

MEETING MINUTES
Governor's Health Workforce Council
Thursday, September 1st, 2016 10:00am-12:00pm
Indiana Government Center South, Conference Room A

Members Present:

- Deborah Frye, Executive Director, Professional Licensing Agency
- Don Kelso, Executive Director, Indiana Rural Health Association
- Doug Leonard, President, Indiana Hospital Association
- Hannah Maxey, Assistant Professor and Director, Bowen Center for Health Workforce Research and Policy
- Phil Morphew, Chief Executive Officer, Indiana Primary Health Care Association
- Joe Moser, Indiana Medicaid Director, Indiana Family Social Services Administration
- Ken Sauer, Senior Associate Commissioner and Chief Academic Officer, Indiana Commission for Higher Education
- Michael Barnes, Associate Chief Operating Officer for Employer Engagement, Indiana Department of Workforce Development, Family and Social Services Administration
- Lindsey Craig, Director of Public Health & Family Policy, Office of Governor Mike Pence
- Pete Weldy, Director of Policy and Research, Indiana Department of Education

Members Not Present:

- Representative Cynthia Kirchhofer, Representative, Indiana House of Representatives
- Tom Vandergrift, Payment Innovation Network Director, Anthem, Inc.
- Jennifer Walthall, Deputy State Health Commissioner, Indiana State Health Department
- Senator Patricia Miller, Senator, Indiana Senate

Welcome

Michael Barnes welcomes all Council members to the meeting. He calls the meeting to order at 10:08 am and a roll call is taken. A quorum is present. He presents the tasks on the Council's agenda for the meeting.

Approval of Minutes from Meeting on June 3rd, 2016*

Pete Weldy made a motion to approve the minutes. Phil Morphew seconded this motion. Present members vote unanimously to approve the minutes.

Update on Data Initiatives

Michael Barnes states that an update on data initiatives will be given and turns the discussion over to Hannah Maxey.

Health Workforce Data Collection

Hannah Maxey provides an update to the Council on the data initiatives from the Bowen Center for Health Workforce Research & Policy (Bowen Center), including discussion on coordination efforts for health workforce data. She gives a review of each of the key milestones and activities that the Bowen Center has engaged in, in partnership with the State of Indiana. She provides an overview of the role of The Bowen Center, as well as the efforts and collaboration involved in the collection, management, and reporting of health workforce data to the State, organizations, and to the public. She continues to present

information on the process of health professional data collection: the process of data collection, data management, and data reporting for best utility by stakeholders and agencies.

Data Visualization Platform

Hannah Maxey presents an overview on the online dashboard/data visualization platform. The data visualization online tool will make data publicly available to support stakeholders, agencies, and groups who would like to do assessments, evaluations, or targeted policy analyses. The data visualization tool could help support evidence-based decision making by providing high quality informed data on health workforce in the State of Indiana.

Data Requests and Technical Assistance

Hannah Maxey presents an overview of Bowen Center efforts to support data requests. The Bowen Center has implemented a data request and technical assistance system in which requested data is provided to support the Council, located on the Bowen Center website. She states that the data request and technical assistance system is also being utilized by other stakeholders who are requesting a wide range of data and technical assistance requests.

Data Story

Hannah Maxey presents a data story overview which was originally prepared for the Education, Pipeline, and Training Task Force. The Task Force, as one of their identified priorities, examined high-demand, middle skill or entry level occupations. The Education, Pipeline, and Training Task Force membership includes two members representing the Division of Aging and Indiana Health Care Association. A reported crisis for open CNA occupations due to high turnover rates was noted, yet there was no current coordination of data to support assessment of the issues at a regional or state levels. To provide data to the Task Force, the Bowen Center partnered with key staff at Indiana Family and Social Services Administration, Indiana Health Care Association, Indiana Department of Workforce Development, Indiana State Health Department, and the Indiana Commission for Higher Education to obtain key data. Data reviewed included: Long Term Care Facilities locations and health care professions turnover rates, training programs, and the size of the pipeline for potential long term care employment (including Certified Nurse Aides [CNAs], Licensed Practical Nurses [LPNs], and associate level trained Registered Nurses). Hannah Maxey presents maps which contrast the population size of potential Long Term Care consumers (those age 65+) with the aforementioned variables. These maps were presented both at the county and economic growth region level. These maps can be used to identify regions that have a large aging population, high rates of long term care staff turnover, and small numbers of potential students to fill these open positions. This information could be used for workforce and educational planning.

