



**Governor's Health
Workforce Council
Meeting**

September 1st, 2016

WELCOME AND INTRODUCTIONS

MICHAEL BARNES

COUNCIL CHAIR

**ASSOCIATE CHIEF OPERATING OFFICER,
INDIANA WORKFORCE DEVELOPMENT**



AGENDA

- **Update on Data Initiatives**
- **Approval of Minutes from Meeting on June 3, 2016**
- **Report on Task Force Recommendations to Council**
 - Joint Recommendation
 - Education, Pipeline, and Training
 - Mental and Behavioral Health Workforce
- **Review Recommendations**
 - Discuss Strategic Plan
- **Closing**



APPROVAL OF MINUTES



UPDATE ON DATA INITIATIVES

Hannah Maxey

Assistant Professor and Director

Bowen Center for Health Workforce Research and Policy



BACKGROUND OF DATA COORDINATION

- **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***

Benefits of Data Coordination:

- Encourages interagency communication
- Improves efficiency of data requests
- More robust analyses



INDIANA STATE PARTNERSHIP

3 Major Activities

1. Health Workforce Data Management
2. Support Governor's Health Workforce Council
3. Provide Technical Expertise and Assistance



ACTIVITY 1: DATA MANAGEMENT AND REPORTING

Deliverables

- Data Collection
 - Develop and maintain survey tools to be administered during license renewal periods
- Data Management
 - Develop and oversee health workforce database system
- Data Reporting
 - Develop health workforce data access and dissemination strategies



ACTIVITY 1: DATA COLLECTION

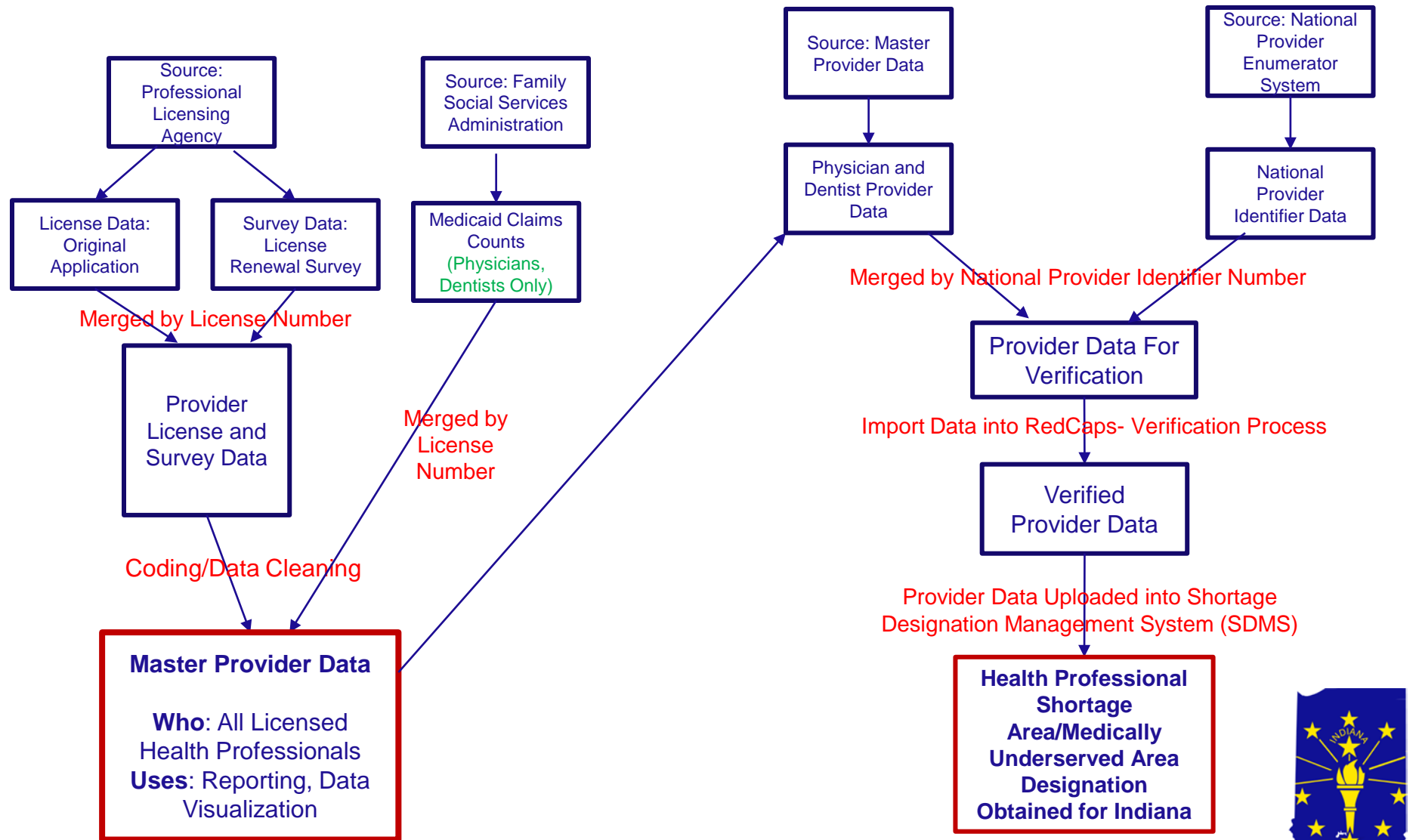
Profession	Renewal Close Period
Speech Pathologists & Audiologists	12/31/2015
Physicians	1/31/2016
Registered Nurses	1/31/2016
Podiatrists	1/31/2016
Dentists	3/1/2016
Dental Hygienists	3/1/2016
Mental Health Professions*	4/1/2016
Optometrists	4/1/2016
Physician Assistants	6/30/2016
Pharmacists	6/30/2016
Physical Therapists	6/30/2016
Chiropractor	7/1/2016
Psychologists	8/31/2016
Licensed Practical Nurses	10/31/2016
Occupational Therapists	12/31/2016
Respiratory Care Practitioner	12/31/2016
Dieticians	12/31/2016
Massage Therapists	5/15/2017

