Studying Indiana’s Health Workforce

A Stakeholder Meeting
Feb. 4, 2012

Meeting Report
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41 participants (see Attachment 1).

Rick Kiovsky briefly reviewed today’s objectives (see Attachment 2). The context for the importance of health workforce studies includes the rapid development of inter-professional care and training that remodel the clinical workforce; and projected increases in demand for health care as the Affordable Care Act is deployed. National stakeholders such as the Health Resources and Services Administration have recognized and cultivated an increased role for state health workforce centers and studies.

Terry Zollinger reviewed the history since the late 1990s of health workforce data analysis and reporting in Indiana (see Attachment 3). A long-standing data-sharing partnership of the Indiana Professional Licensing Agency, the Indiana State Department of Health, and Bowen Research Center and Indiana AHEC efficiently administers health workforce surveys seamlessly with biennial license renewal for many health professions. An advisory panel contributes to each profession’s biennial descriptive report and develops improvements to survey items.

Kim Harper of the Indiana Center for Nursing reviewed IC4N mission, goals, and highlighting the intersection of nursing workforce data in several IC4N initiatives and priorities (see Attachment 4). A nurse infrastructure committee at IC4N monitors a wide array of data on Indiana’s nursing workforce, in alignment with IC4N goals and the objectives of the Indiana Action Coalition of the National Campaign for the Future of Nursing:

- increase the proportion of RNs who hold a baccalaureate degree in nursing to 80% (49% in 2011)
- double the number of nursing practice doctorates (already on track to meet this goal)
- remove scope of practice barriers in nursing
- expand nurse leadership opportunities
- and build an infrastructure to collect and analyze health workforce data

Like other nursing stakeholders nationally, IC4N anticipates a drop in the number and proportion of RNs working in acute-care roles and an increase in RN workforce in other health care settings, and IC4N also and its nursing workforce partners across the US are working to develop and implement a national nursing workforce minimum dataset. This array of nursing workforce initiatives underscores the need and role of comprehensive health workforce data collection, analysis, reporting, and dissemination in Indiana and elsewhere. “Who needs health workforce data? Everyone!”
John Williams highlighted workforce research recently completed by IU School of Dentistry and the Bowen Research Center to assess trends among recent dentistry graduates (see Attachment 5). Findings highlight potential priorities for dental workforce planning and training, including geographic distribution and diversity. Dr. Williams also reviewed seven key issues in dental practice and training where continuous and improved dental workforce data collection and reporting will be a critical tool for driving innovation:

1. Graduates’ preparedness for treating diverse populations in diverse settings
2. Factors related to the escalation of student debt
3. Graduates’ economic health: income expectations and loan repayment plans
4. Impact student debt has on practice location and type
5. How is being members of the Millennial Generation (Generation Y) affecting dental graduates’ decisions and economic behaviors
6. Impact of gender shift in enrollment/graduation and practice plans
7. Graying of dental workforce: retirements and transitions

Discussion Breakouts

In the context of the current mission of the Indiana Center for Health Workforce Studies, attendees held breakout discussions and delivered summary reports on three questions (see Attachment 6):

1. What are the strengths of current reports?
2. What are the weaknesses of current reports?
3. What do stakeholders most need from health workforce research, or, what are the critical health workforce questions that stakeholders face over the next three years?

Attendees grouped by general interest area, including:

1. Academic/training program perspectives
2. Community/advocacy [policy] perspectives
3. Regional AHEC perspectives
4. Professional association and clinician perspectives

Finally, attendees were invited to consider serving on a Steering Committee of the Indiana Center for Health Workforce Studies. The Steering Committee will meet twice annually to hear a report of health workforce studies activities and provide feedback on key questions and issues. To date, 22 attendees have consented to serve (see Attachment 7).

Meeting adjourned 11:15 am.

