

# INDIANA'S RESPONSE TO COVID-19:

## ENGAGING INDIANA'S HEALTHCARE AND VOLUNTEER RESERVE

BOWEN CENTER FOR HEALTH WORKFORCE RESEARCH AND POLICY // MAY 2021



**RISE UP**



**RESPOND**



**REINFORCE**

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## ACKNOWLEDGEMENTS

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Department of Family Medicine  
Indiana University School of Medicine  
1110 W. Michigan Street, Suite 200  
Indianapolis, IN 46202

### AUTHORED BY

Sierra Vaughn, Health Services Research Analyst  
Courtney Randolph, Health Policy Analyst  
Hannah Maxey, Director

### CONTRIBUTIONS BY

Mykayla Tobin, Research Assistant

### DESIGNED BY

Devan Gannon



**SCHOOL OF MEDICINE**

BOWEN CENTER FOR HEALTH  
WORKFORCE RESEARCH & POLICY

# EXECUTIVE SUMMARY

The novel coronavirus (COVID-19) outbreak has impacted nearly all aspects of society. Many have been impacted by death, illness, temporary closures of businesses, and loss of job or income. Others, from industries essential to maintaining the health well-being of our society, have been asked to continue serving in their important roles regardless of the risks. Some stepped up by volunteering their time and skills in service to others as a part of Indiana's COVID-19 Reserve Workforce.

Indiana's COVID-19 Reserve Workforce was established by the Indiana Department of Health (IDOH) in March of 2020. It is comprised of over 16,000 health professionals and professional healthcare students that answered the Indiana State Health Commissioner's call to "step up and serve" as a part of the state's pandemic response. Many health professionals that signed up for the reserve were already working but indicated willingness to take on additional shifts and in new settings. Some college students in health professions programs opted to graduate early and obtain temporary permits authorized by Governor Holcomb in order to serve on the front lines. And perhaps most notable are the 1,213 retired health professionals who signed up to serve on the front lines.

Unprecedented times require unprecedented solutions. The Bowen Center for Health Workforce Research and Policy assisted IDOH in managing the Reserve Workforce and facilitating requests from organizations with workforce needs. At the end of March of 2020, reservists contact information was sent to Indiana hospitals to support their preparation to respond to the first surge that occurred in early April. Beginning in April and continuing until March of 2021, more than 2,500 reservists were connected to one or more of the 300 requests received from organizations in need of workforce reinforcements.

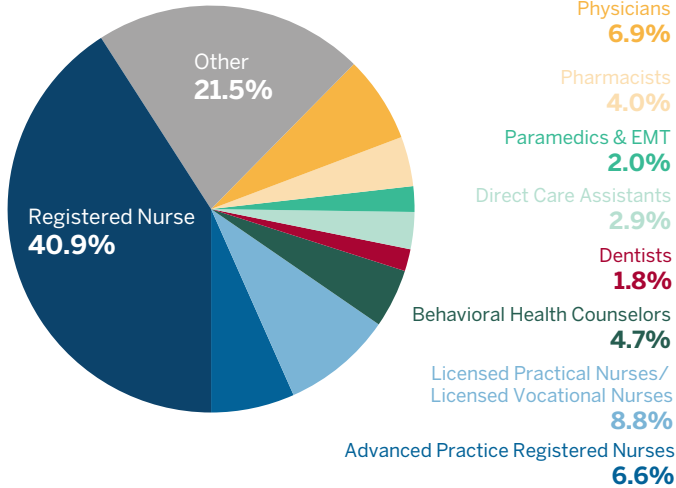
The people that stepped forward to serve on Indiana's COVID-19 Reserve Workforce have been a critical part of the state's response. The following report presents a summary and highlights this unprecedented initiative, these exceptional people, and the areas they contributed.