- Ken Sauer asks if the programs mentioned only refer to the Associate of Science in Nursing (ASN) programs and not the pre-licensure Bachelor of Science in Nursing (BSN) programs.
 - o Hannah Maxey responds that the maps do present ASN programs only.
- Ken Sauer asks if the thinking is that ASN graduates are more likely to work in the Long Term Care facilities than pre-licensure BSN.
 - o Hannah Maxey responds yes, that the Indiana registered nurse re-licensure survey shows that the greatest proportion of nurses in LTC facilities are those who reported Associate degrees as their highest level of education.
- Doug Leonard states that he believes Long Term Care facilities staff fewer bachelor-trained Registered Nurses

Demonstration of Data Visualization App

Hannah Maxey provides a demonstration of the data visualization tool which the Bowen Center, in partnership with The Polis Center at Indiana University, is currently developing. This will be an online portal for health workforce data in order for stakeholders and agencies to have access in order to generate data reports and download data sets.

- Michael Barnes comments on the Bowen Center and thanks them for the work that is being done on the data visualization tool.

Hannah Maxey updates the Council on the Bowen Center's Indiana Health Workforce Summit which took place on June 29th, 2016. She states that the Summit was attended by 105 attendees including state agency representatives, health care practitioners, organizations, and academia. Dr. George Zangaro, who is the Director of The National Center for Health Workforce Analysis, was the keynote speaker.

Hannah Maxey discusses the Primary Care Needs Assessment that the Bowen Center is completing for the Primary Care Office. This project assists the State in identifying where health workforce shortages exist. The data coordination that Bowen Center has worked on is being utilized to support data requests and technical assistance from several different local centers and state agencies.

Michael Barnes states that the recommendations from the Education, Training, and Pipeline Task Force and also the Mental and Behavioral Health Workforce Task Force will be reviewed by the Council. He states that in addition to each Task Force's individual recommendations, the Task Forces have identified a joint recommendation. Michael Barnes states that the Council will review each of the eight recommendations and will go through each one and a vote will take place at the end.

Michael Barnes shares that the Task Forces will submit a formal recommendation and work plan to the Council at the next meeting. If moved forward, these recommendations would be included in the report to the Governor in December. Michael Barnes reviews the outline of the Council Strategic Plan and shows the Council the elements which the Task Forces will complete to be reviewed upon by the full Council at the next meeting. He then asks if there are any further questions or comments from the Council.

- Ken Sauer asks for clarification on the process of the Council going through the eight recommendations and the voting. Michael Barnes states that they would review each recommendation, and then a vote on each one would take place at the end.
- Ken Sauer asks about the process of sending the recommendations back to each task force. Michael Barnes responds that the recommendations would be sent back in order to be fully develop the recommendation and action plans. The final document, including implementation recommendations will then brought back to the Council for final voting.
- Ken Sauer states that it would be helpful for data collection purposes to having the data differentiate between the pre-licensure and completion programs.
- Phil Morphey asks about the amount of detail that the Council is asked to provide in the strategic plan. Michael Barnes states that some detail within each recommendation may be added, but ultimately the final details will be added by the Governor's Office, if a recommendation will be moved forward.

Joint Recommendation (Recommendation #1)

Establishment of an advisory/credentialing body (ex: Health Professions Board) which will serve two purposes:

- 1) perform periodic systematic review of statutes relating to health professions practice to assess appropriateness and ensure alignment with the State's evolving needs (including scopes of practice reviews, reciprocity examination, etc.) and*
- 2) facilitate feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.*

Hannah Maxey discusses the first joint recommendation which is an establishment of an advisory or credentialing body which would serve two purposes. Purpose 1: perform periodic, systematic review of statutes related to health professional practice – to assess appropriateness and show alignment with states evolving needs, and Purpose 2: to facilitate feasibility assessments or pilots of new and emerging workforce innovations including whether regulation is required to ensure public safety.

When the Task Forces identified this as an interest, the Bowen Center was tasked with researching similar models in other states. Hannah Maxey shares on two models that were identified as leaders. The first model is a pilot projects program from California. This pilot projects program also serves as an advisory entity to the legislature upon completion of the pilots. This program allows organizations/professions to test, demonstrate, or evaluate new and expanded roles for health care professionals, or new health care delivery alternatives before changes to statutes are made. Hannah Maxey further explains the process of an organization or agency's proposal submission, the program's impact on policies, and program strengths/weaknesses.

