Welcome to the 2017 Indiana Health Workforce Collaborative!

Thank You to Our Sponsors:

Healthcare Coverage For All
covering kids & Families of Indiana

INDIANA
STATE NURSES ASSOCIATION

Hannah Maxey, PhD, MPH, RDH
James Ballard, EdD, MS

Welcome & Director’s Address

The following speakers for this program have disclosed no actual or potential conflict of interest in regard to this program:

Hannah Maxey, PhD, MPH, RDH
James Ballard, EdD, MS

Suzanne Crouch

Lt. Governor’s Address

Plenary: Quadruple Aim

Moderator: SARAH M. JOHNSON, FACHE

INDIANA UNIVERSITY

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Sara Johnson

Plenary: Quadruple Aim

Quality – How do you define it?

Andrew VanZee, FACHE

Vice President

Indiana Hospital Association

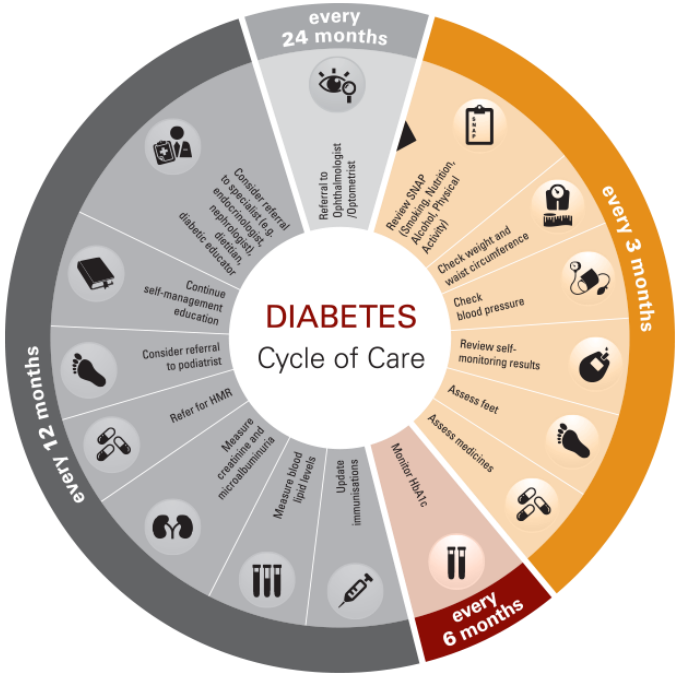
The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Andrew VanZee, FACHE

Carrying out interventions correctly according to pre established standards and procedures, with an aim of satisfying the customers of the health system and maximizing results without generating health risks or unnecessary costs.

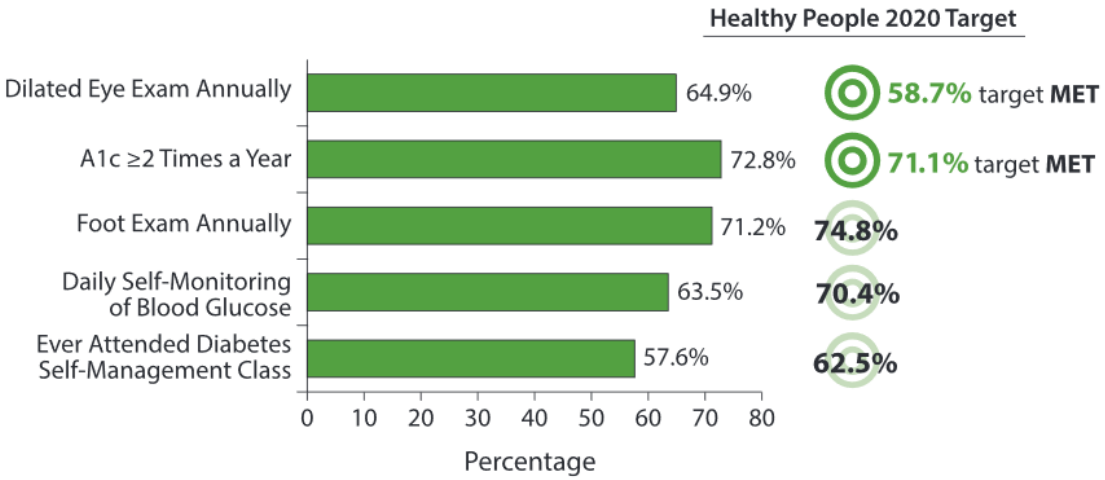
Conformance to specification

Example: Diabetes Care Pathway



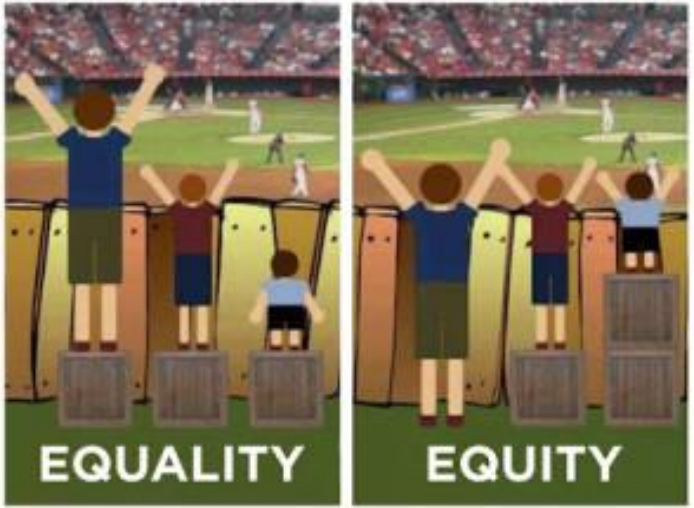
So How Are We Doing?

Figure 6. Healthy People 2020 Targets[a] and Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes Who Reported Receiving Recommended Preventive Care Practices,[b] 2012



[a] Available on the Healthy People 2020 Diabetes website.
[b] Percentages are age-adjusted to the 2000 US standard population.
Source: National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System data.

What’s the Problem?



What Creates Health Outcomes

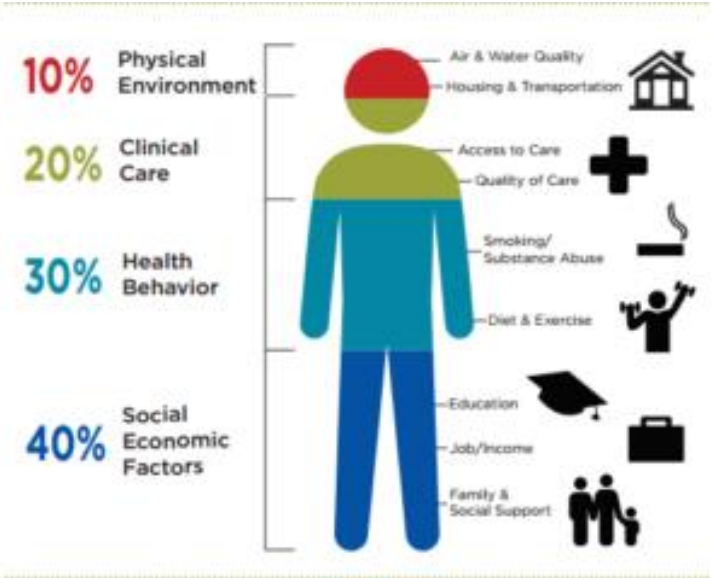
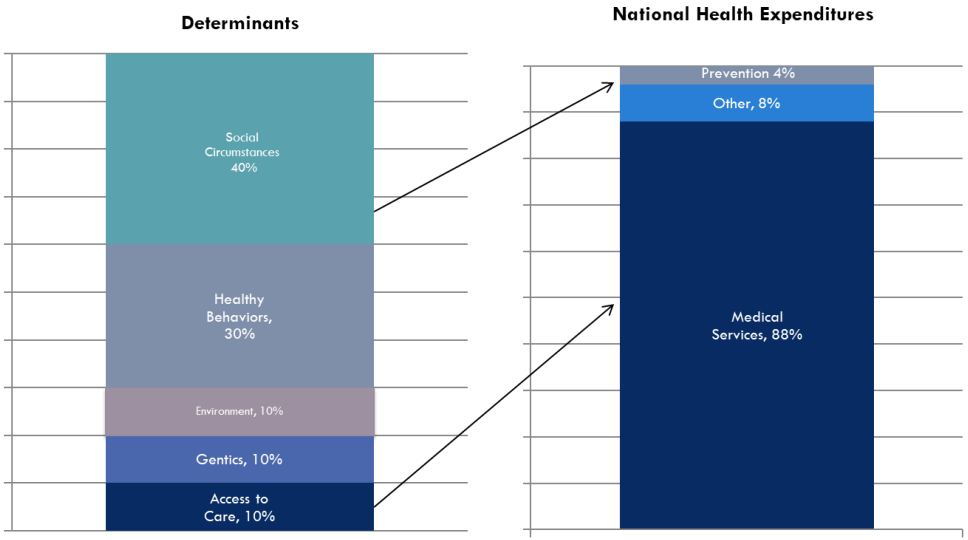


Figure 1: Factors that Influence Health

Where the Spending Goes



Source: NEHI, 2012

What Can/Needs be Done

- Develop Care Plans that Match the Patient (Individual)
- Involve the Patient in the Solutions (Individual)
  - Health Coaching
  - Case Management
- Attack Social Determinants at a Policy and Community Level (Society/Community)
  - Engage Community Resources
  - Build Capacity
- Build Advocates to Sustain Effort (Community)
- Develop Focused Leading Measures (Society/Community)

Andrew VanZee, FACHE
Vice President
Indiana Hospital Association

317-423-7796
avanzee@ihaconnect.org
IHAconnect.org

Plenary: Quadruple Aim

Improving Patient Experience

Jerome Adams, MD, MPH

@jeromeadamsMD

State Health Commissioner

Indiana State Department of Health

Conflict of Interest Statement

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Jerome Adams, MD, MPH

The Quadruple Aim

Improving patient experience: safe, effective, patient-centered, timely, efficient, and equitable

Patient experience?

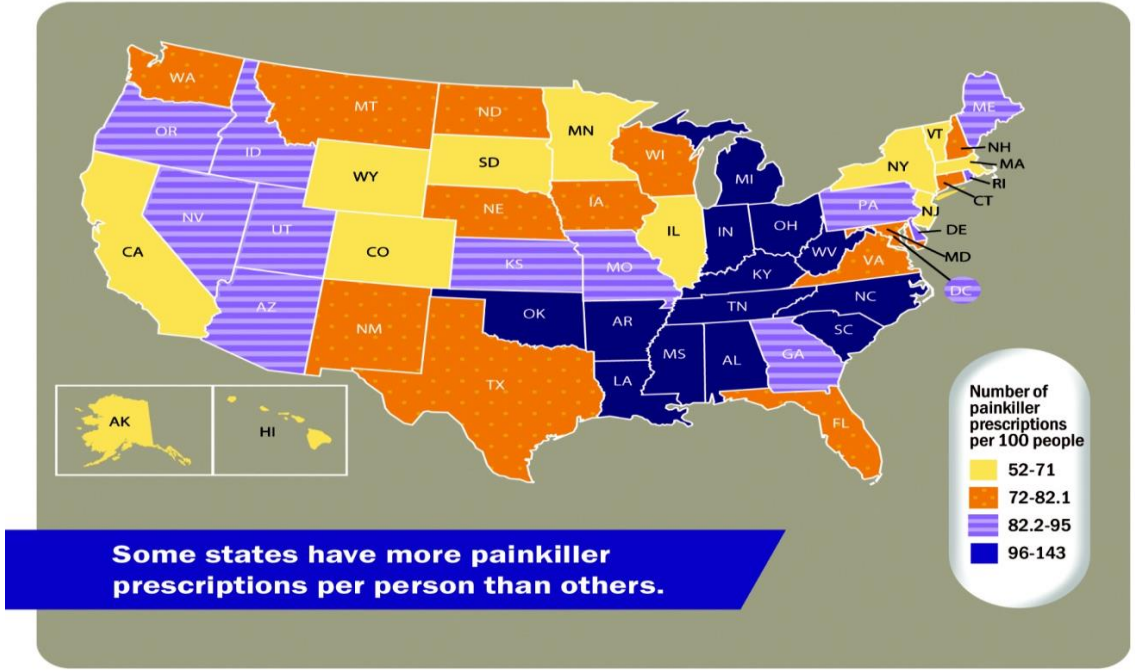
How Hospitals Are Trying to Improve the Patient Experience

Ruben Castaneda • Dec. 21, 2016, at 4:29 p.m.

"At Lenox Hill Hospital in New York City, the facility's maternity ward provides perks for new parents, such as champagne with chocolate-covered strawberries to celebrate the birth of the baby. And new parents get the option of having a "date night" with a candlelit dinner at the facility while staffers take care of the infant. "

"Rooms, scheduled to debut in 2017, will be equipped with an electronic tablet that lets patients control their room temperature, summon a nurse or watch a video about their diagnosis and treatment"

Prescribing Habits



SOURCE: CDC Vital Signs, July 2014. cdc.gov/vitalsigns.

The Washington Post

How an HIV outbreak hit rural Indiana — and why we should be paying attention

0

By Danielle Paquette March 30

Follow @dpaqreport

How We Got Here…

Pain as the 5th Vital Sign

Overprescribing Practices

Patient Satisfaction Scores

Opioid Epidemic

Antibiotic Resistance: National Picture

- According to the CDC :
  - More than 2 million antibiotic resistant infections each year
  - 23,000 people die as a result
  - Antibiotics are among the most commonly prescribed drugs yet up to 50 % are not needed or are not optimally effective as prescribed
  - **WHY???**
  - → To “satisfy” patient demands/ expectations…

CDC “Antibiotic Resistance Threats in the United States", 2013

HEALTH

Putting Tests to the Test: Many Medical Procedures Prove Unnecessary—and Risky

The overuse of many medical tests and interventions wastes money and can actually harm patients, say over two dozen medical societies

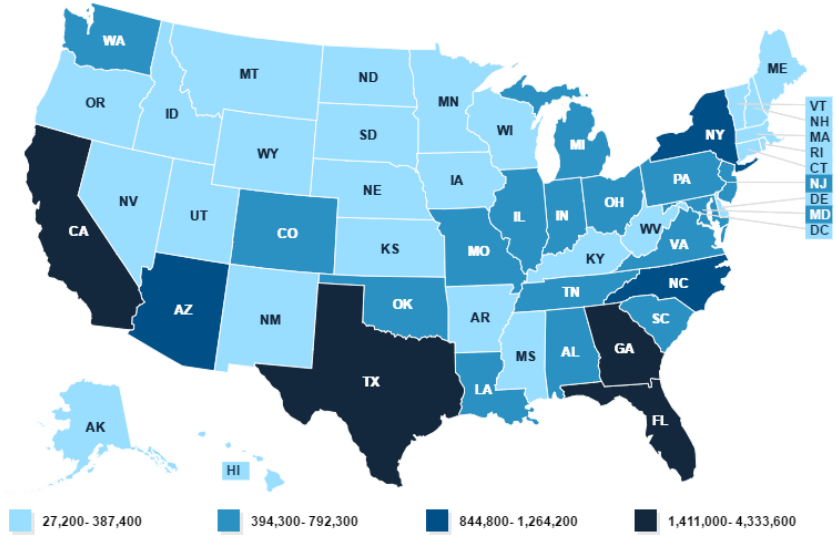
By Tara Haelle on March 5, 2013

How do we really improve Patient Experience???

1. Access
2. Communication
3. Control

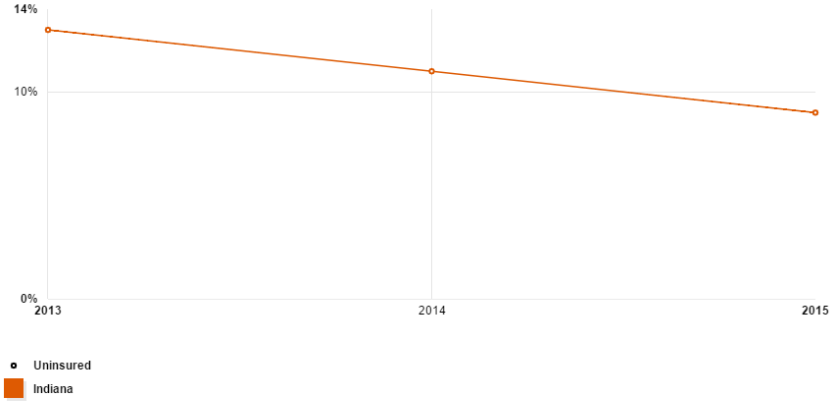
Access

Health Insurance Coverage of the Total Population: Uninsured, 2015



SOURCE: Kaiser Family Foundation's State Health Facts.

Health Insurance Coverage of the Total Population: Uninsured, 2013 - 2015



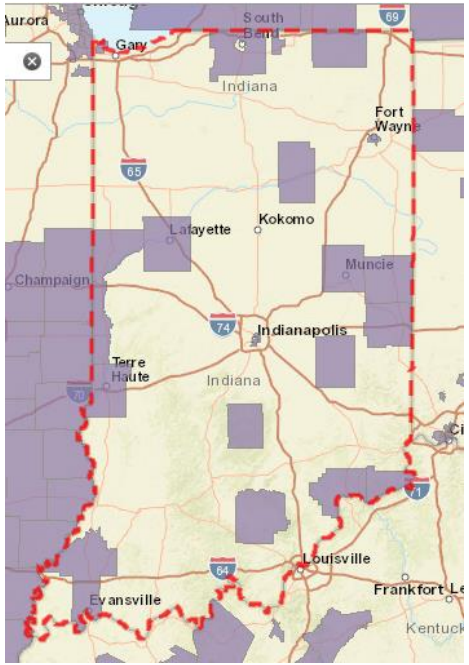
SOURCE: Kaiser Family Foundation's State Health Facts.

Manpower

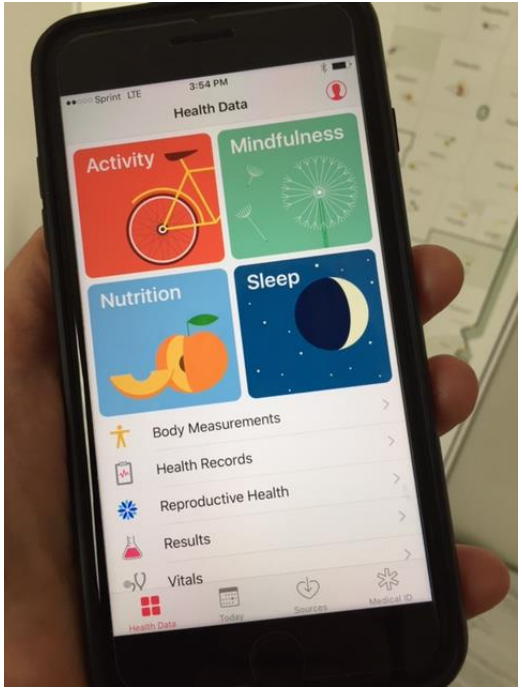
Primary Care

Mental Health

Dental



Reach


Sprint LTE
3:54 PM
Health Data
Activity
Mindfulness
Nutrition
Sleep
Body Measurements
Health Records
Reproductive Health
Results
Vitals
Health Data
Today
Sources
Medical ID

Cleveland Clinic Study on Patient Experience

1) Long wait to get an appointment

2) Long wait at the office

3) Feeling rushed

4) Having to repeat story multiple times

5) Lack of empathy

6) Weak rapport

7) Unclear follow up plans

8) Difficult contact between appointments

9) Discomfort in telling the truth (fear of judgement)

10) Perceived lack of value despite cost of care

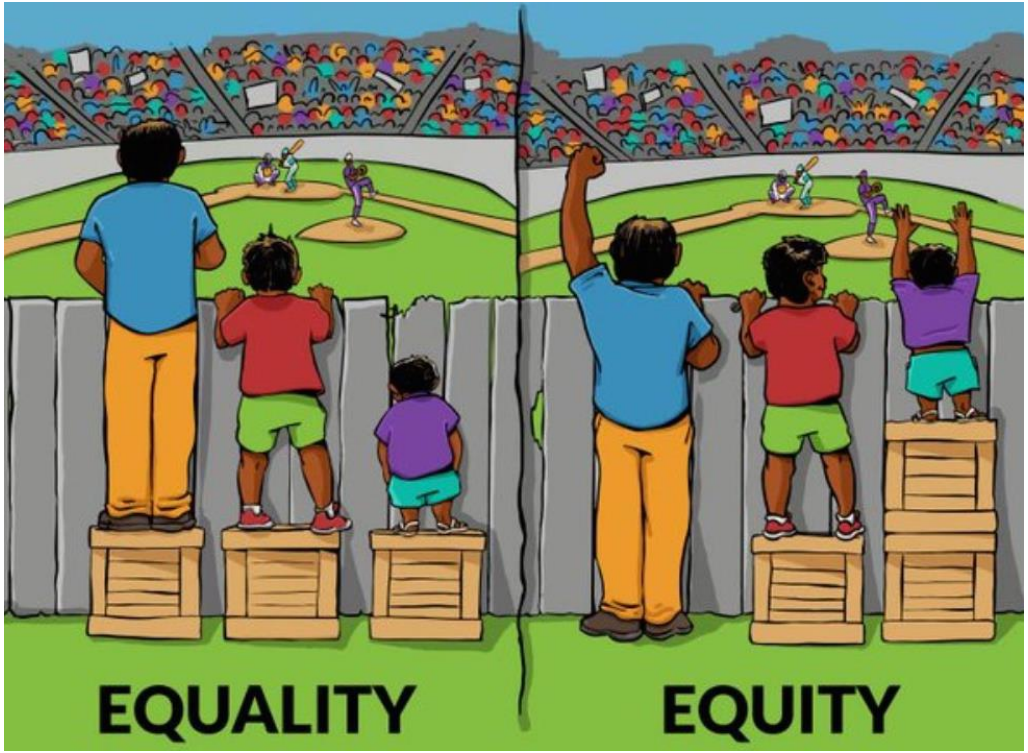
http://www.fiercehealthcare.com/practices/10-ways-practices-can-improve-patient-experience

How do we really improve Patient Experience???

1. Access
2. Communication
3. Control

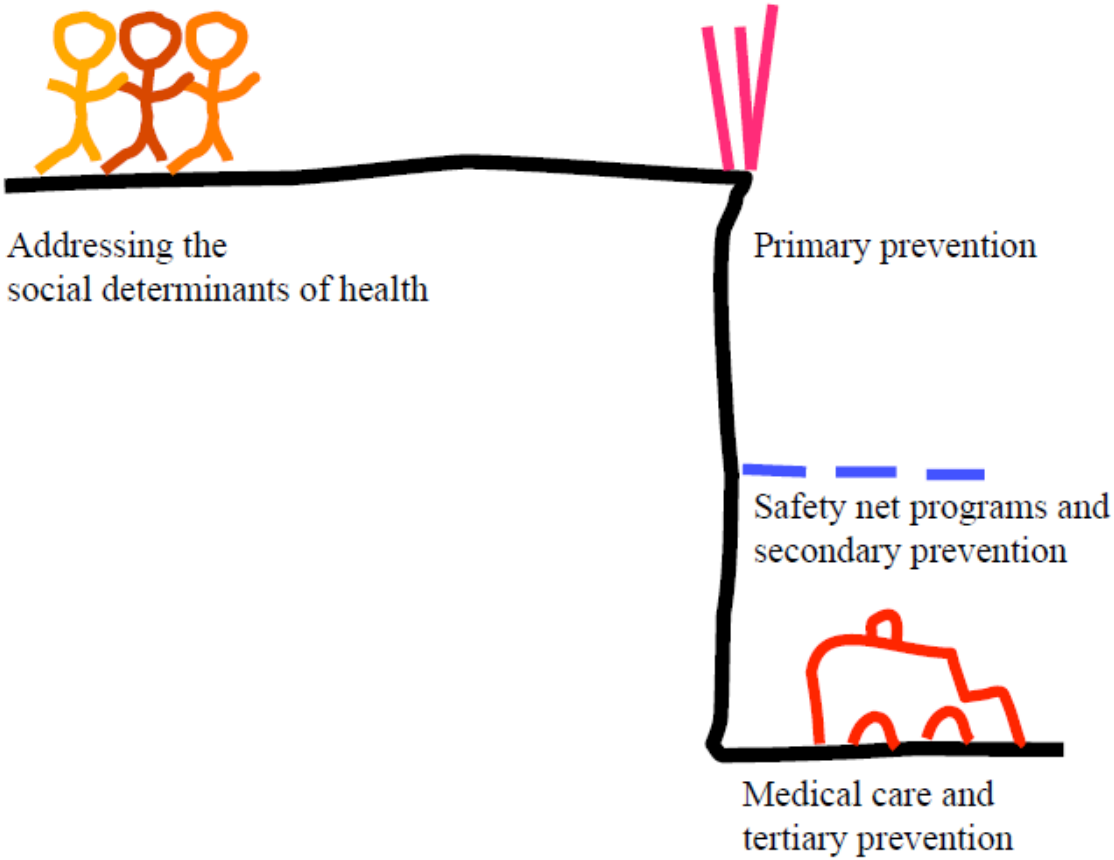
Improving Patient Experience

Equal vs Equitable…

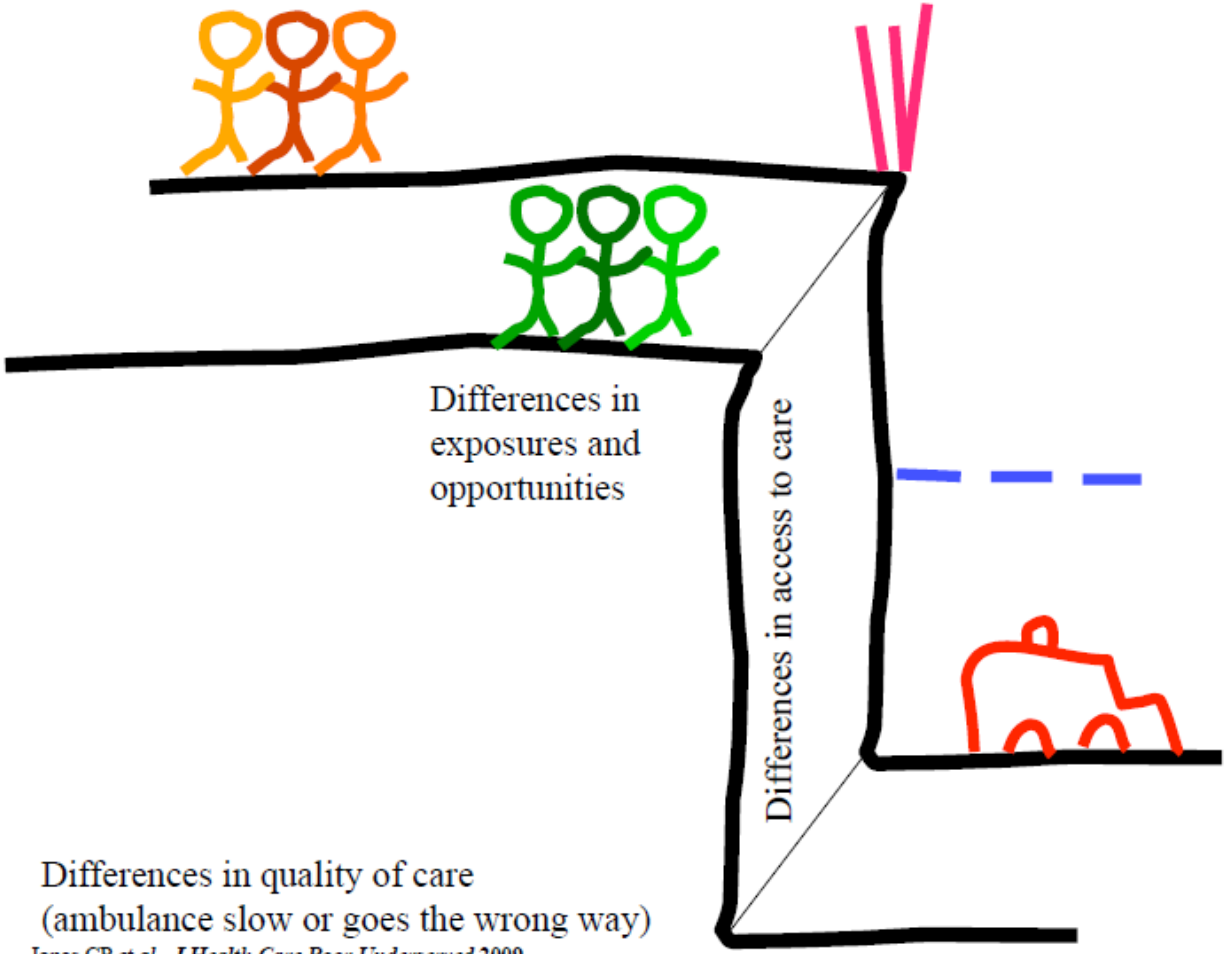


W. Edwards Deming:
The Enemy of Quality is Variation

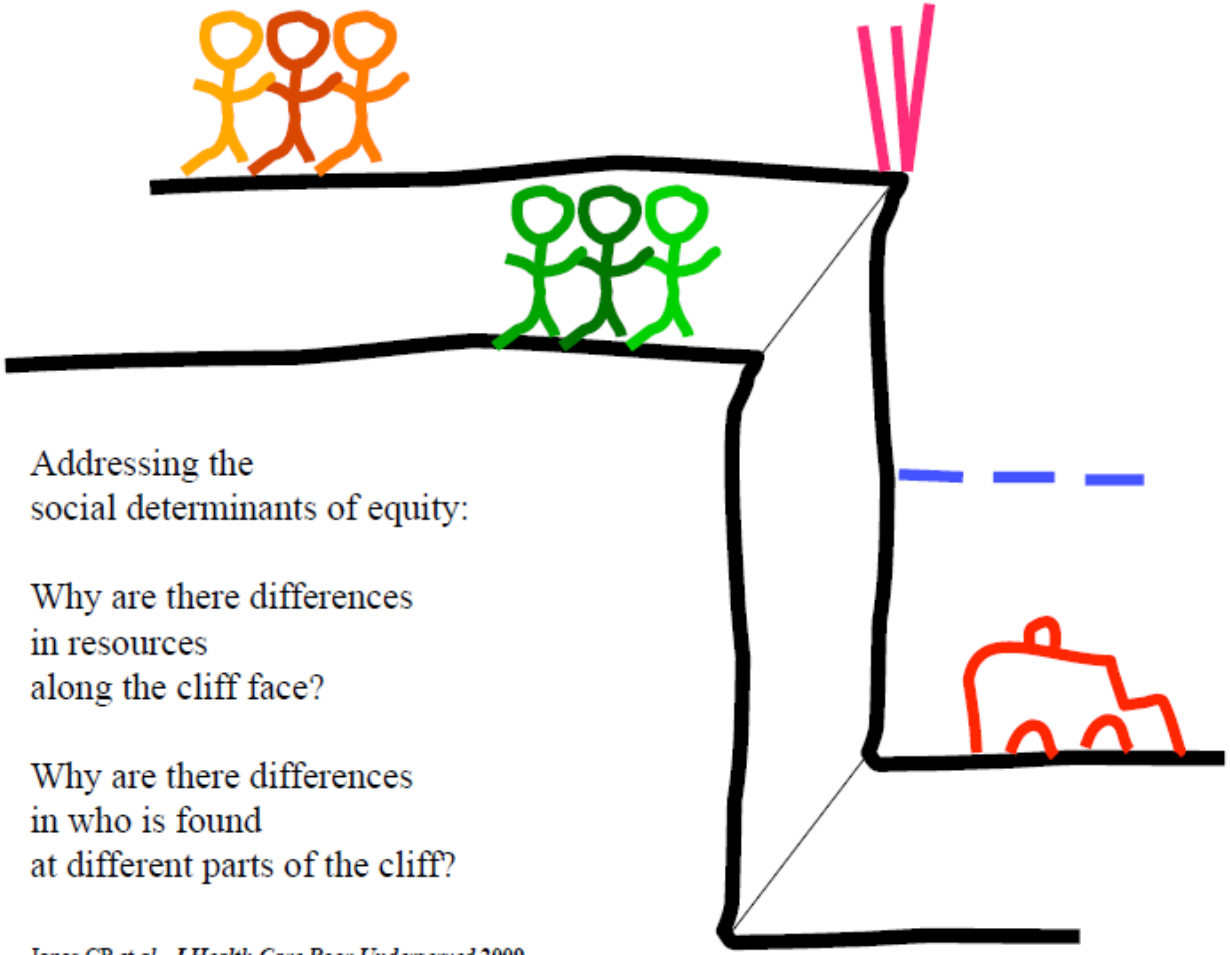
- A push to stratify patients and utilize protocols to make sure we are treating everyone in a population according to the same scientifically validated standards of care
- What if the same standards of care don't work for everyone?
- What if some groups weren't included in the studies to determine the standards?
- What if everyone doesn't have equal access to providers or procedures
- What if there are cultural or other barriers which discourage or prohibit some populations from availing themselves of those providers/ standards/ procedures?



Jones CP *et al.* *J Health Care Poor Underserved* 2009.



Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



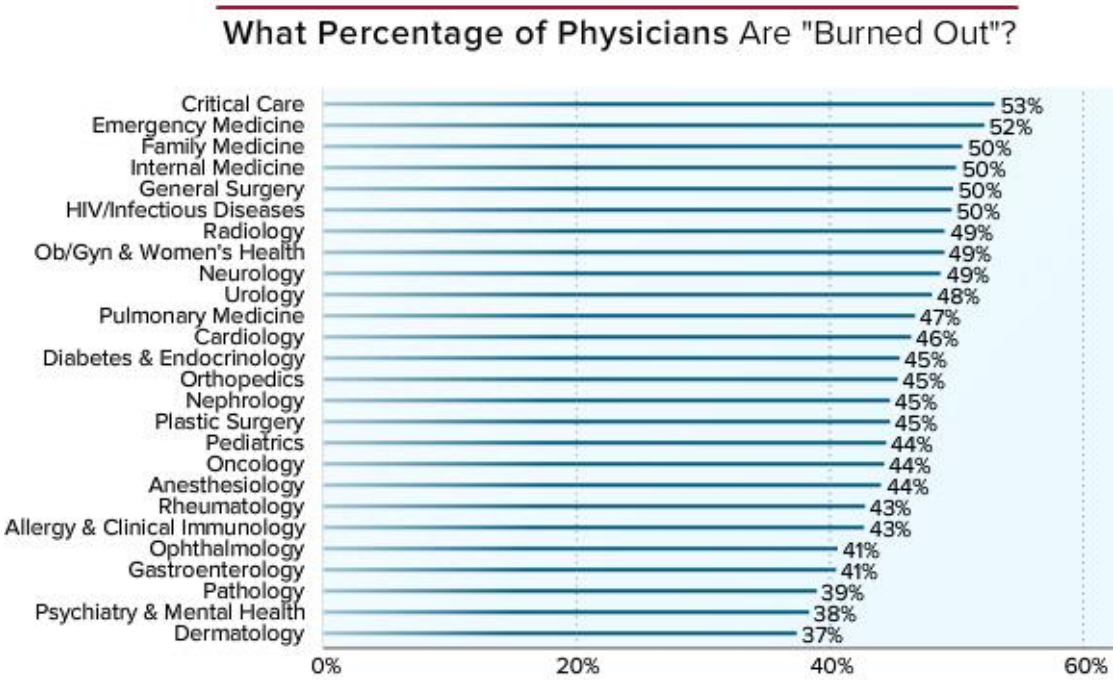
Addressing the
social determinants of equity:

Why are there differences
in resources
along the cliff face?

Why are there differences
in who is found
at different parts of the cliff?

Jones CP *et al.* *J Health Care Poor Underserved* 2009.

Provider Support



http://www.annfammed.org/citmgr?gca=annalsfm%3B12%2F6%2F573

Anthem

2017 Indiana Health Workforce Collaborative

Logan P. Harrison, J.D.

Sr. Director of Public Affairs

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The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

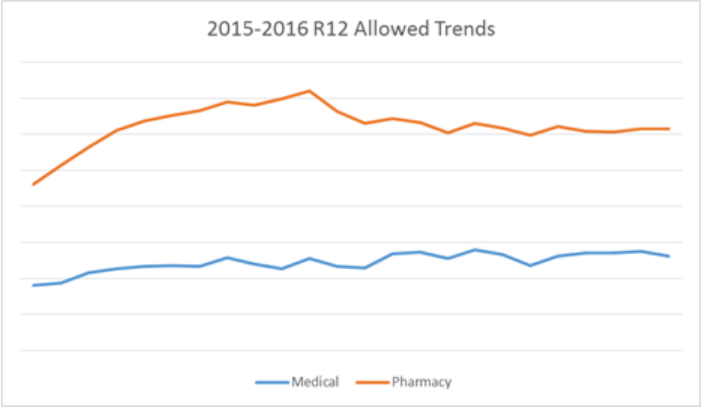
Logan Harrison, JD

Anthem®

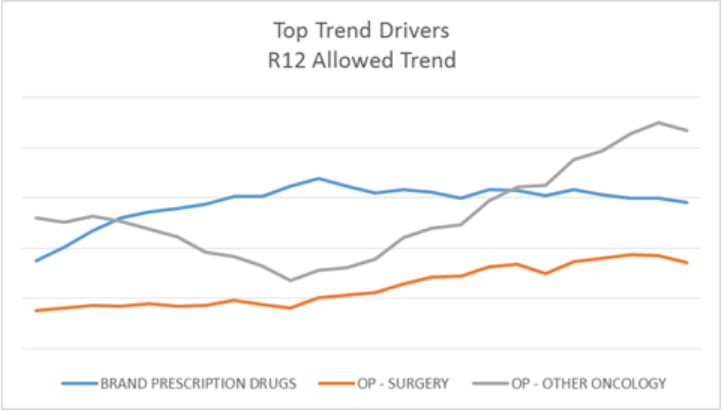
Health Insurance Coverage of the Total Indiana Population as of 2015

- --Employer 52% (More than 60% of which is employer self funded)
- --Individual (non-group) 5%
- --Medicaid 19%
- --Medicare 14%
- --Other Public (VA/Tricare) 1%
- --Uninsured 9%

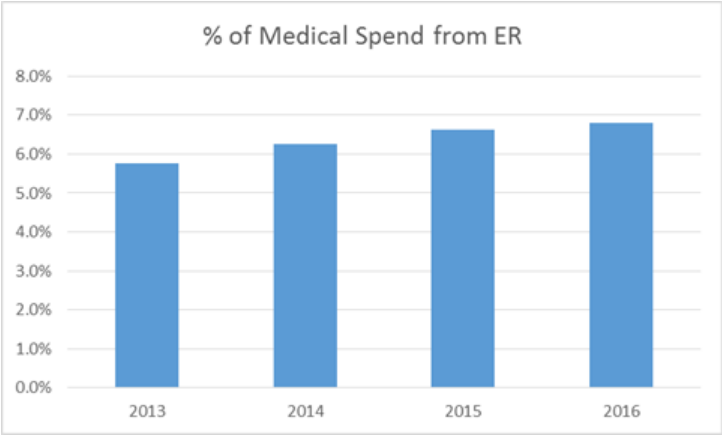
2015-16 Allowed Trends
Medical v. Rx



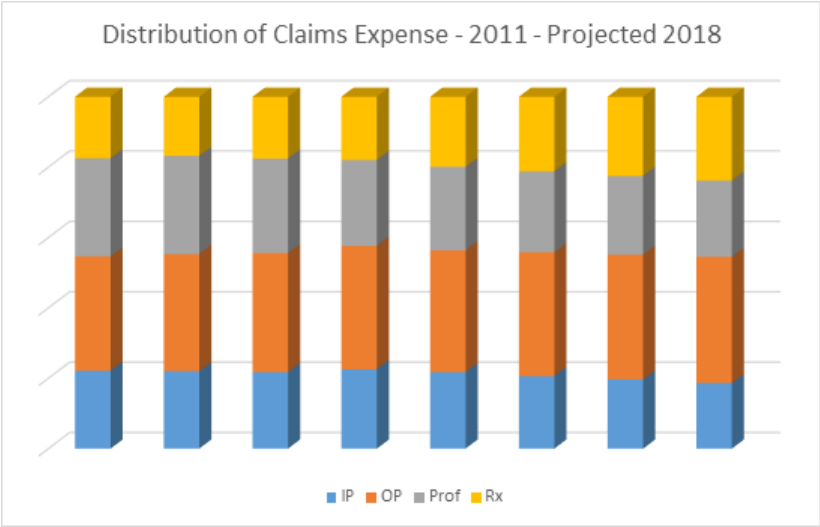
Top Trend Drivers



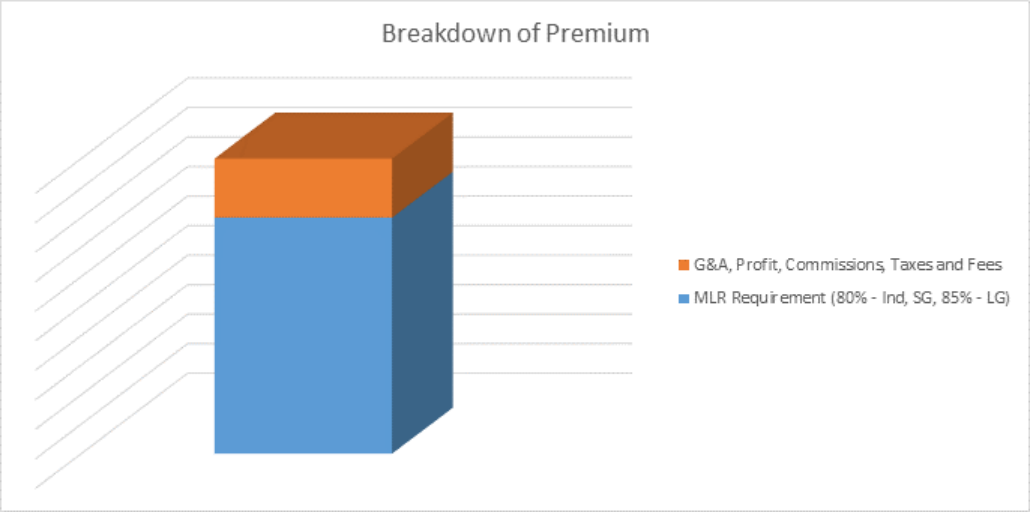
Percent of Medical Spend from ER Services



Claims Expenses



Fully Insured Minimum Medical Loss Ratio Requirement



Disclosure

The graphs are intended to demonstrate industry wide trends and claims in Indiana for purposes of illustration and discussion. They are not necessarily specific to Anthem Blue Cross Blue Shield of Indiana.

Quadruple Aim: Caring for the Health Workforce

JENNIFER WALTHALL, MD, MPH

Secretary

Indiana Family and Social Services Administration

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

JENNIFER WALTHALL, MD, MPH

Thank You to Our Sponsors

INDIANA
STATE NURSES ASSOCIATION

Healthcare Coverage For All
covering kids & families of Indiana

The Bowen Health Workforce Information Portal (HWIP)

Hannah L. Maxey, PhD, MPH, RDH

Director, Bowen Center for Health Workforce Research & Policy

Connor W. Norwood PhD, MHA

Associate Director, Bowen Center for Health Workforce Research & Policy

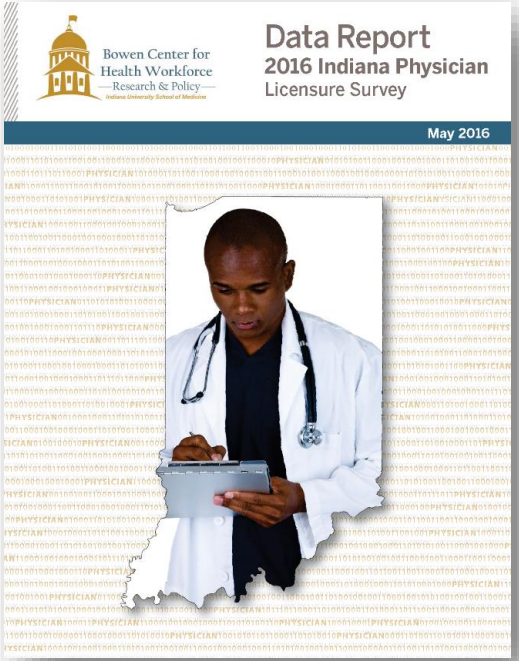
The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Connor W. Norwood, PhD, MHA
Hannah L. Maxey, PhD, MPH

Background

History of Health Workforce Data in Indiana

- Lengthy Data Reports
  - Demographics
  - Practice Characteristics
  - Supply & Distribution
- Select Few Professions
- Limited resources for ad hoc analyses and data requests



The Governor’s Health Workforce Council

- Governor’s Health Workforce Council and Bowen Center for Health Workforce Research and Policy partnership
  - Health Workforce Policy Coordination in Indiana
  - Health Workforce Data Coordination in Indiana

The State of Health Workforce Data in Indiana

- Desire for high quality health workforce data to inform policy-making process
- Development of the Indiana Health Professions Database
- Development of the Bowen Health Workforce Information Portal (HWIP)
  - Data visualization can improve access to and understanding of complex health workforce data

Bowen Health Workforce Information Portal (HWIP): Development Process

The Development Process: Our Partners

- **Indiana Health Professions Database**
  - Collaboration with IU Department of Biostatistics

- **Bowen Health Workforce Information Portal (HWIP)**
  - Collaboration with the Polis Center at IUPUI

The Advisory Committee

Family Social Services Administration – Jen Walthall

Department of Workforce Development – Michael Barnes

Indiana State Department of Health– Joan Duwve

Indiana State Nursing Association – Blayne Miley

Indiana State Medical Association – Julie Reed

Indiana State Dental Association – Doug Bush

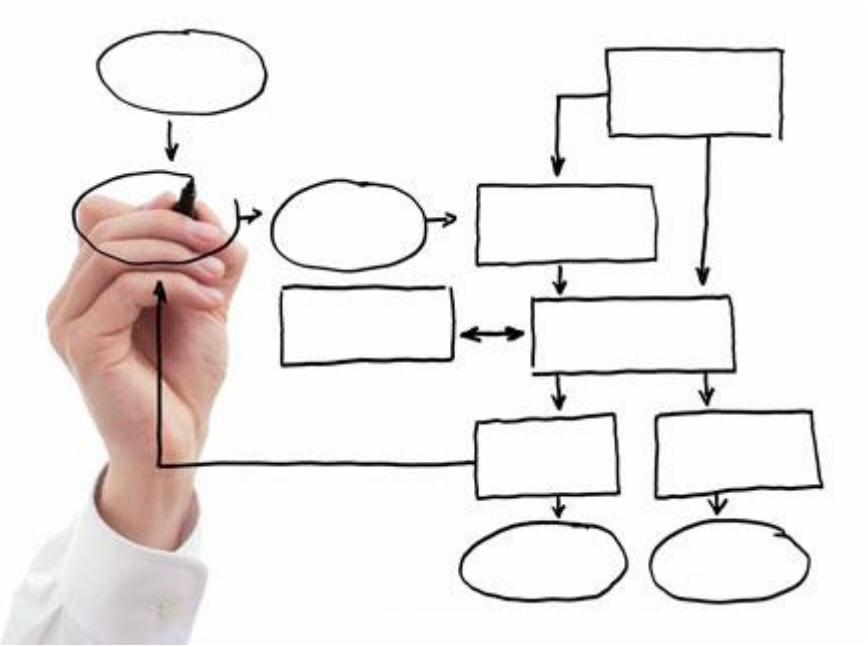
Area Health Education Centers – James Ballard

Community Mental Health Centers – Matt Brooks

The Office of Governor Eric Holcomb – Andre Bennin

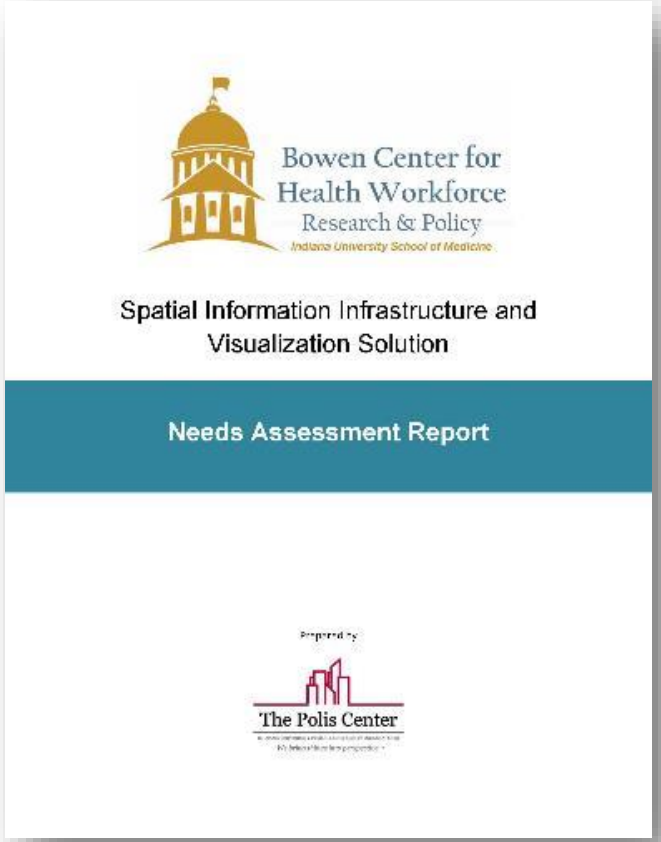
Needs Assessment

- Summer 2016
- Assessed:
  - Stakeholder needs
  - Bowen center's workflow
  - Data management processes
- Determine possible solutions



Needs Assessment

- Coordination/aggregation of health workforce data into one place
- Integration with the Indiana Health Professions Database
- Improved access to health workforce supply data
- Tool for basic analysis of health workforce supply data


Bowen Center for Health Workforce Research & Policy
Indiana University School of Medicine

Spatial Information Infrastructure and Visualization Solution

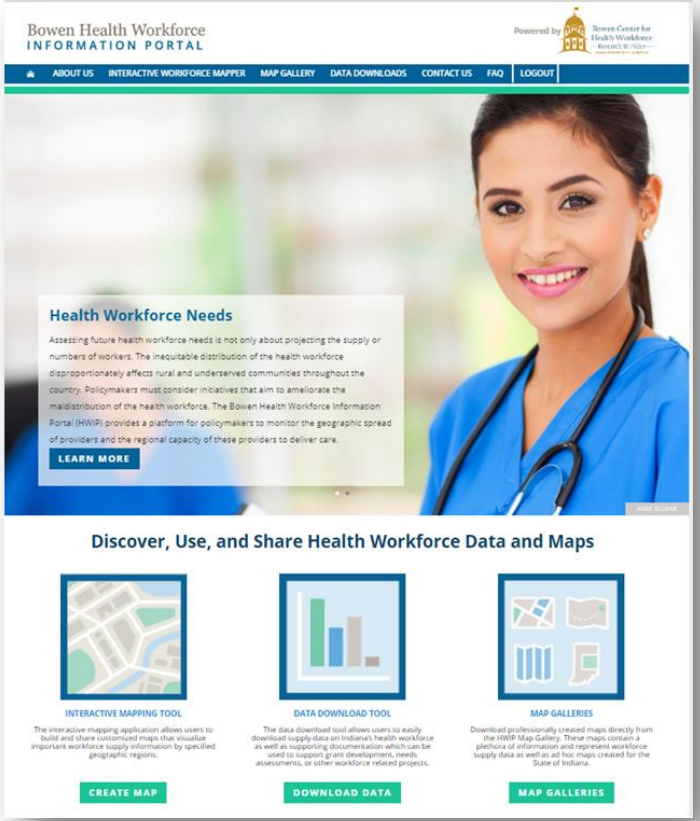
Needs Assessment Report

Prepared by

The Polis Center

The Portal's Core Structure

- **Portal Page**, main website that serves as the single point of access for health workforce data content.
  - http://in-polis-app28.ads.iu.edu/bowen/
- **Map Gallery**, for access to view and download a collection of high-quality maps created by Bowen.
- **Interactive Mapping** for interactive overlay, display, and navigation of relevant sets of health workforce map layers.
- **Data Download**, for registered users to download data files of interest.



Establishing HWIP Themes

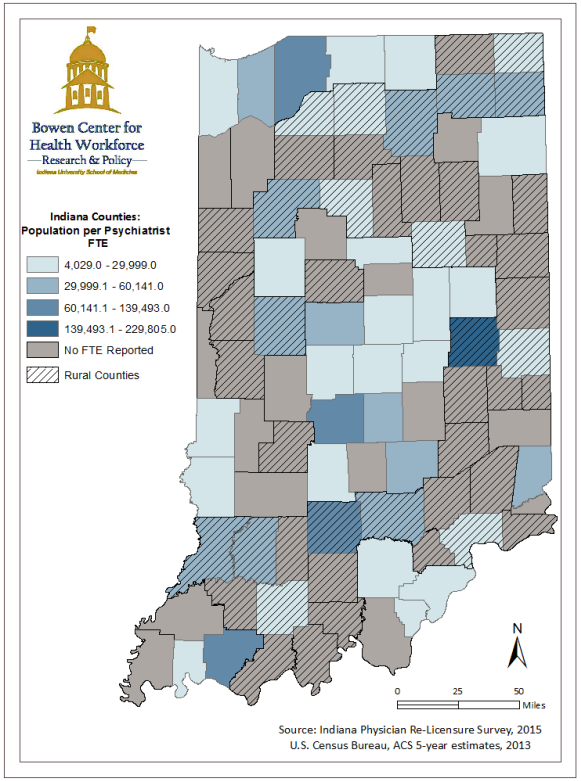
- **Surveyed stakeholders and advisory committee**

- **Grouping data into common themes**
  - Supply, Distribution, & Characteristics
  - Education Pipeline
  - Federal Workforce Shortage Designations
  - Mental & Behavioral Health

- **Packaging data in common themes will improve user friendliness**

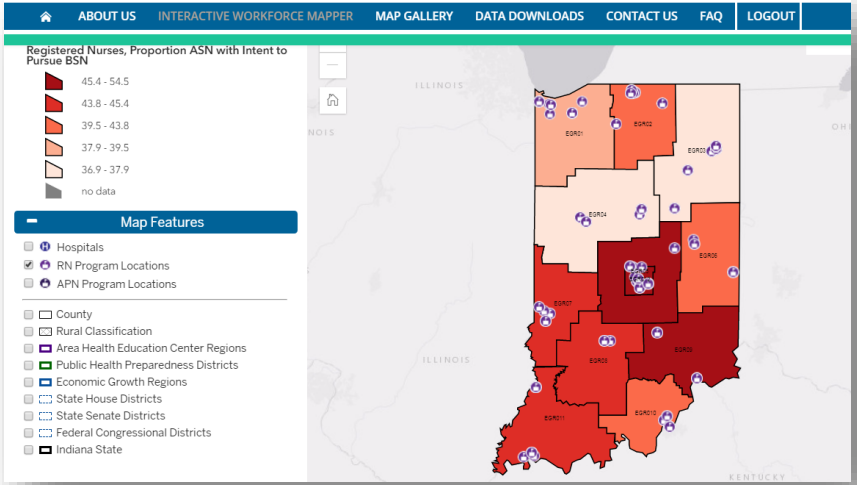
HWIP Map Gallery

- Professionally created maps
  - Organized by:
    - Theme
    - Profession
    - Ad hoc
  - Available in various formats:
    - PDF
    - JPEG
    - EPS



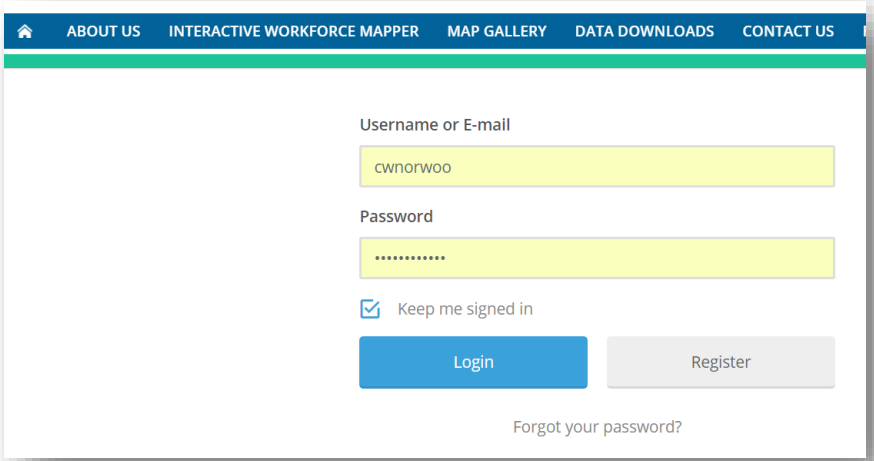
HWIP Interactive Workforce Mapper

- Explore & share health workforce supply data
- Users can create, print, and share custom maps



HWIP Data Download & Registration

- Access and download health workforce data by themes or professions
- Users must register to download data
  - Evaluation
  - Technical Support



A Case Study: Registered Nurses

- *Registered Nurses (RN)*- # 1 on Hoosier 50 Hot Jobs
  - https://netsolutions.dwd.in.gov/hh50/

- Institute of Medicine (IOM) recommends 80% of nursing workforce trained at Baccalaureate level by 2020

- Initiatives aimed at transitioning ASN to BSN in order to meet employer demand and IOM recommendation

A Case Study: Registered Nurses

- What percent of the RN workforce in Indiana is trained at the Baccalaureate level?

- Are ASNs interested in receiving additional training to advance to the to the BSN level?
  - If so, where are they located throughout Indiana.

A Case Study: Federal Workforce Shortage Designations

- Health Professional Shortage Areas (HPSA)
  - Medicaid Bonuses
  - Recruitment and Retention of Healthcare professionals

- Ratio of 3,500 people per 1 primary care physician full-time equivalent (FTE)

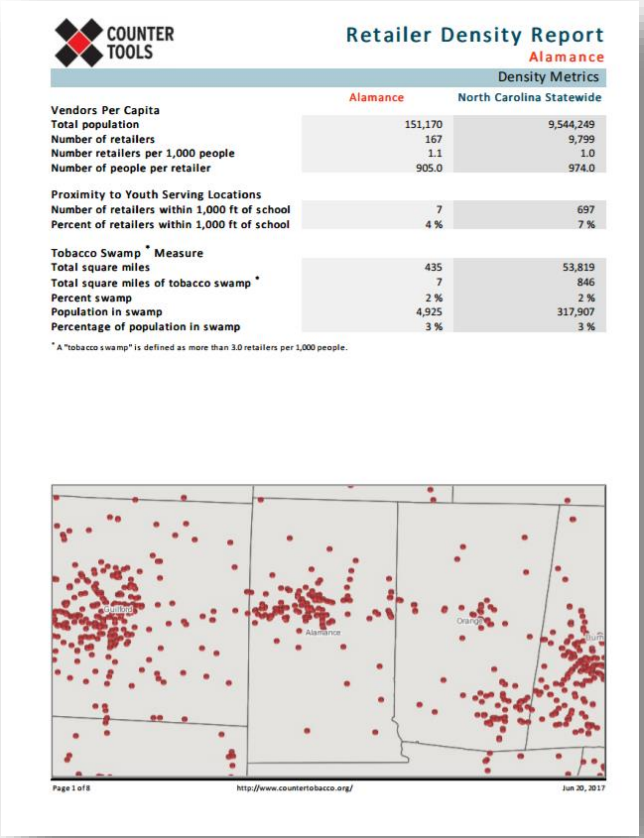
PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS CRITERIA

A geographic region, often a county, can be designated as a Primary Care HPSA if it meets one of the following criteria:

1. The area is a rational area for the delivery of primary medical care services.
2. One of the following conditions prevails within the area:
   a. *The area has a population to full-time-equivalent primary care physician ratio of at least 3,500:1.*
   b. *The area has a population to full-time-equivalent primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and has unusually high needs for primary care services or insufficient capacity of existing primary care providers.*
3. Primary medical care professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the are under consideration.

Future Directions

- Continuous process improvement
- Ongoing evaluation
- In the pipeline:
  - New Geographies (ex. Legislative districts)
  - New Professions
  - New Data indicators
  - New Datasets
  - Fact sheets
- Down the road:
  - Longitudinal data
  - Custom Fact Sheets/Reports



COUNTER TOOLS

Retailer Density Report

Alamance

Density Metrics

	Alamance	North Carolina Statewide
Vendors Per Capita		
Total population	151,170	9,544,249
Number of retailers	167	9,799
Number retailers per 1,000 people	1.1	1.0
Number of people per retailer	905.0	974.0
Proximity to Youth Serving Locations		
Number of retailers within 1,000 ft of school	7	697
Percent of retailers within 1,000 ft of school	4 %	7 %
Tobacco Swamp * Measure		
Total square miles	435	53,819
Total square miles of tobacco swamp *	7	846
Percent swamp	2 %	2 %
Population in swamp	4,925	317,907
Percentage of population in swamp	3 %	3 %

* A "tobacco swamp" is defined as more than 3.0 retailers per 1,000 people.

Page 1 of 8 http://www.countertobacco.org/ Jun 20, 2017

Lunch Breakout A: Verbal Remarks

Indiana’s Health Workforce Transforming Practice

DEANNA WILLIS, MD, MBA, FAAFP

Otis R. Bowen Scholar, Associate Professor of Family Medicine

Indiana University School of Medicine

Essential Credential Engine Connections

Ken Sauer, Ph.D.
Senior Associate Commissioner and Chief Academic Officer

Jillian Scholten
Director of Academic Affairs
Indiana Commission for Higher Education

June 20, 2017

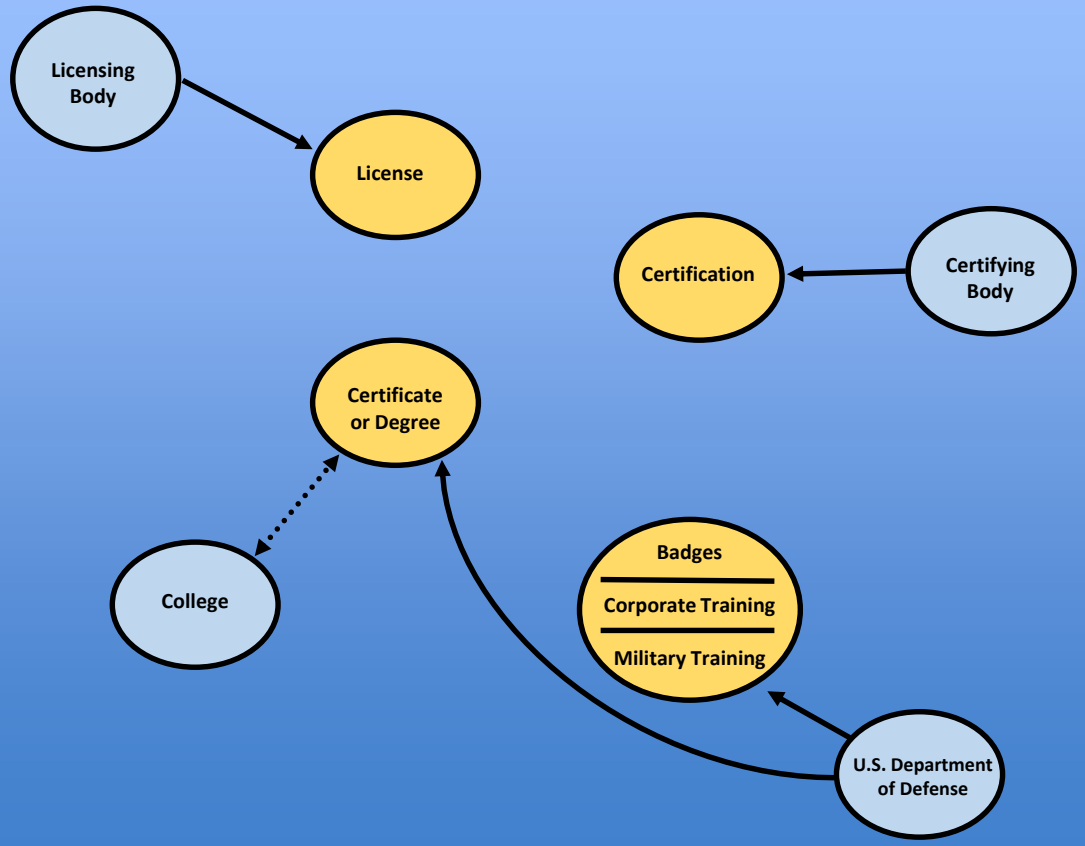
The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Ken Sauer, PhD

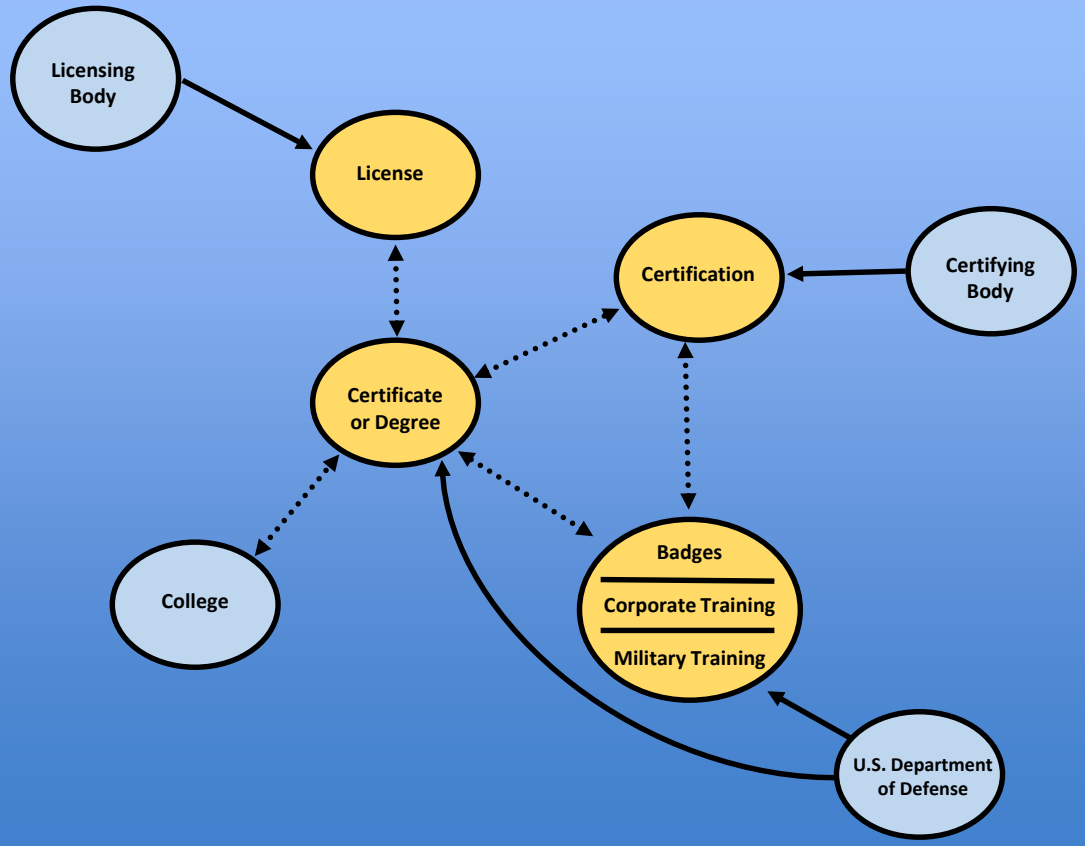
Legend: - Credential

Badges, Corporate Training, Military Training

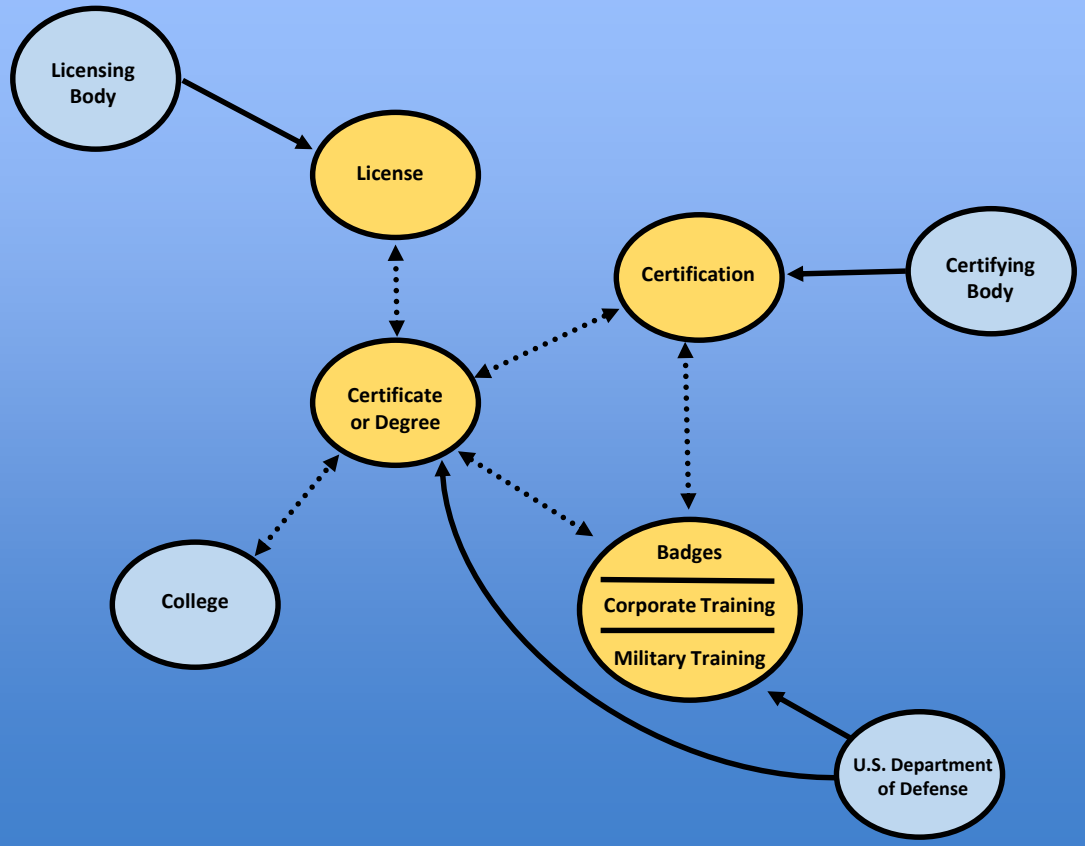
- Badges
- Apprenticeships
- ACE Credit Recommendations
- Other Training (OJT)
- ???



