



Governor's Health Workforce Council Meeting

May 18th, 2017

AGENDA

- **Welcome and Introductions**
- **Approval of Minutes from Meeting on December 5th, 2016***
- **Approval of Council Standing Rules and Task Force Protocols***
- **Report Update on Previous Strategic Plan Recommendations**
- **Review New and Emerging Priorities**
- **Identification of Council Priorities***
- **Closing**



WELCOME

MICHAEL BARNES

COUNCIL CHAIR

ANDRE BENNIN

OFFICE OF GOVERNOR ERIC HOLCOMB



Approval of Minutes



Approval of Council Standing Rules and Task Force Protocols



Update on Health Workforce Data Coordination

HANNAH MAXEY

ASSISTANT PROFESSOR AND DIRECTOR

BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY



Save the Date

2017 Indiana Health Workforce Collaborative

Transforming health workforce education, practice and policy

June 20, 2017 • Indiana Government Center South

Demands are being placed on health systems to transform care delivery. Likewise, there are emerging pressures to transform health professions education to be more responsive to the evolving needs of the health care delivery system. Compounding these challenges for the workforce are issues of supply, geographic maldistribution and lack of diversity. The 2017 Health Workforce Collaborative will serve as a platform for united policy discussions from multiple perspectives regarding evidence-based strategies for impacting Indiana's workforce.

At this conference, attendees will:

- Engage a diverse group of key stakeholders in the discussion of emerging issues affecting the health workforce and health care delivery in Indiana.
- Discuss strategies for strengthening Indiana's health workforce.
- Discuss the implications of workforce policy for health professions education.
- Demonstrate new health workforce data resources and tools.
- Discuss health professions training, and the financing of that training, from the perspectives of education, labor, finance and workforce diversity/distribution.

Stay tuned for the agenda and open registration on May 1, 2017



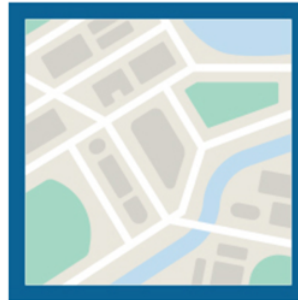
Discover, use, and share health workforce data and maps.

Magna consetetur diam

HWIP includes three major components: an Interactive Mapping Application, a Map Gallery, and a Data Download tool. The interactive mapping page allows a profession, and geographic area of interest to be selected, which then generates a map for interaction or for printing or sharing. The Map Gallery tool can be used to sort through a collection of maps with galleries for four health workforce categories: physicians, nurses, dentists, and dental hygienist. The Data Download tool provides a simple way to download data files and its associated codebook, protocol, and latest report. Begin your query by selecting an available tool.

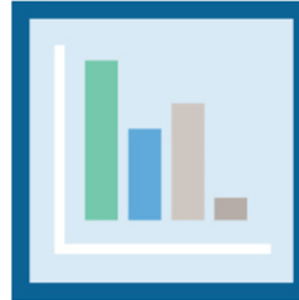
[LEARN MORE](#)

Begin Your Query



INTERACTIVE MAPPING TOOL

The interactive mapping application allows users to build and share customized maps that visualize important workforce supply information by specified geographic regions.

[CREATE MAP](#)

DATA DOWNLOAD TOOL

The data download tool allows users to easily download supply data on Indiana's health workforce as well as supporting documentation which can be used to support grant development, needs assessments, or other workforce related projects.

[DOWNLOAD DATA](#)

MAP GALLERIES

Download professionally created maps directly from the HWIP Map Gallery. These maps contain a plethora of information and represent workforce supply data as well as ad hoc maps created for the State of Indiana.

