
Governor's Health Workforce Council Meeting Summary

Date: Thursday, November 5th, 2020

Time: 2:30 pm – 4:00 pm

Council Member Attendees:

Fred Payne (Chair) - Indiana Department of Workforce Development

Dr. Kristina Box - Indiana State Department of Health

Sen. Ed Charbonneau - Senate Health and Provider Services Committee

Debbie Frye - Indiana Professional Licensing Agency

Cara Veale - Indiana Rural Health Association

Dr. Hannah Maxey - Bowen Center for Health Workforce Research and Policy

Doug Huntsinger - Governor's Office - Commission to Combat Drug Abuse

Ben Harvey - Indiana Primary Health Care Association

Dr. Ken Sauer - Indiana Commission for Higher Education

Brian Tabor - Indiana Hospital Association

Allison Taylor (Proxy for Dr. Jennifer Sullivan - Indiana Family & Social Services Administration)

Dr. Kristina Box, Indiana State Health Commissioner

- **Indiana's early COVID-19 response**
 - Preparations began January 2020 for COVID-19 pandemic response. It was immediately clear no state had the infrastructure to respond in the ways needed. In Indiana, testing was unavailable early on and there was an approximate two-week waiting period for controls from the federal government that would work with CDC provided tests.
- **COVID-19 Testing**
 - At the onset of COVID testing, The State Department of Health were performing daily tests numbering approximately 150, today they are performing 25,000 - 40,000 per day across the state. Indiana is currently developing a lab testing network across the state, including increasing test distribution, and purchasing the necessary machinery and materials. Site testing is now occurring at 75 local health departments, 36 Optum testing sites and at hospitals. The Indiana State Department of Health are testing at 4-5 drive-through sites per week.
- **Indiana's Health Workforce Reserve Response**
 - The Bowen Center for Health Workforce Research & Policy has been involved in the production and organization of the Indiana Healthcare Workforce Reserve to support hospital systems and long-term care facilities.
 - The Indiana National Guard are engaged in long-term care facilities. As of November 5th, 149 facilities utilized the National Guard. The state will add 200 more facilities by November 20th and eventually will have National Guard members within all 534 long-term care facilities in Indiana.
- **Increase in COVID-19 Cases**
 - There has been a surge resulting in a 200% increase of cases from September 15th to October 25th, 2020. There are 190,000 positive cases of COVID-19 and 4,500 related deaths. Numbers are predicted to double by March 2021 in Indiana and around the country.

Hospitalizations are at the highest levels seen so far, even when compared to hospitalizations in April when the state was less prepared for COVID.

- More Hoosiers are needing ICU beds and ventilators along with med. surgical beds are in short supply. The healthcare workforce and health systems are better prepared to treat COVID-19 patients.
- **Governor Holcomb's Executive Orders**
 - Governor Holcomb issued several executive orders resulting in the ability to offer modifications allowing flexibility to boost the healthcare workforce to work efficiently.
 - Expansion of telehealth provisions allowing for mental-health and substance abuse disorders.
 - Expanded OTP provisions and increased ability to prescribe for longer periods to ensure continuity of substance abuse care.
 - APRNs allowed to practice at multiple locations under a single collaborative practice agreement.
 - Retired health workforce allowed to return and practice where needed including EMS personnel.
 - Allowed newly trained healthcare workers to practice with a temporary PLA license.
 - Allowed healthcare providers to maintain license in situations where licensure renewal requirements could not be met due to COVID precautions.
- **Healthcare Workforce Reserve Initiative**
 - State agencies worked on an initiative to address state health workforce needs. Indiana State Department of Health and Indiana Professional Licensing Agency survey called out to the workforce across the state to recruit for the COVID response.
 - The Bowen Center helped organize the reserve workforce. Over 15,000 healthcare workers responded and 11,000 have been matched to hospitals across Indiana from the reserve list. Customized lists provided to hospitals containing contact information to aid in finding additional staffing in the response. There have been 110 healthcare facility requests submitted 67 of which were identified as urgent or emergent need.
- **Nursing Students: Early Graduation Initiative**
 - Bowen center has worked with the deans from nursing schools to place nursing students within long-term care facilities.
- **Contact Tracing**
 - Become a centralized function working with the health department. Contact tracing requires a large workforce. There have been 300 new workers provided in October and 300 more will be provided in November. As the cases are increasing, so is the need for contact tracing workers and will work with Bowen to provide additional help.
- **Vaccinations**
 - A vaccine plan has been submitted to the CDC on October 16th. Posted to ISDH website. ISDH has worked with external partners to develop the administration and distribution strategy of vaccines and is ready to be implemented once vaccines arrive. The Ultra-cold vaccine from Pfizer will be stored at hospital sites until emergency authorization is given. Pfizer vaccine will not be the workhorse vaccine due to complications of vaccine (low temperature storage and two doses required).
 - Healthcare workers are top priority for vaccination. Phase 2 of vaccinations will consist of those critical to state infrastructure. Phase 3 is not expected to begin until summer 2021 and ISDH will be reaching out to state agencies to coordinate vaccine distribution.