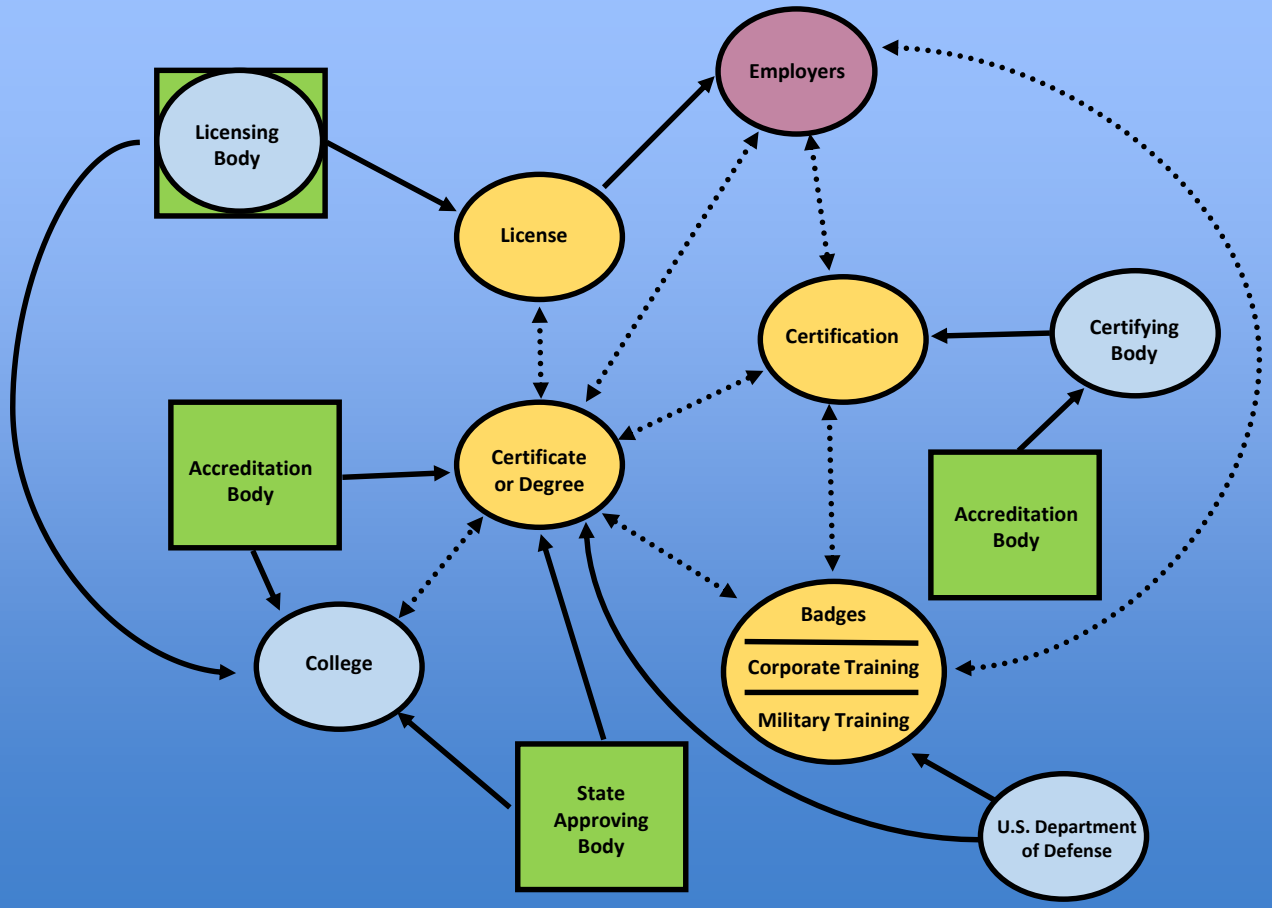
Legend: - Credential; - Credential Provider



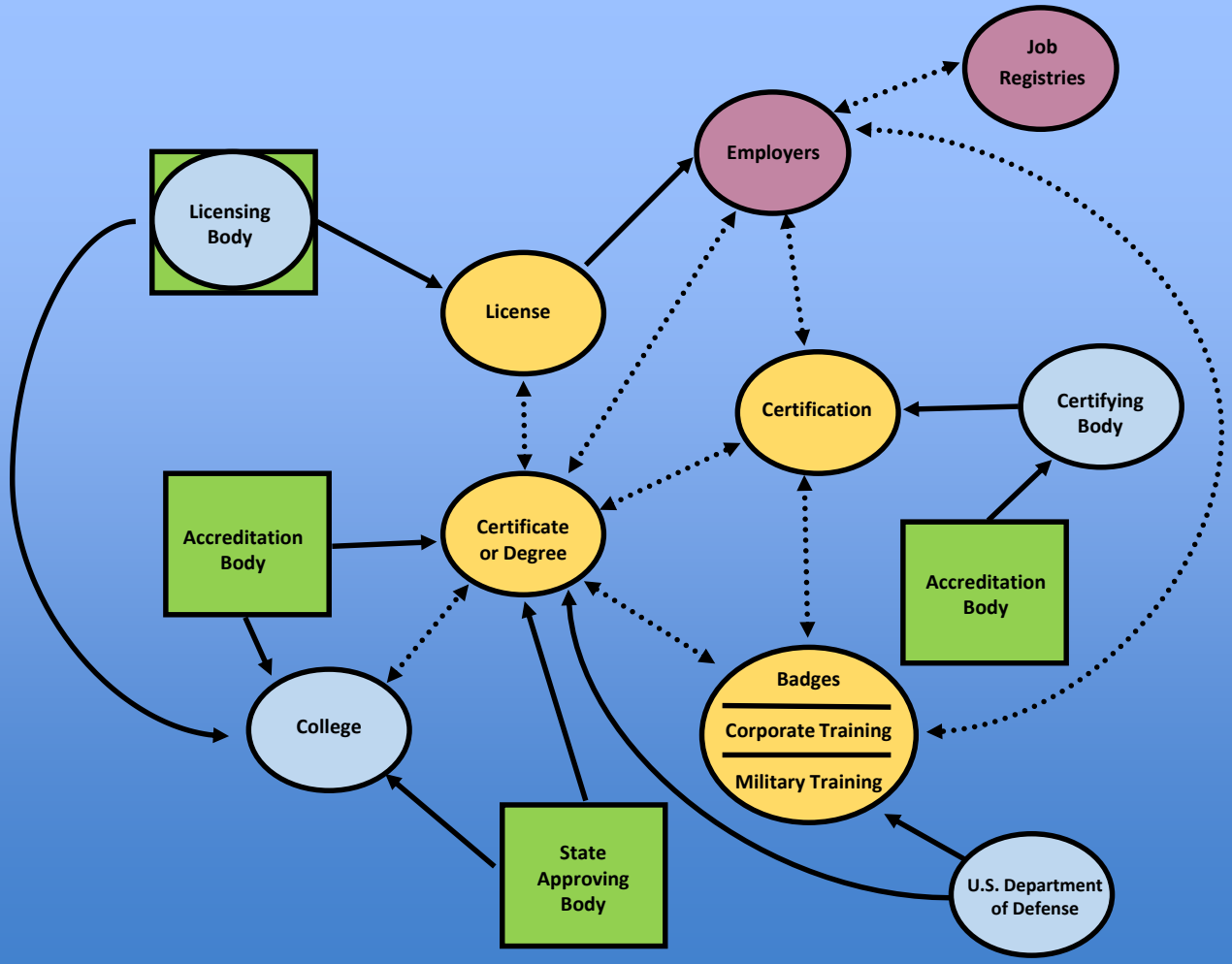
Legend: - Credential; - Credential Provider

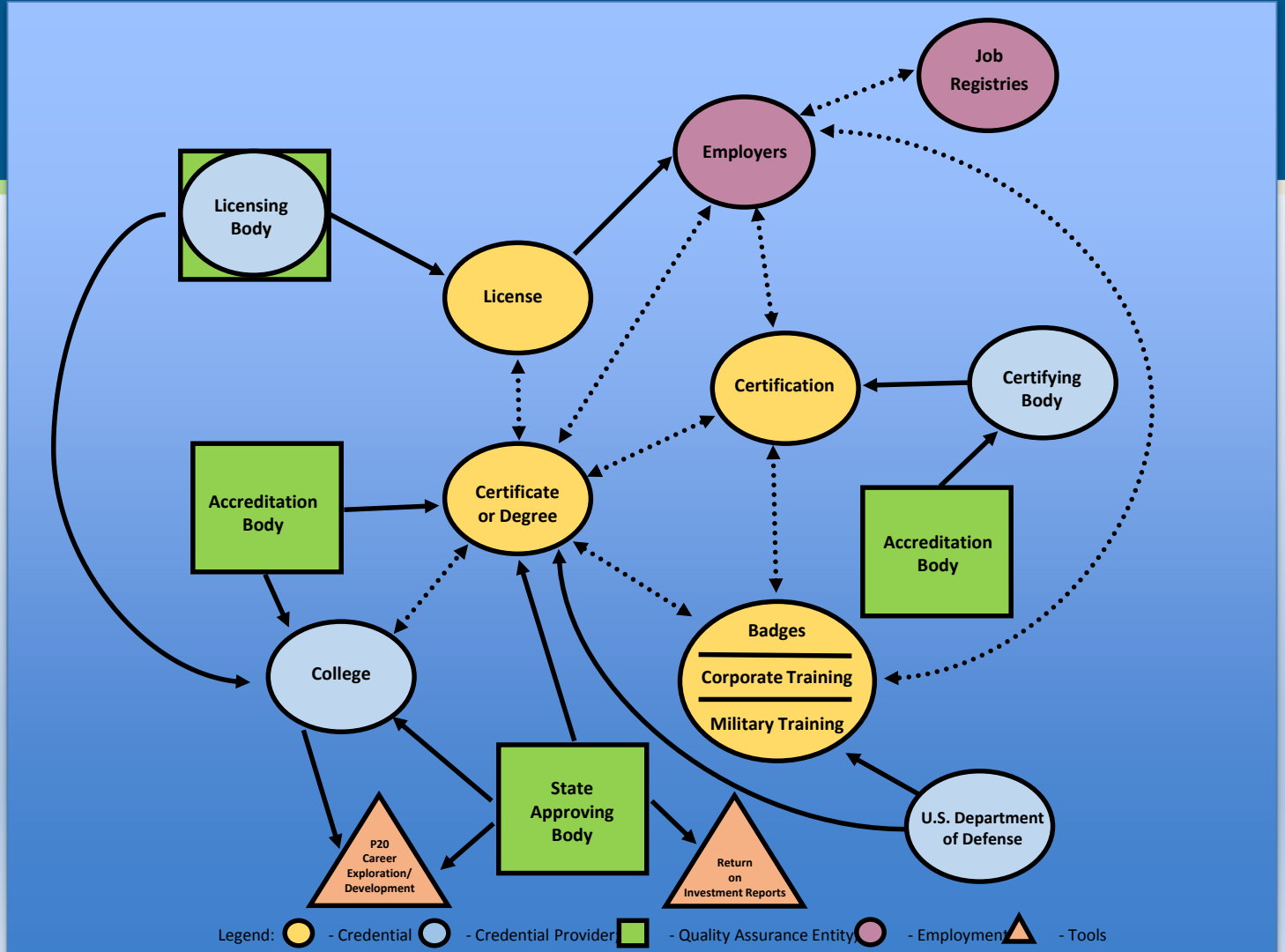


Legend: - Credential; - Credential Provider



Legend: - Credential - Credential Provider - Quality Assurance Entity - Employment


Job Registries
Employers
Licensing Body
License
Certification
Certifying Body
Accreditation Body
Certificate or Degree
Accreditation Body
Badges
Corporate Training
Military Training
College
State Approving Body
U.S. Department of Defense
Legend: - Credential - Credential Provider - Quality Assurance Entity - Employment

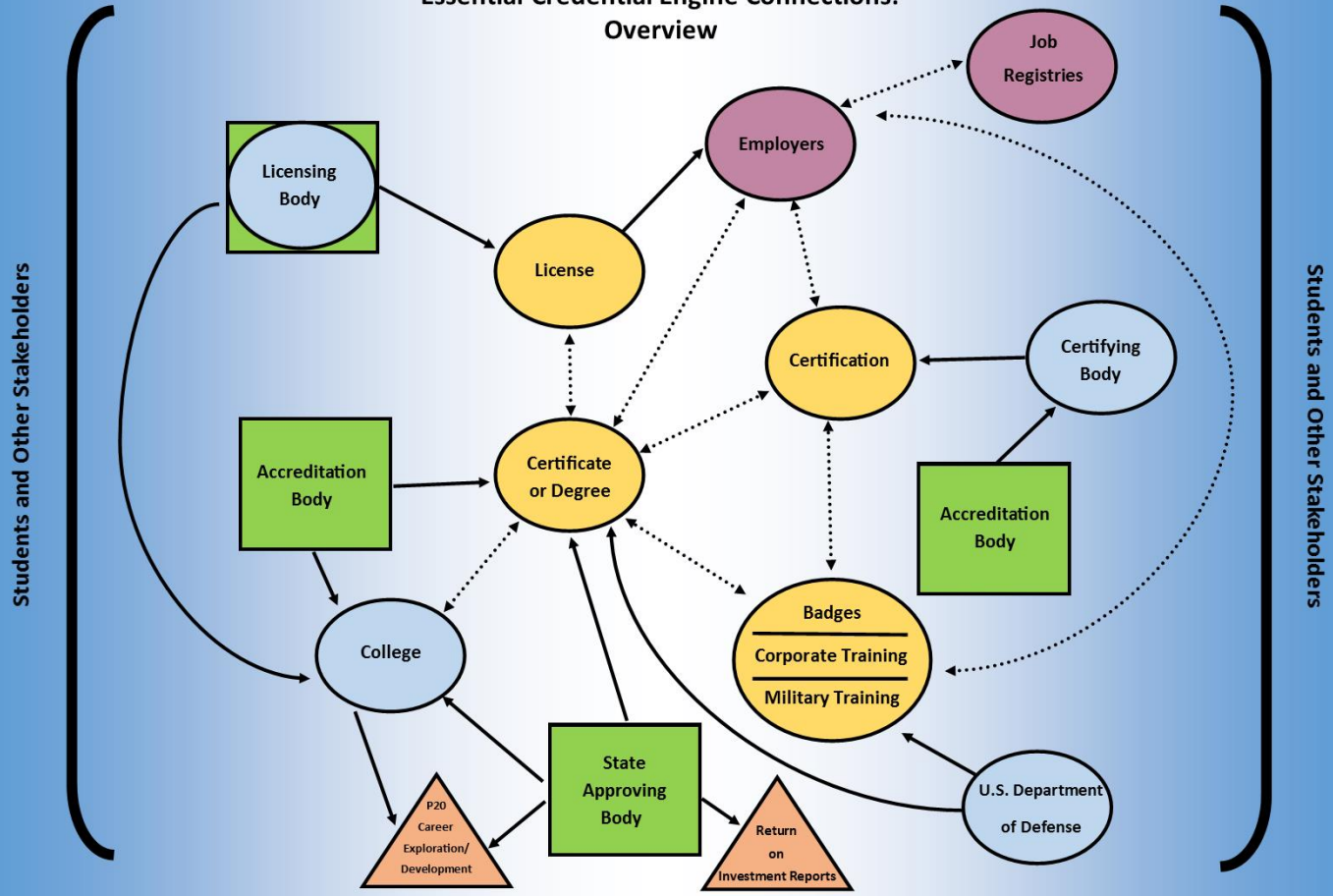

Job Registries
Employers
Licensing Body
License
Certification
Certifying Body
Accreditation Body
Certificate or Degree
Accreditation Body
Badges
Corporate Training
Military Training
College
State Approving Body
U.S. Department of Defense
P20 Career Exploration/ Development
Return on Investment Reports
Legend:
- Credential
- Credential Provider
- Quality Assurance Entity
- Employment
- Tools

DRAFT

Indiana Commission for Higher Education

DRAFT

Essential Credential Engine Connections: Overview



Legend: - Credential; - Credential Provider; - Quality Assurance Entity; - Employment; - Tools

6/19/17

WORKIT

Discover Credentials
Powered by Credential Registry
Prototype Phase

Search | Add New | My Account

Search Credentials

For ivy tech

Search | + Filters

Found 42 results

Sort A-Z | List | Map

A.A.S. in Dental Assisting

Ivy Tech Community College of Indiana | Show 5 Locations

Compare

Associate's Degree

The Dental Assisting program at Ivy Tech is taught by instructors who have all worked as dental assistants in the field. Students will get to study in a state-of-the-art facility learning a variety of skills involving radiography, dental materials, infection control, chairside, and general dentistry as well as dental specialties. For more information about dental assisting, visit the American Dental Assistant's Association website. The Dental Assisting program is a selective admission program. When you apply to the college, you would be accepted into the Healthcare Specialist program with a concentration in Dental Assisting while you complete the prerequisite requirements. The Dental Assisting program accepts a limited number of students each year and there is a separate application process.

Edit | Delete | Register

A.A.S. in Diagnostic Medical Sonography

Ivy Tech Community College of Indiana

Compare

Associate's Degree

The Diagnostic Medical Sonography (DMSI) Program offers degrees in sonography with three different concentration pathways – cardiac, vascular, and general. A sonographer plays a role in the non-invasive diagnostics process through the use of creating images from ultrasonic imaging devices. The sonographer typically prepares patients, explains the exam process, performs the procedures, and reports the findings to the patient or physician. Diagnostic Medical Sonography graduates can work in suburban and rural hospitals, physicians' offices, clinics, federal and state health agencies, and certain educational institutions. The positioning, protection, physics, patient care and ethics. Clinical practice and supplemental instruction are provided in accredited hospitals and clinics. Upon completion of the ultrasound program requirements, graduates are registry eligible and must have worked for 12 months to take the National Registry Examination. The Diagnostic Medical Sonography program is a selective admission program. When you apply to the College, you will be accepted into Healthcare Specialist with a concentration in Diagnostic Medical Sonography while you complete the prerequisite requirements. The program accepts a limited number of

Edit | Delete | Register

A.A.S. in Health Care Specialist

Ivy Tech Community College of Indiana

Compare

WORKIT

Discover Credentials
Powered by Credential Registry
Prototype Phase

Search | Add New | My Account

Pharmacy Technician Certificate

Ivy Tech Community College of Indiana
Certificate

Compare
Edit

Basic Info

Connect to this Credential

About this Credential

Students in the Healthcare Specialist program are able to study a wide variety of certification options, including Dementia Care, Phlebotomy, Personal Training, Pharmacy Technician, and more! The Healthcare Specialist program is also where students who would like to apply for one of the selective programs get started, and get a great foundation in the healthcare industry. Students in this program receive individualized instruction and advising, and individual attention is given to students who are struggling, which make Ivy Tech a well-respected provider of healthcare workers in the community.

Estimated Time to Complete Required Learning Opportunities

Certificate in Pharmacy Technician

Estimated: 8 months
Completed in two semesters (24 credit hours)

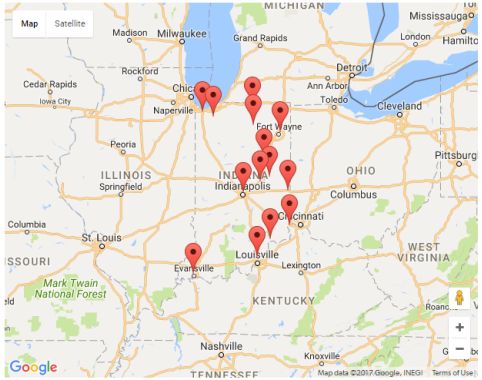
Credential Type

Certificate

Audience Levels

Secondary School or Equivalent

Location Info



104 W. 53rd Street, Anderson, IN 46013, United States

22531 County Road 18 , Goshen, IN 46528, United States

3501 N. First Avenue, Evansville, Indiana 47710, United States

More Info

Competencies

90 — Teaches 90 Competencies

Quality Assurance

2 — Owner's Quality Assurance

Requirements and Recommendations

1 — Requires 1 Learning Opportunity

Estimated Costs

2 — Learning Opportunity Estimated Costs

Registry Info

Registry Info

0 Credentials | 0 Organizations | 0 Assessments | 0 Learning Opportunities | Toggle Details | Compare Selected

Credential Engine: Discussion Questions

1. How can educators better address what employers need? Is Credential Engine a way to bridge the gap? If so, how?
2. How can employers better signal their workforce needs? Is Credential Engine a way to do this?
3. How can the information pipeline be improved? How can students get interested in this? Could Credential Engine help in this regard? If so, how?

INDIANA COMMISSION for HIGHER EDUCATION

Contact Information

Ken Sauer, Ph.D.

Senior Associate Commissioner and Chief Academic Officer
Indiana Commission for Higher Education

Office: (317) 232-1090

Cell: (317) 908-0536
ksauer@che.in.gov

Jillian Scholten

Director of Academic Affairs

Indiana Commission for Higher Education

Office: (317) 232-1071

jscholten@che.in.gov

http://www.in.gov/che

INDIANA COMMISSION for HIGHER EDUCATION

Lunch Breakout – Room C

Indiana’s Health Workforce: Transforming Policy

PAUL PEAPER, JD

Director of Healthcare & Insurance Policy

Office of Governor Eric Holcomb

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Paul Peaper, JD

Afternoon Breakout Session: Room C

Attacking the Drug Epidemic

KEVIN MOORE

Director, Division of Mental Health and Addiction

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Kevin Moore

Attacking the Drug Epidemic

Healthcare Delivery Perspective

UKAMAKA M. ORUCHE, PHD, RN, PMHCNS-BC

Associate Professor of Psychiatric/Mental Health Nursing

Indiana University School of Nursing, Indianapolis

Healthcare Delivery Perspective

Dr. Oruche has clinical privileges at Eskenazi Health; she serves on the Board of Directors for Fairbanks Hope Academy Recovery High School

Ukamaka M. Oruche, PHD, RN, PMHCNS-BC| Associate Professor

Acknowledgements

Dean Babcock

Rachel Beeler

Jeni Embree

Barbara Elliott

Marty Cangany

Rachelle Gardner

Ryan Martin

Marissa Manlove

Blayne Miley

Ashley Overly

Robin Parsons

ATTACKING THE DRUG EPIDEMIC:
HEALTHCARE DELIVERY PERSPECTIVE

Scope of the Problem

Just Your Normal High School Boy - The David Manlove Story

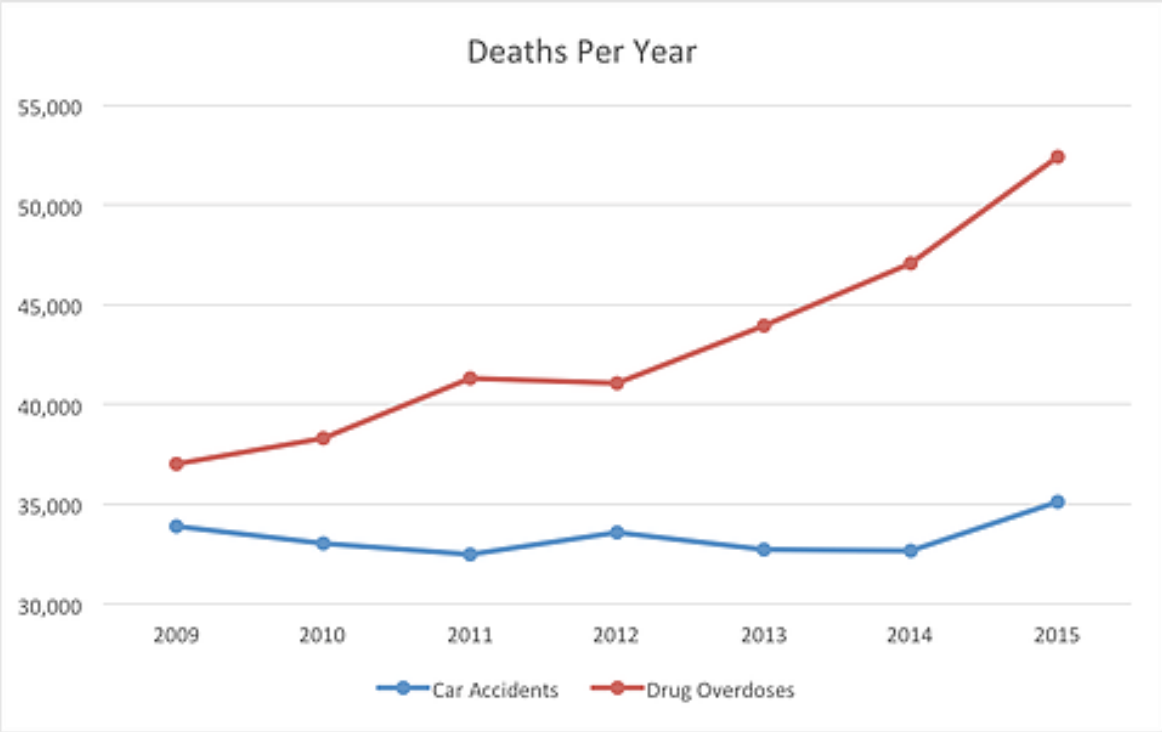
Rachel is 4 years sober! and a college graduate!

Scope of the Problem

“In 2015, more Americans died of drug overdoses than any other year on record — more than 52,000 deaths in just one year. That's higher than the more than 38,000 who died in car crashes, the more than 36,000 who died from gun violence, and the more than 43,000 who died due to HIV/AIDS during that epidemic's peak in 1995” (Garmez Lopez)

(Data source: CDC Report authored by Rudd et al, 2016)

144 drug overdose deaths daily

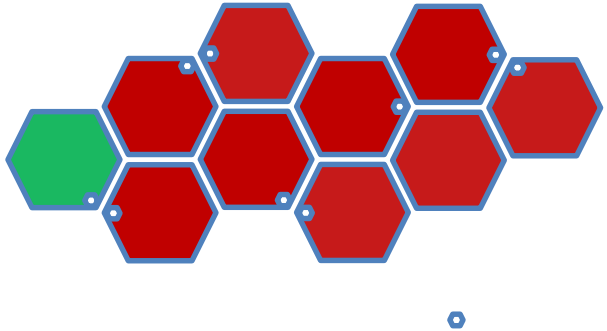


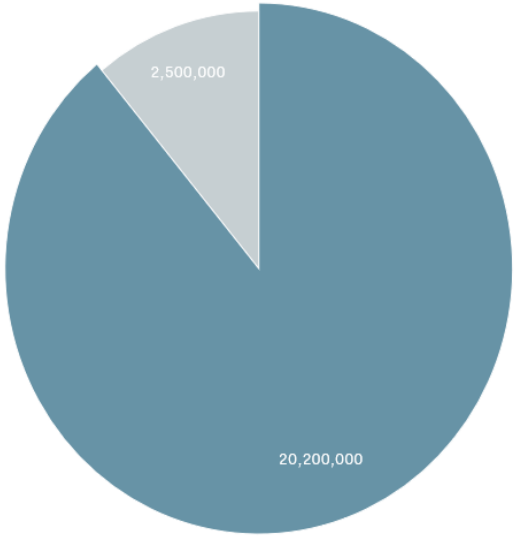
Source: Addiction Policy Forum

Who Is Affected?

1. Increased risks for persons with mental illness
2. Patients – loss of self-control
3. Family members & communities (National Academies of Medicine, 2016)
4. Effects on unborn infants (neonatal abstinence syndrome) and children (entry into child welfare system; Sausser, 2017)
5. Provider burden

9 out of 10 people who need treatment do not get it!





Surgeon General's Report on Alcohol, Drugs, and Health, 2016; Rudd et al, 2016

ATTACKING THE DRUG EPIDEMIC: HEALTHCARE DELIVERY PERSPECTIVE

Challenges and Proposed Solutions

Challenges & Contributing Factors

1. Lack of public awareness and knowledge of risks and consequences
2. Unabating stigma
3. Inadequate investment in prevention strategies
4. Barriers to access

Challenges & Contributing Factors

5. Shortage of trained behavioral care workforce
6. Limited uptake of evidence-based practice
7. Inadequate recovery support

Increase Public Awareness & Knowledge

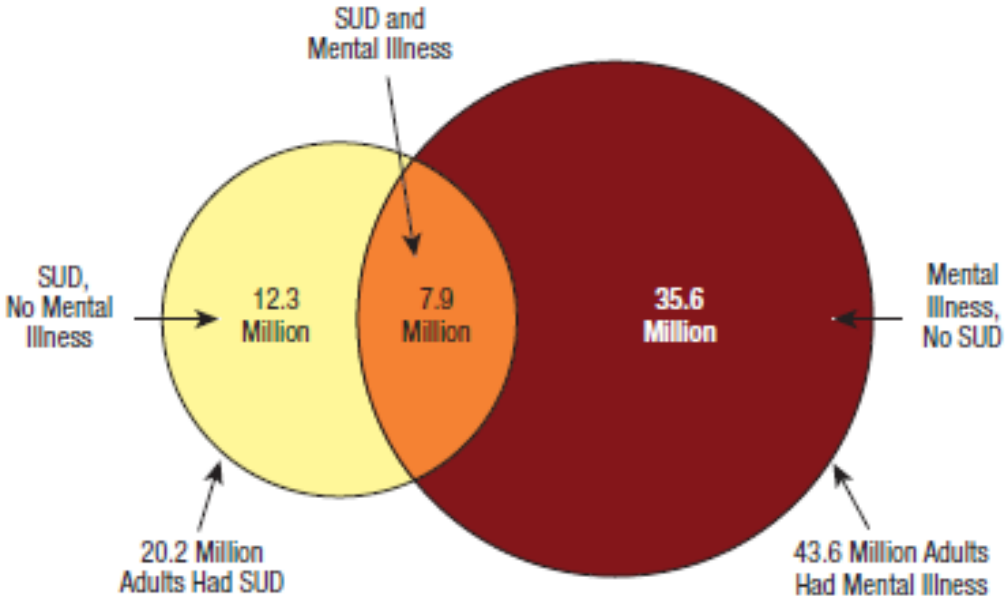
1. Educate American public
2. Youths need to know that “first” drug misuse leads to life-long consequences
3. Parents must take drug or alcohol use serious

Target Stigma!