[MAP GALLERIES](#)

Choose a Theme > SUPPLY DISTRIBUTION AND CHARACTERISTICS EDUCATION PIPELINE WORKFORCE SHORTAGE MENTAL AND BEHAVIORAL HEALTH






Choose a Profession > PHYSICIANS NURSES DENTISTS DENTAL HYGIENISTS












Map Legend

Primary Care Physicians, Population per FTE Ratio

- 5284.5161 - 381780
- 3529.8182 - 5284.5161
- 2747.6543 - 3529.8182
- 2009.2394 - 2747.6543
- 0 - 2009.2394
- no data

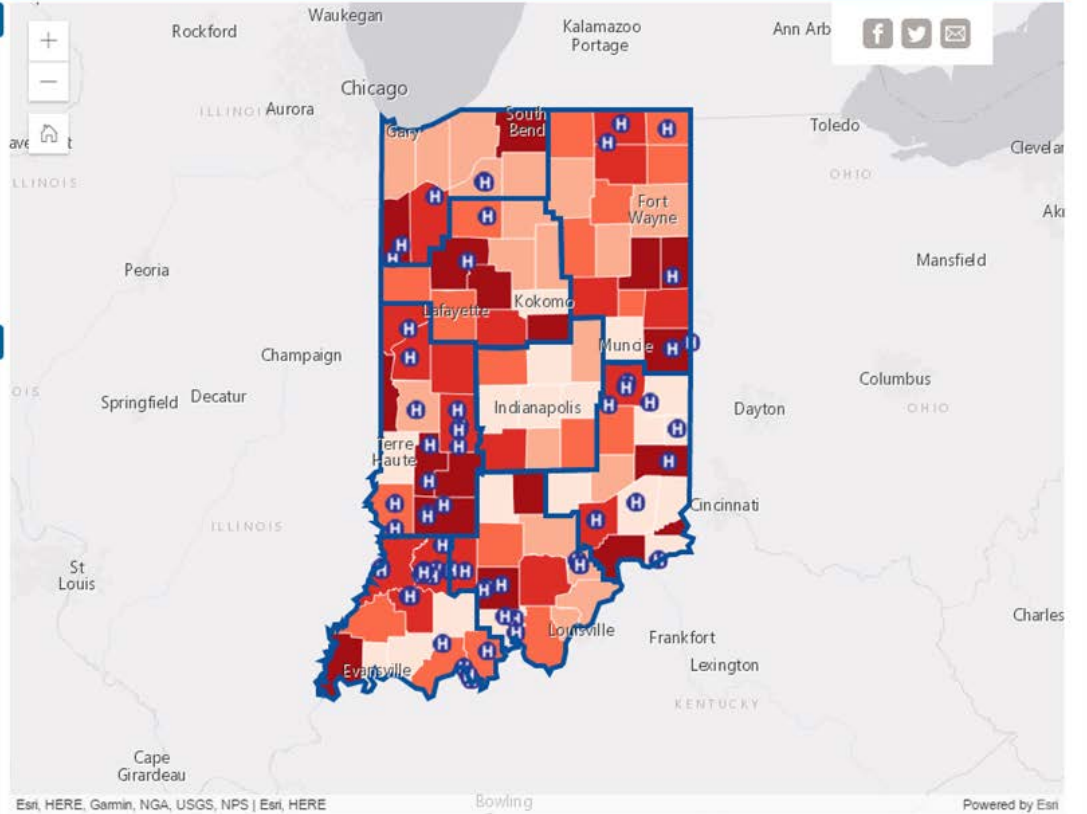
Map Features

-  Hospitals
-  Critical Access Hospitals
-  Community Health Centers - State Funded
-  Federally Qualified Health Centers
-  Long-Term Care Facilities
-  Rural Health Centers

-  Area Health Education Center Regions
-  County
-  Economic Growth Regions
-  Federal Congressional Districts
-  Indiana State
-  Public Health Preparedness Districts
-  Rural/Urban Classification
-  State House Districts
-  State Senate Districts
-  Townships
-  ZIP Codes

