



Case Study: How Indiana Addresses Its Health Care Workforce Challenges

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Introduction

States across the country are experiencing health care workforce shortages. This issue is rising to the top of many states' health care priorities, with 12 governors citing workforce shortages as a high priority in [their 2018 State of the State addresses](#). These pressing shortages are influenced by a number of factors, including a growing aging population that tends to utilize more health care, an increasing chronic disease burden, and a misdistributed workforce that can especially impact rural areas.

For states, an adequate workforce is critical on a number of fronts. It can help ensure sufficient access to health care services, addresses critical public health issues such as the opioid crisis, and attract and retain new employers. Addressing state health care workforce challenges requires building new partnerships and taking a cross-agency approach.



States have a number of tools and resources available to expand and train their health care workforce:

- In each state, the **governor's office** is responsible for submitting the Workforce Innovation and Opportunity Act (WIOA) state plan, which outlines workforce priorities for the state. Through WIOA funding, **state departments of labor** administer [employment support services](#) that include training and skill building programs for adults, dislocated workers, and youth.
- **State departments of education** may oversee vocational rehabilitation programs and adult education programs as part of their WIOA state plans. They, along with **state universities** and **community colleges**, can also administer career pipeline or pathway programs that expose students to health professions and provide adults with training opportunities.
- **State departments of health** often manage the state's health professional loan repayment or scholarship program(s) and federal matching funds through the Health Resources and Services Administration's (HRSA) [State Loan Repayment Program](#). **State primary care offices** typically submit applications for [Health Professional Shortage Area](#) designations and resources. **State Medicaid agencies** may incorporate workforce initiatives into their Section 1115 demonstration waivers and can contribute to funding for their state's graduate medical education. Health care agencies such as Medicaid and public health can also be catalysts for creating new types of workforce position.
- A **state's professional licensing agency or board(s)** is responsible for licensing and certifying professionals, and often plays a key role in overseeing licensed health occupations.

Given the numerous agencies and sectors in a state that share some responsibility for workforce development, it is important for state agencies and organizations to coordinate their efforts. Indiana has made enhancing its health

care workforce a key priority and uses cross-agency collaboration as an important strategy in its efforts. Indiana has achieved a number of successes to meet specific health care workforce development needs, such as providing Medicaid reimbursement for community health worker (CHW) services, a pre-nursing certificate pathway for certified nursing assistants (CNAs), and a framework for comprehensive review of state licensing. Many of these successes have been supported by the Indiana [Governor's Health Workforce Council](#), a cross-agency funded body that serves as a forum to convene stakeholders, establish priorities, and develop policy recommendations. This case study highlights how Indiana has utilized these types of cross-agency approaches to bolster health care workforce development.

Indiana's Building Blocks: Leadership, Data, and Cross-Agency Collaboration

Indiana, like many states, faces significant shortages in its health care workforce. As of 2016, more than half of its counties lacked adequate access to behavioral health providers, such as psychiatrists, psychologists, addiction counselors, and marriage and family therapists.¹ In addition, 54 of Indiana's 92 counties had no dentists or lacked the capacity to meet their population's dental needs, and as of 2016; the state has also had a shortage in the number of dentists practicing in community health centers.² In 2016, there were 566 residents per primary care physician in urban areas, and 1,331 residents per physician in rural areas.³ With the sixth-highest infant mortality rate in the nation,⁴ improving access to care for mothers and children is a key priority. However, about 32 counties currently either lack a hospital or do not have one offering obstetrics services.⁵ Forty-nine counties in Indiana are rural and 50 percent of all births are financed by Medicaid.⁶

Expansion of Medicaid accelerated health care workforce shortages in Indiana. In 2015, then-Gov. Mike Pence made changes to the state's Medicaid program (called [Healthy Indiana Program](#), or HIP 2.0). HIP 2.0 expanded coverage to individuals earning up to 138 percent of the federal poverty level (FPL), and features something similar to a health savings account that requires monthly contributions from enrollees based on income. Expanding the scope of the health care workforce was considered critical to the success of Indiana's Medicaid expansion plan.

