

# LEVERAGING DATA TO SUPPORT THE HEALTH CARE WORKFORCE

Hannah Maxey, PhD, MPH

Courtney Medlock, MPH

August 13, 2023



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WORKFORCE RESEARCH & POLICY

# OUR ROLE

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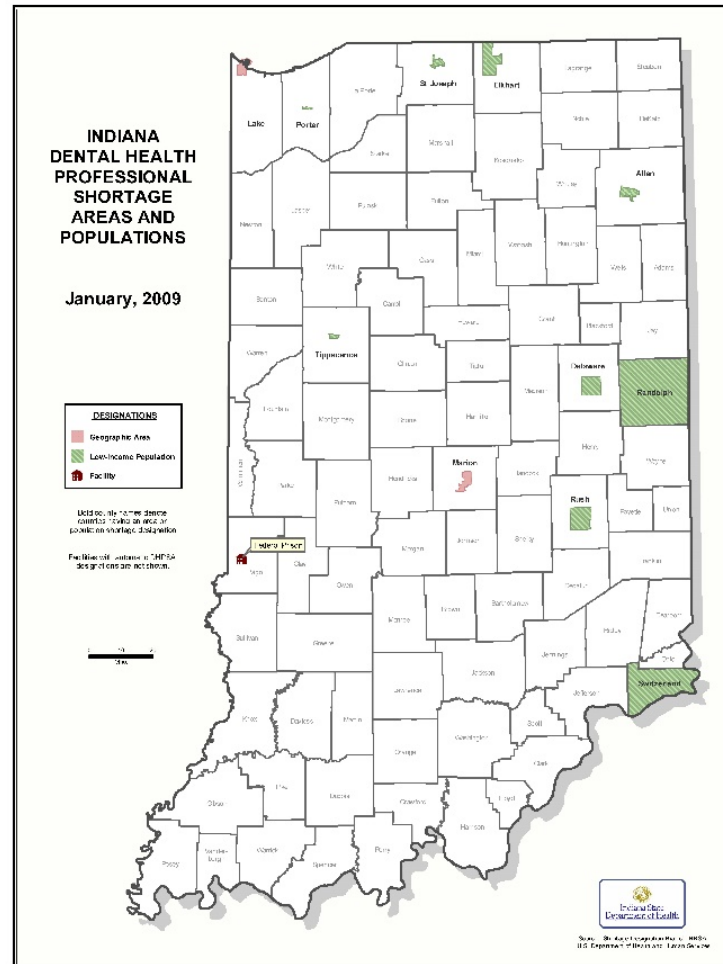
## Who are we and why are we here?

- **Supported Governor-led strategic planning for health workforce 2014-15**
- **Provide subject matter expertise and technical assistance to Indiana (2015-Current)**
  - **Indiana**
    - Founded a state academic partnership (Bowen Center for Health Workforce Research and Policy at Indiana University)
    - Expert support Governor's Health Workforce Council, Governor's Public Health Commission, and next initiative (coming soon)
  - **National**
    - Founded Veritas Health Solutions to support other states

