Minutes

Governor's Health Workforce Council
February 29, 2016, 12:30 p.m. – 4:30 p.m.
Indiana Government Center South, Conference Room A

Members Present:

- 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
- 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
- Tom Vandergrift, Payment Innovation Network Director, Anthem, Inc.
- Jennifer Walthall, Deputy State Health Commissioner, Indiana State Health Department
- Pete Weldy, Director of Policy and Research, Indiana Department of Education

Members Not Present:

- Representative Cynthia Kirchhofer, Representative, Indiana House of Representatives
- Senator Patricia Miller, Senator, Indiana Senate.

Welcome, Introductions and Background

Michael Barnes, Chair, begins with opening remarks**.** Michael describes how developing a plan for the health workforce is critical to the economic state of the state.

Hannah Maxey, the Director of Bowen Center for Health Workforce Research and Policy**.** Hannah presents on background of the Council and the Health Workforce initiative. Indiana was one of six states selected for the National Governor's Association policy academy, which was a program to assist governors and their states to prepare the health workforce for health system transformation.

Review Governor's Directive

Lindsey Craig, Director of Public Health and Family Policy, reviews the Governor's Directive. Lindsey then reviewed a draft of the council rules. These rules were approved by unanimous consensus of the Council.

Presentations of Previously Identified Priorities

Access to Health Care

Ann Alley, the Director of the Office of Primary Care, ISDH, presented on Access to Health care, the need of health work force in rural areas, and Emergency Medical Service workforce.

- Task force discussion:
    - Jennifer Walthall states there is a culture change in the way that we educate and train primary care providers that practice in underserved areas. They take on responsibilities that may not be as supported in those areas.
    - Ann Alley says a rural provider may join a virtual group to gain support and seek consultation for specific cases. It may be possible in Indiana to recreate a similar opportunity as that in other states, allowing increased dialogue with other physicians. Indiana has had conversations with physicians but ECHO isn't fully implemented yet.
    - Doug Leonard states it is unfortunate that the military-trained health workforce doesn't have license recognition in civilians.
        - Deborah Frye states the PLA was recently looking into cross training and where military licensing that was obtained in active duty could fit back into the licensed workforce.
        - Ken Sauer states Indiana is part of a multi-state collaborative on military credit. His organization (Commission for Higher Education) recently received a grant for veterans that have had health related jobs during their time in duty.

Access to Care for Medicaid Recipients

Joe Moser, the Director of Medicaid, FSSA, presented on access to care for Medicaid recipients. OMPP partners with the Indiana State Department of Health (ISDH) on many issues around Medicaid-serving workforce.

- Joe Moser presented maps on access for Medicaid recipients, demonstrating all participants in a certain plan had access which met standards. Phil Morphew states they get anecdotal reporting on access challenges and he states that his anecdotal information doesn't align with maps that Joe presented. He asks if OMPP has the ability to determine both Medicaid participation for providers *and* willingness to accept new patients.
    - Joe Moser says that information about willingness to accept new patients can be collected via surveys but it is self-reported and therefore not always accurate. They also look at Medicaid claims data to see if a provider billed or served a Medicaid patient. OMPP is looking to do more of this analysis in the future. The maps presented only show those enrolled as Medicaid providers, not necessarily those that are actually serving Medicaid patients.

- Doug Leonard asks if the location presented on the maps is where the physician resides or where they provide services.
    - Tatum Miller says it is based on service location.
    - Hannah Maxey says the source is national provider billing information which is in close proximity to where they are delivering services.
- Phil Morphew says HIP 2.0 and its success has increased his organization's awareness of access problems for low income populations. They continue to see the need to expand FQHCs in Indiana. He states that anecdotal information says that it is difficult to find a local dentist to accept Medicaid. There are also significant transportation issues for Medicaid patients, making access a continual issue. He mentions while the maps may meet federal requirements, it may not fully demonstrate the need.
    - Hannah Maxey suggests we not only identify headcounts but also capacity to actually deliver services, as there is a gap between these two. She states we may have enough providers enrolled but may not have enough to actually serve.
    - Phil says at Indiana Primary Health Care Association, they work for the Indiana State Department of Health to designate Health Provider Shortage Areas and it has been a challenge to actually get this data. If they can show the providers are not actually accepting Medicaid, this must be clear, as it changes the data required to submit these applications.
- Don Kelso asks if transportation is measured for primary or specialty care. Joe Moser says this is measured.
- Ken Sauer says that allowing Advanced Practice Nurses (APNs) to have Primary Medical Provider (PMP) panels is new, do we have a count of APNs and what the potential impact is?
    - Joe Moser responds that previously APNs didn't have to enroll in Medicaid because some don't bill directly. He states that in order to participate in PMP they must enroll in the Medicaid program. Joe says that an independently practicing APN cannot take a panel.
    - Deborah Frye says the state has number of APNs licensed but fewer are actually practicing.
    - Hannah Maxey says that this discrepancy is confirmed via licensure surveys administered in conjunction with PLA.

