



Medical Board of California
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Licensed Physicians from Mexico Pilot Program
(LPMPP) First Annual Progress Report

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Physician Shortage Background

AB1045: Licensed Physicians from Mexico Pilot Program

- In 2002, the then CA Governor approved Assembly Bill 1045, Licensed Physicians from Mexico Pilot Program (LPMPP)
- This project is mandated by the Business and Professions Code (BPC) section 853, Department of Consumer Affairs
- In California, for 3-years 30 licensed physicians from Mexico are allowed to practice in nonprofit community health centers in medically underserved areas
- The LPMPP project attempts to address a national physician shortage with qualified doctors from Mexico that meet the cultural and linguistic needs of California's underserved Latino/a community

California's Primary Care Physicians Workforce Challenges

- The primary care physicians' workforce is unevenly distributed across the state
- Some primary care physicians do not accept Medi-Cal patients
- Primary care physicians are not as racially/ethnically and linguistically diverse as the California's population
- Many physicians are likely to retire within the next decade, particularly in rural areas.
- Forecasts suggest that insufficient numbers of primary care physicians will enter the workforce to replace those who retire

Source: Coffman, 2019

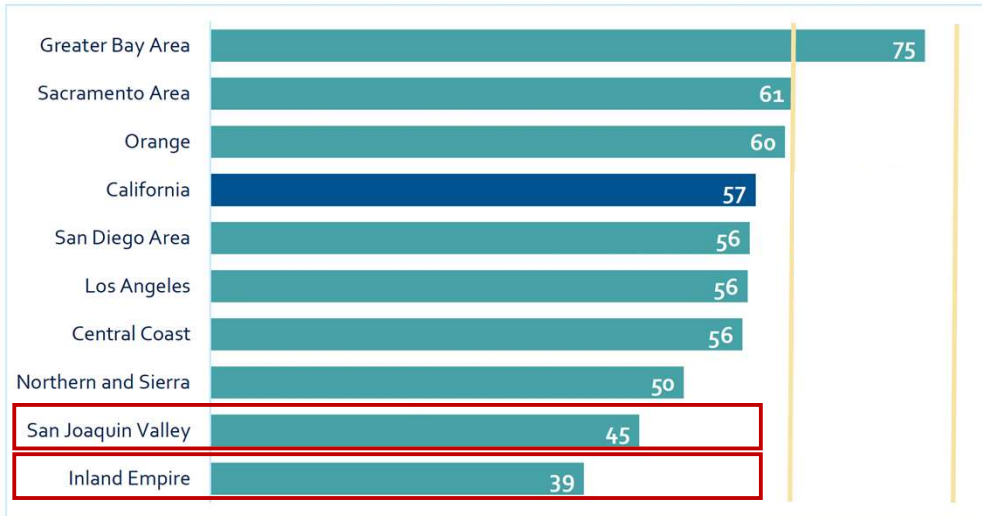
Health/Mental Health Inequities: The “Treatment Gap”

Between 50 to 95% of people with serious mental disorders have not received appropriate mental health care in the previous year

Why the Treatment Gap?

- Multiple Barriers
 - 1) Individual level (e.g., stigma)
 - 2) Community Level (e.g., lack of available and access to culturally and linguistically appropriate services)
 - 3) Systemic Level (e.g., lack of social and economic resources and poor living conditions)
- Lack of engagement in behavioral healthcare

Active Patient Care Primary Care Physicians per 100,000 Population, by Region of California, 2015