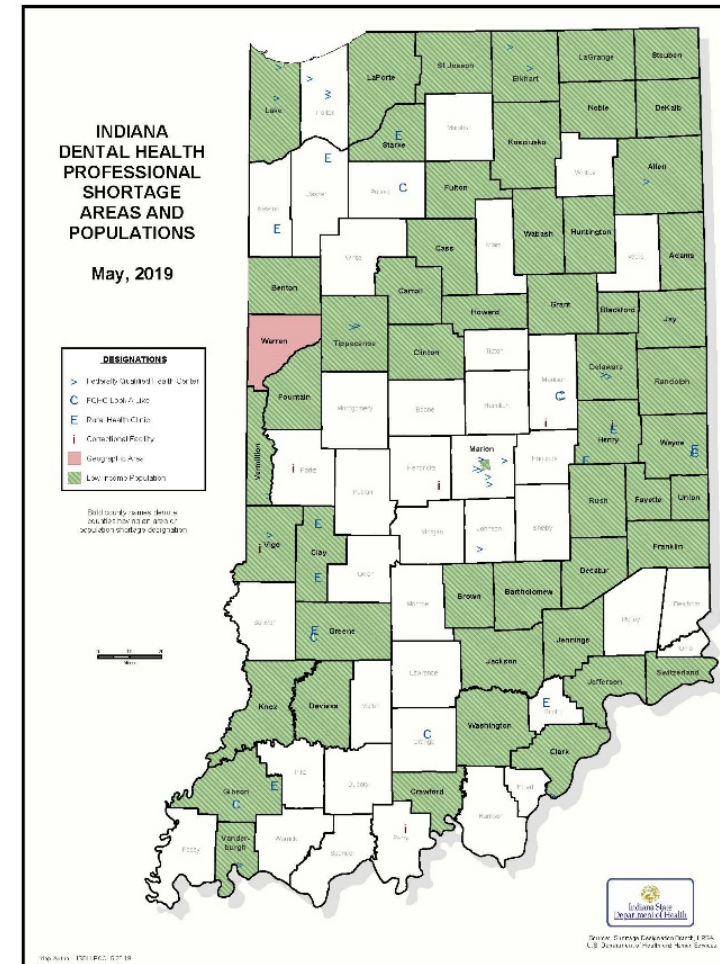


# THE INDIANA STORY

## Indiana, 2009



## Indiana, 2019



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# GETTING FROM 2009 TO 2019

2018

2009

Embed questions into license renewal to gather data for shortage areas

Legislature recognizes value and efficiency and champions authority

2023 and beyond

Comprehensive workforce data available to support policy and planning



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# WHERE INDIANA IS TODAY

COMPLETED



State Loan Repayment Program Participation



Licensure Compact Participation



Graduate Medical Education Expansion



Certified Nurse Aide Pathways

CURRENTLY UNDERWAY



Home and Community Based Services Workforce Assessment & Planning



Emergency Medical Services Workforce Assessment & Planning



Behavioral Health Workforce Playbook



State Health Workforce Coordination

# THE “TAKE IT HOME”

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- Indiana **didn't have the data it needed to identify shortages.**
- The lack of data meant Indiana was **not able to leverage federal programs to support community level workforce development for constituents.**
- Initiatives to ensure **workforce data availability** for shortage identification have **resulted in better data for informing broad policy and planning** related to the workforce.
- Many **states are seeking opportunities to strengthen capacity or leverage existing health workforce data sources.**
- The first step is to **know where your state stands. . .**



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# HOW DOES YOUR STATE STACK UP WITH REGARDS TO HEALTH WORKFORCE DATA?

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Introduction to State Packets



# OVERVIEW OF PACKETS

  Health Innovations Task Force


## Environmental Scan of State Health Workforce Data Strategies



August 13, 2023

Presented by:  
Dr. Hannah Maxey, PhD, MPH, RDH  
Courtney Medlock, MPH

**Contents**

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- State Regulatory/Licensing Model ..... 5
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  Health Innovations Task Force


## Leveraging Data to Support the Health Care Workforce

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# WHAT IS THE STATE OF HEALTH WORKFORCE DATA IN YOUR STATE?

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Putting Information into Action: Using the Packet



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# NEW TOOL TO SUPPORT STATE HEALTH WORKFORCE DATA EFFORTS

- Group of Healthcare Regulatory CEOs identified workforce data collection as a strategic priority.
- They came together to identify opportunities to strengthen health workforce data.
- They reviewed existing workforce surveys (state, federal, professional) and identified a need for framework for consistency in data collection within and across states and professions.



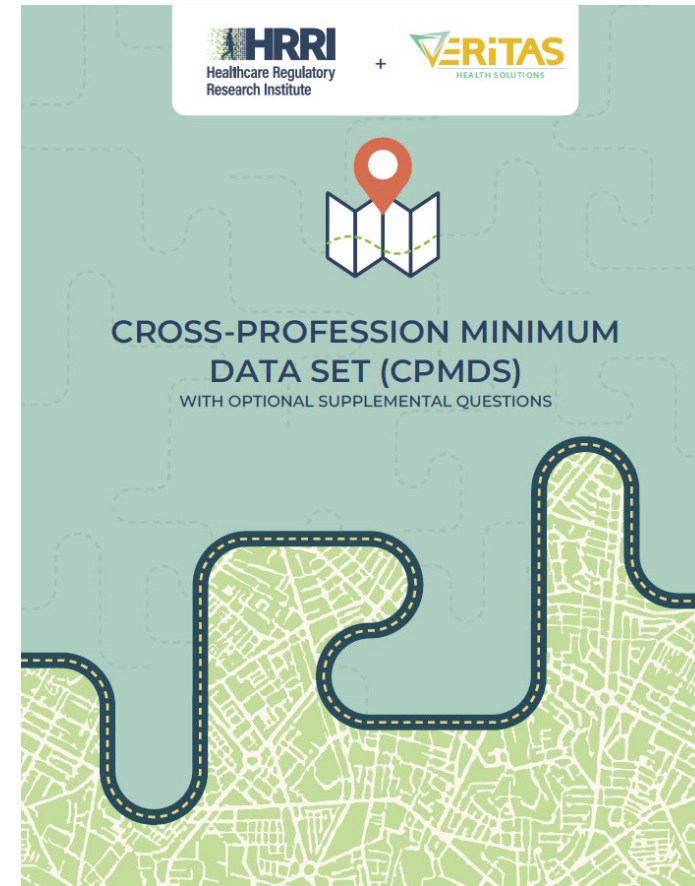
# ABOUT THE CPMDS

## Development process

- Reviewed more than 16 profession specific survey tools
- Created list of core common data elements
- Prepared strategy for survey questions that can be customized to meet the unique needs of respective professions