Education, Pipeline, and Training

James Ballard, Executive Director of Indiana Area Health Education Centers, presented on pipeline, the issues that arise with pipeline, and the importance of attracting a diverse workforce. Indiana Area Health Education Centers (AHEC) is working to recruit physicians and providers in educationally disadvantaged high schools. Other programs that are current initiatives for the education taskforce are: Health Occupations Student Association (HOSA), Health Careers Opportunity Program (HCOP), Indiana Career Explorer, and WorkINdiana.

Graduate Medical Education (GME)

Michelle Howenstine, Senior Dean for Graduate Medical Education, IUSM, presented on education and training that occurs post-medical school.

- Hannah Maxey asks about "right size" and "right specialty" designation from the "Six Rights of GME." Who determines this and who makes these decisions?
    - Michelle Howenstine replies that it is one of the charges of the GME board.
    - Phil Morphew says the community health center community is interested in being a part of the cooperative success. He states that they have no teaching health centers in Indiana but hope to in the future. He wants health centers to be more involved in working with residents in the future.
- Joe Moser asks about the idea Michelle presented regarding residents achieving "mastery" instead of determining competency by the current standard of a time frame for training. Who would decide that?
    - Michelle Howenstine says that this would be decided nationally via the accrediting bodies/boards. These are accredited by the Accrediting Council of Graduate Medical Education (ACGME); "competencies" are required to be met. These bodies look at "entrustment" as a combination of milestones that a person must be competent enough to be entrusted in that activity.
    - Joe Moser asks how quickly it is expected that these new accreditations would be implemented.
    - Michelle Howenstine says these changes may be made in the next couple of years.

Health Care Delivery and Scope of Practice

Deborah Frye, Executive Director, Indiana Professional Licensing Agency, presented on the support Professional Licensing Agency provides to licensed health professions, professions' scopes of practice, and statistics for the state of Indiana.

- Phil Morphew asks if shortage areas take into account whether a physician is actively practicing.
    - Deborah Frye says that the PLA doesn't keep track of this data regarding practicing status, but other agencies do.
- Joe Moser asks about the difference between licensed addiction counselors and licensed clinical addiction counselors.
    - Deborah Frye states that the differences lies in some reimbursements and education. She states the PLA website contains further details regarding licensing requirements for each profession.

Mental and Behavioral Health

Kevin Moore, Director of the Division of Mental Health and Addiction, FSSA, presented on the mental and behavior health workforce.

- Hannah Maxey asks whether the Division of Mental Health and Addiction is involved in GME boards.
    - Michelle Howenstine states that the board for GME is diverse, but she is unsure whether mental/behavioral health is represented.
- Joe Moser asks for further clarification on the difference in addiction counselor and clinical addiction counselor.

    - Kevin Moore says education and hours of internship distinguish the two roles. He also mentions the type of work is similar. Therefore there may be an opportunity to streamline the roles and services provided.
- Hannah Maxey asks who oversees the administration of these licenses.
    - Deborah Frye states the behavioral health board does.
- Joe Moser asks to what degree the mental health workforce has come up in discussion and have they made any recommendations?
    - Kevin Moore states that mental health workforce discussion has historically been around rural Indiana, where quick access is hard to find. They have discussed telehealth as a potential answer to access issues.
- Ken Sauer asks what organization or body provides the preparation for certification of non-licensed professionals. Additionally, are those certifications frequently recognized by employers?
    - Kevin Moore states that certified recovery specialists is a curriculum that is developed by ASPIN (Affiliated Service Providers of Indiana), Division of Mental Health and Addictions, and the Indiana State Department of Health. These programs certify those with mental health experience as peers to help with recovery. Certified recovery specialists are employable by mental health centers and they are able to be reimbursed. There has been a slow uptake for this role in the mental health workforce, due to stigma and low rates of access to records. There has also been employer resistance in hiring. Training is outside of universities, and requirements to enter training programs includes high school graduation and a history of mental health experience/recovery.
    - Ken Sauer asks is there a role for colleges/universities in this area?
    - Kevin Moore says yes, including training people to the importance of utilizing peers in recovery. He states that Mental Health America manages that process.
- Phil Morphew states health centers have adopted integration of mental health with primary care. He states in his experience, many providers accept Medicaid referrals but not non-paying referrals.

