Considerations for the Development of State Loan Repayment Programming in Indiana

In response to the Health Resources and Services Administration Notice of Funding Opportunity for the State Loan Repayment Program

Produced by the Bowen Center for Health Workforce Research & Policy

JANUARY 31ST, 2022

SUMMARY

The National Health Service Corps (NHSC) released a <u>notice</u> of funding opportunity for the State Loan Repayment Program (SLRP) for 2022-2026. The Indiana Department of Health (IDOH) has previously received this funding and operates Indiana's SLRP program. IDOH intends to submit an application for the new cycle and has requested input on elements that should be considered for application development and program implementation. The following items are offered for consideration:

Consideration: Indiana's application for the NHSC-SLRP should include all eligible professions/disciplines and practice sites.

Although there are numerous conversations and funding opportunities around health professional loan repayment among certain professions or sub-sectors, it should be recognized that these other opportunities are likely temporary and limited in scope. Therefore, the SLRP application should be structured in a way that is broad enough to enable state flexibility on implementation. As such, all eligible professions and practice sites should be included in the SLRP application. Of note, information provided in Appendix A display employment data and population-to-provider ratios in Indiana and at the national level to support this decision.

A note about the data in Appendix A: This data is intended to be used by the Indiana Department of Health to prioritize communities and professions in demand, potentially to inform the creation and implementation of an application scoring matrix. Furthermore, the maps following the table display capacity and geographic data for several health professions of interest. Maps that have hatched lines displayed across counties represent areas that are considered Health Profession Shortage Area (HPSA). HPSA criteria consider differing health professions and the ratio of the health professional to population. Maps that show no reported FTE within a county, indicate no health professionals with a reported practice address serving the county population. These counties along with those in a darker shade of blue indicate a lack of sufficient capacity or no direct access to the health profession of interest. Lastly, dental workforce data collected by the Indiana Dental Association on dentists' perspective of pre-pandemic staffing versus ideal staffing is displayed in the dental hygienist (dental perspective) map. This data includes the calculated mean difference of pre-pandemic staffing by what dentists perceive as ideal staffing levels by full time and part time staff. Overall, the majority of Indiana dentists' who reported on their pre-pandemic staffing needs felt they were understaffed as compared to their ideal dental hygiene staffing needs.

Indiana implementation consideration: All health profession disciplines and practice sites should be listed on IDOH SLRP website as eligible for SLRP programming, with priority given to qualifying professionals of all types that provide key services in Indiana (such as substance use disorder services, including screening and referral, as well as treatment).

Consideration: The Indiana Department of Health should develop a strategy for program implementation that prioritizes professions/disciplines and practice sites through the use of Health Professional Shortage Area scores.

Over the last five years, Indiana has risen to become a national leader in state health workforce data. Indiana has robust information available on all eligible professions. This information is updated every two years in conjunction with professional license renewal and is used to inform state applications for Health Professional Shortage Area (HPSA) designations. HPSA scoring is commonly used as an indicator of the degree of workforce shortage within a community (the larger the HPSA score, the greater the degree of shortage). The State plan for reviewing applications for the SLRP program should consider an assessment of the HPSA score of the community where the practitioner practices (or plans to practice). Greater priority should be given to those practice sites with a greater degree of shortage.

• Indiana implementation consideration: Some programs, such as the <u>National Health Service Corps Scholars program</u>, have minimum HPSA score levels for discipline eligibility. Indiana could establish a state HPSA score minimum for SLRP priority (for reference, a score of 18 and above is commonly used to describe the highest degree of shortage on <u>HRSA HPSA maps</u>). IDOH SLRP website viewers should be directed to the <u>HPSA Find</u> resources to identify the HPSA score associated with their geography or organization.