In 2014 and 2015, Indiana's early work with the National Governors Association on workforce issues identified the need to create a mechanism for meaningful, cross-agency collaboration to address health care workforce shortages, especially in light of Medicaid expansion and the anticipated increased need for access to a range of health care providers. The [Governor's Health Workforce Council](#) was created in 2016, charged with coordinating "health workforce-related policies, programs, data, and initiatives within Indiana in order to reduce cost, improve access, and enhance quality within Indiana's health system."⁷ The council's members include representatives from the governor's office and designees from a range of public and private organizations, including:

- Department of Workforce Development (DWD)
- Senate Health and Provider Services Committee Leadership
- House Public Health Committee Leadership
- Indiana Professional Licensing Agency
- Indiana Family and Social Services Administration (FSSA; Medicaid and social services)
- Indiana State Department of Health (ISDH)
- Indiana Department of Education
- Indiana Commission on Higher Education
- Bowen Center for Health Workforce Research and Policy
- Anthem, and
- The Indiana Hospital, Rural Health, and Primary Care Associations

The council has since served as a catalyst for cross-agency collaboration, prioritization of health care workforce issues, and a productive forum for data-driven policymaking. The council is assisted by the [Bowen Center for](#)

[Healthcare Workforce at the University of Indiana School of Medicine](#). The Bowen Center blends funding from Indiana’s Family and Social Services Administration, Department of Health, and Department of Workforce Development to support its work with the council and to develop robust data and analytic capacity to inform council discussion and priorities. The Bowen Center developed a [Health Workforce Information Portal](#), which houses a set of tools and information that supports analysis and reporting on shortages across different sectors of the health care workforce. The center was also active in the development of [Senate Enrolled Act 223](#), which requires the collection of data about practice characteristics of health professionals during licensure renewal, further expanding the scope and accuracy of information available to the center to shape and support the policy initiatives of the Governor’s Health Workforce Council. Practitioners must provide or update information about their:

- Specialty/fields of practice;
- Practice settings;
- Weekly hours worked;
- Work with Medicaid patients; and
- Use of telemedicine for prescribers, among other information.

The center has also improved the state’s ability to understand its health care workforce shortages by developing data tools and improving how it tracks provider availability and engagement.

In addition to the work of the Governor’s Health Workforce Council, the state’s Department of Workforce Development (DWD) is actively engaged in promoting both the building and strengthening of the state’s health care workforce. DWD partnered with Indiana’s Commission for Higher Education, Department of Education, and the Family and Social Services Administration to develop the [Management Performance Hub](#), an integrated state data-matching initiative that combines information from across the state government. Through data-use agreements with participating agencies, the hub provides policymakers with enhanced decision-making tools and provides insight into the education-to-workforce pipeline. The hub’s data matching capacity has been used to identify areas of particular need. A recent hub analysis resulted in building additional outpatient treatment capacity in an area of the state that was experiencing increased overdose deaths from opioids.⁸

Strategies

Gov. Pence identified health care workforce as a priority issue during his tenure, and current Gov. Eric Holcomb continues to make it a priority for his administration. The groundwork laid by these administrations has produced cross-agency structures that use data to guide policy. The following examples illustrate how Indiana used this infrastructure to support innovations to grow its health care workforce.

Create and expand health workforce support occupations: Indiana policymakers in multiple agencies noted that some of the persistent, long-term challenges in the state’s health care system, such as effectively managing diabetes, addressing infant mortality, and recovery from substance use disorder, could be addressed through enhanced deployment of culturally-competent and cost-effective community health workers (CHWs). The Governor’s Health Workforce Council, with the participation of the Department of Health, identified the development of the CHW workforce as one of its key priorities in 2017. Since then, the council has convened representatives across Medicaid, the Department of Health, and the Professional Licensing Agency to better define the CHW occupation, identify core skills and competencies, and understand how certification of this workforce could support other policies and priorities. On July 1, 2018, Indiana’s Medicaid agency began reimbursing CHWs using a single rate billed through a rendering provider. Examples of covered CHW services include diagnosis-related patient education, health promotion education, and direct preventive services. Policymakers expect the CHW workforce to expand and diversify as CHW models are developed to meet the state’s needs.

Additional workforce expansions include establishing a pre-nursing certificate pathway for CNAs to make it easier for them to become licensed practical nurses or registered nurses. The state is also piloting community

paramedicine initiatives in rural areas to utilize the untapped service capacity of paramedics and emergency medical technicians (EMTs). The [pilot](#) in Montgomery County provides adults, particularly those with chronic conditions such as heart failure and diabetes, with wellness check-ins and home visits, medical monitoring, and other related services. They also conduct prenatal and postpartum care visits, and the services these community paramedics provide are Medicaid reimbursable.