Area Of Interest

PRINT MAP



Report Update on Previous Strategic Plan Recommendations



RECOMMENDATION #2

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

**Eugene Johnson and Tricia Hern
Graduate Medical Education Board**





INDIANA'S
**REACHING
HIGHER
DELIVERING
VALUE**

Indiana Graduate Medical
Education Board Update

Governor's Health Workforce
Council Meeting

Thursday, May 18, 2017

Indiana Graduate Medical Education Board

- Ten Gubernatorial Appointees
 - Tim Putnam - President/CEO, Margaret Mary Health, Batesville, IN (Board Chair)
 - Peter Nalin, MD – Executive Associate Dean for Educational Affairs, Indiana University School of Medicine
 - Steven Becker, MD – Director and Associate Dean, Indiana University School of Medicine, Evansville
 - James Buchannan, MD – Retired Physician, Indiana State Medical Association Representative
 - Mark Cantieri, DO – Private Practice and Clinical Assistant Professor, Marian College of Osteopathic Medicine
 - Beth Wrobel – CEO, HealthLinc
 - Paul Haut, MD – Chief Medical Officer, Riley Hospital for Children
 - Bryan Mills – CEO, Community Health Network
 - Tricia Hern, MD – Vice-President for Academic Affairs, Physician Leadership Education, Community Health Network
 - Donald Sefcik, DO – Dean, College of Osteopathic Medicine and Vice-President of Health Professions, Marian University



Indiana Graduate Medical Education Fund

- Provides funding for:
 - Residents not funded by the Federal Centers for Medicare and Medicare Services
 - Technical assistance for entities that wish to establish a residency program
- \$6 million in funding (\$3 million each year) provided to the Board to award to qualifying entities
 - Initial funding provided by the General Assembly in the 2015 Legislative Session
 - Board funded at same amount in the 2017 Legislative Session



Timeline of Work-to-Date - 2016

- January 2016 – Board convenes and begins work on expand graduate medical education in Indiana
- March 2016 – RFP for Statewide Evaluation of GME Expansion in Indiana posted
- May 2016 – Board selects Tripp Umbach to develop Indiana-specific expansion plan
- July 2016 – Board and Tripp Umbach hold formal work session to begin development of GME Expansion plan and deliverables
- October 2016 – Board delivers report to the General Assembly outlining GME expansion plan for Indiana
- December 2016 – Request for Applications posted for Development and Expansion Grants



Timeline of Work-to-Date - 2017

- January 2017 – Board awards Development and Expansion Grants to three entities; initial increase of 11 residency slots
 - Indiana University School of Medicine
 - Fort Wayne Medical Education Program
 - Reid Health
- April 2017 – Request for Applications posted for two additional expansion plan grants
 - New Residency Program Feasibility Grant
 - New Residency Program Development Grant
- April 2017 – GME Expansion Webinar Held



Development and Expansion Grant

- Total of \$2.5 Million
 - Awards of \$45,000 per training year for each new residency position a program creates and supports
 - Request for Applications posted in December 2016; responses reviewed, scored and awarded in January 2017
 - Grants awarded to three recipients:
 - Fort Wayne Medical Education Program, Fort Wayne, IN
 - 2 positions in Family Medicine
 - Indiana University School of Medicine, Indianapolis, IN
 - 7 positions in ED, OB/GYN, Psych, Peds Psych
 - Reid Health, Richmond, IN
 - 2 positions in Family Medicine



New Residency Program Feasibility Grant

- Total of \$1 Million
 - Maximum award of \$75,000 per eligible organization to explore the feasibility of developing new residency programs in primary care or select shortage specialties
 - Funding priority will be given to organizations exploring development of residency programs in the following specialties:
 - Family Medicine, Outpatient Community-Based Pediatrics and Internal Medicine, OB/GYN, Psychiatry, Emergency Medicine, General Surgery
 - Applications due June 1
 - Award notifications sent week of July 10



New Residency Program Development Grant

- Total of \$2 Million
 - Maximum award of \$500,000 for the development of each new residency program in primary care of select shortage specialties.
 - Eligible applicants may request awards for multiple qualified residency programs.
 - Residency programs must use funding to increase the number of residents in programs that prepare physicians for entry into the following specialties:
 - Family Medicine, Outpatient Community-Based Pediatrics and Internal Medicine, OB/GYN, Psychiatry, Emergency Medicine, General Surgery
 - Applications due June 1
 - Award notifications sent week of July 10



Next Steps

- Regional Forums
 - Three regional forums to discuss the GME Expansion Plan and make stakeholders aware of the Board's work
 - Tentative Regions/Locations
 - Northern Indiana – Goshen Area
 - Central Indiana – Danville Area
 - Southern Indiana – Seymour Area
 - Final details will be posted at www.in.gov/che and publicized




RECOMMENDATION #3

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

Ken Sauer

Indiana Commission for Higher Education





MCMC Update & Credential Engine

Ken Sauer, Ph.D.