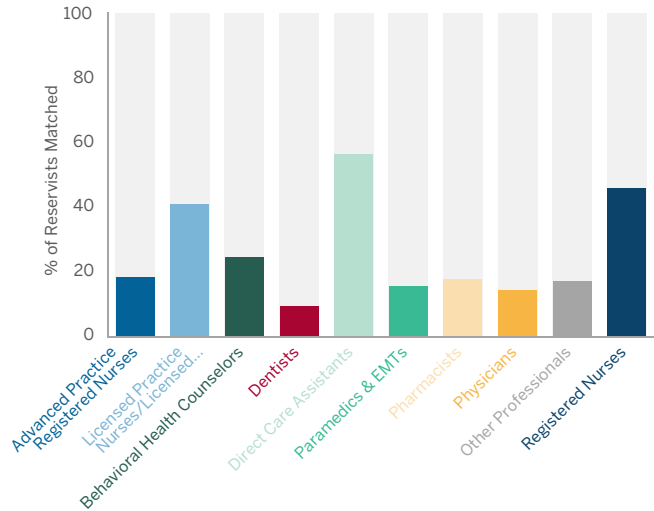
# COVID-19 EXECUTIVE SUMMARY

## Active Health Care Professionals

13,290 Volunteers

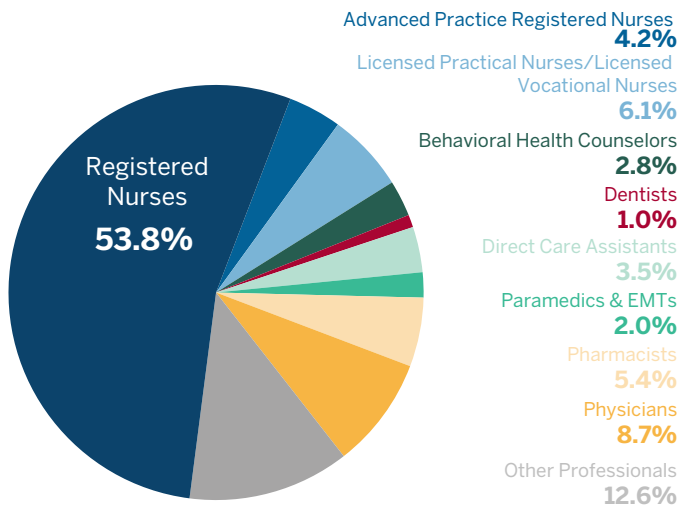


4,136 (31.1%) Matched

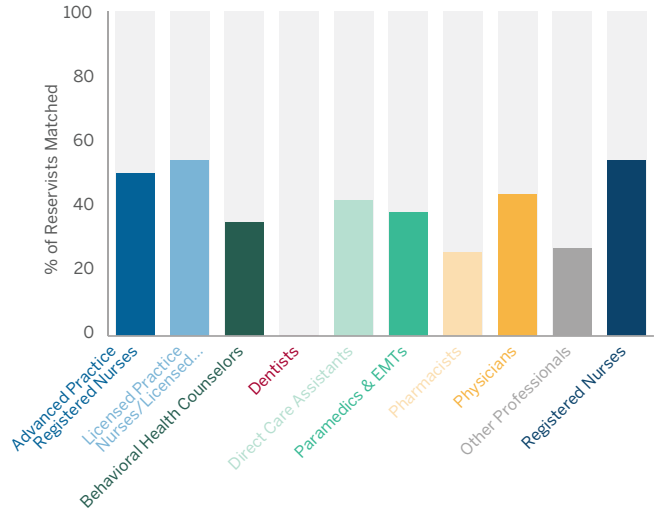


## Retired Health Care Professionals

818 Volunteers

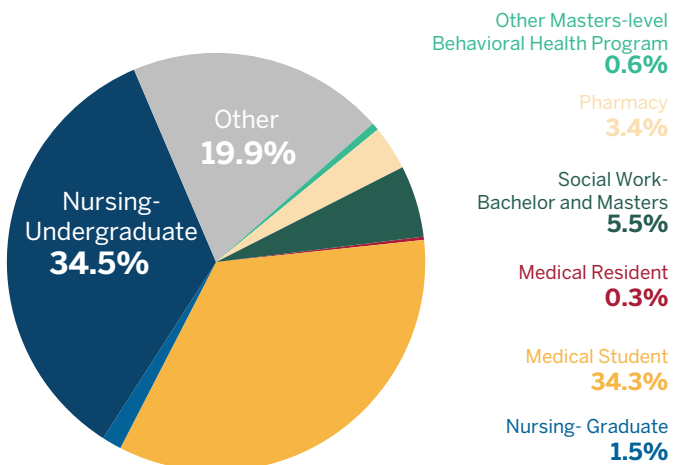


375 (33.6%) Matched

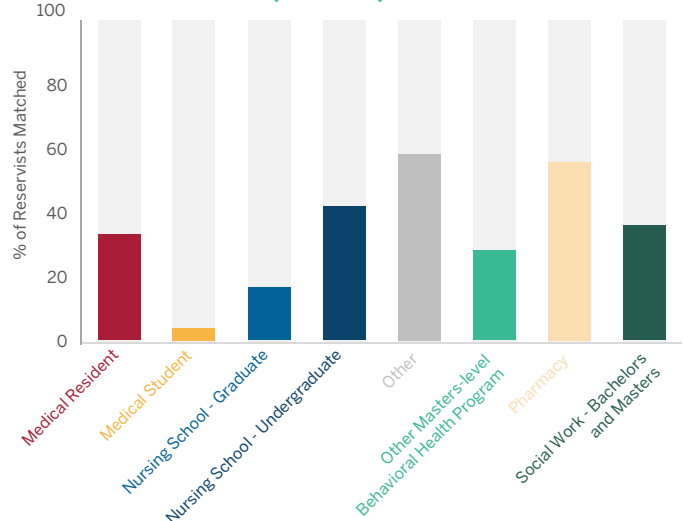


## Health Care Students

1,191 Volunteers



375 (33.6%) Matched



# INTRODUCTION

## BACKGROUND

The novel coronavirus (COVID-19) pandemic has impacted the globe in unprecedented and unexpected ways. Early responses to this quick-moving outbreak – in both the United States and abroad – included widespread shutdowns of businesses and schools as a means of slowing the spread. Additionally, the Centers for Disease Control and Prevention (CDC) published recommendations for social distancing, disinfection procedures and social gatherings.<sup>1</sup> These responses made an acute impact to the global economy that is still felt over a year later. Leaders in the United States were looking for ways to ensure that healthcare systems had the means to respond to increasing demand for acute care and hospitalizations. In fact, many state governors signed executive orders which allowed for healthcare workers to practice at an increased capacity.

In Indiana, the first COVID-19 case was reported March 6<sup>th</sup>, 2020, and from there positive case numbers grew rapidly. At the same time, healthcare facilities throughout the state were facing a growing need for healthcare personnel who could help meet these unexpected demands. Governor Eric Holcomb signed several executive orders authorizing temporary flexibilities focused on increasing health workforce capacity and ensuring continuity of health care services for Hoosiers. These flexibilities, such as reinstatement of licenses for qualifying retired health care professionals, recognition of out of state licenses, and temporary licensure for graduating health professions students, increased the number of healthcare workers who stepped into the fight against COVID-19. These reinforcements were critical to Indiana's response.

### **Governor Holcomb signed a number of executive orders which offered the following flexibilities to the healthcare workforce:**

- Allowing temporary licensure or practice for retirees,<sup>2,3</sup> practitioners with out-of-state licenses,<sup>2</sup> recent graduates of health profession training programs (medical students, medical residents, physician assistants, nursing, respiratory care<sup>2</sup>, and pharmacists<sup>4</sup>
- Suspending continuing education requirements and expanding credit hour limitation to allow for distance learning<sup>5</sup>
- Expansion of telemedicine/telehealth delivery to allow for and reimbursing audio-only telemedicine.<sup>2</sup>
- Expanding telemedicine to include the practice of physical therapists, occupational therapists, speech therapists,<sup>2</sup> and mental health professionals<sup>5</sup>
- Permitting opioid prescribing to established patients under certain conditions<sup>6</sup>
- Allowing prescribers to issue prescriptions (schedule II-V) without in person evaluation if certain criteria are met<sup>2</sup>
- Providing liability protections for the health workforce responding to COVID-19<sup>7</sup>
- Reducing supervisory requirements for: 1) EMS providers providing primary unsupervised patient care as part of emergency response, transports, and facilities with temporary certification/licensure<sup>3</sup>, 2) pharmacy technicians performing clerical, non-dispensing duties.<sup>7</sup>
- Allow APRNs to practice in multiple locations under one collaboration agreement<sup>6</sup>
- Expanding staffing ratios for pharmacists to pharmacy technician ratio from 1:6 to 1:8.<sup>7</sup>
- Creating flexibility in health profession education/training programs certification to accommodate influx of new EMS professionals.<sup>3</sup>

