

# GOVERNOR'S HEALTH WORKFORCE COUNCIL MEETING

August 28, 2018

# Agenda

- Welcome
- Approval of Minutes
- Workgroup Updates
  - Community Health Worker Workgroup
  - State Loan Repayment Program Workgroup
  - Joint Recommendation: Health Workforce Modernization and Innovation Project
- Update on Occupational Licensing Policy Learning Consortia
- Other Business

**Approval of Minutes from May 23, 2018\***

# Report Update from Workgroups

# Community Health Worker Workgroup

Judy Hasselkus

Laura Heinrich

# CHW WORKGROUP: LOGISTICS AND MEMBERSHIP

**Judy Hasselkus, Chair**

Program Director, Employer Engagement & Sector Specialist For  
Health Care, Ag., & Life Sciences  
Department Of Workforce Development

**Laura Heinrich, Co-chair**

Director Of Cardiovascular Health And Diabetes  
Indiana State Department Of Health

**Rebecca Adkins**

Systems Director-Population Health  
Ascension

**Kathy Cook**

Executive Director  
Affiliated Services Provider Of Indiana

**Terry Cook (formerly Debbie Herrmann)**

Deputy Director  
Division Of Mental Health And Addiction

**Margarita Hart**

Executive Director  
Indiana Community Health Workers Association (INCHWA)

**Jennifer Long**

Marion County Public Health Department

**Don Kelso**

Executive Director  
Indiana Rural Health Association

**Hannah Burney (formerly Derris Harrison)**

Long Term Care Reimbursement Manager  
Office Of Medicaid Policy And Planning

**Mandy Rush**

Mental Health America Of Northeast Indiana

**Mary Anne Sloan**

Vice President Health Care  
Ivy Tech

**Lisa Staten**

Department Chair Of Social And Behavioral Sciences  
Richard M. Fairbanks School Of Public Health

**Andrew VanZee**

Chair Of Council On Workforce Development  
Indiana Hospital Association

**Carol Weiss-Kennedy**

Director Of Community Health  
IU Health Bloomington

# Underlying Goals of Health Workforce Strategy



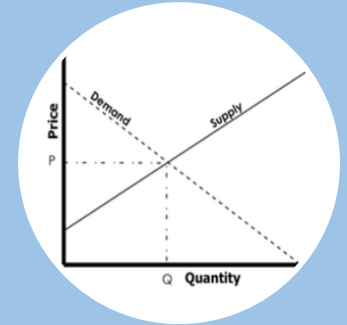
Improve access  
to care



Ensure high  
quality care



Improve  
efficiencies within  
the health system



Increase  
economic  
development

Workforce Strategy

# CHW WORKGROUP: STRATEGIES

- Review of CHW initiatives and training programs in Indiana
- Landscape analysis of CHW initiatives in other states
- Expert guidance from partners in Occupational Licensing Policy Learning Consortium
- Inclusion of diverse voices (CHWs, IPHCA, PLA, CHE)
- Reactor panels to provide additional perspective on discussion



# RECOMMENDATION 1: DEFINITION

Adopt the American Public Health Association's definition of a community health worker

"A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy"

# RECOMMENDATION 2: COMPETENCIES AND ASSOCIATED SKILLS

- Adopted Community Health Worker competencies and associated skills defined in the Core Consensus (C3)<sup>1</sup> project with Indiana amendments

Communication Skills

Interpersonal and Relationship Building Skills

Service Coordination and Navigation Skills

Capacity Building Skills

Advocacy Skills

Education and Facilitation Skills

Individual and Community Assessment Skills

Outreach Skills

Professional Skills and Conduct

Evaluation and Research Skills

Knowledge Base

1. Rosenthal E.L., Rush C.H., Allen C.G. (2016). Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Available at:

<https://sph.uth.edu/dotAsset/28044e61-fb10-41a2-bf3b-07efa4fe56ae.pdf>

## RECOMMENDATION 3: CERTIFICATION

Implement state-recognized certification: Certified Community Health Worker

(Anyone can work in the occupation but only those who meet the state's criteria can use the designated title.)

## RECOMMENDATION 4: EDUCATION AND TRAINING

Develop standardized education/training to certify community health workers through a flexible curriculum that teaches to competencies.

Develop an assessment (exam) and publish pass rates.

## RECOMMENDATION 5: GRANDFATHERING

Develop grandfathering provisions which facilitate certification for individuals who have previously completed training.