- **Standardizing Data Collection Across Professions**

*including Social Workers, Clinical Social Workers, Marriage & Family Therapists, Marriage & Family Associates, Mental Health Counselor, Mental Health Associate, Addiction Counselor, Clinical Addiction Counselor



DATA FLOW



ACTIVITY 1: DATA MANAGEMENT

Database Development

- Department of Biostatistics
- Database Development Support
- SQL Server

Utilizing Systematic Processes

- Standardization of data management protocols
- Streamlining data management to improve efficiency
- Support business analytics within state agencies



ACTIVITIES 2-3: DATA VISUALIZATION AND DATA REQUESTS

Activity 2: Support Council

- **Example:**

- Examine opportunities for Medicaid participation provider recruitment/activation
 - Active Medicaid providers (Source: Claims Count from FSSA)
 - Self-reported Medicaid providers (Source: Indiana Physician Re-Licensure Survey 2015)
- Examine relationship in Long Term Care between
 - CNA Turnover (Source: audit completed for FSSA)
 - CNA Training Programs (Source: DWD CTE Programs)
 - LTC facilities (Source: ISDH)

Activity 3: Technical Support/Assistance

- Workforce data requests to support HPSA application, grant funding, research, etc.



DATA STORY

- **Education, Pipeline, and Training Task Force submitted a data request:**
 - Examining high-demand “middle skills” occupations
 - Task force membership included Division of Aging and Indiana Health Care Association,
 - Reported a crisis for open CNA positions, but no current coordination of data to support this or to identify the issue



DATA STORY (CONT.)

- Partnered with FSSA, IHCA, DWD, and ISDH to obtain data presented in this story
 - FSSA & IHCA: directed Bowen Center to publicly available reports on CNA turnover by facility
 - DWD: supplied information on Career Technical Education training programs for CNAs (including number of graduates and pass rates)
 - ISDH: maintains certification of Long Term Care facilities and shared these locations

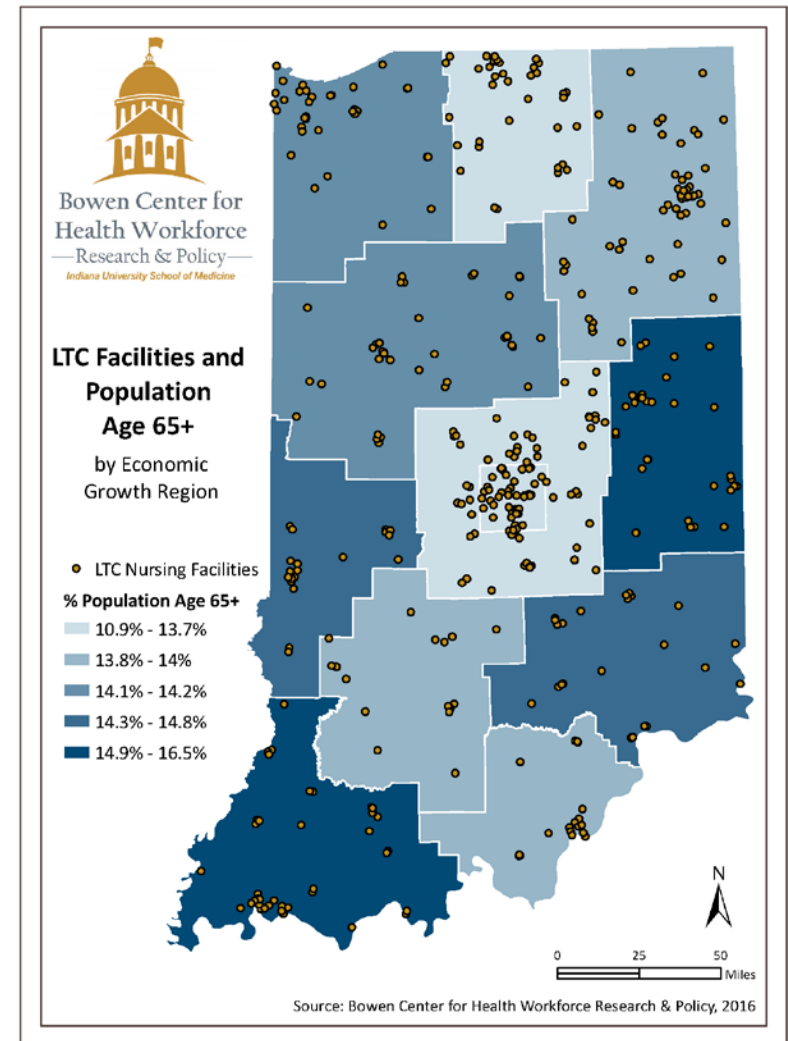
Each data piece by itself might or might not be telling, but coordinating these data within one visualization tells a compelling story...



LTC FACILITIES & POPULATION AGED 65+ - EGR

Oldest Economic Growth Regions (EGR)