1 More information available at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

2 Indiana Executive Order 20-13, available at: <https://www.in.gov/gov/files/Executive-Order-20-13-Medical-Surge.pdf>

3 Indiana Executive Order 20-19, available at: <https://www.in.gov/gov/files/Executive-Order-20-19-Additional-Directives-to-Manage-Health-Response.pdf>

4 Indiana Executive Order 20-21, available at: <https://www.in.gov/gov/files/Executive%20Order%2020-21%20Additional%20Directives%20Health%20Finance%20Matters.pdf>

5 Indiana Executive Order 20-05, available at: [https://www.in.gov/gov/files/EO\\_20-05.pdf](https://www.in.gov/gov/files/EO_20-05.pdf)

6 Indiana Executive Order 20-12, available at: [https://www.in.gov/gov/files/EO\\_20-12\\_Further\\_Directives\\_Helping\\_Hoosiers.pdf](https://www.in.gov/gov/files/EO_20-12_Further_Directives_Helping_Hoosiers.pdf)

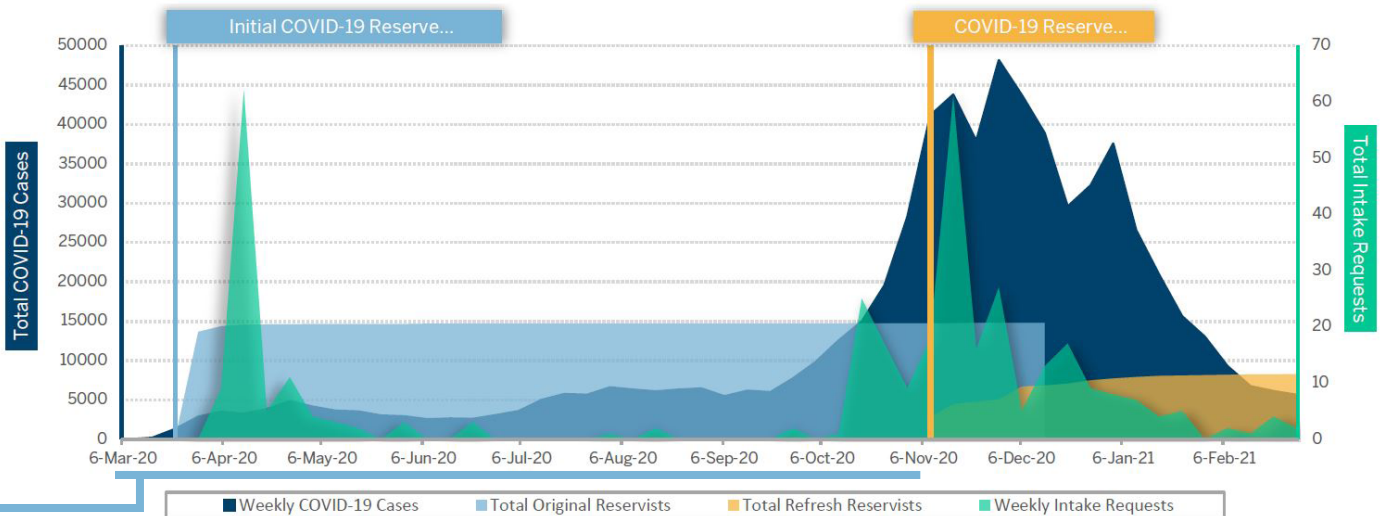
7 ISDH COVID-19 Health Care Liability Guidance, available at: <https://www.coronavirus.in.gov/files/Liability%20Guidance%204.3.20.pdf>



# THE INDIANA COVID-19 RESERVE RESPONSE

## OVERVIEW

Figure 1 below provides a timeline of all the activities that the Bowen Center engaged during the last year of the COVID-19 pandemic – all of this within the context of the positive cases reported in Indiana. The remainder of this section will cover these activities based on two events which marked the management of the Indiana COVID-19 Reserve workforce: initial recruitment for the reserve and the Fall 2020 reserve refresh.



**Note:** The scale for the total intake counts are provided on the secondary axis on the right-hand side of the graph.

## MARCH 2020 – NOVEMBER 2020: THE FIRST WAVE

### SUPPORTING HOSPITAL PREPARATION

In March 2020, IDOH disseminated a “call to action” engaging licensed healthcare professionals and retired healthcare professionals to sign-up as a part of the Indiana COVID-19 Reserve. This dissemination occurred via an email distributed to all licensed healthcare professionals for which the Indiana Professional Licensing Agency (IPLA) maintained contact information. The email communication requested licensees to sign up as reservists by completing a Research Electronic Data Capture (REDCap™) form. This form collected data such as contact information, professional background, skills, availability, and preference for serving. Altogether, around 14,000 reservists responded to initial call-out.

To support the preparation for increased hospital utilization, lists of healthcare professionals who initially signed-up as reservists were provided to hospitals through the state. Altogether, 11,468 reservists (around 82% of the total) were matched to 138 hospitals. See the figure below for the distribution of health care professionals included in this match.

### EXPANDING AND RETAINING THE RESERVE

After matching health care professionals to hospitals throughout Indiana, reservists were asked to periodically update their availability. Overall, 9,387 reservists remained available to serve. Like the total number of initial reservists, more than of the healthcare professionals who were still available were licensed in nursing.

Health care students were also offered opportunity to sign up to the Indiana COVID-19 Reserve. In April 2020, a call-out for students to sign up to the reserve was sent to program directors for several health care programs. Altogether, 943 students signed-up as a student reservist. The largest percentage of this group were medical students (42.83%), followed those in the undergraduate nursing programs (39.45%).