Attachment 8, Meeting agenda and handouts
## Attendees
### Studying Indiana's Health Workforce, Feb. 4, 2014

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Studying Indiana’s Health Care Workforce

A Vision for the Future

Stakeholder Meeting
Feb. 4, 2014

Indiana Center for Health Workforce Studies
Mission
Conduct and disseminate health workforce research designed to improve health and health care for the people of Indiana

Objectives for today

Identify the opportunities for strengthening Indiana as a national player in health workforce data analysis and reporting

1. Review contributions and benefits of Indiana health workforce data analysis
   - Zdilinger
   - Harper
   - Williams/Yoder

2. Identify your workforce reporting needs, priorities to inform future work
   - Breakouts

3. Initiate a steering committee
   - Next steps
Health Workforce Studies Overview and History
Terrell W. Zollinger, DrPH

**Biennial Licensure Survey Datasets Reported**

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<td>x</td>
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- Odd-year renewals
- Even-year renewals
- X = complete
- P = in process
- S = to be scheduled

**Over-all survey response rates mean 79.8% median 81.8%**

**Process Improvements**

- Advisory groups
- Review and edit report and survey instrument
- Update survey instruments
  - Consistency year-to-year
  - Consistency between professions
  - HRSA Minimum Required Data standards
- Improve the reports
  - Non-response weighting for better estimates
  - Use of license data to supplement surveys
  - Report FTE as well as headcounts

**Upcoming**

- Physician assistant 2012, behavioral health 2012
- Initiate a HWSC steering committee
- Develop short-, medium-, and long-term HWSC strategic and resource development plan
- Develop new partnerships to link health workforce report datasets to online mapping, query, and dissemination platforms
- New publication formats (issue briefs, county snapshots)

**Technical Reports**

- **2012**
  - Behavioral health 2010
  - Physician assistants 2010
  - Pharmacists 2010
  - Primary care special report
- **2013**
  - Physicians 2011
  - Registered nurses 2011
  - Dentists 2012
  - Dental hygienists 2012
  - Licensed practical nurses 2012
- **2014**
  - Behavioral health 2012
  - Physician assistants 2012
  - Pharmacists 2012
  - Physicians 2013
Professional Workforce Data
Who Needs It?

Studying Indiana’s Health Workforce
February 4, 2014

Kimberly Harper, RN, MS
Executive Director, Indiana Center for Nursing
Nursing Co-Lead, Indiana Action Coalition – National Future of Nursing
Campaign for Action

ICN Member
Combined Schools and Hospitals/Health Systems

ICN Statewide Organizational Members

ICN Vision

• The ICN shall serve as a unified voice for the profession of nursing in Indiana to:
  • Assure a highly qualified nursing workforce prepared to meet the demand of a dynamic healthcare system
  • Promote Indiana as a destination state for nursing practice

ICN Strategic Priority Areas

• One Voice, One Center for Nursing in Indiana
• Designing Indiana Nursing’s Future
• Building Indiana Nursing Workforce Infrastructure
• Nursing Scholarships and Tuition Reimbursement
• Education - Practice Partnerships
• Increasing Diversity in Nursing to Reflect the Population of Indiana
The Institute of Medicine Report

IOM Recommendations

• Remove scope of practice barriers
• Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
• Implement nurse residency programs
• Increase proportion of nurses with BSN degree to 80 percent by 2020

IOM Recommendations (cont.)

• Double the number of nurses with a doctorate by 2020
• Ensure that nurses engage in lifelong learning
• Prepare and enable nurses to lead change to advance health
• Build an infrastructure to collect and analyze health care workforce data

Indiana Action Coalition: Transforming Healthcare (INAC:TH)

• Partnership between Indiana Center for Nursing (ICN) and Indiana Area Health Education Centers (IN AHEC) state-wide to achieve the Indiana goals related to the recommendations of the Institute of Medicine Report on the Future of Nursing
“In order to even try to create predictive models for future workforce needs, nursing researchers must rely on data sets that are far less than adequate, piecing together what data can be tracked accurately.”

(Buerhaus, Auerbach, Staiger & Muench, 2013)

National Nursing Workforce Data
- America has over 3 Million Registered Nurses today
- 2.6 Million of them are currently employed in a nursing position
- There is NO national data set that represents nursing supply, education and demand
- Data collected and reported varies widely state by state across the nation

National Forum of State Nursing Workforce Centers Nursing Minimum Data Sets
- Supply
- Education
- Demand

Workforce Data Collection Must Be...
- Inclusive
- Collaborative
- Accurate
- Analyzed by data experts PLUS those in the profession
- Disseminated widely

Uses of Professional Workforce Data
- Pipeline development
- Curriculum development
- Staffing decisions
- Creation of new professional roles needed for healthcare delivery models of the future
Current IN RN Workforce

- There are over 100,000 RNs with Indiana licenses
- Majority are between age 45 and 54
- Female 94%, White 94%, non-Hispanic 98%
- 55.3% of all RNs in Indiana who are actively employed in a paid nursing position are employed in hospitals
- The rest work in LTC, Amb Care, Home Health, Hospice, Community and Rural Health Centers, Education, etc.