Senior Associate Commissioner and Chief Academic Officer
Indiana Commission for Higher Education

May 18, 2017

Multi-State Collaborative on Military Credit

The mission of the Multi-State Collaborative on Military Credit (MCMC) is to facilitate an interstate partnership of 13 states, and to translate competencies acquired by veterans through military training and experiences toward college credentials.



Multi-State Collaborative on Military Credit

- 13 Participating States

- Illinois

- Indiana

- Iowa

- Kansas

- Kentucky

- Michigan

- Minnesota

- Missouri

- Nebraska

- North Dakota

- Ohio

- South Dakota

- Wisconsin



Multi-State Collaborative on Military Credit

- Updating TransferIN.net Website
 - Launching in December
 - Servicemember, Veteran and Veterans Affairs Directors Focus Group
- Translating CLEP Exam scores into credit
 - All public institutions posting course equivalents and credit hours awarded by May 15
 - Linking Indiana information with College Board



Multi-State Collaborative on Military Credit

- Bridge Program Inventory
 - 11 states represented
 - 116 total programs
 - 53 Indiana programs

Link on MHEC website:

http://www.mhec.org/sites/mhec.org/files/20161101MCMC_Bridge_Program_Inventory.pdf



INDIANA COMMISSION for
HIGHER EDUCATION



Credential Engine

Credential Engine

Overview

Students and other stakeholders can readily access information about credentials available from any Indiana credential provider and understand how these credentials are valued by other providers and employers.



Moving Credentialing Forward

Credential Engine



Discover Credentials
Powered by Credential Registry
Prototype Phase

Q Search ▾

👤 My Account ▾

DISCOVER CREDENTIALS

[Credential Finder Prototype App] is the ultimate toolkit for students, job-seekers, professionals, and employers who want to build a path toward the right career or new hire.

Search

For

Credentials



Start typing to search...