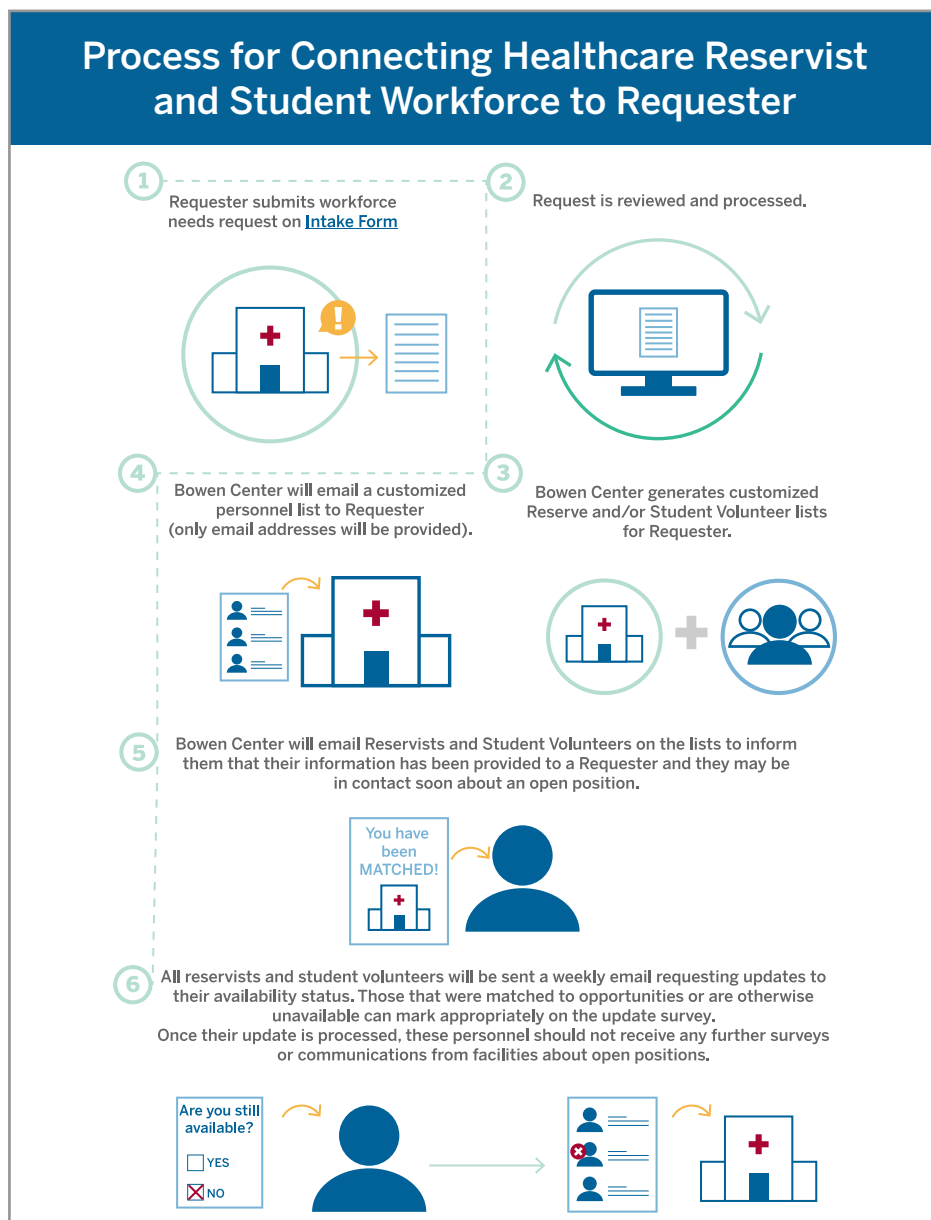
## MANAGING HEALTH WORKFORCE NEEDS

A process was put in place to connect reservists with organizations experiencing urgent workforce needs. An electronic COVID-19 Reserve Workforce Needs Request form was developed and embedded on the State of Indiana Coronavirus website to allow employers to indicate the type of assistance needed. Reservists were matched to Reserve Workforce Needs Requests based on the geographic location and specific needs identified by the requesting organization. A list of reservists who matched to the request was emailed directly to the requesting organizations point of contact to allow the organization to engage with reservists.

## GETTING RESERVISTS TO AREAS OF NEED

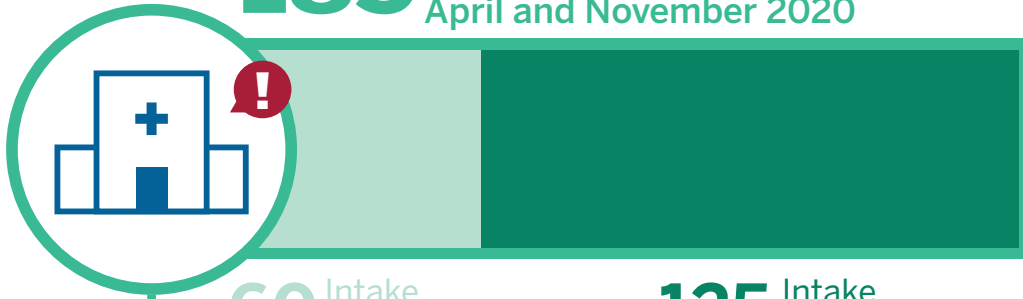
A total of 185 intake requests were submitted between April and November 2020. Of these requests, 60 (32.4%) were determined to be unrelated to COVID-19, non-urgent requests, or duplicate requests and were therefore not filled. Of the requests that were filled, the majority were submitted by extended care facilities (67.57%), Assisted Living/Retirement Communities were the second most common facility type that submitted an intake request (9.73%), followed by hospitals (9.19%).

Of the individuals in the reserve, 2,746 (17.32%) and 426 (43.65%) were matched to healthcare facilities requesting personnel assistance. Of the licensed professionals matched, the majority were RNs (61.69%). Additionally, of the health students matched, more than half were medical students 55.63%, followed by 38.26% who were undergraduate nursing students.

