



IGHWC

GOVERNOR'S HEALTH
WORKFORCE COUNCIL

March 10th, 2022



Meeting Minutes Approval



Updates on Indiana Health Workforce Initiatives



License Renewal Supplemental Surveys

Updates on Indiana Health Workforce Initiatives



Quick Reminder on Indiana Health Workforce Data

- [Senate Enrolled Act 223-2018](#) requires data to be collected from a number of health professions during their biennial license renewal, including:
 - Physicians
 - Dentists
 - Nurses (LPN, RN, APRN)
 - Physician Assistants
 - Dental Hygienists
 - Psychologists
 - Behavioral Health Board
 - Pharmacists



Quick Reminder on Indiana Health Workforce Data (Continued)

- Governor's Health Workforce Council serves as review and approval mechanism for surveys
- Surveys are submitted to Professional Licensing Agency for implementation
- Survey values:
 - Minimize length of survey (reduces burden on agency and licensee)
 - Minimize amount of free text (reduces burden on licensee, increases quality of data)
 - Minimize gross changes in survey to allow for multi-year comparison
 - Exception: Multiple response option categories can be added without threatening comparison. Questions may be added if deemed a strategic state priority.

Psychologist Supplemental Information Fields

Updates on Indiana Health Workforce Initiatives



2022 Psychologist License Renewal Supplemental Survey

- Draft survey distributed to Council members
- Survey reflects feedback from Indiana Psychological Association and Indiana Council of Community Mental Health Centers
- Proposed modifications:
 - Question 1-3: Updated demographic questions in alignment with revised standard questions
 - Question 5: Remove Military Training Certificate from qualifying psychology degree/credential field
 - Question 10: Remove reference to “in patient care” to capture employment plans of all professionals
 - Question 17 & 23: Modified practice setting type language to align with the settings presented in BHHS Board licensees.



2022 Psychologist License Renewal Supplemental Survey Cont.

- Proposed modifications continued:
 - Question 24: Inclusion of additional services provided
 - Neuropsychological Assessment
 - Custody Evaluation
 - Forensic Assessment
 - Foster and Out of Home Placements
 - Gender health
 - LGBTQ Counseling
 - Pre-surgical Evaluations
 - Vocational/Disability Assessments
 - Question 25: Inclusion of additional population groups
 - Veterans
 - Health Care Workers
 - Question 26: Definition of “telehealth”



2022-2026 State Loan Repayment Program

Dr. Kristina Box, Indiana Department of Health



Considerations

- **Broad Scope:** Include all eligible professions/disciplines and practice sites.
- **Profession/Area priority based on calculated need:** Use Health Professional Shortage Area scores to support prioritization.
- **Regularly re-assess state health workforce needs**
- **Coordinate across other state initiatives:** Identify other incentive opportunities and coordinate funding/strategies.
- **Enhance availability and accessibility of information on health workforce incentives:**
 - Consider developing an online application
 - Centralize information available on all state- or federal-based incentive programming in one website location
 - Develop education and outreach strategy



Long-term Supports & Services Direct Care Workforce Initiatives

Family & Social Services Administration



Governor's Public Health Commission

New Business



Governor's Workforce Cabinet

New Business



Legislative Initiatives

New Business



Governor's Health Workforce Council Initiatives

Next Steps



Key Findings from Member Interviews

GOVERNOR'S HEALTHCARE WORKFORCE COUNCIL

MARCH 10, 2022





Current Situation: Where Do We Find Ourselves?

- Who is the Council's primary customer?
Who do we serve?
 - Describe the current situation for the Council.
 - What is the primary role of the Council?
 - How does the Council help set the path for the Healthcare workforce in Indiana?
- Impact of Covid
 - Broad Nature of Healthcare
 - Primary Customer = Legislators, State Agencies, all Hoosiers

Reminder of the Council's Current State

- Established by former Governor Pence via press release (February 2015)
- Currently informal (not in code/rules)
- Supported by agency discretionary funding
- Chaired by Department of Workforce Development
- **Mission:** To reduce cost, improve access, and enhance quality within Indiana's health system through coordinating health workforce-related policies, programs, and initiatives within Indiana.
- **Vision:** Indiana has data-driven health workforce policies and a well-trained health workforce that meets the needs of all Hoosiers.