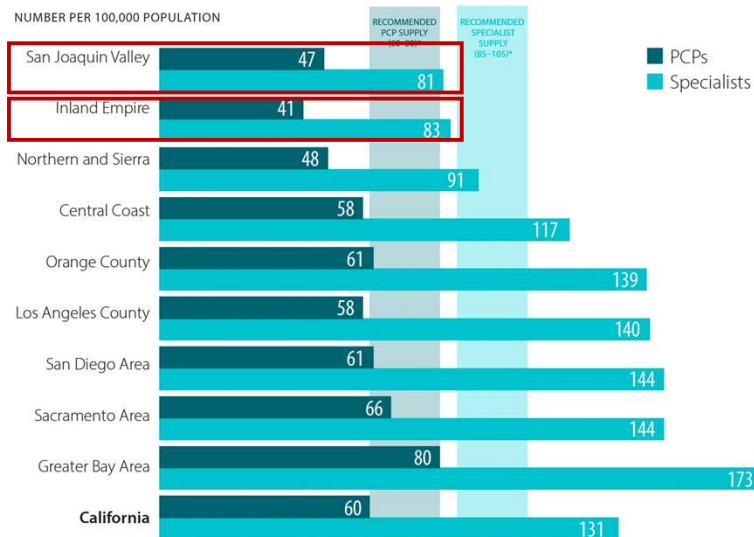


Source: Coffman, 2019



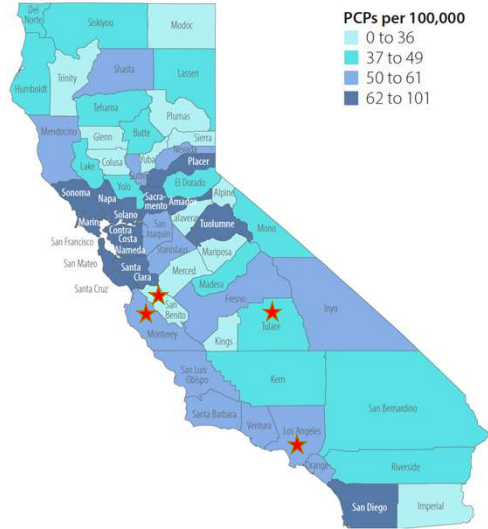
Center for Reducing Health Disparities

Primary Care Physicians/Specialists per 100,000 Population, by Region of California, 2020

