



Dusting off an innovation state mechanism: California's Health Workforce Pilot Project Program

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Introduction

The Affordable Care Act, through the Prevention and Public Health Fund, provides resources for states to plan and implement innovative strategies to expand the primary care workforce 10-25% over the next decade. One potential model for achieving this goal is a California state bureaucratic mechanism known as the Health Workforce Pilot Projects (HWPP) Program. This mechanism provides a structure for demonstrating and evaluating health workforce expansion efforts.

Administered by the California Office of Statewide Health Planning and Development (OSHPD), with the aim of expanding access to health care, the HWPP Program provides a legal mechanism which allows organizations to:

- Test, demonstrate, and evaluate new or expanded roles for health care professionals,
- Facilitate cooperation among stakeholders, and
- Disseminate study results directly to governmental bodies.

The Health [Workforce] Pilot Projects¹ (HWPP) Act was enacted in 1972 in an effort to improve the effectiveness of California's health care delivery systems with specific focus on the development and utilization of health care personnel. In part, HWPP was designed as a stopgap measure to provide a legal umbrella over health care practices that were common within the state but not authorized by law or regulation. It was widely recognized throughout the 1960s that licensed nurses were practicing in health care roles that exceeded the scope of the California Nurse Practice Act of 1939.² Beyond resolving the immediate legal gray area in which licensed nurses were practicing, HWPP established a mechanism for ongoing pilot projects wherein new or expanded roles for health care professionals could be designed, demonstrated and evaluated to fill gaps in the health care delivery system within the confines of California's Health and Safety code. The HWPP Program provides a systematic and evidence-based model to determining health professional scope of practice.

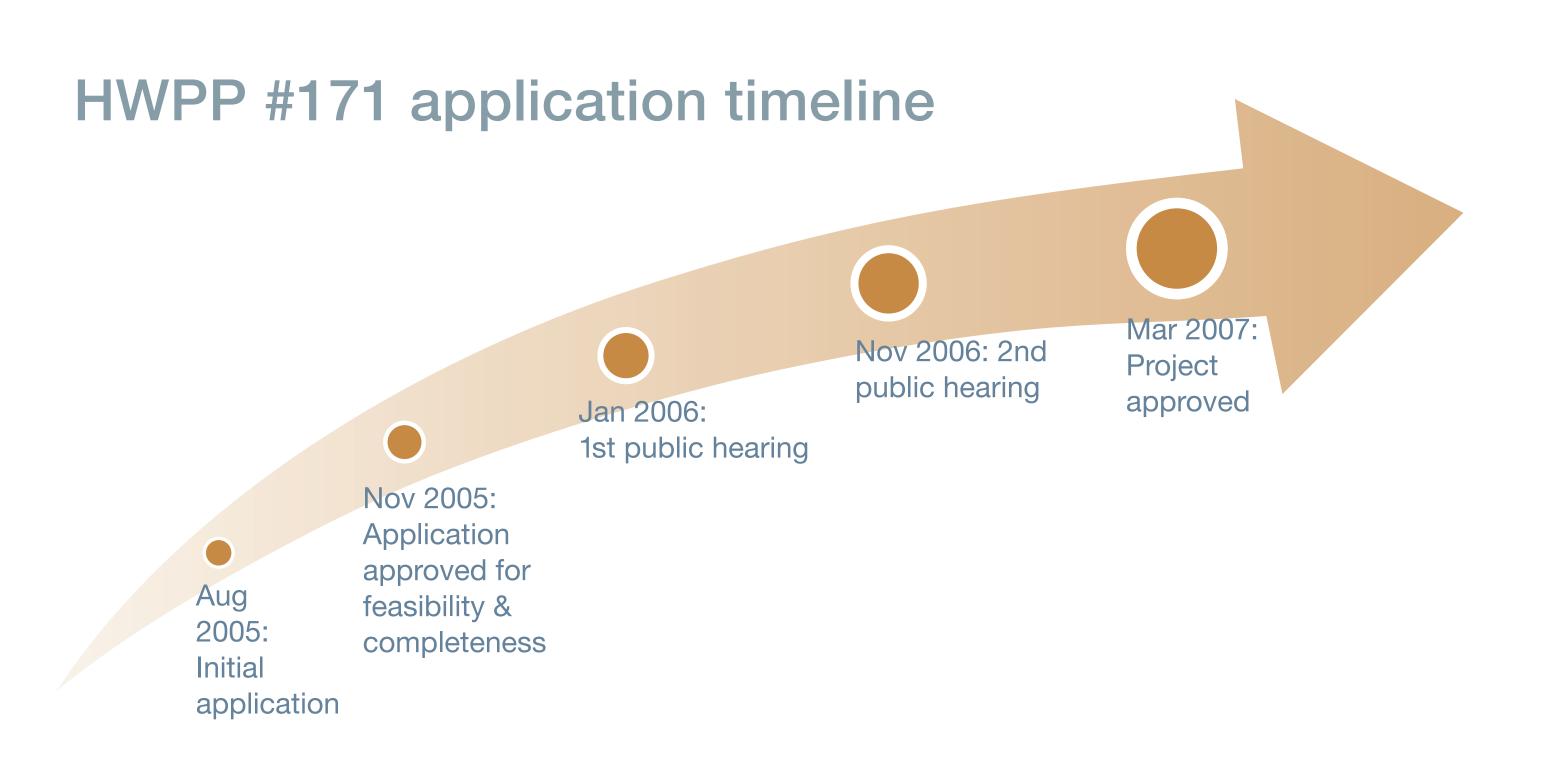
HWPP #171. In 2005, the University of California, San Francisco (UCSF) submitted an application to the HWPP Program to address the health workforce shortage related to the provision of early abortion care. The proposed project requested a legal waiver and authority to train and evaluate nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician assistants (PAs) in the provision of early aspiration abortion procedures. Under

