LEVERAGING DATA TO SUPPORT THE HEALTH CARE WORKFORCE

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OUR ROLE

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
GETTING FROM 2009 TO 2019

2009
Embed questions into license renewal to gather data for shortage areas

2018
Legislature recognizes value and efficiency and champions authority

2023 and beyond
Comprehensive workforce data available to support policy and planning
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”

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

Introduction to State Packets
WHAT IS THE STATE OF HEALTH WORKFORCE DATA IN YOUR STATE?

Putting Information into Action: Using the Packet
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
HOT OFF THE PRESS: ROADMAP

Access the Roadmap and Associated Tools here!

https://tinyurl.com/cpmdsroadmap

What’s in the associated toolkit?

- Downloadable and customizable resources
- Reference guides
- Full CPMDS Tool + FAQ
HEALTH WORKFORCE DATA: WHAT ARE THE LEGISLATIVE OPPORTUNITIES?

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.
**Utah**

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

**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://le.utah.gov/xcode/Title26B/Chapter4/26B-4-S705.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.

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.
ASSESS, THEN ADDRESS

Data

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

Group Discussion
WHAT STATE LEVERS ARE ACCESSIBLE TO THE LEGISLATURE?

- LICENSING
- MEDICAID
- EDUCATION
- WORKFORCE DEVELOPMENT
- EQUITY/PUBLIC HEALTH
Consider the impact of compact participation on the nursing workforce.

In Indiana, there are approximately 110,651 licensed RNs.* 3,254 RNs have a license address in Kentucky (compact state). But... 4,201 Kentucky RNs have a license address in Indiana.

Evaluating Impact of Compact Participation

What do we know about the impact of the NLC on Indiana’s RN workforce? In 2019, 5,064 RNs did not renew their Indiana license. Of those, 2,710 RNs had a license address in another state. Of those with a license address in another state, 2,081 RNs report a license address in a Compact-participating state and would be expected to practice in Indiana under their multi-state license issued by their home state.

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Office of Fiscal and Management Analysis
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Fiscal Impact Statement

Bill Number: HB 1344
Subject: Nurse Licensure Compact
First Author: Rep. Clerre
First Sponsor: Sen. Zay
Funds Affected: X General, X Dedicated Federal
Impact: State

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

Examples of Corresponding Policy Levers

- Licensure compact participation
- Reciprocity/Endorsement provisions

Indiana NLC Compact Brief; Fiscal Note for HEA 1344-2018
LICENSING: REGULATION

Examples of Corresponding Policy Levers

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

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
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**
  - 30.3%
  - Limited coverage
  - Limited services
  - Covered/procedures not covered
  - Practice at a government location/setting such as the VA, state hospital, federal prison, jail, military base
  - Full patient panel/no room on patient panel
  - Additional workforce capacity needed

**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**
  - 37.7%
  - Low Reimbursement Rates
  - Administrative burden (paperwork, credentialing, billing process, waiting time for reimbursement, changes to Medicaid claims)
  - Limited coverage
  - Limited services
  - Covered/procedures not covered
  - Specialty care not covered

Barriers to Participating in Indiana Medicaid
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)
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
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.

January 31st, 2022

Indiana: Mental Health Loan Repayment Evaluation

Michigan
CNA as an Occupational Pathway to Nursing

Nursing Diversity Trends

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

**Examples of Corresponding Policy Levers**

## Indiana RN Demographics Trends

### Trends in Racial Minority Groups for RN and Indiana Population

- **Asian**
- **American Indian or Alaska Native**
- **Black or African American**
- **Native Hawaiian/Pacific Islander**
- **Some Other Race**
- **Multiracial**


Note: For years 2012, 2013 & 2017 Native Hawaiian/Pacific Islanders were combined with Asian population.

A breakdown of all racial demographic characteristics is included in the appendix of Longitudinal Assessment of Diversity in Indiana’s Health Workforce: Indiana Nursing.
HOW HAVE YOU USED LEGISLATIVE LEVERS TO ADDRESS HEALTH WORKFORCE ISSUES IN YOUR STATE?

Group Discussion
THANK YOU!

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