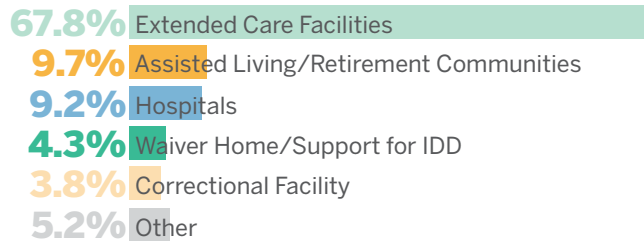


# FIRST WAVE: FACILITY INTAKE REQUESTS

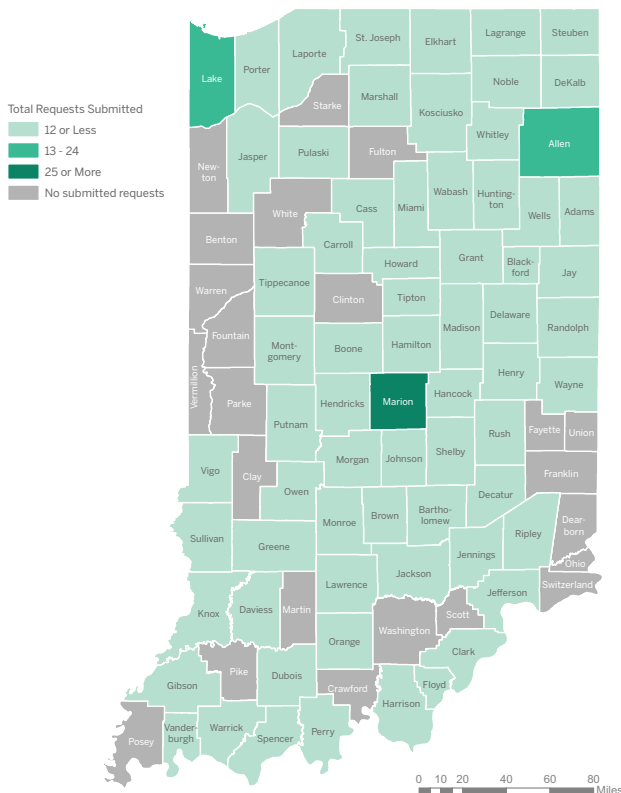
**185** Intake requests submitted between April and November 2020



## Top Locations Requesting Personnel

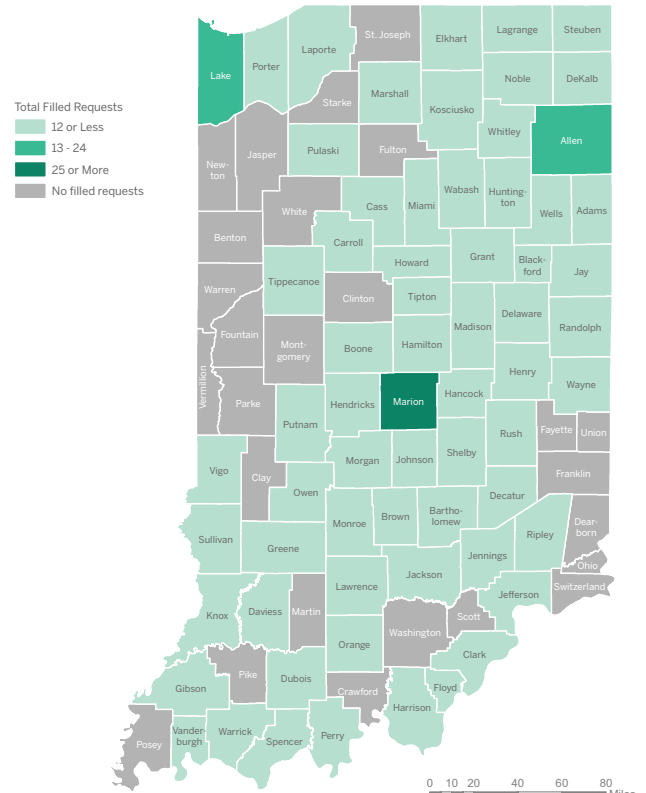


Total Intake Requests Submitted by Facility County Location



Sources: COVID-19 Intake Personnel Request Form Data  
\* Map does not display filled requests that represented multiple counties.

Total Intake Requests Submitted by Facility County Location



Sources: COVID-19 Intake Personnel Request Form Data  
\* Map does not display filled requests that represented multiple counties.