## Final CPMDS

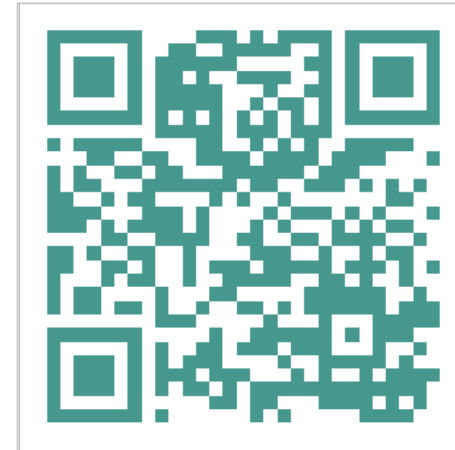
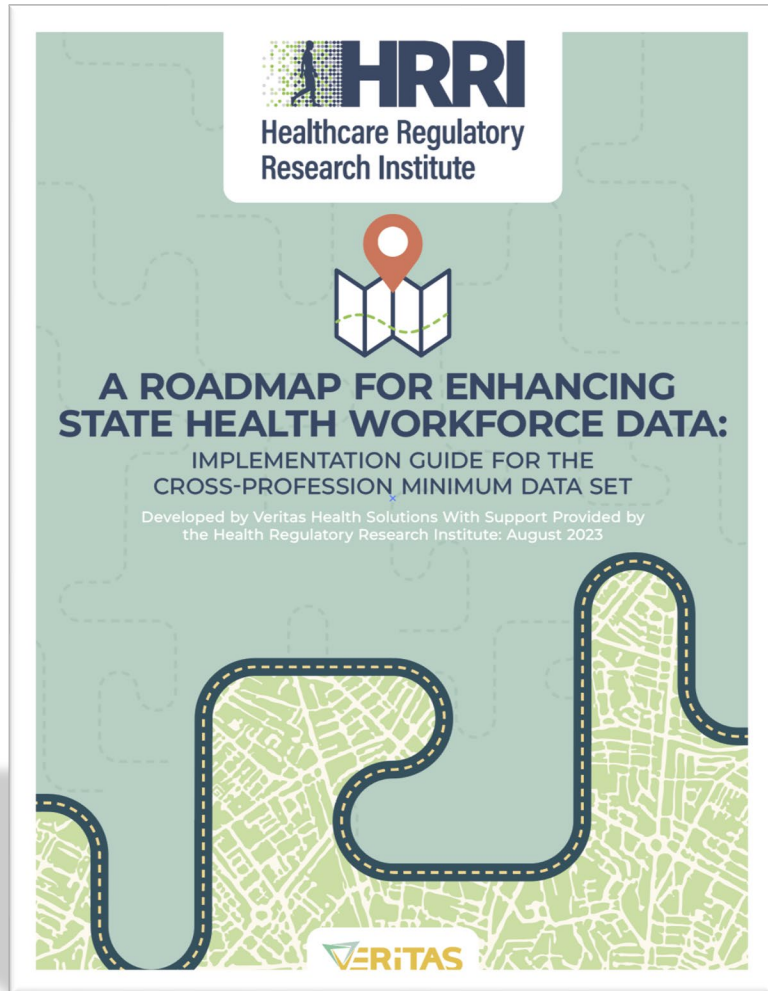
- Consensus list of 18 questions serving as a framework for the collection of core common data elements
- Six supplemental questions outline additional questions for implementation consideration



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# HOT OFF THE PRESS: ROADMAP



Access the Roadmap and Associated Tools here!



<https://tinyurl.com/cpmndsroadmap>



What's in the associated toolkit?

- Downloadable and customizable resources
- Reference guides
- Full CPMDS Tool + FAQ



# HEALTH WORKFORCE DATA: WHAT ARE THE LEGISLATIVE OPPORTUNITIES?

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1. **Authorizing statute for data collection**
2. **Statutory establishment of data infrastructure (inc. appropriation)**
3. **Resourcing data analysis/reporting**
4. **Enabling data coordination**



# HEALTH WORKFORCE DATA: AUTHORIZING STATUTE FOR DATA COLLECTION

## Indiana

### IC 25-1-2-10 Definitions; workforce renewal information; annual report

Sec. 10. (a) As used in this section, "board" means any of the following boards or commissions:

[list of boards]

...