existing California law only licensed physicians can perform this clinical service. After public hearings and extensive input from stakeholders, HWPP #171 received approval and began a statewide demonstration and evaluation project in March 2007.

Methods

Initial application. The HWPP program has a standardized application for all potential pilot projects. The application requires detailed information on the project's purpose, aims and value, category of professionals to be trained, skill set to be attained, training curriculum, proposed trainers, impacted patients population, study design, and research methods. Once approved for feasibility and completeness, each application is made available for public review and comment at one or two (for public entities) public hearings.

One-hundred and seventy-two applications have been submitted to OSHPD under the HWPP mechanism. Over 70% (n=122) of the applicants have been approved and projects initiated.



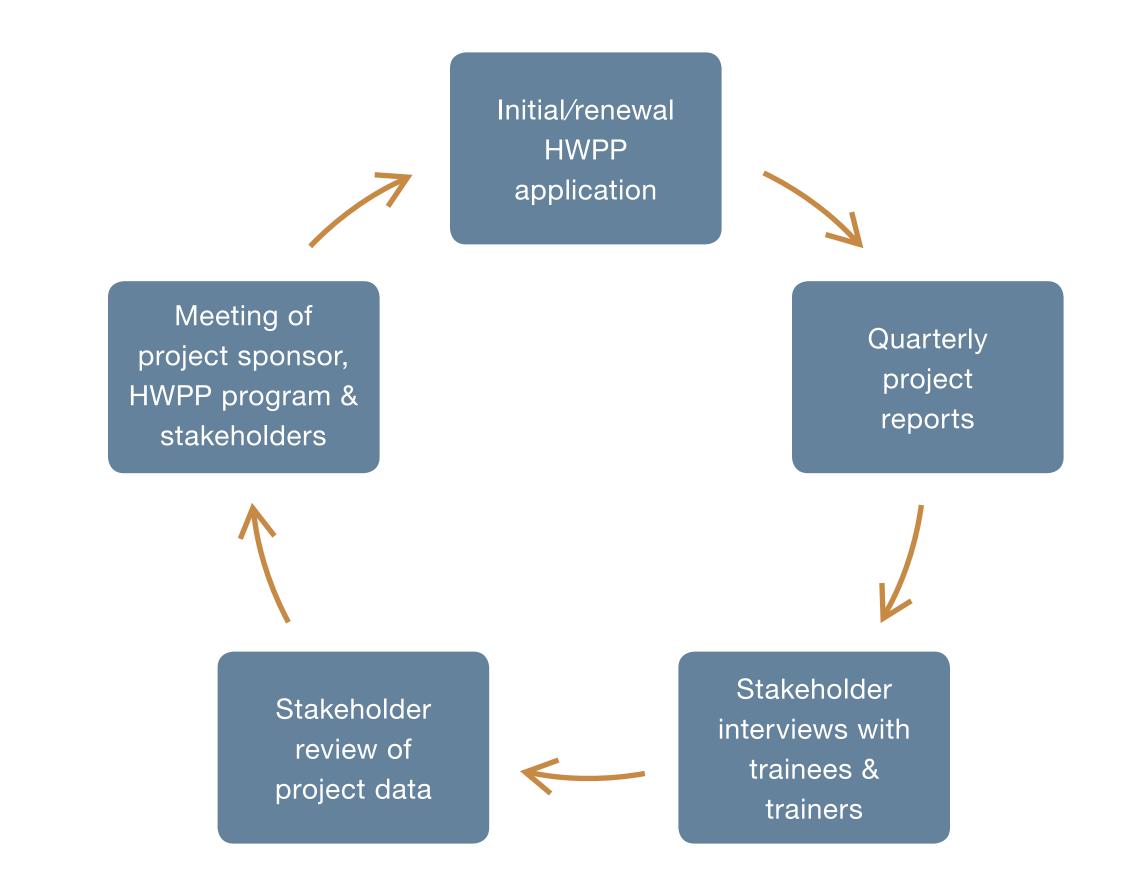
Oversight. The HWPP program engages relevant state and national healing arts boards, professional associations and patient advocacy organizations ("stakeholders") in the initial review and on-going oversight of each pilot project.