# FIRST WAVE: HEALTH PROFESSIONALS

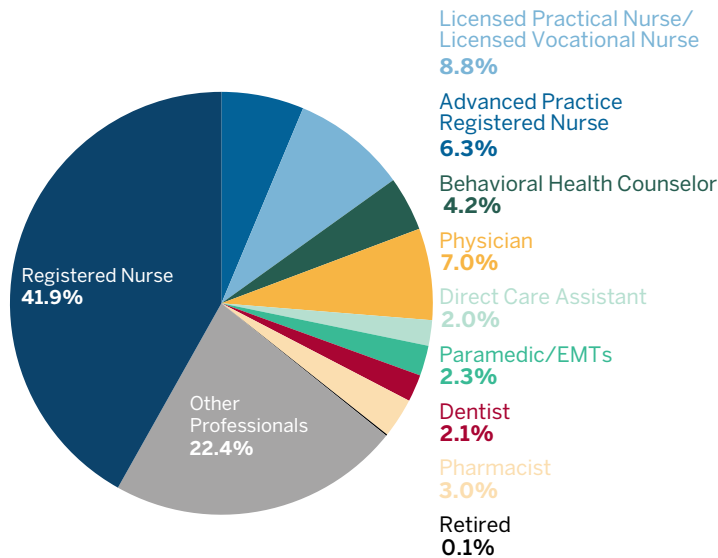


**9,377** Health Professionals  
**24.6% Matched**

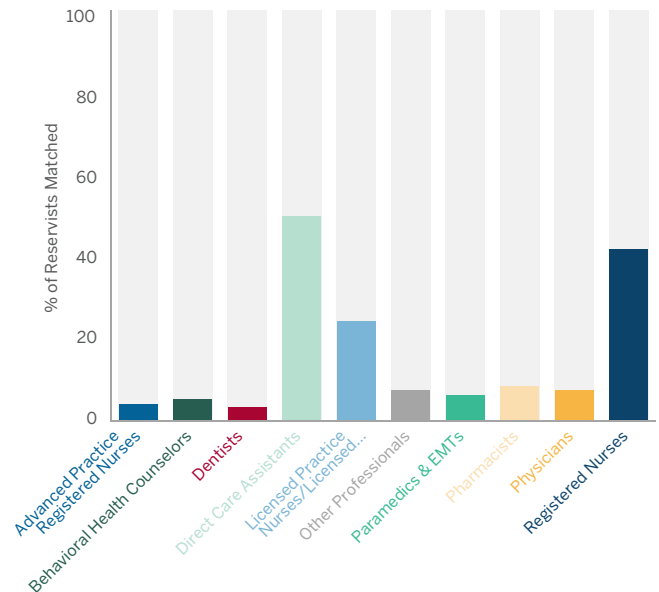
Of the 9,377 health professionals who volunteered, 2,306 were matched to healthcare facilities