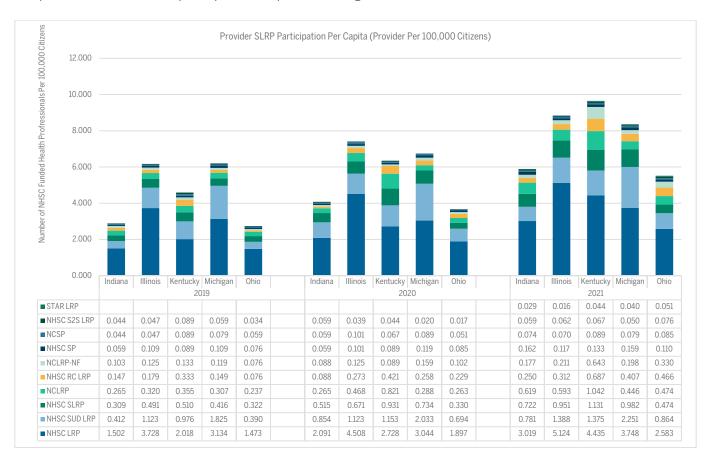
Consideration: Post-award, the Indiana Department of Health should revisit program requirements annually and identify opportunities to coordinate across related loan repayment initiatives.

There have been a number of federal programs which include federal dollars that can be used for workforce. Indiana has had several initiatives among certain professions or certain sectors with various pockets of funding that is available only to select professions or sites. The Indiana Department of Health (IDOH) should propose a strategy which coordinates implementation of SLRP programming with other health workforce loan repayment initiatives across the State. Such coordination will ensure SLRP funding effectively targets professions for which no additional funding/programming is available.

• Indiana implementation consideration: State government program leads for related programs should meet annually to discuss program implementation and ensure coordination across state government initiatives. This could be done in concert with Governor's Health Workforce Council meetings.

Consideration: The Indiana Department of Health webpage for SLRP should be improved to enhance availability and accessibility of information related to health workforce incentive programs.

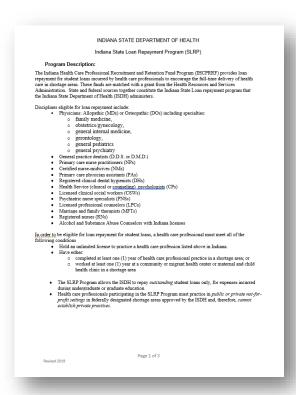
A recent assessment of Indiana NHSC programming compared to contiguous states found that Indiana has received relatively less awards compared to all contiguous states, despite having diverse shortages across the state. Below is a comparison of Indiana NHSC participation compared to contiguous states for 2019-2021.

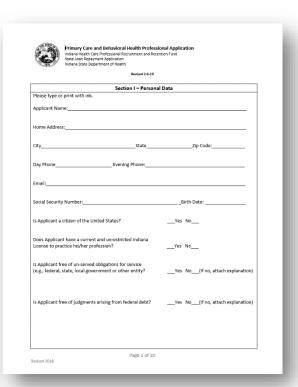


After reviewing these data, an exploration was conducted on Indiana's contiguous states' SLRP messaging. The following sub-considerations were developed in response:

Consideration: Instead of a Microsoft Word (paper) application, the Indiana
 Department of Health should consider developing an online application either using
 an online form or fillable PDF to streamline the application and review process.

For reference, below is a screenshot of IDOH's SLRP program guidance (left) and application (right).





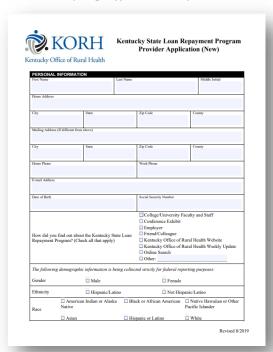
To minimize administrative burden, the State could consider developing an online application process, such as was done in <u>Illinois</u> (screenshot of website below). The development and publication of an online application could be done relatively easily in REDCap, which is a secure web application for managing forms and databases. IDOH has used REDCap for other functions and if implemented appropriately, may be able to be used in this scenario.



Alternatively, if a web-based application is not available or feasible, IDOH could consider utilizing an electronic (fillable) PDF. Michigan, Kentucky, and Ohio have all uploaded application "packets" online which clearly outline the program requirements, guidance, and include the PDF application.

