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

<table>
<thead>
<tr>
<th>Profession</th>
<th>Renewal Close Period</th>
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<tbody>
<tr>
<td>Speech Pathologists &amp; Audiologists</td>
<td>12/31/2015</td>
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<tr>
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<tr>
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<td>12/31/2016</td>
</tr>
<tr>
<td>Massage Therapists</td>
<td>5/15/2017</td>
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</table>

- 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

Source: Professional Licensing Agency
- License Data: Original Application
- Survey Data: License Renewal Survey

Source: Family Social Services Administration
- Medicaid Claims Counts (Physicians, Dentists Only)

Source: National Provider Enumerator System
- National Provider Identifier Data

Source: Master Provider Data
- Physician and Dentist Provider Data

Provider Data: For Verification
- Merged by National Provider Identifier Number
- Import Data into RedCaps - Verification Process
- Verified Provider Data
- Provider Data Uploaded into Shortage Designation Management System (SDMS)

Master Provider Data
- Who: All Licensed Health Professionals
- Uses: Reporting, Data Visualization

Governor’s Health Workforce Council
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
Governor’s Health Workforce Council

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/bK4G3y
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 accountable 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.

Facility 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) have demonstrated balance, independence, objectivity, and scientific rigor. All faculty members, authors, and planning committee members participating in an IUSM-sponsored activity are required to disclose any relevant financial or other relationship with entities producing commercial products or providing commercial services that are discussed in an educational activity. Where a relationship exists, the 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 Hiland Ave)
875 N. North St.
Tower Ballroom, 1st Floor

INTEGRITY IN HEALTH CARE

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

1. Program staff review
2. Technical consultant review
3. Public meeting
4. *Public hearing
5. OSHPD Director decision
6. Program staff recommendation
7. *Transcript released

If approved, begin one-year term
If denied, sponsor may resubmit after 60 days
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

- Proposal
- Board of Health Professions
- Regulatory Research Committee
- Develops Policy Options for Board of Health Professions
- Board presents final policy recommendation to Governor/General Assembly
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
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

Governor’s Health Workforce Council
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

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

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

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

bowenctr@iu.edu