Health Sector Pulse Check

Brian Tabor, Indiana Hospital Association

- **Hospital Workforce Strain:** Hospital workforce is heavily strained now. The length of the pandemic is significantly affecting frontline workers and hospitals are seeing their highest number of hospitalizations.
- **Lack of Staffing:** The strain on hospitals is not in the ability to provide beds and ventilators, but in the ability to provide and maintain staffing. Critical care nurses are at the top of the health profession type in need. Hospitals are not only having to compete to acquire staffing, but with staff walking away from health care professions. Indiana hospitals are also competing with other Midwest states to fill open staff positions. The healthcare workforce did not receive the “annual cyclical breaks” seen during summer where workload decrease before increasing once again during the flu season.
- **Licensure:** Licensure flexibility provided by executive orders has been critical and should be continued until workforce returns to ‘normal’. 116,000 renewed licenses in Indiana only 84% are actively practicing.
- **Critical Care:** The top of the list for nursing needs around the state of Indiana is in critical care. The workforce shortage challenges do not just include nurses. It includes all essential and support staff (food services, environmental services, facilities, and support staff).
- **Long Term Planning:** Efforts need to continue to ensure that we do not stop efforts on long range policies like reciprocity/multistate compacts.

Ben Harvey, Indiana Primary Healthcare Association

- **Fatigue:** There is a sense of fatigue in the health care workforce within health centers.
- **COVID-19 Vaccine:** There are concerns about comfort levels of providers to receive COVID vaccination and in explaining and convincing patients to also receive the vaccination.
- **Underserved Areas:** Health Centers in underserved areas are seeing issues. Workforce within underserved areas often produce staff from underserved areas where issues of maintaining staff occurs due to fear, financial pressure, and difficulty of work environment.
 - 5,000 total employees in Health Centers across Indiana. There are around 2,000 of which are non-clinical staff with some concerns in returning to work.
 - Health Center members have expressed concern when it comes to healthcare workers who are finding higher paid positions that are non-healthcare related.
- **Staff COVID-19 Testing:** There have not been a lot of staff who tested positive for COVID-19. Of the 5,000 staff members around 300 tested positive. Most health centers are fully operational. There was a peak of 15% sites closed due to PPE restrictions, childcare issues, however only 5% of these sites remain closed. This is due primarily in areas where the health center is primarily situated near schools.
- **Telemedicine:** Telehealth has been extender that has been important to their members.
- **Health Workforce Staffing:** Health centers in underserved areas are concerned with leveraging inducements or other options to recruit staff.
- A significant piece may be in frontline, initial non-physician providers in health centers such as Medical Assistants.
- Question: What professions/workers have been the hardest to keep or maintain in the staff?
- Answer: Medical assistants have been the hardest to keep. They’re sensitive to pay increases and will leave facilities for others who are offering higher hourly wages.