<u>Kentucky</u> PDF Application Includes Editable Fields and Office of Rural Health Logo

(Michigan application is similar)

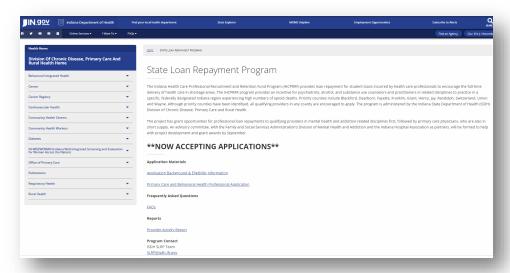


Ohio Application Packet Includes Editable Fields, Guidance, FAQs, and Employer Forms in one Masterfile

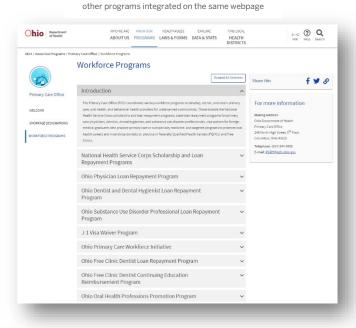


 Consideration: The Indiana Department of Health should centralize information available on all state- or federal-based incentive programming in one website location.

Currently, Indiana's <u>SLRP webpage</u> only contains information about the SLRP (screenshot provided below). In order to access information about other health workforce programs, such as J-1 Visa Waiver Program or federal-based NHSC programming, viewers would have to manually search for this information.



Other states (screenshots provided below) have centralized information on health workforce programming into one website. This enables users to experience a one-stop-shop for information on available incentives and easily explore and cross-compare the requirements for each.



Ohio Primary Care Office website has information on

IDPH Q I Am A... COVID-19 Data & Statistics Topics & Services Resource Center News Events Home ➤ Topics & Services ➤ Life Stages & Populations ➤ Rural & Underserved Po... ➤ Illinois National Health Rural & Underserved Illinois National Health Service Corps Allied Health Care Professional State Loan Repayment Program (SLRP) RESOURCES > FORMS > PUBLICATIONS > he program's goal is to assist communities in recruiting health professionals willing to practice full-ime or half-time in federal health professional shortage areas (hpsa). ogram funds are used to repay educational loans of physicians, nurse practitioners, physician sistants, nurse midwiwes, dentists and psychiatrists who agree to serve full-time or half-time in derally designated health professional shortage areas (HPSA) in Illinois without regard for their illity to pay. Participant Requirements e el license de l'illen en l'illen et l'ille Shortage Designations Program Participation Eligibility Sign a contract with the Illinois Department of Public Health guaranteeing their minimum

mmitment of two years of service in a HPSA:

Be a U.S. citizen

Be indebted to a governmental or commercial lending institution for educational expenses incurred in pursuit of the applicant's degrees or diploma; and

Illinois Primary Care Office website has accessible

links to other programs available on the side of the

webpage

•	Implementation Consideration: Indiana could create an inventory of health workforce incentive programs that could house a variety of information on related programs. Below is a list of programs that could be included in this inventory:

	Program	Full Title	Focus	Eligible Professions	For more information or to apply contact:
	<mark>Indiana</mark> SLRP	Indiana State Loan Repayment Program	[insert post-award]	[update post-award]	SLRP@isdh.iN.gov
D	NHSC LRP	Loan Repayment Program	Primary Care, Dental, Mental Health HPSA	Physicians (Primary Care or Psychiatry), PA, NP, CNM, Dentists, Dental Hygienist, Psychologists, LCSW, PNS, MFT, LPC	https://programportal.hrsa.gov/extranet/landing.seam
Broad	NHSC SP	Scholarship Program	Health professions students w/ commitment to practice at approved site	Students of the following disciplines: Medicine, Dentistry, Nurse-midwifery, PA, NP	https://programportal.hrsa.gov/extranet/landing.seam
	NHSC S2S LRP	Student to Service Loan Repayment Program	Health professions students transitioning to practice at approved site	Students of the following disciplines: Medicine, Dentistry, Nurse-midwifery, PA, NP	https://programportal.hrsa.gov/extranet/landing.seam
	DMHA Loan Repayment Program	[to be updated once establish]			
Behavioral Health/SUD	NHSC RC LRP	Rural Community Loan Repayment Program	SUD treatment or associated health care services at a rural NHSC-approved SUD treatment facility located in HPSAs. 3-year full/part time service obligation.	Physicians, PAs, Psychiatrists, NPs, CNMs, CNS, Psychologists, LCSW, MFT, LPC, SUD Counselors, Pharmacists, RN, CRNA	https://programportal.hrsa.gov/extranet/landing.seam
Behavior	NHSC SUD LRP	Substance Use Disorder Workforce Loan Repayment Program	NHSC-approved SUD Treatment Facilities (OTP, OBOT, non-opioid SUD treatment). 3-year full/part time service obligation.	SUD Professionals (priority for those with DATA 2000 Waiver) Physicians (Primary Care or Psychiatry), PA, NP, CNM, Dentists, Dental Hygienist, Psychologists, LCSW, PNS, MFT, LPC	https://programportal.hrsa.gov/extranet/landing.seam

