



## MEETING MINUTES

Thursday, September 23<sup>rd</sup>, 2021  
12:00pm-1:30pm

### Council members present:

- Michael Barnes (for Commissioner Fred Payne), Indiana Department of Workforce Development (Chair Designee)
- Ben Harvey, Indiana Primary Health Care Association
- Senator Ed Charbonneau, Senate Health and Provider Services Committee
- Representative Brad Barrett, House Public Health Committee
- Stephen Balko, Department of Education
- Dr. Hannah Maxey, Bowen Center for Health Workforce Research and Policy
- Andy VanZee (for Brian Tabor), Indiana Hospital Association
- Dr. Ken Sauer, Indiana Commission for Higher Education
- Shelby Thomas (for Doug Huntsinger) Governor's Office Commission to Combat Drug Abuse

### Council members absent:

- Dr. Kristina Box - Indiana State Department of Health
- Debbie Frye - Indiana Professional Licensing Agency
- Logan Harrison - Anthem
- Dr. Dan Rusiniyak - Indiana Family & Social Services Administration
- Cara Veale - Indiana Rural Health Association

### 1. Welcome

Michael Barnes, Chair Designee, calls the meeting to order at 12:05 pm.

### 2. Approval of Minutes from Meeting on June 17th, 2021\*

Council meeting minutes from the June 17th, 2021 meeting were adopted without amendment by voice vote.

### 3. Updates on Indiana Health Workforce Initiatives

#### a. New Resources: Life Cycle of Health Workforce Data Resource

Chair Designee Barnes introduces Dr. Hannah Maxey, Associate Professor and Director of the Bowen Center for Health Workforce Research and Policy, to provide an update on Indiana Health Workforce Initiatives.

Dr. Maxey shares a new resource created for the Council that were developed based on questions in the previous meeting about the health workforce data collection and use. The Bowen Center has created a [brief](#) describing the "life cycle of health workforce data"

to enhance transparency around the information collected at the time of license renewal for healthcare providers and licensees. The intention is to create a deeper understanding of what the data collection process is and what data is available. The steps associated with the life cycle of data were provided to the Council members and are outlined below:

- **Step 1: Developing information fields, data points, or metrics.** [Senate Enrolled Act 223-2018](#) modified [IC 25-1-2-10](#) which now authorizes the state to collect specified supplemental information at license renewal. The state had been doing some of this, but that act formalized it. The initial data fields start with federal minimum data set tools for the health care profession, then consider any state needs to gather supplemental data.
- **Step 2: Work with subject matter experts to refine information fields.** These subject matter experts (including professions, state agencies, board directors, professional associations, etc.) provide feedback on data fields.
- **Step 3: Finalize information fields.** The council then reviews questions and information fields and usually takes a formal vote. Then, the Bowen Center posts the approved survey questions and provides the tool to the PLA.
- **Step 4: PLA embeds the questions in the renewal process.** This allowing for seamless integration to minimize the burden on licensees.
- **Step 5: Information is used to create relevant resources.** After the license renewal period closes, the PLA sends all data collected to the Bowen Center. The Bowen Center's data team implements data management protocols and uploads data to Indiana Health Professions Database. Those data are used to develop reports and resources are discussed in Council meetings.

Chair Designee Barnes asks a qualifying question about how Indiana's health workforce data compares to other states. Maxey responds that Indiana is a national leader. It is common for other states to request technical assistance from the Bowen Center to move towards similar strategies.

b. **New Resource: A State Strategy for Identifying Active Buprenorphine Medication Assisted Treatment Providers**

Chair Designee Barnes introduces Courtney Medlock, Health Policy Analyst for the Bowen Center for Health Workforce Research and Policy, to present a special [report](#) on medication-assisted treatment (MAT) providers.