(d) To allow for programmatic and policy recommendations to improve workforce performance, address identified workforce shortages, and retain practitioners, beginning January 1, 2019, **every practitioner who is renewing online a license issued by a board must include the following information** related to the practitioner's work in Indiana under the practitioner's license during the previous two (2) years:

- (1) The practitioner's specialty or field of practice.
- (2) The following concerning the practitioner's current practice:
  - (A) The location or address.
  - (B) The setting type.
  - (C) The average hours worked weekly.
  - (D) The health care services provided.
- (3) The practitioner's education background and training.
- (4) For a practitioner (as defined in IC 25-1-9.5-3.5), whether the practitioner delivers health care services through telehealth (as defined in IC 25-1-9.5-6).

## Hawaii

Citation: §304A-1406

Center for nursing; functions. The center for nursing shall:

- (1) **Collect and analyze data** and prepare and disseminate written reports and recommendations regarding the current and future status and trends of the nursing workforce;
- (2) Conduct research on best practices and quality outcomes
- (3) Develop a plan for implementing strategies to recruit and retain nurses; and
- (4) Research, analyze, and report data related to the retention of the nursing workforce. [L 2006, c 75, pt of §2]

## Iowa

Citation: §135.11

**Department of Public Health – Duties of the Department include:**

**25.** Establish and administer, if sufficient funds are available to the department, a program to assess and forecast health workforce supply and demand in the state for the purpose of identifying current and projected workforce needs. The program may **collect, analyze, and report data** that furthers the purpose of the program. The program shall not release information that permits identification of individual respondents of program surveys.



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# HEALTH WORKFORCE DATA: STATUTORY ESTABLISHMENT OF DATA INFRASTRUCTURE (INC. APPROPRIATION)

## Utah

- Health Workforce Information Center
- Within Utah Department of Health & Human Services
- Direction for health workforce analyses provided by Utah Health Workforce Advisory Council

<https://le.utah.gov/xcode/Title26B/Chapter4/26B-4-S705.html>

## Oregon

- Health Policy Board's Health Care Workforce Committee
  - (b) ...The committee shall be the single body to align health outcome and quality measures used in this state with the requirements of health care data reporting to ensure that the measures and requirements are coordinated, evidence-based and focused on a long term statewide vision.
  - (c) The committee shall use a public process that includes an opportunity for public comment to identify health outcome and quality measures ...
  - (e) The committee shall evaluate on a regular and ongoing basis the health outcome and quality measures adopted under this section.
  - (f) The committee may convene subcommittees to focus on gaining expertise in particular areas such as data collection, health care research and mental health and substance use disorders in order to aid the committee in the development of health outcome and quality measures..

[https://www.oregonlegislature.gov/bills\\_laws/ors/ors413.html](https://www.oregonlegislature.gov/bills_laws/ors/ors413.html)



# HEALTH WORKFORCE DATA: RESOURCING DATA ANALYSIS/REPORTING

## Indiana

- Recurring contract to support Bowen Center (health workforce data and reporting efforts) through AHEC line item

## Texas

- Health Professions Resource Center is a part of the Statewide Health Coordinating Council.
- Administrative oversight is provided by the Center for Health Statistics, Texas Department of State Health Services
- Funding provided to state agency as a part of agency responsibilities





# HEALTH WORKFORCE DATA: ENABLING DATA COORDINATION

## Texas

### Cross-Agency Coordination on Healthcare Strategies and Measures.

- Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission shall **coordinate** with the [various agencies] to **compare healthcare data, including outcome measures, to identify outliers and improvements for efficiency and quality that can be implemented** within each healthcare system. To administer the data comparison, HHSC shall expend **\$2.5 million per year** with the Center for Healthcare Data at the University of Texas Health Science Center at Houston (UT Data Center) for **data analysis, including individual benchmark and progress data for each agency.** As applicable, agencies shall collaborate on the development and implementation of potential value-based payment strategies, including opportunities for episode-based bundling and pay for quality initiatives.

Cross-Agency Coordination on Healthcare Strategies  
and Measures 2022 Report (with statute reference)

## Utah

### Utah Data Research Center

- (8) "Participating entity" means:
- (a) the State Board of Education, which includes the director as defined in Section 53E-10-701;
  - (b) the board;
  - (c) the Department of Workforce Services;
  - (d) the Department of Health and Human Services; and
  - (e) the Department of Commerce.

The center shall **use data that the center maintains or that a participating entity contributes** to the data research program under Section 53B-33-301 **to conduct research for the purpose of developing public policy** for the state.