- Phil Morphey asks if the sponsoring entity funds the initiative.
 - o Hannah Maxey responds yes, the proposing entity or health system funds the pilots, or the proposing entity may identify external funding (i.e. grants, sponsors, etc.), but state funds are not utilized unless it is a state agency that makes the proposal.

Hannah Maxey describes the second model, the Board of Health Professions in Virginia. She presents the proposal process to the Board and its flow from initial proposal of a pilot, to the proposal review process. She states that in this model, the Board is not a regulatory entity but an advisory entity with the authority to evaluate existing regulation or investigate the need for state regulation for previously unregulated health professions/occupations. The Board also has the ability to evaluate new or emerging health professions and also completes sunrise and sunset reviews.

- Joe Moser comments that a discussion was held at the Mental and Behavioral Health Workforce Task Force regarding benefits of an Innovations Board to allow for innovative models of health care delivery, particular models that related to mental/behavioral health workforce.

Recommendations from Education, Pipeline, and Training Task Force (Recommendations #2-4)

Michael Barnes presents the recommendations from the Education, Pipeline, and Training Task Force.

Recommendation #2:

Endorse/adopt recommendations for Graduate Medical Education (GME) expansion made by the GME Board.

The Task Force has stated that the Council's endorsement would likely assist this board in their expansion efforts.

Recommendation #3:

Support efforts of the Multi-state Collaborative on Military Credit, spearheaded by the Commission for Higher Education.

Ken Sauer provides context on this recommendation to the Council. He states that this recommendation describes the efforts of a 13-state initiative focused on transitioning military personnel's experience, skills, and training towards educational credits in the civilian sector. Several occupations within the military are within the health sector. This initiative highlights career pathways that former service members can utilize to transition into health care programs in the civilian sector.

Recommendation #4:

Establish requirements for a Health Workforce "Values Matrix" for the purpose of producing information (employment outlook, income potential, educational investment (cost/time), etc.) to inform occupational choices of Hoosiers.

Hannah Maxey states that there was interest to support the development of a tool used to inform occupational choices and decision making among Hoosiers and their families and as well as educators. She also states that through partnership with the Professional Licensing Agency, a career pathway for CNAs advancing to other health care professions was identified. Hannah Maxey that while working with the PLA that they were able to link those individuals who have held multiple certifications and licenses such as CNAs who went on to hold LPN or Registered Nurse (RN) and Advanced Practice Nurse licenses. The Bowen Center is now linking the RN survey data and will prepare a demographic report on who took that pathway and how to make that pipeline more robust and accessible.

Doug Leonard states that this recommendation has value for educational systems and young individuals who can make informed decisions based on this information.

Michael Barnes states that the pathway data which may come out of the Values Matrix includes listing eligible educational training providers and their graduation rates. This would demonstrate return on investment for those individuals considering health care careers.

- Ken Sauer states that pass rates on licensure exams should also be included as a variable for training providers.

Joe Moser asks if the Education, Training, and Pipeline Task Force have information on how the Values Matrix would be disseminated to the public.

- Michael Barnes states that there was no specific conversation as part of the discussion within the task force meeting, but that the Bowen Center is working on how to get the Values Matrix into the hands of those who would use this type of counseling tool.

Joe Moser states that having it available to a variety of places and at an appropriate population reading level would be critical.

Pete Weldy states that making the information digestible at the appropriate age group level is also important.

Recommendations from Mental and Behavioral Health Workforce Task Force (Recommendations #5-8)

Michael Barnes introduces Kevin Moore; Director of Division of Mental Health and Addiction, and co-chair of the Mental and Behavioral Health Workforce Task Force, and Joe Moser Indiana Medicaid Director, Indiana Family Social Services Administration, and co-chair of the Mental and Behavioral Health Workforce Task Force, to present on the recommendations generated from this Task Force.

Kevin Moore updates the Council on Task Force discussions regarding long term workforce issues within the mental and behavioral health field.

Recommendation #5:

Identify opportunities for enhancing existing health professions curriculum or develop new, targeted strategies (example: continuing education in mental health and addiction for primary care providers) to support integration of behavioral health and primary care.

This recommendation concerns the role of primary care in providing mental health and addiction services. Many people are receiving mental health and addictions care from their primary care physicians. Therefore it is important to ensure these providers are properly trained to work with these conditions.

Recommendation #6:

Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.

Recommendation #7:

Perform needs assessment to gather qualitative information from students (future potential workforce), consumers (patients and their families), and provider organizations.

The Task Force recommends reviewing any existing sources of data and creating/identifying tools which could be used to perform primary data collection and obtain this information. The information gleaned from this data collection could be used to inform state planning and educational programs.