Current IN LPN Workforce

- There are almost 30,000 LPNs with IN licenses
- Mean age is 45
- Female 94%, White 86%, non-Hispanic 98%
- 38% had plans to pursue a BSN
- Nearly 50% of all LPNs in Indiana who are actively employed in a paid nursing position are employed in LTC
- Only 5% work in acute care; the rest work in physician offices, ambulatory care, home health, etc.

“Clearly, improved data involving the supply of Registered Nurses is imperative to guide national as well as state nursing workforce planners, employers, educators, and others whose roles involve developing policies and initiatives that will impact the nursing supply of the future.”

(Auerbach, Staiger, Muench & Buerhaus, 2013)

Professional Workforce Data: Who Needs It?

EVERYONE!
In God We Trust

The Rest of You Need to Bring DATA!

References


Indiana Center for Health Workforce Studies – Bowen Research Center, Department of Family Medicine, Indiana University School of Medicine. (2013). 2012 and 2013 Indiana nurse re-licensure survey reports.

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Nursing Lead
Indiana Action Coalition
National Future of Nursing Campaign for Action

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The IUSD- Bowen Research Center Partnership Began Here

Indiana University School of Dentistry
John N. Williams, Dean
Karen M. Yoder, Director of Civic Engagement

Previous ICHWS Studies Provided Important Background Information:
IU School of Dentistry: Historical Use of Data for Visual Images of Workforce Distributions

1998 ICHWS Dot Density Map of Indiana Dentists (Not exact locations)

2013 interactive GIS map enable exact locations of dentists and added pop-up information

Newer technology enables specificity

Interactive Map: Helps Indiana Head Start Programs Fulfill Their Federal Performance Standards for Dental Care

Head Start Sites = orange dots
Dental Office/Clinic = green dot

Zoom-in to Show Spatial Relationships More Precisely

Indiana Dental Workforce: Current Critical Issues to Examine
1. Graduates' preparedness for treating diverse populations in diverse settings
2. Factors related to the escalation of student debt
3. Graduates' economic health: income expectations and loan repayment plans
4. Impact student debt has on practice location and type
5. How is being members of the Millennial Generation (Generation Y) affecting dental graduates decisions and economic behaviors

Dental Workforce: Current Critical Issues to Examine
1. Graduates Preparedness for Treating Diverse Populations in Diverse Settings
   - Clinical experience in community-based settings
   - Participation in international service-learning programs
   - Student initiative in planning, implementing, and evaluating community-based programs
Dental Workforce: Current Critical Issues to Examine (cont.)

2. Factors related to the escalation of student debt

- Role of higher education and professional schools in cost control
- Students’ borrowing and spending patterns

3. Graduates income expectations and loan repayment plans

- Income relative to type of practice/employment choice (private, safety-net, military etc.)
- Income relative to location (urban, suburban, rural)
- Impact of declining dentists’ income on applicant pool
- Impact of gender on graduates’ type of practice, geographic location, and hours worked
- Admissions policies relative to outcomes of gender studies

4. Impact student debt has on practice location and type

- Geographic location (urban vs. rural)
- Purchase of existing practices
- Associateships / Partnerships
- Multi-state corporate practices (Small Smiles, Kool Smiles etc.)
- Military Service
- Academic Career
- Research/ Dental industry
- Safety-net Clinic

Dental Workforce: Current Critical Issues to Examine (cont.)

5. How is being part of the Millennial Generation (Generation Y) affecting dental graduates decisions and economic behaviors… and what are beneficial academic response strategies

- Insecurity, retraining, ways-to-connect, global, passion, collaboration, future, media
Dental Workforce: Current Critical Issues to Examine (cont.)

6. Impact gender shift in enrollment/graduation and practice plans
   • Geographic location (urban vs. rural)
   • Purchase of existing practices
   • Associateships / Partnerships
   • Multi-state corporate practices (Small Smiles, Kool Smiles etc.)
   • Academic Career
   • Research/ Dental industry

7. Graying of Dental Workforce - Retirements & Transitions

   • Geographic location (urban vs. rural)
   • Purchase of existing practices
   • Associateships / Partnerships
   • Multi-state corporate practices (Small Smiles, Kool Smiles etc.)
   • Academic Career
   • Research/ Dental industry

IUSD is looking forward to working with Indiana Center for Health Workforce Studies for important data collection and reporting.
List strengths of current workforce reports