8 million American have co-occurring substance use disorder and mental illness (Center for Behavioral Health Statistics and Quality, 2015)

90% respondents in a national survey were unwilling to have a person with drug addiction marry into their family and 78% were unwilling to work with them (Barry et al., 2014)

Figure 48. Past Year Substance Use Disorders and Mental Illness among Adults Aged 18 or Older: 2014



SUD = substance use disorder.

Invest in Prevention Strategies

1. Preventative education is the key to future success (Surgeon General's Report, 2016)
2. Optimize opportunities for education and screening in primary care clinics; Substance and alcohol use; Adverse childhood experiences
3. Mainstream early intervention and treatment into primary care settings (Chou et al., 2016)
4. Pay for prevention services (e.g., Screening Brief Intervention & Referral to Treatment)

Enhance Access

1. Remove current restrictions on behavioral health workforce; Scope of practice; Licensure; Certification
2. Address reimbursement issues with private and public health plans
3. Expand use of telehealth to health professions shortage areas
4. Promote use of Electronic Health Record
5. Restructure regulations around release of information

Surgeon General's Report on Alcohol, Drugs, and Health, 2016

Develop & Train an Integrated Health Workforce

1. Develop and train an integrated health care workforce that can promote family-focused behavioral health care for all persons including children and their families (The National Academies of Medicine, 2016)

2. Provide internship/residency programs and continuing education

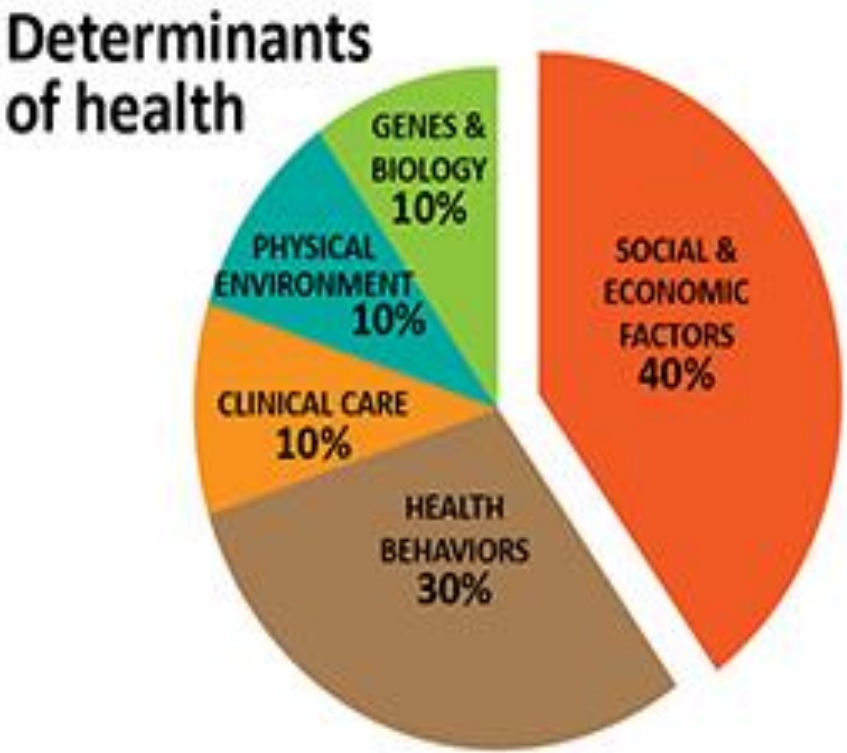
3. Adopt federal, state, and health system guidelines such as CDC Guidelines on Prescribing Opioids for Chronic Pain (2016); and Indiana State Best Practice Guidelines for the Treatment of Opioid Use Disorder (2016)

Increase Uptake of Evidence-based practice

1. Accept that treatment is effective! (Surgeon General Report, 2016)
2. Use collaborative, comprehensive, multi-prong approach
3. Increase use of evidence-based behavioral therapies with fidelity
4. Identify and address barriers to uptake of evidence-based practice
5. Include entire family in care continuum!

Recovery support cannot be overstated!

- Increase community based or psychosocial supports
- Assess and address social and environmental determinants of health
- e.g., provide recovery high schools; recovery coaches



Summary

Addiction is a chronic and recurring brain disease. Despite the associated conning, powerful, and baffling behaviors, prevention works, treatment is effective, and recovery is possible for everyone!

Together we can attack drug epidemic using a public health framework of integrated, multipronged, and comprehensive strategy appropriate to each person's need!

Thank
you!!

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11. The National Academies of Medicine

11. Guidelines on Prescribing Opioids for Chronic Pain (CDC, 2016). https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf

12. Indiana State Best Practice Guidelines for the Treatment of Opioid Use Disorder (December 30, 2016). Indiana DMHA

Afternoon Breakout Session: Attacking the Drug Epidemic

The Opioid Epidemic: What is Public Health's Role?

Joan M. Duwve, MD, MPH

Associate Dean for Public Health Practice

Indiana University Richard M. Fairbanks School of Public Health

Chief Medical Officer

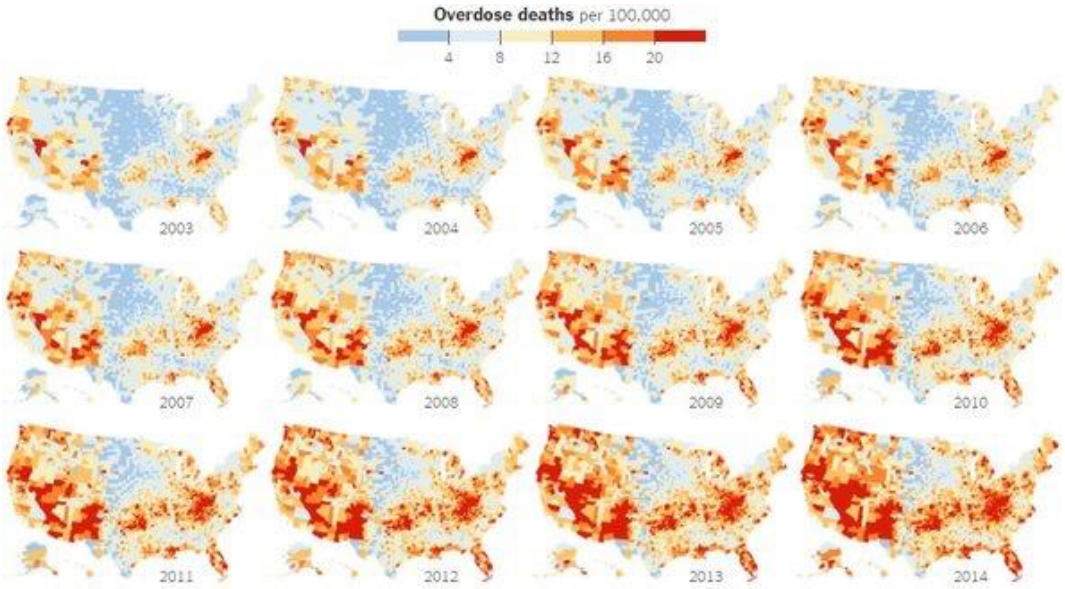
Indiana State Department of Public Health

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Joan M Duwve, MD, MPH

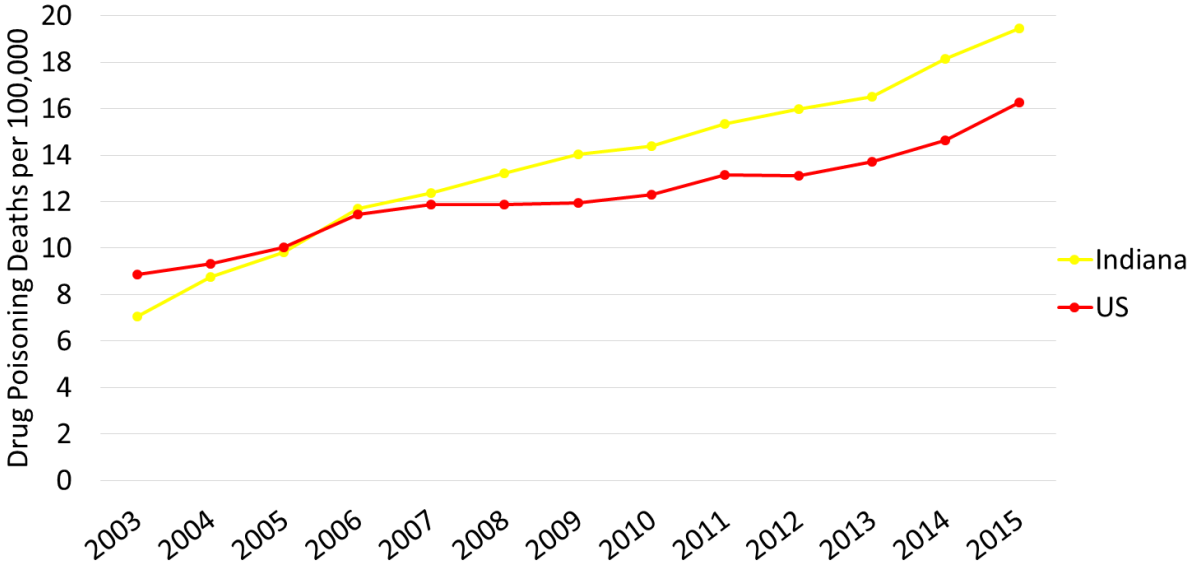
How the Epidemic of Drug Overdose Deaths Ripples Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016



https://www.nytimes.com/interactive/2016/01/07/us/drug-overdose-deaths-in-the-us.html?_r=0

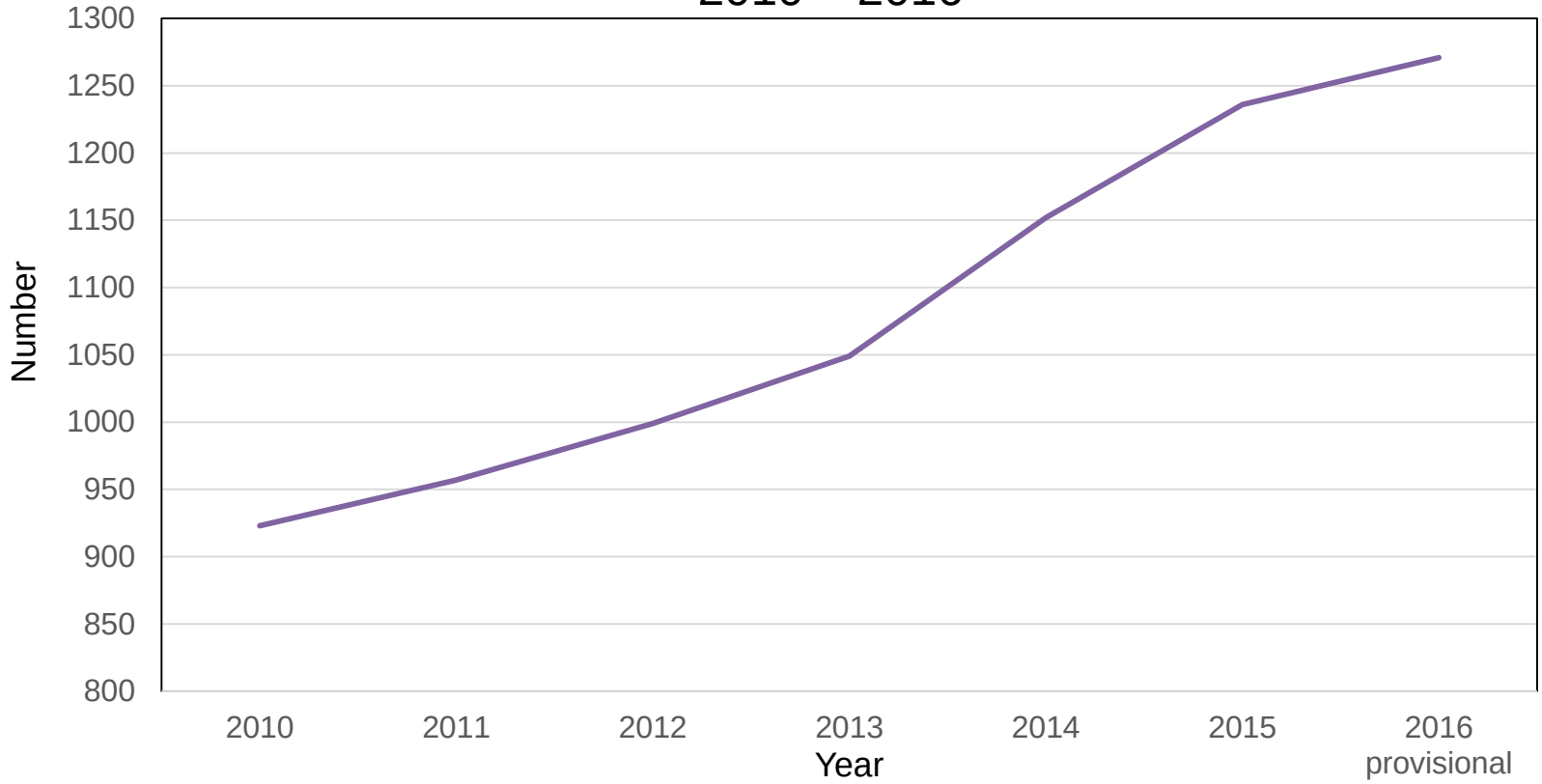
Drug Poisoning Death Rates by Year, Indiana and US, 2003-2015

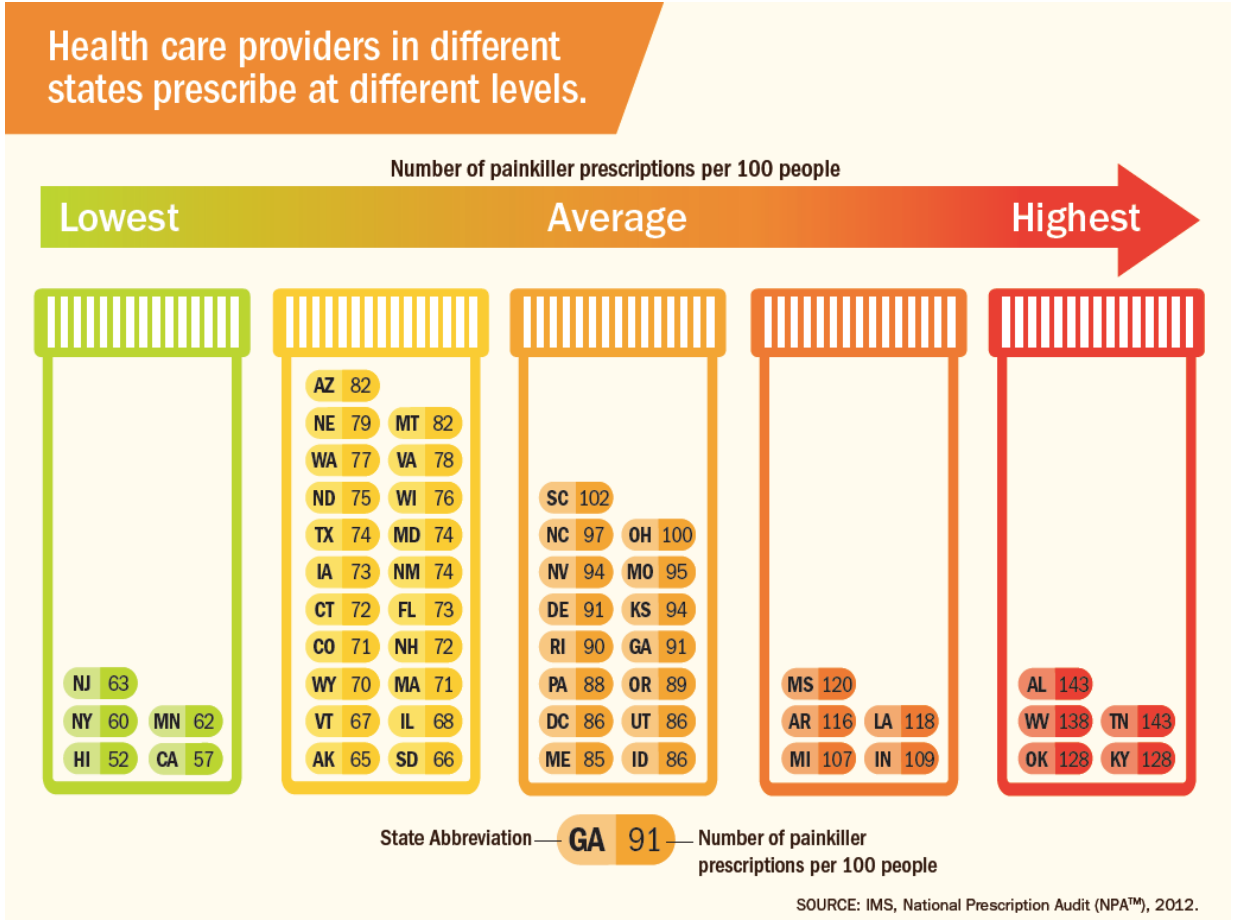


**Age-adjusted rates*

Source: CDC WISQARS, Prepared by ISDH Division of Trauma and Injury Prevention

Drug Overdose Deaths, Indiana
2010 – 2016*




Health care providers in different states prescribe at different levels.
Number of painkiller prescriptions per 100 people
Lowest
Average
Highest
NJ 63
NY 60
MN 62
HI 52
CA 57
AZ 82
NE 79
MT 82
WA 77
VA 78
ND 75
WI 76
TX 74
MD 74
IA 73
NM 74
CT 72
FL 73
CO 71
NH 72
WY 70
MA 71
VT 67
IL 68
AK 65
SD 66
SC 102
NC 97
OH 100
NV 94
MO 95
DE 91
KS 94
RI 90
GA 91
PA 88
OR 89
DC 86
UT 86
ME 85
ID 86
MS 120
AR 116
LA 118
MI 107
IN 109
AL 143
WV 138
TN 143
OK 128
KY 128
State Abbreviation
GA 91
Number of painkiller prescriptions per 100 people
SOURCE: IMS, National Prescription Audit (NPA™), 2012.

Drug Overdose Death Percent Increases, Indiana, 2010-2015

Drug Category	Percent Increase
All Drug Poisoning	34%
Benzodiazepines	36%
Opioid	87%
Heroin	343%

Data Source: Indiana State Department of Health (ISDH), Vital Records
Mortality data set: ISDH Epidemiology Resource Center, Data Analysis Team
Prepared by: ISDH, Division of Trauma and Injury Prevention

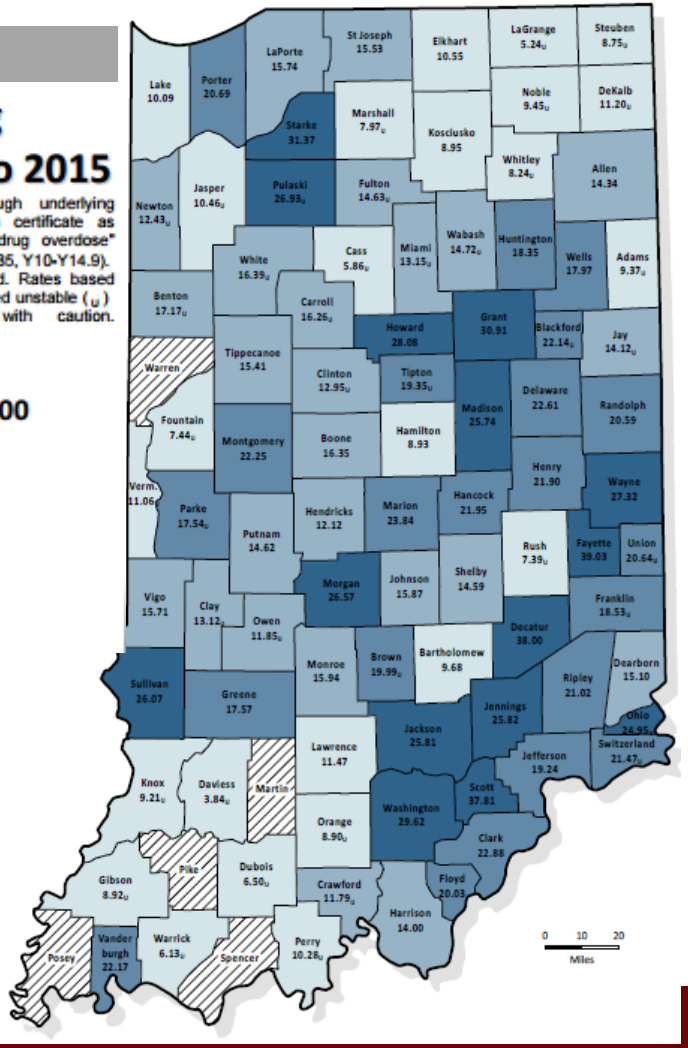
Drug Poisoning Death Rates by County

Drug Poisoning Deaths, 2012 to 2015

Overdose deaths identified through underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose" (ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14.9). Counts less than 5 are suppressed. Rates based on counts less than 20 are considered unstable ($_U$) and should be interpreted with caution.

Crude Rate per 100,000

- 3.8 - 11.5
- 11.6 - 17.2
- 17.3 - 23.8
- 23.9 - 39.0
- Suppressed

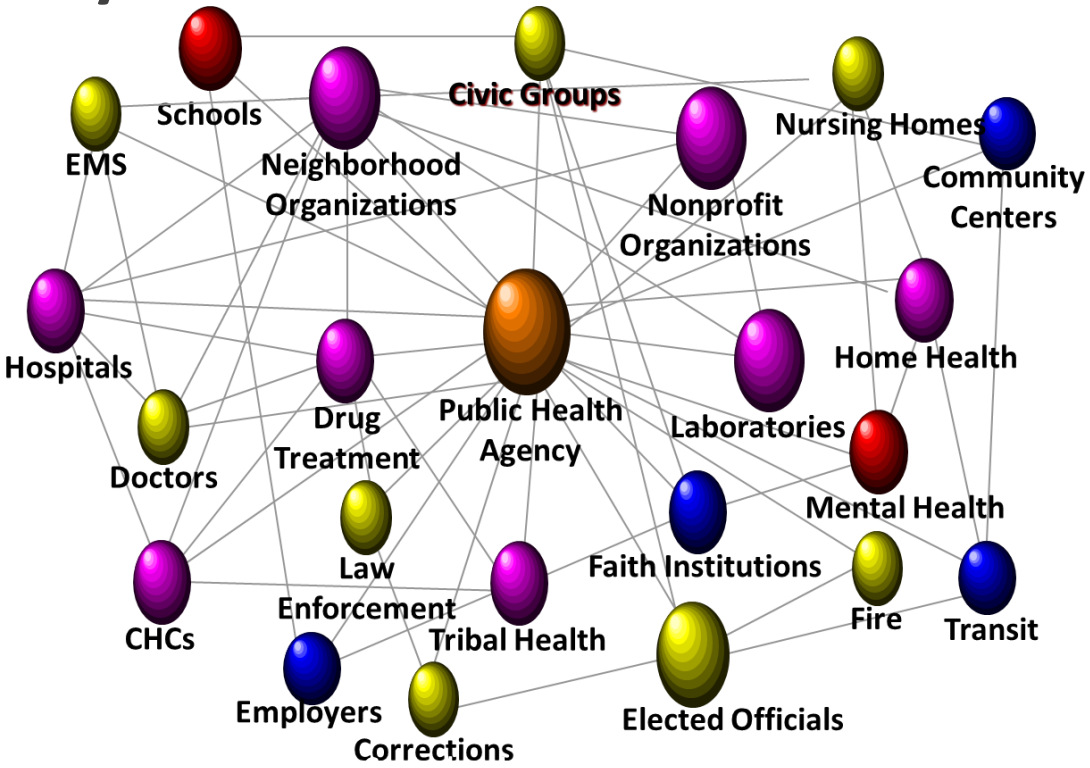


Online copies available at:
http://www.in.gov/isdh/26689.htm

Indiana State Department of Health

Defining Public Health’s Role

Public Health System



www.cdc.gov/nphpsp

The Essential Public Health Services

Evaluation and continuous quality improvement

Identifying and sharing best practices; participation in research

Community health assessment; registries

Public health workforce and leadership

Investigate infectious water-, food-, and vector-borne disease outbreaks

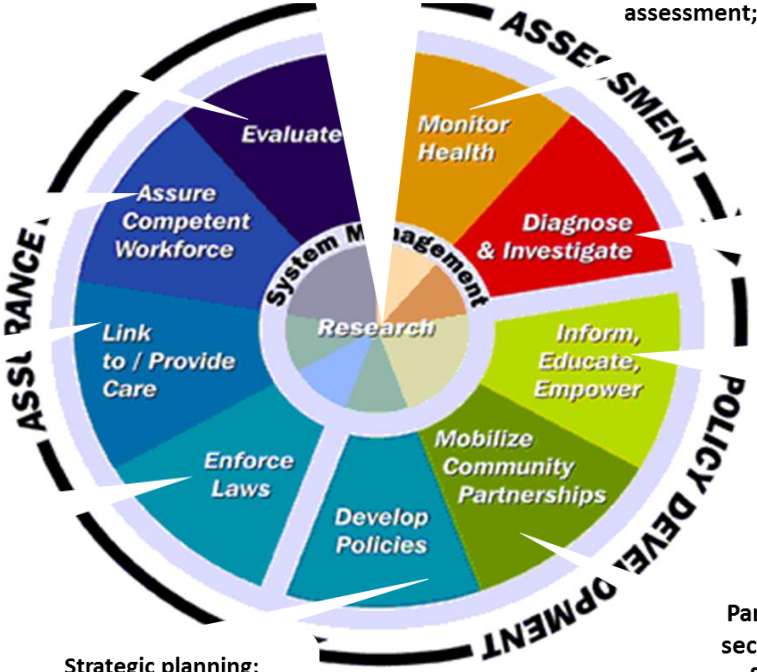
Access to care, link with primary care

Health education and health promotion

Enforcement, review of laws

Partnerships with private sector, civic groups, NGOs, faith community, etc.

Strategic planning; community health improvement planning



Monitoring and Surveillance

- ESSENCE
- Death Records
- Hospital/ED discharge data
- EMS database
- INVDRS Opioid Module
- Prescription Drug Monitoring Program – INSPECT
- NEDSS Based System (NBS)
- SEP data

INSPECT
WWW.IN.GOV/INSPECT

Indiana Prescription Monitoring System
402 W Washington St, Room W072; Indianapolis, IN 46204
Phone: (317) 234-4458 Email:inspect@pla.in.gov Fax:(317) 233-4236

Inspect RX Report

T1MOTHY AL3XANDER

Date: 03-04-2013
Page: 2 of 0

Search Criteria: ((Last Name Begins 'Al3xander' AND First Name Contains 'T1mothy') AND (D.O.B = '11/20/1958' AND Gender = 'M' AND State = 'IN')) AND Request Period = '03/04/2012' To '03/04/2013'

Patients that match search criteria

Pt ID	Name	DOB	Address
5641	Al3xander, T1mothy	11/20/1958	123 Grand Circle Drive Indianapolis IN 46237
7862	Al3xander, T1mothy	11/20/1958	123 Grand Circle Dr Indianapolis IN 46237
7863	Al3xander, T1mothy	11/20/1958	123 Grand Circle Indianapolis IN 46237

Prescriptions

Fill Date	Product, Str, Form	Quantity	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm	Pay
02/01/2013	CARISOPRODOL, 350 MG, TABLET	60.00	30	5641	How Wi63	01/15/2013	00551	N	201312	01
01/15/2013	CARISOPRODOL, 350 MG, TABLET	60.00	30	5641	How Wi63	01/15/2013	00679	N	201313	01
01/14/2013	OXYCODONE AND ACETAMINOPHEN, 10 MG;325 MG, TABLET	120.00	30	5641	How Wi63	01/14/2013	00547	N	201312	01
01/01/2013	CARISOPRODOL, 350 MG, TABLET	60.00	30	5641	Mey Ka63	11/26/2012	11685	N	20137	04
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12/19/2012	OXYCODONE AND ACETAMINOPHEN, 325 MG;5 MG, TABLET	20.00	3	5641	Lan Ar63	12/19/2012	21054	N	201316	04
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DISCLAIMER: The State of Indiana does not warrent the above information to be complete or accurate. This report, and the information contained in this report, must be used in accordance with IC 35-48-7, the INSPECT Health Practitioner Usage guidelines, and all federal laws pertaining to confidential patient health information. To ensure protection of patient privacy, this report must never be mailed, emailed, faxed or otherwise distributed.
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Diagnose & Investigate
Indiana HIV Outbreak

- Dec. 2014: 3 individuals from Austin, IN diagnosed with HIV
  - 2 had a common needle-sharing partner
  - Contact tracing → 8 additional infections by January 23
  - Only 5 HIV infections had been reported 2004-2013
- June 20, 2017: 217 individuals diagnosed with HIV
  - Linked to Austin, IN
  - Most are from a single strain of HIV
  - 95% co-infected with Hepatitis C
- Source of HIV transmission: injection of the prescription opioid, oxymorphone (OPANA® ER)

Disease Intervention Specialist (DIS) Investigation

- Identify risk factors for HIV infection
  - Sexual
  - IDU
  - Other
- Explore risk behaviors
  - MSM
  - Syringe sharing
  - Commercial sex work
- Elicit information about partners in the past 12 months
  - Injection partners
  - Sexual
  - Social contacts (who could benefit from an HIV test)

Inform, Educate, Empower

- Inform parents, youth and patients
  - risks of opioid use, misuse, and diversion
  - safe storage and disposal options
- Educate Providers
  - Management of chronic, non-terminal pain (Provider Toolkit)
  - Annual symposium
  - Public speaking at Grand Rounds, Professional Association meetings
- Empower lay and first responders
  - Overdose reversal with Naloxone (Optin.in.gov)

Mobilize Community Partnerships

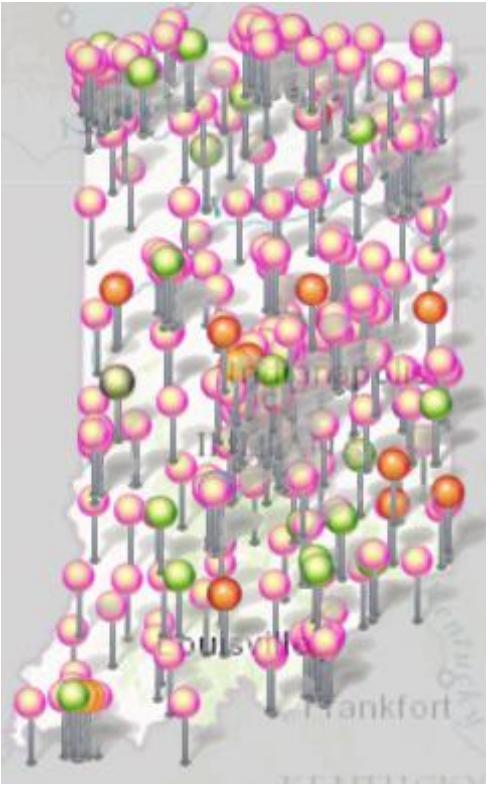
- Attend Community Events (County Council Meetings, coalition meetings, training sessions)
- Provide support to LHDs
  - Syringe Exchange Programs
  - Education
- Strengthen Community Capacity to Respond
  - Coalition building
  - Technical Assistance
- Identify and Engage Community Assets
  - Faith based communities
  - Employers
  - Schools

Develop Policies

- Strategic Planning
  - State, county, community levels
  - Critical to assess the problem and include stakeholders

- Rules for evidence-based prescribing for acute and chronic

- Harm Reduction Programs:
  - Policies to support distribution and administration of Naloxone
  - Syringe Exchange Programs



OPTIN: Entities Registered to Dispense Naloxone

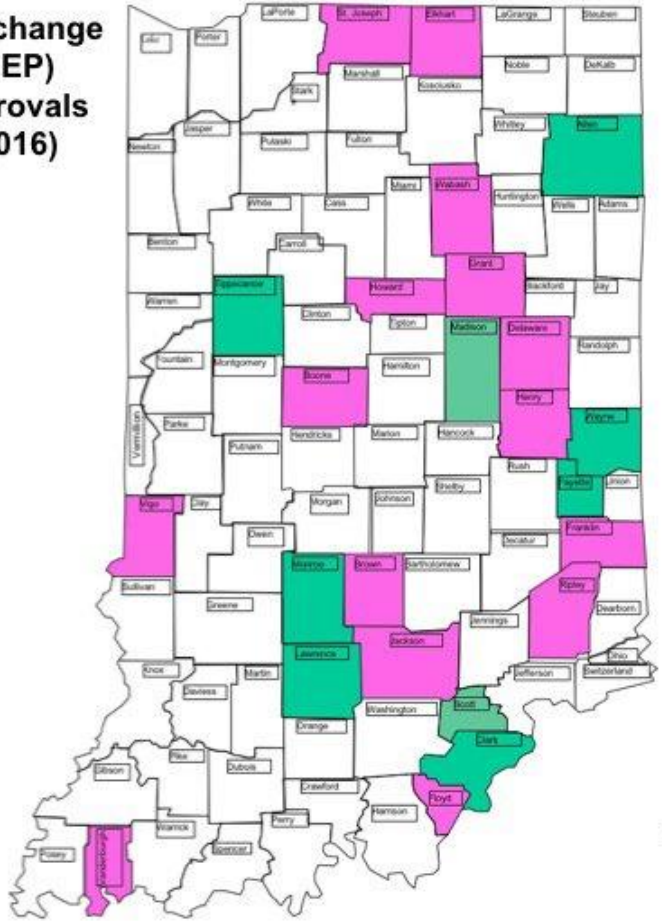
LEGEND (click Pins to Filter)