Recommendation #8:

Enhance or obtain reimbursements for services provided by mid-level, community health, integrated care specialists, and recovery workers.

Due to a lack of (or insufficient) reimbursement, there is a barrier to mid - level mental and behavioral health providers from entering into certain areas of practice and delivering certain services. This recommendation is to enhance or obtain reimbursements services provided by mid – level mental and

behavioral health providers (occupations discussed include peer recovery specialists, community health workers, and licensed clinical addiction counselors).

- Lindsey Craig asks what the fiscal impact would be to the State of Indiana with this recommendation. Joe Moser responds that it would be dependent upon what specific changes are made and how they would be adopted. He also states that a thorough analysis would need to be conducted for any proposed changes.
 - Don Kelso asks if these analyses consider downstream effects or do they only include impacts within a shorter time frame. Joe Moser responds that yes, downstream impacts are considered but they are frequently more difficult to quantify.
- Lindsey Craig asks about the telemedicine recommendation; does the Task Force believe that the definition of “controlled substances” is currently too broad in statute. Kevin Moore responds that essentially yes. The use of this broad term inhibits all classes of controlled substances from being prescribed through telemedicine. Kevin Moore states that he believes work can be done to the wording of the statute, possibly including parameters to allow for mental health services to be delivered, but sufficient monitoring to ensure medications are prescribed appropriately.
- Phil Morphew comments on Recommendation #5 – He states there have been discussions/initiatives within Federally Qualified Health Centers to ensure primary care providers are prepared to work with patients “at the shallow end of the pool” (essentially those with mild-to-moderate mental health needs) while mental health professionals/psychiatrists work with patients “at the deep end of the pool” (or those with more severe mental health needs).

Voting on Recommendations

Michael Barnes places the recommendations up for voting before the Council. If a recommendation moves forward, each Task Force will begin to create an action plan document for the strategic plan. This work will then be discussed at the next Council meeting in December.

- Recommendation # 1
 - o Doug Leonard states he believes that it is a good idea, yet there is a risk of it looking like an expansion of Government and therefore may lead to rejection.
 - Michael Barnes responds that this model would allow the workforce to move forward, and possibly highlight some of the issues that the current system has produced.
 - Hannah Maxey states that she sees it as creating an accountability entity.
 - o All present members vote unanimously to carry this motion.
- Recommendation # 2
 - o Lindsey Craig asks when the recommendations by the GME board will be available to the Council. Hannah Maxey responds that the Board has a report due in November and they will have it for Council at the December meeting. Lindsey Craig responds that in light of the timeline of the review of these recommendations, she recommends the wording of this recommendation be changed to “review” the recommendations at this time, and potentially “support” or “endorse” once the GME Board’s recommendations are reviewed.
 - o All present members are in consensus with this change. They vote unanimously to carry this motion.
- Recommendation # 3
 - o No further comments.
 - o All present members vote unanimously to carry this motion.
- Recommendation # 4

- No further comments.
- All present members vote unanimously to carry this motion.
- Recommendation # 5
 - No further comments.
 - All present members vote unanimously to carry this motion.
- Recommendation # 6
 - Deborah Frye states that she believes this needs to be studied very carefully to ensure no unintended consequences that may accompany a legislation change. Michael Barnes states that they will provide that feedback to the Task Force. Hannah Maxey states that a change in verbiage to this statute could specify that not all controlled substances can be prescribed via telemedicine, but only those for which risk is low.
 - All present members vote unanimously to carry this motion.
- Recommendation #7
 - Pete Weldy asks how “students” is defined; does this refer to higher level education students or K-12. Hannah Maxey responds that the task force was most interested in pre-baccalaureate students.
 - Phil Morphey asks if AHEC would play a role. Hannah Maxey responds yes.
 - All present members vote unanimously to carry this motion.
- Recommendation #8
 - Lindsey Craig comments that the fiscal impact needs to be considered.
 - Phil Morphey states there is movement toward more of a value based and not a volume based incentive
 - All present members vote unanimously to carry this motion.

Michael Barnes walks the Council through a draft version of the Council Strategic Plan.

- Deborah Frye asks if it will include projected fiscal impact the recommendations would have. Hannah Maxey states yes, that it will be added to the Council Strategic Plan.

Meeting adjourned at 12:00 pm

**Next Governor’s Health Workforce Council Meeting
December 5th, 2016, 1:00 pm – 3:00 pm
Government Center South, Conference Room 1 & 2**