



Meeting Minutes  
Thursday December 9<sup>th</sup>, 2021  
12:00pm – 1:30pm

**Council members present:**

- Michael Barnes (for Commissioner Fred Payne), Indiana Department of Workforce Development (Chair Designee)
- Dr. Kristina Box - Indiana State Department of Health
- Ben Harvey, Indiana Primary Health Care Association
- Senator Ed Charbonneau, Senate Health and Provider Services Committee
- Representative Brad Barrett, House Public Health Committee
- Dr. Hannah Maxey, Bowen Center for Health Workforce Research and Policy
- Debbie Frye - Indiana Professional Licensing Agency
- Doug Huntsinger Governor's Office Commission to Combat Drug Abuse
- Brian Tabor – Indiana Hospital Association

**Council members absent:**

- Logan Harrison - Anthem
- Cara Veale - Indiana Rural Health Association
- Stephen Balko, Department of Education
- Dr. Ken Sauer, Indiana Commission for Higher Education
- Dr. Dan Rusiniyak - Indiana Family & Social Services Administration

**1. Welcome**

Mike Barnes, Chair Designee, calls the meeting to order at 12:03PM

**2. Approval of Minutes from Meeting on September 23<sup>rd</sup>, 2021**

Council meeting minutes from the September 23<sup>rd</sup>, 2021 meeting were adopted without amendment by voice vote.

**3. Updates on Indiana Health Workforce Initiatives**

The Council reviews upcoming health profession license renewal surveys and proposed modifications to align with state data needs, including Physician Assistant (mandatory per [IC 25-1-2-10](#)), Pharmacist (mandatory per [IC 25-1-2-10](#)), Physical Therapist (voluntary), Chiropractor (voluntary).

- **Physician Assistant:** The proposed survey reflects feedback from Indiana Academy of Physician Assistants
  1. Propose addition of “doctorate degree” as a response option for qualifying education.  
Rationale: Overtime minimum education requirements have changed. Currently the entry requirement is a master’s degree. However, some Physician Assistants are entering the work force with a doctorate degree with doctoral entry program development in other states.

2. Propose addition of a question to capture PA highest education. Rationale: This addition captures highest education achieved to mirror the Registered Nurse licensure survey.
  3. Proposed modification to telehealth definitions to be in alignment with 2021 legislative changes.
- **Pharmacist:** Survey reflects feedback from Indiana Pharmacist Workforce Data Advisory Group
    1. Propose addition of Community residency option.
    2. Propose removal of BPS Certification as there are additional certification options.
    3. Propose to collapse response option categories for employment status.
    4. Propose re-structuring of setting options to align with federal Minimum Data Set
    5. Propose addition of “Remote Dispensing Facility” and “Remote patient care services (telepharmacy/telehealth)” as service options.
  - **Physical Therapist:**
    1. Propose alignment of demographic questions in alignment with revised standard questions approved by the GHWC in Summer 2021.
  - **Chiropractor:**
    1. Propose alignment of demographic questions in alignment with revised standard questions approved by the GHWC in Summer 2021.

Council approves licensure renewal supplemental surveys without amendment by voice vote.

### Tableau Dashboards and Data Initiatives

The Bowen Center has launched their [Physician Workforce Dashboards](#). The Bowen Center will be contacting Council members to engage with their organizations to conduct customized testing to identify opportunities where the dashboards may be useful. The Bowen Center is now working to clean and code the 2021 Physician Data, and then update the Physician Dashboards by mid-January. The Nursing workforce data report should be available by end of the first quarter of 2022, and the nursing workforce dashboard available by early fall of 2022.

### New Business

#### *2022-2026 State Loan Repayment Program*

Chair Designee Barnes introduces Dr. Kristina Box, State Health Commissioner, Indiana State Department of Health to discuss the next round of SLRP funding.

Dr. Box shares that the IDOH has operated the State Loan Repayment Program (SLRP) since 2018. IDOHs administers this program through the Office of Primary Care and Rural health which is led by Ann Alley. Between 2018-2022, Indiana has invested \$900,000 in state match to receive an additional \$900,000 of funding from the National Health Service Corps (NHSC) program. For a total of \$1.8 million that has helped fund 90 health professionals throughout Indiana by helping to pay down student loan debt. Indiana SLRP evenly divides SLRP recipients between mental health and primary care disciplines. Of the recipients, approximately 60% are providing care in rural areas and all of them are practicing in federal shortage areas.

The 2022-2026 SLRP cycle offers a more funding than ever before. Historically, IDOH has requested up to \$300,000 annually of the federal match from NHSC. In this upcoming cycle, IDOH will be requesting \$1,000,000 annually, and there is no required state match. However, the funds previously committed to the SLRP state match could still be used to support our health care professionals.

Dr. Maxey provides an overview of NHSC incentive programs and shares that Indiana generally has less NHSC participants compared to contiguous states.