	STAR LRP	Substance Use Treatment and Recovery Loan Repayment Program	Professionals who provide direct treatment or recovery support for patients with SUD. 6-year full time service obligation.	Broad: CNAs, certified medical assistants, occupational therapists, LCSWs, LMHCs, LMFTs, LSWs, Psychologists, Psychology doctoral interns, Behavioral health paraprofessionals (including community health workers, peer recovery specialists, case managers & health navigators), Physicians, PAs, NPs, RNs, CRNAs, CNMs, CNSs, LPNs, Pharmacists, SUD counselors	https://programportal.hrsa.gov/extranet/landing.seam
	NCLRP	Nurse Corps Loan Repayment Program (& Nurse Faculty – only 10% of remaining funding)	RNs/APRNs working in critical shortage facilities (public or private health care facility located in, designated as, or serving a primary care or mental health HPSA) or eligible school of nursing	Priority: RNs, NPs, APRNs w/public health; APRNs with certification in women's health Other eligible: NPs (up to 50% of total award), RNs (up to 40% of total award), nurse faculty (up to 10% of remaining funding)	https://programportal.hrsa.gov/extranet/landing.seam
Nursing	NCSP	Nurse Corps Scholarship Program	Nursing students (RN & APRN)	Priority: APRNs with certification in women's health, Career Pathways/entry-level health professionals seeking degrees to become RN Other eligible: Psychiatric (20%) and other NPs (up to 30% of total award), RNs and other APRNs (up to 50% of remaining funding)	https://programportal.hrsa.gov/extranet/landing.seam

• Consideration: Develop education and outreach strategy to inform Indiana students, professionals, and employers about health workforce incentive opportunities.

The National Health Service Corps produced a number of resources for each program type, including posters and fact sheets (in English and Spanish). In order to ensure qualified applicants and qualified employers are aware of these opportunities, a targeted messaging campaign should be developed to ensure the following groups are reached and aware of opportunities:

Category	Audience
Health Professions Students	Health professions schools and training programs (contact
	information could be provided and co-disseminated by the Indiana
	Commission for Higher Education)
Health Professionals	Trade Associations
	Indiana State Medical Association (Contact: Grant
	Achenbach, Director of Government Relations,
	gachenbach@ismanet.org)
	 Indiana State Nurses Association (Contact: Blayne Miley, Director of Policy & Advocacy, bmiley@indiananurses.org)
	Indiana Center for Nursing (Contact: Kim Harper, CEO,
	kharper@ic4n.org)
	Indiana Dental Association (Contact: Doug Bush, Executive
	Director, Doug@INDental.org)
	Coalition of Advanced Practice Nurses of Indiana (Contact:
	Angi Thompson, President, arthomp2012@gmail.com)
	 Indiana Pharmacist Association
	 Indiana Academy of Physician Assistants (Contact:
	Courtney Doran, Legislative & Advocacy Co-Chair,
	codoran12@gmail.com)
Employers and Employer	Employers:
Associations	Contacts on file at IDOH through the Division of Consumer
	Services and Regulation for the following practice site
	types: o Federally Qualified Health Centers (FQHCs)
	o Community Health Centers
	Migrant Health Centers
	 Homeless Programs
	 Public Housing Programs
	 FQHC Look-A-Likes
	 Centers for Medicare & Medicaid Services
	Certified Rural Health Clinics
	 Community Outpatient Facilities
	School-based programs
	 Critical Access Hospitals affiliated with a qualified outpatient clinic
	0
	 State Mental Health Facilities Other practice site types for which information is
	maintained in other sources:
	Community Mental Health Facilities (maintained)
	by FSSA Division of Mental Health & Addictions)
	 School based programs (can be disseminated by
	the Indiana Rural Schools Clinic Network through
	the Indiana Rural Health Association – Kathleen
	Chelminiak KChelminiak@indianarha.org)`
	 Correctional or Detention Facilities (Indiana
	Department of Corrections Medical Division)

