Minutes

Education, Pipeline, and Training Task Force

Monday, April 25th, 2016, 10:00am-12:00pm

IUPUI Campus Center, Room # 305

Members Present:
Michael Barnes, Department of Workforce Development, Co-Chair
Marie Mackintosh, Department of Workforce Development, Co-Chair

Jim Ballard, Indiana Area Health Education Centers
Kiara Bembry, Affiliated Service Providers of Indiana
Deborah Frye, Indiana Professional Licensing Agency
Jennifer Gappa, Miller's Health Systems
Kim Harper, Indiana Center for Nursing
Sue Henry, Indiana Department of Education
Andrea Pfeifle, Indiana University Interprofessional Education Center
Mike Rinebold, Indiana State Medical Association
Yonda Snyder, Family and Social Services Administration Division of Aging
Calvin Thomas, Ivy Tech

Members Absent:
Ken Sauer, Indiana Commission for Higher Education
Terry Whitson, Indiana State Department of Health

Welcome, Introductions and Background

Michael Barnes, Co-Chair of the Task Force called the meeting to order at 10:05am. A quorum was present.

Michael discussed background information on the Council formation, discussing the Department of Workforce Development's interest in health workforce training and pipeline programs, particularly with their "One Million Jobs" initiative.

Hannah Maxey presented on the background of Council, discussing the National Governor's Association Health Workforce Policy Academy. Two areas of priority and recommendations were identified: policy coordination and data coordination. Although many different groups in Indiana were doing excellent work, there was not one voice or body to convene perspectives and generate collective recommendations. The recommendation for policy coordination resulted in the formation of the Governor's Health Workforce Council.

Michael discussed how the missions of each of the partnering organizations (Department of Workforce Development, Family Social Services Administration, and Indiana State Department of Health) align to serve health workforce priorities. He summarized the first Council meeting, including a high-level overview of what presentations were given and what task forces were formed as a result of discussions at that meeting. "Mental and Behavioral Health Workforce" and "Education, Pipeline, and Training" were the two task forces formed. He describes the charge to the task force, including identifying goals,

determining action steps to achieve those goals, and determining outcomes to measure achievement. He also reviews the Task Force Protocol that was approved of unanimously at the Governor's Health Workforce Council meeting.

Middle Skill Health Occupations Training Programs

Marie Mackintosh, Co-Chair of the Task Force, discusses how middle skills occupations became a priority from the Council. She defines "middle skill jobs" as "those that require more education and training than a high school diploma but less than a four-year degree." She states that there is a large opportunity for these middle skill jobs within the health sector.

- Kim Harper asks a clarifying question regarding the term "middle skills," ensuring this term is not confused with midlevel providers, such as physician assistant and nurse practitioners. Marie responds stating yes, these terms are different.

Marie discusses examples of occupations within the health sector that fit into this "middle skill" training level. She discusses the projections for employment for these occupations as well, with data provided by DWD. She asks if any task force members have any insight as to which middle skill occupations are fast-growing or highly demanded by employers.

- Calvin Thomas asks why 2012 data was used for the Base Employment number in the DWD data. Michael Barnes responds that there is a lag time with data. They are working on a quality initiative to update this engine and produce more timely data. Marie Mackintosh says that the projections presented take into account unemployment levels and turnover.

- Kim Harper asks about the practice locations for the "orderlies" Standard Occupation Code (SOC). She mentions the term "orderly" is not used frequently as job titles. Michael Barnes responds that this title is an ONET (Occupational Information Network) term, which is then used to categorize occupations by the Department of Labor. Therefore, the employer may give a different title to the employee but those roles still fall under the "orderlies" category. Marie Mackintosh mentions while occupations are categorized into these terms by ONET, there are many common names that employers and employees use because they are easier to understand in the workplace.

- Calvin Thomas references the occupation code for "Community Health Workers." He states that in Indiana, individuals with this occupation code could have 63 different common titles. In light of this, he asks if there is any more detailed data we could retrieve for this occupation code. More detailed data would be helpful to parse out workers in population health, long-term care workers, etc. He also states that the occupation category "Healthcare Support Worker" would also need clarity, as it involves a myriad of roles. He states that at Ivy Tech, they have transitioned to not offering these programs anymore because employers did not find value in this degree. He states that CIP codes will not be updated until 2020. He states it may be beneficial to have alignment between ONET codes, CIP codes, and employment projections.

- Calvin Thomas asks about what the "Total Openings" column represents for each occupation. Marie Mackintosh responds that this number represents the total expected number of job

openings or growth within 10 years. Michael Barnes confirms total growth, so it is the delta. He mentions for example, what are the totally projected jobs that need to be filled.

- Calvin Thomas states that it is important to not only look at quantity but also quality.

- Sue Henry states that there are also external factors that are influence these projections, such as variations in care team models, using different types of staff between employers.

- Andrea Pfeifle states that while looking at current or past data is important, it is also important to consider emerging occupations that do not exist yet. Particularly in medicine, some jobs that students are training for don't exist yet and therefore are not included in this data set.