Strengths: What are our Assets?

- What will help us weather the current situation and the future?
- What are the Council's assets/strengths?

- Bowen Center's Leadership
- Dr. Maxey and the Staff
- Approach to Data
- Makeup of Council Members

Possibilities: What Could We Do?

- What are some of the possibilities for the work of the Council?
 - What are 3 things the Council could work on?
 - What should the structure be moving forward?
 - What should the role of the Council be?
 - Where should the Council sit within State government?
- What work should the Council be charged to do?
 - Data – share it more widely
 - Policy –
 - Positioning – Need to Codify the Organization; What are the options?
 - Structure – Direct line out of the governor's office; need stronger connection with GWC

Threats: Potential Disruptions

- What could get in our way and derail our progress?
- What other groups are missing from the Council?
- What happens if we don't have Hannah and the team?
- Siloed Approaches to Workforce strategies across State agencies
- Broad nature of the Healthcare Workforce
- Lack of formal codification
- Change in State Leadership
- Missing Partners: AHEC & GWC

The First Step is to Identify the Leading Perspective:

Common Leading Perspectives:

- Health & Human Services
- Workforce Development
- Licensing
- Academic/Public-Public (PuP) Partnership

Perspective: Health and/or Health & Human Services

State Examples:

- [Florida](#) Physician Workforce Advisory Council– Florida DOH, focused on physicians
- [Georgia](#) Board of Healthcare Workforce– in Social Services Code, but serves as a standalone Governor-appointed board
- [Minnesota](#)
- [Oklahoma](#) Governor's Council for Workforce and Economic Development: Health Workforce Subcommittee – within Center for Health Innovation and Effectiveness
- [Oregon Health Care Workforce Subcommittee](#) – reports to the Oregon Health Policy Board
- [South Dakota](#) Healthcare Workforce Center – Within the SD DOH, provides relevant data and updates, but no recommendations
- [Utah Health Workforce Advisory Committee](#) – Advises the DHHS, other state agencies, and Legislature

Perspective: Workforce Development

State Example:

- [Washington](#) (State) Health Workforce Council – Oversees sentinel network to monitor health labor needs, contributes to state workforce plan

Perspective: Licensing

State Example:

- Example: [VA Board of Health Professions](#) – Board of Boards model, focused on regulatory review

Perspective: Academic/Public-Public (PuP) Partnership

- State Examples:

- [Mississippi](#) Office of Mississippi Physician Workforce - on the University of Mississippi Medical Center campus by state legislators in 2012
- [Montana](#) Healthcare Workforce Advisory Committee – led by MT AHEC
- [South Carolina](#) Office for Healthcare Workforce – housed at SC AHEC

Given our current Strengths, Possibilities, and Threats, what is the best path forward for Indiana?

Strengths	Possibilities	Threats
<ul style="list-style-type: none"> • Data-driven Approach • Partnership with Bowen Center • Council Membership & Engagement 	<ul style="list-style-type: none"> • Broader Data Dissemination • Application of Data to Support Policy • Sustainability of activities • Sustainability of Funding 	<ul style="list-style-type: none"> • Lack of formalization/sustainability • Siloed Approaches to Workforce strategies across State agencies • Change in leadership/administration • Broad nature of the Healthcare Workforce

Common Leading Perspectives for State Health Workforce Policy Coordination

Workforce: DWD	Health: IDOH	Human Services: FSSA
Licensing: PLA	External	GWC

Other state entities that may participate in planning but likely would not lead initiative (based on research of other states)

