

MEETING MINUTES
Governor's Health Workforce Council
Friday, June 3rd, 1:00pm-3:00pm
Indiana Government Center South, Conference Rooms 4 & 5

Members Present:

- Deborah Frye, Executive Director, Professional Licensing Agency
- Don Kelso, Executive Director, Indiana Rural Health Association
- Doug Leonard, President, Indiana Hospital Association
- Hannah Maxey, Assistant Professor and Director, Bowen Center for Health Workforce Research and Policy
- Phil Morphew, Chief Executive Officer, Indiana Primary Health Care Association
- Joe Moser, Indiana Medicaid Director, Indiana Family Social Services Administration
- Jennifer Walthall, Deputy State Health Commissioner, Indiana State Health Department
- Pete Weldy, Director of Policy and Research, Indiana Department of Education
- Senator Patricia Miller, Senator, Indiana Senate
- Ken Sauer, Senior Associate Commissioner and Chief Academic Officer, Indiana Commission for Higher Education

Members Not Present:

- Michael Barnes, Associate Chief Operating Officer for Employer Engagement, Indiana Department of Workforce Development, Family and Social Services Administration
- Lindsey Craig, Director of Public Health & Family Policy, Office of Governor Mike Pence
- Representative Cynthia Kirchhofer, Representative, Indiana House of Representatives
- Tom Vandergrift, Payment Innovation Network Director, Anthem, Inc.

1. Welcome

Dr. Hannah Maxey welcomes all Council members to the meeting. She reports that Michael Barnes, Council Chair, was not able to be present because of a last-minute family emergency and unfortunately Lindsey Craig was also unable to be present due to an illness. Dr. Maxey calls the meeting to order at 1:00pm. Each Council member introduced themselves.

2. Approval of Minutes from Meeting on February 29, 2016*

Don Kelso made a motion to approve the minutes. Dr. Jennifer Walthall seconded this motion. All agree to approve the minutes.

3. Task Force Reports

Education, Pipeline, and Training

Marie Mackintosh, Associate Chief Operating Officer for Education & Training at the Department of Workforce Development, presents updates to the Council on the work of the Education, Pipeline, and Training Task Force. She discusses that the top two priorities identified by this task force were 1. Middle Skills Occupations and 2. Graduate Medical Education.

- Doug Leonard asks about whether there is an opportunity for health care jobs within high school level training. Marie responds that yes, these occupations exist. An example is Licensed Practical Nurses that can train for post-secondary education while still in high school then apply for licensure.
- Marie Mackintosh states that one of the priorities of this task force was to create a “value matrix” to serve as an occupational decision support tool. This tool includes demand information, data on training programs, cost of training versus income, etc. In evaluating demand, it is important to take into consideration the federal projections but ensure they are tailored to the state and even locally with employers. She discusses that there were no identified employer surveys to evaluate demand. However, information on turnover rates can be used as a proxy to examine demand. In particular, the long-term care sector has experienced high rates of turnover.
 - o Joe Moser asks for clarification on how the turnover rates were calculated. Hannah Maxey responds that an agency (Myers and Stauffer) evaluated turnover rates to inform the state. The turnover is calculated by dividing the number of employees who left during a period by the number of employees who were present at the beginning of the period.
 - o Senator Miller asks about whether these data demonstrate whether there is information on whether these Long Term Care staff are moving to another long term care facility or whether they are leaving the field. Marie Mackintosh responds that unfortunately, this is not able to be separated within the current data.
- Doug Leonard asked whether any information was parsed out as to whether what need or use is necessary in Indiana.
- Dr. Ken Sauer states it would be important for occupations with optional certification to understand whether the employer values a certification. He also states that in some occupations, there may be more than one certification that is considered by employers.
- Doug Leonard states that it seems, in the hospital culture, that some of these occupations have been creating standards of education resulting in restricted market entry into that occupation.
- Marie Mackintosh presents information on the calculation of standard occupation codes linked to classification of instructional programs. These data demonstrate that the number of persons graduating from degree programs doubles the projected demand need. This demonstrates the need to confirm the demand and the need for institutional program planning.
- Marie Mackintosh and Dr. Ken Sauer state that it is important to inform student choice, as they are deciding which educational program they wish to enroll; ensuring they understand projected demand for that occupation once they graduate.
- Dr. Hannah Maxey asks Pete Weldy if the Department of Education has targeted programs to inform high school students and if any of those programs incorporate demand data.
 - o Pete Weldy responds that they do use this information, but there is an inequity to information and program options throughout the state, especially in rural areas.
- Marie states that at the Department of Workforce Development, they are investing in a “career explorer” where students can understand what occupations are available based on student interest/aptitude. However, this program doesn’t take into account the demand data.