Utah Data Research Center Statute



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# ASSESS, THEN ADDRESS



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# WHAT TOP HEALTH WORKFORCE ISSUES DO YOU HAVE IN YOUR STATE?

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Group Discussion



# WHAT STATE LEVERS ARE ACCESSIBLE TO THE LEGISLATURE?



**LICENSING**



**MEDICAID**



**EDUCATION**



**WORKFORCE  
DEVELOPMENT**



**EQUITY/  
PUBLIC  
HEALTH**



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# LICENSING: PORTABILITY & COMPACTS

## Considering Compact Participation

### Nursing Workforce by the Numbers

Indiana has **110,651\*** Licensed RNs

Indiana RNs have a license address in Kentucky (compact state) **3,254\***

*But...* Kentucky RNs have a license address in Indiana **4,201<sup>A</sup>**

\*Calculated from information provided by Indiana Professional Licensing Agency as of 11/17/17. <sup>A</sup>Information provided by Kentucky Board of Nursing on 1/25/19

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**  
200 W. Washington, Suite 301  
Indianapolis, IN 46204  
(317) 233-0696  
iga.in.gov

### FISCAL IMPACT STATEMENT

LS 7346  
BILL NUMBER: HB 1344

SUBJECT: Nurse Licensure Compact.

FIRST AUTHOR: Rep. Clere  
FIRST SPONSOR: Sen. Zay

FUNDS AFFECTED:  GENERAL  
 DEDICATED  
 FEDERAL

NOTE PREPARED: Apr 18, 2019  
BILL AMENDED: Mar 21, 2019

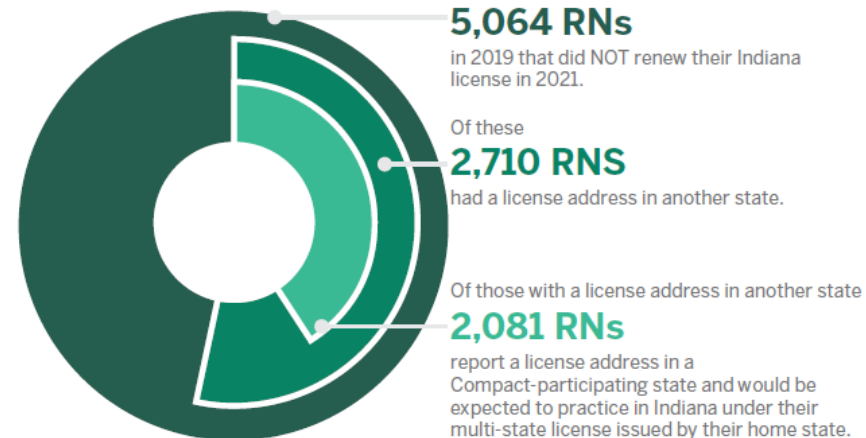
BILL STATUS: Enrolled

IMPACT: State

**Summary of Legislation:** This bill specifies requirements for participation by the state in a Multistate Nurse Licensure Compact (NLC), including provisions concerning: (1) nurse qualifications, practice, and participation; (2) a compact commission; (3) interstate commission and state board of nursing authority and rulemaking; (4) a coordinated licensure information system; (5) oversight and enforcement; and (6) termination or withdrawal from the Compact.

## Evaluating Impact of Compact Participation

What do we know about the impact of the NLC on Indiana's RN workforce?



**RECRUITING NURSING CAPACITY: OUT-OF-STATE-BASED RNS SERVING IN INDIANA**

Unfortunately, due to Compact-related data limitations, it is impossible to quantify how many RNs hold a primary license in a Compact-participating state and practice in Indiana under their multi-state privilege

**SUPPORTING PORTABILITY: INDIANA-BASED RNS SERVING OUTSIDE OF INDIANA**

11,324 RNs hold a primary license (single state or Compact) in Indiana but are not providing services in Indiana (2,513 of these RNs hold a compact license).

### Examples of Corresponding Policy Levers

- Licensure compact participation
- Reciprocity/Endorsement provisions








# LICENSING: REGULATION



UTAH DEPARTMENT  
OF COMMERCE

Office of Professional Licensure Review

-  1. **Train Smarter, Not Harder**  
*Reduce entry barriers and CE burdens by targeting requirements more closely to safety*
-  2. **Expand Pathways and Portability**  
*Attract & retain qualified talent in the BH workforce by providing new paths to licensure*
-  3. **Strengthen Upstream Monitoring**  
*Prevent consumer harm by implementing more proactive monitoring strategies*
-  4. **Streamline Regulatory Structure & Governance**  
*Improve consistency and consumer focus by harmonizing regulation across occupations*
-  5. **Fill Gaps in Career Ladders & Care**  
*Close gaps in care by creating new ways to enter & advance in Utah's BH workforce*

Preliminary OPLR Recommendations

## Examples of Corresponding Policy Levels

- **Scope of Practice**
- **Change in regulatory level**
- **Emerging occupations/licenses**
  - **Sunrise review**
- **Change in entry criteria**



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# MEDICAID

17. Are you accepting new Indiana Medicaid patients at any or all of your practice locations?

RADIO BUTTONS

- a. Yes
- b. No

18. If you selected no on the previous question, but you are enrolled as an Indiana Medicaid provider, please describe barriers to participation.