Zach Cattell, Indiana Health Care Association

- **Long-Term Care Facilities:** The workforce needs in the long-term care facility communities are critical and its residents are the most vulnerable.
- **Temporary Permits:** Partnering with the Indiana State Department of Health to create temporary nurse aid programs used to create between 3,000 and 4,000 temporary workers help assist frontline workers and reduce load on nurses and nurse assistants. This has still not been enough due temporary workers are unable to perform certain tasks.
- **Profession type in demand:** Licensed Practical Nurses and Registered Nurses are heavily needed.
- An association company member based in central and northern Indiana with high retention rates (90%) estimate having around 100 positions open for nurses that need to be filled.
- Year over Year total hires per month have decreased from 183 in 2019 to 144 in 2020. Specifically, for LPNs there were 26 hires in 2019 and a drop to 17 in 2020. For CNAs, there were 100 hires in 2019 to 84 in 2020.
- Another association member company in central and southern Indiana reports that hires are down from 854 per quarter to 694 per quarter. Most of this shortage is with CNAs and licensed nurses.
- **Workforce Compensation:** A salary survey conducted this year revealed increases and additional pay incentives are being used to keep nurses working nights and weekend shifts.
 - LPN wages increased by \$5 per hour
 - CNA wages increased by \$1.50 per hour
 - RN wages remained steady, but still in need
- **Long-term Care Facility training barrier:** Federal law prohibits clinical training of CNAs at long-term care facilities that have received a citation, waiver or civil money penalty of a certain amount (regardless if related to care) for 2 years. This is considered the most significant issue and acts as a barrier for providing the best care LTC residents need. It is not a deterrent or solve citation issues or regulatory infractions. Federal policy advocacy efforts to remove the 2-year training prohibition. Federal reforms would allow more CNAs to be trained and on a career pathway to LPN, RNs and additional licensure thereby increasing the size of the workforce in long-term care facilities.
- **Student Incentives:** Currently working with higher education to recruit student graduates to work in long-term care facilities to join clinical teams and providing them with paid study time.

Doug Bush, Indiana Dental Association

- **Dental Workforce Landscape:** Pre-COVID-19 saw dental workforce facing issues with a mal distribution of dentists across the state and shortages of dental healthcare workforce in under-served regions.
- **Return to Work:** After COVID-19 hit, a slow start-up due to workers unwilling to return to work:
 - At high risk of contracting COVID.
 - Nationwide dental offices operating at 70 – 80% patient volume compared to prior years.
 - Patients and staff waiting on vaccine became available.
 - Not willing to return to the dental profession.
 - Shortages in PPE at beginning due to the donation of PPE to healthcare providers and facilities that needed supplies at beginning of pandemic.

- **Retention and Recruitment Strategy:** A survey of dentist members revealed 80% dental assistant and dental hygiene positions remain unfilled.
 - Assessing recruitment programs
 - Training programs
 - Schools producing graduates for long-term demand.
- **Capacity:** American Dental Association reporting dental workforce is at 70-80% capacity when compared to pre-pandemic numbers. American Dental Association also reports less than 1 % of dentists have tested positive for COVID. CDC recommended protocols put in place in dental offices are working.
- **Vaccinations:** Discussion of dentists' willingness to provide vaccinations once vaccine deployment occurs. Possible legislation may be introduced at the next legislative session to introduce vaccinations being added to dentists' scope of practice. Challenges may preclude this introduction based on the handling and storage requirements of upcoming vaccines and dental offices inability to facilitate these requirements.

Matt Brooks, Indiana Council of Community Mental Health Centers

- **Snapshot:** Confidence found within the Behavioral Health workforces' response to COVID-19.
 - The appropriate initial focus on acute care could shift to behavioral health, mental health, addiction, and well-being needs.
- **Telehealth:** The move into telehealth space has produced an increase in productivity and would like to investigate future legislation pertaining to telehealth.
 - Clinical timing has been shortened which allows a provider to see up to four patients within the time it would take to see one in-person patient.
 - Allows providers to provide more services in a smaller amount of time.
 - Number of no-shows to appointments have been reduced.
 - Telehealth allows additional opportunities to utilize and enhance the behavioral health workforce.
- **Issues:** Largest challenges for behavioral health care are reimbursement rates, workforce turnover and burnout.
 - Behavioral health workforce is solid with workforce staff in place and can provide more services. However, additional pressure is placed on workforce due to COVID-19 response efforts.
 - Reimbursement is not where it should be at the master's degree level.

Cara Veale, Indiana Rural Health Association

- **Governor Holcomb's executive orders:** There were no negative impacts on rural hospital settings from the executive orders.
 - Creative efforts with enforcing and encouraging mask mandate, screenings, and social distancing within the rural hospitals.
 - Unanimous feelings from hospital administrators require minimal enforcement at the community level for the mask mandate executive order.
 - Most impactful executive order was the postponement of elective surgical procedures.
- **Health Workforce Staffing:** Staffing is more of a concern than licensed beds and ventilators within rural hospitals.