## WHO VOLUNTEERED?

HEALTHCARE PROFESSIONALS

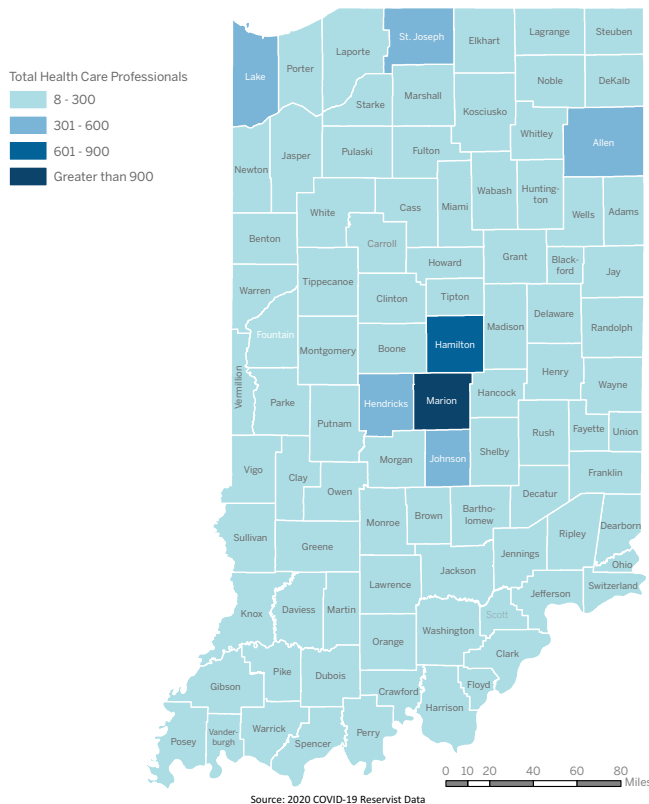


## WHO MATCHED?

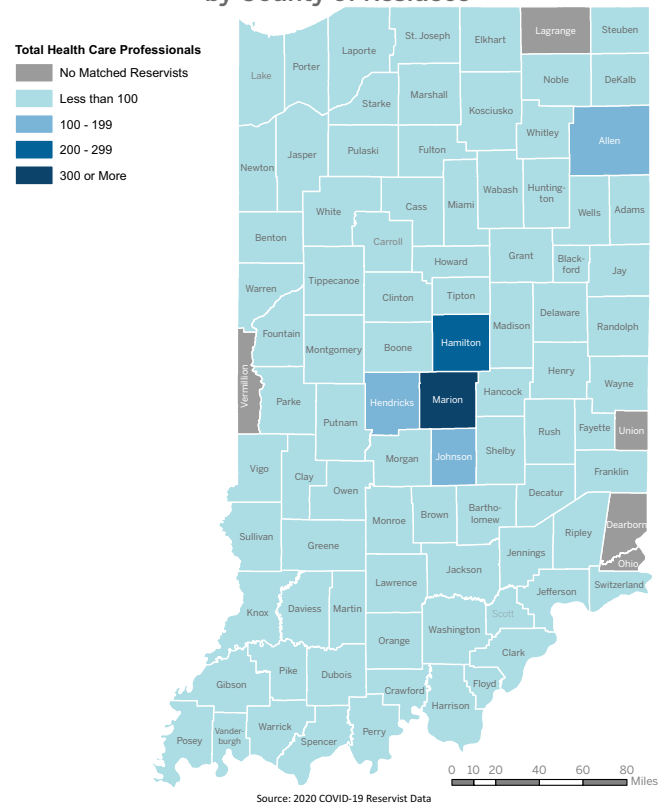


PLACEMENT

## Initial COVID-19 Reservists by County of Residence



## Initial COVID-19 Reservists Matched to Intake Requests by County of Residence



# FIRST WAVE: HEALTHCARE STUDENTS



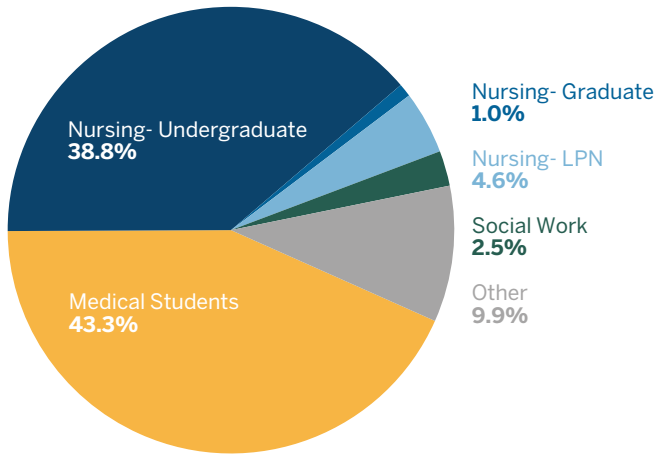
## 940 Healthcare Students

### 45.3% Matched

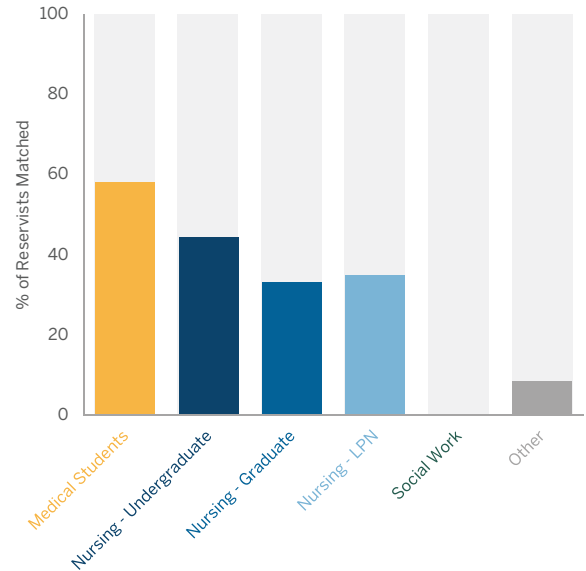
Of the 940 healthcare students who volunteered, 426 were matched to healthcare facilities

## WHO VOLUNTEERED?

HEALTHCARE STUDENTS

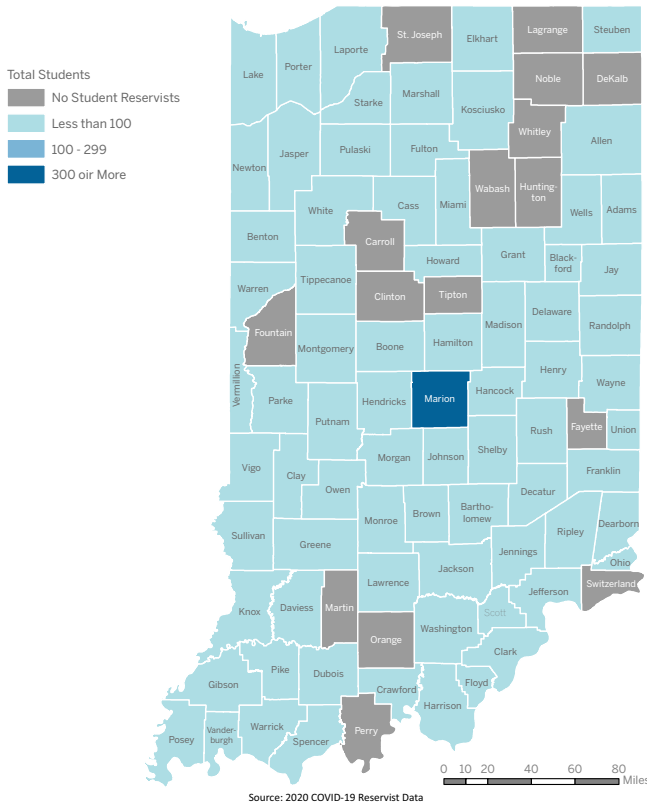


## WHO MATCHED?

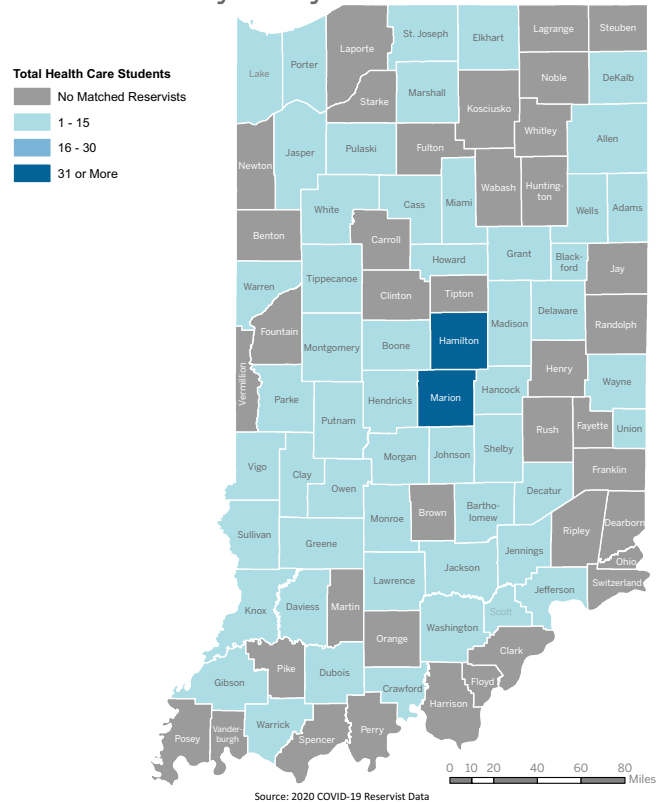


PLACEMENT

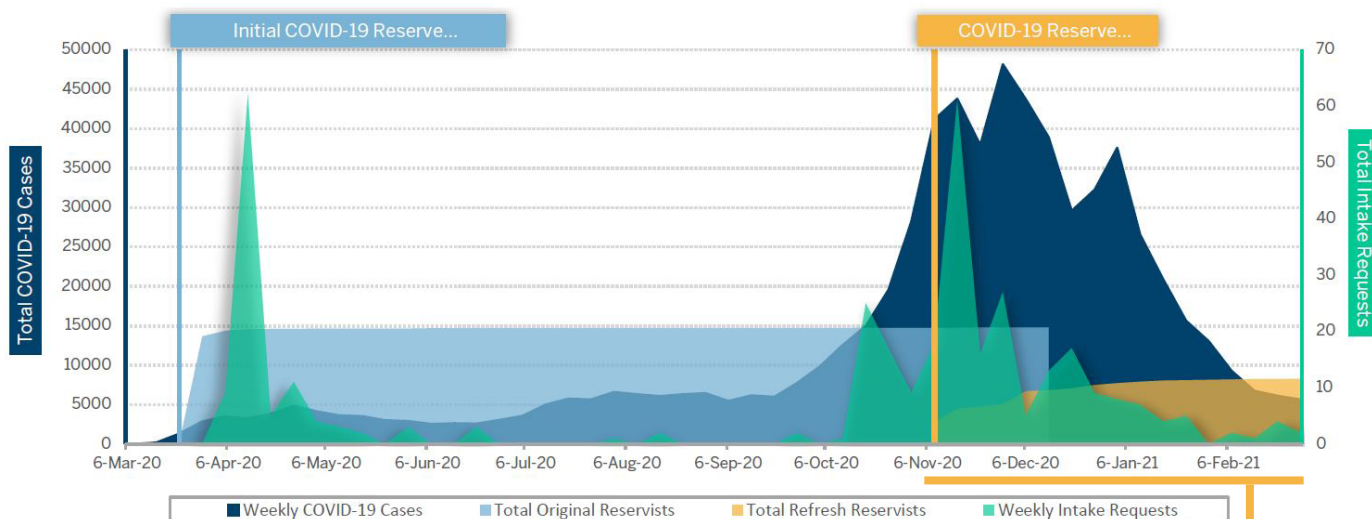
## Initial COVID-19 Reservists by County of Residence