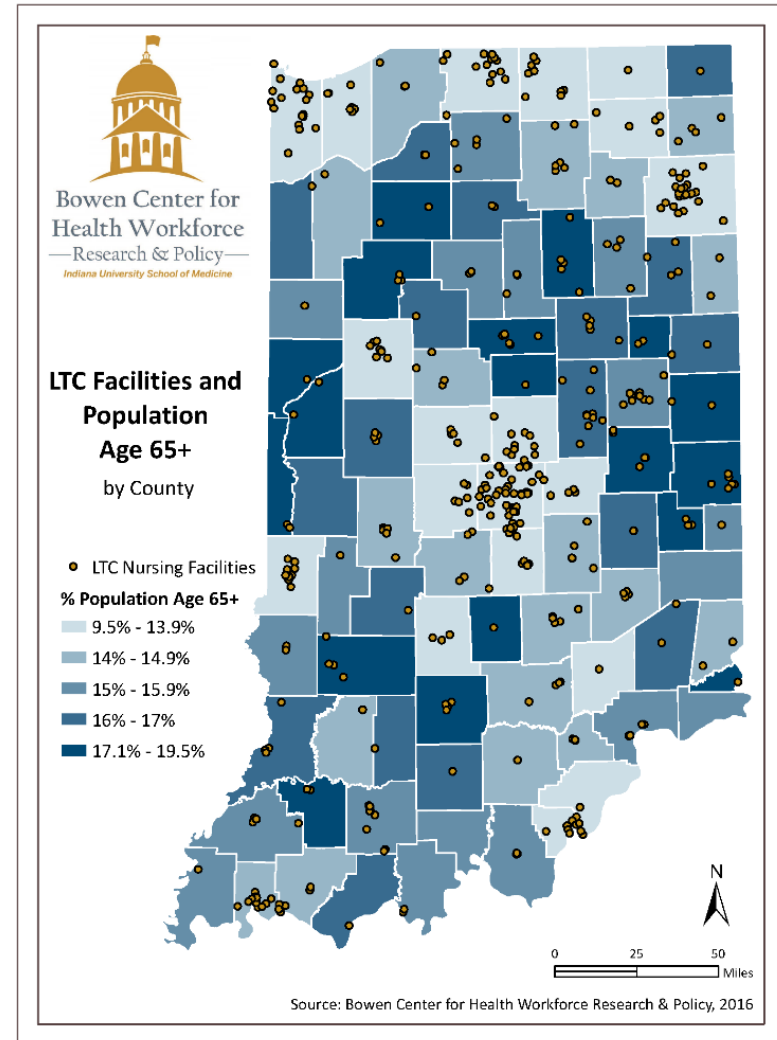
- Southwest (11)
- West (6)