## RECOMMENDATION 6: REGISTRY

Maintain a registry of state-recognized Certified Community Health Workers.

## RECOMMENDATION 7: REGULATORY OVERSIGHT

The Indiana State Department of Health shall provide regulatory oversight for Certified Community Health Workers.

Establish an advisory body to provide counsel and guidance, in a frequency to be determined, on aspects of Certified Community Health Worker regulation.

# RECOMMENDATION 7: REGULATORY OVERSIGHT CONT.

- Adopt Competencies and Skills
- Establish baseline criterion (hour, modes of delivery, etc.) for CCHW training
- Establish review criterion for CCHW curriculum
- Review CCHW curriculum to ensure alignment
- Generate assessment for CCHWs
- Develop strategy for implementation of electronic assessment required for CCHW
- Develop strategy to report pass rates for assessment by training program/vender
- Consider a process for reciprocity
- Develop and oversee application process for CHW certification
- Maintain a registry of CCHWs.
- Perform ongoing assessment of regulatory schema for CCHWs to ensure alignment with state needs.



# CHW WORKGROUP: WHAT? SO WHAT? NOW WHAT?

- Consideration of CHW Workgroup Recommendations
- Discussion of next steps for:
  - Council
  - CHW Workgroup
  - ISDH

# STATE LOAN REPAYMENT PROGRAM WORKGROUP

Allison Taylor

# HEALTH WORKFORCE MODERNIZATION AND INNOVATION PROJECT

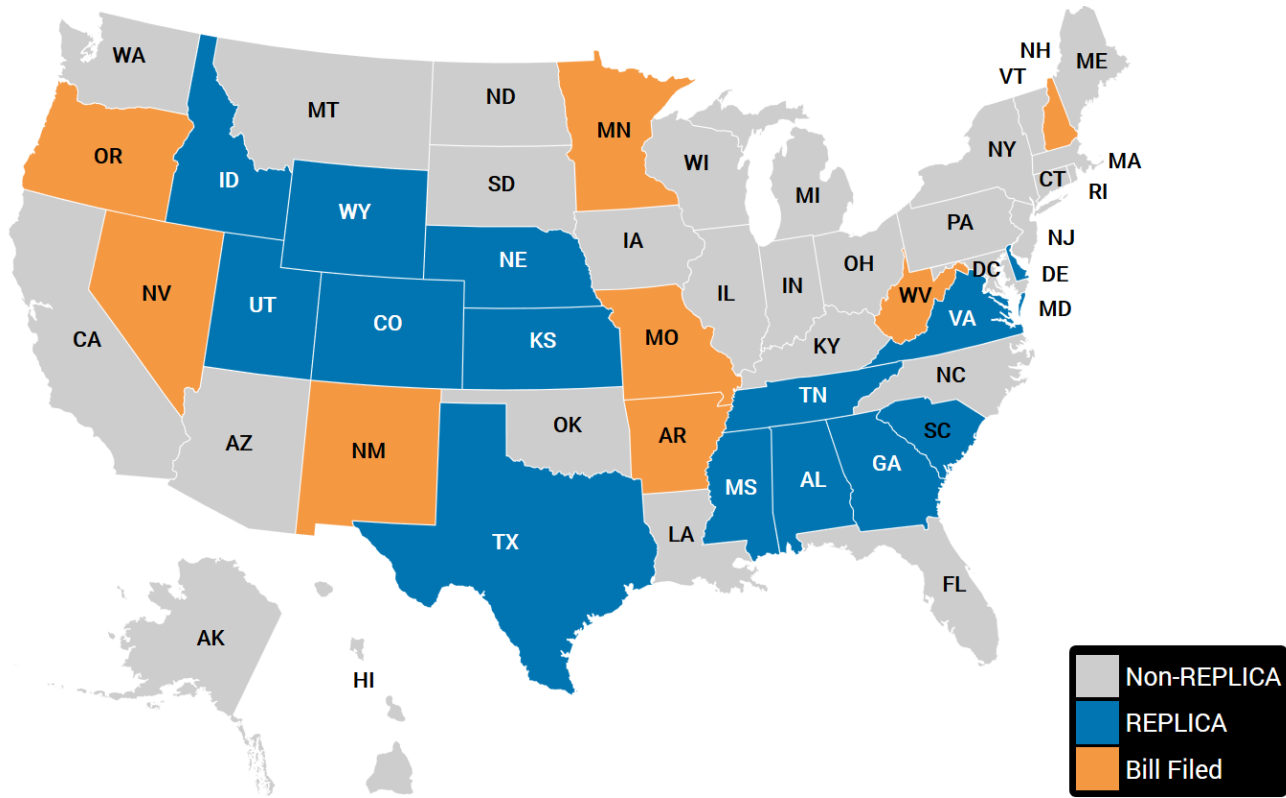
# OCCUPATIONAL LICENSING POLICY LEARNING CONSORTIUM

# VISION AND GOALS

- Indiana's **VISION** is to establish a formal process for periodic, systematic review of occupational and professional licensing statute to ensure optimum balance between quality/safety assurance and competitive labor market environment in the health sector.
- Consortia participation **GOALS**:
  - 1) examine the appropriateness of current licensing policies for the identified health occupations and generate policy recommendations to reduce unnecessary barriers to entry and enhance workforce mobility for identified health occupations
  - 2) explore best practices in occupational regulation review and generate policy recommendations for the State of Indiana for periodic, systematic review of occupational regulation in the health sector.

# GOAL #1: Appropriateness of currently licensing polices for licensed practical nurse, emergency medical technician/paramedic, dental hygiene, and certified nurse aide

- Occupations:
  - CNA, LPN, DH
    - Current licensing scheme determined to be appropriate (completed)
  - EMT/Paramedic
    - Recognition of EMS personnel licensure interstate compact (REPLICA)\* (ongoing)
- Special Populations:
  - Veterans and Military Spouses
    - Enhanced messaging regarding expedited review (Completed)
    - Enhanced data collection (Completed)