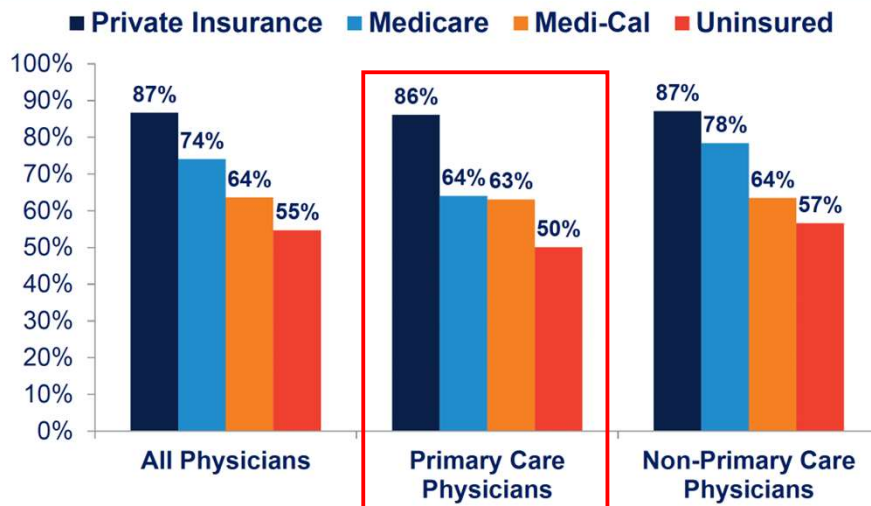


<https://www.chcf.org/wp-content/uploads/2021/03/PhysiciansAlmanac2021.pdf>

Primary Care MDs per 100,000 Population, by County, 2020

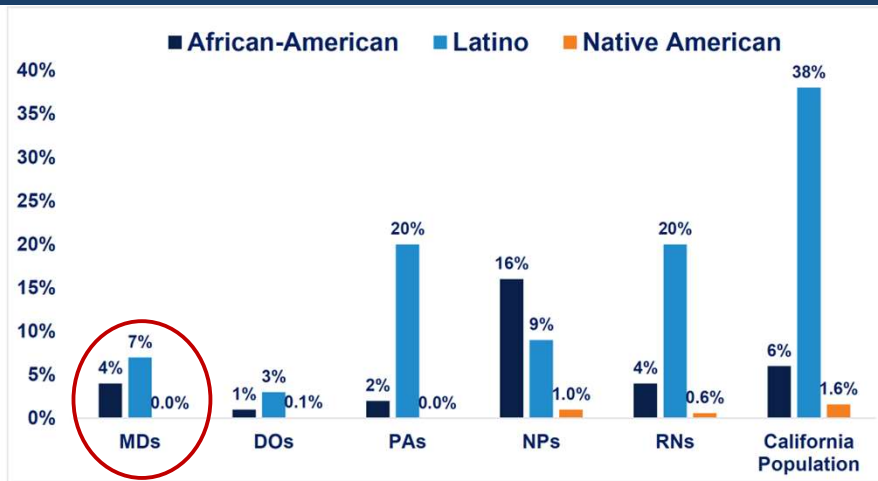


California Physicians with Any Patients by Payer, 2015



Source: Coffman, 2019

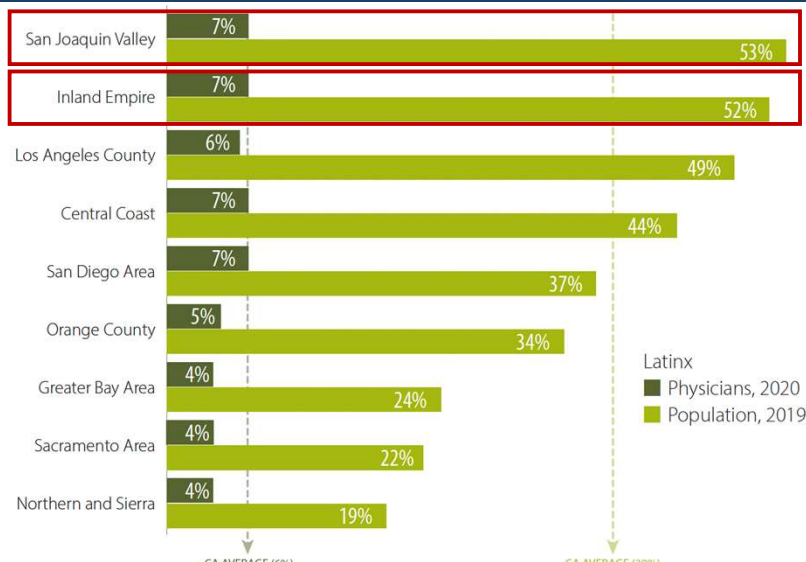
Graduates of MD, DO, PA, NP, and RN Training Programs by Race/Ethnicity, California, 2015



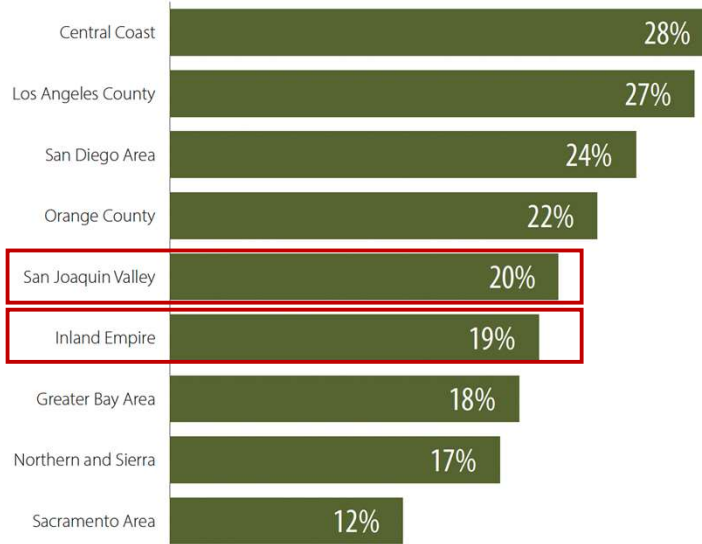
Source: Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Integrated Post-secondary Education Data System, American Association of Colleges of Nursing, California Board of Registered Nursing, U.S. Census Bureau.