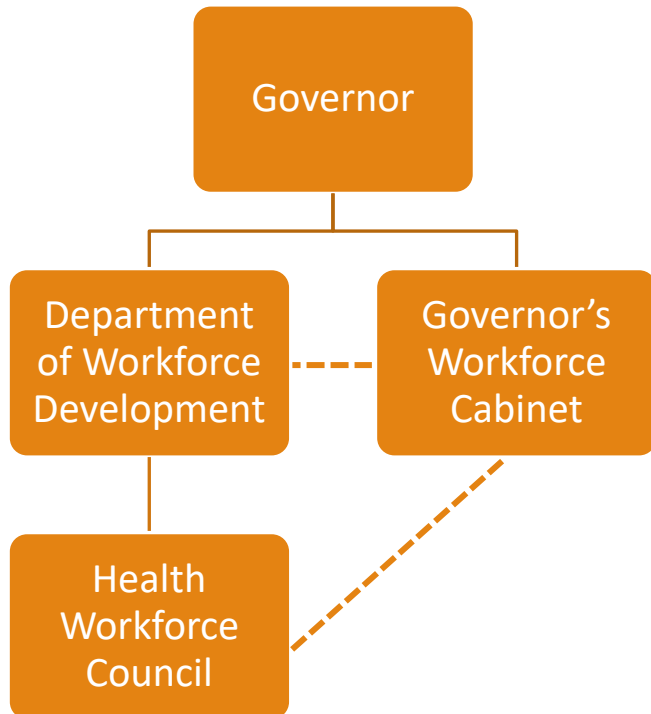
CHE	Drug Abuse Czar
DOE	Legislature

Potential Leading Perspectives: DWD/Workforce

Other state entities that would likely participate in planning

CHE	Drug Abuse Czar
DOE	Legislature
PLA	DOH
	FSSA

Option 1



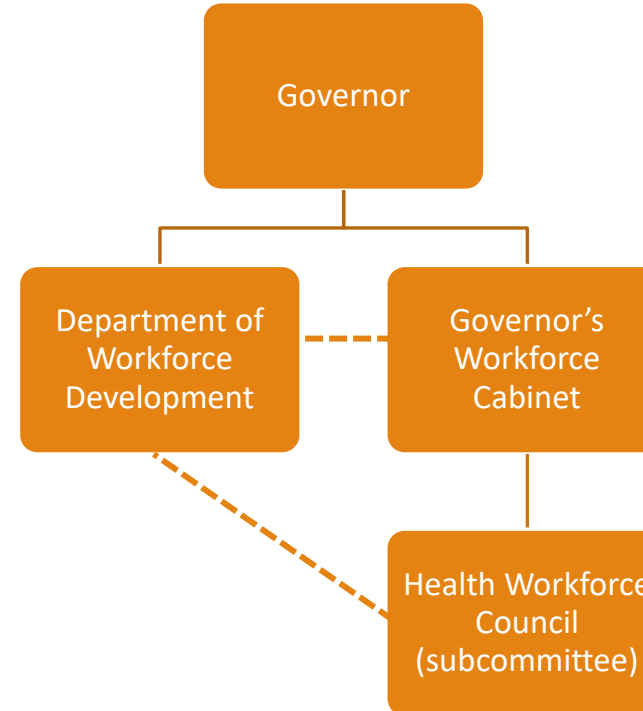
Benefits:

- Sector specific strategy
- Stability
- Workforce expertise

Challenges:

- May require DOL-driven focus on low-to-middle skills occupations
- No other current sector-specific strategy

Option 2



Benefits:

- Sector specific strategy
- Workforce expertise

Challenges:

- May have reduced visibility
- May require DOL-driven focus on low-to-middle skills occupations
- Potential sustainability concerns

Potential Leading Perspective: IDOH

Other state entities that would likely participate in planning

CHE	Drug Abuse Czar
DOE	Legislature
PLA	DWD
GWC	FSSA

Option 1

Benefits:

- Would promote agency alignment of all health workforce initiatives with population health focus

Challenges:

- Does not fit into any single commission/division

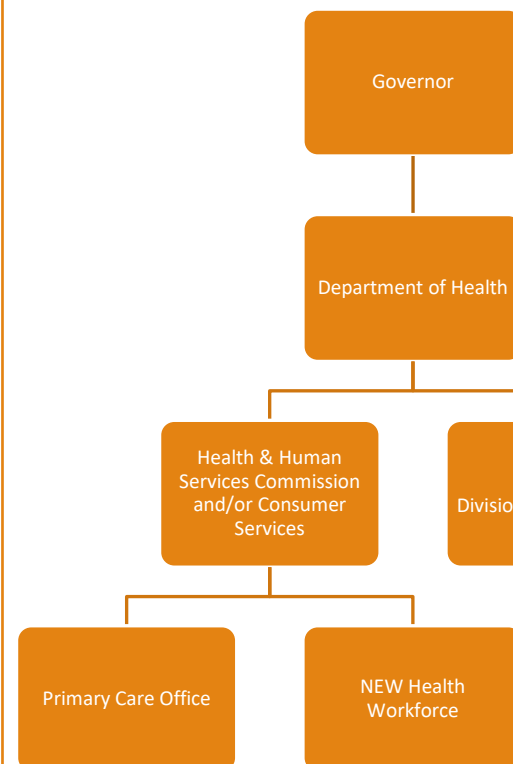
Option 2

Benefits:

- Close alignment with Primary Care Office activities

Challenges:

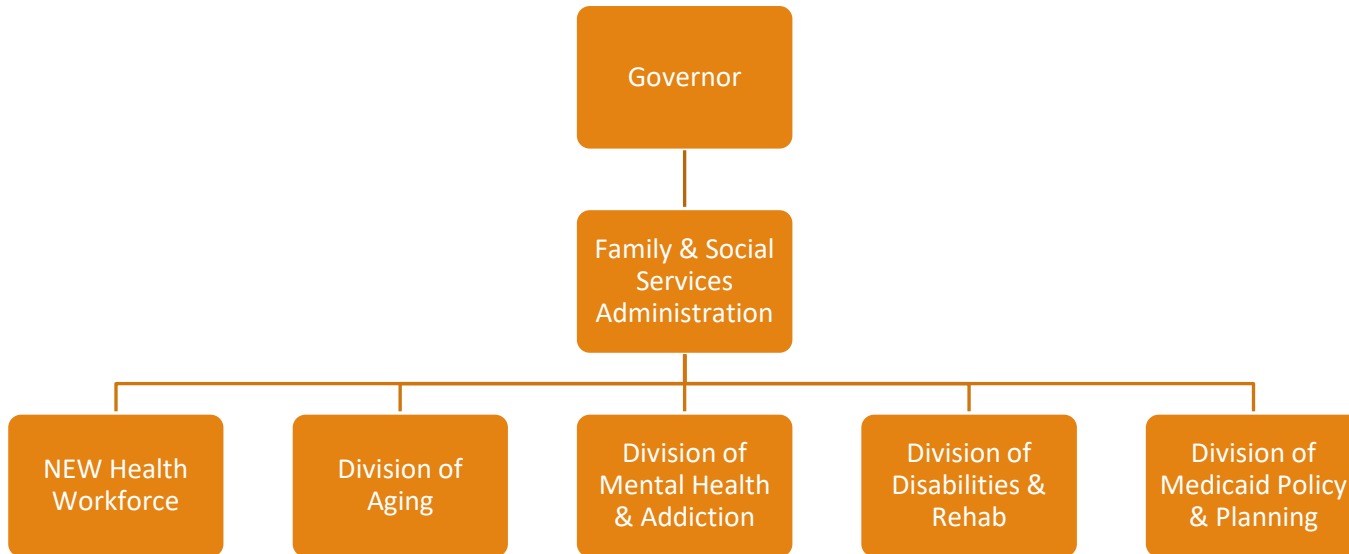
- May have reduced visibility and limited coordination with other divisions at IDOH and/or other agencies



Potential Leading Perspective: FSSA

Other state entities that would likely participate in planning

CHE	Drug Abuse Czar
DOE	Legislature
PLA	DWD
GWC	IDOH



Benefits:

- Supports intra-agency workforce alignment for various divisions
- Funding

Challenges:

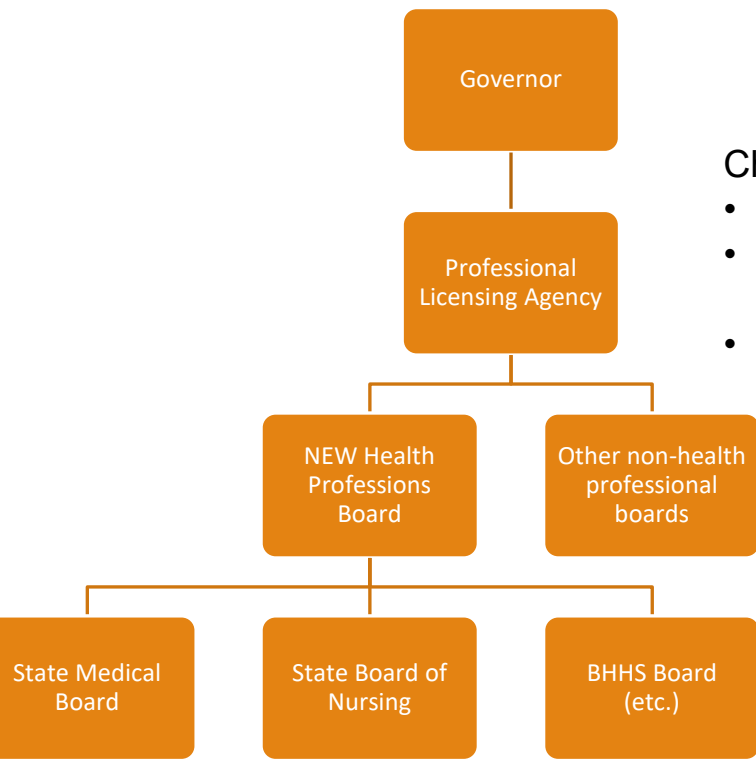
- May be too focused on specific populations as opposed to health workforce overall
- Already large agency (compared to other potential leading perspectives)

Potential Leading Perspective: Professional Licensing Agency

Other state entities that would likely participate in planning

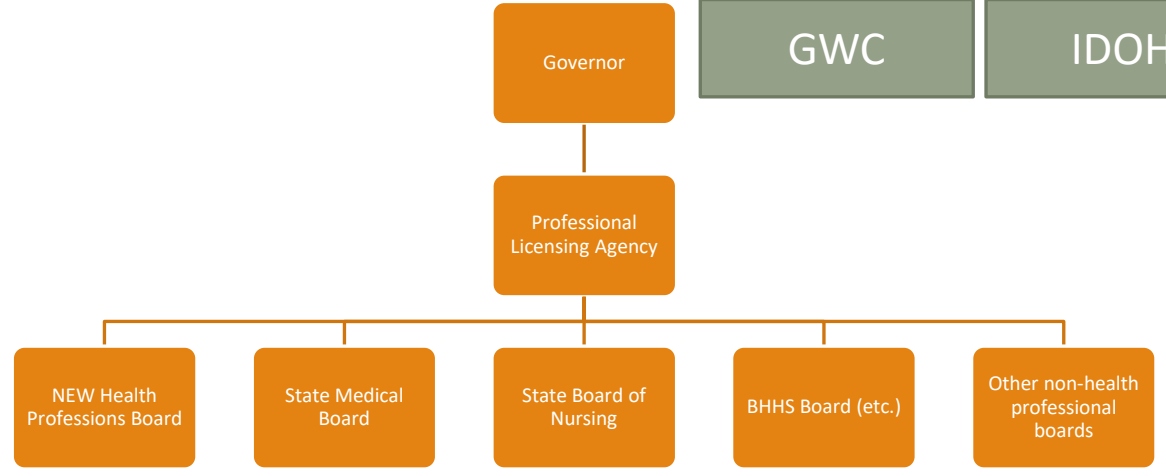
CHE	Drug Abuse Czar
DOE	Legislature
FSSA	DWD
GWC	IDOH

Option 1



- Benefits:**
- Would align well with health workforce regulatory policy initiatives
- Challenges:**
- Staffing/Funding
 - Limited scope/area of expertise
 - Similar to historical structure