- Calvin Thomas asks what the time frame is for delivery of recommendations to the Council. He asks what about the goal for impact of these recommendations is and about the time frame for these. Michael Barnes responds that the Council is a two-year commitment. The task force will deliver an interim report in December 1st on the activities to-date. There is no end date for the task force at this time, but it will be re-evaluated. The end goal is to effect change through the state agencies that are involved.

- Calvin Thomas states that projections are important, but it is also important to consider input from employers regarding demand. He mentions that the sector and its demands are dynamic. Michael Barnes states that they have not done employer surveys within the health sector at DWD. He states that there may be opportunity if that results as one of the task force's recommendations. He states that this may be important, as the task force should not make recommendations without having considered the employer perspective, because they may not align. Andrea Pfeifle states that in addition to quantitative data, the task force may consider including qualitative data requests from employers as well.

- Kim Harper states the market is dynamic and changes rapidly. Andrea Pfeifle states that the task force may also consider emerging models which may significantly affect data and health workforce-related issues.

- Calvin Thomas states that when evaluating workforce planning at Ivy Tech, they also consider the timeframe for job training and this should be considered by the task force as well. Additionally, Calvin mentions "liveable wage"/economic self-sufficiency should be considered with each of these occupations.

- Marie Mackintosh asks whether there are other variables that should be considered. She asks if there are any other qualitative values that should be considered. Mike Rinebold responds that cost of training/education should be considered. Kim Harper states that the individual and/or entity paying for the training should also be considered. Calvin Thomas states length of the program is also a large factor.

- Marie Mackintosh states that there are certain occupations that have a pathway/ladder, such as nursing where entry-level positions require less training but there is opportunity to move up within the job family. She asks the task force if there are any other occupations like this within

the health sector and if there are any recommendations for categorizing these types of pathway occupations. Sue Henry states that these pathway health occupations are the backbone of the technical occupation programs. Kim Harper states that within the nursing field, it seems the individuals that have followed the pathway from entry-level occupations to professional occupations then have more diversity within their field. Sue Henry agrees and states that these individuals typically have a higher understanding, having had that experience at various levels.

- Calvin Thomas states that in the Standard Occupation Classification (SOC) codes, "Emergency Medical Technicians and Paramedics" are combined. However, these occupations are two separate training programs and require different amounts of training. Additionally, "Massage Therapists" has two different educational pathways for employment in Indiana (a national certification and a state-level one).

- Marie Mackintosh presents data on the WorkINdiana initiative, how many individuals have graduated with certifications within each occupation. She states DWD receives federal funding for programs for persons who have dropped out of high school. She states that a high school equivalent is not sufficient for these individuals. They must have a tailored education so they are employable in a certain field.

- Yonda Snyder asks about Certified Nurse Aides, given reported high turnover rates. She asks what steps could be taken to abate these rates. She states that there may be issues regarding low wages and inconsistent or inflexible scheduling that might make the profession less appealing. She mentions that although a person may pass the competency evaluation, the job itself may not be the right fit. Marie Mackintosh states that the persons who are most successful in this position have received work experience in the work setting before receiving their certification. She mentions the using job shadowing as a stepping stone.

- Calvin Thomas discuss that it is important to understand the roles of each of these middle skills health occupations, particularly the Patient Access role (Certified Healthcare Access Associate, CHAA).

Graduate Medical Education (GME)

- Michael Barnes calls upon Eugene Johnson from the Indiana Commission from Higher Education to comment on recent news with GME and its Board. Eugene states that he was recently debriefed on the Council's interest in GME as it relates to the health workforce. He states that House Enrolled Act 1323 tasked the GME Board with determining residency slots and making recommendations to the Governor. He states that the Board had its first meeting in January, and another meeting in March. He states that a Request for Proposal (RFP) was published to identify an entity that will make recommendations to the GME Board. Eugene Johnson states that the RFP is available on the Indiana Commission for Higher Education website. The bill also requires a report be created by November 1st, 2016, with a long-term vision to create the framework for GME expansion. He states that the Board is composed of 7 physicians and 3 health care CEO's. He states the Board ensures, in particular, that there are a sufficient number of primary care physicians within the State. He states that they are hoping that health access needs will be met through recommendations. He states that $6 million was allocated for 2015 to 2017. He states that it would be ideal to find synergy between the work

of this task force and the GME board.

- Michael Barnes refers members to the information provided within each task force members' packets. Included was Michelle Howenstine's presentation on GME from the Council meeting in February. Michael states that HIP 2.0 has increased access which has resulted in a strain on the health system.

- Mike Rinebold states there is a direct correlation between the needs for residency slots and needs for physicians within Indiana. Mike states that each physician hire impacts (directly or indirectly) approximately 10 jobs under them, be it support staff or midlevel providers. He states it costs about $125,000 to train the residents. He states that the GME board is looking at current models and new training models, including building consortiums for alternative models. He mentions that the current models are funded through CMS and Medicare, however these resources likely not long-term.