- Temporary licensure for nursing students were a huge help.
- Rural workforce is stressed and fatigued and there is not a lot of reserve staff available in the rural areas.
- Possibility of the closure of some ancillary departments due to positive cases and staff shortages.
- Hiring and retaining healthcare staff is an issue and they are relying on temporary agencies to recruit and maintain staff, which is very costly to the hospital.
- Determining budget for next year has proven to be very difficult and cost reduction efforts with the workforce is being monitored.
- **Biggest Ask:**
 - A stronger enforcement of mask mandate within the community.
 - Significant need for increase in COVID testing as some members of community are travelling outside of communities to be tested due to turn-around time.
 - Would like more explicit information on the use and repayment of the federal and state funds and assistance that was received.

Dr. Michael Kaufmann, Indiana Department of Homeland Security

- **Operations:** EMS are operational in all 92 counties in Indiana, however some areas are stressed based on local conditions.
- **Workforce:** EMS service volume decreased significantly in March and April which placed higher stress on the EMS workforce due to reimbursements attached to patient movement rather than the health care provided.
 - Some private EMS providers closed their business
 - EMS members are leaving to find jobs elsewhere that provide higher salaries in manufacturing, non-healthcare positions.
- **Reimbursement:** One-third of EMS services are excluded from FEMA reimbursement because they are not located in municipal agencies.
 - Reimbursement programs and legislative changes are positively impacting salary levels of EMS workers.
- **Workforce Tracking:** EMS Resource system tracks staffing which reflects current strain/stress on individual provider agency workforce. Concerned with inaccurate reporting due to many agencies not updating their status since April/May but work is being done to address this challenge.
- **Challenges:** A continual decline seen within certified or licensed personnel and a decline in new certifications issued. There are challenges with reimbursements impact salary levels.
 - Working on training and educational efforts to encourage EMS recruitment and
 - EMS personnel face daily challenges with COVID-19 exposure and are located within fire departments where cold dorms are commonly used.

Council Member Roundtable

Fred Payne, Department of Workforce Development

- Earlier in the year Indiana hit the highest unemployment rate in Indiana. Currently, unemployment has improved to 6.2%, but jobs that were thought to be recaptured have not been, specifically within health care. Manufacturing and constructions jobs have remained strong.
- There has been an increase in individuals signing up for training in healthcare workforce positions (CNAs, Phlebotomy, Medical assistants).

- More than 10,000 individuals have been placed into training, 2,500 are in health care positions using funding since July 1st.

Ken Sauer, Indiana Commission for Higher Education

- **Vaccinations:** Assistance was provided to the Bowen Center with early deployment of healthcare students for assistance with vaccinations.
- **Training:** The Workforce Ready Grant provided short-term training opportunities for individuals in mental health addiction counseling and suicide prevention
- Collaborated with the Indiana Council of Community Mental Health Centers with course competencies.
- Indiana Professional Licensing Agency assisted with the Credential Registry. Once completed, will connect to the educational programs so learners become aware of what is available.

Allison Taylor, Indiana Family & Social Services Administration

- **Telehealth:** Have seen a lot of success with behavioral health services and physician utilization significantly up in 2020. Excited about opportunities to help sustain member services and assisting providers in the coming months. Also seeing adolescents engaging with providers
- **Community Health Workers:** Reinforcing doubling-down non-medical worker models and are hoping to connect with provider level partners to engage with Medicaid program and utilize Community Health Workers into the medical model.
 - Indiana one of only four states that provide reimbursement to Community Health Workers
- **Home-Based Provider:** individuals helping to maintain support in the community to ease stress in the congruent setting. This helps to shore up the provider pipeline.
- **Provider enrollment flexibility: emergency authority only which** provide relief and easing burden for providers.

Sen. Ed Charbonneau, Senate Health and Provider Services Committee

- Before heading into the 2021 legislative session, would like more information on Governor Holcomb's executive orders related to healthcare and what is working and should remain.
 - The Bowen Center will work with Dr. Box, council members and state agencies and provide additional information on Governor Holcomb's executive orders and their impact.