Governor's Health Workforce Council Meeting

February 29th, 2016

WELCOME AND INTRODUCTIONS

MICHAEL BARNES

COUNCIL CHAIR

ASSOCIATE CHIEF OPERATING OFFICER,
INDIANA WORKFORCE DEVELOPMENT

AGENDA

- **Background**
- **Review Governor's Directive**
  - Discuss Council Administration
- **Presentations of Previous Priorities**
- **Prioritize Issues**
  - Develop Plan Moving Forward
  - Discuss Task Forces
- **Closing**

BACKGROUND

HANNAH MAXEY

ASSISTANT PROFESSOR AND DIRECTOR,
BOWEN CENTER FOR HEALTH WORKFORCE
RESEARCH AND POLICY

BACKGROUND

- **Health workforce policy as a priority**
  - improving access and delivery of health care to Hoosiers
    - HIP 2.0
  - Workforce and economic development
    - Health is fastest growing sector
    - Healthy Hoosiers = healthy workforce
- **Strategic opportunity to assess the health workforce**
  - National Governor's Association (NGA) Center for Best Practices Health Workforce Policy Academy
    - *"Building a Transformed Healthcare Workforce: Moving from Planning to Implementation"*
  - Indiana was one of six states selected to participate

BACKGROUND

- **NGA Health Workforce Policy Academy, May 2014-October 2015**
  - Stakeholder Gathering: March 2015
  - Health Workforce Priorities and Strategic Recommendations
    - **Health Workforce Policy Coordination = *Governor's Health Workforce Council***
    - **Health Workforce Data Coordination = *Partnership with Bowen Center for Health Workforce Research and Policy***

REVIEW GOVERNOR'S DIRECTIVE

LINDSEY CRAIG

DIRECTOR OF PUBLIC HEALTH & FAMILY POLICY,
OFFICE OF GOVERNOR MIKE PENCE

REVIEW GOVERNOR'S DIRECTIVE

Release Date: February 24, 2016

Governor Pence Announces Creation of Governor's Health Workforce Council

Indianapolis – Governor Mike Pence today announced the creation of the Governor's Health Workforce Council (Council), which is charged with coordinating health workforce-related policies, programs, and initiatives within Indiana in order to reduce cost, improve access, and enhance quality within Indiana's health system.

"We've created the Governor's Health Workforce Council to help develop data-driven health workforce policies so Indiana's well-trained health workforce will continue to grow," said Governor Pence. "Our administration has worked to expand health care access to low-income Hoosiers through the Healthy Indiana Plan 2.0, and our Governor's Task Force on Drug Enforcement, Treatment, and Prevention is recommending ways we can expand the delivery of substance abuse treatment and mental health care to Hoosiers. By creating this Council, we are bringing together the necessary state agencies, legislators, health care experts, and industry leaders to have a serious discussion on how Indiana can provide quality care to an even greater number of Hoosiers."

The Council includes members from both the public and private sector, including representatives from the Governor's office and designees from the Department of Workforce Development, Senate Health and Provider Services Committee, House Public Health Committee, Indiana Professional Licensing Agency, Indiana Family and Social Services Administration, Indiana State Department of Health, Indiana Department of Education, Indiana Commission on Higher Education, Bowen Center for Health Workforce Research and Policy, Anthem, Indiana Hospital Association, Indiana Rural Health Association, and Indiana Primary Care Association. The first public meeting for the Council will be on Monday, February 29, 2016 at 12:30 p.m. in Conference Room A of Indiana Government Center South.

For the past eighteen months, the Governor's Office worked with the Bowen Center for Health Workforce Research and Policy in the Department of Family Medicine at IU School of Medicine on a project sponsored by the National Governor's Association (NGA) to help address health care provider shortages in Indiana. The goal of the project was to identify and develop a long-term strategy to ensure that Indiana has an accessible, well-trained, and flexible health workforce that is able to adapt to the ever-changing and growing needs of Hoosiers. At the conclusion of the NGA project, it was recommended that the state of Indiana establish an advisory council for the purpose of coordinating health workforce policy efforts in Indiana and establish a formal partnership for data exchange with the Bowen Center for Health Workforce Research and Policy.

COUNCIL ADMINISTRATION

- **Authority**
- **Membership**
- **Duties**
- **Rules**
  - Meetings
  - Agenda
  - Record Keeping
  - Reports & Recommendations

- **Vote to Adopt**

PRESENTATIONS OF PREVIOUSLY IDENTIFIED PRIORITIES

ACCESS TO HEALTH CARE

Ann Alley
Director, Division of Chronic Disease, Primary Care & Rural Health
Indiana State Department of Health

DEFINE THE ISSUE

- Access to health care means having "*the timely **use** of personal health services to achieve the best health outcomes*" (IOM, 1993).

- Access is often defined in terms of who's insured, provider supply and provider location

- Access in terms of **utilization** is dependent on the affordability, physical accessibility and acceptability of services and not merely adequacy of supply

- Disparity in Access
  - *Race remains a significant factor in determining whether an individual receives care, whether an individual receives high quality care, and in determining health outcomes*

- Challenges of the newly insured:
  - *Struggle to understand basic concepts of insurance*
  - *Not fully aware of the value of preventive care*
  - *If plans do not meet needs re: covered benefits, costs, or provider availability people are less likely to connect or stay connected to care.*

DATA

Location/Supply

- Over half of Indiana counties are health professional shortage areas for primary care and mental health
- Indiana ranks 38 for primary care providers per 100,000
- Indiana ranks 32 for physicians over 60 years old
- 38 **%** of IU School of Medicine graduates will enter primary care programs
- 20% of care in Indiana is delayed
    - *Couldn't get an appointment soon enough- most cited reason*
    - *Transportation - second most cited reason for delaying care*

Affordability

- 15% needed to see a doctor but could not due to cost

Sources:
http://members.aamc.org/eweb/upload/2015StateDataBook%20(revised).pdfIndiana,
2014 Behavioral Risk Factor Surveillance System

CURRENT INITIATIVES

- **ECHO -** Expand the scope of primary care physicians though web based consultations with specialists and grand rounds

- **Community Paramedicine -** Make use of a ready workforce via EMS and fire departments

- **Telemedicine -** Currently used in diabetes education/group visits, stroke response, cardiovascular events

- **Community Health Centers -** 500,000/yr. at low or no cost

- **Critical Access Hospitals -** Often the only health care available in rural areas

- **Labor of Love -** Infant mortality –one root cause—lack of prenatal care especially by younger moms of color

- **One Stop Shop in Austin**

PRIORITIES FOR POLICY

- **Reward systems that advance equality in access and quality**
- **Consider tax forgiveness for primary care physicians and general surgeons willing to practice in underserved communities**
- **Provide e-learning and e-consultation opportunities for primary care physicians with specialists**
- **Address inter-operability of health information systems**
- **Advance electronic bi-directional patient/physician communication via accessible media**

ACCESS TO HEALTH CARE

Joe Moser
Indiana Medicaid Director
Office of Medicaid Policy and Planning
Indiana Family and Social Services Administration

DEFINING THE ISSUE

- Medicaid provides a vital safety net to one in five Hoosiers. OMPP's suite of programs, called the Indiana Health Coverage Programs, includes traditional Medicaid, risk-based managed care, and a variety of waiver services tailored to the needs of specific populations.

- HIP 2.0 has expanded coverage to about 200,000 previously uninsured Hoosiers. Another 200,000 may enroll.

- Insured individuals consume more health care services. Capacity and workforce needs will grow in every area, but particularly in primary care.