LTC FACILITIES & POPULATION AGED 65+ - COUNTY

EGR sliced into county

- Provides additional detail at county level



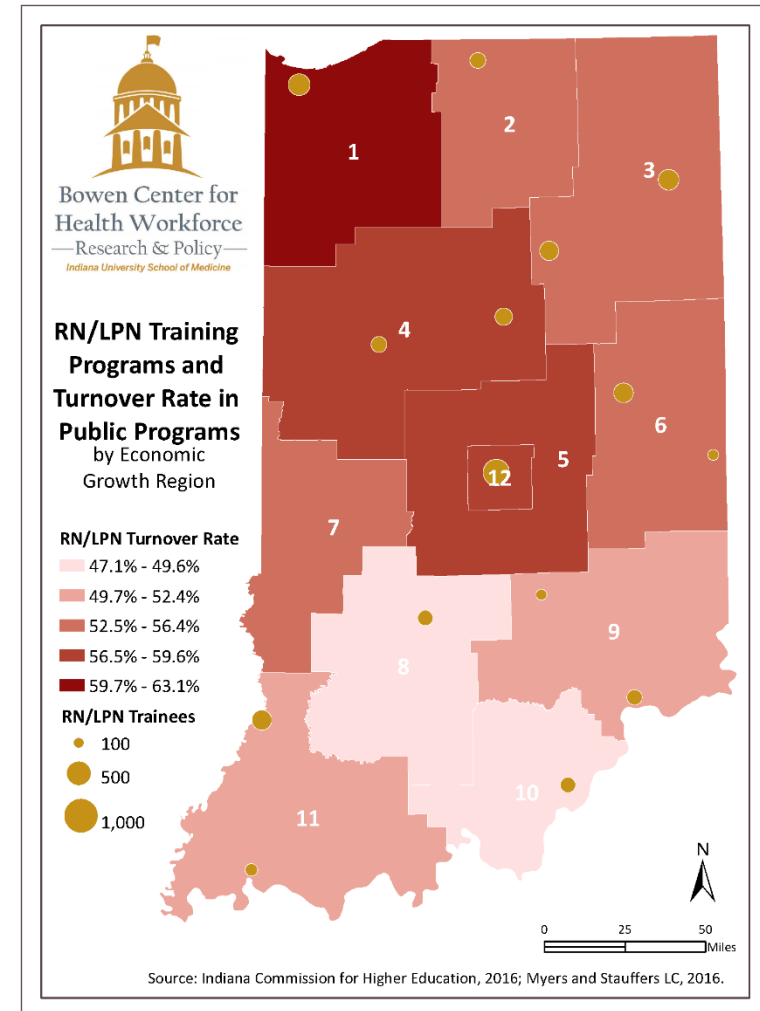
LTC FACILITY TURNOVER RATES & TRAINING CAPACITY

Region 1

- Highest turnover

Region 8 & 10

- Lowest turnover rate



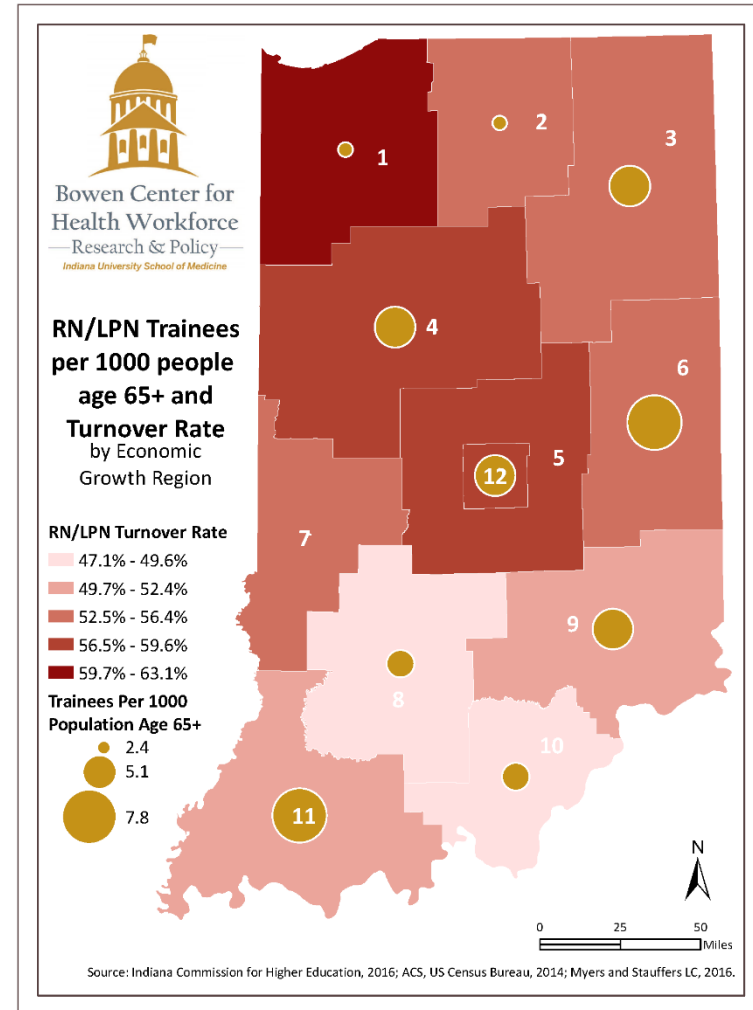
LTC FACILITY TURNOVER RATES & PIPELINE

Potential LTC Pipeline

- RN/LPN trainees per 1,000 people age 65+

EGR #1:

- Worse Turnover Rate
- Smallest pipeline



INDIANA HEALTH WORKFORCE SUMMIT

Indiana Health Workforce Summit Conference

WEDNESDAY, JUNE 29, 2016



Join us on Wednesday, June 29th from 8:00 AM – 4:00 PM for the **Indiana Health Workforce Summit**. The health workforce forms the intersection of science and health care delivery. The health workforce is a crucial element in efforts to improve care quality 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 many purposes, many different public and private entities carry out related functions within their own silos. Join us in The Indiana Health Workforce Summit will serve as a platform for these important policy discussions while focusing on the current research and best practices for obtaining an accessible, well-trained, and flexible health workforce. Additionally, attendees will receive continuing education at the event.

For additional information and registration visit: goo.gl/KAGDq1

Parking available at the Tower Garage (located under the Hine Hall Building)

Course Objectives

At the conclusion of this program, participants should be able to:

- Discuss and assess the latest research on physician workforce supply and demand
- Describe workforce implications of new health care delivery models such as the medical home and team based care
- Integrate new research methods for measuring workforce supply and demand

Accreditation Statement

The Indiana University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

The Indiana University School of Medicine designates this live activity for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, educational programs sponsored by the Indiana University School of Medicine (IUSM) must demonstrate balance, independence, objectivity, and scientific rigor. All faculty, authors, editors, and planning committee members participating in an IUSM-sponsored activity are required to disclose any relevant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

Note: While it offers CME credits, this activity is not intended to provide extensive training or certification in the field.

INDIANA HEALTH WORKFORCE SUMMIT CONFERENCE

Wednesday, June 29th, 2016
8:00 AM – 4:00 PM

University Tower (Near Hine Hall)
875 W North St.
Tower Ballroom, 1st Floor

Keynote Speaker
TBD
TBD
TBD

Event hosted by the
Bowen Center for Health
Workforce Research & Policy

Lunch sponsored by the
Indiana Area Health
Education Centers Network



Presentations on Health Workforce Data and Policy Coordination efforts at the national and state-level

Stakeholder involvement in data visualization strategies

105 Attendees from various state agencies, organizations, academia, practitioners, etc.



ADDITIONAL BENEFITS OF DATA COORDINATION

- **Primary Care Needs Assessment:**
 - Using health workforce data and additional verification mechanisms to accurately identify primary care capacity within the State
 - HPSA Designations (247 applications prepared)
 - NHSC Applications
 - J1 Visa Waiver Program Qualification
- **Supporting health organizations' grant applications (ex: Windrose Health Network)**
- **FSSA Provider Recruitment Report**



JOINT TASK FORCE RECOMMENDATION

Michael Barnes

Council Chair

Associate Chief Operating Officer for Employer Engagement,
Indiana Workforce Development



RECOMMENDATION

Background:

Indiana's licensing requirements value high levels of education and training, but this has limitations, including retention of talent and reciprocity barriers. Indiana has no current mechanism in place to ensure the workforce is flexible and aligns with the State's dynamic needs.

Recommendation:

Establishment of an advisory/credentialing body (ex: Health Professions Board) which will serve two purposes:

- 1) 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*
- 2) facilitate feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.*



POLICY INITIATIVES TO SUPPORT HEALTH WORKFORCE INNOVATIONS & HEALTH SYSTEM TRANSFORMATION



GOALS

Ensuring Indiana has a health workforce prepared to support Hoosier health within a dynamic health system

Align education/workforce development/health system initiatives to maximize employment and efficiency in the sector

Support occupational decision making among Hoosiers

- Students and Families
- Incumbent/Displaced Workers



CHALLENGES/THREATS

Workforce shortages

- By Profession/Occupation (ex: CNAs, nursing, psychiatry)
- By Geographic locations (rural, urban underserved areas)

Talent Retention

- Anecdotal information suggests Indiana may not be retaining students completing certain health professions training programs (identifying additional data- CHE)
 - Likely contributor – Unfavorable practice environments (employment opportunities, regulatory environment, salaries)

Efficiency of Existing Workforce

- Professionals unable to work to the “top of their training”
- Health systems/provider organizations unable to test and implement innovative workforce models



KEY POLICY ISSUES

Regulatory

- 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
- No formal process for determining whether a profession should be regulated (Sunrise review)



MODEL: HEALTH WORKFORCE PILOT PROJECTS PROGRAM



HEALTH WORKFORCE PILOT PROJECTS PROGRAM: BACKGROUND

What it does?