- 501(c) Non-Profit
- Corrections
- Pharmacy
- Other
- Addiction Treatment
- Health Department
- School

Map as of 6/16/17

Indiana Syringe Exchange Programming (SEP) Progress and Approvals (December 15, 2016)

- State Approved SEP
- County Commission approves SEP
- County health director declares Hepatitis C or HIV epidemic related to injection drug use
- Community members working toward potential SEP



RURAL CENTER FOR AIDS/STD PREVENTION
INDIANA UNIVERSITY
School of Public Health
Bloomington

Enforce Laws

1. Required reporting of reportable infectious disease (HIV, Hep B, Hep C)
2. Infection control practices
3. Opioid prescribing practices

Link to Care

1. INCREASED TESTING for HIV and Hep C, especially in high risk communities- field testing, ERs, jails, provider offices, health departments
2. Referrals for treatment
3. Immunizations, STI testing and treatment, TB testing,
4. Link to Treatment for Substance Use Disorder

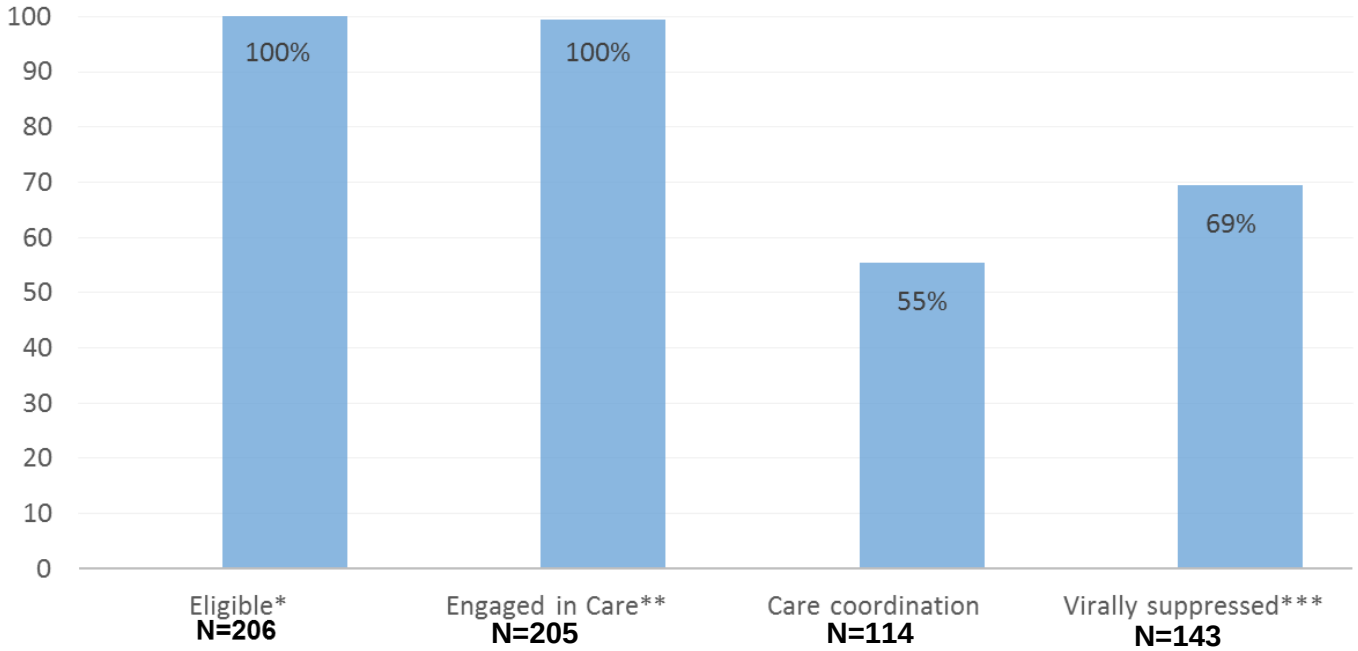
Assure Competent Workforce

1. Project ECHO: Web-based assistance to rural docs with treatment for Substance Use Disorder (SUD), Hep C, and HIV

2. Provide training to HIV testers/counselors

3. Training PH workforce in CQI/evaluation

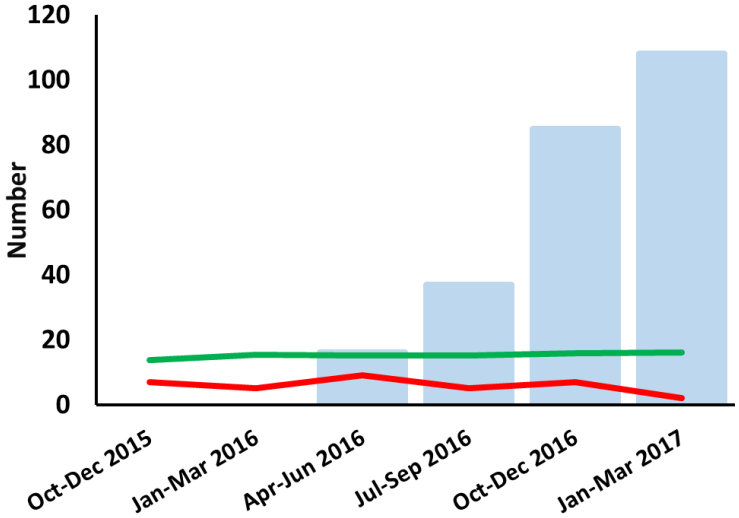
Evaluation:
Continuum of HIV care in Austin, Indiana, April 13, 2017



Total diagnosed=215 (confirmed).
***Persons were ineligible if deceased (n=6) or outside of the jurisdiction (n=3); estimates are based on the number of eligible persons (n=206);**
**** Patients engaged in care with at least one VL or CD4**
***** Percent virally suppressed increases to 70% when denominator changed to number engaged in care. Clinical services were initiated 3/31/15.**

Major Progress in Scott County

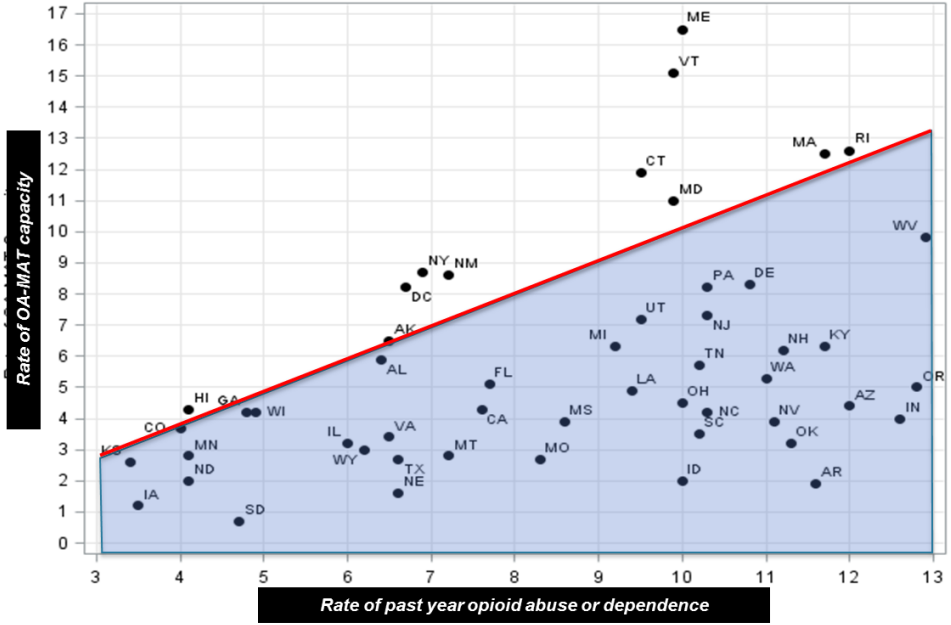
Total number of persons who have enrolled in addiction treatment at the SSP location
Average number of syringes needed by clients each day
Number of new HIV infections diagnosed



- **Syringe needs are stable**
- **More persons getting addiction treatment**
- **New HIV infections remain low**
- **No evidence of increased drug use**

Source: Indiana State Department of Health, Indiana Family and Social Services Administration, and IU Fairbanks School of Public Health

Gaps in Treatment Capacity, 2012 (2012 rates per 1,000 people ≥12 years of age)



Jones, CM, et. al. National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. AJPH 2015 Aug;105(8):e55-63

QUESTIONS?

Joan M. Duwve, MD, MPH

Associate Dean for Public Health Practice
Indiana University Richard M. Fairbanks
School of Public Health

Chief Medical Officer
Indiana State Department of Health

Attacking the Drug Epidemic

Primary Care Behavioral Health Integration and Workforce

DEBBIE HERRMANN, LCSW

Deputy Director, Adult Mental Health and Medicaid Behavioral Health Initiatives

Division of Mental Health Addiction, Family & Social Services Administration

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Debbie Herrmann, LCSW

Indiana Primary Care Behavioral Health Integration (PCBHI)

1. Indiana Division of Mental Health and Addiction (DMHA) identified PCBHI in the 2012 combined mental health and addiction Block Grant application as one of 4 priority areas.

2. Formed partnership with Indiana State Department of Health along with DMHA sister agency Indiana Office of Medicaid Policy and Planning– Agency heads and executive leadership buy-in

3. ISDH and FSSA created a PCBHI Stakeholder work group

4. Goal - Define, Design and Implement a best practice Primary Care Behavioral Health Integration (PCBHI) service delivery system model across Indiana

5. Needs/Gaps assessment – WORKFORCE Shortage

6. Care and training in silos

PCBHI Purpose and Goals:

1. Improved access to primary care and behavioral health services;

2. Improved prevention, early identification, and intervention to reduce the incidence of serious mental illness/addiction and physical illnesses, including chronic disease;

3. Increased availability of best practice integrated, holistic care for physical and behavioral disorders; and

4. Improved overall health status of individuals.

Role of PCBHI with Substance Use Disorders

1. 27 million Americans use illicit drugs (including non-medical use of prescriptions)

2. 7 million meet criteria for substance use disorders (SUD)

3. 1.9 million have disorders related to non-medical use of prescription pain relievers

**Center for Health Economics of Treatment Interventions for SUD, HCV, and HIV - Published August 2016

PCBHI-Screening, Early Identification and Intervention

1. Rate of overdose deaths involving opioids have tripled, and
2. Fatal overdosed involving sedatives have quintupled since 1999.
3. Only 10%-20% of individuals receive any treatment
4. Significant barrier/challenge is fragmented siloed care (separation between SUD treatment and rest of health system)

**Center for Health Economics of Treatment Interventions for SUD, HCV, and HIV Published August 2016

Medical Conditions-Substance Use Disorders

National Institute of Health/Nat Institute Drug Abuse(NIDA)

**https://archives.drugabuse.gov/about/welcome/aboutdrugabuse/chronicdisease/

1. Addiction is a chronic disease similar to other chronic diseases such as type II diabetes, cancer, and cardiovascular disease.

2. No one chooses to be a drug addict or to develop heart disease.

PCBHI-Screening, Early Identification and Intervention

1. Treatment of chronic pain – 50% of all prescription opioids come from primary care settings
2. Estimated 3%-26% of patients seen in primary care setting use illicit drugs
3. Study by Alford, German, Samet, et al. (2016) - 87% primary care patients who screened positive for illicit drug use reported chronic pain
4. Study by Bernstein, Cheng, Samet, et.al. (2015)- 50%+ of primary care patients reporting weekend use, escalated to weekday use within 6 months
5. Routine and on-going screening for SUD important for identification and early intervention
6. PCBHI requires real-time ”Warm hand-off” for more in-depth evaluation and treatment (strike while the iron is hot)

PCBHI-Screening, Early Identification and Intervention

1. Demand exceeds capacity for specialty settings (workforce shortage)

Individual preference (stigma) :

1. Survey says: 37.2% would be willing to enter SUD treatment in a primary care setting

2. Survey says: 24.5% willing to enter SUD treatment in a specialty setting

   **Society for the Study of Addiction – “Estimating demand for primary care-based treatment for substance and alcohol use disorders”, May 15,2016

Improve Access and Capacity (meet people where they are):

1. Expand capacity and workforce through increasing primary care physician expertise in SUD screening ,identification and treatment, and

2. Implement a primary care behavioral health integrated care delivery system (create a bi-direction delivery system)

PCBHI - Co-Occurring Conditions

1. Depression is the ***third most common*** reason for a visit to a health center after diabetes and hypertension

2. If depression and diabetes coexist, total healthcare cost has been show to be 86% higher than diabetes existing alone

3. People with Serious Mental Illness are dying **25** years earlier than the general population

4. 68% of individuals with a mental illness have one or more chronic physical health conditions

5. More than one in five adults with a mental illness have a co-occurring substance use disorder

PCBHI Opportunity to Impact Workforce

Work Smarter Not Harder – Collaboration Creates Synergy By Enhancing Existing Workforce

1. 2013 – PCBHI Federal Grant – Develop Strategic Plan and build workforce/capacity

2. Workforce – 2 prongs

   - Hosted series of national presenters- train/cross-train existing workforce
   - Use existing framework for Certified Recovery Specialists (CRS) training and certification to build and expand the underutilized workforce

3. In partnership with ISDH assessed existing CRS and CHW curriculum

   - excellent training opportunities for CHW
   - none included mental health and/or addiction issues
   - CRS training excellent but did not included physical health

4. Community Health Workers /Certified Recovery Specialist training and certification process developed and implemented (2013)

Community Health Worker Specialized Training and Certification

1. Contract vendor facilitated collaboration and resource review

2. Wide array of CHW training opportunities, but none that incorporated behavioral health conditions….nor did Certified Recovery Specialist training incorporate physical health conditions

3. Train and Certify -Incorporate core competencies of Certified Recovery Specialists (CRS) and Community Health Workers (CHW)

4. Options for Training for Certification –

   - CHW/CRS (5 day) or
   - CHW (3 day)

5. Train the Trainer model to extend training capacity across the state

6. Must receive a passing score on competency test to become certified as a trainer and/or CHW/CRS or CHW

7. Currently working on increasing funding/reimbursement opportunities

Overview of CHW and CHW/CRS Training

Day 1	Day 2	Day 3	Day 4 (CRS)	Day 5 (CRS)
Introduction	Communication Skills	Motivational Interviewing	Role of Peer Support	Mental Disorders
Core CHW and CHW/CRS Skills	Practices That Promote Health and Wellness	Coaching Consumers for Positive Health Outcomes	Personal Safety	Addiction Overview
Ethics	Physical Health/Chronic Disease Overview	Tobacco Treatment	Home Visits	Co-occurring Disorders and Recovery
Diversity/Cultural Competency	Behavioral Health Overview	Group Facilitation Skills	Securing Employment as a CHW/CRS	Wellness Recovery Action Plan
Conflict Management	Substance Use Disorders	Advocacy, Collaboration and Teamwork	Personal Supports: Medical Appointments and PAD	Telling Your Recovery Story
Technology	Integrated Care Model	Wrap-Up Test Preparation (CHW)/ Building Your Recovery Story (CRS)	Managing Finances	Wrap-Up/Test Preparation

Community Health Worker (CHW) Role Includes:

1. Activities to ensure compliance with health regimens and healthcare provider recommendations

2. Coaching to assist the member in interacting more effectively with behavioral and primary healthcare providers

3. Support member-driven goals for healthcare or lifestyle changes, and identify the health activities and assistance needed to accomplish the member’s objectives.

Growing Demand

1. 2015-2016 – Certified Community Behavioral Health Centers (CCBHC) Federal planning grant- Required Peer Advisory Board

2. CCBHC State Peer Advisory Board feedback, CCBHC site consumer surveys, and providers all reported and recommended inclusion and importance of peers

3. NEW Requirements for becoming a state (ISDH/FSSA) approved PCBHI Integrated Care Entity (ICE) – Must establish a peer advisory board and include certified peers on Integrated Care Teams.

Attacking the Drug Epidemic

The Drug Epidemic: Next Steps for Indiana

JIM MCCLELLAND, MBA

Executive Director for Drug Prevention, Treatment and Enforcement

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Jim McClelland

A Strategic Approach

One of Governor Holcomb's top priorities

- New position created by Executive Order
- Coordinate, align, and focus the resources of state government and leverage the state's resources with those of other public sector entities and other sectors
- Strategic approach that recognizes SUD as a chronic disease
- Complementary public health and public safety strategies
- Focus on prevention, early intervention, treatment, recovery, and enforcement

High priorities

1. Help keep people alive
2. Greatly expand access to treatment services and recovery supports
3. Greatly increase use of evidence-based prevention programs
4. Use various media to educate, inform, increase public awareness, and reduce stigma

Overall Goal

Reduce the prevalence of substance use disorder in Indiana

and

Help those with SUD achieve recovery and become or return to being

productive, contributing members of their communities

Partial list of actions relevant to today's topic

1. New OTPs
2. Pilot programs approved by Indiana Commission to Combat Drug Abuse
3. Training of MAT providers through ECHO webinars
4. Placement of trained peer recovery support specialists in emergency rooms
5. Mobile addiction treatment teams\

Workforce Issues

1. Indiana has one of highest rates of opioid abuse, but ranks only 44th in capacity to meet the need for medication-assisted treatment (PEW Charitable Trusts).

2. Increasing treatment capacity is hampered by shortage of addiction treatment professionals.

3. Postponing treatment is often life-threatening.

Workforce Issues

1. Treatment staffing ratios
2. Rules revisions
3. Community Health Worker licensing
4. Other?

Conclusion

1. Massive problem – we need to be creative
2. Must have strong sense of urgency

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

June 20, 2017

Indiana Health Workforce Collaborative
Keynote Address

From the Space Station: What We are Learning Today about Interprofessional Education and Collaborative Practice

Barbara F. Brandt, PhD

Director, National Center for Interprofessional Practice and Education

Associate Vice President, University of Minnesota Academic Health Center

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. The National Center is also funded in part by the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation, The John A. Hartford Foundation and the University of Minnesota. © 2015 Regents of the University of Minnesota, All Rights Reserved.

UNIVERSITY OF MINNESOTA

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Barbara Brandt

Topics

- Charge to the National Center to transform both education and health care
- Minding the gap of the current turbulent IPE environment
- What we are learning today

Learning Partner Acknowledgement

Many thanks to all of our advisors, program participants, Nexus Innovations Network, funders, and many stakeholders from whom we learn every day.

Special thanks:

National Advisory Council

Nexus Learning System Advisory Committee

American Interprofessional Health Collaborative

Angela Willson, National Center Education & Training Manager

"Conversation Café" Champions

Interprofessional Education and Collaborative Practice The "New IPE" – Interprofessional Practice and Education

Interprofessional education "occurs when two or more professions learn with, about, and from each other to enable effective collaboration and improve health outcomes."

Interprofessional, collaborative practice "occurs when multiple health workers and students and residents from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings."

Adapted from:
The Centre for the Advancement of Interprofessional Education, UK, 1987
World Health Organization, Framework for Action on Interprofessional Education and Collaborative Practice, 2010.

What We Value:
National Center Vision

We believe high-functioning teams can improve the experience, outcomes and costs of health care.

National Center for Interprofessional Practice and Education is studying and advancing the way stakeholders in health work and learn together.

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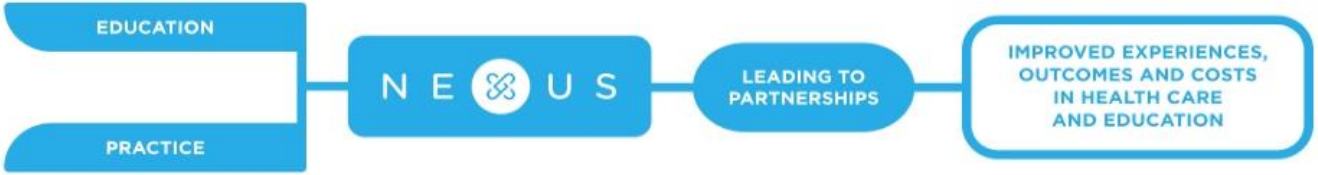
The Nexus: Our Vision for Health
nexusipe.org



Triple Aim of Alignment

Improving quality of experience for patients, families, communities and learners

Sharing responsibility for achieving health outcomes and improved learning

Reducing cost and adding value in health care delivery and education

HRSA Principles

June 1, 2012 Funding Opportunity Announcement

A coordinating center for interprofessional education and collaborative practice will provide **leadership, scholarship, evidence, coordination, and national visibility** to advance interprofessional education and practice as a viable and efficient health care delivery model. (p.4)

"Unbiased, neutral convener"

Nine HRSA interdependent goals
6.1.12 Funding Opportunity Announcement

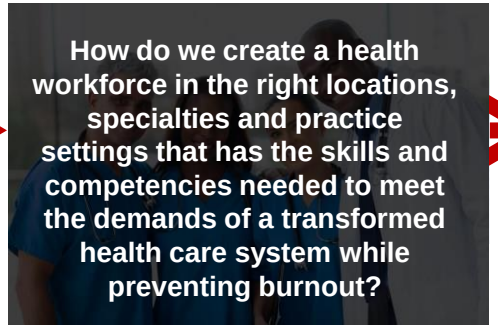
1. Provide unbiased, expert guidance
2. Provide supporting evidence
3. Identify exemplary IPECP environments
4. Prepare academic and practice faculty and preceptors
5. Collect, analyze, and disseminate data metrics
6. Coordinate IPECP scholarly, evaluation and dissemination efforts
7. Evaluate the impact of team-based care
8. Develop new, and support and/or enhance existing team-based IPECP programs across the U.S.; and
9. Convene and engage IPECP thought leaders, educators, practitioners, and policy-makers

The Nexus Focus:
Practice, Education and Policy Interplay

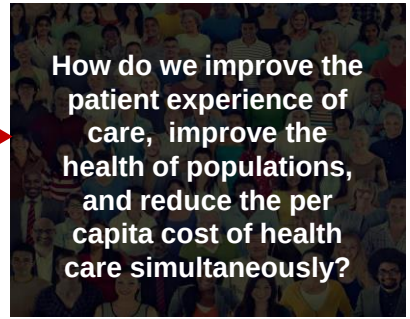
Learner Pipeline

Today I owe:

Health Workforce for New Models of Care



Patients, Families & Communities



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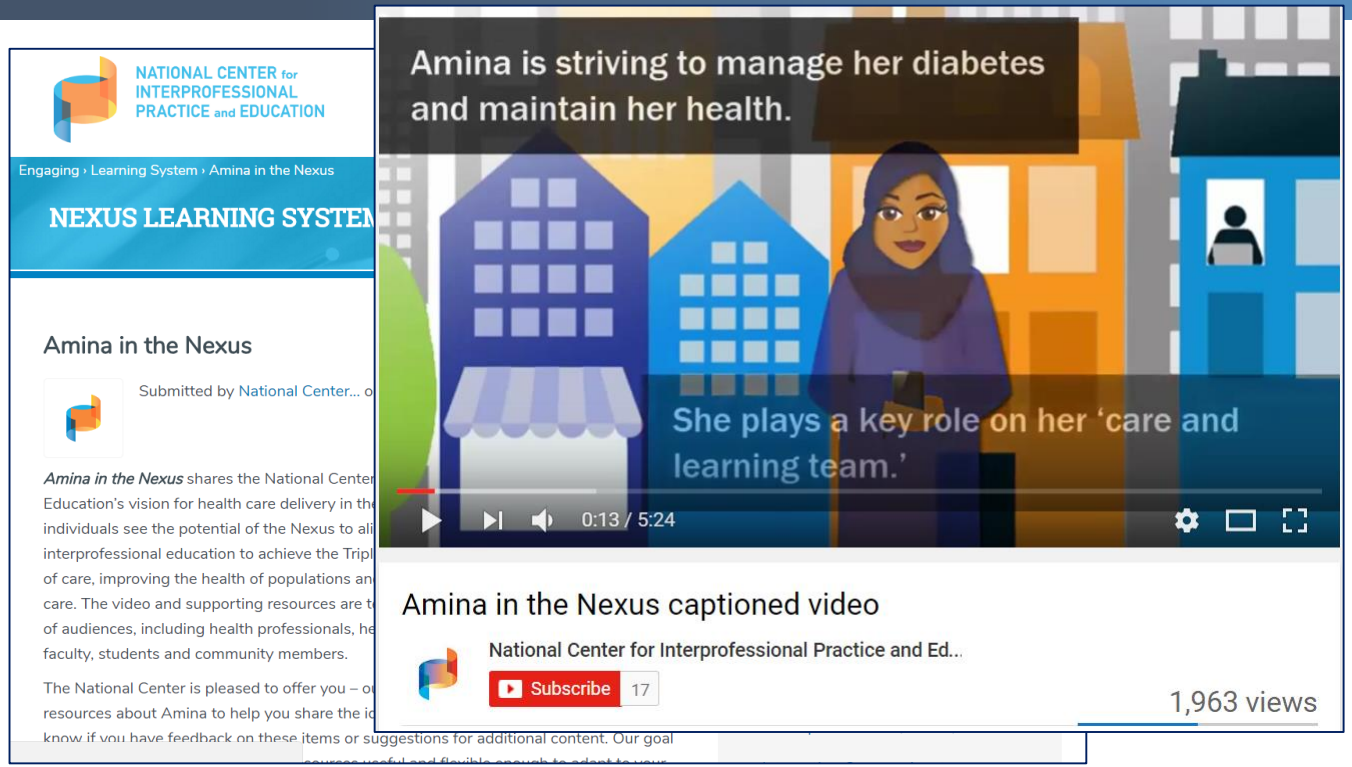
Amina in the Nexus



[Click here to watch Amina]

Nexusipe.org

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

Search | Angela Willson

Informing | Connecting | Engaging | Advancing

Learning Together at the Nexus: Provocative Ideas for Practical IPE

THE NEXUS SUMMIT

AUGUST 20-23, 2017, MINNEAPOLIS

Our Mission

The National Center offers and supports evaluation, research, data evidence that ignites the field of interprofessional practice and education and leads to better care, added value and healthier communities.

1,637 IPE RESOURCES

4,718 COMMUNITY MEMBERS

21 EDUCATIONAL OFFERINGS

81 RESEARCH PROJECTS

INFORMING

Browse resources and stories and learn about us and the Nexus.

CONNECTING

View the member directory, scan resource collections and join a group discussion.

ENGAGING

Find an educational opportunity and the latest IPE events.

ADVANCING

Learn about work occurring at sites across the U.S. and read our latest research.

Latest Nexus News

National Center Announces New Knowledge Generation Organizational Structure

posted Jun 07, 2017

Health Professions Accreditors Collaborative Welcomes 17 New Member Organizations

posted May 03, 2017

address stigma associated with mental illness.

IPEC Announces Inaugural USPHS Award Winner and Finalists Recognized for Excellence in IPE

Examining the nature of interprofessional interventions designed to promote

Sessions by Country – April 2016-2017

Unbiased, Neutral Convener: "Calling the circle"

- Convenes groups and tees up "thorny IPE issues" topics for discussion and recommendations
- Works inter- and intra-professionally to promote dialogue and understanding
- Cannot favor one profession over the other
- Cannot advocate for one model over the other
- Collects data and information to make sense while striving to be objective

Unbiased, Neutral Convener: "Calling the circle"

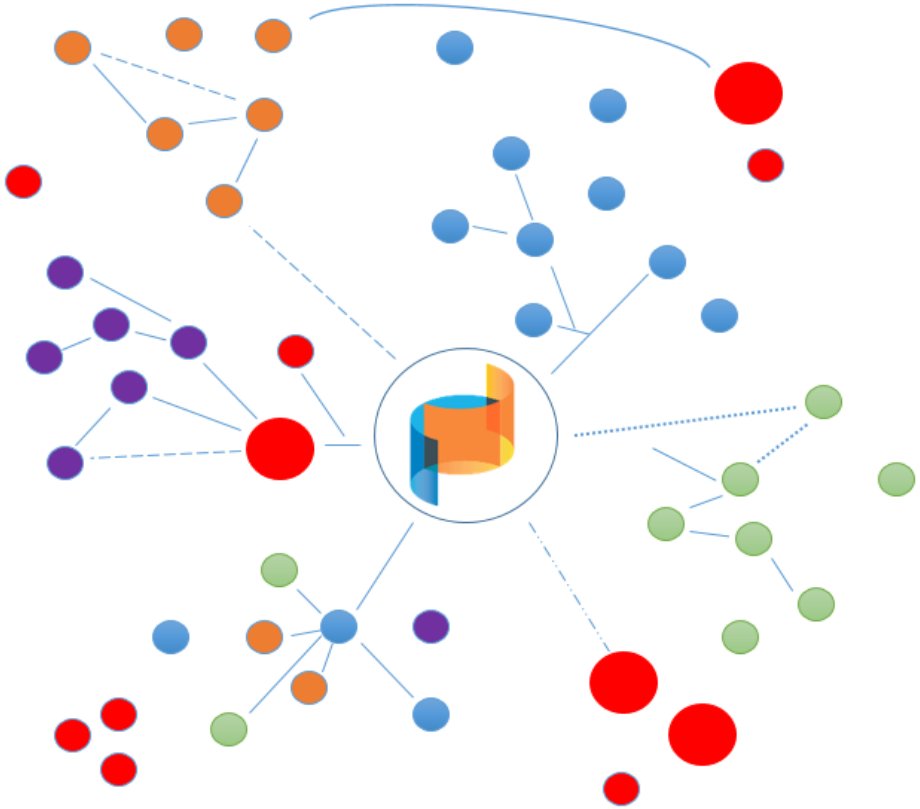
- Advances thinking about the field based upon evidence, experience and expertise
- Based upon evolving models of IPE, identifies partners to educate and train in specialized areas
- Advocates for our values, based upon what we are learning makes a difference
- Says what needs to be said. . .

A National Birdseye View: Themes and Observations
Select Presentations, Consultations, Partnerships and Contracts for Services

- 1199/SEIU Training Funds
- 3M
- Accreditation Council of Graduate Medical Education
- American Assembly for Men in Nursing
- American Interprofessional Health Collaborative
- AMA – Accelerating Change in Medical Education
- Association of Nurse Professional Development
- American Association of Colleges of Nursing
- American Association of College of Pharmacy
- American Board of Medical Specialties
- American Interprofessional Health Collaborative
- American Medical Association
- Association of Academic Health Centers
- Association of Nursing Professional Development
- Association of Schools and Programs of Public Health
- American Physical Therapy Association
- Association of Specialized and Professional Accreditors
- Beyond Flexner Alliance
- California Institute for Nursing and Health Care
- Centers for Medicare and Medicaid Services
- Council on Social Work Education
- HRSA Nurse Education, Practice, Quality and Research grantees
- Indiana Center for Nursing
- IOM Future of Nursing
- IOM/NAM Global Forum on Innovations in Health Professions Education
- Macy T3 Faculty Development Program
- National Advisory Council on Nurse Education and Practice
- National Association of Community Health Centers
- National Governors Association
- National Health Policy Forum
- National League of Nursing
- National Nurse-lead Centers Consortium
- National Quality Forum
- Nursing Organizations Alliance
- OptumHealth
- Patient-Centered Primary Care Collaborative
- Respiratory Nurses Society
- University of North Carolina Cecil G. Shep Center
- University of North Texas Health Sciences Center
- University of Texas-Houston
- VA Centers of Excellence in Primary Care
- World Health Organization / Pan American Health Organization
- And more . . . . .

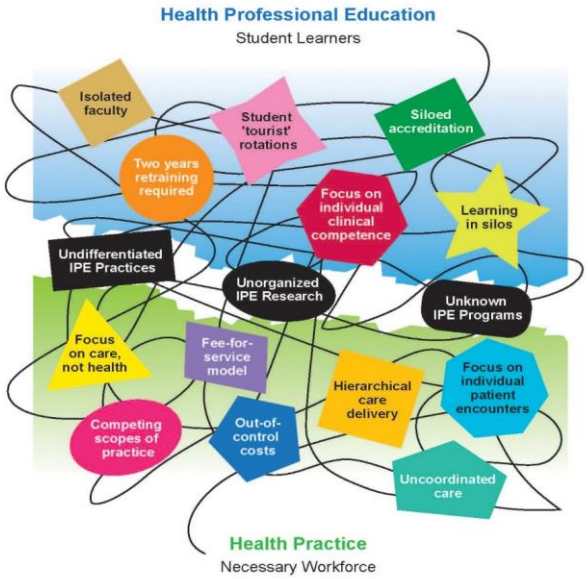
Satellite and Big Blue Marble

View from the Satellite: Interconnection of Organizations

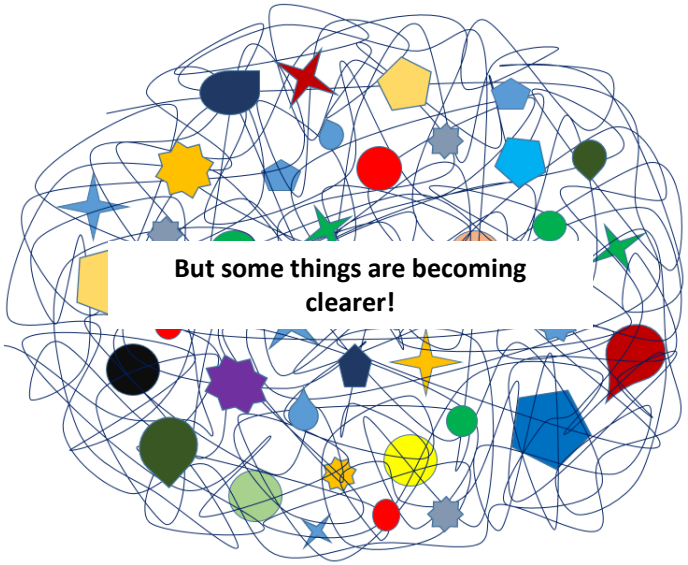


Changing Views – 2013 and Today

2013 View from the Balcony



2017 View from the Satellite



Minding the Gap
Articulating our Values in Today's Environment

ACA / "Obamacare," CMMI, PCORI ⟷ ?? Repeal and replace

National / Federal ⟷ State-based decision-making

Workforce redesign: ⟷ Workforce redesign:

Physician-led teams

Team Optimization at lower cost

(The how- not the who- at lower cost; "right team at the right time" -outcomes)

Teams as health professionals ⟷ Accountable care communities: multi-sector involvement in health

(Consumer-driven) Care ⟷ Consumer-driven health

Minding the Gap
Articulating our Values in Today's Environment

Gaps: education and practice	⟷	Gaps: intra-professional and inter-professional
Trusting professionals	⟷	Questioning the "Grand Bargain"
Fee-for-service	⟷	Value-based payments
Continuing education model	⟷	Performance-based competency model
Silent Generation and Baby Boomers	⟷	Gen X, Millennials and Gen Z
Clinical professions	⟷	Population health (engagement of Public Health)

“True North”: What Does it Mean?