- 5,300 more participating health care providers since HIP 2.0

PRIMARY MEDICAL PROVIDER DATA

- In 2013, 85.8% of physicians in Indiana were accepting new Medicaid patients, above the national average of 68.9%[1]
    - 12th Highest in nation

- In 2016, 7,625 Professionally Active Physicians[2]

- In 2015, 3,566 Primary Medical Physicians actively practicing in Indiana[3]
    - 3,108 (87.1%) of PMPs in Indiana have some portion of their practice comprised of Medicaid patients

[1] Hing, Decker, and Jamoon. "Acceptance of New Patients with Public and Private Insurance by office-based Physicians: United States, 2013". NCHS data brief, no 195. 2015.
[2] Kaiser Family Foundation (2016) http://kff.org/other/state-indicator/total-dentists/
[3] Physician Re-Licensure Survey

DENTAL PROVIDER DATA

- In 2016, 3,342 Professionally Active Dentists in Indiana.[4]
- In 2014, 2,903 Dentists reported actively practicing in Indiana.[5]
  - 2,324 dentists responded to the re-licensure survey
    - Only 1,826 of the dentists who are actively practicing in Indiana work in a general dental practice.
- In 2014, Indiana Medicaid had 1,957 enrolled dentists and 4,704 service locations.

[4] Kaiser Family Foundation (2016) http://kff.org/other/state-indicator/total-dentists/
[5] 2014 Dental Data from Dental Re-Licensure Survey

MEASURING ACCESS

Time and Distance Standards

Geo-Access Mapping

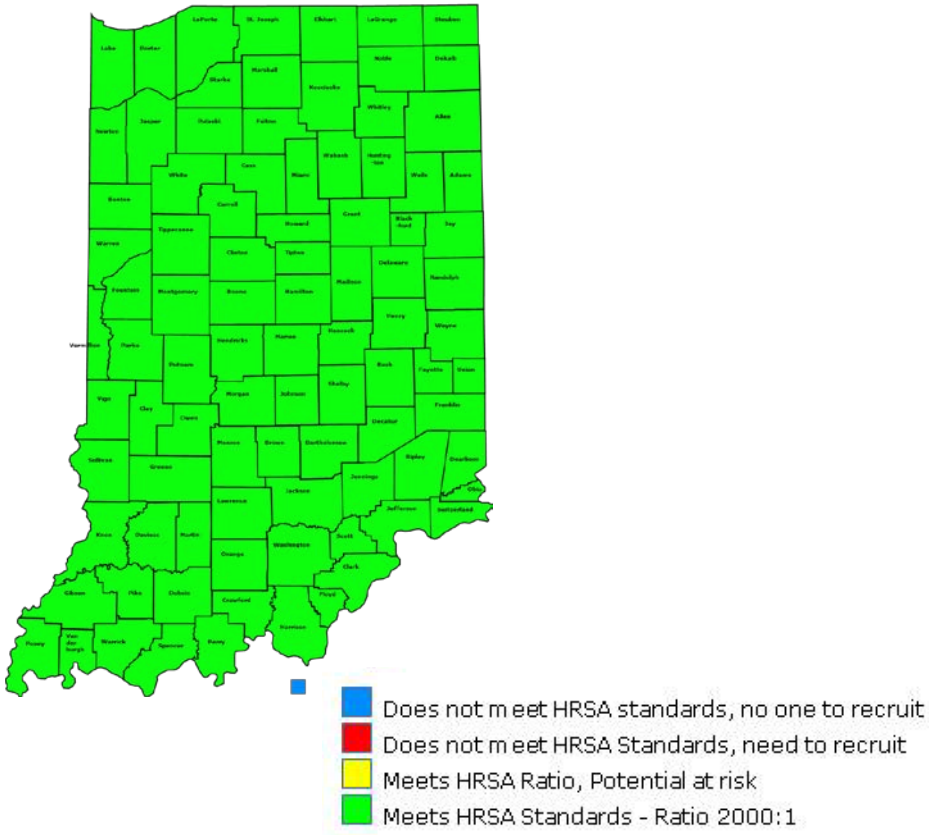
- Fee-For Service Population
- Managed Care Population

Closed vs. Open Networks

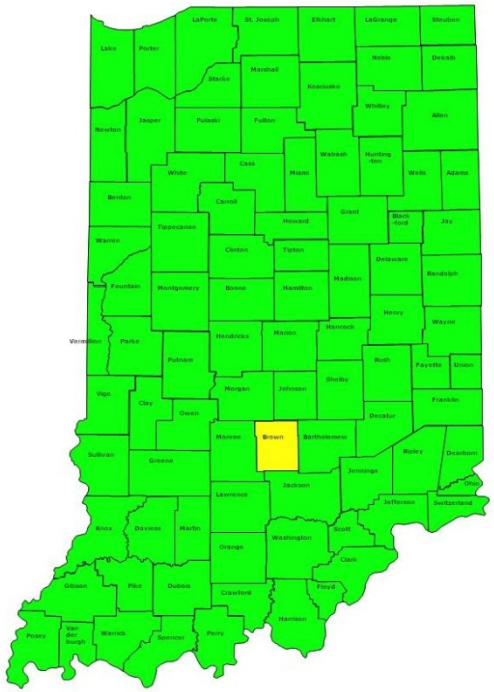
CMS Access Rule

FEE-FOR-SERVICE

Orthopedic Providers



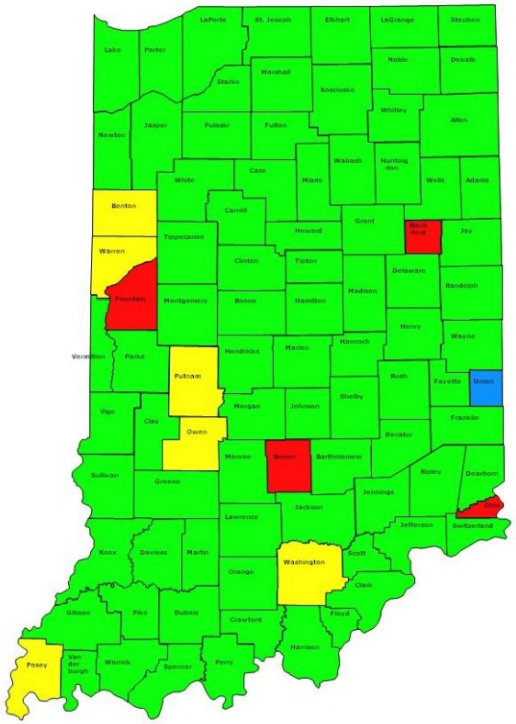
General Family Practice Providers



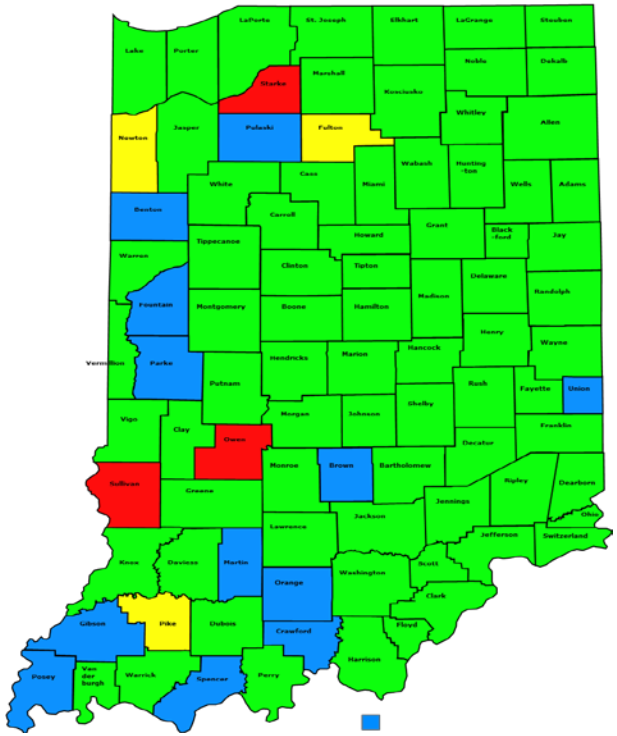
Enrolled provider NPIs are used to compare alongside a nationwide database of NPIs. NPIs registered nationally that are not in our files are indicated as recruitment possibilities. Member counts are based on all IHCP members. The provider to member ratios are based on how many providers to member, by county.

