Governor's Health Workforce Council: Strategic Plan

December 2016

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BACKGROUND

An accessible, well-trained, and flexible health workforce can help governors take on some of their most challenging priorities. The health workforce is a crucial element in efforts to improve the quality of care and control health care spending—delivery system reforms cannot succeed without attention to the workforce that will carry them out on the ground. Because health workforce planning serves multiple purposes, many different public and private entities carry out related functions within their own silos. Some states have already created planning groups to develop a common vision for the health workforce and to help stakeholders understand their role in meeting broader state goals. Others have developed statewide plans to address their health workforce challenges. In 2014, the National Governors Association Center for Best Practices (NGA Center) selected seven states, including Indiana, which have demonstrated a commitment to advancing health workforce initiatives to participate in a health workforce policy academy entitled Building a Transformed Health Care Workforce: Moving from Planning to Implementation.

The policy academy convened May 2014 to October 2015. During this time, a diverse group of stakeholders were engaged in discussions, including a gathering held in March 2015, which was facilitated by the NGA Center staff. Two strategic issues emerged as top priorities in the state:

1. Health Workforce Data Coordination; and

2. Health Workforce Policy Coordination.

In addition, six themes were identified by stakeholders including: access to care, data management, mental/behavioral health, emergency preparedness, education/training/ pipeline, and licensing and scope of practice. The following recommendations resulted from Indiana's participation in the policy academy:

1. Establish an entity (Governor's Health Workforce Council) to coordinate health workforce related policy discussions; and

2. Partner with entities that have existing expertise (Bowen Center for Health Workforce Research and Policy) for data coordination.

INTRODUCTION

In response to these recommendations, the Governor's Health Workforce Council (Council) was created under the authority of Governor Michael Pence on February 24, 2016. The purpose of the Council is to coordinate health workforce related policies, programs, data, and initiatives within Indiana in order to reduce cost, improve access, and enhance quality within Indiana's health system.

Task Forces

The Council was charged with establishing task forces to address identified priorities, as deemed necessary by the Council. These task forces will study, deliberate and develop thorough recommendations to the Council regarding topics assigned by the Council. These recommendations will then be used to help inform the work of the Council.

During the first convening of the Council, it was voted unanimously that the first two established task forces would be tasked with addressing:

1. mental and behavioral health workforce; and

2. education, pipeline, and training planning within the state.

Joe Moser, director of Indiana Medicaid, was appointed as chair of the Mental and Behavioral Health Work Force Task Force. Mr. Moser appointed Kevin Moore, director of the Division of Mental Health and Addiction (DMHA), as co-chair. Michael Barnes, associate chief operating officer for Employee Engagement of the Indiana Department of Workforce Development (DWD) was appointed as chair of the Education, Pipeline, and Training Task Force. Mr. Barnes appointed Marie Mackintosh, chief operating officer at EmployIndy, as co-chair.

Education, Pipeline, and Training Task Force Members

Michael Barnes, Co-Chair
Associate Chief Operating Officer for Employer
Engagement Indiana Workforce Development

Marie Mackintosh, Co-Chair
Chief Operating Officer
EmployIndy

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Indiana Area Health Education Centers

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Affiliated Service Providers of Indiana

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Joe Moser, Co-Chair
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Indiana Family and Social Services Administration

Kevin Moore, Co-Chair
Director, Division of Mental Health and Addiction
Indiana Family and Social Services Administration

Dennis Anderson
Core Faculty Member
Community Health Network Psychiatry Residency

Matt Brooks
Chief Executive Officer
Indiana Council of Community Mental Health Centers, Inc.

Kathy Cook
Director
Affiliated Service Providers of Indiana, Inc.