TEXT BOX

## Examples of Corresponding Policy Levers

- Appropriations
- Executive branch directives
- Incentivizing Medicaid participation through workforce development

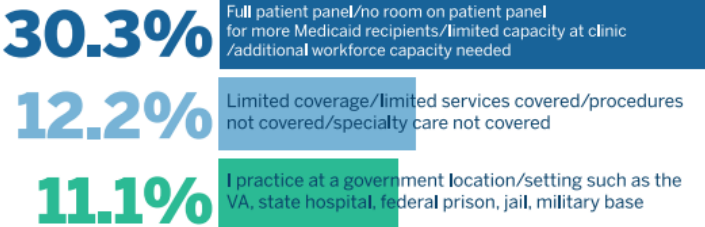
## QUALITATIVE ANALYSIS RESPONSES: PHYSICIANS



### DATA RESULTS: PHYSICIANS

Just over one-fourth of physicians indicated already having a full patient panel as their reason for not accepting new Indiana Medicaid patients (30.3%). The second most common reason was limited coverage or having a specialty not covered by Medicaid (12.2%).

### REASONS FOR NOT ACCEPTING NEW MEDICAID PATIENTS



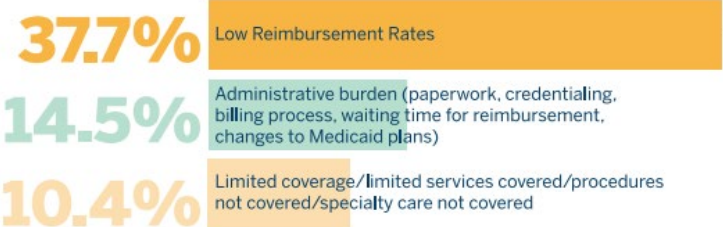
## QUALITATIVE ANALYSIS RESPONSES: DENTISTS



### DATA RESULTS: DENTISTS

For dentists, over one-third indicated low reimbursement rates as their reason for not accepting new Indiana Medicaid patients (37.7%). The second most common reason was the administrative burden of being a Medicaid provider (14.5%).

### REASONS FOR NOT ACCEPTING NEW MEDICAID PATIENTS



Barriers to Participating in Indiana Medicaid



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# EDUCATION

## Nurse Preceptor and Faculty Shortages

### 2021 Survey

24. Please identify the position title that most closely corresponds to your principal nursing practice position (the position in which you spend the majority of your time).

[Dropdown Selection]

- A – Staff Nurse
- C – Nurse Manager
- D – Consultant/Nurse Researcher
- E – Nurse Educator (faculty)
- E – Nurse Educator (patient educator)
- E – Nurse Educator (staff development)
- G – Clinical Advanced Practice Registered Nurse
- K – Other – Health Related
- M – Nurse Executive
- Z – Not Applicable

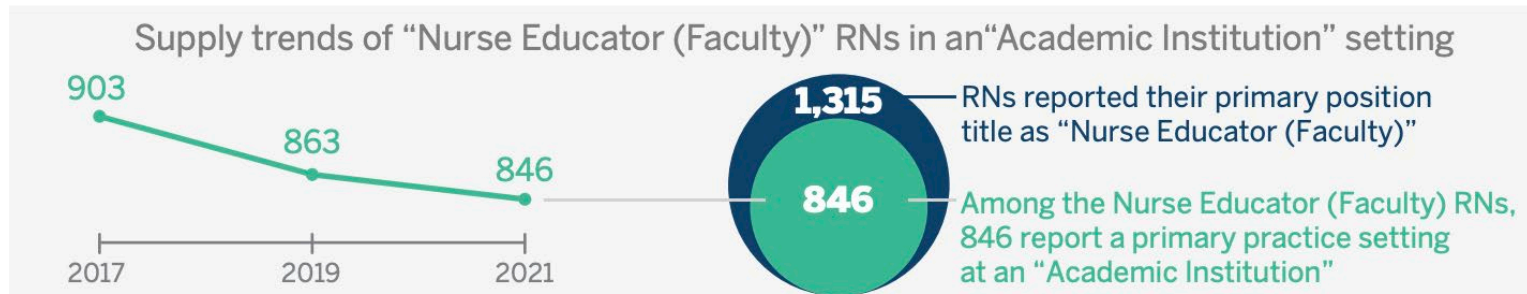
### 2023 Survey

25. Please identify the position title(s) that most closely corresponds to your primary nursing practice position (the position in which you spend the majority of your time).