- Calvin Thomas asks about the success model of finding housing for residents within the state. He asks if it is hard to find housing for residents in non-urban Indiana. Eugene Johnson states that this issue has been discussed by the Board. He states that some studies have been completed by sector. For example Evansville has created a new consortium, also in Northwest Indiana, Ft Wayne Indiana. He states that there needs to be flexibility for residents to practice rural medicine.

- Mike Rinebold states that approximately 75% of residents that train in Indiana stay in Indiana. Therefore, more residency slots would likely result in more physicians practicing within the State.

- Eugene Johnson states that there are some specialties of high concern for primary care medicine (OB, mental health, general surgery, etc.). The main task of the Board is to get more physicians going into primary care. He states that it is usually not a problem to get medical students to specialize, as it is frequently more economically favorable for students to specialize. However, there are also opportunities in primary care to make this field more financially favorable (ex: loan repayment and/or loan forgiveness).

- Marie Mackintosh asks Eugene Johnson if there are any specific recommendations his Board has to this task force that may be able to supplement their work. He states the GME board would be interested in the economic impact of residency slots, i.e. indirect and direct impacts on jobs.

Prioritize Issues and Discuss Plan Moving Forward
Marie Mackintosh, Co-Chair

- Marie Mackintosh states that middle skills and graduate education/programs have been discussed. She asks whether in addition to these two major topics, are any baccalaureate programs that might be of high priority. Jim Ballard states that integration of all programs might be of priority. In particular, it is important that medical students and residency programs

align. Additionally, there are issues within preceptors (health practitioners who train residents but may or may not be paid for this training).

- Jim Ballard states that community-based, experiential education is one of the best forms of education but it is the most expensive form of training. He states that middle skills focus is incredibly important, as this may be an entry-level even for future physicians. He mentions that it is important to find the right kind of students so he or she may be interested in staying in the state.

- Andrea Pfeifle asks whether nurse practitioners and physician assistants are considered as well when it comes to GME issues. She states this "mid-level" workforce could be looked at when addressing access issues. She also states that in addition to these, there are many other fields that also have direct implications for primary care (Physical Therapy, Occupational Therapy, dentists, etc.).

- Sue Henry states that it is important to follow up with individuals who have completed middle-skill certificates to see if they have moved up the ladder within these occupations.

- Calvin Thomas states that it may be important to show a chart where these entry level occupations could move up a ladder, a workforce and educational pathway. It would be good to show middle-skills/entry-level individuals what opportunities they have. Kim Harper states that there is a career pathway document for nursing occupations within the Indiana Center for Nursing documents that could be replicated for other occupations.

- Sue Henry states that as a high school student or at any level, they may not know what options or opportunities they have. She mentions that providing careers guidance at all levels is also needed. Kim Harper and Yonda Snyder agree that whatever is developed, it is important that career counselors are communicated with and understand what opportunities exist so that students are informed of options.

- Calvin Thomas states that at Ivy Tech, they have multiple entry- and exit-points in careers. He asks whether there is any discussion of an entry point to address the primary care shortage. Mike Rinebold states that this discussion involves scope of practice and reimbursement; if providers aren't going to get reimbursed, the employers won't hire them. It is important that we train the right workforce that will be covered in Medicaid/Medicare.

- Eugene Johnson states that it seems from the legislature that they want to see the impact on physicians. However, the RFP seeks a consultant to discuss specifically how many physicians should be present (and subsequently the residency slots discussion). However, the consultants should also comment on are other delivery models that could meet the needs of the community.

- Mike Rinebold states that building a "medical home" gives the patient the best overall care, and this involves a physician-led interdisciplinary team approach.

- Marie Mackintosh states that she wants to summarize what is expected of the task force before the next Task force meeting and how to prioritize for it. She states that the task force should

produce a list of action items and what should be accomplished over the next 6 months so when the Council meets next (June), there will be information on how to move forward. She asks for the Bowen Center help with value matrix that takes into consideration some of those variables that were discussed (wage, categorization, education costs, etc.). Additionally she states that a developed charts of the pathways for career progression. Calvin Thomas asks if there could be a column added for who owns that licensing or certification.

- Marie Mackintosh states that regarding GME, there may be some action items from the task force regarding economic impact.

- Eugene Johnson states that when the consultants are hired, the consultants would touch base with the task force and provide updates to the Council as well once available.

- Marie Mackintosh also mentions the NGA Policy Academy regarding Work & Learn programs. She states the Indiana Career Council has focused on the concept of work and learn being a connection to quality employment outcomes. Sue Henry states there are many entities (in and outside of health care) that use this model.

- Marie Mackintosh also mentions there are opportunities for apprenticeship models in direct (clinical) and indirect (non-clinical) health workers. Sue Henry states that it is also important to consider sustainability of these programs.

- Calvin Thomas states that community need assessments should also be a driver of any workforce development initiatives as well.

The meeting adjourned at 12:00pm.