Stanley DeKemper
Executive Director
Indiana Counselors Association on Alcohol and Drug Abuse

Deena Dodd
Network Development Officer
Indiana Rural Health Association

Anne Gilbert
Board Member
Mental Health and Addiction Services
Development Program Board

Spencer Grover
Vice President
Indiana Hospital Association

Brian Hart
Area Chief Medical Director of
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Stephen McCaffrey
President and Chief Executive Officer
Mental Health America of Indiana

Phil Morphew
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Michael Patchner
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Indiana Professional Licensing Agency

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Ivy Tech Community College

RECOMMENDATIONS FROM COUNCIL

1. In order to remain competitive in a dynamic health care environment and to provide Hoosiers with the highest quality of safe, effective care, the council recommends the establishment of an inter-agency working group which will serve two purposes:

   - 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

   - Facilitate feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.

2. Support work of Graduate Medical Education (GME) Board in GME expansion.

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

4. Incorporate established requirements of a health workforce "values matrix" into existing occupational choice tool development initiatives for the purpose of producing information (employment outlook, income potential, educational investment [cost/time], etc.), which can inform occupational choices of Hoosiers.

5. Identify opportunities for enhancing existing health professions competencies and continuing education opportunities or develop new, targeted strategies (e.g., continuing education in mental health and addiction for primary care providers) to support integration and/or collaborative models of behavioral health and primary care, that are aligned with payer systems.

6. Generate recommendations to address limitations associated with the current telemedicine statute, as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions. Further exploration should also occur with respect to the broader use of telemedicine for various behavioral health-related services.

7. Perform needs assessments to gather qualitative and/or quantitative information from consumers (patients and their families), students (future potential workforce), and provider and payer organizations for the purpose of better understanding workforce needs and any barriers to practice and service delivery.

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

Recommendation #1

Recommendation:

In order to remain competitive in a dynamic health care environment and to provide Hoosiers with the highest quality of safe, effective care, the council recommends the establishment of an inter-agency working group which will serve two purposes:

- 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

- Facilitate feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.

Details for the proposed model of this type of entity can be found in Appendix A.

Overview/Background:

Health care is a dynamic and complex sector with a diverse workforce. Workforce shortages and health system transformation are major challenges across the United States and within Indiana. Shortages contribute to increased competition within the existing workforce at all levels (entry, middle skills, and professional). Recruitment and retention of talent is a priority for employers across the sector, as is fully leveraging their existing workforce. Additionally, in order to remain competitive in the dynamic health care environment and to provide Hoosiers with the highest quality of safe, effective care while containing costs, health sector employers are seeking innovations such as new and emerging workforce and payment models.

- **Retention** – retaining talent within Indiana's health workforce is a major issue. In May 2016, the Indiana Business Journal reported on the "brain drain" in Indiana and its impact on the health sector. Job growth in Indiana's health sector has outpaced the national average (i.e., many jobs are available), but Hoosier graduates from health science programs are leaving the state at alarming rates to seek employment elsewhere.[1] Professional regulation is likely one contributor to the talent retention issues. Many professions and occupations in the health sector are regulated at the state level through professional boards and accreditation requirements. This offers each state the opportunity to regulate the workforce to the extent deemed necessary to ensure the safety and well-being of their constituency; however, variations in professional regulation translate into variations in practice environment across state lines. In some cases statutory language limits the extent to which a professional can incorporate their training into practice (a gap between what they are trained to do and what they can do) and provide care to the population. Many top health science graduates seek opportunities to practice to the fullest extent of their training in service to the public and their patients. Evaluation of existing statute is necessary to identify the extent to which these issues exist in Indiana, and to assess the acceptability of current regulatory schemes.

- **Recruitment** – professional regulation has a role in controlling interstate mobility within the health workforce. Recruitment of health professionals from outside of the state is subject to reciprocity of licensing outlined in administrative code. In some cases the defined reciprocity requirements may serve as an administrative barrier to recruiting qualified talent from outside of the state. External evaluation of existing requirements that affect regulation (as related to interstate mobility) and reciprocity should be performed to assess appropriateness and, where necessary, produce recommendations which advance the recruitment of top talent among Indiana's health sector employers.