FEE-FOR-SERVICE

Dental Providers



OBGYN Providers

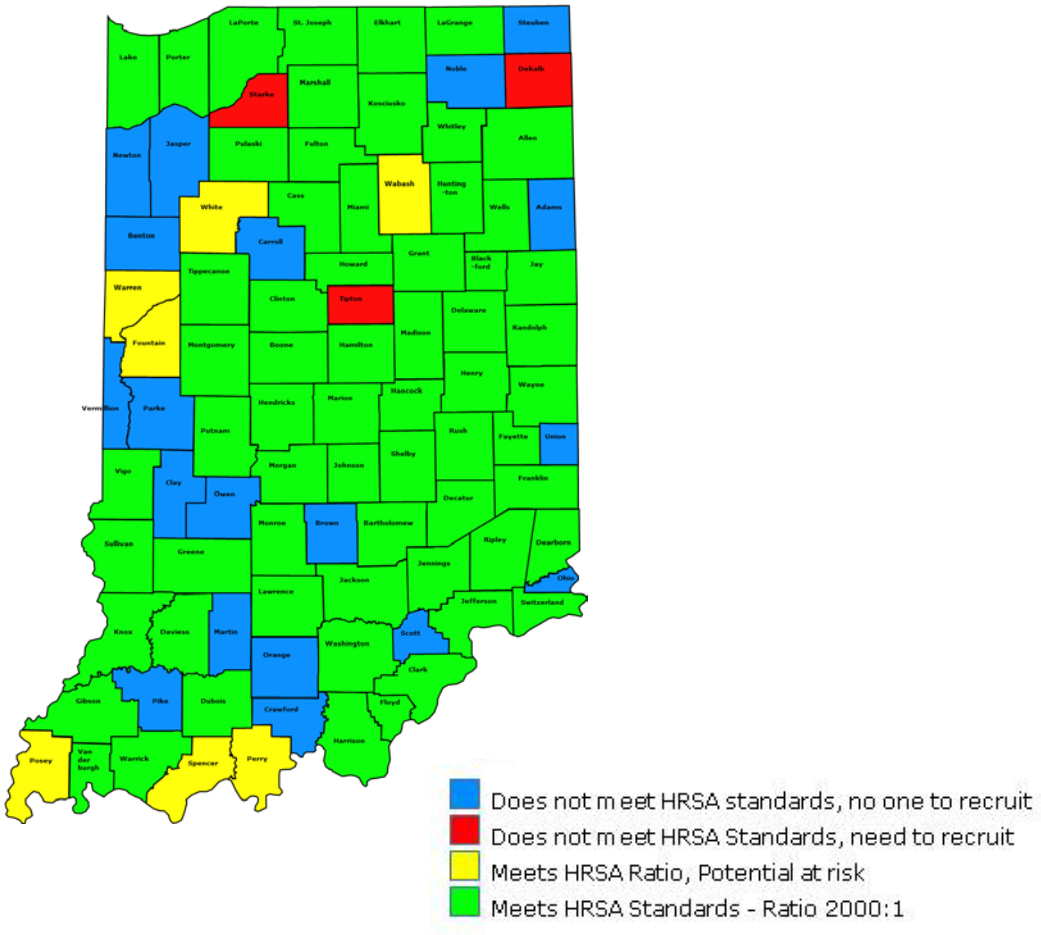


- Does not meet HRSA standards, no one to recruit
- Does not meet HRSA Standards, need to recruit
- Meets HRSA Ratio, Potential at risk
- Meets HRSA Standards - Ratio 2000:1

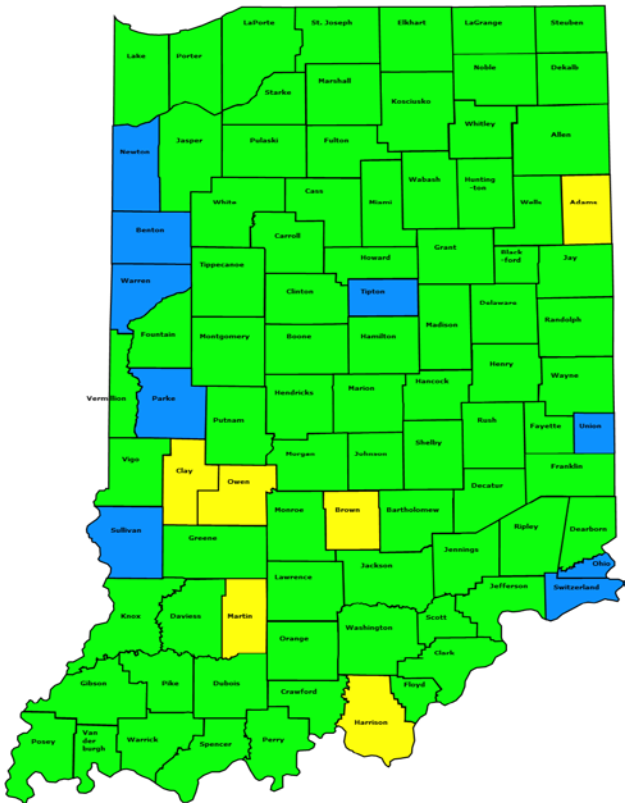
Enrolled provider NPIs are used to compare alongside a nationwide database of NPIs. NPIs registered nationally that are not in our files are indicated as recruitment possibilities. Member counts are based on all IHCP members. The provider to member ratios are based on how many providers to member, by county.

FEE-FOR-SERVICE

Pediatric Providers



Mental Health Providers



MANAGED CARE

Access Overview

January 15, 2016

Access Analysis
General Practitioner 1 in 60 Miles

Member Group
Members (Indiana)

Provider Group
General Dentists

Access Map
Member locations
With access
Without access
Service areas:
Indiana

1 in = 72.94 miles

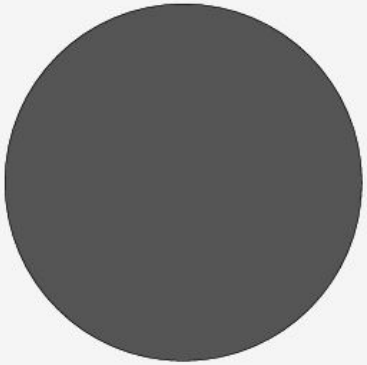
Comparison Graph
Percent of members with access to a choice of providers over miles
1st closest
2nd closest
3rd closest

[1] The Access Standard is defined as (Members (Indiana)) members accessing:
1 (General Dentists) provider in 60 miles

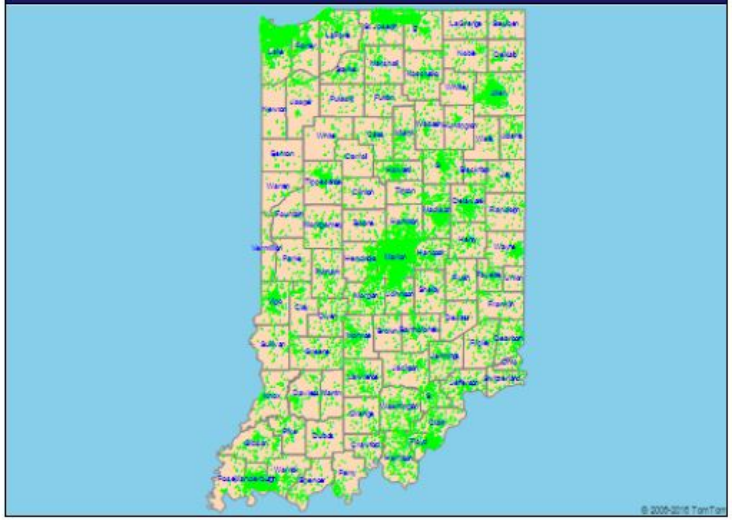
Overall Access[1]