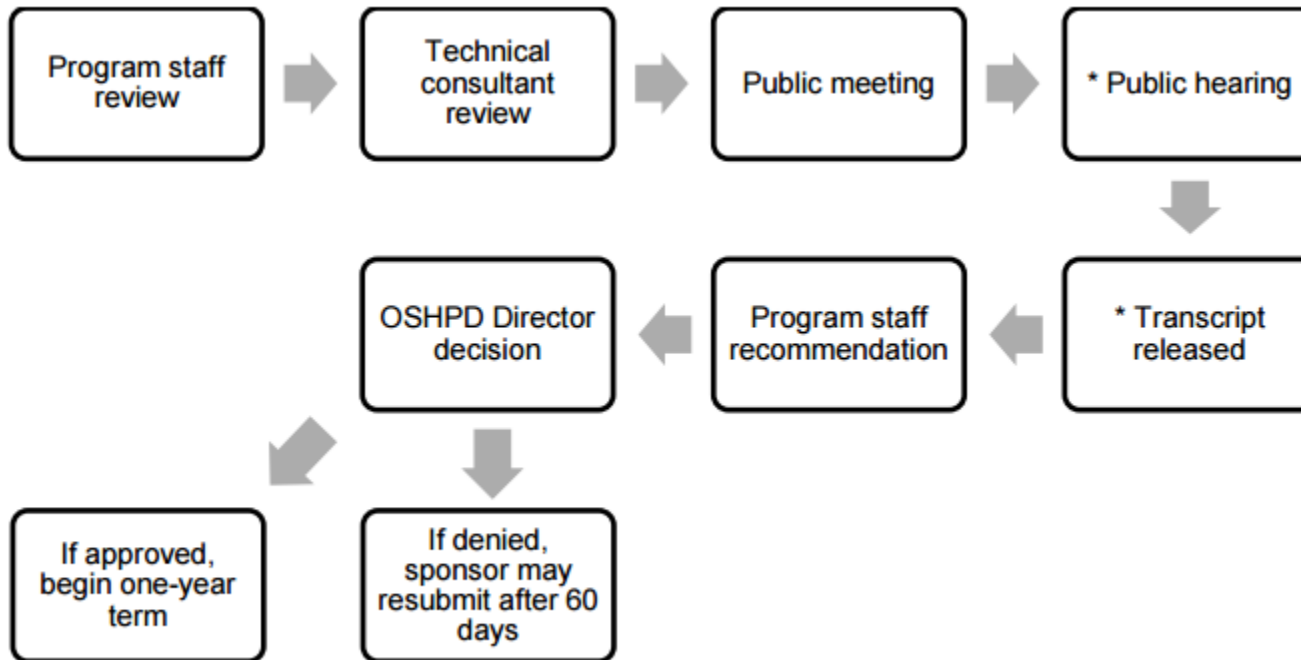
- Allows organizations to test, demonstrate, and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes to licensing laws are made by legislature

Where is it housed?

- Within **State Agency** at the Office of Statewide Health Planning and Development in the Health and Human Services Agency (Comparable to Indiana Family Social Services Administration)