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 $^{^{\}rm 1}$ Examples of posters and fact sheets can be found $\underline{\text{here}}$ and $\underline{\text{here}}.$

Employer /	Associations
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- Indiana Primary Health Care Association (Contact: Ben Harvey, Chief Executive Officer, bharvey@indianapca.org)
- Indiana Hospital Association (Brian Tabor, President, <u>btabor@ihaconnect.org</u>; Andy VanZee, Vice President – Regulatory & Hospital Operations, avanzee@IHAconnect.org)
- Indiana Rural Health Association (Cara Veale, Chief Executive Officer, cveale@indianarha.org)
- Indiana Council of Community Mental Health Centers (Zoe Frantz, President and CEO, <u>zfrantz@indianacouncil.org</u>)

Appendix A. Assessment of Indiana's Health Care Professions that are considered "Eligible Professions or Disciplines" for SLRP

	How does Indiana fare in comparison with national averages?	Indiana License Data ²	Employ	Data ment per 000	American Association Da' People pe physi	Masterfile ta er active	Asso Popul	an Dental ciation ³ ation per ist ratio	Nurse Practitioner 4 Population to NP Ratio	Psychologist 5 Population to psychologist ratio	Registered Nurses ⁶ Population to RN Ratio (calculated as national average based on 2018 data)	Pharmacist ⁷ Population to pharmacist ratio
NHSC-Eligible Profession		Indiana (Population to Active Provider Ratio)	Indiana (defined below)	Reference - National Ratio (defined below)	Indiana ⁸	Reference – National/ State Median ⁹	Indiana	Reference - National	Reference - National	Reference - National	Reference - National	Reference - National
MD/DO Allopathic/Osteopathic Medicine	Worse	390		·	433	353						
Family Medicine/General Practice	Better	2,534	0.778	0.70910	2,491	2,804						
Obstetrics and Gynecology	Worse	10,250	0.078	0.13611	9,092	7,758						
Pediatrics	Inconclusive	8,858	0.198	0.19812	2,321	1,429						
Internal Medicine	Inconclusive	3,680	0.442	0.36413	4,169	2,758						
Geriatrics	Inconclusive	67,183	2.644	2.69914	Unavailable	9,163						
General Psychiatry	Worse	11,124	0.095	0.18415	15,278	8,544			-			
DDS/DMD: General and Pediatric Dentistry	Worse	2,192	0.723	0.80016			2,092	1,648				
NP: Nurse Practitioner	Better	1,029	1.953	1.519 ¹⁷					1,660			

² Data sourced from Data Reports produced by the Bowen Center for Health Workforce Research and Policy, using data obtained from professionals at time of license renewal. Data reports available at the following links: Physician, Oral Health, Nursing, <a href="Physician Assistant, <a href="Physician As

³ Ratios sourced from American Dental Association dentist workforce data tables, available at: https://www.ada.org/resources/research/health-policy-institute/dentist-workforce

⁴ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5020757/#:~:text=ln%20the%20USA%2C%20NPs%20licenced.to%20192%20000%20in%202014.&text=The%20rates%20per%20100%20000.NPs%20per%20100%20000%20population

⁵ Data sourced from Technical Report for Psychologist Workforce Projections for 2015-2030: Addressing Supply and Demand. Available at: https://www.apa.org/workforce/publications/supply-demand/technical-report.pdf

⁶ Data sourced From the U.S. Health Workforce Chartbook Part I: Clinicians, 2018. Available at: https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/hrsa-us-health-workforce-chartbook-part-1-clinicians.pdf