1. Listing ratios of providers to population rather than just raw counts, but would prefer it to be listed as 1 provider per X population rather than X providers per 100,000 population
2. Use of maps and county level data
3. Use of FTEs instead of raw count
4. Aggregated reports (e.g., mental/behavioral health and primary care)
5. Regional analysis (including urban vs. rural)
6. Detailed reporting available [I think this means that they like that they can ask us about specific data requests and we respond to them with detailed information]
7. Reports are available on the website
8. Good quality data, but it is limited in the number of professions covered
9. Presentation format: executive summary and tables are useful for grant proposals and program planning

List weaknesses of current workforce reports

Delivery

1. Cannot download interactive data
2. Better capacity to answer stakeholders’ needs that aren’t being reports (special data requests)
3. Better county breakdown of data (could be accomplished through county fact sheets)

Data-presentation preferences

1. No longitudinal trends
2. Do not like the USDA URCC definitions of “Urban” and “Rural”
3. Data on maps needs to be broken down to higher resolution number ranges (especially in rural areas)
4. Reports do not show Indiana’s racial diversity compared to other states
5. No geographic distribution of minorities shown (could create maps to show this)

Data-collection barriers

1. Lack of reporting on dental HPSAs
2. No data on dental assistants (not licensed with state)
3. No data for unlicensed health care professionals (allied health)

Data-collection gaps

1. Need maps/data on who is seeing Medicaid patients
2. Missing a link between FTEs and patient mix (e.g., proportion Medicaid, uninsured) [ZACH: this should be partially addressed by the new format for the physician survey instrument that asks these questions]
3. Reports do not include information on the background (e.g., hometown) of providers
4. Incorporate scope of practice into reports
Stakeholder workforce reporting needs and recommendations for future research

Training and pipeline

1. Incorporate information on training programs such as enrollment and grads.
2. Diversity needs: tracking programs that target underrepresented minority students interested in health care
3. Measure the economic development impact of health professions training programs on their surrounding areas
4. Track practitioners longitudinally starting in the pipeline and continuing through their career in the workforce

Demand

5. Include information about demand
6. Track urgent care
7. Look at demand in hospitals caused by ACA, eventually use to project demand
8. Include workforce projections across the different fields
9. Employer’s perspective

Additional supply/practitioner questions and topics

10. Plans to retire or leave the state?
11. Add retirement data and trends in retirement
12. Ask what practitioners spend time doing in patient care and compare to their stated profession/specialty
13. Include job satisfaction questions
14. Survey those who are leaving their profession to find out why
15. Readiness for profession
16. Survey practitioners to assess who sees Medicaid/public coverage patients (% private pay, Medicaid, etc.)
17. Scope of practice [questions designed to identify in more detail the roles and services that different clinicians provide in different settings]
18. Address scope of practice limitations and their impact on the workforce by asking “what do you think you should be able to do and why?”
19. Integrate behavioral health into study measures

Additional disciplines

20. Include addiction counselors, LCSWs, psychiatrists
21. Include OT/PT workforce, speech pathologists, audiologists; consider large databook for comparisons
Format and delivery of information and reporting

22. Create an open source access portal to the data
23. Disseminate data reports of HPSA-type information
24. Create multi-discipline data book that combines professions
25. Issue briefs: show how data impacted policy which in turn impacted supply

Link workforce reporting to public policy

26. Indiana is considering using a dental services director for Medicaid
27. Require professions to renew their license online
28. Telehealth
29. Link workforce data to health outcomes (eg. number of prenatal care providers compared to birth outcomes)
30. Map distribution of public health coverage recipients (eg. Medicaid, CHIP, etc) to illustrate workforce needs
31. Medicaid workforce and safety net
32. Policy: recommended actions and deficits
# Steering Committee Initial Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Role</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Augustin Agho</td>
<td>Dean</td>
<td>IU School of Health and Rehabilitation Sciences</td>
</tr>
<tr>
<td><a href="mailto:aagho@iupui.edu">aagho@iupui.edu</a></td>
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<tr>
<td>Ann Alley</td>
<td>Director, Chronic Disease, Primary Care, &amp; Rural Health</td>
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<tr>
<td><a href="mailto:aalley@isdh.in.gov">aalley@isdh.in.gov</a></td>
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<tr>
<td>Carol Clark</td>
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<tr>
<td>Elizabeth Kiefner Crawford</td>
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<tr>
<td>Stanley DeKemper</td>
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<tr>
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<tr>
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<tr>
<td>Kim Harper</td>
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<tr>
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<tr>
<td>Martha Levey</td>
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<td>ASPIN, Inc.</td>
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<tr>
<td>Barbara Lucas</td>
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<tr>
<td><a href="mailto:barbara.lucas@indstate.edu">barbara.lucas@indstate.edu</a></td>
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<tr>
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<tr>
<td>Blayne Miley</td>
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<tr>
<td>John Williams</td>
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<tr>
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<td>Director, Practice Management</td>
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Att 7, Steering Committee
Indiana Center for Health Workforce Studies
Stakeholder Meeting

