

SLRP Workgroup Response Results from 1/11/18 Meeting

D A T A // ELIGIBLE PROFESSIONS

| Organized by Profession Type | Count |
|---|--------------------------------------|
| Physicians (MD or DO) | 10 |
| psychiatry | 2 |
| family medicine | 2 |
| pediatrics | |
| geriatrics | |
| internal medicine | |
| obstetrics and gynecology | |
| Nurse practitioners (specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health, and certified nurse midwives) | 7 (2 of which had APN written in) |
| Psychologists | 6 |
| Mid-level mental health professionals (licensed clinical social workers, marriage and family therapists, and licensed professional counselors) | 5 |
| Physician assistants (primary care, specializing in adult, family, geriatric, pediatric, psychiatry/mental health, women's health) | 3 |
| Registered Nurses | 3 |
| Dentists | 2 |
| Pharmacists | 0 |
| Dental Hygienists | 0 |

| Organized by Specialty | Count |
|----------------------------------|-------|
| Primary Care | 7 |
| Mental Health | 7 |
| <i>WRITE IN: Substance Abuse</i> | 1 |

| Organized by Education Level | Count |
|------------------------------|-------|
| Doctorate level | 10 |
| Master's level | 9 |
| Baccalaureate level | 1 |
| Associates level | 0 |

Note: Not all workgroup members were present and/or filled out the worksheet. Multiple options could be selected. 12 respondents

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WORKGROUP MEMBER RATIONALE

- “Increased support for MH/SUD work & integrated settings”
- “Doctorate level education requires:
 - significantly more commitment in time, money, and energy which narrows the pool of applicants compared to others
 - more difficult to incentivize a well-educated, well paid doctor to lower income shortage areas”
- “Higher educated professions – will create opportunities for mid-level professions”
- “The cost of education increases as education progresses above bachelor’s level. Additionally, the certification requirements of higher education reduce the pool of available applicants/students
- “Based on interviews with health care executives”
- “State health care needs will shift. Eligibility should be broad to allow for priority to shift based on patient needs. For example, opioid abuse is a current area of need, but in five years there may be a new health care crisis”
- “State focus priorities. Greatest area of shortage”
- “Greatest need areas. Need to be clinical based at least.”
- “Greatest current need in state”
- “Need for these providers in our state”
- “Gradually move APN + PA than physicians. National data shows only >18,000 APN’s graduating annually (including mental health NPs and CNS) than MD’s matched to primary care at 2,500. Need both primary care and mental health care needs addressed.

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D A T A // PRIORITIZING PROFESSIONS

| Where are prioritization criteria documented? | Count |
|--|-------|
| In state statute | 1 |
| Not in state statute, but systemic prioritization applied using scoring matrix during review process | 10 |

R A T I O N A L E

- (Vote for In State Statute)
 - “Ensuring future administration don’t stop supporting”
- (Vote for not in state statute)
 - “Allows flexibility if environment changes” (5 workgroup members)
 - “More nimble, committee based approach; defined committee in statute”
 - “It is difficult to change state statutes – even if the need can be proven” (2 workgroup members)
 - “As health needs change for the population, the need of a specific provider type may evolve. By putting criteria in statute, the flexibility to change provider type is limited. (2 workgroup members)

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| “What criteria should be included when prioritizing applicants from eligible professions?” | Count |
|--|-------|
| Willing to commit to longer period of service | 10 |
| HPSA Score | 9 |
| Graduate of Indiana health profession program | 7 |
| Applicant lives/resides in HPSA and/or resides in a rural community | 7 |
| Multi-lingual | 3 |
| Veteran/Military Spouse/Child of Veteran | 1 |
| Other | |
| Infant mortality, opioid addiction. Current priorities for Indiana | 1 |
| Willing to work in the underserved community | 1 |
| Personal statement | 1 |

RATIONALE

- “Focus on need areas, supports Indiana graduates”
- “Prioritization should focus on areas of greatest need”
- “Translation services are becoming more accessible. Veterans are eligible to receive all/some of education paid for already. Inventing people to stay in Indiana and commit with living in the area is most important”
- “Avoid long service commitments”
- “Underserved areas with greatest need. improve retention by requiring a longer period”
- “Need within a HPSA should be a driving force here”
- “More robust process for identifying eligibility and ensuring the rural and underserved areas have adequate number of providers.”
- “Community impact reflected in a personal statement as a tie breaker or qualitative element. Potential revenue generation from a private party.”

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