- Commitment to interprofessional teams
- Value-based payment models
- “Consumer-driven” health care

Trends in Value-Based Payments

OLIVER WYMAN

TRENDS IN PAY
PARTNERSHIPS
UPDATED WITH 201

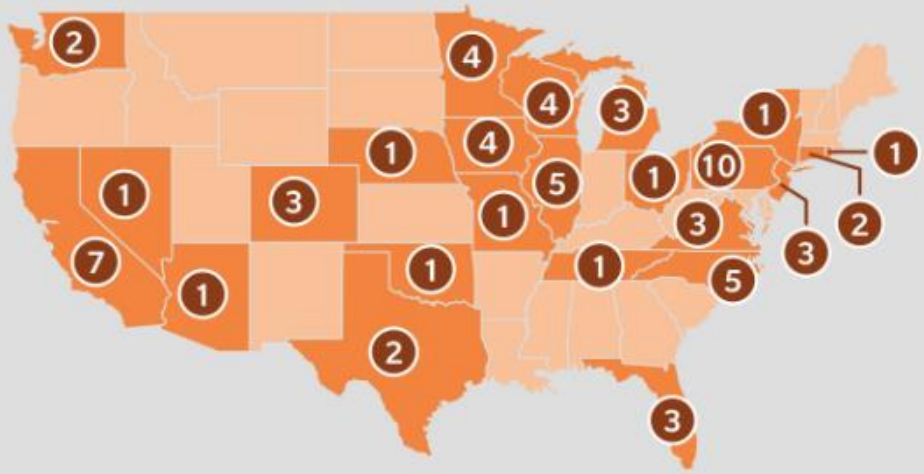
Payer-provider partnership
and thus far in 2017. Our ar
deeper partnership is contin
greater levels of value-base

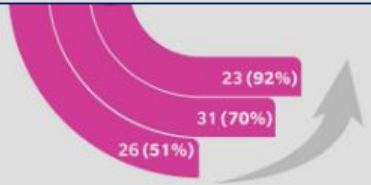
MAXIMIZE VALUE

5 Reasons Payers and Providers Are Getting Together

Why old-school payer-provider partnerships don't cut it in today's marketplace and a new kind of partnership is gaining hold.

PARTNERED-PRODUCT LAUNCHES BY STATE
2016 AND 2017 YTD





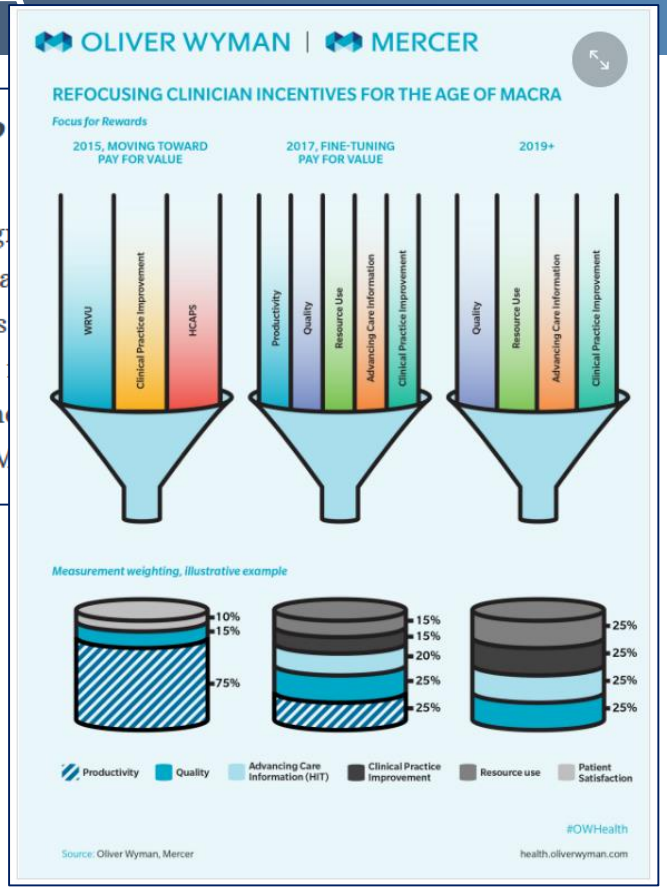
improve patient care

Compensation implied, but not mentioned

Making Sense of MACRA

More of your care team is subject to performance standards

Of significance to hospital systems and g
MACRA expands the definition of clinicia
to include nurse practitioners, physicians
and clinical nurse specialists performing
Beginning in 2019, the fee schedule of th
be determined by their performance on M



Implementing the Nexus Vision

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

Strategic Focus Areas

Thought Leadership

Strategic Imperative: Develop a network of trusted affiliates and ambassadors on the "balcony"

- 200+ presentations to: ed. institutions, acad. and prof. associations, certification boards, accreditors, govt/public health/policy/research, and health care delivery systems
- 10 formal advisory board roles
- Hundreds of strategic consultations to support the multisector advancement of IPE

Education and Training

Strategic Imperative: Utilize cutting-edge knowledge through data, experience, and expertise to create an innovative Nexus Learning System to share the latest learning and tools

- Annual Nexus Summit
- Nexus Learning System – New Models of Care Require New Models of Learning
- Strategic Program Partners
- Individualized Faculty Development and Technical Assistance
- Joint IPCE Accreditation

Knowledge Generation

Strategic Imperative: Facilitate evidence-based research approaches to inform practice and learning in real time using standardized processes and scholarly dissemination

- Nexus Innovations Network
- Robust cohort of Nexus sites demonstrating innovation in IPE implementation
- Special Issue of Journal of Interprofessional Care
- Growing Portfolio of Published, Peer-Reviewed Research

Resource Center

Strategic Imperative: Leverage institutional and community expertise in a robust framework to serve the end-user in the vanguard of IPE in practice

- Community-Sourced, Open-Access Resources and Learning Modules
- Practical Guides for Assessing Team Performance
- Relaunched Measurement Instrument Collection
- Amina and Carl in the Nexus

Thought Leadership

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

Outreach

-using findings in all areas

- facilitating learning and Nexus dialogue

-presenting at workshops, conferences

-utilizing affiliates to extend reach

Expertise

-formal and informal advisory roles

- leadership consults to guide planning, investments

- customized resources to meet specific needs

Convener

-facilitate "thorny IPE" dialogue through unbiased lens

- bring together diverse perspectives to advance thinking

- challenge traditional approaches

- invite innovation

Education and Training

Strategic Imperative: Utilize cutting-edge knowledge through data, experience, and expertise to create an innovative Nexus Learning System to share the latest learning and tools

Resource Center

Strategic Imperative: Leverage institutional and community expertise in a robust framework to serve the end-user in the vanguard of IPE in practice

Thought Leadership

Strategic Imperative: Develop a network of trusted affiliates and ambassadors on the "balcony"

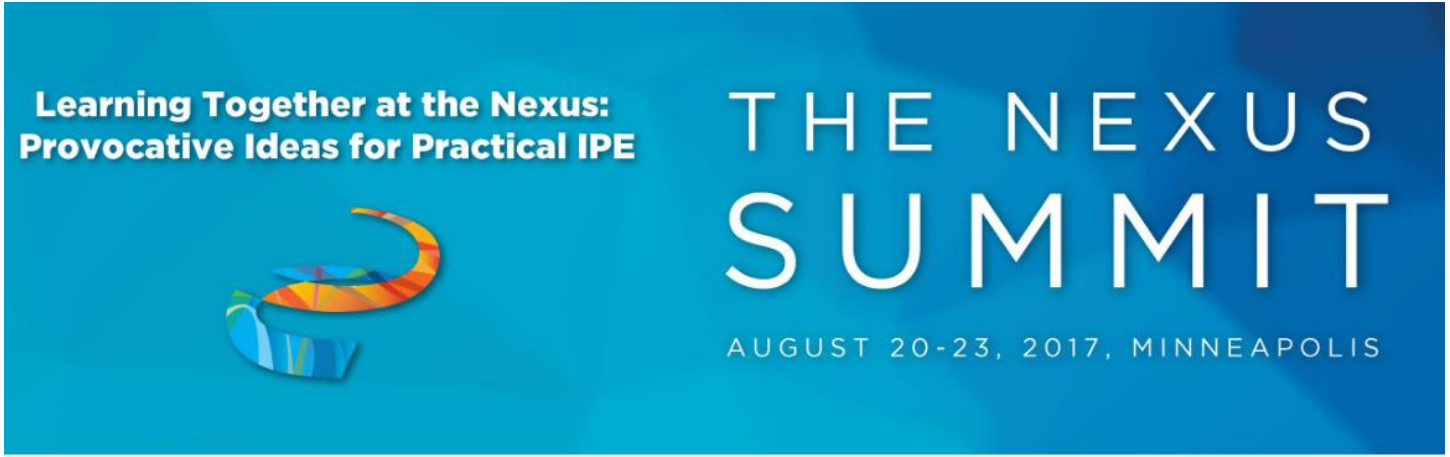
Knowledge Generation

Strategic Imperative: Facilitate evidence-based research approaches to inform practice and learning in real time using standardized processes, scholarly dissemination

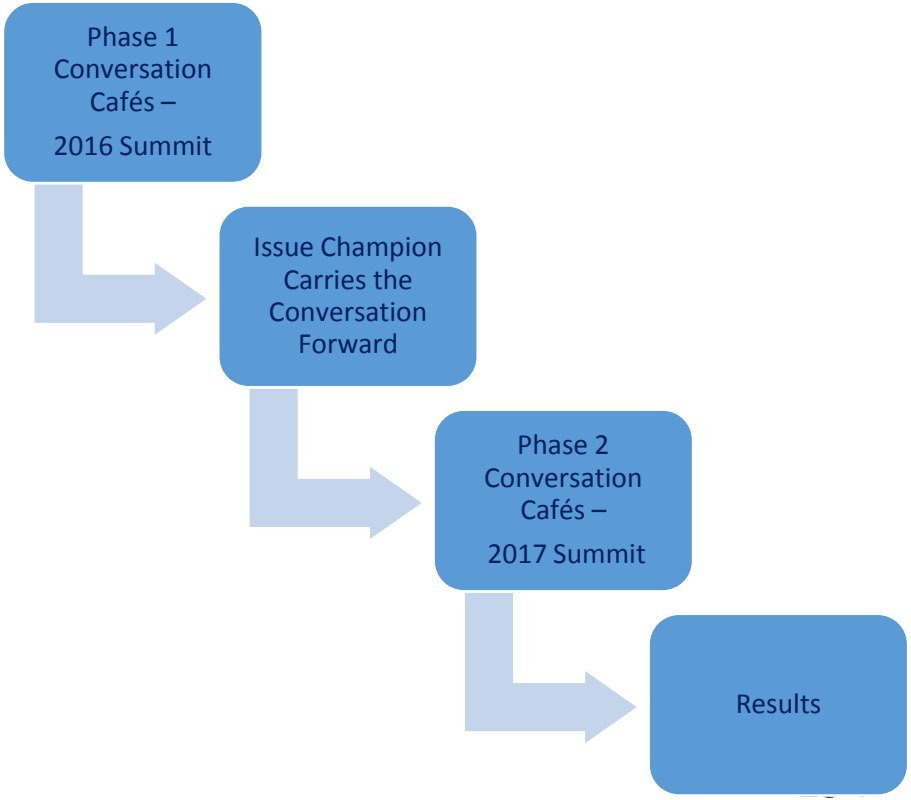
Results: Annual Nexus Summit

2016 Summit

2017 Summit



Conversation Cafés:
Identifying and Hearing Burning IPE Issues
Carry Forward for Results-Oriented Work



Phase 1 (2016) and Phase 2 (2017) Conversations Cafés

- **Phase I to Phase II: Accreditation**
  - Focusing on new accreditation standards for IPE in pre-professional programs and interprofessional professional development, what criteria should be used to judge quality to promote new models of learning?
- **Phase I to Phase II: The BIG Question**
  - How do we help students, trainees, and practitioners gain the competencies to work in new models of care when we are still practicing in traditional models?
- **Phase I to Phase II: Organizational Models of IPE**
  - What organizational models for aligning IPE and health care delivery will advance IPE most effectively and efficiently?
- **Phase I (2017): Team Optimization**
  - What are the opportunities and unintended consequences of team optimization?
  - What are the learning and education issues?

Phase I Cafe recommendations: Accreditation

- IPE is a recommendation that tends not to be effectively enforced.
- Different professions have different standards.
- Assessing IPE is challenging: Lack of clarity about what constitutes evidence of achievement of a standard.
- IPE needs to be purposefully incorporated into the curriculum.
- The IPE experience needs to be formalized.
- Outcomes need to be clearer.

Accreditation Conversation Café -
Advancing the Dialogue in a 12 month cycle

August 2016

September 2016

Health Professions Accreditors Collaborative (HPAC) to Expand Membership

April 2017

During April 2017 ASPA convening, 23 accreditors signed on to work on a white paper about agreement on criteria for IPE

August 2017

FOR IMMEDIATE RELEASE

CONTACT: Jann Skelton
Communications Consultant
(973) 228-3285
jskelton@silverpennies.com

May 2, 2017

Health Professions Accreditors Collaborative Welcomes 17 New Member Organizations

Chicago, IL – The Health Professions Accreditors Collaborative (HPAC) is pleased to welcome 17 accrediting organizations as new members of the Collaborative. The new members join the six founding members of HPAC: Accreditation Council for Pharmacy Education, Commission on Collegiate Nursing Education, Commission on Denta
Osteopathic College Accreditation, Council on Educ
Committee on Medical Education. This move expan
organizations committed to working together to adva
practice, and quality, as well as working together on
common interest. The new accreditor members are:

- Accrediting Bureau of Health Education Sch
- Accreditation Commission for Education in N
- Accreditation Commission for Midwifery Edu
- Accreditation Council for Education in Nutriti
- Accreditation Council on Optometric Educati
- Accreditation Review Commission on Educa
- American Psychological Association Commis
- Commission on Accreditation of Allied Healt
- Commission on Accreditation of Athletic Trai
- Commission on Accreditation for Health Infor Education
- Commission on Accreditation in Physical The
- Commission on Accreditation for Respiratory
- Council on Academic Accreditation in Audiol
- Council on Accreditation of Nurse Anesthesi
- Council on Chiropractic Education
- Council on Podiatric Medical Education
- Council on Social Work Education

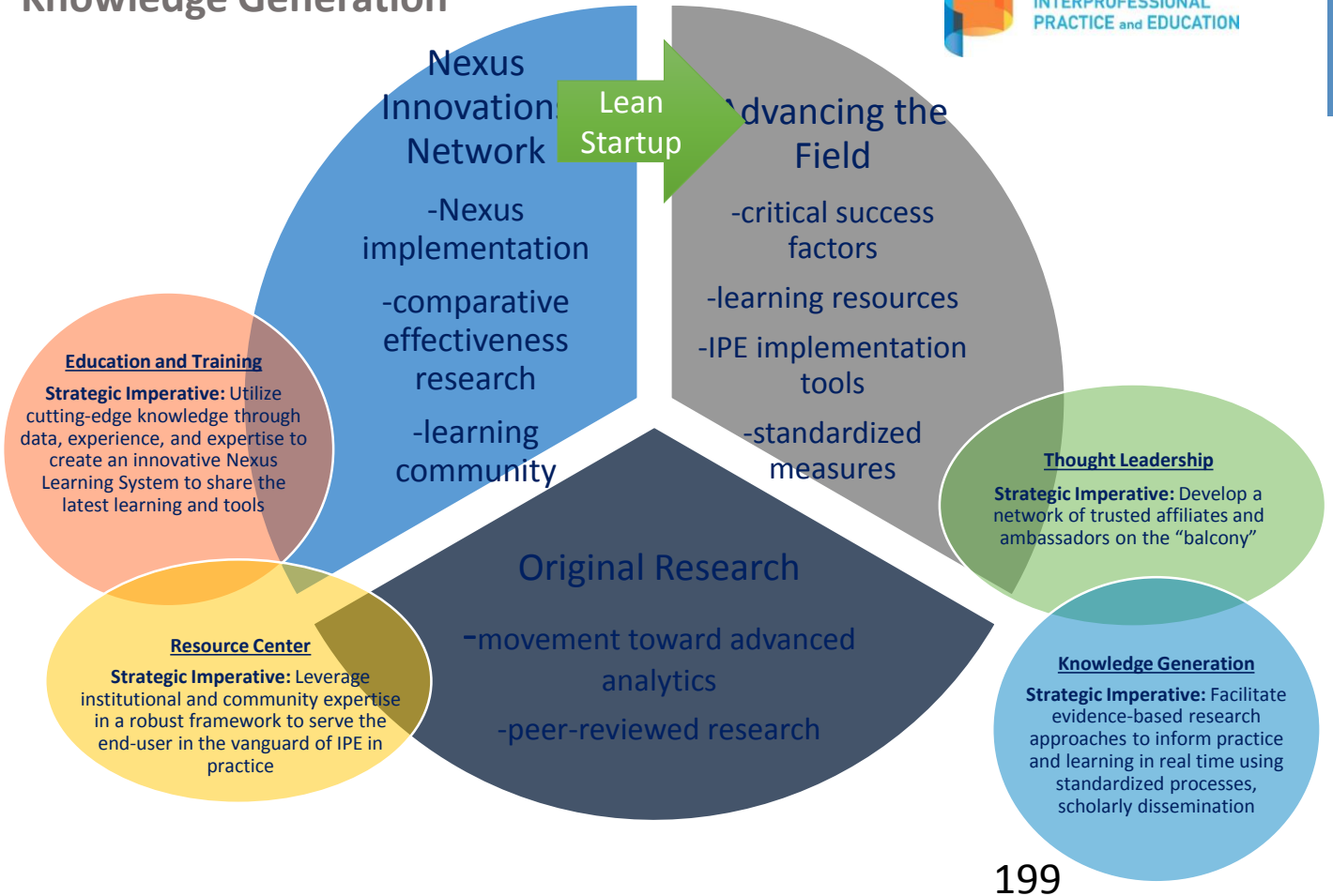
HPAC members, invited members, and observers met on April 4, 2017, in Chicago, IL, following the Spring 2017 Association of Specialized and Professional Accreditors (ASPA) Semi-annual Conference, to discuss opportunities and challenges in interprofessional education and practice. Invited speaker Barbara F. Brandt, PhD, Director, National Center for Interprofessional Practice and Education, and Associate Vice President for Education, University of Minnesota, shared perspectives on opportunities for accreditors in shaping the future of IPE. She challenged the participating organizations to work together, offering guidance on areas of potential collaboration to foster development of high-functioning teams that can improve the experience, outcomes, and costs of health care.

The HPAC members discussed opportunities to respond to Dr. Brandt's challenge and addressed questions from academic stakeholders. Identification of possible common definitions and competency expectations in IPE were considered. The participants discussed aspects of their accreditation reviews in relationship to IPE and noted similarities that could be further explored. A team of individuals from four HPAC members (representing medicine, social work, psychology, and pharmacy) will be working with individuals from the National Center for Interprofessional Practice and Education to draft a document on opportunities for IPE harmonization across accreditors. The document will provide guidance on IPE opportunities for the consideration, revision, and approval by all the HPAC members and ultimately for wide distribution to accredited programs. The current target for the final document is early 2018.

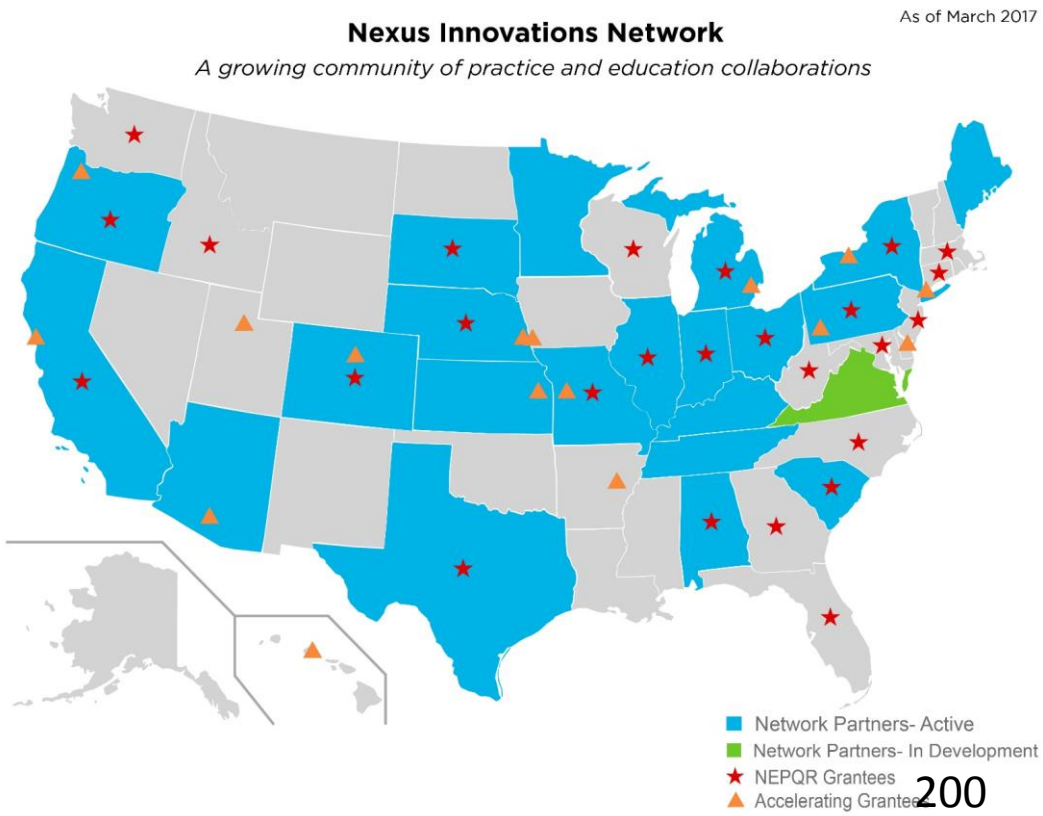
HPAC thanks ASPA for its support in providing the opportunity to convene HPAC meetings in conjunction with ASPA's semiannual meetings.

Knowledge Generation

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

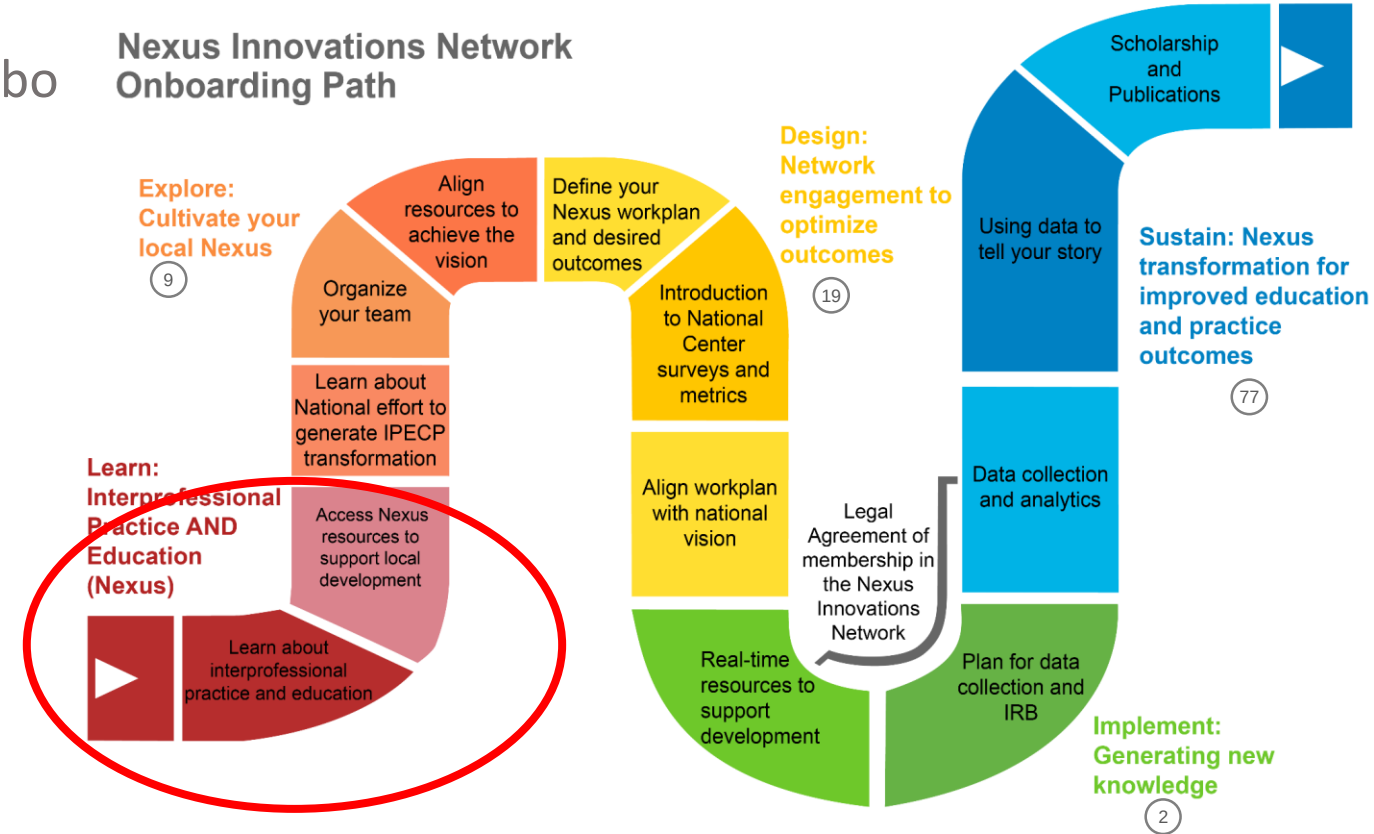


Nexus Innovations Network: Participation Map



Nexus Innovations Network

- Onbo



What We've Learned: Emerging Critical Success Factors

Process of care redesign is about changing culture.

Compelling vision is required.

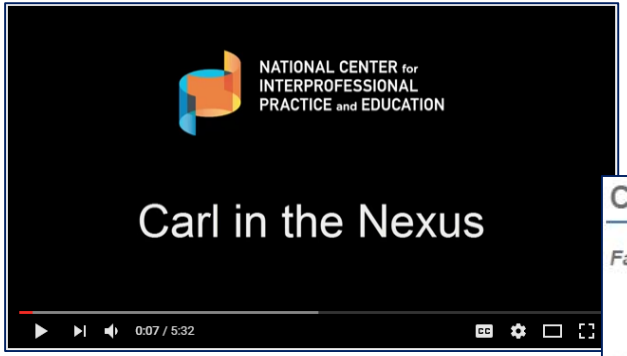
IP+E resourcing is critical.

Senior leadership is essential.

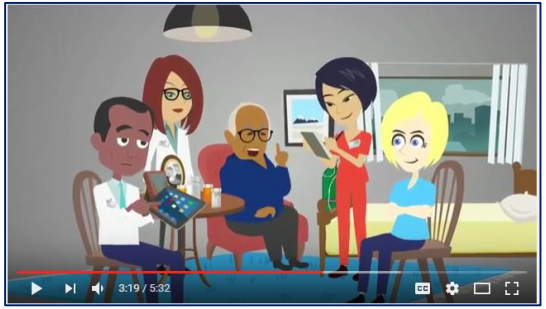
Impressions of team training effectiveness are mixed.

The Application of Informatics in Delineating the Proof of Concept for Creating Knowledge of the Value Added by Interprofessional Practice and Education. Healthcare 2015, 3, 1158-1173.

Resource Center: Freely Available Institutional and Community Expertise

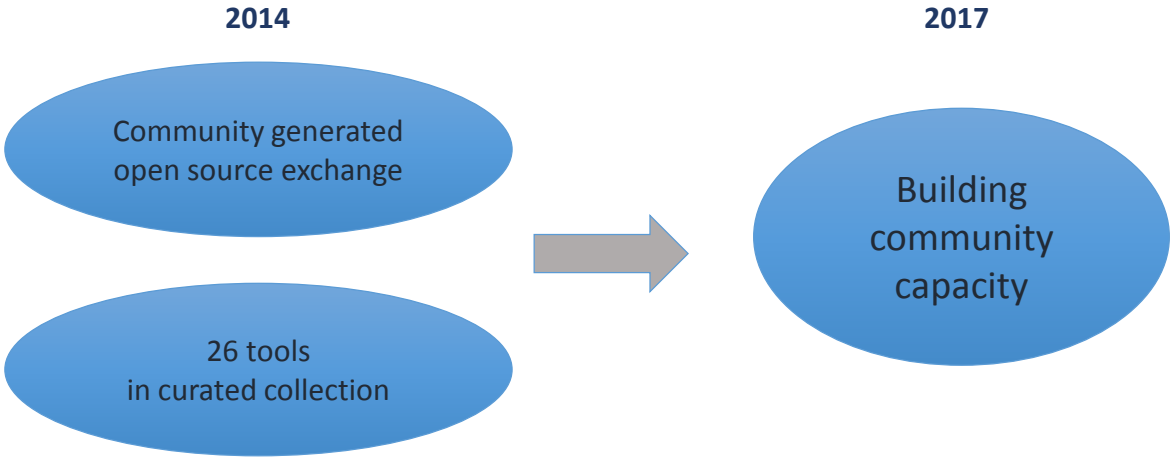


[Click here to watch Carl in the Nexus]



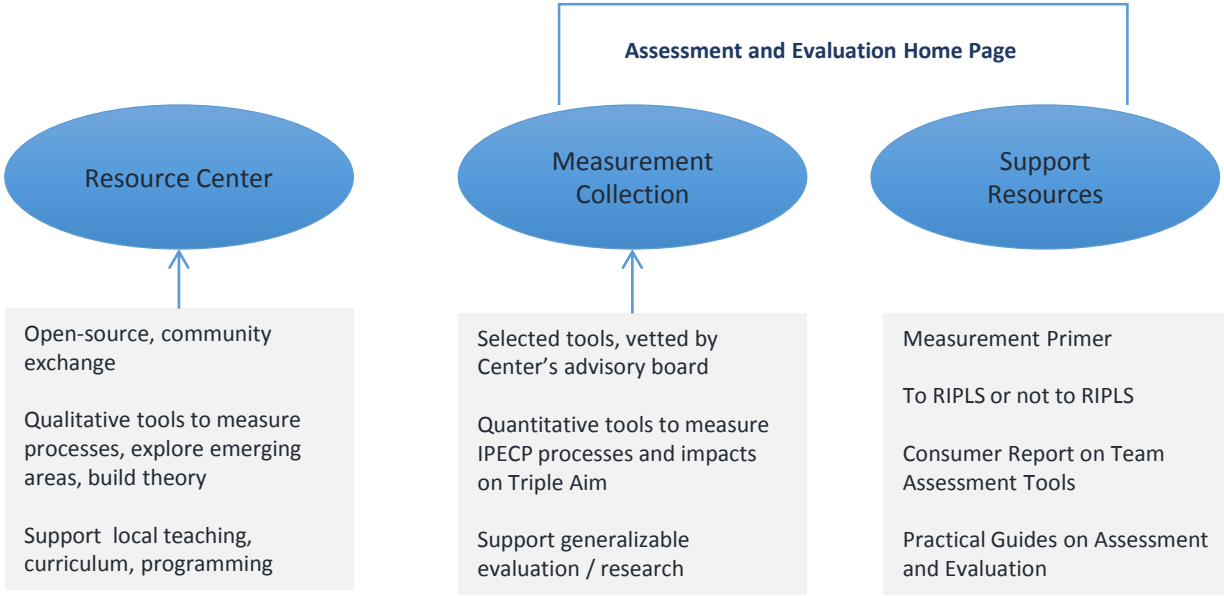
Number One Request: “Assessment”

- Evolution of the measurement collection
- Importance of research on linkages between education, practice, and Triple Aim (cost, quality, patient experience)



Today: Building Capacity in Foundation Areas* Nexusipe.org

*Measurement, assessment, evaluation



Resource Center: Freely Available Institutional and Community Expertise

Preceptors in the Nexus Toolkit

Submitted by National Center... on Sep 1, 2015 - 10:

Ready to transform your clinical site into an interprofessional collab

WHAT YOU'LL GET FROM THIS TOOLKIT

A wide array of tools that support and enrich interprofessional pra
development opportunities for clinical preceptors who facilitate int
any or all of the tools in a variety of settings- everything is customi
formats:

- web-based modules for preceptor development.
- active-learning materials and facilitator guides for face-to-fac
- interprofessional education materials to be used with learners
- interprofessional collaborative practice materials and other re

WHO THIS TOOLKIT IS FOR

This toolkit will help preceptors in any healthcare profession who w
and/or champion interprofessional practice and education at their c

Please note that a National Center user account is required to acce

Preceptor as **Learner**

Online Modules	Gr
An Introduction to Interprofessional Collaboration	Madness to Methods
Best Practices	Role Play Cards

nterprofessional-practice-and-education

Preceptor as **Learner**

Online Modules	Group Learning Materials
An Introduction to Interprofessional Collaboration	Madness to Methods
Facilitating Interprofessional Discussions: Best Practices	Role Play Cards
Interprofessional Precepting: Best Practices	Objective Structured Teaching Experience (OSTE)
Enhancing Interprofessional Practice and Education at Your Site	Madness to Methods

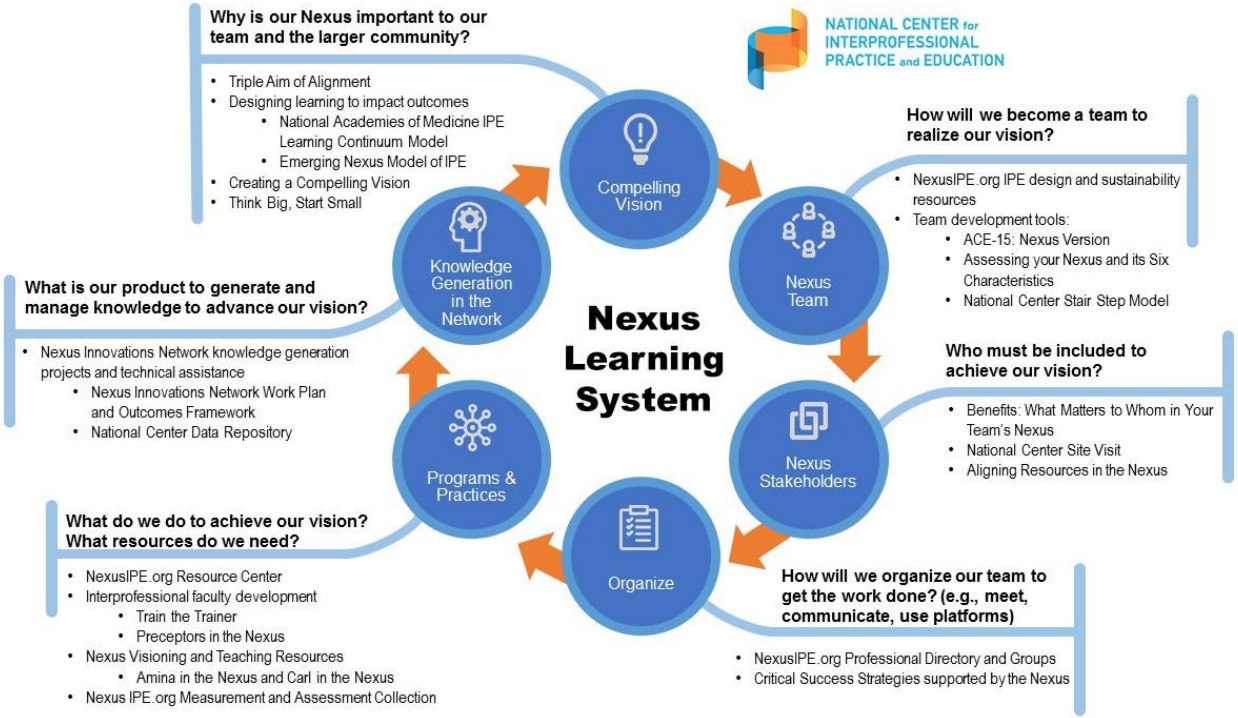
Preceptor as **Interprofessional Educator**

Educational Tools
Interprofessional Crucial Conversations/Conflict Resolution
Interprofessional Agents of Change
Interprofessional Team Evaluation
Interprofessional Journal/Book Club
Interprofessional Pandora's Box
Interprofessional Standardized Patient Simulation
Interprofessional Quality Improvement
Interprofessional Debriefing Guides

Preceptor as **Interprofessional Champion**

Practice Transformation Tools
Interprofessional Group Visit and Home Visit Guides
National Models and Resources for Interprofessional Practice Transformation

Nexus Learning System:
You will experience a "taste" today.