This report presents a use case for how the information provided by the practitioners during license renewal can be used to produce publicly accessible and actionable information to guide policy. This report examines Indiana's MAT Buprenorphine provider capacity. Qualified providers to prescribe buprenorphine include Physicians, Physician Assistants, or Advanced Practice Nurses. This report examines providers that report being engaged in MAT Buprenorphine services, comparing and contrasting SAMSHA data with Indiana supplemental license data. Using the geographic map in the report, the State can identify what communities have MAT Buprenorphine providers and where there may be gaps. Application of this strategy may enhance targeted recruitment or activation of MAT-buprenorphine providers.

Chair Designee Barnes asks a clarifying question about who the biggest user of this data is. Medlock says this data can be used at a state level to develop recruitment strategies to providers in areas where there are poor outcomes in opioid treatment.

Senator Charbonneau asks a clarifying question about buprenorphine. Medlock responds it is one type of medication-assisted treatment for opioid use disorder and it is the only MAT that has a different requirement from SAMHSA for practitioners in order to prescribe this medication.

Senator Charbonneau asks another clarifying question about the level of understanding we have about all three types of MAT in each county. Medlock states there is a complete data table in the full report with county-level types and counts of providers that provide any MAT service.

Ben Harvey asks a clarifying question regarding whether a measure of the rates of opioid disorder in counties exists that might be used as a proxy to assess whether provider capacity is sufficient to meet demand for MAT. Dr. Maxey says that the Bowen Center's research analyst, Sierra Vaughn, is working on an interactive data tool that enables users to know the number of providers that may be needed based on county health data.

**c. Data Collection: Supplemental Information Collected at License Renewal - Physician Assistant Supplemental Questions\***

Maxey provides updates on license renewal supplemental surveys for Physician Assistants. [Senate Enrolled Act 223-2018](#) requires data to be collected from several health professions during their biennial license renewal, including physician assistants (PAs). The Council will review proposed changes to PA questions for their 2022 renewal period. These modifications are proposed after engagement with the Indiana Academy of Physician Assistants, and include:

- Question 4 – Proposed modification: Addition of "doctorate degree" as a response option for qualifying education
  - There have been recent conversations and national program development for doctorate-entry programs for physician assistants.
- Question 6 – Proposed modification: Addition of question to obtain information on highest education achieved
  - This question has been added to ensure highest level of education of PAs is captured. This is in alignment with questions asked of nurses/advanced practice registered nurses.
- Question 7 – Proposed modification: Revise telehealth definitions to be in alignment with 2021 legislative changes.

These changes will be voted on in the December meeting, but the Bowen Center wanted to provide time for discussion, additional thoughts, questions, or comments on proposed modifications.

Dr. Ken Sauer asks a clarifying question regarding the highest level of education and consistency with other professions response options. Maxey responds that inter-profession consistency is a value but questions may vary if there is a profession-specific distinction.

Dr. Sauer follows up with a question regarding the number of current physician assistants that qualified for licensure before the minimum entry was raised to a master's degree. Maxey responds that the number of licensees who qualified with a degree less than a master's are small and declining each biennium.

**d. Engagement Opportunity: Tableau Dashboard Usability Testing**

Maxey shares with the Council that the Bowen Center has finalized physician workforce data visualization dashboards on the test site of the Bowen portal. The Bowen Center recognizes that accessing data can be difficult for some, so they created brief tutorial videos to help stakeholders and individuals that will access, use, and customize data. Maxey shares that the users will be able to access this data on the [Bowen Portal](#). Maxey provided a walkthrough of the data for physician geographic supply, demographics, education, practice settings, and medical specialties. The dashboard also includes a

policy timeline to track what policies were implemented that may correspond to changes in information collected from practitioners. The Bowen Center will be reaching out to Council members with an invitation to participate in usability testing in the coming months. Members can forward this invitation to colleagues within their organization who may also use this resource.

Maxey describes that the current strategy for data reporting is to suppress information when counts are less than 5. Maxey asks the Council for feedback on data suppression strategies for visualizations and data downloads. VanZee responds that data suppression would be appropriate for zip code level or smaller geographic area reporting. However, if information is presented at the state level, suppression should not be an issue. Harvey agrees.