[Check All That Apply]

- A – Staff Nurse
- C – Nurse Manager
- D – Consultant/Nurse Researcher
- E – Nurse Educator (faculty)
- E – Nurse Educator (patient educator)
- E – Nurse Educator (staff development)
- E - Clinical Preceptor
- G – Clinical Advanced Practice Registered Nurse
- K – Other – Health Related
- M – Nurse Executive
- Z – Not Applicable

Preceptor data will be available in the next renewal cycle!



### Examples of Corresponding Policy Levers

- Nurse Faculty Loan Repayment Programming
- Preceptor Tax Credits
- Statutory definitions
- Education expansion





# WORKFORCE DEVELOPMENT

## Mental Health and Addiction Services Loan Repayment Assistance Program Evaluation

November 7, 2018



Prepared for: Indiana Family and Social Services Administration, Division of Mental Health and Addiction  
Submitted by: Bowen Center for Health Workforce Research & Policy

### Indiana: Mental Health Loan Repayment Evaluation

Michigan

## Considerations for the Development of State Loan Repayment Programming in Indiana

In response to the Health Resources and Services Administration Notice of Funding Opportunity for the State Loan Repayment Program

Produced by the Bowen Center for Health Workforce Research & Policy

JANUARY 31<sup>ST</sup>, 2022

### Considerations for Loan Repayment Program Development

## Health Workforce Policy and Programming

The following workbook has been developed by the Indiana Governor's Health Workforce Council to serve as an inventory of health workforce programmatic initiatives for the State of Indiana. It has been developed to facilitate connections, synergy, and collaboration between the related initiatives throughout Indiana.

The workbook has been organized into two separate tabs; the first tab contains initiatives within Indiana state government and the second external to state government.

If you see an error or find an initiative is missing from this list, please let us know at [bowenctr@iu.edu](mailto:bowenctr@iu.edu).

Internal Initiative	External Initiatives					
Initiative Title	Organization/Entity	Initiative Type (Forum, Incentive Program, Governance Body, etc.)	Health Professions Included	Years	Point of Contact	POC Email
Primary Care Shortage Area Scholarship	Indiana Commission for Higher Education	Incentive Program	Medical students enrolled at Marian University	2013-present	Julia Ford	jford@marian.edu
Graduate Medical Education (GME) Board	Commission for Higher Education	Governance Body for GME Funding	Physicians (Post-graduate)	2015-Present	Eugene Johnson	ejohnson@che.edu
State Loan Repayment Program						

### Inventory of Indiana Health Workforce Policies/Programs

## Examples of Corresponding Policy Levers

- Loan repayment
- Scholarships
- Tax credits
- Appropriation
  - Bridge programs
  - Education expansion