National Center 2017 Learning Opportunities

T3 Train-the-Trainer: Interprofessional Faculty Development Program

Preparing health professions faculty and collaborative practice clinicians from all professions to lead IPE efforts and promote team-based care. You'll have 3.5 days of in-person training heavily focused on experiential learning

April 19 - 22, University of Virginia

August 14 - 17, University of Washington

September 11 - 14, University of Missouri

November 8 - 11, University of Virginia

Nexus Summit 2017: Provocative Ideas for Practical IPE

Together we will explore emerging ideas, apply practical skills and learn from role models - focusing on:

- Affirming and Advancing our Commitment to Teams
- Resiliency and Well-Being
- Engaging Leaders in IPE

Minneapolis | August 20 - 23, 2017

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

The National Center for Interprofessional Practice and Education is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UE5HP25067. The National Center is also funded in part by the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation, The John A. Hartford Foundation and the University of Minnesota. © 2015 Regents of the University of Minnesota, All Rights Reserved.

UNIVERSITY OF MINNESOTA

Designing the Future of the Indiana Healthcare Workforce: Engaging Stakeholders in Creating a Plan to Make Indiana a Destination State for Practice, Education and Policy

2017 Indiana Health Workforce Collaborative Conference

Afternoon Breakout – Room A

June 20, 2017

Kimberly Harper, MS, RN, Indiana Center for Nursing

Andrea Pfeifle, EdD, PT, FNAP, IU Interprofessional Practice and Education Center

Calvin Thomas IV, MS, Ivy Tech Community College

James Ballard, EdD, MS, Indiana Area Health Education Centers

A Collaborative Partnership for Creating the Indiana Healthcare Workforce

INTERPROFESSIONAL
PRACTICE AND EDUCATION CENTER

No One Can Do This Alone!

Session Goal

Participants (educators, policy makers, and practice colleagues) will work together to develop an actionable plan to attract and retain health care workforce talent in Indiana

Session Agenda

- Welcome
- Background
- Session Overview
- Design Stage 1
- Design Stage 2
- Next Steps

Indiana Health and Healthcare Challenges

- Indiana ranks 41st for all health outcomes
- Top 5 priorities for Indiana
  - Infant mortality: rank 43rd in nation
  - Obesity: rank 36th in nation
  - HIV/AIDS: IN 176.8/100,000 US 160.5/100,000
  - Tobacco usage: rank 39th in nation
  - Drug related deaths: rank 35th in nation

Challenges for Indiana Health Workforce

- Primary Care Physicians: rank 38th for PCP population (72.3% of need met)
- Mental Health Professionals: rank 37th for adults in need (39.9% of need met)
- Dentists: rank 45th in dentists to population (49.8% of need met)
- Nurses: rural counties have a nurse to population ratio of 1:200 or greater

Key Questions

- How do we retain the health care sector?
- How do we increase the pipeline for the healthcare workforce?
- How do we retain talent in healthcare?
- How do we mobilize the health care sector on this issue?

Design Thinking

- Methodology of sharing stories and ideas to develop an actionable plan
- Being increasingly used to solve complex problems
- Solution-focused and action-oriented towards creating a preferred future (as opposed to problem-focused)

5 Stages of Design Thinking

- Design Stage 1: Empathize
- Design Stage 2: Define
- Design Stage 3: Ideate
- Design Stage 4: Prototype
- Design Stage 5: Test

Playing Rules

- Leave all assumptions and experiences behind
- No judgment
- Action oriented
- Solution focused

Design Stage 1

- Adopt the mindset of a new graduate or a talented professional considering the health care workforce in Indiana

Indiana's Workforce Challenge

Educational Attainment Level*:

- ***26%*** - Bachelors Degree & Above
- ***10%*** - Associates Degree
- ***20%*** - High School Plus
- ***44%*** High School Degree and below

*American Community Survey of Indiana working age population

The right skills, at the right time, in the right way.

Estimated Annual Workforce Supply

Projected Demand: 100,000 annually

K-12* Not Graduating - ***8,748***

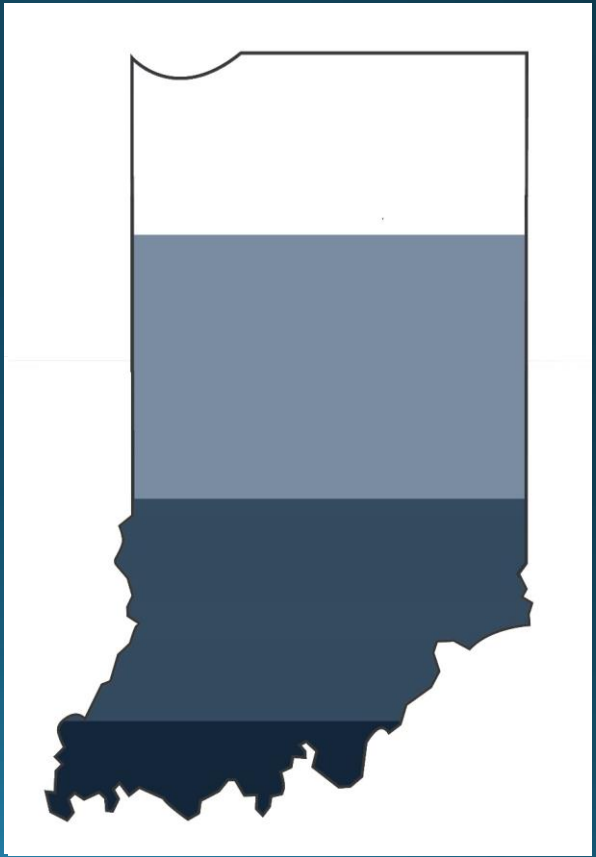
K-12* Graduates – 70,026

35% Do not immediately go to college/post -secondary- ***24,509***

College Graduates -	78,408**	
Associate Degree	13,596	
Bachelors Degree	47,322	
Masters Degree	13,777	
Professional Degrees	3,713	
45% Employed FT in Indiana after 1 Year		***35,284***

Total Estimated Supply from Education
68,541

*K-12 Data is from 2015 and is after 4 yrs of H.S.
**Data includes Public & Private colleges and out of state residents who attend college in Indiana



The Landscape In Our View…

- Commonwealth Fund, Comparative Analysis of Health Systems (Davis et al., 2014) Out of 11 Peer Countries United States is:
  - Last or next to last on
    - Quality
    - Efficiency
    - Access
  - Dead last on health lives (mortality amenable to medical care, infant mortality, and healthy life expectancy at age 60)
  - YET….first on health care spending!

The Landscape In Our View…(cont.)

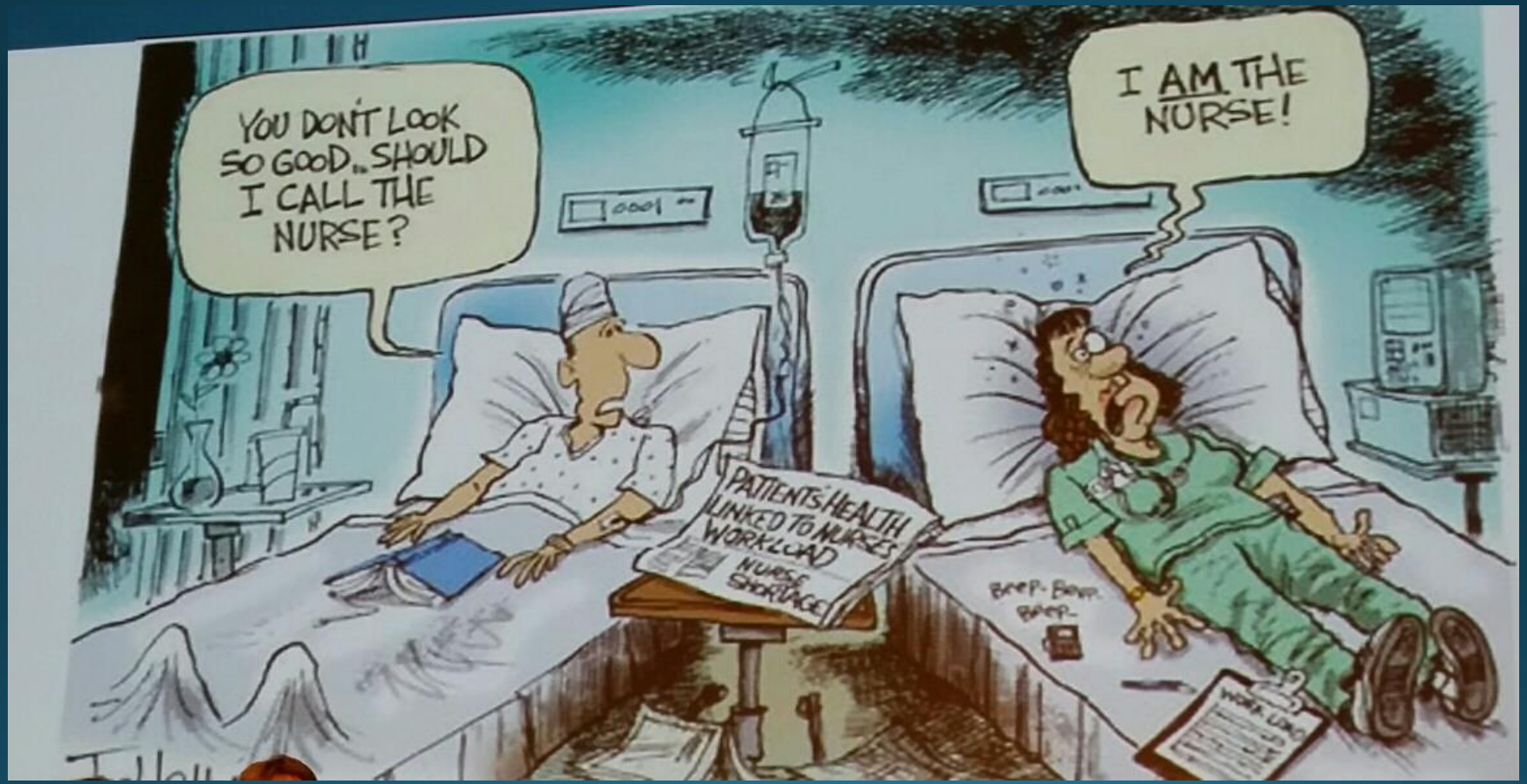
- National Research Council. (2013). United States Health in International Perspective: Shorter Lives, Poorer Health; 17 peer countries
  - Higher mortality and inferior health: First or second lowest chance of surviving to 50
  - Birth outcomes, injuries or homicides, teen pregnancy and STDs, HIV/AIDS, drug-related mortality, obesity, diabetes, heart disease, chronic lung disease, disability at the lowest

The Landscape In Our View…(cont.)

- Ratio of social-to-health spending – United States is LAST!
  - $0.90:$1 for United States
  - $2:$1 for other countries who all have better outcomes!
    - Lower rates of infant mortality, low birth weight babies, premature deaths
    - Longer life expectancy
    - View social welfare as an investment for all

The Landscape In Our View…(cont.)

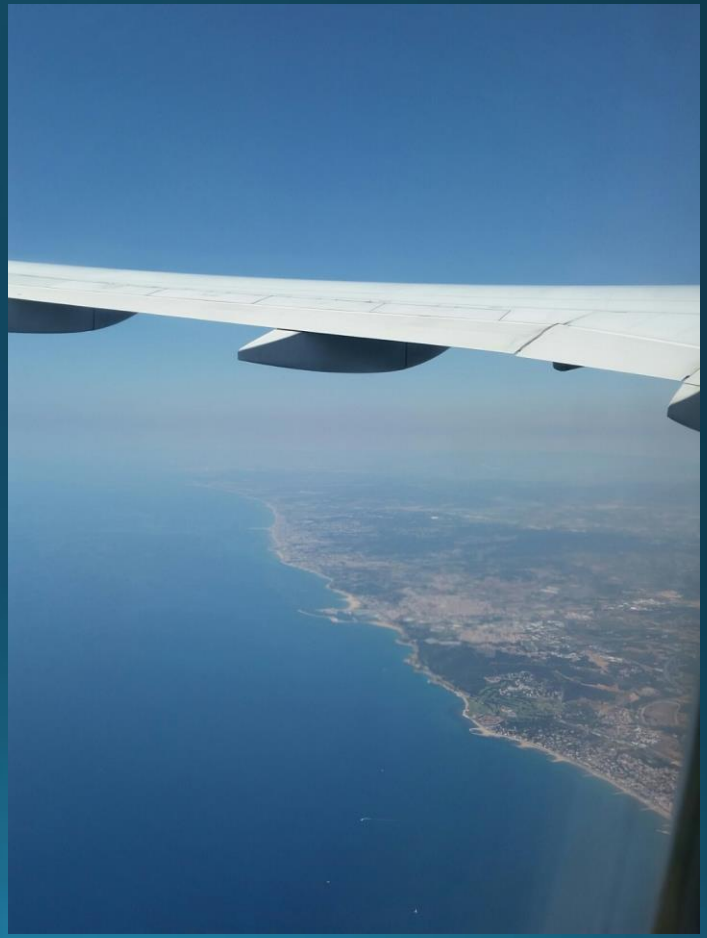
- And Some People "Say"…
  - Most hospitals are unsafe.
  - We need to focus less on the financial aspects of health care and more on the patients we serve.
  - The rural and underserved areas do not have enough primary care provided by physicians, nurse practitioners, or physician assistants and baby boomer health care professionals are retiring by the thousands every month making it worse.
  - Why would anyone want to be a nurse/doctor/pharmacist/PT/OT/ etc?


YOU DON'T LOOK SO GOOD.. SHOULD I CALL THE NURSE?
I AM THE NURSE!
PATIENTS HEALTH LINKED TO NURSES WORKLOAD
NURSE SHORTAGE
BEEP-BEEP-BEEP-

YET

...

Where exactly does the sky begin and the sea end?
Do we really know?



Questions for Small Group Discussion

- What do talented new graduates think they are looking for in a first job?
- What variables influence talented new health care graduates in their thinking?
- How do talented new health care graduates approach looking for a job?
- What types of support systems exist to assure success for new professionals?
- What (if any) barriers exist for healthcare professionals to practice at the top of their education and license?

Reaction Panel

Ann White, PhD, RN
Dean, College of Nursing and Health Professions
University of Southern Indiana

Peter Nalin, M.D., FAAFP
Associate Vice President for Education in University Clinical Affairs,
Executive Associate Dean for Educational Affairs, Associate Professor of Clinical Family Medicine
Indiana University School of Medicine

Sandra Behrens, RN. MBA
Director, NW Indiana Area Health Education Center
Purdue University Calumet

Afternoon Breakout - Room B

Developing a 21st Century Skilled and Ready Health Workforce

Workforce Development in the Health Sector

MICHAEL BARNES, MBA

Associate Chief Operating Officer for Employer Engagement

Indiana Department of Workforce Development

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Michael Barnes, MBA

Department of Workforce Development (DWD)

Indiana's workforce challenge:

700K JOBS TO BE REPLACED

+

300K JOBS TO BE FILLED

→

1,000,000+ INDIANA JOBS

Over the next 10 years

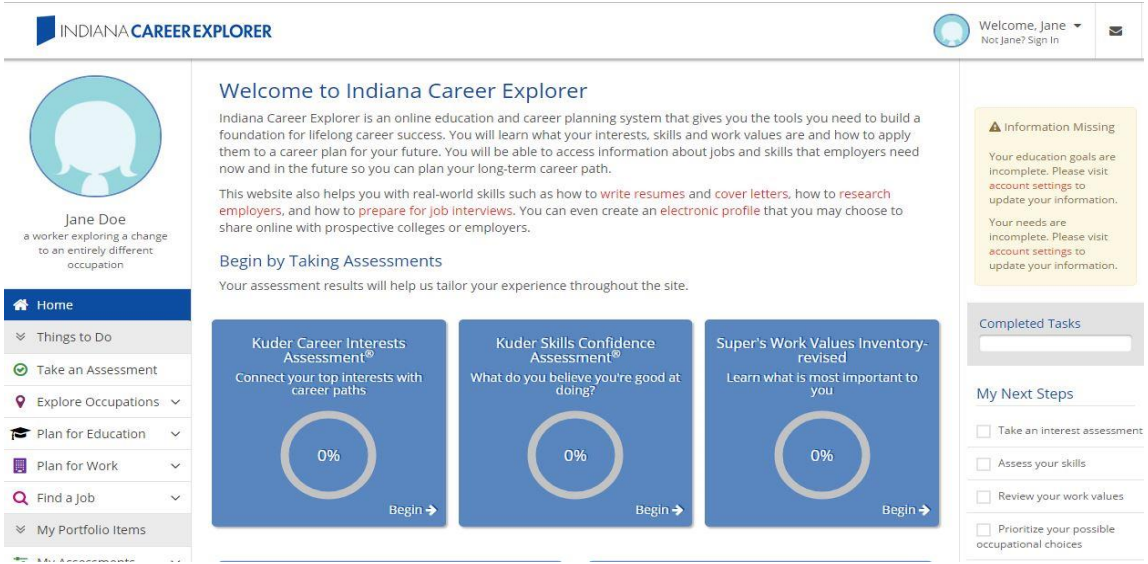
Department of Workforce Development - Vision

Create a network of education and training providers that are: ·accountable ·responsive ·innovative,

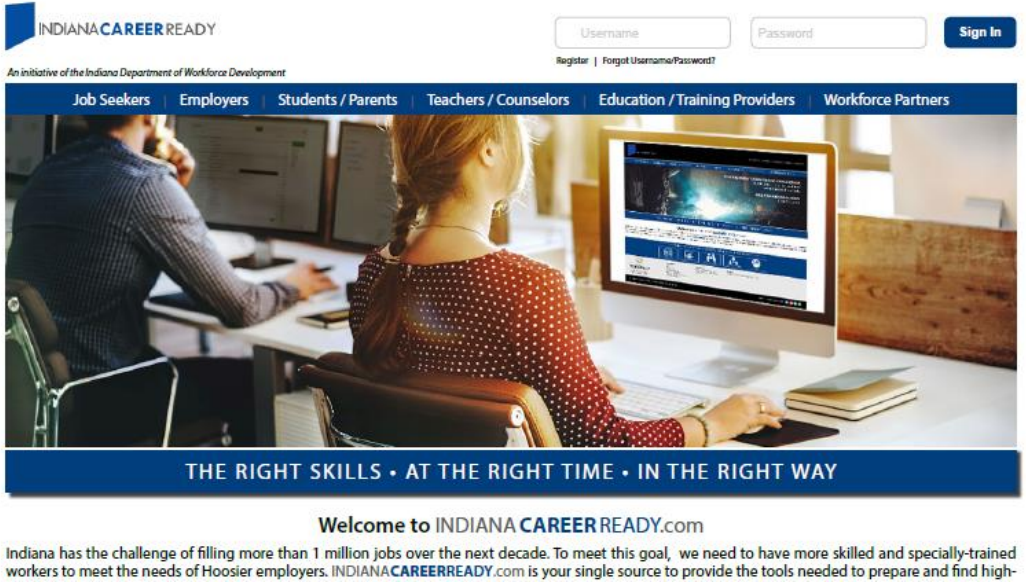
and serve all Hoosiers, including: ·secondary students ·post-secondary students ·adult education students ·incumbent workers.

DWD Programs and Initiatives

- In 2016, more than 150,000 ICE assessments were taken by more than 72,000 middle school and high school students.
- Pilot program launch – 2017-18 school year (SEA 198)
  - 15 schools
- Statewide implementation of career exploration curriculum following conclusion of the pilot



DWD Programs and Initiatives



DWD Programs and Initiatives

Facts:

- 5,267 adult students served since 2011
- 2,972 certifications earned through July 2016
- 86% completion rate
- 93% of 2013 program completers still employed in 2015

Expansion:

- State funding doubled for FY 18/19 to $5M/year

Goal:

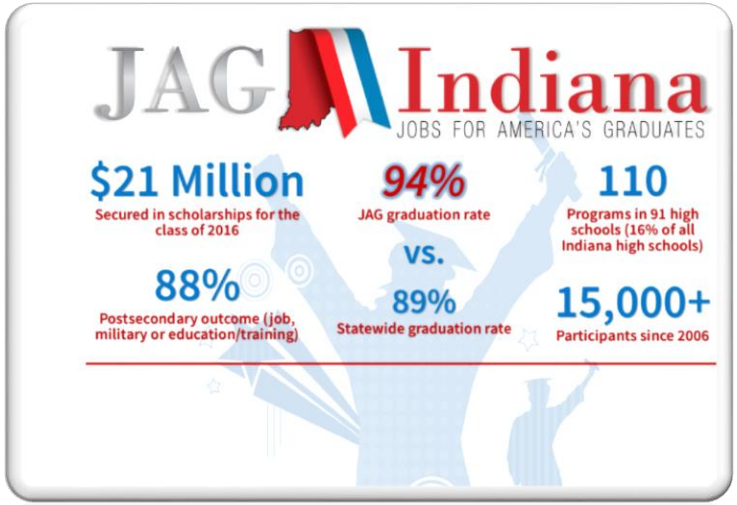
- 4,500 adult students earning their HSE and an industry-recognized certificate per year

WorkIN

BUILDING SKILLS FOR SUCCESS

DWD Programs and Initiatives

- Indiana has the largest JAG program in the country.
- State funding increased $2.2M/year this year for FY18/19
  - Over 25 schools will be included in expansion.
- JAG served 5,800 students in the 2015-16 school year alone.



DWD Programs and Initiatives

"The big divide in America is not between the coasts and the interior. It's between strong communities and weak communities. You can find weak ones along the coast and thriving ones in Appalachia, and vice versa. It's community, stupid — not geography."

May 24, 2017

The New York Times

INDIANA
innovation
NETWORK

- Employer-led, demand driven partnerships
- Occupational demand validation
- Educational alignment with demand occupations
- Locally organized and driven

Governor’s Health Workforce Council

- Diverse membership which includes key stakeholders in health care delivery, policymakers, education/training, non-profit sector, payers, and providers
- http://www.in.gov/dwd/ghwc.htm

Developing a 21st Century Skilled and Ready Health Workforce

LTC Workforce: Needs, Challenges and Solutions

ZACH CATTELL, JD

President

Indiana Health Care Association

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Zach Cattell

What is Long Term Care?

1. There are more than 850 SNFs and ALs in Indiana

   - 550+ skilled nursing
   - 150+ licensed assisted living
   - Equal number of unlicensed AL

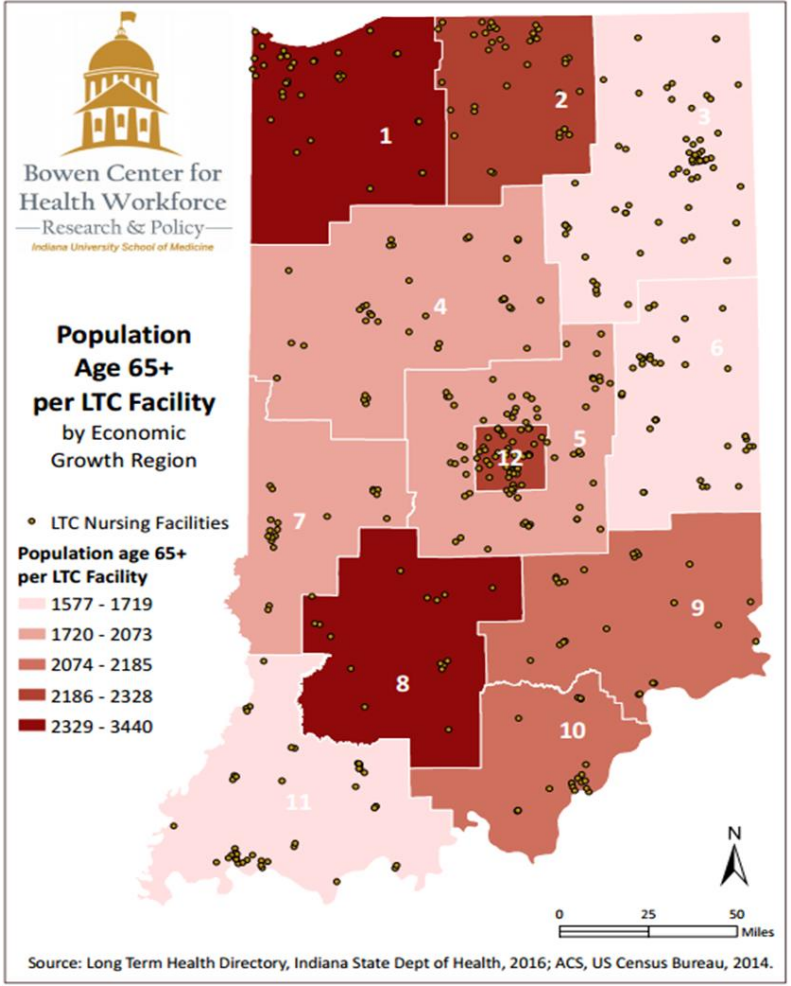
2. LTC facilities support an estimated $8.0 billion of the state's economic activity

3. LTC industry is the state's 9th largest employer

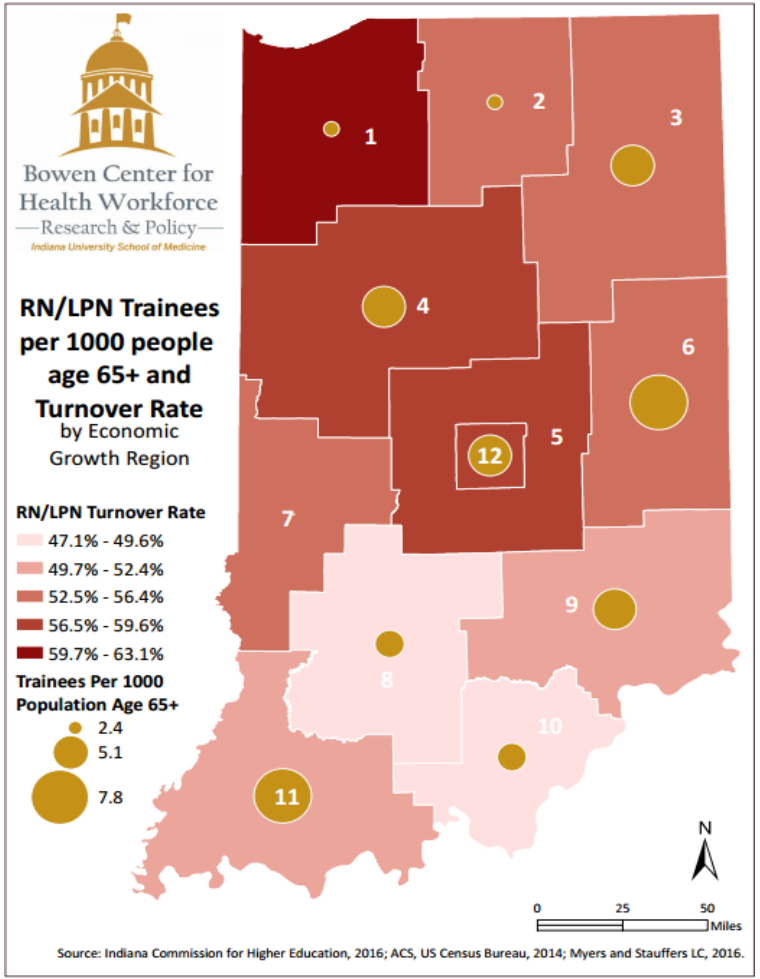
What is Long Term Care?

