

May 24, 2024

Megan Brubaker 2020 West El Camino Avenue, Suite 1200 Sacramento, CA 95833 OHCA@hcai.ca.gov

SUBJECT: CHA Comments on Proposed Health Care Workforce Stability Standards

Dear Ms. Brubaker:

California hospitals provide lifesaving, life-changing care every single day. Ensuring hospitals can do the most for the patients they serve is at the core of hospitals' engagement with the Office of Health Care Affordability (OHCA). As OHCA considers ways to transform our health care system, the California Hospital Association (CHA) — on behalf of more than 400 hospitals and health systems — appreciates the opportunity to comment on the proposed health care workforce stability standards.

Hospitals are supportive of the current proposal and encourage the office to make minor adjustments to more fully capture the breadth of the health care workforce.

OHCA's charge is to improve the affordability of health care while maintaining access, quality, and equity. Ensuring a stable, strong workforce is key to those efforts — and given current systemic workforce shortages, a great deal of investment will be needed to ensure that California has enough health care providers to meet the demand for care. Consider, for example, that more than 11 million Californians live in an area without enough primary care providers. Today, 30% of the state's doctors and 20% of nurses are over the age of 60, and across the country an additional 139,000 physicians are needed by 2033. Geographic maldistribution further exacerbates the need for health professionals in rural and low-income areas, creating local shortfalls that disproportionally affect already vulnerable communities. **As OHCA moves forward it must consider ways to address these longstanding deficiencies and ensure that its policies do not inadvertently worsen existing challenges.**

OHCA's Thoughtful Approach to Measuring Workforce Stability Should be Broadened to Include Physicians

OHCA has proposed a comprehensive and realistic approach to measuring workforce stability that aims to not only encourage strong performance on the part of individual health care entities, but to also monitor geographic and market-level performance trends. This approach leverages existing, extensive reporting by health care entities and other organizations to help policymakers address systemic workforce challenges that ultimately impede access to affordable care. Hospitals appreciate the office's reliance on existing data to understand factors driving workforce challenges and develop solutions.

Importantly, the office's approach also recognizes the distinct ways that health care entities track and promote the recruitment, retention, diversity, and upskilling of their workforces.

OHCA should, however, consider one opportunity to improve the comprehensiveness of its approach: including physicians in its analysis. While statute affords OHCA flexibility in this regard, neglecting to include the physician workforce in its analysis would forego a piece of the puzzle that must not be ignored: the evaluation of whether all Californians have adequate access to physician care. Given the extent of primary care and other physician shortages and the resulting access barriers, as well as the opportunity to be a comprehensive source of information on the health care workforce, OHCA should include this set of professionals in its reporting on market-level trends.

OHCA's Workforce Stability Analysis Should Inform the Review of the Spending Target

Hospitals encourage OHCA to begin analyzing existing data as soon as possible, given that discussion of the spending growth target to date has conspicuously lacked insight into how the target would impact workforce stability. Hospitals remain deeply concerned about the potential impacts of a 30% drop in health care spending growth on the workforce statewide, and the subsequent impacts on access and quality. Most alarmingly, any workforce reductions that result from the spending growth target are likely to disproportionately affect those in already underserved communities, undercutting OHCA's charge to improve health care equity.

As OHCA analyzes changing workforce conditions, it must use its findings to inform future targets and adjust as needed. This nimble approach would protect patients from unanticipated ripple effects as the spending growth targets are implemented, ensuring that any negative impact on workforce stability could be quickly mitigated.

Conclusion

With its inaugural spending growth target now set, OHCA has begun the essential work of building an infrastructure to support this transformation. Addressing affordability challenges while meaningfully and measurably improving access to high-quality, equitable, and innovative care will only be possible through careful observation and adjustment as implementation of OHCA progresses.

California's hospitals are grateful for the opportunity to comment on the proposed workforce stability standards and look forward to continued collaboration.

Sincerely,

Ben Johnson

Vice President, Policy

CC: Elizabeth Landsberg, Director, Department of Health Care Access and Information

Vishaal Pegany, Deputy Director, Office of Health Care Affordability

Members of the Health Care Affordability Board:

David M. Carlisle, MD, PhD Secretary Dr. Mark Ghaly

Dr. Sandra Hernández

Dr. Richard Kronick

Ian Lewis

Elizabeth Mitchell

Donald B. Moulds, Ph.D.

Dr. Richard Pan