34,244 Members
797 providers at 958 locations (General Dentists)

34,244 (100.0%) Members with access
0 (0.0%) Members without access



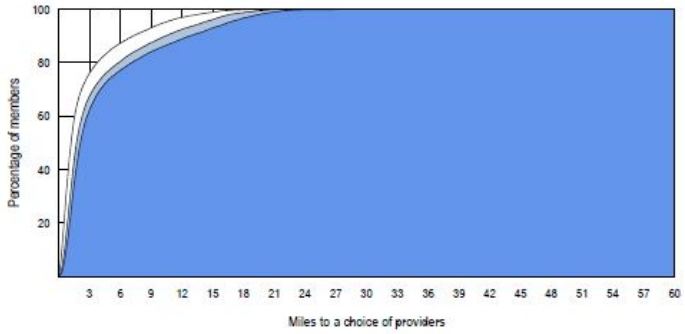
Members With and Without Access



Distances

	Average
Distance to 1st closest provider	2.6 miles
Distance to 2nd closest provider	3.7 miles
Distance to 3rd closest provider	4.4 miles

Access Standard Comparison



CURRENT INITIATIVES

- Monitor and ensure ongoing access to specific services frequently used in Medicaid
- Allowing Advanced Practice Nurses to have PMP Panels
- Complete an access monitoring review plan which demonstrates the ability to enroll enough providers able to care for the fee for service population within the geographic area
- Monitoring provider & beneficiary input
    - Call Center, Written Correspondence, IQ Process
    - Medicaid Advisory Committee
    - Provider and Member Surveys
- Addressing access deficiencies
    - Recruitment by Provider Relations Staff at HPE & MCEs

POLICY PRIORITIES

- Increased access to pediatric dental services
    - Physician-provided fluoride varnish
- Mental Health Providers
    - Addiction Providers
- Improved transportation services for fee-for-service members
    - Evaluating need for a transportation broker

QUESTIONS

EDUCATION, PIPELINE, AND TRAINING

James Ballard
Director
Indiana Area Health Education Centers,
Associate Professor, Department of Family Medicine,
Indiana University School of Medicine

DEFINE THE ISSUE

What is the Health Workforce Pipeline?

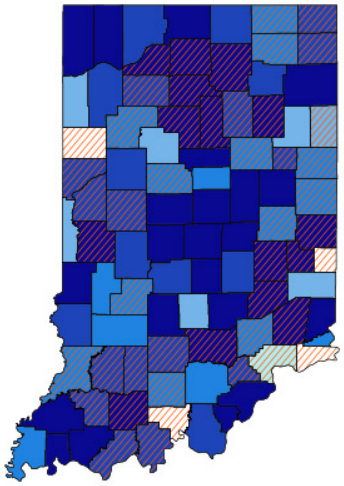
- **Programming/initiatives/pathways which prepare individuals for roles within the health workforce**
  - Education and training (primary, secondary, and post-secondary, and professional)

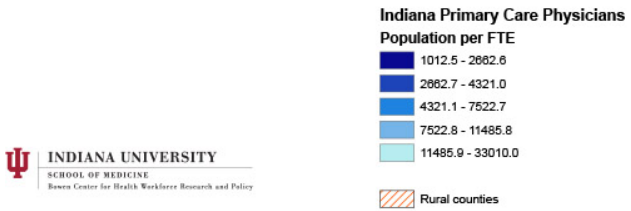
Health Workforce Pipeline Issues

- **Diversity**
  - Under represented minorities
- **Geographic distribution of licensed health professionals**
  - Urban/rural variations in health workforce capacity

DATA

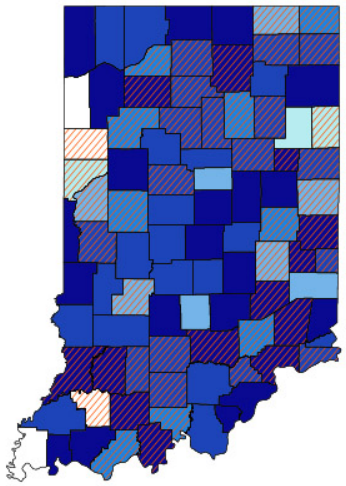
Indiana Residents per Primary Care Physician FTE
Source: 2015 Indiana Physician Re-Licensure Survey





INDIANA UNIVERSITY
SCHOOL OF MEDICINE
Bowen Center for Health Workforce Research and Policy

Indiana Residents per Advanced Practice Nurse FTE
Source: 2015 Indiana Nursing Re-Licensure Survey



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DATA

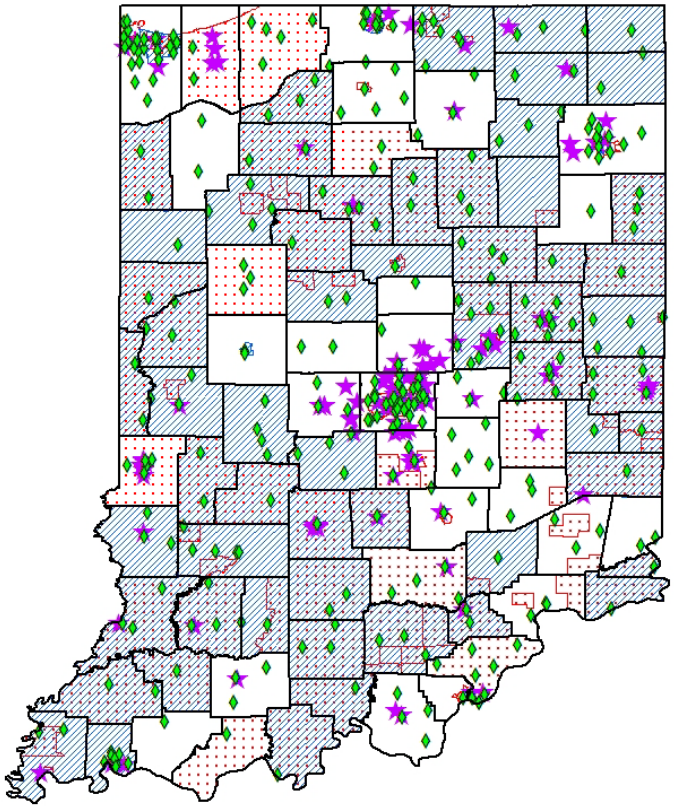
Indiana's Health Professions Pipeline

- **49.9%* of physicians who responded to the survey and are actively practicing in Indiana completed medical and/or residency in Indiana (rank = 9 nationally)**
- **57.8%* of primary care physicians who responded to the survey and are actively practicing in Indiana completed medical and/or residency in Indiana**
- **83.0%* of nurses (RNs) who responded to the survey and are actively working in Indiana were trained in Indiana**

*Source: Indiana Physician and Registered Nurse Re-Licensure Survey, 2015

CURRENT INITIATIVES

- **AHEC**



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Educationally Disadvanteged High Schools
AHEC Physician Alumni
Designated HPSA
Designated MUA

CURRENT INITIATIVES

- **Additional Initiatives**
  - Health Occupation Student Association (HOSA) - Integrates into the Health Science Technology Education curriculum
  - Health Careers Opportunity Program (HCOP) - Aims to increase the diversity of the health care workforce from educationally or economically disadvantaged backgrounds.