HWPP #171 stakeholders

- CA Board of Medicine
- CA Board of Nursing
- American College of Nurse-Midwives
- American College of Obstetricians & Gynecologists, IX
- American Nurses Association, California
- Association of Reproductive Health Professionals

Once initiated, the project is responsible for providing OSHPD and the project stakeholders with ongoing progress reports regarding the primary outcomes of the study as well as data on training, patient enrollment, safety protocols and any changes or amendments to the original application. In addition to routine project reports, HWPP pilot projects host annual site visits where OSHPD staff and stakeholder representatives interview pilot project participants, trainers and administrators, and review data collected throughout the year. All HWPP projects are required by statute to renew their HWPP application annually (projects can be approved for no more than one year at a time).

Annual oversight of HWPP projects



Results

As of 2003, over 6,500 health care professionals have been trained and evaluated under the protective mechanism of the HWPP Program. Over 50% of the 121 pilot projects initiated since 1972 have resulted in permanent scope of practice expansions.

HWPP #171. HWPP #171 was approval for a fifth year of training and data collection in March, 2011. As of that time, 33 clinicians have been trained to competence in early aspiration abortion provision with excellent safety records.

During the course of the project stakeholders have participated in 11 UCSF-hosted site visits at which preliminary data has been reviewed and clinicians and trainers interviewed. The overall transparency of the process has allowed for the partial depoliticization of both the politics of abortion and the politics of scope of practice expansion. However, outdated aspects of the mechanism (enacted in the 1970's) have created impediments to timely and efficient approval, performance, and continuation of the project.

Mechanism limitations

- Old law and regulations, needs to be updated to comply with federal and state health privacy laws and current health workforce policy
- Lack of funding has led to an overreliance on OSHPD administrators—rather than independent experts—to monitor and evaluate pilot projects
- Significant time and resources are required to sponsor a pilot project
- Cumbersome site visits without clarity of process, outcomes, or adequate evaluation tools
- Lack of regulatory clarity regarding the length of training and evaluation

Conclusion

The HWPP mechanism could serve as a powerful tool to increase the primary care workforce and optimize the skill sets of health professionals across disciplines. Given that scope of practice changes occur at the state level, mechanisms such as an updated HWPP Program could be used to address barriers and encourage innovations related to the state primary care workforce or Medicaid expansion as directed by the National Health Care Workforce Commission. Prior to replication, the statute will need to be updated to reflect changes in health care systems and laws that have been enacted since 1972. Further revisions should be made to clarify the administrative role of the overseeing state agency, refine the evaluation component of the mechanism and further define the role and responsibilities of project stakeholders.

California's HWPP mechanism for demonstrating and evaluating health workforce expansion efforts provides one avenue to innovatively expand and assess the health care workforce within the states and to aid policymakers in the creation of evidenced-based change amid the contentions politics of health care. The use of this mechanism by UCSF to address the sensitive and politicallyvolatile question of who can safely provide abortion services suggests its overall potential as a mechanism for working through scope of practice disputes.

¹ Renamed the Health Workforce Pilot Projects Program in 2007.

² Journal of the Health Workforce Pilot Projects Program. California Office of Statewide Health Planning and Development. 1998