⁷ Based on data maintained by the World Health Organization for Pharmacists per 10,000 population in 2018. Available at: <a href="https://www.who.int/data/gho/data/indicators/indicators-indicators

⁸ Data sourced from: Indiana Physician Workforce Profile, 2019. Available at: https://www.aamc.org/media/37906/download

⁹ Data sourced from: Physician Specialty Data Report. Number of People per Active Physician by Specialty, 2019. Available at: https://www.aamc.org/what-we-do/mission-areas/health-care/workforce-studies/interactive-data/number-people-active-physician-specialty-2019

¹⁰ SOC 29-1215

¹¹ SOC 29-1218

¹² SOC 29-1221

¹³ SOC 29-1216

¹⁴ There is no dedicated SOC to geriatricians. The data presented is for SOC 29-1228 which references "Physicians, All Other; and Ophthalmologists, Except Pediatric"

¹⁵ SOC 29-1223

¹⁶ SOC 29-1020

¹⁷ SOC 29-1171

CNM: Certified Nurse- Midwife	Worse	53,854	0.023	0.05118
PA: Physician Assistant	Worse	5,740	0.564	0.90119
RDH: Registered Dental Hygienist	Better	3,004	1.639	1.401 ²⁰
HSP: Health Service Psychologist (Clinical and Counseling)	Worse	5,522	0.508	0.800 ²¹
LCSW: Licensed Clinical Social Worker	Better	1,944	1.401	1.26622
PNS: Psychiatric Nurse Specialist	Inconclusive	24,765	N/A	N/A ²³
LPC: Licensed Professional Counselor	Better	4,054	2.295	2.111 ²⁴
MFT: Marriage and Family Therapist	Worse	14,316	0.269	0.437 ²⁵
RN: Registered Nurse	Better	83	22.772	21.470 ²⁶
PharmD: Pharmacist	Inconclusive	1,062	2.158	2.26827
Alcohol and Substance		22,469	2.295	2.111 ²⁸
Abuse	Inconclusive	(LAC, LCAC)	0.609	0.840 ²⁹

¹⁸ SOC 29-1161

¹⁹ SOC 29-1071 ²⁰ SOC 29-1292

²¹ SOC 19-3031

²² Per BLS Occupational Employment and Wage Statistics Query System for Healthcare Social Workers, SOC Code 211022. Indiana vs. National, Employment per 1,000 jobs, Available at:

https://data.bls.gov/oes/#/occGeo/One%20occupation%20for%20multiple%20geographical%20areas.

Psychiatric Nurse Specialists fall under the category of "Registered Nurses" under SOC 29-1141.02. National and state level employment estimates are unavailable at that level of detail.

Mental Health Counselors")

SOC 21-1018 ("Substance Abuse, Behavioral Disorder, and Mental Health Counselors")

²⁶ SOC 29-1141 ²⁷ SOC 29-1051

²⁸ SOC 21-1018
29 Based on SOC 21-1023 ("Mental Health and Substance Abuse Social Workers")

Primary Care

SCHOOL OF MEDICINE BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY No Reported PCP FTE Less than 3,000 3,000 - 5,999 6,000 - 8,999 9,000 or Greater Primary Care HPSA No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Reported PCP FTE Less than 3,000 Monton Bartholomew No Mo

Figure 2.2 Geographic distribution of Indiana Primary Care Physician capacity

Psychiatrist

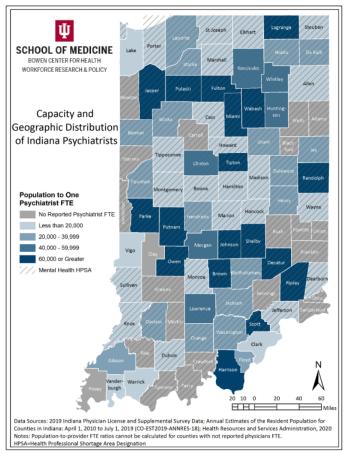


Figure 3.2 Geographic distribution of Indiana psychiatrist capacity

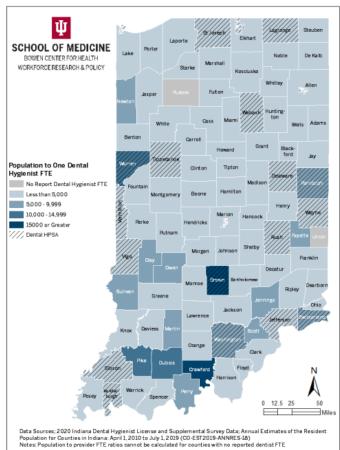
Source:

 $\frac{https://scholarworks.iupui.edu/bitstream/handle/1805/22525/2019\%20Physician\%20Geo\%20Dataa\%20Report\%20-\%2006082020.pdf?sequence=4&isAllowed=y$

Dentists

SCHOOL OF MEDICINE BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY Benton Lake Porter Starke Marshall Noble De Kalb Norte for White Carroll Howard Grant Black Bord Jay Population to One Dentist FTE No Reported Dentist FTE Less than 5,000 5,000 - 9,999 10,000 - 14,999 15,000 or Greater Dental HPSA Dental HPSA Margan Johnson Shelty Put an Morroe Greene Decatur Carroll Harrison Morroe Greene Decatur Frankin Decatur Foundam Decatur Frankin Decatur Foundam Norroe Greene Decatur Frankin Frankin

Dental Hygienists



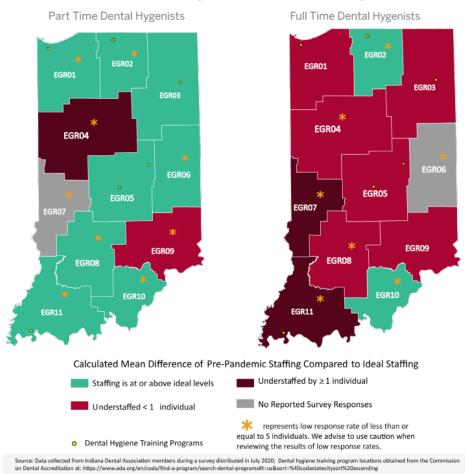
Source: https://scholarworks.iupui.edu/bitstream/handle/1805/25123/2020%20ORAL%20HEALTH%20Data%20Report%20-%2012162020.pdf?sequence=1&isAllowed=y;

 $\underline{\text{https://scholarworks.iupui.edu/bitstream/handle/1805/25418/IDA\%20Covid\%20Brief\%203.19.2021.pdf?sequence=1\&isAllowed=yarabase.pdf$

Dental Hygienists (Dentist's Perspective)

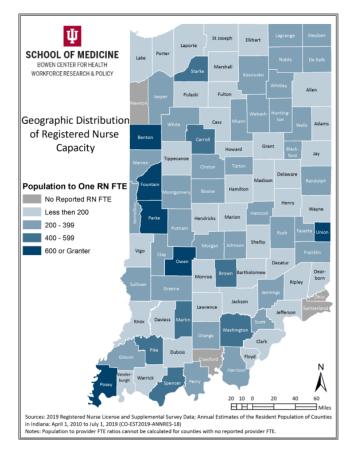
DENTAL HYGIENE STAFFING: PRE-PANDEMIC STAFFING COMPARED TO IDEAL

based on data collected by Indiana Dental Association in July 2020

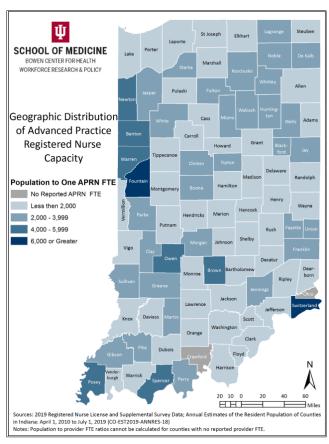


Source: https://scholarworks.iupui.edu/handle/1805/25418

Registered Nurses



Advanced Practice Registered Nurses



Source:

 $\frac{https://scholarworks.iupui.edu/bitstream/handle/1805/22865/2019\%20RN\%20Geo\%20Data\%20Repor}{t\%2006102020.pdf?sequence=6\&isAllowed=y}$