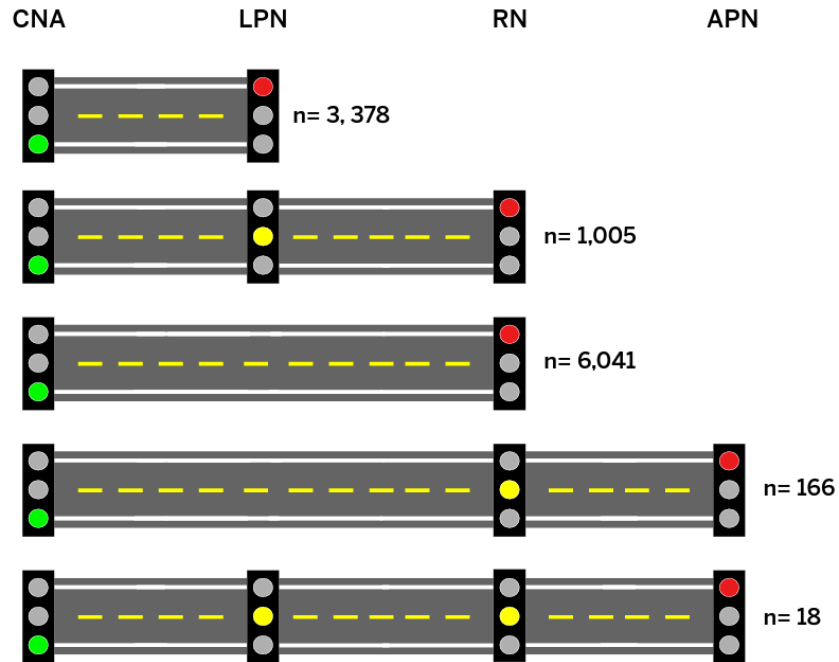


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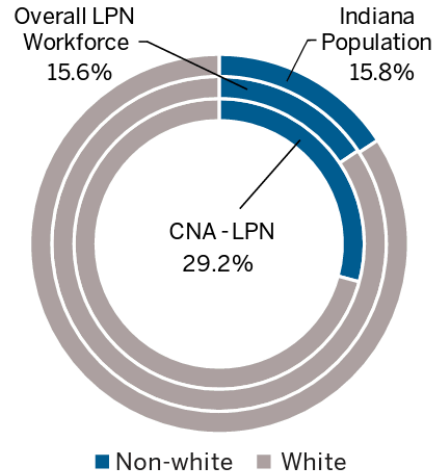
# EQUITY

## Defining the Pathways

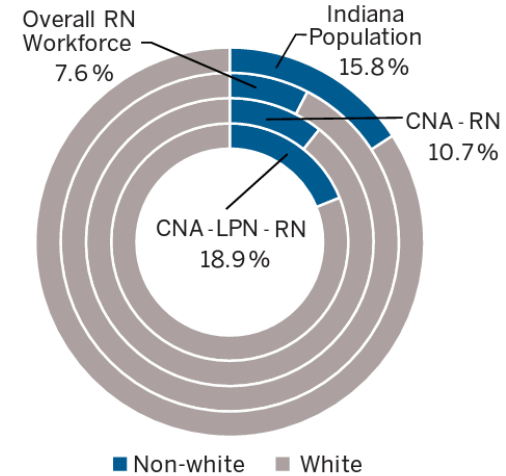


CNA as an Occupational Pathway to Nursing  
Nursing Diversity Trends

## Diversity: CNA - LPN Pathway<sup>7</sup>



## Diversity: CNA - RN Pathway<sup>7</sup>



## Indiana RN Demographics Trends

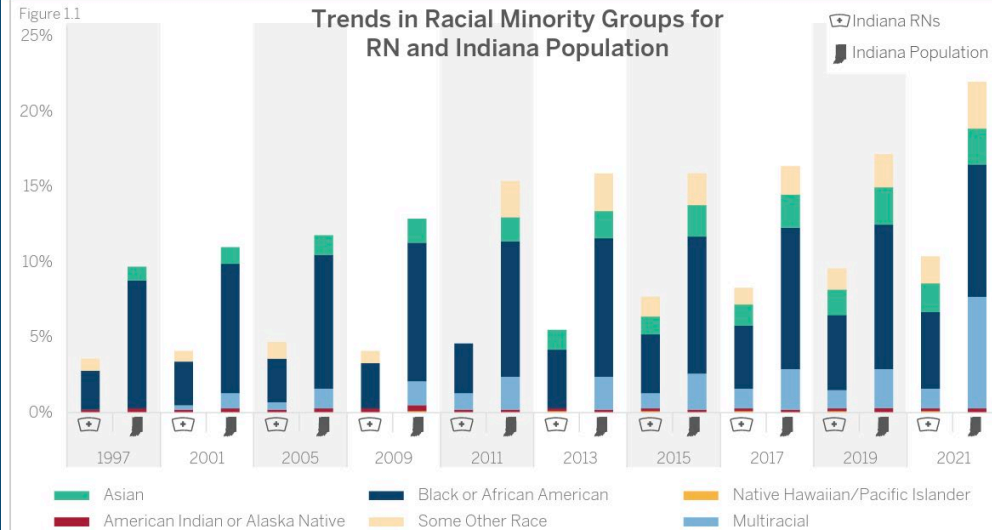
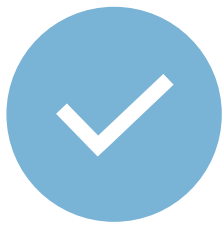


Figure 11 Trends in Racial Minority Groups for RN and Indiana Population  
Note: For years 2005, 2001 & 1997 Native Hawaiian/Pacific Islanders were combined with Asian population  
A breakdown of all racial demographic characteristics are located in the appendix of Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana Nurses

## Examples of Corresponding Policy Levers

- Bridge programs
- Prioritized professions for WIOA or state appropriations
- Ex: Care Forward Colorado
- OR Behavioral Health Initiative for culturally responsive care





LICENSING



MEDICAID



EDUCATION



WORKFORCE  
DEVELOPMENT



EQUITY/PUBLIC  
HEALTH

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# HOW HAVE YOU USED LEGISLATIVE LEVERS TO ADDRESS HEALTH WORKFORCE ISSUES IN YOUR STATE?

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Group Discussion



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# THANK YOU!

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