HEALTH WORKFORCE PILOT PROJECTS PROGRAM: PROCESS



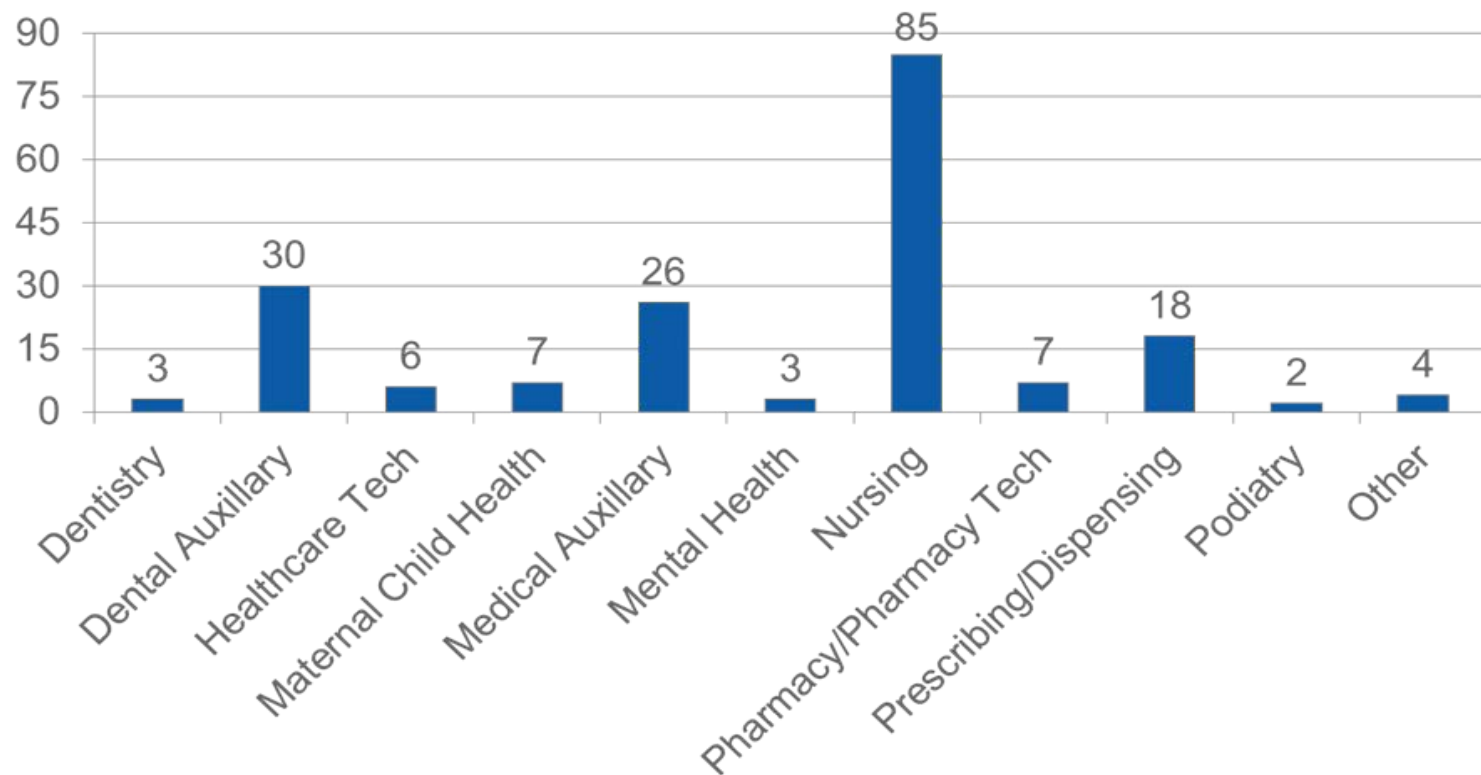
HEALTH WORKFORCE PILOT PROJECT: ACTIVITY

WORKFORCE PILOT PROJECTS INDEX OF APPLICATIONS



HEALTH WORKFORCE PILOT PROJECTS PROGRAM: ACTIVITY

The following table depicts the number of HWPP applications received from 1972-2015. Some applications addressed multiple categories, resulting in duplicative counts.



HEALTH WORKFORCE PILOT PROJECTS PROGRAM: OUTCOMES

173 sponsors
have submitted
applications
since 1972

123 HWPP
applications
have been
approved

117 HWPP
applications
have been
administered

77 Pilot Projects
have resulted in
legislative and/or
regulatory
change



HEALTH WORKFORCE PILOT PROJECTS PROGRAM: SUMMARY

Strategic Strengths:

- Promotes the testing of innovative workforce models
 - New roles
 - Expanding roles
 - Payment delivery models



MODEL: HEALTH WORKFORCE PILOT PROJECTS PROGRAM



BOARD OF HEALTH PROFESSIONS: BACKGROUND

What it does?

- Advisory body with authority to evaluate existing or investigate the need for state regulation of health professions/occupations.

Where is it housed?

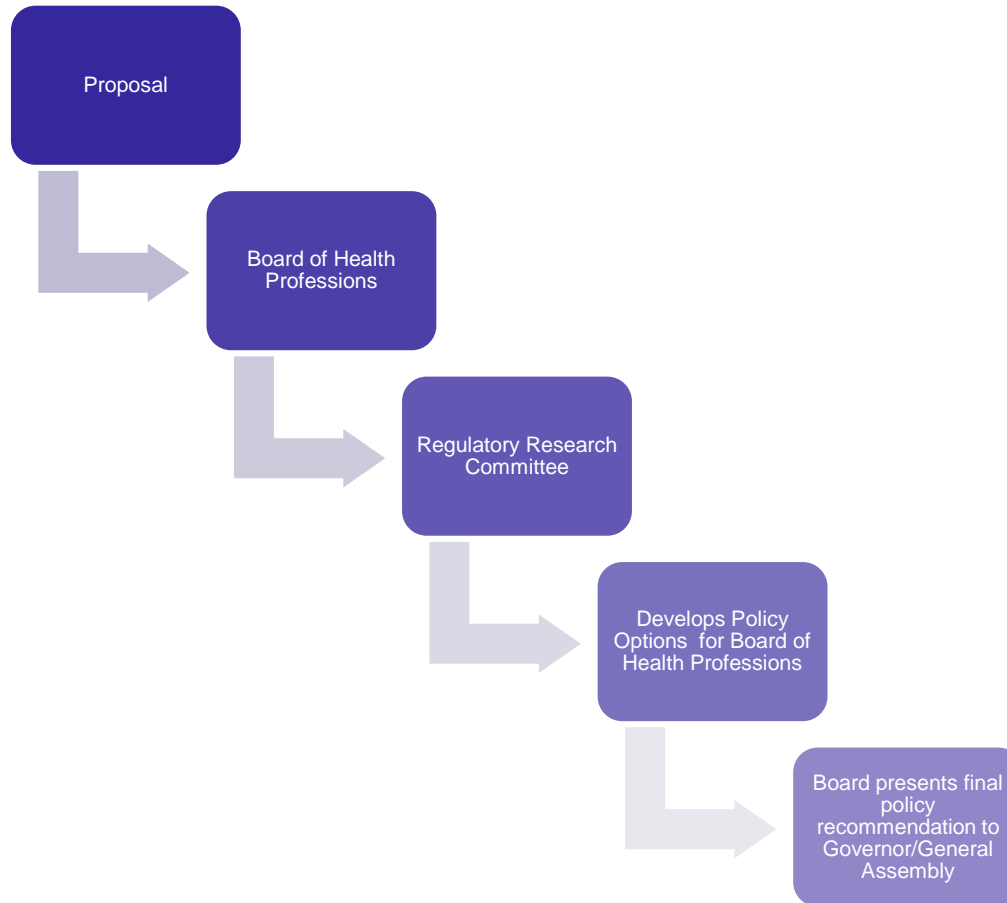
- Alongside other licensing boards, under the Department of Health Professions (Comparable to the Indiana Professional Licensing Agency)

Who is involved?

- 17 members: 1 member from each of the 12 separate licensing boards and 5 citizen members



BOARD OF HEALTH PROFESSIONS: PROCESS



BOARD OF HEALTH PROFESSIONS: ACTIVITY

STUDIES AND POLICY REVIEWS



BOARD OF HEALTH PROFESSIONS: EXAMPLE

In 2010, the Board of Health Professions reviewed a proposal from the General Assembly to determine advisability of expanding the use of “medication aides” (~QMAs in Indiana) within nursing homes (previously had only been used in Assisted Living Facilities)

- Actions of the Regulatory Research Committee:
 - Reviewed history of medication aides in their state (including training requirements, supervision, scope, etc.)
 - Performed policy review of similar occupations in other states
 - Title, eligible professions (required to be a CNA in most states), experience requirements, training requirements, costs
 - Reviewed scope of practice in other states
 - Performed literature review on public safety risk associated with medication aides and medication errors
 - Performed literature review on other states’ implementation of pilot studies
 - Reviewed economic impact if medication aides were expanded to nursing homes
 - Including: cost of labor, staffing patterns



BOARD OF HEALTH PROFESSIONS: EXAMPLE CONT.