  - Persons with Criminal Histories
    - House Enrolled Act 1245 – requires state to explicitly list disqualifying crimes from licensure (ongoing)
  - Immigrant Populations
    - Senate Enrolled Act 419 – Allows for individuals with federal work authorization to apply for professional/occupational licenses (completed)
  - Dislocated/Unemployed Workers
    - NextLevel Jobs: Workforce Ready Grants/Employer Training Grants (ongoing)



- The Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) is the nation's first and only multi-state compact for the Emergency Medical Services profession.
- REPLICA provides qualified EMS professionals licensed in a "Home State" a legal "Privilege To Practice" in "Remote States".
- Home States are simply a state where an EMT or Paramedic is licensed;
- Remote States are other states that have adopted the REPLICA legislation

### Multi-State Privilege To Practice

REPLICA extends a multi-state privilege to practice to qualified EMS personnel.

# REPLICA

# BENEFITS FOR EMS PERSONNEL

- Obtain and maintain one EMS license, receive privileges to practice in REPLICA states while carrying out day-to-day duties, staffing large planned and unplanned events as authorized.
- Creates an expedited pathway to licensure for members of the military separating from active duty and their spouses with unrestricted NREMT card.
- Work under the scope of practice from your home REPLICA state.
- Reduced time, paperwork and costs associated with maintaining multiple licenses just to do your job.

## Public Service

REPLICA enhances the way EMS is able to serve the public. REPLICA allows EMS personnel to better serve the public across state lines. (Note: REPLICA applies to individual EMS professionals, not EMS agencies.)



# EMS PERSONNEL ELIGIBILITY

- Must be 18 years of age and have met state licensure requirements at the EMT, AEMT or Paramedic level in a REPLICA Home State.
- Be practicing in good standing in their home state with an unrestricted license and under the supervision of an EMS Medical Director.

## Veteran Recognition

REPLICA recognizes the service of veterans and their spouses. REPLICA provides a mechanism for our nation's veterans to receive priority processing of EMS licensure paperwork.

# STATE EMS OFFICE – EMS SYSTEM ELIGIBILITY

- ✓ Utilize the NREMT exam at the EMT and Paramedic levels for initial licensure
- Utilize FBI compliant background check with biometric data (e.g. fingerprints) within 5 years of Compact activation.
- ✓ Have a process to receive, investigate, and resolve complaints; and share information with other Compact states as necessary.
- Enact the model REPLICA legislation

## Public Protection

REPLICA provides a mechanism for State EMS Offices to share licensure information, communicate, and coordinate.