Public Health and Emergency Preparedness

Lee Christenson, Director of the Public Health Preparedness and Emergency Response Division, Indiana State Department of Health, presented on public health emergencies, how to prepare for them, the growth of public health preparedness programs, and funding related to public health emergencies.

- Phil Morphew asks if this funding is just for hospitals.
    - Lee Christenson responds saying no, it is for other organizations as well

Comments from Governor Mike Pence

Governor Mike Pence: The Governor thanks all Council members for being a part of this important effort. He mentions that the State was approached by the National Governor's Association regarding the health care workforce and how it can be improved in Indiana. He remarks that he is grateful for the men and women who agreed to be a part of the Council and especially for Michael Barnes and Lindsey Craig's efforts in bringing the Council to fruition. The charge of this Council includes both an opportunity and a challenge in the state of Indiana. He states that half of the nursing faculty are 55 years and older, suggesting that we have a workforce challenge. He states that the Department of Workforce Development projects a 17.7% increase in a need for registered nurses; and turnover rates in this workforce and the need for nurses in particular specialties, such as mental health care, must also be considered. Additionally, he states Indiana needs more mental health professions and mental health facilities.

The statistics from the School of Medicine on numbers of mental health professionals in Indiana have remained constant since 2004. However, Indiana is faced with a recent challenge in drug abuse and addiction mental health. The demand for these services has increased and resources must align with that. This opportunity will improve the lives for Hoosiers, particularly when combined with the increased demand for health services resulting from HIP 2.0. The rural hospital associations have played a big part in Indiana's Medicaid reform. Over 100,000 people have moved over to the plan and will now receive primary care services. This access to health care may result in people learning about conditions that may have previously gone unidentified. However, the health workforce must be in place to provide these services. With a growing economy and record employment rates, the time for this Health Workforce Council has never been more opportune. Indiana can leverage these opportunities. Governor Pence states that with unemployment at a record low, 4.4%, more Hoosiers working than ever before, there is room for job growth in the health workforce. Governor Pence states that he is appreciative of the Council and their expertise in addressing this challenge and he looks forward to recommendations the Council brings forth. He states he is looking to implement recommendations immediately, not necessarily waiting until the next legislative session. He requests the Council put forth ideas that can be put into practice through urgency and action-oriented focus. He thanks the Council again for their service and states he is looking forward to better health for Hoosiers and a better health care workforce for generations in Indiana.

Prioritize Issues and Develop Plan Moving Forward

Michael Barnes reviews the charge of the Council, 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." He states that mental health and education seem to be recurring priorities. Lindsey Craig seconds this. Phil Morphew states that with the expansion of coverage, he believes that primary care access should be a priority, in addition to integration of mental health with primary care.

Lindsey reviews task force protocols. The Council reaches consensus on accepting these protocols.

Joe Moser discusses Long Term Care workforce and delivery. He mentions that with the aging population, the need for these services will increase. The Director of the Division of Aging wanted to raise this issue to the Council. Hannah Maxey says that she believes that Long Term Care workforce and training would intersect nicely with the education/pipeline discussion, as the DWD has many initiatives that may train staff to support long term care. Doug Leonard states he believes distribution is a major issue, which might dovetail with the education/pipeline. Jennifer Walthall states that given the Governor's request for action items, the creation of an education and pipeline task force may be well-suited to develop tangible recommendations.

Michael Barnes says that education/pipeline seems to be a recurring theme we will likely have staffing to support two taskforces at a time.

Phil Morphew requests clarification on the context of the task forces in relation to the strategic plan. Michael Barnes says that task forces will help to guide the creation of the strategic plan.

Hannah Maxey states that in addition to education initiatives, mental and behavioral health seems to be a high priority for the State. There are current initiatives and task forces to look at different aspects of this greater issue, but the Council may be able to look at this issue from the workforce's standpoint.

Michael Barnes asks for a motion. Council members reached consensus on Mental and Behavioral Health and Education/Pipeline/Training to be the first two task forces formed. No unopposed votes, motion passes.

Michael Barns appointed Joe Moser to be the Chair of the Mental and Behavioral Health task force. Joe Moser accepts this nomination, stating that he will likely collaborate closely with Kevin Moore, Director of the Division of Mental Health and Addictions. No Council members opposed.
Michael Barnes will be the Chair of the Education/Pipeline/Training task force; Council members approved unanimously.

Closing

Michael thanked all Council members and public for attending the first Governor's Health Workforce Council Meeting and thanked guest speakers for their presentations.

Adjourn 4:30pm