Results: Three policy options considered, each with associated recommendations for implementation.

- 1. No change in current statute**
- 2. Expand medication aides into nursing homes**
- 3. Limited expansion of medication aides into nursing homes**



BOARD OF HEALTH PROFESSIONS: SUMMARY

Strategic Strengths:

- Sunrise reviews: Evaluation of new professions to determine whether an occupation should be regulated to protect the health, safety, or welfare of the public
- Sunset reviews: Evaluation of current or expiring legislation to determine whether it is still relevant
- Representation of all licensing boards as well as consumers



WHAT MIGHT THIS LOOK LIKE FOR INDIANA?

“Health Professions/Innovations Board?”

- Review current statutes to ensure they meet Indiana’s needs (i.e. Scope of Practice, reciprocity, training requirements, etc.)
- Evaluation of pilot programs (workforce models, reimbursement mechanisms, etc.) in partnership with state agencies (example: DWD, ISDH, FSSA)



RECOMMENDATION

Background:

Indiana's licensing requirements value high levels of education and training, but this has limitations, including retention of talent and reciprocity barriers. Indiana has no current mechanism in place to ensure the workforce is flexible and aligns with the State's dynamic needs.

Recommendation:

Establishment of an advisory/credentialing body (ex: Health Professions Board) which will serve two purposes:

- 1) 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*
- 2) facilitate feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.*



TASK FORCE RECOMMENDATIONS: EDUCATION, PIPELINE, AND TRAINING

Michael Barnes

Task Force Chair

Associate Chief Operating Officer for Employer Engagement,
Indiana Workforce Development



MEETING DATES

Previous Meetings:

- **April 25th**
- **May 25th**
- **July 14th**
- **August 22nd**

Next Meeting:

- **Tuesday, September 6th**
- **10:00am-12:00pm**
- **IUPUI Campus Center, Room 405**



TASK FORCE MEMBERSHIP

Michael Barnes, Co-Chair

*Associate Chief Operating Officer for
Employer Engagement
Indiana Workforce Development*

Marie Mackintosh, Co-Chair

*Associate Chief Operating Officer for
Education & Training
Indiana Workforce Development*

Jim Ballard

*Executive Director
Indiana Area Health Education Centers*

Deborah Frye

*Executive Director
Professional Licensing Agency*

Jennifer Gappa

*Senior Vice President of Human Resources
Miller's Health Systems*

Kim Harper

*Executive Director
Indiana Center for Nursing*

Sue Henry

*Program Leader for Health Science,
Health and Wellness, and Physical
Education
Indiana Department of Education*

Andrea Pfeifle

*Assistant Dean for Interprofessional Health
Education and Practice; Director, Center
for Interprofessional Health Education and
Practice; Associate Professor of Family
Medicine
Indiana University Interprofessional
Education Center*

Mike Rinebold

*Director of Government Relations
Indiana State Medical Association*

Ken Sauer

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

Yonda Snyder

*Director
Family and Social Services Administration
Division of Aging*

Kiara Bembry

*Community Health Worker Program
Coordinator
Affiliated Service Providers of Indiana*

Calvin Thomas

*Vice President of the Health Division
Ivy Tech*

Terry Whitson

*Representative of the Health Care Quality and
Regulatory Commission
Indiana State Department of Health*



SETTING THE STAGE...

Topics discussed at Task Force meetings:

- **Evaluating demand**
- **Pathways**
- **Middle skills occupations**
- **Turnover rates for key professions**
- **Standard Occupational Code (SOC) matched to Classification of Instruction Programs (CIP) codes**
- **Employer surveys**



RECOMMENDATIONS

1. Endorse/adopt recommendations for Graduate Medical Education (GME) expansion made by the GME Board.
2. Support efforts of the Multi-state Collaborative on Military Credit, spearheaded by the Commission for Higher Education.
3. Establish requirements for a Health Workforce “Values Matrix” for the purpose of producing information (employment outlook, income potential, educational investment (cost/time), etc.) to inform occupational choices of Hoosiers.



RECOMMENDATIONS

Background:

GME Board tasked with submitting a report to the general assembly on expansion of GME residencies by November 1, 2016 (HB 1323).

Task Force Activities:

- Received updates from GME Board.
- Evaluated economic impact of new physician offices.

Recommendation:

Endorse/adopt recommendations for Graduate Medical Education (GME) expansion made by the GME Board.



RECOMMENDATIONS

Background:

There is a large number of veterans struggling to translate military training into a civilian job. These veterans have training that could be transitioned to certifications/licenses/degrees which increase capacity of the health workforce.

Task Force Activities:

- Evaluated the demand for middle skills occupations through reviewing DWD projections and employer needs.
- Received updates on Multi-state Collaborative on Military Credit activities from Dr. Ken Sauer.

Recommendation:

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



RECOMMENDATIONS

Background:

There are currently limited tools to support occupational decisions made by students, displaced workers, etc. The tools that currently exist are limited in that they may not paint the full picture of the value of occupations within the health sector.

Task Force Activities:

- Determined a framework for this tool.
- Identified potential data sources.

Recommendation:

Establish requirements for a Health Workforce “Values Matrix” for the purpose of producing information (employment outlook, income potential, educational investment (cost/time), etc.) to inform occupational choices of Hoosiers.



RECOMMENDATIONS

1. Endorse/adopt recommendations for Graduate Medical Education (GME) expansion made by the GME Board.
2. Support efforts of the Multi-state Collaborative on Military Credit, spearheaded by the Commission for Higher Education.
3. Establish requirements for a Health Workforce “Values Matrix” for the purpose of producing information (employment outlook, income potential, educational investment (cost/time), etc.) to inform occupational choices of Hoosiers.