Q Search

Credential Engine

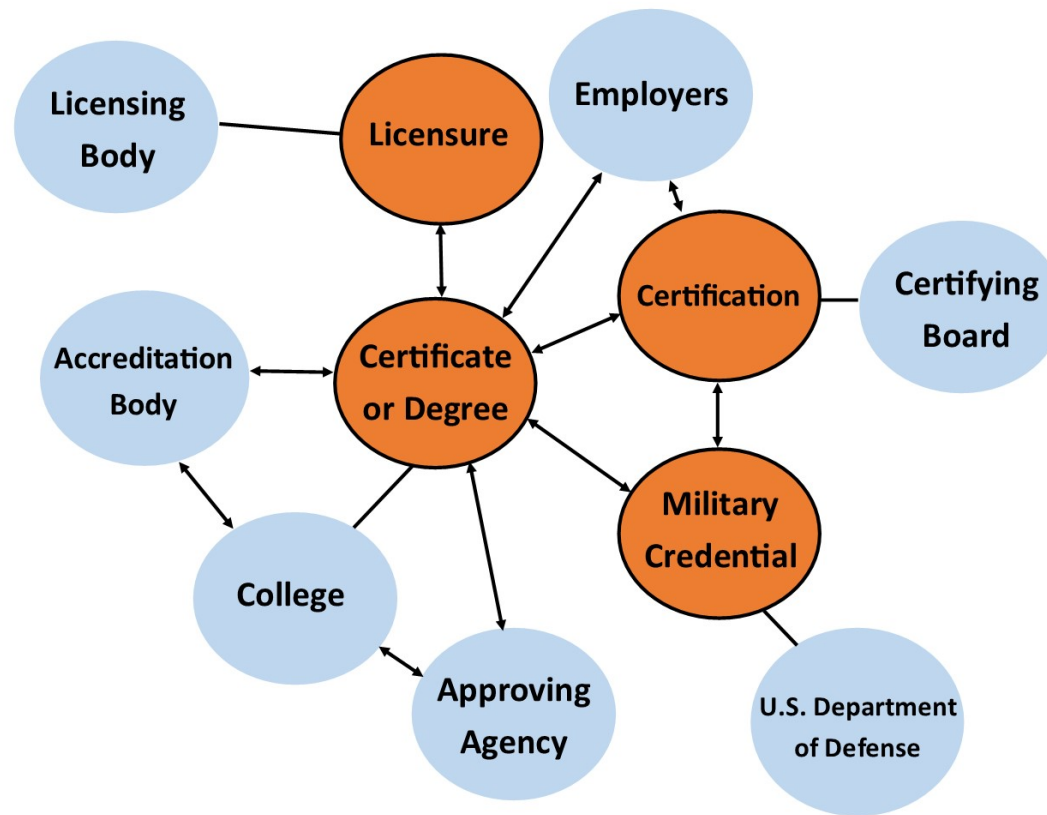
Information Published on Registry

1. Name, purpose, and type of credential
2. What is inside the credential (e.g. competencies, assessments, education and training)
3. Key characteristics and connections (e.g. role of occupational regulation and licensure, who recognizes the credential, transfer [of credit], employment and earnings of credential holders)



Credential Engine

Credential Engine Connections



Credential Engine

Partnering Organizations - Indiana State Agencies

- Indiana Commission for Higher Education (ICHE)
- Indiana Department of Education (IDOE)
- Indiana Department of Veterans Affairs (IDVA)
- Indiana Department of Workforce Development (IDWD)
- Indiana National Guard
- Indiana Professional Licensing Agency (IPLA)
- Indiana State Department of Health (ISDH)



Credential Engine

Partnering Organizations - Indiana Credential Providers

- High schools/career centers (at least two)
- Early college high schools (at least two)
- Ivy Tech Community College of Indiana
- Vincennes University
- Public universities (at least two)
- Private, non-profit universities (at least one)
- State licensing boards (health-related)



Credential Engine

Partnering Organizations - Indiana Industry Perspectives

- Biocrossroads
- Bowen Center for Health Workforce Research and Policy
- Indiana Health Care Association (IHCA)
- Indiana Hospital Association (IHA)
- Indiana Primary Health Care Association (IPHCA)
- Indiana Rural Health Association (IRHA)



Credential Engine

Partnering Organizations – U.S. Armed Forces Perspectives

- The American Legion
- Army University
- Medical Education and Training Campus (METC), Joint Base San Antonio, Ft. Sam Houston
- Solutions for Informational Design, LLC (SOLID)
- Uniformed Services University of the Health Sciences (USUHS)
- U.S. Department of Defense, Office of the Assistant Secretary of Defense for Readiness, Force Readiness and Training Directorate



Credential Engine

2017 Indiana Health Workforce Collaborative

Education Lunch and Roundtable Discussion

June 20, 2017

12:00 PM – 1:15 PM



INDIANA COMMISSION for
HIGHER EDUCATION

Contact Information

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HIGHER EDUCATION

RECOMMENDATION #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.

Michael Barnes

Department of Workforce Development

Calvin Thomas IV

Ivy Tech Community College



RECOMMENDATIONS #5-8

Kevin Moore

Debra Herrmann

Division of Mental Health and Addiction



RECOMMENDATION #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.

Increased training in mental health/addiction delivery:

- SB 243
- HB 1430

New(er) roles in delivery (baccalaureate-trained, reciprocity for out of state licenses, etc):

- HB 1391
- SB 59
- SB 499 – SB 243 – SB 510 – SB 446

Work in Prescription Drug Monitoring Program:

- SB 151
- SB 226
- SB 408



RECOMMENDATION #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.

- **HB 1337: Telemedicine Matters**



RECOMMENDATION #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.