Source: Coffman, 2019

Latino/a physicians and population, by region, 2020



Spanish-speaking physicians, by region, 2020



California Future Health Workforce Commission, 2019



Source:
<http://www.futurehealthworkforce.org>

“A major contributing factor to California’s primary care physician shortage is insufficient numbers of physicians completing residency training in primary care to replace those who retire. Despite growing primary care needs, California ranks 32nd in the nation at 9.5 primary care residents per 100,000 population, compared to New York, which ranked first. From 1997 to 2012 the annual number of physicians graduating from primary care residency in California steadily declined. In 2018, 1,708 first-year residents entered primary care residency programs. California will need to graduate an estimated 337 additional primary care residents per year from 2025 to 2030, an increase of 20%, to alleviate current and projected shortages...”

Medical school graduates, by degree, California 2003-2018

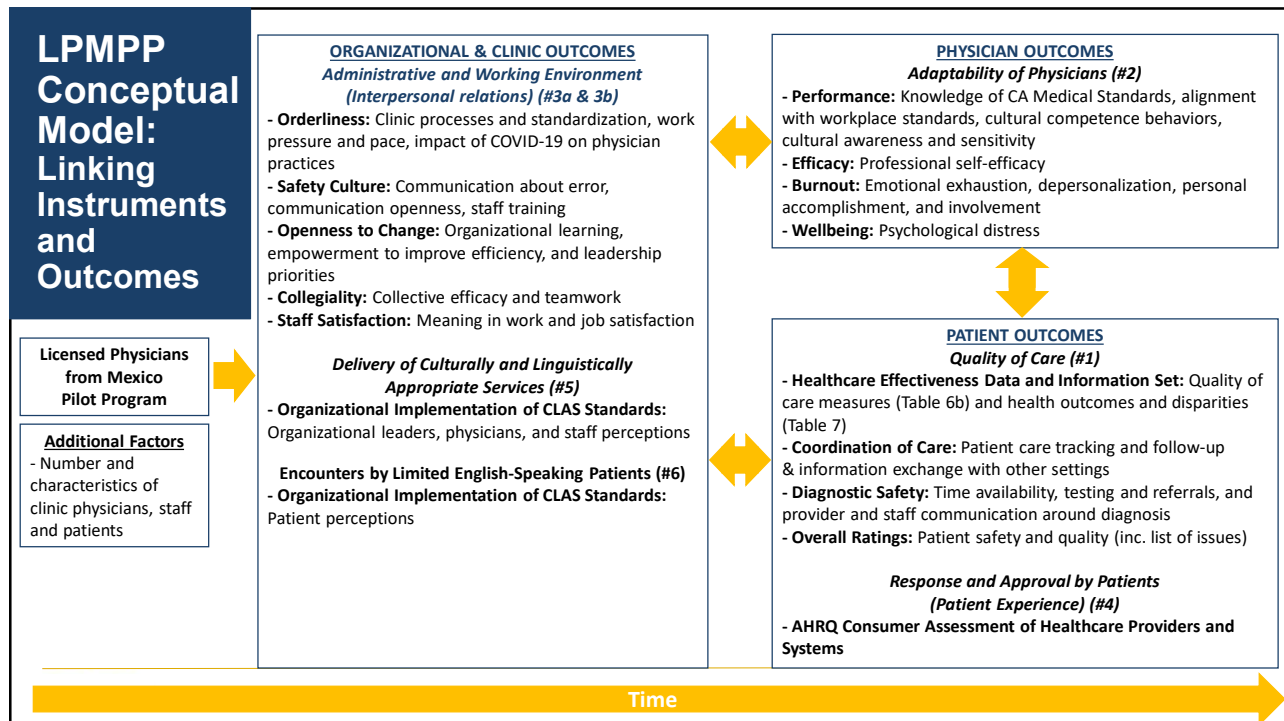


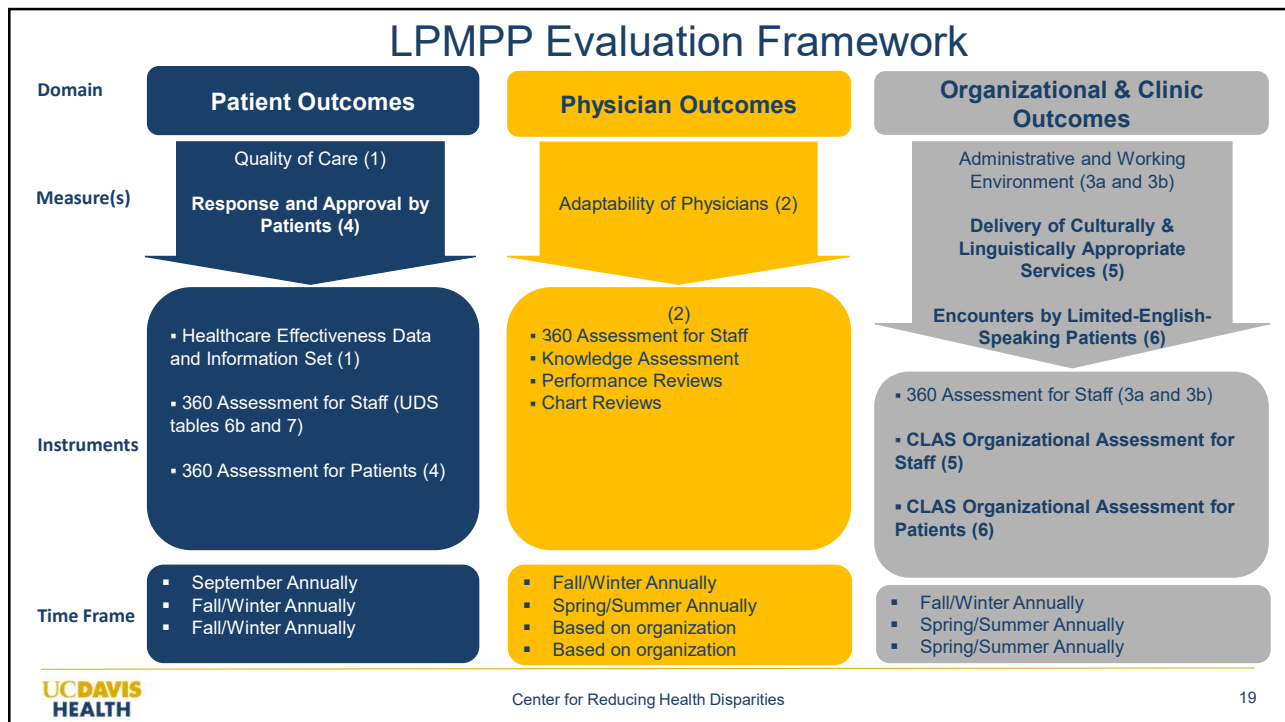
Licensed Physicians from Mexico Pilot Program (LPMPP)

AB1045: LPMPP Project Evaluation

Measures

1. Quality of Care
2. Adaptability of Physicians
3. Impact on Working & Administrative Environment in Nonprofit Community Health Centers and Impact on Interpersonal Relations with Medical Licensed Counterparts in Health Centers
- 4. Response and Approval by Patients (Patient Experience)**
- 5. Impact on Cultural and Linguistical Services (Culturally and Linguistically Appropriate Services [CLAS])**
6. Impact on Limited-English-Speaking Patient (LEP) Encounters
7. Recommendation on whether the program should be continued, expanded, altered, or terminated