Tuesday, Feb. 4, 2014
IUPUI Campus Center, Room 405

Agenda

8:15  Gathering and coffee

8:30  Welcome and today’s objectives
Rick Kiovsky MD, professor and director, IN-AHEC

8:45  Overview: Indiana health workforce
data collection and reporting activities
Terry Zollinger DrPH, emeritus professor and
associate director, Bowen Research Center

9:00  A profession perspective
Kimberly J. Harper MS RN, executive director, Indiana Center for Nursing

9:15  An education planning perspective
John Williams DMD MBA, dean, and Karen Yoder PhD MSD,
professor and director of civic engagement and health policy,
IU School of Dentistry

9:30  Mission statement review / discussion
Jonathan Barclay, associate director, IN-AHEC

9:45  Small-group Discussion: Key Workforce Data Needs
(birds-of-a-feather)

10:15 Report out

10:30 Grouping and prioritization

10:45 Next steps

11:00 Adjourn
Indiana Center for Health Workforce Studies

Mission
To conduct and disseminate health workforce research designed to improve health and health care for the people of Indiana

Affiliated investigators and staff
Associate Director for Health Workforce Studies, Indiana Area Health Education Centers (IN-AHEC) Jonathan Barclay MA (contact jbarclay@iupui.edu)
Emeritus Professor of Public Health and Professor of Family Medicine Terrell Zollinger DrPH
Director, IN-AHEC, and Professor of Clinical Family Medicine Richard Kiovsky MD
Director, Bowen Research Center (BRC), and Distinguished Professor of Family Medicine Deborah Allen MD
Research Analyst, BRC, Komal Kochhar MBBS, MHA
Project Coordinator Zachary Sheff MPH
Research Associate Hannah Maxey PhD(c)
Research Assistant Sudha Banti MBBS

Areas of expertise
Primary Care
Epidemiology
Population health
Research methodology
Project management
Data acquisition
Survey methodology
Data handling
Database management
Statistical analysis
Report generation
Manuscript generation

Current projects
• Biennial primary care health workforce reports
• Health professions trainee exit and alumni surveys
• Statewide health workforce database development
• Research on factors influencing specialty choice and practice location

Upcoming
• Issue and trend briefs
• Stakeholder engagement sessions
• Strategic plan
• Resource development strategy
• Fact sheets by county
## Biennial Licensure Survey Reports

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1. Masters-prepared therapists and social workers, psychologists, psychiatrists, psychiatric nurses.
2. With IU School of Optometry
3. With Indiana Center for Nursing

**Year of re-licensure**

- **Renew in the odd year**
- **Renew in the even year**

**Overall survey response rates**

- mean 79.8%
- median 81.8%
Pipeline Reports

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Selected Research Studies


# Exploring Possibilities

Selected Health Workforce Activities in other states

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Discussion Guide

Strengthen Indiana health workforce reports
Review the roster of current and past reports in your packet. Sample reports are also on your table. If they are new to you, scan one or more briefly – table of contents, executive summary, page through quickly. Get a sense of what’s in them. Then list strengths and weaknesses/improvements.

Blue - list strengths
- Content you like
- Content you value
- Format features you like
- Visuals that work well

Orange – list weaknesses
- Content that could be improved – how?
- Content that is confusing
- Format features that need improving
- Visuals that don’t work well – why/how?

Identify priority workforce data analysis needs
Now review the “Exploring Possibilities” worksheet. It suggests additional workforce reports and topics that other states have found useful. What additional workforce analysis and reporting activities in Indiana should be completed or prioritized in the future? Use any of the following questions to prompt your thinking.

Green – By the end of 2017 (3 years)...
- What Indiana workforce reports or analyses does your organization or stakeholder group most value or need?
- What critical or high-priority workforce question is facing your organization or stakeholder group?