RECOMMENDATION #8

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

- **HB 1541: Addiction treatment teams**
- **CHW work group**



Review New and Emerging Priorities



RECOMMENDATION #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, safety, 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.

Michael Barnes

Department of Workforce Development



KEY POLICY ISSUES

- Lack of coordination between profession-specific boards
- Lack of process for routine evaluation (Sunset reviews) of regulatory schemes for existing professions/occupations (assess appropriateness and alignment with state needs)
- Laborious process for passage of new/revised administrative code for testing of new care delivery models
- No formal process for determining whether a profession should be regulated (Sunrise review)

Joint work group met September 21st, 2016 to review existing models in other states and generate this recommendation



RECOMMENDATION #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.

Kevin Moore

Division of Mental Health and Addiction



State Loan Repayment

HANNAH MAXEY

ASSISTANT PROFESSOR AND DIRECTOR

BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY



State Loan Repayment Program: Overview

What is it?

- Federally-funded grant program to states and territories that provides cost-sharing grants to assist them in operating their own state educational loan repayment programs for primary care providers working in *Health Professional Shortage Areas (HPSAs)* within their state.
- States must match federal contributions \$1 for \$1



State Loan Repayment: Eligible Practice Sites

Federally-designated Health Professional Shortage Areas (HPSAs)

Examples:

- Federally-Qualified Health Centers (FQHCs)
- Rural Health Clinics
- Long-Term Care Facilities
- Community Outpatient Facility
- Community Mental Health Facility
- School-based Health Clinic
- Indian Health Service Clinic
- State or Federal Correctional Facilities
- Etc.



State Loan Repayment: Eligible Professions/Disciplines

Eligible grantees **vary by state** but may include:

- Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, and obstetrics and gynecology)
- Nurse practitioners (specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health, and certified nurse midwives)
- Physician assistants (primary care, specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health)
- Dental professionals (general, pediatric and geriatric dentists, and registered dental hygienists)
- Mental health professionals (health service psychologists, licensed clinical social workers, marriage and family therapists, and licensed professional counselors)
- Registered Nurses
- Pharmacists



State Loan Repayment: Stipulations for Participation

- U.S Citizen (born or naturalized), U.S. national, or Lawful Permanent Resident
- Licensed to practice in the state the wish to work in
- Currently working or applying to work in a HPSA designated site
- Unpaid government or commercial loans for school tuition, educational expenses, and reasonable living expenses segregated from all other debts (i.e. not consolidated loans with non-educational loans)
- Program participants must serve full-time for 2 years or part-time for 4 years in a HPSA
- The maximum award amount per provider that the federal government will support through the grant is \$50,000 per year
- The individual receiving the grant must agree to serve at a site that would qualify to receive an NHSC Scholar



State Loan Repayment: Funding Mechanisms

- **State-only funds (state line item)**
 - Cannot use federal funds or in-kind contributions
- **Foundation funding**
 - Mississippi
- **Practice sites match award (with non-federal contributions)**
 - California



Telemedicine

HANNAH MAXEY

ASSISTANT PROFESSOR AND DIRECTOR

BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY

Governor's Health Workforce Council



Telemedicine: Identified Priorities/Topics

- **Identifying Telemedicine providers and determining impact on workforce capacity**
- **Defining best practices for implementation of “virtual teams”**



Telemedicine: Identifying Providers/Determining Capacity

- **Telemedicine certification for licensed professionals and provider organizations (Indiana Professional Licensing Agency)**
- **Targeted survey questions included in 2017 physician licensure renewal surveys**
 - Physicians have opportunity to report provision of care through telemedicine



Community Health Workers

Debra Herrmann

Division of Mental Health and Addiction



Why Community Health Workers?