GOAL #2: Explore best practices in occupational regulation review and generate policy recommendations for the state of Indiana for periodic, systematic review of occupational regulation in the health sector

- Completed activities:
  - Generated a tool for occupational regulation review
- Ongoing activities:
  - Landscape analysis of Sunrise policies in other states for emerging professions

### **Sunrise Review (definition):**

*It is a review of whether it is necessary for a legislature to enact legislation to regulate an as yet unregulated profession or occupation in order to protect the health, safety, or welfare of the public.*

# OTHER BUSINESS

# BOWEN CENTER: HEALTH WORKFORCE DATA DELIVERABLES

## 2017 Physician Data Report

275 downloads *since July 17, 2018*

## Bowen Portal Updates

*Since May 22, 2018*

1,089 Sessions

753 Users

381 New Login Accounts

## Upcoming Health Workforce Reports

Registered Nurse Data Report

Physician Fact Sheet

Registered Nurse Fact Sheet

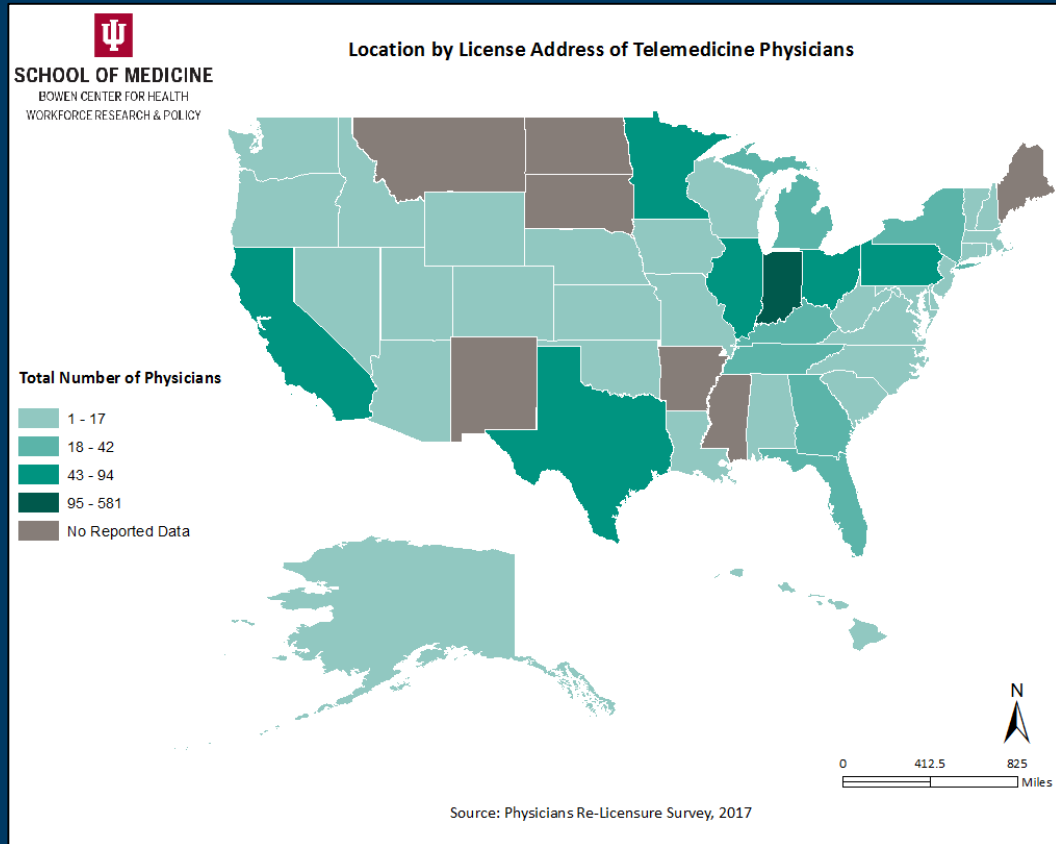
## Health Professions Surveys

Working with PLA on implementation of SEA 223



# BOWEN CENTER: SPECIAL REPORTS

## Telemedicine Physicians Report



## Addiction Workforce Report

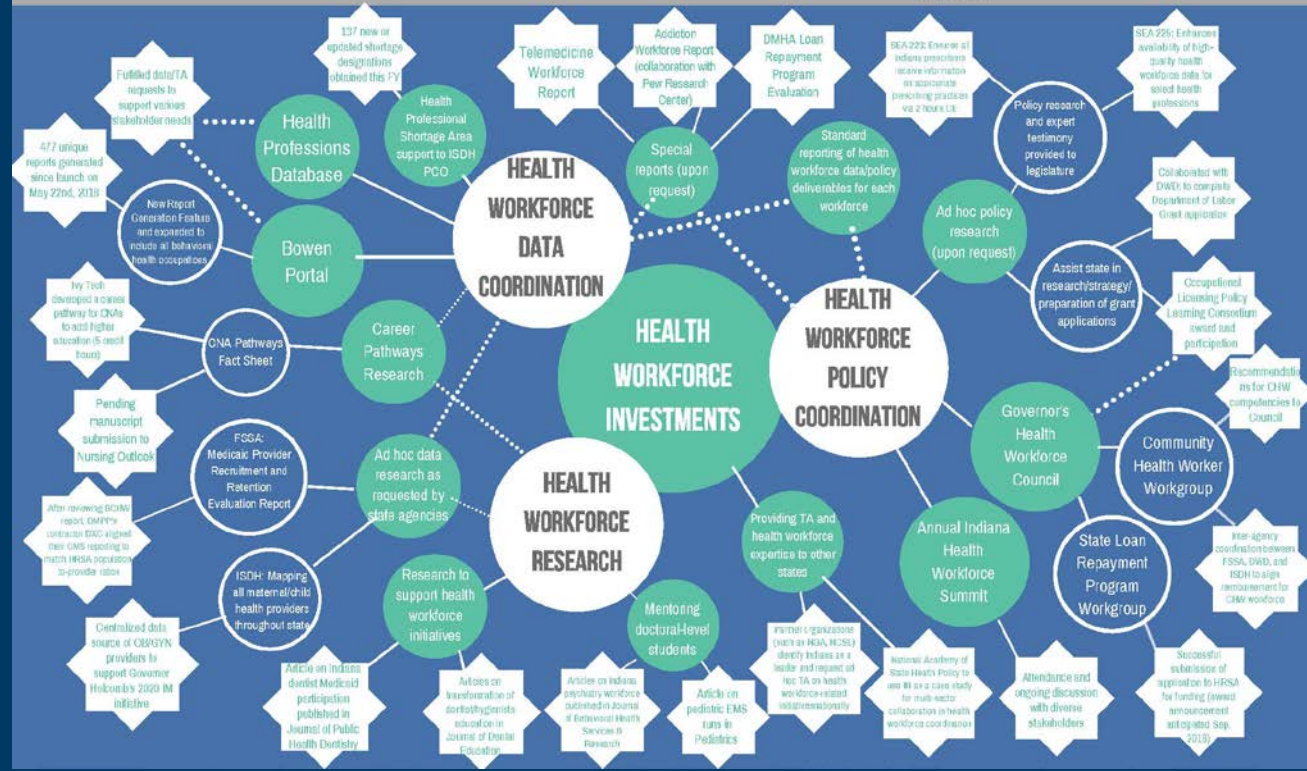
Total Count of Behavioral Health Licenses	LAC		LCAC	
	N	%	N	%
<b>1 license</b>	155	60%	279	21%
<b>2 licenses</b>	95	37%	925	69%
<b>3 licenses</b>	7	3%	111	8%
<b>4 licenses</b>	1	0%	21	2%
<b>Total</b>	<b>258</b>	<b>100%</b>	<b>1336</b>	<b>100%</b>