LPMPP Participating Community Health Centers

Community Health Center	# of LPMPP Physicians
AltaMed Health Services	6
Altura Centers for Health	5
Clínica de Salud del Valle de Salinas	11
San Benito Health Foundation	5
Total	27

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3rd Annual Progress Report

Submitted on August 1, 2024

360 Assessment for Patients: Aggregate Findings

- 2nd and final round of data collection for this instrument
- Based on the Consumer Assessment of Healthcare Providers (CAHPS®) Clinician & Group Survey (CG-CAHPS)
- Aims to boost scientific understanding of patient experience and to advance the delivery of safe, patient-centered care
- Four domains:
 1. Accessibility of Care
 2. Communication with Providers
 3. Care Coordination
 4. Interactions with Staff

360 Assessment for Patients (continued)

- 360 Assessment for Patients (2022)
 - Race/Ethnicity
 - 88% Hispanic or Latino
 - 7% were white
 - 5% identified as other races
 - Age and Gender
 - 36% 34 years old or younger
 - 72% Women
 - Patient Experience
 - Patients consistently report positive experiences:
 - ☐ 82% find appointment access timely
 - ☐ 94% are satisfied with staff interactions
 - ☐ 96% of patients find their provider's explanations clear
 - ☐ 98% feel respected during their visits
 - ☐ Challenges with video appointments and ongoing efforts to support patients in navigating these technologies

CLAS Organizational Assessment for Staff: Aggregate Findings

- 3rd and final round of data collection for this instrument
- Based on the Communication Climate Assessment Tool created by Matthew Wynia and colleagues
- The assessment covers the extent to which healthcare services provided are:
 - Effective
 - Equitable
 - Understandable
 - Respectful quality care and services
 - Responsive to:
 - diverse cultural health beliefs and practices
 - Preferred languages
 - Health literacy
 - Other communication needs

CLAS Organizational Assessment for Staff (continued)

- CLAS Organizational Assessment for Staff (2023)
 - 397 of 1,415 surveys; 28% response rate
 - Race/Ethnicity
 - 82% Hispanic or Latino
 - 13% White
 - 2% Asian
 - Age and Gender
 - 40% between 25 and 44 years old
 - 82% Women
 - Patient Experience
 - Clinics are making commendable progress in offering culturally and linguistically appropriate services.
 - Clinics are integrating culturally sensitive care into their missions
 - Clinics are also engaging effectively with their communities
 - Commitment of clinics to adapting to the diverse needs of their communities
 - Encourages further development in training and policies

Qualitative Overview

- Interviews and focus groups reveal high levels of satisfaction with the quality of care, highlighting cultural and linguistic congruence provided by LPMPP physicians.
- Qualitative findings highlight LPMPP's positive impact and consistent support for program expansion across all groups.
- Recommendations have been provided to strengthen the program.

Qualitative Data Collection (in progress)

- Clinic staff, administration (initial and follow-up interviews), local providers, LPMPP providers, and patients from participating FQHCs were invited to participate in interviews and/or focus groups.
- Data collection efforts were tailored to the preference of participants including language, on site/virtual, group or individual, and timing.

Admin*		Staff	Local Physicians	LPMPP Providers	Patients	Total Participants
Initial	Follow-Up					
13	8	26	12	21	20	92