- 2012- Family and Social Service Administration(FSSA)/ Division of Mental Health and Addiction (DMHA) identified Primary Care and Behavioral Health Integration (PCBHI) as a priority area
- Partnership with Indiana State Department of Health (ISDH) created a PCBHI Stakeholder work group
- Goal - Define, Design and Implement a best practice Primary Care Behavioral Health Integration (PCBHI) service delivery system model across Indiana
- Needs/Gaps assessment – WORKFORCE Shortage
- Care and training in silos



Opportunity to Impact Workforce

2013 – Federal Grant – Develop Strategic Plan and build workforce/capacity

Workforce – 2 prongs

- Hosted series of national presenters- train/cross-train existing workforce
- Use existing framework for Certified Recovery Specialists (CRS) training and certification to build and expand the underutilized workforce

In partnership with ISDH assessed existing CRS and CHW curriculum

- excellent training opportunities for CHW
- none included mental health and/or addiction issues
- CRS training excellent but did not included physical health

Community Health Workers /Certified Recovery Specialist training and certification process developed and implemented (2013)



Training and Certification

Contract vendor facilitated collaboration and resource review

Train and Certify -Incorporate core competencies of CRS and CHWs

Options for Training for Certification –

- CHW/CRS (5 day) or
- CHW (3 day)

Train the Trainer model to extend training capacity across the state

Must receive a passing score on competency test to become certified as a trainer and/or CHW/CRS or CHW



Overview of CHW and CHW/CRS Training

Day 1	Day 2	Day 3	Day 4 (CRS)	Day 5 (CRS)
Introduction	Communication Skills	Motivational Interviewing	Role of Peer Support	Mental Disorders
Core CHW and CHW/CRS Skills	Practices That Promote Health and Wellness	Coaching Consumers for Positive Health Outcomes	Personal Safety	Addiction Overview
Ethics	Physical Health/Chronic Disease Overview	Tobacco Treatment	Home Visits	Co-occurring Disorders and Recovery
Diversity/Cultural Competency	Behavioral Health Overview	Group Facilitation Skills	Securing Employment as a CHW/CRS	Wellness Recovery Action Plan
Conflict Management	Substance Use Disorders	Advocacy, Collaboration and Teamwork	Personal Supports: Medical Appointments and PAD	Telling Your Recovery Story
Technology	Integrated Care Model	Wrap-Up Test Preparation (CHW)/ Building Your Recovery Story (CRS)	Managing Finances	Wrap-Up/Test Preparation



Medicaid Reimbursement-Behavioral and Primary Healthcare Coordination (BPHC) Program

2014 – Indiana Medicaid Changes

4000 high risk/high need individuals with mental health/addiction issues

Common denominator -93% had co-existing medical condition

Created avenue for these individuals to access Medicaid

Includes service reimbursement for CHW/CRSs and CHWs



CHW Role in BPHC

- **Activities to ensure compliance with health regimens and healthcare provider recommendations**
- **Coaching to assist the member in interacting more effectively with behavioral and primary healthcare providers**
- **Support member-driven goals for healthcare or lifestyle changes, and identify the health activities and assistance needed to accomplish the member's objectives.**



Number of CHW/CRS Peers Trained and Certified in Indiana (as of 4/30/17)

932 Total trained CRS, CHW and CHW/CRS in last 8 years

- 358 CHW (only) (since 2013)
- 574 CHW/CRS and CRS (since 2009)

Currently 415 Active Certified individuals as CHW/CRS and CRS

Located in 58 of 92 counties



Who Employs CHWs (2016 survey data):

Top Employers are CMHCs

Other Employers include :

- Hospitals,
- Federally Qualified Health Centers (FQHCs),
- Managed Care Organizations,
- ACA navigators, and
- Churches



Growing Demand

2015-2016 – Certified Community Behavioral Health Centers (CCBHC) Federal planning grant- Required Peer Advisory Board

CCBHC State Peer Advisory Board feedback, CCBHC site consumer surveys, and providers all reported and recommended inclusion and importance of peers

NEW Requirements for becoming a state (ISDH/FSSA) approved PCBHI Integrated Care Entity (ICE) – Must establish a peer advisory board and include certified peers on Integrated Care Teams.



Identification of Council Priorities



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.”



CONTACT INFORMATION

Any questions and/or comments can be directed to Bowen
Center staff at

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