**e. COVID-19 Health Workforce Response**

Maxey shared a high-level overview of the state of Indiana's health workforce response related to the COVID-19 pandemic as presented in a newly released [report](#). The report presents information on the number and types of health professions that stepped forward to serve in response to COVID-19 staffing needs. It also highlights trends in state-reported cases in health facilities that submitted health workforce need requests. From April 2020 to April 2021, there were 353 intakes requested recovered by the Bowen Center. The recent [Executive Order 21-24](#) shows continued policy action and efforts to address health workforce shortages during the pandemic.

The overall message from the report is that Indiana's health care workers were willing to serve in response to the pandemic. However, there are opportunities for developing enhanced strategies for future health workforce reserve activities. Investments may be needed to support the development of an infrastructure to support reserve workforce actives for future public health emergencies.

**4. New Business**

**a. Department of Labor Health Sector Award: Tecumseh Area Partnership**

Chair Designee Barnes introduced Roger Feldhaus and Deb Waymire of the Tecumseh Area Partnership to engage the Council in discussions about a recent Department of Labor award related to health workforce development. Roger Feldhaus thanks the Council for inviting the Tecumseh Area Partnership to be its guest to this meeting. Feldhaus explains that the Tecumseh Area Partnership is a coalition of nine regional workforce development boards that provides training, certification preparation, virtual tutoring, work experience, and supporting services to individuals ages 17 and up interested in H1B patient-facing health care occupations. The health workforce program will focus initially on certified nursing assistants in short supply in LTSS and hospital system settings. Previous studies suggest that nursing assistant certification opens more doors to more advanced careers in health care, such as licensed practical nurse or registered nurse roles. Supporting academic and professional advancement for CNAs will be a means to advance strategic workforce enhancements, especially in rural communities. This grant will serve primarily unemployed or underemployed populations.

Deb Waymire shares the specific function their health workforce program, which was funded through a grant opportunity from the U.S. Department of Labor. They partnered with nine of 12 economic regions across the state of Indiana for these training and educational opportunities. The grant is a \$2.5 million award over a four-year period. The grant was received in April 2021. They already have 54 individuals engaged in training. In addition to CNAs, other occupations can be served in this program, including EMTs. However, the main goal is CNA training.

Feldhaus adds that they have many partners involved in this initiative, including Indiana's Department of Workforce Development. There is also interest and engagement at the local level; the award has caused a shift in thinking at the local level from traditional workforce development as manufacturing to exploring opportunities for workforce development in healthcare.

Chair Designee Barnes asks if there is anything the Council can do now to assist. Feldhaus says there is an advisory board in place to ensure the initiative remains in touch with the needs of the state's health care system/facilities. It would be helpful to have an opportunity for continued conversation between the Council and the Tecumseh Area Partnership for data or context sharing as the initiative continues.

**b. Governor's Public Health Commission**

Chair Designee Michael Barnes highlights the newly established [Governor's Public Health Commission](#) through [Executive Order 21-21](#). The Commission was established in late August. Maxey will serve as the workforce representative on the GPHC. This appointment will serve as a good opportunity for collaboration between GHWC and GPHC moving forward. Maxey shares that Courtney Medlock will be representing the Bowen Center in the Commission's October meeting to present on the workforce.

**5. Next Steps: Governor's Health Workforce Council Initiatives**

Chair Designee Barnes begins the discussion about the future of the GHWC. He states that Council members have previously shared a desire to have more formalization to ensure the work of the Council continues. The Council has built the foundation in data collection and want to build upon that for the future in translation to policy coordination. The Department of Workforce Development would like to start a strategic planning process for the Council in the first half of next year. There will be an outside consultant to help with that planning process. Council members can expect more information at the December meeting.

The next Council meeting will be Thursday, December 9th, 2021, from 12:00pm–1:30pm and the meeting will continue to be virtual at this time.

Chair Designee Barnes adjourns the meeting at 1:25 pm.