- **Innovation** – health sector employers are seeking innovative ways to meet Hoosier health care needs and remain competitive in the dynamic health care environment. Changes in the health system, such as the shift towards population health management and value based care, require new delivery system strategies. Across the country health sector employers are adopting new delivery models, which incorporate emerging roles/professions and/or leveraging existing professionals in new and innovative ways. Many health workforce innovations have regulatory implications and may not be feasibly tested under existing statutory language in Indiana. Some states have adopted formal provisions/mechanisms for the review and oversight of health workforce innovation pilot projects in order to determine efficacy and feasibility in a controlled environment and to inform legislative actions.

Vision:

Indiana has the health workforce needed to support Hoosier health, and mechanisms in place to ensure workforce agility within the dynamic health system.

Fiscal Impact of Recommendation:

To be determined

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Identify agency lead	DWD, Family and Social Services Administration (FSSA), Governor's Administration, Governor's Health Workforce Council
Determine membership for workgroup to support implementation	DWD, FSSA, Governor's Administration
Review preliminary recommendations from Council in order to generate formal recommendation	Workgroup
Determine administrative/legislative processes required for execution	Lead, as determined
Engage general assembly	Lead, as determined

Impact Evaluation:

• Count of pilot projects proposals that are submitted, reviewed and approved.

• Public report containing outcomes of pilot projects.

• Count and nature of legislative changes associated with statutory review and pilot projects.

• Establish measures and monitor (collaboration between Indiana Commission for Higher Education [CHE], Indiana Professional Licensing Agency [IPLA], DWD, Indiana health sector employers):

  – talent retention among Indiana health science graduates
  – recruitment of top talent from out of state

Recommendation #2

Recommendation:

Support work of Graduate Medical Education (GME) Board in GME expansion.

Overview/Background:

Physicians are the foundation of the health care workforce. As such, in order to ensure Indiana has an adequate workforce, physicians must be easily accessible to meet Hoosier health needs. There is a well-documented national shortage of physicians, particularly those that practice in primary care (i.e., general/family medicine, pediatrics, internal medicine, and obstetrics/gynecology). As of September 28, 2016, over 1.8 million Hoosiers were living in an area designated as a primary care Health Professional Shortage Area (HPSA).[2] The Health Resources Services Administration reports an additional 144 practitioners would be needed in order for Indiana to meet sufficient capacity of primary care providers.[2]

Due to the recent founding of a second medical school, the overall number of medical school graduates in Indiana has increased. However, the number of residency slots in Indiana has not increased at the same rate, leaving a potential shortfall of residency slots available for these new medical graduates.

In response to the need for additional residency slots, House Enrolled Act 1323 was passed in 2015 to establish a graduate medical education board (GME Board). This board was tasked with providing funding for Indiana medical residents not funded by the Centers for Medicare and Medicaid Services, providing technical assistance and startup funding for entities wishing to establish a residency program, and funding infrastructure costs for an expansion of graduate medical education.

The board was tasked with submitting a report to the general assembly before November 1, 2016, outlining recommendations for expansion of graduate medical education in Indiana.

Vision:

Recommendations for graduate medical education expansion seek to close an important gap in population-to-provider ratios, affording Hoosiers greater access to medical providers.

Fiscal Impact of Recommendation:

At this time, funds have been appropriated to the GME Board to achieve the outlined activities as described above. It is uncertain whether funding will be required moving forward.

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Report Council's recommendations to the General Assembly (via Letter of Support or other)	Governor's Health Workforce Council
Council shall stay abreast of GME activities and seek opportunities to partner in supporting evaluation activities (with respect to the Council's charge – ensuring Hoosier health, jobs creation, and increasing access to health care)	Governor's Health Workforce Council

Impact Evaluation:

Governor's Health Workforce Council will seek opportunities to partner with the GME Board in supporting evaluation activities (with respect to the Council's charge – ensuring Hoosier health, jobs creation, and increasing access to health care).

