will allow all evaluations and improvement plans to be completed electronically and be maintained in one central location with easy to use reporting functions.

**Peer Review Process**

In the simplest of terms, a formal peer review process is the conduct of professional review activities through formally adopted written procedures that provide for adequate notice and an
opportunity for a hearing (45 CFR Part 60, Subpart B). The formal definition of peer review is a process in which a peer review body assess the basic qualifications, staff privileges, employment, medical outcomes, or professional conduct of licentiates to make recommendations for quality improvement and education, if necessary, in order to do either, or both, of the following:

- Determine whether a licentiate may practice or continue to practice in a health care facility, clinic, or other setting providing medical services, and, if so, to determine the parameters of that practice
- Assess and improve the quality of care rendered in a health care facility, clinic, or other setting providing medical services.

Early in the Receivership, CCHCS lacked an effective or widely used formal peer review program; however, in July 2008, CCHCS adopted a set of procedures and proceeded to systematically review the practice of all medical providers with the primary focus of identifying providers in need of additional support and/or training and restricting or eliminating their access to patients. Along with the implementation of new credential standards, this peer review process helped CCHCS to replace approximately 90 percent of its provider workforce by replacing physicians with new, board-certified providers and reducing employment of providers with restricted licenses from 22 percent to less than one percent.

As the caliber of CCHCS medical providers improved, so too did its peer review process. CCHCS has shifted from discipline-focused to improvement-focused practice evaluations while maintaining patient safety as the primary focus. The formal peer review process remains the primary mechanism for removing providers from patient care until the unsafe practices can be remediated or, in instances where remediation cannot be achieved, terminating the provider’s privilege and thereby ending their employment with CCHCS.

**Telemedicine Expansion**
Telemedicine Services’ main goal and accomplishment for CCHCS continues to be improved access to medical services, decreased costs associated with transportation and custody, and decreased risk to public safety. Primary Care Telemedicine has proven to be a great resource for institutions with recruitment and retention issues with over 33 providers currently assigned to institutions designated as hard-to-recruit, as well as providing a more economically viable alternative to registry usage when support is needed for coverage of providers unavailable for long periods of time due to illness, military leave, etc.

The Telemedicine program has greatly expanded from 10 positions in 2015 to 40 positions today, of which 67 percent have been filled. With plans for expansion and a strong candidate pipeline, the Telemedicine program continues to be one of the strongest solutions to providing quality health care. CCHCS is expanding its current telemedicine offices in Rancho Cucamonga, Diamond Bar, San Quentin, and Elk Grove and has plans for a future office located in Santa Ana.
The retention rate within Telemedicine is the highest among all provider groups, retaining providers with a near 100 percent retention rate; two providers transferred to institution-based positions eligible for a 15 percent pay differential; one transferred to a HQ position; and one provider resigned under unfavorable circumstances.

Additional Telemedicine current and future achievements include the following:

- A remote Chief Physician and Surgeon concept was successfully piloted at California Correctional Center (CCC). Telemedicine is assessing for future opportunities.
- Specialty services continue to expand with recently hired specialists in Wound Care, HIV, Nephrology, and Pain Management.
- A standardized process was developed to review institution requests for Telemedicine providers.
- A test for the use of Telemedicine emergency department physicians for after-hours consults in the TTA to reduce the usage of on-call providers is being rolled out.
- Telemedicine is developing a plan for the use of dual appointments for part-time after-hours coverage to reduce usage of on-call providers.
- Telemedicine is actively working to roll-out Telemedicine services to the fire camps, which will allow CCC providers to conduct medical encounters more efficiently by eliminating the need to travel to individual camps.

**Advanced Provider Practice Expansion**

The Physician Assistant and Nurse Practitioner policies and procedures are being combined into one Advanced Practice Practitioner Provider policy to clarify the roles and responsibilities for each. The Advanced Practice Practitioners are crucial to maintaining a stable provider workforce as they bridge the physician gap by providing care for routine chronic care conditions and allow physicians to focus on high-risk or complex patients. Under the new policy, only Chief Physicians or Chief Medical Executives will supervise the Advanced Practice Practitioners freeing up significant time for physicians. CCHCS has an active recruitment plan for Advanced Practice Practitioners with a very large candidate pool (initial advertising efforts having brought in over 300 candidates in only a few months).

**Exit Interviews and Surveys**

With the average length of employment with CCHCS for providers decreasing, providers are joining and separating from CCHCS at approximately the same rate and retention is becoming a stronger focus. In 2017, 47 providers were hired and 43 providers left the provider workforce. While the reduction is a combination of retirements, resignations, and terminations, the majority of providers left voluntarily.

In May of 2017, a statewide Exit Interviews and Surveys process was implemented to assess why providers were leaving the organization and what specific reasons most influenced their decisions. Quarterly reports are being developed to assess the data sets and share resulting analysis in an attempt to assess those issues most influencing turnover.
**Mitigating Provider Burn-out**

Local, regional, and HQ leadership is actively working to address provider burn-out. Stabilizing the provider workforce will help reduce burn-out; however, additional efforts will be required. As noted within the Enhanced Provider Compensation section of this document, two strategies CCHCS has received approval to use are dual appointments and MOD. In addition to providing monetary benefits, both dual appointments and MOD can decrease the need to use on-call physician providers, which improves quality of life by allowing physicians to truly be off work when they leave the work site. Additional efforts will include continued building of wellness programs, designing strategies to develop individual resiliency, creating stronger administrative and allied health support teams around the providers, and improving the usability of the electronic health records system.

**Assessing Job Satisfaction**

As a component to the Exit Interviews and Surveys, an Organizational Assessment survey is planned for development. This survey will be administered on a bi-annual basis and will measure current organizational issues most commonly related to job satisfaction in addition to specific issues that are topics of interest for the medical program. The twice yearly administration of the survey will help ensure relevancy of the topic areas and allow leadership to keep apprised of potential issues that may impact turnover. Plans for statistical analysis of the Organizational Assessment and Exit Survey results may provide insight as to areas of future concern and allow leadership to respond proactively to decreasing job satisfaction before employees begin to exit the organization.