1. Skilled Nursing
2. Assisted Living
3. Memory Care
4. Short Term Rehabilitation
5. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

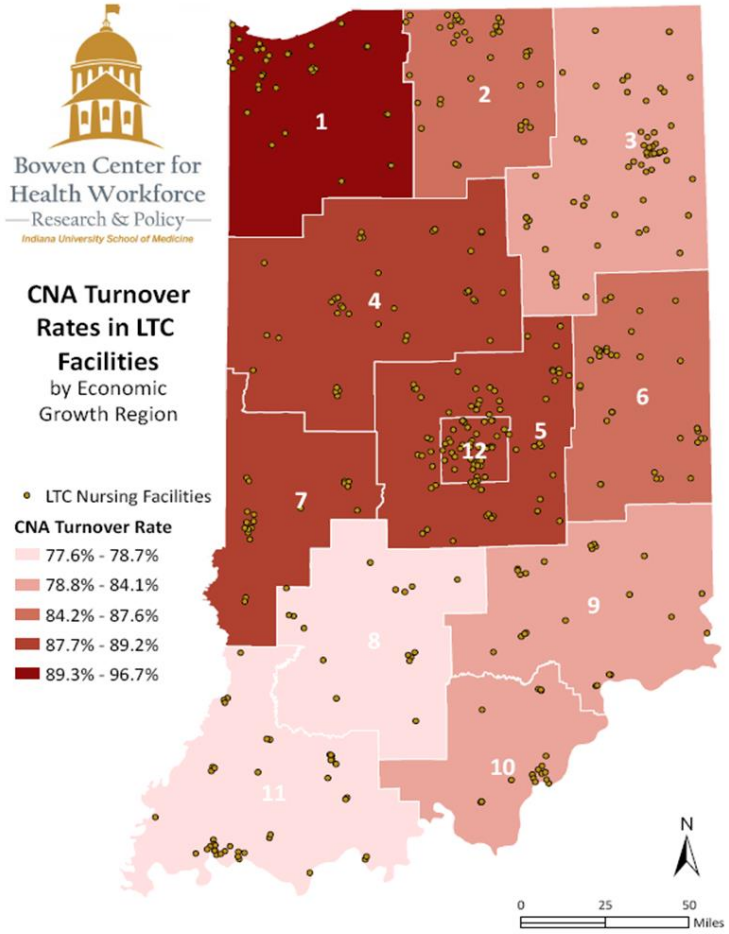
Workforce Needs



Workforce Needs



Workforce Needs



Source: Long Term Health Directory, Indiana State Dept of Health, 2016; Indiana Commission for Higher Education, 2016

Workforce Needs

1. Results from a survey conducted in 2016 by a local workforce development partnership between EmployIndy and Central Indiana Corporate Partnership (CICP)

- 13.2% projected growth in the number of healthcare jobs over the next five years in Central Indiana alone
- Job growth will concentrate in home and primary care settings
  - a) Long Term Care – 11.8%
- Job growth will be particularly pronounced for frontline occupations
  - a) In LTC – C.N.A., Physical Therapy, Speech Pathologist, Respiratory Therapy, Patient Care Support
- Greatest demand by sheer volume is nursing
  - a) Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant have the greatest number of job postings
  - b) b) Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant all listed as hardest to fill positions

Aging Population – Hoosiers Will Need More Skilled Nursing-Level Care

Workforce Challenges

1. C.N.A. Volume
2. LPN/RN Volume
3. Perception
4. Difficulty of Work

Career Pathways Website

http://careforthe aging.org/

- Attracting qualified individuals
- Promoting understanding of career pathways available to retain staff
- Connecting leads with openings for education, internship and job opportunities

Career Pathways Website

Career Pathways

- Certified Nursing Assistants
- Nursing Administration
- Social Services
- Therapy Care Coordination
- Activities
- Support Services

Activities

Activities professionals have a fun job, but it is also an important one. It is their responsibility to plan and implement programs and events in the senior living community that meet the various physical, social and spiritual needs and preferences of all of the residents.

Interested in a career in activities?

Activities Assistant

An Activity Assistant coordinates activities to meet the needs, interests, and capabilities of the residents.

Activities Director

An Activity Director is responsible for directing the development, implementation, supervision and ongoing evaluation of the activities program.

Support Services

While not directly involved in resident care, support services staff are essential to the overall resident experience. Housekeeping, laundry, maintenance and dietary staff help to create a warm, homelike environment in which residents live and receive temporary or long term care.

Interested in a career in support services?

Housekeeping

The Housekeeping staff provides a clean, appealing, safe, and sanitary environment for residents, visitors, and other staff members.

Laundry

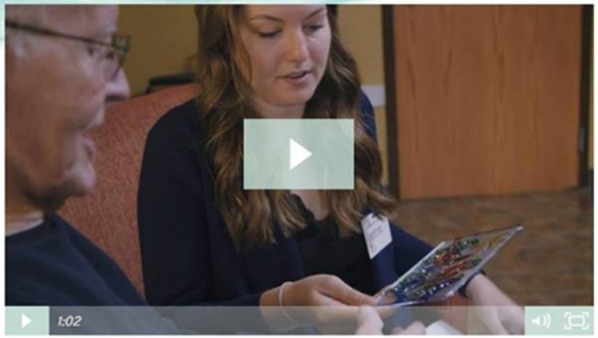
The Laundry staff keeps facility linens clean and meets residents' daily laundry needs.

Career Pathways Website

Each position includes information on:

- Job requirements
- Education & experience needed
- Salary average (Indiana specific)
- Certifications
- Next steps

Customer Care Coordinator



Salary Average
$33,000

Certifications
None required

Next Steps
Admissions Director
Discharge Planner

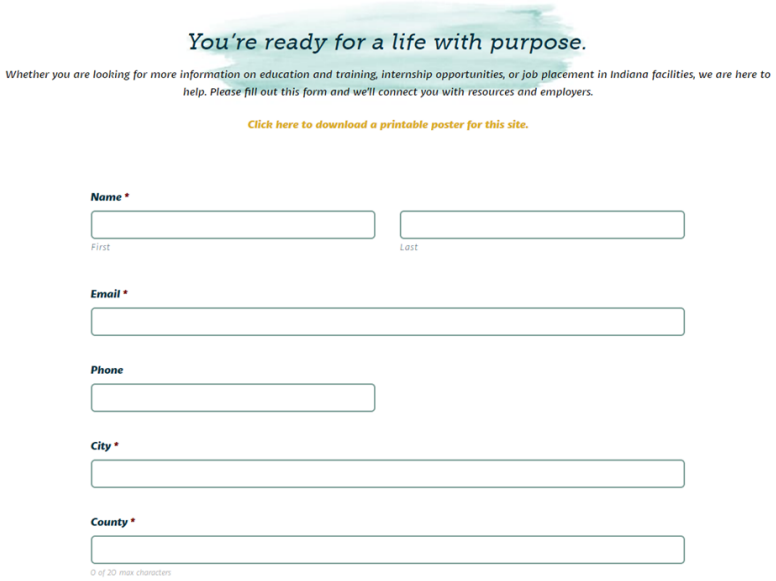
The Customer Care Coordinator (CCC) oversees the welcoming of new resident admissions throughout the facility on their first day or the first day back after a hospital stay. The CCC completes resident orientation, helps residents to acclimate to their new surroundings, and contacts the family easy anxiety and answer any questions they may have. The CCC serves as a bridge of communication between the clinical and admissions teams in matters of resident customer care concerns and provides follow-up phone contact to all residents discharged from the facility to ensure a smooth transition home.

Education & Experience:
Bachelor's degree preferred or three years equivalent experience in lieu of a degree; One to three years nursing facility, community relations, customer service and/or customer relations, sales and/or social service experience required. Previous health care admissions/marketing/sales experience preferred.

Career Pathways Website

Site visitors are encouraged to fill out a contact form requesting more information.

Form results are shared with IHCA/INCAL members (potential employers.



Additional Workforce Efforts

1. Collaboration
   - Connect the Ages
   - Indiana HOSA
2. Online C.N.A. Course
3. Registered Apprenticeship Program
   - Partnership with Employ Indy

Developing a 21st Century Skilled and Ready Health Workforce

Healthcare Organization Engagement

MICHELLE A. JANNEY, PhD, RN, NEA-BC, FAAN

Executive Vice President & Chief Nursing Executive

Indiana University Health

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

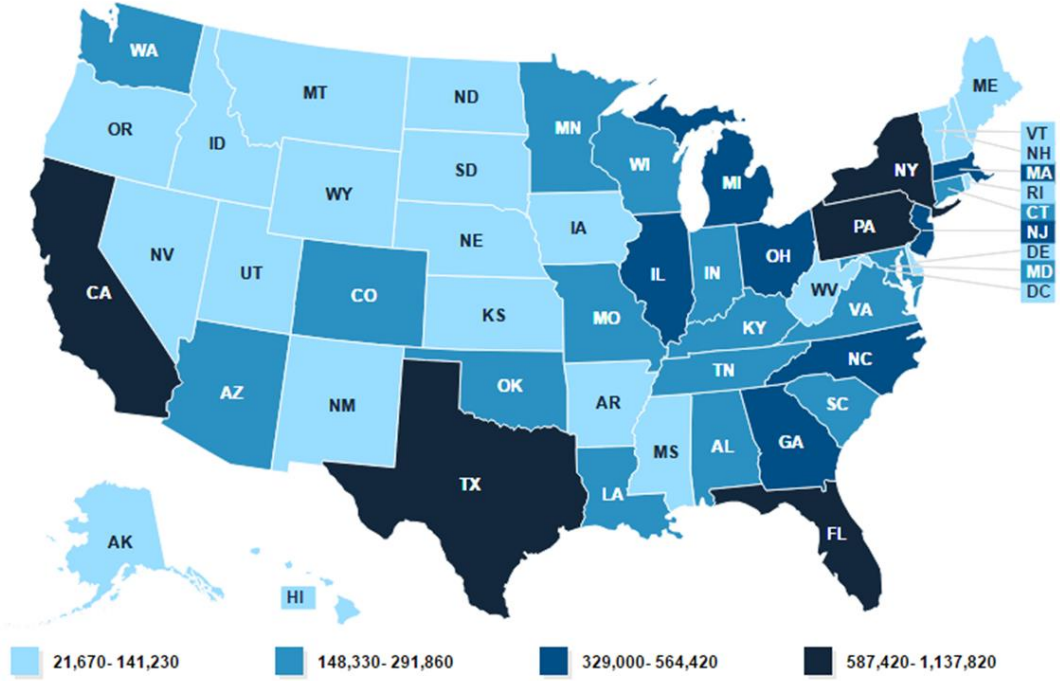
Michelle Janney, PhD, RN, NEA-BC, FAAN

Objectives

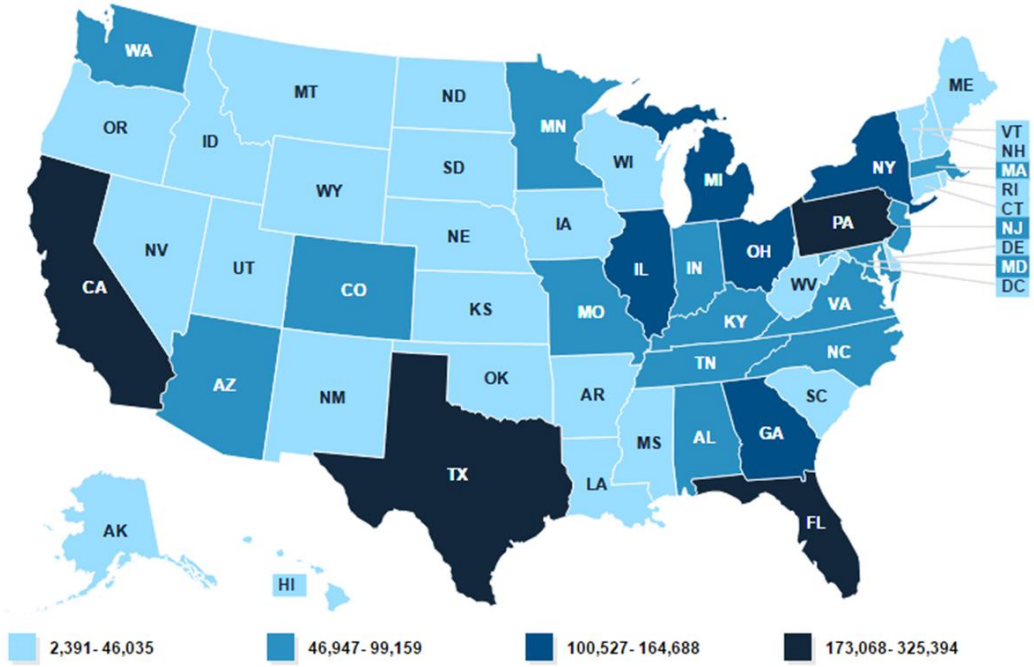
1. Understand the healthcare workforce landscape
2. Discuss IU Health's nursing workforce strategy
3. Highlight one IU Health workforce development partnership

Healthcare Workforce Landscape

Healthcare Workforce



Nursing Workforce

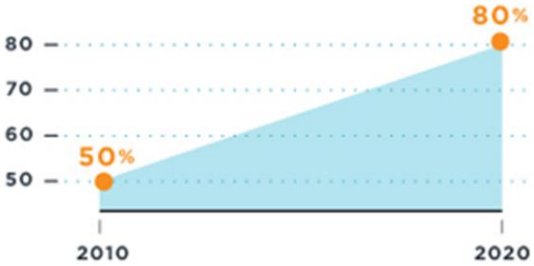


Educational Preparation of Nurses

HIGHER ED GOALS

INCREASE THE NUMBER OF

NURSES WITH BACCALAUREATE DEGREES FROM 50% TO 80% BY 2020.



HOW:

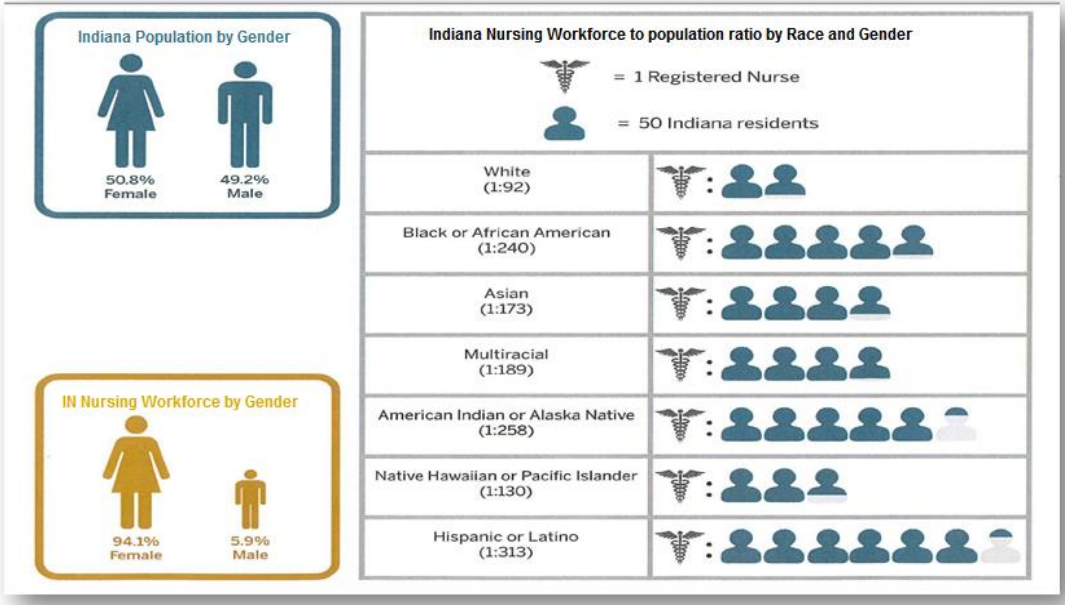
- Tuition reimbursement
- Scholarships and loan forgiveness
- Increase higher ed faculty
- Expand clinical partnerships

DOUBLE THE NUMBER OF

NURSES WITH A DOCTORAL DEGREE BY 2020.

ALTHOUGH 13% OF NURSES hold a graduate degree, fewer than 1 percent (28,369 nurses) have a doctoral degree in nursing or a nursing-related field.

Diversity & Inclusion



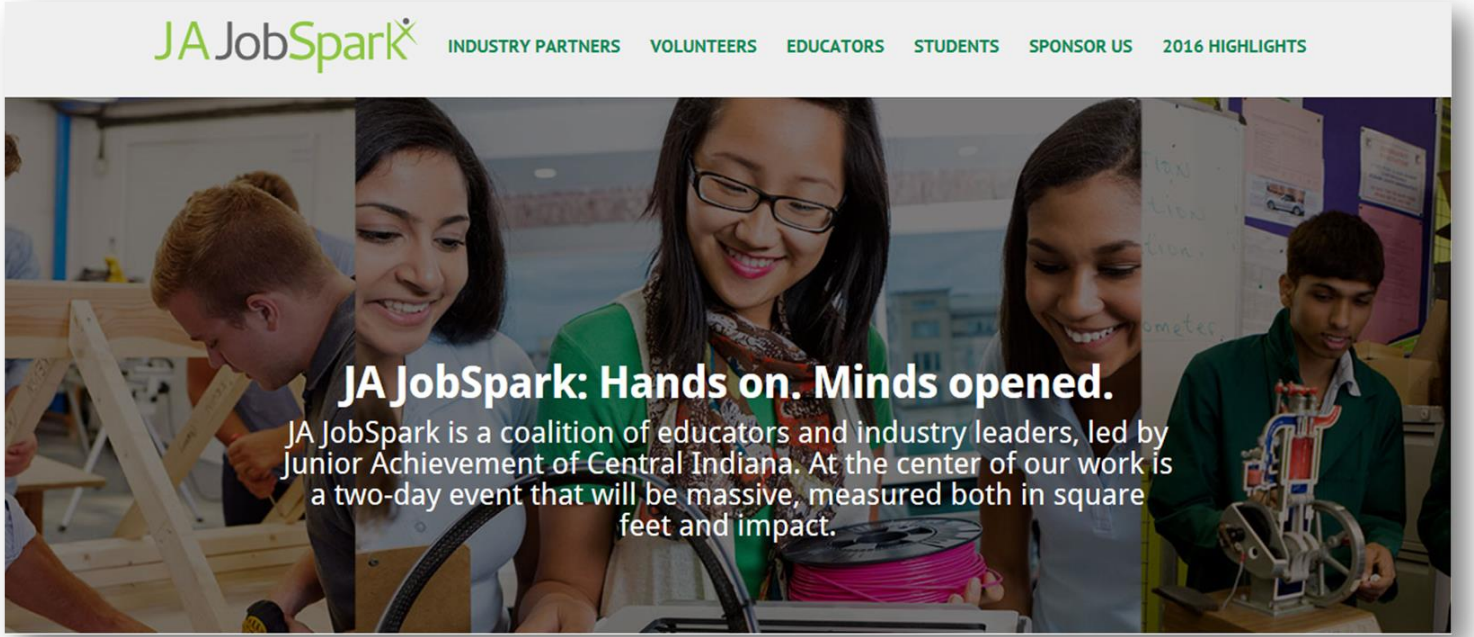
Evolving Roles & Care Delivery

Designing a Workforce Strategy

Elite Nursing Workforce Strategy

Developing the Next Generation

JA JobSpark


JA JobSpark
INDUSTRY PARTNERS
VOLUNTEERS
EDUCATORS
STUDENTS
SPONSOR US
2016 HIGHLIGHTS
JA JobSpark: Hands on. Minds opened.
JA JobSpark is a coalition of educators and industry leaders, led by Junior Achievement of Central Indiana. At the center of our work is a two-day event that will be massive, measured both in square feet and impact.

Ascend

Health Workforce Collaborative
Tuesday June 21, 2017

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Jason Kloth

open jobs **available talent**

By 2020, nearly 1 million Indiana jobs will go **unfilled.**

Meet Marielle.

BA, University of Michigan

3.89 GPA

Proficient in Adobe Creative Suite

President, Delta Gamma

She’s underemployed.

After 22 applications, she heard back from three employers. None offered her a job. She’s currently working part-time at Godiva.

Meet Acme.

800 global employees

Massive YOY growth

Named INC 5000 3 years in a row

Best places to work in Indiana

Competitive salaries and benefits

Staffing isn’t easy.

They have 200 open positions, are deluged with irrelevant applications, and have made talent a top priority for 2017.

Talent

Why?

Employers

Application overload

Misguided job postings

Timing

And it's happening a lot.

Burdensome

Vagueness

Lack of appeal

And some fields face critical talent shortages.

Ascend

Ascend bridges talent and communication gaps by creating connectivity between people and employers.

Ascend Network

Ascend Services

Ascend Network

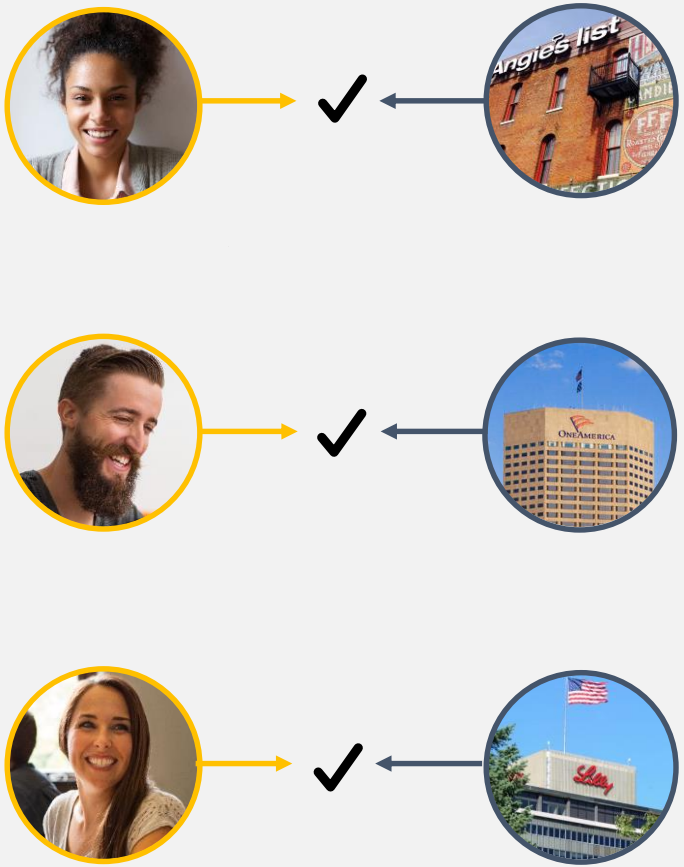
Identify and connect talent.

Our experienced team of recruiters use our next-level **talent network** to match high-achieving prospects with employers.

Employer Profile

Job Seeker Profile

Ascend Pre-Qualification

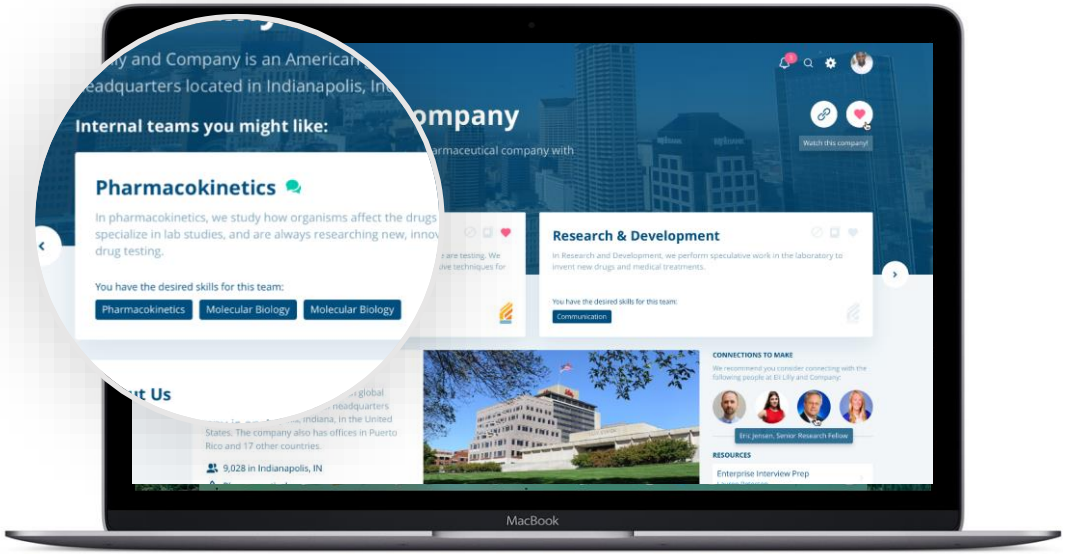


Ascend Network

Employer Profile

Showcase what matters most to top talent.

- Highlight specific teams
- Demonstrate your culture in action
- Display open roles by team and role
- Become a company candidates want to follow and work for

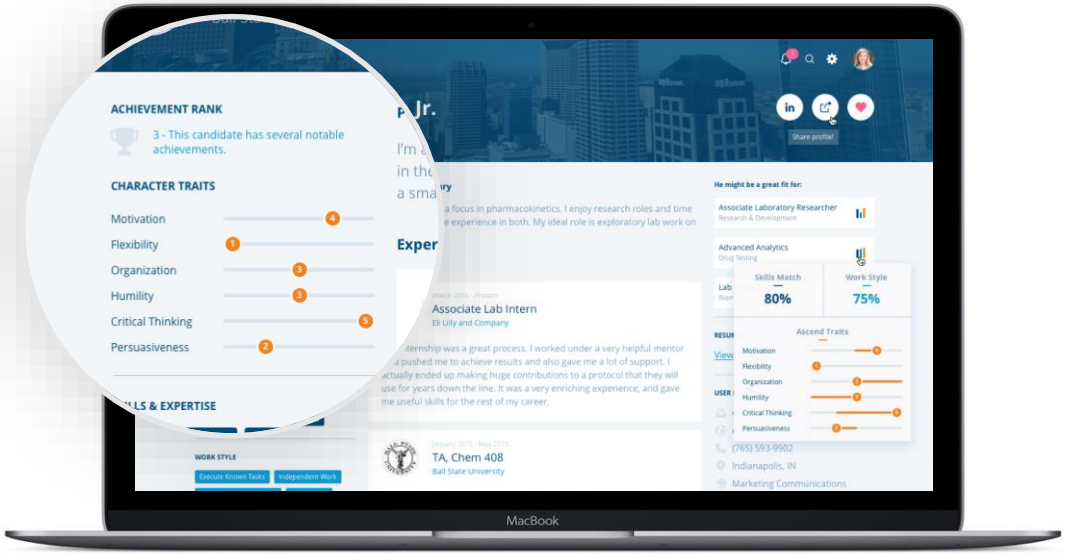


Ascend Network

Job Seeker Profile

Find the right candidate for the job, and the right person for your team.

- Use our matching score to identify the best interview candidates
- View candidate matches by teams and roles
- Access candidate experience, skills, and Ascend's unique view of their strengths

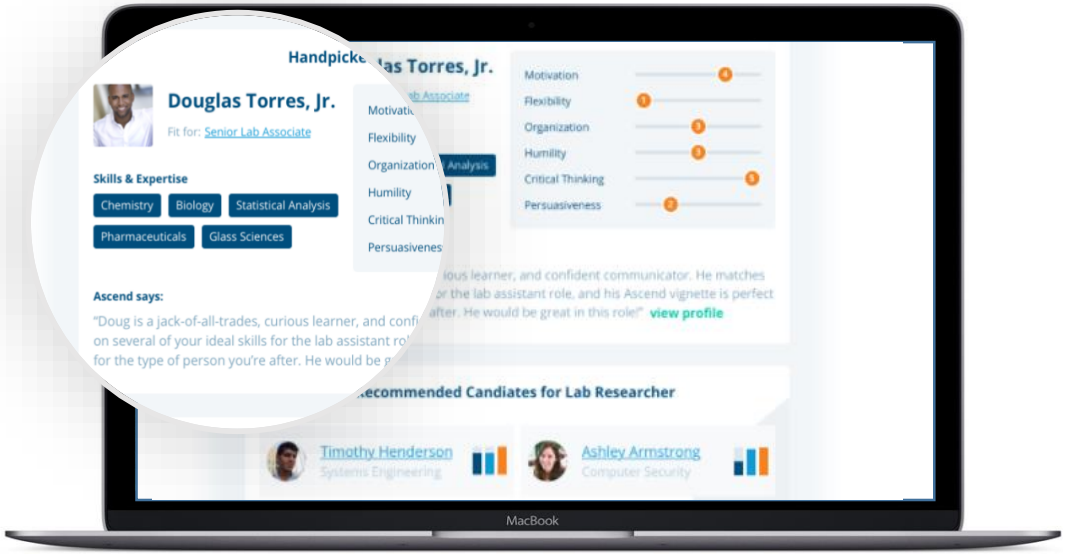


Ascend Network

Ascend Pre-Qualification

Our algorithm analyzes the whole person to ensure the highest quality matches so you don’t waste your time.

- View skills, strengths, notable achievements, and key character traits
- Access candidate highlights and ratings
- Review Ascend recommendations and notes



Employer Benefits

Less time. Better hires. Faster growth.

Increase interview-to-hire conversion rates

Eliminate wasted efforts

Maximize your time

Ensure higher quality matches

Ascend Network

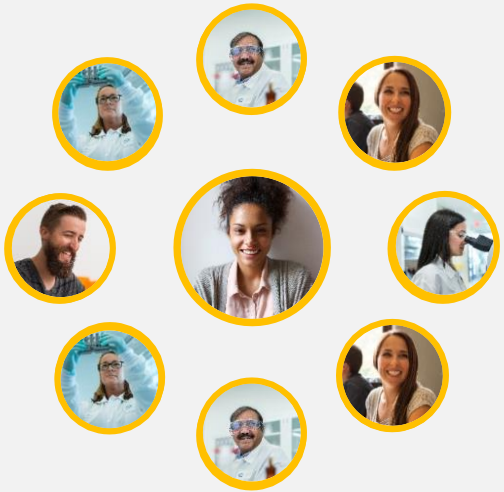
Ascend Services

Ascend Services

Build Talent Pipelines

Ascend’s **strategic consulting services** help high-growth companies identify, evaluate, and secure education partners to build their talent pipeline.

Our custom programs are tailored to your specific needs to ensure the supply is there to fill your demand.



Community Health Network

Problem 1: Nursing Shortage

Indiana and the nation faced a critical nursing shortage.

Solution

Community Health Network (CHNw) Nursing Academy - A unique, scalable education model that creates a work-ready pipeline of talented, highly-educated nurses who initiate and continue their careers at CHNw.

Result

Shortage addressed. CHNw staffed. Students placed.

Community Health Network

Problem 2: Behavioral Health Workforce

Indiana faces a critical shortage of qualified behavioral health professionals to meet increasing demand.

Solution

Creating a scalable education model that generates a work-ready pipeline of highly-educated, SUD experienced, licensed clinical social workers (LCSWs) who initiate and continue their careers at CHNw.

Result

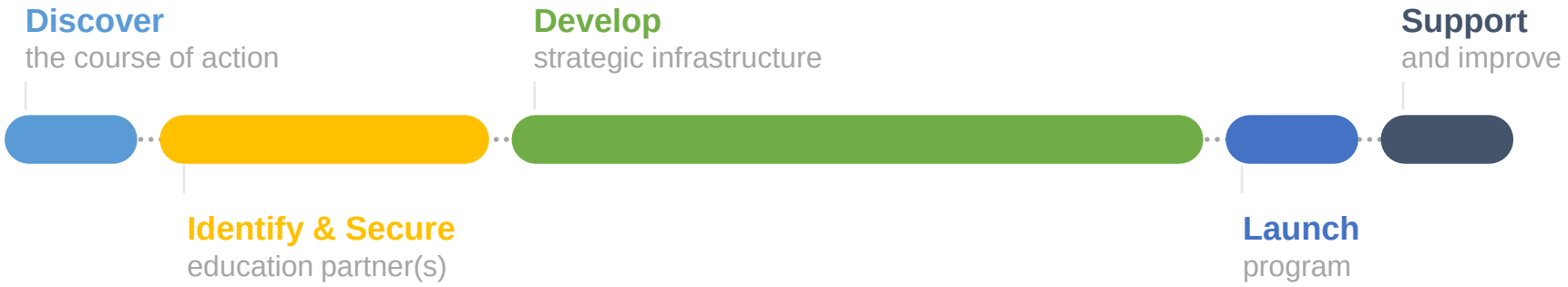
30 - 50 staff providing 3,000 treatment opportunities. Shortage addressed. Opioid epidemic impacted.

Timeline

18 months: completed in September 2018

Our Methodology

As the project lead, our team plans and develops student programs that attract, prepare, and retain.

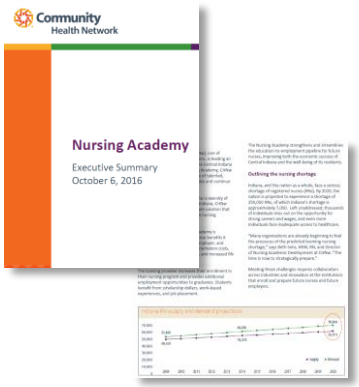


Ascend Services

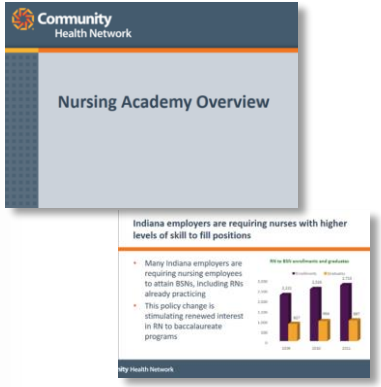
Sample Deliverables

Strategic Plan

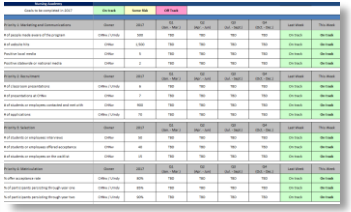
Executive Summary



Overview Presentation



Program Dashboard



Employer Benefits

Intentional investment. Continued growth.

Continuous supply of talent

Decreased orientation costs

Increased retention

Less time spent recruiting

Solidified partner ecosystem

Executive Committee

Mark Hill, Chairman
Managing Partner
Collina Ventures

Patrick Carr
President & CEO
UnitedHealthOne

Scott Davison
President & CEO
OneAmerica Financial Partners, Inc.

J. Mark Howell
COO
Angie's List

Joyce Irwin
President & CEO
Community Healthy Network Foundation

Robert Manuel
President
University of Indianapolis

Richard Giromini
CEO
Wabash National Corporation

David Johnson
President & CEO
CICP

Board Members

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PNC BANK
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Angie's list
IVY TECH COMMUNITY COLLEGE
CICP
United Way
United Way of Central Indiana
BARNES & THORNBURG LLP
AHEC
INDIANA AHEC NETWORK
Bowen Center for Health Workforce Research & Policy
Indiana University School of Medicine

Every Indiana employer has access to the skilled workforce necessary to thrive.

Every Indiana citizen has the opportunity to pursue a meaningful career path.

Education
+ Placement

Talent
+ Jobs

Employers
+ Hires

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