Recommendation #3

Recommendation:

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

Overview/Background:

Many veterans return to civilian life seeking employment after serving in the military. Many of these veterans have received significant military training and experience, but there may not be a mechanism in place for these veterans to translate training into college credit towards civilian occupations. Prior Learning Assessment (PLA) is a process that enables learners to demonstrate what they have learned and translate learning into college credit. PLA validates knowledge acquired through life experience, work experience, military experience, civic engagement, individual study and reading, and participation in classes or training sponsored by business and industry, professional organizations or government agencies. The MCMC is a 13-state partnership that seeks to translate military training and experience into college credit. This collaboration is supported by the Midwestern Higher Education Compact. The project has been awarded a total of $1.1 million to be dispersed to participating states over the span of three years to support these efforts.

Many veterans completed training for health occupations in the military. In the civilian sector, many of these health occupations are regulated through professional certification or license and have formal education requirements. Although many veterans had received training and worked in high-demand health occupations during their service (i.e., paramedics, licensed practical nurses, and dental assistants), they do not have the civilian credentialing to continue in that occupation post service. Facilitating the transition to civilian employment in the health sector for recently separated veterans was identified as a priority and strategy to fill high-demand health occupations. MCMC's mission is to act as a bridge between military training, postsecondary education, and civilian employment.

The Education, Pipeline, and Training Task Force reviewed projected occupational demand data within the health sector, obtained from DWD. This data projects 886 annual openings for licensed practical/vocational nurses each year from 2012 to 2022. An example of the type of translation from military credit into college course credit can be found at Vincennes University, where MCMC has facilitated translation of military training into 19 to 27 credit hours (dependent on military rank and level of training) of the total 67 credits required for an Associate of Science Degree in Nursing. In addition to Vincennes University, many other post-secondary education centers in Indiana have partnered to create bridge programs. The creation and facilitation of this pathway between military training and college credentialing was identified to be a strategic initiative to enhance the health workforce.

Vision:

Facilitate the transition to civilian employment for recently separated veterans seeking employment in high-demand health occupations.

Fiscal Impact of Recommendation:

MCMC is funded on a grant through October 2017. There is no further financial commitment required to support this recommendation at this time.

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Council and/or task force members will provide feedback and expertise on Indiana's health workforce needs whenever called upon by MCMC Work Group.	Select council and/or task force members

Impact Evaluation:

- The MCMC Work Group will continue to provide updates on the MCMC project to the Education, Pipeline, and Training Task Force and/or Governor's Health Workforce Council.

- MCMC Work Group will provide a yearly report to the Governor's Health Workforce Council on the following:

  – Count of Indiana schools that provide bridge programs

  – Count of veterans in degree-seeking health-related postsecondary education programs

  – Count of veterans graduating from health-related postsecondary education programs

  – Count of veterans who receive licensure and/or certification in health-related professions/occupations

Recommendation #4

Recommendation:

Incorporate established requirements of a health workforce "values matrix" into existing occupational choice tool development initiatives for the purpose of producing information (employment outlook, income potential, educational investment [cost/time], etc.) which can inform occupational choices of Hoosiers.

Established domains of the "Values Matrix" can be found in Appendix B.

Overview/Background:

Health care is the largest sector of Indiana's economy. This sector is comprised of a diverse array of professions and occupations, which require varying degrees of education and training. Informing Hoosier occupational choices can be challenging within the diverse health sector. Many variables impact the "outlook" of an occupation and have a role in the occupational choices of consumers including projected demand for the occupation, average wage, cost and length of education, regulatory environment, etc. To date, a tool incorporating all of these aspects has not been available to support occupation choices among Hoosiers considering opportunities in the health sector.

Vision:

A publicly available tool to be used to inform occupational choices of Hoosiers that are considering opportunities in the health sector.

Fiscal Impact of Recommendation:

There is no direct fiscal impact of this recommendation at this time.

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Convene a work group to create a comprehensive strategic plan for development, implementation, and dissemination of the decision support tool	Governor's Health Workforce Council to appoint a work group
Variables may be incorporated into tools created by DWD, Department of Education (DOE), and CHE	DWD, DOE, CHE
Once developed, the decision support tool will be widely disseminated, including but not limited to posting the tool on the host agency's public website	Work group will be responsible for identifying vehicles for dissemination

Impact Evaluation:

Governor's Health Workforce Council will seek updates on implementation and utilization of the tool. Variables assessed will include:

• Estimated number of Hoosiers using the decision support tool (which incorporates variables from the value matrixl;

• Settings in which the tool is used; and

• Collecting feedback from students, employers, and career counselors on the tool and using feedback to inform process improvement.