Review and streamline state licensure: The Jobs Creation Committee (JCC) was created by statute in 2014 to “assess the efficiency and effectiveness of all professional licenses” issued. The committee reviewed a select list of licenses and reported the cost, efficiency, and effect of the licensing board’s activity over selected health care professions to the state legislature. Among the factors the committee considered was whether consumers faced a risk of harm from a particular profession, the extent to which consumers could make informed choices about purchasing goods or services from the professional, the capacity for self-regulation, and whether the benefits of regulation justified the costs of the regulatory system. While the JCC’s legislative authority ended this past year, Indiana is now participating in the [Occupational Licensing Policy Learning Consortia](#) sponsored by the US Department of Labor and cohosted by National Governors Association, Council of State Governments, and National Conference of State Legislatures. The Department of Workforce Development is spearheading that work in Indiana, in collaboration with the Governor’s Health Workforce Council, and will focus on dental hygienists, EMTs, licensed practical nurses, and CNAs. The council recently completed a review of how these professions are licensed across Indiana’s four bordering states, including an analysis of credential portability.

Multi-pronged approach to training and education: Through the Department of Workforce Development, Indiana funds a number of programs that support workforce training and education. Using its robust data resources, the state is able to prioritize key professions, including health care, through initiatives such as [Workforce Ready and Employer Training grants](#). Members of the Governor’s Health Workforce Council have also prioritized the establishment of a state loan repayment program, developed recommendations identifying which health care professions should be included in the program, and facilitated submission of an application to HRSA’s [State Loan Repayment Program](#) for funding.

Support job seekers: Indiana became the first state in the country to implement the [Credential Engine](#), an open source, online platform that features a searchable database of all licenses, certifications, and other credentials offered in the state. The project, spearheaded by Indiana’s Commission on Higher Education, a council member, allows job seekers to better understand:

- What preparations are necessary to pursue their career options;
- Where programs are offered in the state;
- Prerequisites, if any; and
- How credentials can build on each other.

Indiana has developed a set of [use cases](#), including health care, which highlight priority areas for the state. Leaders of that initiative noted that connections made through council participation helped facilitate conversations across state agencies, such as with the state Professional Licensing Agency. The Department of Workforce Development also has a comprehensive [website](#) for job seekers, enriched by the state’s workforce data to flag high-demand jobs (many of which are in health care) and links to training resources.

Legislative action: Interviewees cite the role of the Governor’s Health Workforce Council and the Bowen Center’s support as important in providing a data-informed and balanced voice to support legislative action. Additionally, having state legislators serve on the council has helped advance the council’s priorities in Indiana’s General Assembly. Recent legislative action related to health care workforce issues championed by the council include reimbursement for addiction treatment teams ([HB 1541](#)) and license reciprocity for providers ([SB 59](#)), which enhanced the ability of credentialed behavioral health providers from other states to begin practicing more quickly in Indiana.

Conclusion

In its health care workforce efforts, Indiana benefits from consistent, high-level leadership support, extensive cross-agency data-sharing capacity, and the structure and efforts of the Governor's Health Workforce Council to provide a focal point for collaboration and forward momentum.

Leadership and champions throughout state government have helped the state prioritize the needs of its health care workforce. Governors of two consecutive administrations, legislative leadership, the heads of key health care agencies, and critical partners, such as the Bowen Center, have all made workforce enhancement an important part of the state's efforts to improve the quality of and access to health care.

Data is a central theme in Indiana's efforts. Several key informants noted that having data and data analytic capacity conferred credibility on council efforts, helped forge consensus, and helped guide council direction and recommendations. Several participants noted the emerging value of the Management Performance Hub.

Council members emphasized the value of making connections across agencies and understanding other state agencies' priorities and resources. The opportunity to learn from others and, when opportunities arise, align efforts has been a clear value-add for the Governor's Health Workforce Council. Members noted the need for both workforce and health care expertise to address the challenges facing the state. Both perspectives are essential and, in Indiana, are at the table.

Additional Resources:

[Indiana Governor's Health Workforce Council](#)

[Bowen Center for Healthcare Workforce at the University of Indiana School of Medicine](#)

[Indiana Management Performance Hub](#)

Indiana Professional Licensing Agency's [Job Creation Committee](#)

[Credential Engine](#)

Endnotes

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