CURRENT INITIATIVES

- **Youth**
  - Indiana Career Explorer
  - Internships / Job Shadowing
- **Young Adults**
  - Career & Technical Education
  - Apprenticeships
- **Adult**
  - Work Indiana
  - WIOA
- **Other**
  - Skill Up Grants

PRIORITIES FOR POLICY

- **Primary and Secondary–**
  - develop and leverage partnerships between existing initiatives/programs
  - Consider programs such as residential summer camps at state or regional universities
- **Post-Secondary-**
  - Increase post-secondary opportunities to strengthen the pipeline
- **Health Professional Training –**
  - Community embedded series of clinical rotations in the same region. Expand to other health professions programs including mental/behavioral health.

PRIORITIES FOR POLICY: OUR FUTURE

EDUCATION, PIPELINE & TRAINING

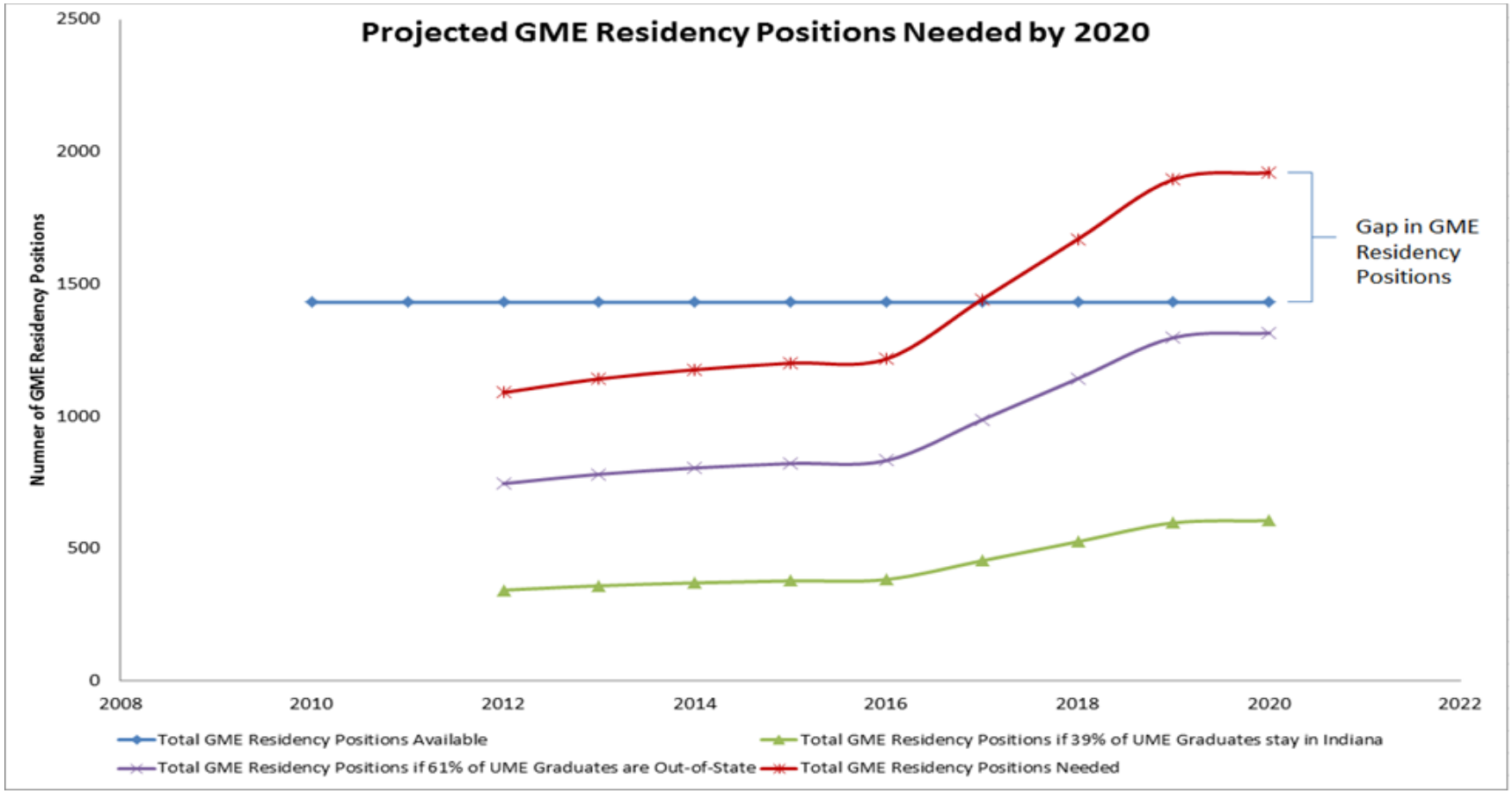
Michelle Howenstine, MD
Senior Dean for Graduate Medical Education and Continuing Medical Education,
Indiana University School of Medicine

GRADUATE MEDICAL EDUCATION

- **GME is the educational training post medical school that trains generalists, specialists, research scientists and educators**
  - USA: 120,000 residents and fellows
  - Indiana: 1410 residents and fellows

CURRENT ISSUES: PHYSICIAN SHORTAGE

- **Aging patient population**
- **Aging population of Indiana physicians**
- **Maldistribution of health care delivery**
- **Funding: CMS cap (1997)**
- **Shortage of residency slots in Indiana**


Projected GME Residency Positions Needed by 2020
Numner of GME Residency Positions
2500
2000
1500
1000
500
0
2008
2010
2012
2014
2016
2018
2020
2022
Gap in GME Residency Positions
Total GME Residency Positions Available
Total GME Residency Positions if 39% of UME Graduates stay in Indiana
Total GME Residency Positions if 61% of UME Graduates are Out-of-State
Total GME Residency Positions Needed

THE PIPELINE

- **Expand the number of medical school students training in Indiana**
- **Establish a new goal of 2000 residents and fellow positions in training by 2020**

STRATEGIC INITIATIVES

- **House Enrolled Act 1323**
- **Establishment of the Indiana GME Board**
- **Development of regional hospital and community consortiums**
- **Advance the continuum of medical education**
- **The Six Rights of GME**

GME: PUBLIC ACCOUNTABILITY

- ***"The GME system and its component programs must be dually accountable to the trainees entrusted to them and to the public. The public expects the GME system to produce a physician workforce of sufficient size, specialty mix and skill to meet society's needs."***

- Josiah Macy Jr. Foundation, 2011

GME: THE SIX RIGHTS

- **The right size**
- **The right specialties**
- **The right skills**
- **The right composition**
- **The right pedagogy**
- **The right clinical learning environment**

SUCCESS: COOPERATIVE EFFORT

- **Educational Institutions**
- **Hospital Affiliates**
- **Government support**
- **Public support and trust**

QUESTIONS

HEALTH CARE DELIVERY AND SCOPE OF PRACTICE

Deborah Frye
Executive Director,
Indiana Professional Licensing Agency

DEFINE THE ISSUE

Defining Scope of practice:

- *Actions and procedures acceptable for a healthcare professional to engage in under the terms of his or her professional license*

Role of the Indiana Professional Licensing Agency:

- *Oversee licenses and provide logistical support to licensing boards*

Impact of scope of practice on healthcare delivery:

- *Define the practice environment for licensed healthcare professionals*

DATA

INDIANA PROFESSIONAL LICENSING AGENCY CURRENT PRACTITIONERS @ 01/01 OVER RECENT YEARS						
LICENSE TYPE	1/1/16	1/1/15	1/1/14	1/1/13	1/1/12	1/1/11
Physicians (MD)	24,840	23,532	22,423	21,330	20,345	19,443
Osteo Physicians (DO)	2,151	1,940	1,786	1,615	1,491	1,382
Physician Assistants	1,381	1,178	1,026	901	802	714
Registered Nurses	105,244	98,853	93,075	87,942	82,759	78,287
Licensed Practical Nurses	26,661	25,630	24,427	23,190	22,041	21,016
Advanced Practice Nurses	4,791	4,129	3,626	3,218	2,842	2,572
Pharmacists	11,369	10,857	10,352	9,848	9,399	8,980
Dentists	4,214	4,036	3,851	3,691	3,560	3,399
Social Workers	2,999	2,586	2,261	1,964	1,675	1,505
Clinical Social Workers	4,854	4,568	4,295	4,076	3,874	3,634
Addiction Counselor	294	286	283	249	219	63
Clinical Addiction Counselor	1,439	1,434	1,428	1,350	1,211	449
Mental Health Counselor	2,032	1,886	1,789	1,655	1,562	1,459

Indiana Population (2014): 6.597 million

PHYSICIANS

Head count:

- Total actively licensed Indiana physicians: 26,314*

Scope of practice:

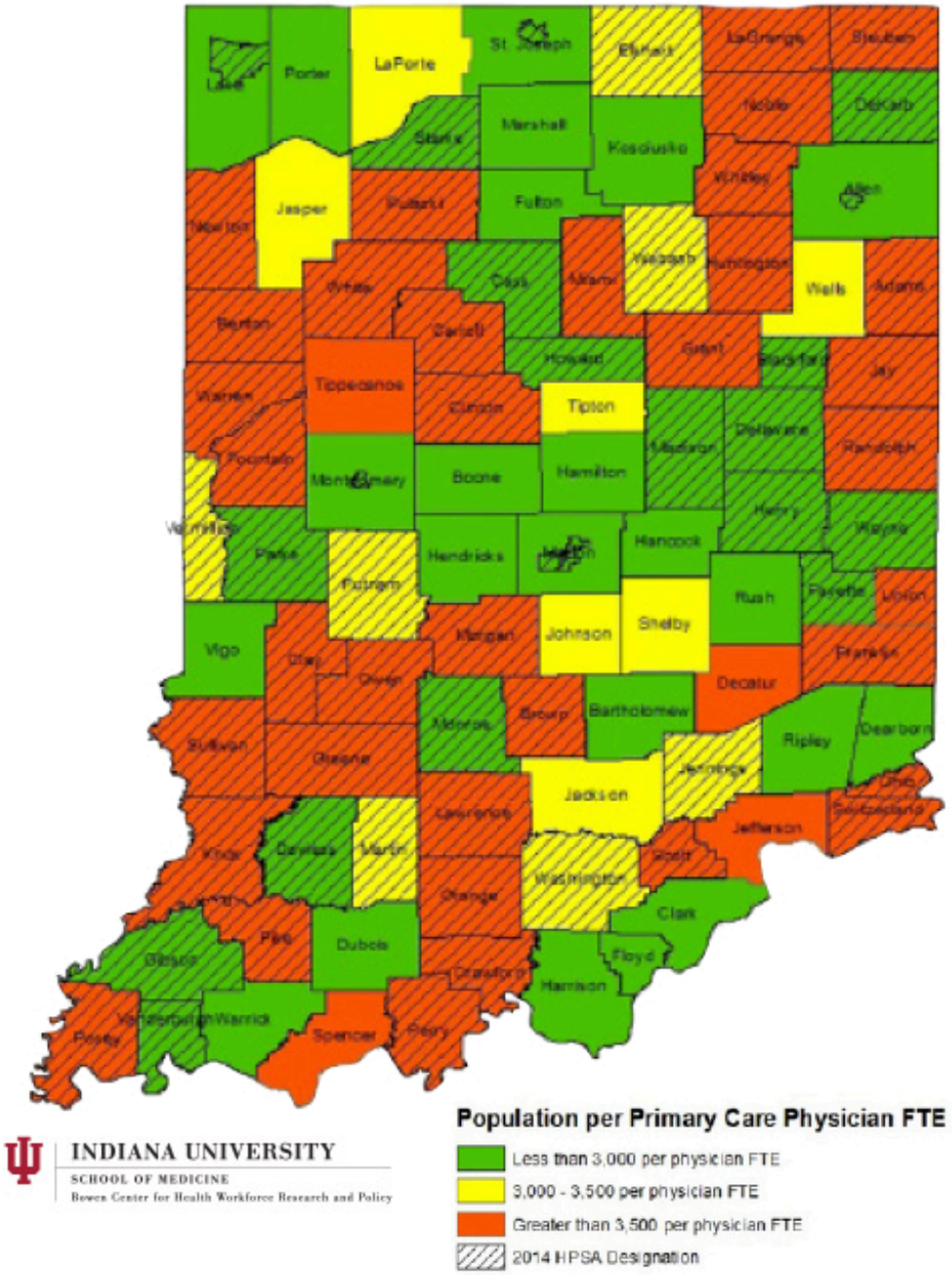
- Diagnosis, treatment, prevention of disease or injury

Shortage:

- 39 Indiana counties were designated as primary care health profession shortage areas[1] (3,500 patients to 1 primary care physician), as of 2013

*Does not reflect number of physicians actively providing patient care within Indiana.

[1]Norwood, C.W.; Maxey, H. L..; Kelley, Tracie M. Policy Report: 2013 Indiana Physician Workforce, Indiana University: Health Workforce Studies Program, 2014; Available at: http://hdl.handle.net/1805/5738



Source: Norwood, C.W.; Maxey, H. L..; Kelley, Tracie M. Policy Report: 2013 Indiana Physician Workforce, Indiana University: Health Workforce Studies Program, 2014; Available at: http://hdl.handle.net/1805/5738

REGISTERED NURSES

Head count:

- Total Indiana RNs: 105,648*

Scope of practice:

- Assessment, diagnosis, physician directives

Shortage:

- Predicted shortfall beginning in 2018 due in part to aging population[2]

*Does not reflect number of nurses actively providing patient care within Indiana.

[2]Buerhaus PI, Auerbach DI, Staiger DO. Recent trends in the registered nurse labor market in the U.S.: short-run swings on top of long-term trends. Nursing economic$. 2007;25(2):59-66, 55; quiz 67.

ADDICTION COUNSELORS

Head Count:

- Total Indiana addiction counselors: 1,734

Scope of practice:

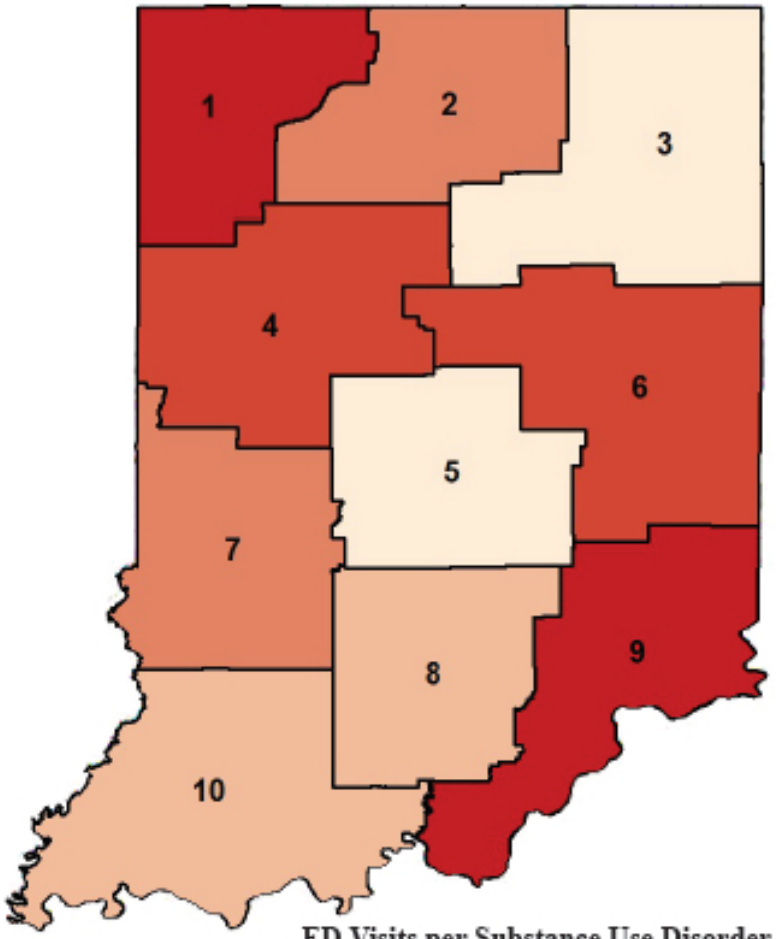
- Treatment and change of substance abuse or addictive behavior

Shortage:

- Leveraging workforce and outcomes data to identify potential shortages, 95 substance abuse visits per professional[3]

[3]Norwood CN, Randolph CR, Maxey HL. Policy Report: 2012 Indiana Substance Use Disorder Workforce. Indiana University: Health Workforce Studies Program, 2015; Available at: http://hdl.handle.net/1805/6510

Figure 1: Substance Use-Related ED Visits per Substance Use Disorder Professional FTE by ISDH Region



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CURRENT INITIATIVES

Medical Board rules

HB 1278: access to INSPECT

HB 1347: Medicaid reimbursement

PRIORITIES FOR POLICY

Provide licensing support

Increase awareness through strategic messaging

Ensure healthcare quality and consumer safety

QUESTIONS

MENTAL AND BEHAVIORAL HEALTH

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

WHO IS THE WORKFORCE?

Licensed providers

- Physicians
- Psychologists
- Social Workers
- APNs
- Mental health counselors
- Marriage and family therapists
- Addiction counselors

Non-licensed providers

- Prevention specialists
- Rehab specialists
- Aides/technicians
- Case managers
- Outreach specialists
- Peer supports
- Recovery coaches

IMPACT FACTORS

- High turnover
- Worker shortages
- Aging
- Compensation
- Recruitment
- Retention
- Distribution
- Stigma
- Increasing demand: *10%-20% of persons needing treatment actually get it*
- VA expansion of services
- New workforce expectations

INDIANA'S PICTURE – MENTAL HEALTH TREATMENT

CAPACITY

5183* actively practicing mental health professionals

- 3687 licensed MH professionals
- 1604 psychologists
- 356 psychiatrists
- 76 APNs

STRATEGIC ISSUES

- Stagnant capacity
- Primarily non-Hispanic white
- Urban distribution
  - MHPSAs

*Norwood CN, Randolph CR, Maxey HL. Policy Report: 2012 Indiana Substance Use Disorder Workforce. Indiana University: Health Workforce Studies Program, 2015; Available at: http://hdl.handle.net/1805/6510

WHO IS THE SUBSTANCE USE DISORDER (SUD) WORKFORCE?

- **Addiction counselors**
- **Psychiatrists**
- **Psychologists**
- **Psychiatric Advanced Practice Nurses**

INDIANA'S PICTURE – SUD TREATMENT

- ED utilization between 2009 and 2013 suggest an 18% increase in the number of SUD related diagnosis per 110K residents*
- 9 licensed SUD professional FTEs per 100K residents*
- Significant non-licensed workforce providing SUD services
  - Certified Recovery Specialists
  - ICAADA certification

*Norwood CN, Randolph CR, Maxey HL. Policy Report: 2012 Indiana Substance Use Disorder Workforce. Indiana University: Health Workforce Studies Program, 2015; Available at: http://hdl.handle.net/1805/6510

INDIANA'S TRAINING GROUND

- **Social workers:** *15 programs*
- **Marriage and Family Therapists:** *4 programs*
- **Mental Health Counselors:** *16 programs*
- **Addiction Counselors:** *16 programs*
- **Psychology – Doctoral:** *13 programs*
- **Psychiatry – Residency:** *1 program*
  - 7/16 – Community Health Network initiates program
- **Psychiatric Nursing:** *1 program*

CURRENT INITIATIVES

- **Loan Assistance Program**
- **Telehealth**
- **Integration of primary care with mental health and substance use disorders**
- **Use of peers to support recovery**
- **Payment reform – quality care not volume**
- **State hospital model of care**

STRATEGIC PRIORITIES

- **Increase resident pipeline**
- **Workforce training and competencies**
  - *Model of care that is recovery-oriented, person-centered, integrated, and utilizes multi-disciplinary teams*
  - *Use of technology*
  - *Advanced practice licenses (APN, PA, etc)*
- **Deployment of peer providers**
- **Integration to address behavioral health in all prevention, treatment and recovery systems**
- **Adequate funding and payment structures**

QUESTIONS

PUBLIC HEALTH AND EMERGENCY PREPAREDNESS

Lee Christenson
Director,
Public Health Preparedness and Emergency Response,
Indiana State Department of Health

DEFINING THE ISSUE

- Following the terrorist attacks on September 11, 2001, anthrax attacks in October 2001, and Hurricane Katrina in 2005, a greater emphasis was placed on coordinated emergency preparedness and response
- National Incident Management System (NIMS) and the National Response Framework (NRF) were developed
- Within NIMS is the Incident Command System (ICS) which allows for coordinated planning and management among any types of agencies and organizations in preparation for all potential hazards

HEALTH AND HEALTHCARE ROLES IN EMERGENCY RESPONSE

- **Distribute medication and medical supplies**
- **Identify, track, and prevent disease**
- **Conduct laboratory analysis**
- **Environmental health (indoor air, private wells, etc)**
- **Replace vital records**
- **Identify and prevent food borne illness**
- **Assist in fatality management**
- **Provide immunizations**
- **Assist in coordinating medical transport**

EMERGENCIES AND THE WORKFORCE

- How do Indiana health workers respond to an outbreak of the Middle East Respiratory Syndrome Coronavirus?
- How prepared is the Indiana health delivery system to administer aid to patients with Ebola?
- What is the public health response to an outbreak of the High Pathogen Avian Influenza in Indiana's poultry industry?
- Effectively preparing for these and other events is understanding and inculcating a culture of multi-discipline coordination beyond just the health community.