Option 2

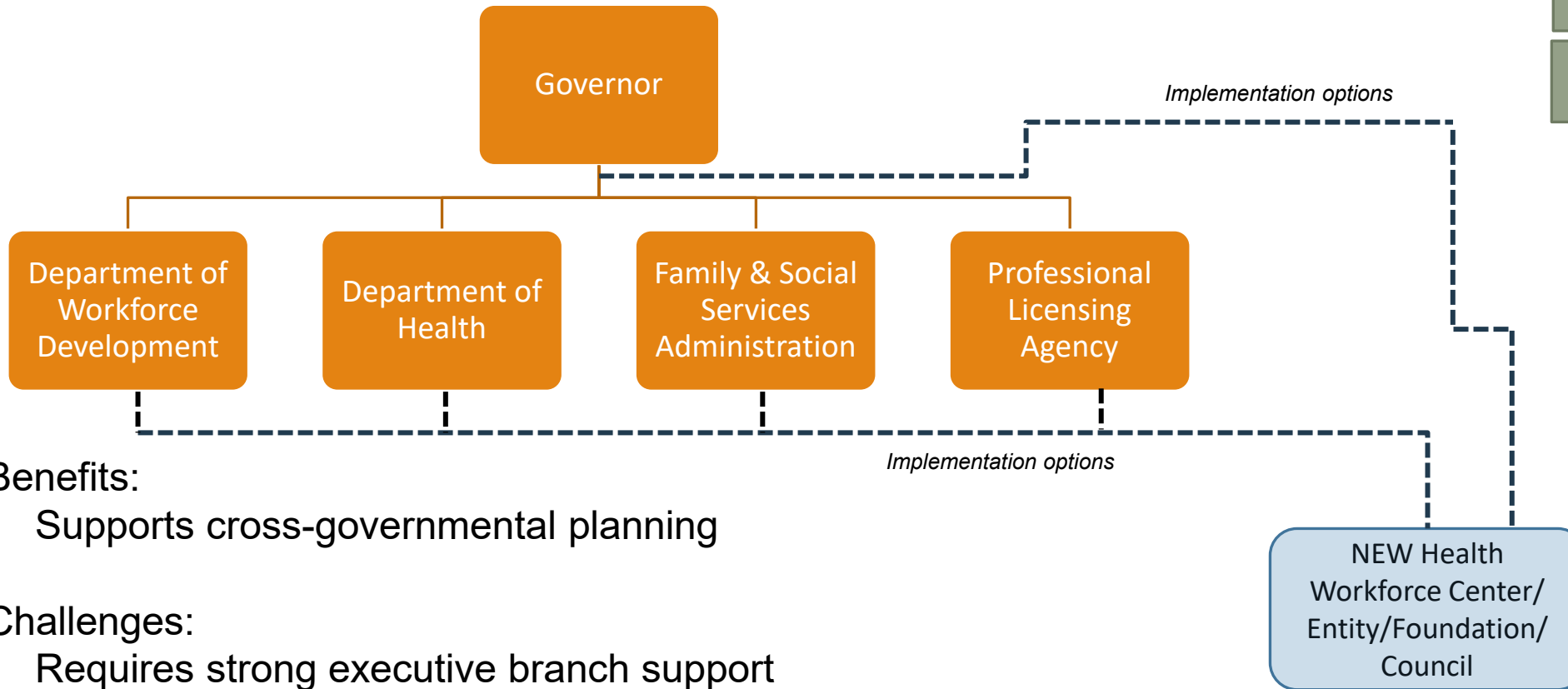


- Benefits:**
- Would align well with health workforce regulatory policy initiatives
- Challenges:**
- Staffing/Funding
 - Limited scope/area of expertise
 - Sits alongside boards; may have reduced ability to influence

Potential Leading Perspective: Academic/Public-Public (PuP) Partnership

Other state entities that would likely participate in planning

CHE	Drug Abuse Czar
DOE	Legislature
FSSA	DWD
PLA	IDOH
	GWC



Benefits:

- Supports cross-governmental planning

Challenges:

- Requires strong executive branch support
- Still requires an agency/executive branch lead/host

Options

- Academic Center
- Other Public Entity
- Private Entity

Potential Leading Perspective: Considerations

- Any potential leading perspective could share the responsibilities with other agencies through co-leadership (co-chairs) and/or funding
- Current question on the table will support research on potential implementation strategies/options:
 - Formalization mechanism
 - Funding
 - Scope
 - Charge
 - Deliverables
 - Etc.

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DOE	Legislature

New Business



Thank you!

Details on Next Meeting:

Thursday, May 5th, 2022

11:30am-1:00pm