Recommendation #5

Recommendation:

Identify opportunities for enhancing existing health professions' competencies and continuing education opportunities or develop new, targeted strategies (e.g., continuing education in mental health and addiction for primary care providers) to support integration and/or collaborative models of behavioral health and primary care, that are aligned with payer systems.

Overview/Background:

There is a need for increased access to and delivery of mental health and addiction services for Hoosiers. Geographic shortages of certain provider types require professions within a certain region to flex/extend their service line in an attempt to cover this gap. Increasing the supply of the mental health and addiction workforce is one strategy to address this issue. However, it was identified that while this strategy would be successful, many of these professionals require masters-level training at a minimum, and therefore this strategy would take many years before increased access to these services is achieved. In an effort to identify a more expeditious solution to address the current crisis, models promoting integration and/or collaboration of behavioral health and primary care have become "best practices" for addressing total patient care.

While these models have been identified as the vision, the current workforce may not have been provided the opportunity to learn how to identify and treat mental health needs. For clinicians trained and/or training in primary care, training in the identification and treatment of mental health and addiction disorders might have been severely limited. Although these non-mental health providers are expected to deliver some level of mental health and addiction services, they may not have received significant training to do so. Therefore, the current primary care workforce must be enhanced to provide some level of mental health and addiction services. This could be completed through enhancing existing health professions curriculum and through targeted continuing education strategies.

In addition to enhancing education and training for providers in delivering mental health and addiction services, the regulatory structure must be supportive of integration. In order to deliver this higher level of care, the health system structure must allow for sustainability of this type of service delivery. This may require payer systems to incentivize dual delivery of physical and mental health and addiction services.

Vision:

- Increase the capacity of primary care providers to serve mild-to-moderate mental health needs, as well as identify severe needs for appropriate referral; and

- Enhance existing pre-licensure competencies to improve capacity of future providers to deliver mental health/addiction services.

Fiscal Impact of Recommendation:

If the recommendation requires legislative change to require continuing education credits in a specific discipline (i.e. mental health and/or addiction), there would be no fiscal impact to the State.

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Develop academic work group around integration of competencies in behavioral health professions training	Governor's Health Workforce Council to appoint work group members
Propose a bill which alters administrative code/licensure requirements of physicians, nurse practitioners, and physician assistants to require a minimum of 2 units of continuing education (CE) in mental health/addictions per renewal cycle	Governor's Health Workforce Council to General Assembly

Impact Evaluation:

- Gather pre- and post- information (via surveys or key informant interviews) on primary care providers' perceived ability to care for their patients' mental health needs; and

- Compare pre- and post- diagnostic and/or billing code frequencies for mental health diagnoses and services in primary care settings.

Recommendation #6

Recommendation:

Generate recommendations to address limitations associated with the current telemedicine statute, as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions. Further exploration should also occur with respect to the broader use of telemedicine for various behavioral health-related services.

Overview/Background:

Telemedicine is defined in Indiana House Enrolled Act (HEA) 1263-2016 as "the delivery of health care services using electronic communications and information technology, including: (1) secure videoconferencing; (2) interactive audio-using store and forward technology; or (3) remote patient monitoring technology; between a provider in one (1) location and a patient in another location."[3]

It is important to ensure high risk, high need health consumers, such as individuals with chronic mental health and addictive disorders, are not limited in the ability to receive access to treatment through telemedicine. When such individuals have been assessed and received clinical therapy from Master's level professionals, prescribers licensed in Indiana should be able to provide telemedicine services without requiring an initial face-to-face visit. Consequently, it is recommended certain prescribing restrictions in Indiana's current telemedicine statute be changed to improve access to treatment while addressing Indiana's health workforce shortage. It is also recommended further exploration is warranted with respect to the broader use of telemedicine for various behavioral health services to expand access to treatment for Indiana's most vulnerable Hoosiers.