GROWTH OF PUBLIC HEALTH PREPAREDNESS PROGRAMS

- 2002 – Public Health Security and Bioterrorism Preparedness and Response Act
- 2004 – Focus shifted from capacity/bioterrorism based to all-hazards/capability based
- 2006 – Pandemic and All Hazards Preparedness Act (PAHPA)
- 2007 – Moved from Health Services and Resources Administration to ASPR
- 2012 – HPP and PHEP programs aligned

PUBLIC HEALTH AND HEALTHCARE PREPAREDNESS PROGRAMS

- **Local Public Health Preparedness Program**
  - Funded by Centers for Disease Control and Prevention (CDC)
  - Provides funding to in support of preparedness activities for state and local health departments
- **Healthcare Preparedness Program**
  - Funded by the Office of the Assistant Secretary for Preparedness and Response (ASPR)
  - Provides funding in support of preparedness activities for hospitals and healthcare coalitions

CURRENT PROGRAM NUMBERS

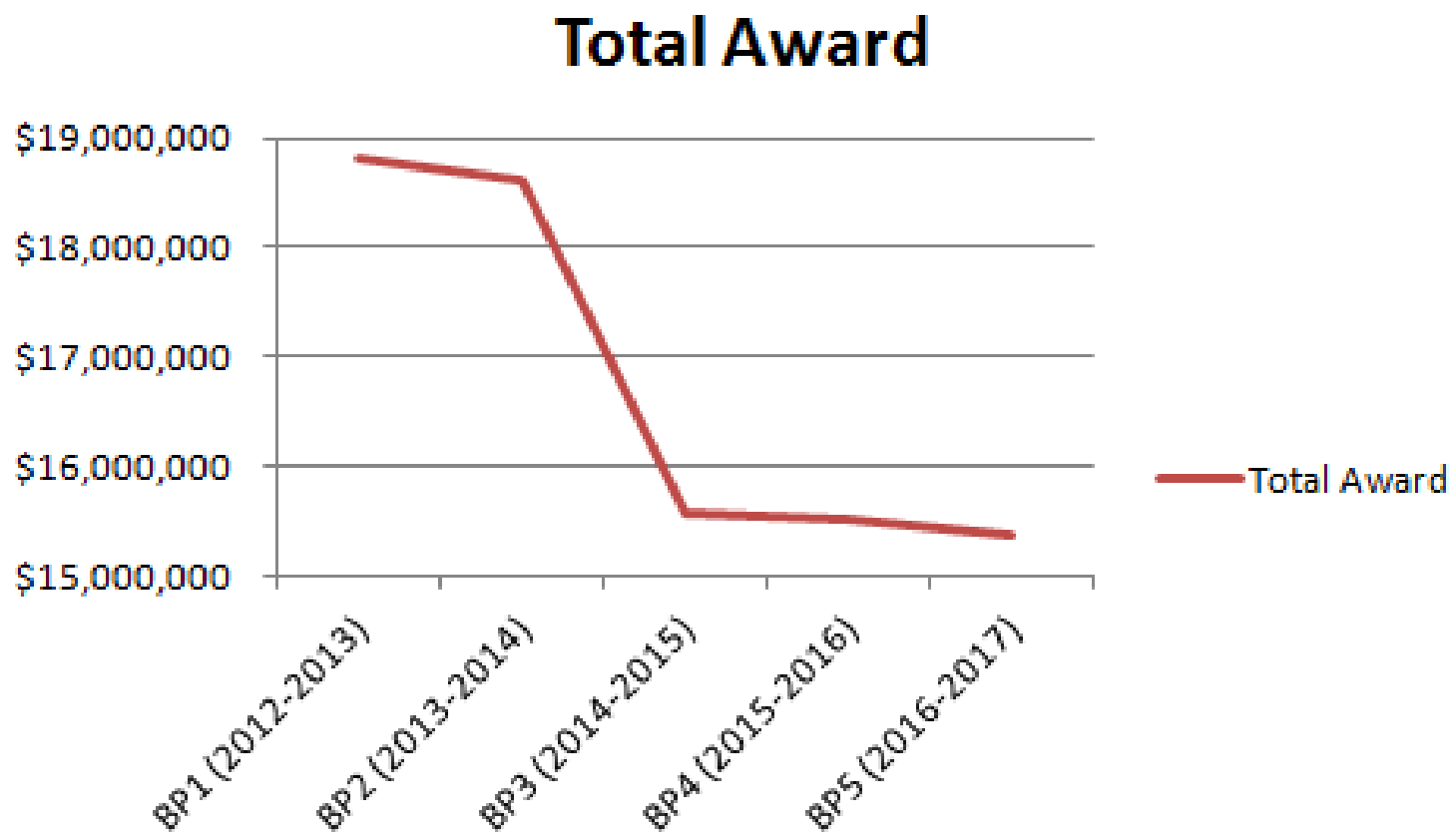
CDC Public Health FY17 Award: $11,339,133

- ~ 42% to local health departments (about 80-85)
- ~ 18% to ISDH Public Health Preparedness
- ~ 17% to ISDH Epidemiological Resource Center
- ~ 16% to ISDH Laboratory
- ~ 2% ISDH Food Protection
- ~ 5% Other (overhead, IT, phones, etc.)

ASPR Healthcare FY17 Award: $3,973,603

- ~ 84% to 10 District Corporations (about 145 hospitals)
- ~ 16% to ISDH Healthcare Preparedness

TRENDS IN FUNDING



CURRENT INITIATIVES

- In 2013 Governor directed improved interagency coordination for emergency preparedness
- ISDH and IDHS began closer coordination through shared preparedness activities, training and grant coordinated activities
- State Emergency Registry for Volunteers in Indiana (SERV-IN) is integrated with the In Professional Licensing Agency for health care professional licensing and certifications
- Need trained functional teams capable of executing incident-specific response within the incident command system framework
- District Healthcare Coalitions aligned with the IDHS district geographical boundaries for strategic planning and training

CURRENT INITIATIVES

- District Healthcare Coalitions operated by the ISDH with federal grant funds – permit federal, state and local coordination
- Allows for joint planning, training and operations
- Two varied examples illustrate the value of this investment in public health emergency preparedness
- MERS in May 2014 with the first case in the US here in Indiana
- HPAI in January 2016 in Indiana's poultry industry
- Both cases involved deployment of federal health teams to Indiana with resulting accolades to the state's handling of these serious incidents

POLICY PRIORITIES

- Integrate more health preparedness exercises with federal, state and local officials
- Public health and medical academic curriculums should encompass emergency preparedness courses with scenarios
- Incentivize the sharing of resources and collaboration among all health and healthcare partners
- Emphasize more comprehensive assessment of hazards and risk from a public health and disease perspective
- Continue to promote mutual aid beyond just traditional public safety organizations and develop policy that promotes the practice

QUESTIONS

PRIORITIZE ISSUES AND DEVELOP PLAN MOVING FORWARD

MICHAEL BARNES

COUNCIL CHAIR

ASSOCIATE CHIEF OPERATING OFFICER, INDIANA WORKFORCE DEVELOPMENT

REVIEWING THE CHARGE

“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.”

SUMMARY OF DELIVERABLES

- Prior to making a recommendation it must be presented to the council for a vote. All recommendations must receive approval by a simple majority of the council.

- The council shall submit a report on their progress by December 31, 2016 to the Governor.

- The council shall submit a first draft of a strategic plan for Indiana's health workforce with recommendations by December 31, 2016 to the Governor.

- The Council shall revise and develop the draft strategic plan throughout the duration of the Council.

CREATING A STRATEGIC PLAN

1. **Define**
2. **Identify**
3. **Recommend**

TASK FORCE PROTOCOLS

LINDSEY CRAIG

DIRECTOR OF PUBLIC HEALTH & FAMILY POLICY,
OFFICE OF GOVERNOR MIKE PENCE

REVIEW TASK FORCE PROTOCOLS

- **General Information**
- **Responsibility of Council**
- **Duties of Task Force Chairs**
- **Meetings/Ground Rules**

- **Vote on Protocols**

PRIORITIZING ISSUES

MICHAEL BARNES

COUNCIL CHAIR

ASSOCIATE CHIEF OPERATING OFFICER,
INDIANA WORKFORCE DEVELOPMENT

VOTING

"Prior to making a recommendation it must be presented to the council for a vote. All recommendations must receive approval by a simple majority of the council."

SUBSEQUENT MEETINGS

Thursday, June 2nd, 2016
1:00-3:00pm
Location: TBD

Thursday, September 1st, 2016
TIME
Location: TBD

Monday, December 5th, 2016
TIME
Location: TBD

CONTACT INFORMATION

All questions and comments can be directed to Bowen Center staff at

bowenctr@iu.edu