# BOWEN CENTER: MAPPING IMPACT

## MAPPING THE IMPACT OF STATE INVESTMENT IN HEALTH WORKFORCE COORDINATION: JUL 2017-JUN 2019

### BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH & POLICY (BOWEN CENTER)

The State of Indiana began investments in health workforce data and policy coordination initiatives in FY 2015-2017 after Indiana's participation in the National Governor's Association Health Workforce Policy Academy (2015). (Former) Governor Pence established the Governor's Health Workforce Council to serve as the health workforce policy coordinating entity for the state. The Bowen Center manages health workforce data coordination on behalf of the state and provides administrative support and technical expertise to the Council. This concept map displays the policy and programmatic impacts of these investments.



## BOWEN CENTER OTHER INITIATIVES

- Graduate Medical Education (GME) Expansion
- DMHA Loan Repayment Evaluation
- Grand Challenge
- Dental School Admissions Committee Calibration Session
- Federal Shortage Area Designation Activities
- Technical Assistance: state, (state and national) stakeholders, other states
- Turning state service into national service



# NEXT COUNCIL MEETING

Thursday, December 6th

1:00pm-3:00pm

Indiana Government Center South

Conference Rooms 4+5

# Contact Information

Any questions and/or comments can be directed  
to Bowen Center staff at

▪ [bowenctr@iu.edu](mailto:bowenctr@iu.edu)