Vision:

Provide a fuller scope of telemedicine services to previously established patients (including medication management of chronic psychiatric medications).

Fiscal Impact of Recommendation:

There is no direct fiscal impact of this recommendation.

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Develop a telemedicine work group to identify a potential solution	Governor's Health Workforce Council to appoint this work group, with Matt Brooks of the Indiana Council of Community Mental Health Centers acting as Chair

Impact Evaluation:

- Descriptive report of utilization of telemedicine services; and

- Data that confirms current prescribing practices are providing appropriate access to controlled substances.

Recommendation #7

Recommendation:

Perform needs assessments to gather qualitative and/or quantitative information from consumers (patients and their families), students (future potential workforce), and provider and payer organizations for the purpose of better understanding workforce needs and any barriers to practice and service delivery.

Overview/Background:

In order to ensure that our mental health and addictions workforce is prepared to meet the needs of Hoosiers, we must understand the needs of 1) consumers, 2) provider and payer organizations, and 3) the future potential workforce. A comprehensive needs assessment for the mental health workforce and Hoosier mental health and addiction needs has not formally been completed previously.

Vision:

Complete a mental health needs assessment from the student, consumer, and provider/payer perspective.

Fiscal Impact of Recommendation:

Funding required to be determined based on the scope of needs assessment.

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Identify and collect information from existing needs assessments performed by stakeholders and organizations	Bowen Center for Health Workforce Research and Policy
Summarize existing information and what is currently known	Bowen Center for Health Workforce Research and Policy
Identify and engage key stakeholders to review existing information	Bowen Center for Health Workforce Research and Policy
Develop formal plan for gathering additional information to support comprehensive needs assessment	Key stakeholders and Bowen Center for Health Workforce Research and Policy
Identify community partners to assist in executing needs assessment plan and to serve as a resource/partner on primary data collection	Key stakeholders and Bowen Center for Health Workforce Research and Policy
Produce needs assessment report	Bowen Center for Health Workforce Research and Policy
Disseminate needs assessment report	Key stakeholders, state agencies, Bowen Center for Health Workforce Research and Policy, etc.

Impact Evaluation:

- Descriptive Dissemination of needs assessment report;

- Count and nature of programs and projects established to address issues identified by needs assessment report; and

- Identify relevant measures (e.g., mental health morbility, service utilization, distribution of providers, etc.) to be monitored and reported.

Recommendation #8

Recommendation:

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

Overview/Background:

Reimbursements must be aligned to reflect the value of innovative delivery models, such as integrated care and care coordination. A sustainable and predictable reimbursement system is necessary to recruit individuals into these roles, and they are likely underrepresented compared to their demand.

Some roles are in emerging fields and therefore may not have historically received recognition or payment for their contribution (e.g., licensed clinical addiction counselors, community health workers, and peer recovery specialists). Other roles may have previously existed with associated reimbursement mechanisms, but are transitioning to work in different settings (i.e., integrated care) and therefore may need reimbursement enhancement to support the extended line of services. This may require greater reimbursement rates of certain services or obtaining reimbursement for services provided under the direction of non-traditional supervisors (i.e., primary care providers).

Vision:

Mental health and addiction workforce is adequately reimbursed by services rendered.

Fiscal Impact of Recommendation:

There is not currently sufficient information to comment on the fiscal impact of this recommendation. This would need to be explored further by the Office of Medicaid Policy and Planning (OMPP).

Recommended Implementation Plan:

Recommended Action Steps	Recommended Resources/Organizations
Assess current reimbursement mechanisms for care provided	DMHA or OMPP
Identify which models of care coordination/integration may be under-represented (ACT teams, licensed clinical addiction counselor, CHW, integrated BH/PC models), both short-term and long-term	Key stakeholders (including but not limited to: Anthem, DMHA, OMPP, department of insurance)
Develop plan for obtaining or enhancing reimbursement (where deemed necessary) and project fiscal impact	Key stakeholders, chaired by DMHA

Impact Evaluation:

- Economic impact of expanded reimbursements will be evaluated by cost and quality of services provided. The following variables will be monitored and reported:

  – Type and frequency of services provided;

  – Provider type; and

  – Ratio of cost to reimbursement rate.