Qualitative Findings Across Groups

Area	Administrators, Local Physicians, LPMPP Physicians, Staff, Patients	
Impact	<ul style="list-style-type: none"> • Improved accessibility • Increased acceptability • Increased patient satisfaction • Increased quality of care 	<p><i>"The program in our end has been a complete success, not only from the medical side, administrative side from the clinic, the economical side, but also from the community side...honestly, people love them"</i> - Non-LPMPP Provider</p>
		<p><i>"We've seen massive access...and we've seen massive revenue coming into the clinics"</i> - FQHC Administrator</p>
Quality of Care	<ul style="list-style-type: none"> • Enhanced accessibility • High-quality care • Cultural and linguistic congruence is highly valued by patients 	<p><i>"They're really, really good providers. They're very knowledgeable, and they have really good bedside manners. Patients love them, and they're good producers, too, so they see a good number of patients, and it has been an excellent experience"</i> - Non-LPMPP Provider</p>
		<p><i>"I think it's important that they [providers] speak our language because they bring an interpreter, a nurse, but then you hold back more... whereas when your doctor speaks your language, you speak directly to them, and it's no longer like there's a third person there..."</i> - Patient</p>

Qualitative Findings Across Groups (continued)		
Area	Administrators, Local Physicians, LPMPP Physicians, Staff, Patients	
Recommendations	<ul style="list-style-type: none"> Continue and expand program to larger physician cohorts, specialty choices, and longer service terms with renewal options Provide ongoing mental health services for LPMPP physicians to reduce risk of burnout and isolation 	<p><i>“Yes, we are “providers,” but we are also migrants... I would suggest holding sessions or something to support us—you sometimes hold yourself up alone. There are times when you have very few people to rely on. Maybe your family is there, but here, you don’t have someone to give you a hug or to listen to you day to day sometimes”</i> - LPMPP Physician</p> <p><i>“It should continue, and it should be expanded... it is very important for our community”</i> - Patient</p>
Impact if program is discontinued	<ul style="list-style-type: none"> Potential confusion and frustration among patients Negative community impact due to reduced access & culturally and linguistically appropriate care Increased provider burnout Burden on emergency services due to unmet patient needs 	<p><i>“If they [LPMPP providers] leave, and then there’s no replacement for them, economically, it will hurt us a lot too. It’s so hard to get providers here, so we have become dependent on the program...we wanna bring more providers”</i> - Non LPMPP Provider</p> <p><i>“If they take away that program, it would harm us a lot... we have a great need for doctors like them who understand us, who can relate to us”</i> - Patient</p>

What Comes Next?

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LPMP Evaluation: What Comes Next? (continued)

- 360 Assessment for Staff (Complete)
 - Measure 2: Adaptability of Physicians
 - Measure 3a and 3b: Impact on Working & Administrative Environment in Nonprofit Community Health Centers and Impact on Interpersonal Relations with Medical Licensed Counterparts in Health Centers
- 360 Assessment for Patients (Complete)
 - Measure 4: Response and Approval by Patients
- CLAS Organizational Assessment for Staff (Complete)
 - Measure 5: Impact on Cultural and Linguistical Services (Culturally and Linguistically Appropriate Services [CLAS])
- CLAS Organizational Assessment for Patients (Complete)
 - Measure 6: Impact on Limited-English-Speaking Patient (LEP) Encounters

LPMP Evaluation: What Comes Next?

- Knowledge Assessment (Complete)
 - Measure 2: Adaptability of Physicians
- Health Effectiveness Data and Information Set (In progress)
 - Measure 1: Quality of Care
- Chart Reviews (In progress)
 - Measure 2: Adaptability of Physicians
- Performance Reviews (In progress)
 - Measure 2: Adaptability of Physicians
- Qualitative Data Collection (Complete)
 - All measures

LPMP Evaluation: What Comes Next?

- Comparisons of Round 1 and Final Rounds of Data Collection
 - 360 Assessment for Staff (In-progress)
 - 360 Assessment for Patients (In-progress)
 - CLAS Organizational Assessment for Staff (In-progress)
 - CLAS Organizational Assessment for Patients (In-progress)
 - Knowledge Assessment (In-progress)
- Submit Interim Final Report (December 2024)
- Submit Final Evaluation Report (March 2025)

Acknowledgments

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- Altura Centers for Health, Tulare County
- Clínica de Salud del Valle de Salinas, Monterey County
- Clínicas del Camino Real, Ventura County
- San Benito Health Foundation, San Benito County

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