- Dr. Box asks a clarifying question regarding how providers are encouraged to apply for these programs and what the role of that state is to facilitate award. Dr. Maxey responds that beyond the State Loan Repayment Program, participants would apply directly to HRSA. The state can provide technical assistance to participants and disseminate information about these opportunities.
- Ben Harvey makes a clarifying statement that some of the difference could be proportionality by population. Brian Tabor responds that even despite population differences, Kentucky is outperforming Indiana in participation in NHSC programs. Dr. Box suggest that the data be adapted to per-capita to provide a clearer view of Indiana’s comparison to its contiguous states.
- Dr. Maxey states that the Bowen Center is happy to conduct more research on approaches and strategies of contiguous states on how they leverage these federal opportunities. Dr. Maxey adds now may be a time for Indiana to develop a plan to align workforce incentive programs across professions, especially with the additional NHSC funds available.
- Senator Charbonneau asks a clarifying question regarding the state match for federal funding from 2022-2026. Dr. Maxey states that this funding cycle requires no state match.

Council members received information on the NHSC notice of funding opportunity for the State Loan Repayment Program for 2022-2026. The IDOH has received SLRP funding in previous years and intends to pursue the next funding cycle. Full details regarding eligible professions/disciplines and settings can be found within the [notice of funding opportunity](#). Of note, long-term care settings are no longer eligible. Also, SLRP supports teaching as a clinical practice, for up to eight hours per week for SLRP participants serving full-time (four hours for part-time SLRP participants). Data were presented on Indiana population-to-provider ratios compared to national statistics (where available).

Dr. Box proposes two questions for Council members’ consideration:

1. NHSC-SLRP: How can Indiana maximize use of federal SLRP resources for eligible professions and settings? What professions, setting types, or geographies should be prioritized?
2. Does Indiana have health workforce shortages beyond what can be addressed through NHSC-SLRP?

- Brian Tabor states that all the professions we are discussing are important, but in the current environment, nursing and behavioral health are two areas that need specific attention. Dr. Box agrees that both professions/disciplines are in great demand.
- Dr. Box notes that there have been recent funding sources into FSSA for mental health and it will be important to take a coordinated approach across all state workforce incentive programs. Doug Huntsinger adds that FSSA plans to create a separate loan repayment program for behavioral health workers, utilizing funds received from the American Rescue Plan.
- Ben Harvey echoes the need for behavior health providers. Harvey also adds that there is a significant need to align these workforce incentive programs to ensure the maximum impact.
- Dr. Box states she would connect Dr. Maxey to FSSA regarding DMHA’s proposed loan repayment program.

### *Long-term Supports & Services Direct Care Workforce*

Chair Designee Barnes introduces Peggy Welch and Kim Opsahl from the Family and Social Services Administration to discuss recent long-term supports & services workforce initiatives.

Kim Opsahl states that starting in 2019, FSSA engaged in broad conversations about improving LTSS experiences for older adults. Those conversations began with an understand that LTSS funding can be disjointed from Medicare, Medicaid, and private insurance. There is a focus on supporting home and community-based care and a corresponding need for workers to care for these individuals. Through these conversations FSSA reports identifying five areas of focus.

- i. Managed Long-term Service & Supports

- ii. Pathways to Home and Community-Based Services
- iii. Defining quality to move towards value-based payment strategies
- iv. Use data to understand if programing is having the intended impact
- v. Ensuring a qualified workforce

Peggy Welch states FSSA is beginning to develop an “Indiana Direct Services Workforce Plan” in collaboration with the Bowen Center. This project will identifying Direct Service Workers current supply and future demand. This project will also explore DSW regulations and their intersections with recruitment, retention, and training of DSWs. The project will include an exploration of promising practices implemented by other states. This project will be funded through the Home and Community Based Services funding created from the FMAP increase. FSSA will also be establishing a Direct Service Worker advisory board for which there was great interest.

Dr. Box asks a clarifying question regarding how the Managed Long-term Services and Supports program intersect with home-based health care and whether IDOH has been engaged. Welch responds that program is focusing on home-based services and IDOH will be engaged as a part of the project.

### **Staying Abreast of Related Initiatives**

#### Legislative Initiatives

Rep. Brad Barrett states tomorrow is the bill filling deadline. There are many legislative initiatives related to health workforce. In particular, Rep. Manning is working on language related to nurse workforce ([HB 1003](#)). Another is related to [traumav](#), pre-hospital care, and [EMTs](#). The third is the potential expansion of [telemedicine](#) in mental health. There should be more information during the next GHWC meeting.

Sen. Charbonneau states in addition to the legislation mentioned by Rep. Barrett there is some conversations regarding licensure compacts. Sen. Charbonneau also states that the work being done by Peggy Welch and FSSA will provide a better service to Hoosiers, and direct service workforce is extremely important.

### **Next Steps: Governor’s Health Workforce Council Initiatives**

#### Strategic Planning for the Next Five Years

Chair Designee Barnes introduces Robyn Minton-Holmes with RMH Associates who will be assisting the Council with its strategic planning initiative over the next six months.

Minton-Holmes shares the timeline for her next steps with the council, including that she will be reaching out to schedule key informant interviews with Council members in the month of January. Future meetings will include a high-level report out of findings and facilitated discussion of next steps.

Chair Designee Barnes adjourns the meeting at 1:34pm