REFERENCES

1. Russell J. Indiana needs to address brain drain, BioCrossroads study finds. Indianapolis Business Journal. 2016.

2. Bureau of Health Workforce, Health Resources and Services Administration (HRSA). Designated Health Professional Shortage Areas Statistics, as of Septemer 28, 2016. 2016.

3. Ind. Code § 25-1-9.5.

APPENDIX A

Model Name	Indiana Health Workforce Innovation Working Group
Purpose	Fulfill Joint Recommendation
Where Housed	Joint Office (DWD, FSSA, IPLA, and other agencies, as identified) or division of existing office
Membership	Co-chair: DWD & FSSA Members: Consumer, Heads of the following agencies: OMPP, FSSA, DMHA, CHE, Department of Corrections, Department of Child Services, Indiana State Department of Health, academic institutions, Indiana Hospital Association, and other members as identified In addition to the above members, task forces that are subject matter-focused would be formed ad hoc to serve as subject experts
Funding	Membership serves voluntarily Explore opportunities in utilization of a nominal portion of each health professions' license fee to fund administrative support and data initiatives, similar to models in other states (Virginia)
Deliverables	Annual report delivered to the Interim Study Committee on Public Health, Behavioral Health, and Human Services Maintain a website where meeting materials (agenda, minutes, presentations, etc.) are publicly available

Outcome	Report sent to Interim Study Committee on Public Health, Behavioral Health, and Human Services (who will discuss and determine whether it will be moved forward in the legislative process)
	
	The following activities will be evaluated:
	
	• Count of pilot projects proposals that are submitted, reviewed and approved;
	
	• Public report containing outcomes of pilot projects;
	
	• Count and nature of legislative changes associated with statutory review and pilot projects; and
	
	• Establish measures and monitor (collaboration between Indiana Commission on Higher Education, IPLA, DWD, Indiana health sector employers):
	
	  – Talent retention among Indiana health science graduate
	
	  – Recruitment of top talent from out of state

APPENDIX B

Value Matrix Criteria

Purpose:

Health is the fastest growing sector of Indiana's workforce. Assisting Hoosiers in understanding the various health occupations and professions and supporting related decision making was identified as a priority by members of the Education/Pipeline/Training Task Force established to support the work of the Governor's Health Workforce Council. The term "Values Matrix" was used to describe the organization of key information required. This document outlines requirements for a "Health Workforce Values Matrix" including key domains and associated variables/data sources.

Key Domain:

- **Demand**

  – Definition: Demand for health workers is a function of the demand for health services (population health/health care needs vs. utilization of health care vs. health systems)

  – Variables/Data Sources:
    ◦ Employer reported
    ◦ Health care utilization
    ◦ Population characteristics

- **Training/Education**

  – Definition: Training and educational programs which prepare the individuals to assume a role (occupation/profession) within health care

  – Variables/Data Sources:
    ◦ Cost
    ◦ Length
    ◦ Pipeline size (matriculating/graduating from pre-licensure vs. completion programs)
    ◦ Quality/outcomes
    ◦ Career ladder

- **Income**

  – Definition: annual monetary benefit for employee; costs assumed by employer

  – Variables/Data Sources:
    ◦ Workforce development surveys
    ◦ Professional associations surveys
    ◦ Revenue data

- **Market Entry/Regulation**

  - Definition: educational and regulatory strategies which influence supply and work environment (including outline of tasks and functions of regulated professions)
  - Variables/Data Sources:
    - Licensure/certification requirements
    - Employer-reported market entry requirements or preferences
    - State practice acts
      - Indiana Administrative Code
      - Review of other states' practice acts

- **Reimbursements**

  - Definition: a set amount of state-allocated funding to cover costs of health care services, defined by provider type and type of service
  - Variables/Data Sources:
    - Fee schedule
    - Administrative code