TASK FORCE RECOMMENDATIONS: MENTAL AND BEHAVIORAL HEALTH WORKFORCE

Joe Moser
Director
Indiana Medicaid
Indiana Family and Social Services Administration



MEETING DATES

Previous Meetings:

- **May 12th**
- **July 18th**
- **August 15th**

Next Meeting:

- **Thursday September 15th, 2:00pm-4:00pm**
- **Government Center South, Conference Room C**
- **302 W. Washington St. Indianapolis, IN 46204**



TASK FORCE MEMBERSHIP

Joe Moser, Co-Chair

Director of Medicaid
Indiana Family and Social Services
Administration

Kevin Moore, Co-Chair

*Director of Division of Mental Health and
Addiction*
Indiana Family and Social Services
Administration

Dennis Anderson

Core Faculty Member
Community Health Network Psychiatry
Residency Program

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 Inpatient
Psychiatric Services*
Eskenazi Health

Stephen McCaffrey

President and Chief Executive Officer
Mental Health America of Indiana

Phil Morphew

Chief Executive Officer
Indiana Primary Health Care Association

Barbara Moser

Director of Policy and Outreach
National Alliance on Mental Illness

Ukamaka Oruche

*Assistant Professor of Psychiatric-Mental
Health Nursing*
Indiana University School of Nursing

Don Osborn

*Director and Professor of Graduate
Addictions Counseling*
Indiana Wesleyan University

Michael Patchner

Dean and Professor
Indiana University School of Social Work

Kimble Richardson

*Co-Chair of Behavioral Health and Human
Services Board*
Indiana Professional Licensing Agency

Calvin Thomas

Vice President of the Health Division
Ivy Tech Community College



SETTING THE STAGE....

Topics discussed at Task Force meetings:

- **Mental health workforce (both licensed and non-licensed)**
- **Supply data on licensed mental health workforce**
- **Review of previous Transformation Work Group's efforts**



RECOMMENDATIONS

1. Identify opportunities for enhancing existing health professions curriculum or develop new, targeted strategies (example: continuing education in mental health and addiction for primary care providers) to support integration of behavioral health and primary care.
2. Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.
3. Perform needs assessment to gather qualitative information from students (future potential workforce), consumers (patients and their families), and provider organizations.
4. Enhance or obtain reimbursements for services provided by mid-level, community health, integrated care specialists, and recovery workers.



RECOMMENDATION

Background:

Hoosiers have demonstrated mental health and addiction needs, but a shortage of mental health professionals. Primary care providers are identifying mental health needs and, many times, managing mental health conditions and associated prescriptions.

Task Force Activities:

- Discussed role of primary care in mental health service delivery. Discussed current training requirements for primary care providers in mental health/addiction and perceived gaps.

Recommendation:

Identify opportunities for enhancing existing health professions curriculum or develop new, targeted strategies (example: continuing education in mental health and addiction for primary care providers) to support integration of behavioral health and primary care.



RECOMMENDATION

Background:

While Indiana's telemedicine legislation has increased access to health care services, an unintended consequence could include limitation on delivery of mental health services because of credentialing issues and prescription restrictions.

Task Force Activities:

- Reviewed HB 1263 and discussed limitations from the mental and behavioral health perspective.

Recommendation:

Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.



RECOMMENDATION

Background:

Services and the mental health workforce must be modeled to adapt and respond to the needs of consumers. The perspective of the future workforce and provider needs must be considered in workforce planning as well.

Task Force Activities:

- Reviewed existing data and identified currently no tools for soliciting this feedback exists.

Recommendation:

Perform needs assessment to gather qualitative information from students (future potential workforce), consumers (patients and their families), and provider organizations.



RECOMMENDATION

Background:

While Indiana has made great strides in obtaining reimbursements for mental health professionals, a large portion of mental health services are delivered by other occupations that are currently unable to bill for these services or perceive insufficient payment.

Task Force Activities:

- Discussed current initiatives with billing for various mental health professions. Discussed limitations identified within the current structuring.

Recommendation:

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



RECOMMENDATIONS

1. Identify opportunities for enhancing existing health professions curriculum or develop new, targeted strategies (example: continuing education in mental health and addiction for primary care providers) to support integration of behavioral health and primary care.
2. Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.
3. Perform needs assessment to gather qualitative information from students (future potential workforce), consumers (patients and their families), and provider organizations.
4. Enhance or obtain reimbursements for services provided by mid-level, community health, integrated care specialists, and recovery workers.



REVIEW RECOMMENDATIONS

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.”



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.”



RECOMMENDATION #1

Establishment of an advisory/credentialing body (ex: Health Professions Board) which will serve two purposes:

- 1) 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*
- 2) facilitate feasibility assessments (pilots) of new and emerging workforce innovations, including whether and to what extent regulation is required to ensure public safety.*



RECOMMENDATION #2

Endorse/adopt recommendations for Graduate Medical Education (GME) expansion made by the GME Board.



RECOMMENDATION #3

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



RECOMMENDATION #4

Establish requirements for a Health Workforce “Values Matrix” for the purpose of producing information (employment outlook, income potential, educational investment (cost/time), etc.) to inform occupational choices of Hoosiers.



RECOMMENDATION #5

Identify opportunities for enhancing existing health professions curriculum or develop new, targeted strategies (example: continuing education in mental health and addiction for primary care providers) to support integration of behavioral health and primary care.



RECOMMENDATION #6

Generate recommendations to address limitations associated with current telemedicine statute as related to mental health and addiction services, including credentialing of professionals and prescribing restrictions.



RECOMMENDATION #7

Perform needs assessment to gather qualitative information from students (future potential workforce), consumers (patients and their families), and provider organizations.



RECOMMENDATION #8

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



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. **Overview/Background**
2. **Vision**
3. **Recommendation**
4. **Recommended Action Steps and Recommended Resources/Organizations**
5. **Impact Evaluation**



SUBSEQUENT MEETINGS

Date: Monday, December 5th, 2016

Time: 1:00pm-3:00pm

**Location: Government Center South,
Conference Rooms 1 & 2**



CONTACT INFORMATION

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

bowenctr@iu.edu