- Doug Leonard states that predictions in demand are still always subject to dynamic market forces.
- Marie Mackintosh discusses that the Education Task Force is also looking into supporting the Commission for Higher Education's efforts in translating military training into college credit. This program has graduated many veterans, particularly within health care middle skills occupations.
- Dr. Jennifer Walthall mentions that a barrier to investing in the development of paramedicine programs is that these roles are not reimbursed.
 - o Joe Moser states that his organization has been researching paramedicine in terms of outcomes and cost-savings.
- Marie Mackintosh presents information on the economic and workforce implications of potential GME expansion, to support the work of the GME Board. She presents on the number of unique occupation codes that are associated with physician offices, categorized by physician offices. There are more unique occupation codes represented in urban areas than rural. Dr. Ken Sauer states that it would be beneficial to the Council and Task force if the occupation titles were included and presented.
- Don Kelso states that he believes the Task Force is heading in the right direction. It is important to consider the future of health care in Indiana as well. He states that it is important to also consider delivery models such as the potential for telemedicine.
 - o Dr. Hannah Maxey responds, agreeing that it might be beneficial to create a framework for a "value matrix" so that it could be dynamic and respond appropriately to changes in health care.
 - o Doug Leonard agrees, stating he believes the Task Force is on the right track.

Mental and Behavioral Health Workforce Task Force

Joe Moser, Indiana Medicaid Director at Family and Social Services Administration, presents updates on this Task Force. He reviews trends in the supply of mental health occupations and trends in the growth rate for mental health occupations. He reports that licensed addiction counselors and licensed clinical addiction counselors have grown the least of these occupations. He reviews the priorities discussed within the first Task Force meeting, broadly including licensing, access, and reimbursements. He asks the Council if they have any feedback on this list of priorities.

- Dr. Walthall states that from the Indiana State Department of Health's perspective, integration of behavioral health with primary care has been a significant priority, and this has closely tied to reimbursement barriers. She states that integrated models enhance the service line delivered to the patient.
 - o Dr. Hannah Maxey asks Dr. Walthall what the barriers have been to implementing integration. Dr. Walthall responds that there is a work group that has formed on integration. She responds that reimbursement has been a barrier, but it is in the process of being removed. She also states that there are generally more primary care providers than behavioral health specialists, so supply of behavioral health professionals has been a barrier.

- Dr. Hannah Maxey states that she believes each of these priorities must be working together; licensing must allow for services to be delivered to improve access, then the reimbursements must be in place to ensure sustainability.
- Pete Weldy states that there has been support in the K-12 perspective to embed wraparound health services within the school setting.
- Joe Moser presents data on the psychiatrist workforce, including supply, training, and numbers of safety net providers. He presents information on the numbers of psychiatrist's self-reported serving Indiana Medicaid patients versus number of active Medicaid providers based on number of claims submitted. In comparing Indiana's psychiatrists supply to the Indiana population, the numbers recommended federally by the Health Resources and Services Administration (1 psychiatrist per 30,000 residents) is at sufficient capacity. However, when this is broken down into those psychiatrists that serve Medicaid population, the state is not at sufficient capacity.

Update on Data Coordination

Dr. Hannah Maxey, Assistant Professor and Director of Bowen Center for Health Workforce Research and Policy, presents updates on data coordination efforts. This includes testing and identifying visualization platforms, which best meet stakeholder needs. She provides updates on survey development for an expanded list of licensed health professions, stating data will be obtained on a larger number of professions in Indiana than ever before. She also presents updates on dissemination of Indiana health workforce data reports, stating there were more than 6,000 views or downloads on these reports since November 2015. She also invites all Council members and public to attend the Indiana Health Workforce Summit, which will be held on June 29th. At this Summit, stakeholders will learn about national and state-level health workforce initiatives, and will be able to input their preferences for data visualization strategies.

Meeting adjourned at 2:55pm.

**Next Governor's Health Workforce Council Meeting
Thursday, September 1st, 2016, 10:00am-12:00pm
Location: Government Center, Conference Room A**

**Items marked with an asterisk (*) require a vote or other action.*

All questions and/or comments can be directed to bowenctr@iu.edu.