## Initial COVID-19 Reservists Matched to Intake Requests by County of Residence



## NOVEMBER 2020 – MARCH 2021: RESPONSE TO THE SECOND WAVE



**Note:** The scale for the total intake counts are provided on the secondary axis on the right-hand side of the graph.

### COVID-19 WORKFORCE RESERVE REFRESH

In Fall 2020, Indiana was heading into a second surge of COVID-19 cases. In response to this, a refresh of the reserve was conducted in November 2020. This campaign recruited a broader group of individuals beyond health care professions and students (i.e., general volunteers and non-health college students). Periodic updates were requested from reservists, particularly when needing to this includes contact tracers, swabbers, and eligible vaccinators. A total of 8,096 individuals signed up to this refreshed reserve.

During this time, 168 intake requests were submitted. Nearly all ( $n=166$ ) requests were filled, with 2 being determined to be a request unrelated to COVID-19, non-urgent or a duplicate request. Like the previous iteration of requests, nearly two-thirds (67.6%) of requests were submitted by extended care facilities.



**RISE UP**



**RESPOND**



**REINFORCE**

Only 2 needs requests were unable to be filled.

**168** Intake requests submitted between November 2020 and March 2021



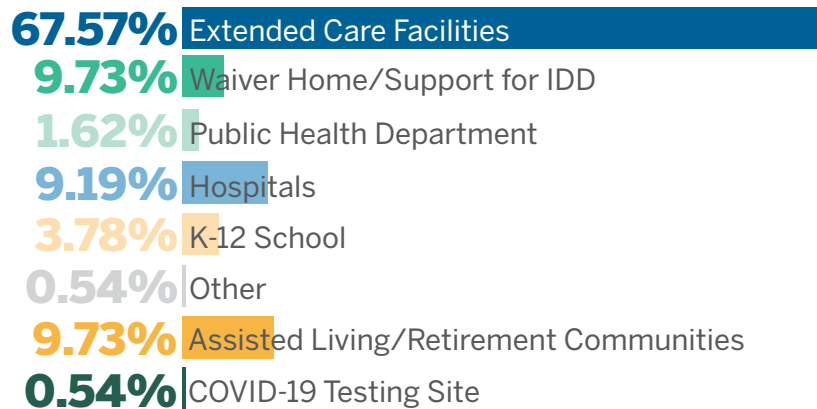
**2** Unrelated Intake requests

were determined to be unrelated to COVID-19, non-urgent requests, or duplicate requests and were therefore not filled.

**166** Urgent Intake requests

were determined to be urgent or emergent, COVID-19 related requests that were matched to reservists.

## Locations Requesting Personnel



## SECOND WAVE: HEALTHCARE PROFESSIONALS



# 4,118 Health Professionals

## 41.23% Matched

Of the 4,118 health professionals who volunteered, 1,698 were matched to healthcare facilities

### WHO VOLUNTEERED?

Physicians  
**5.9%**

Pharmacists  
**5.8%**

Paramedics & EMT  
**1.6%**

Other  
**22.7%**

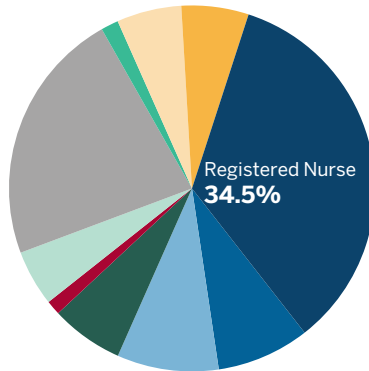
Direct Care Assistants  
**4.9%**

Dentists  
**1.3%**

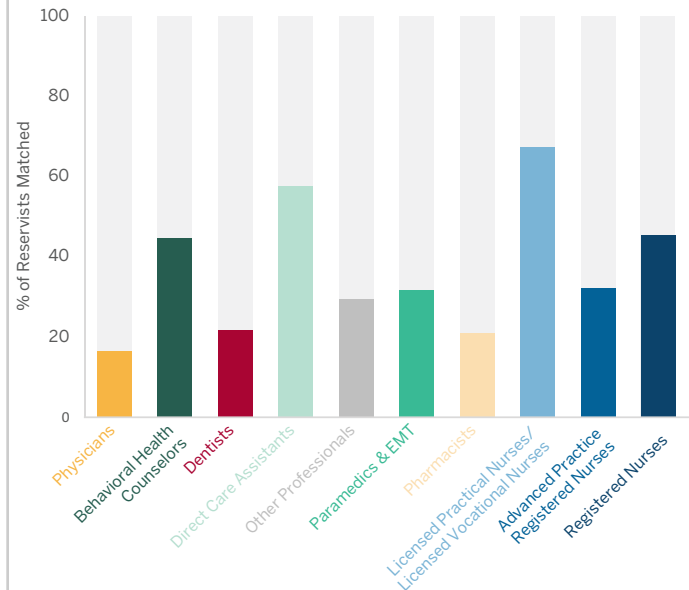
Behavioral Health Counselors  
**6.4%**

Licensed Practical Nurses/  
Licensed Vocational Nurses  
**8.9%**

Advanced practice Registered Nurses  
**8.0%**



### WHO MATCHED?



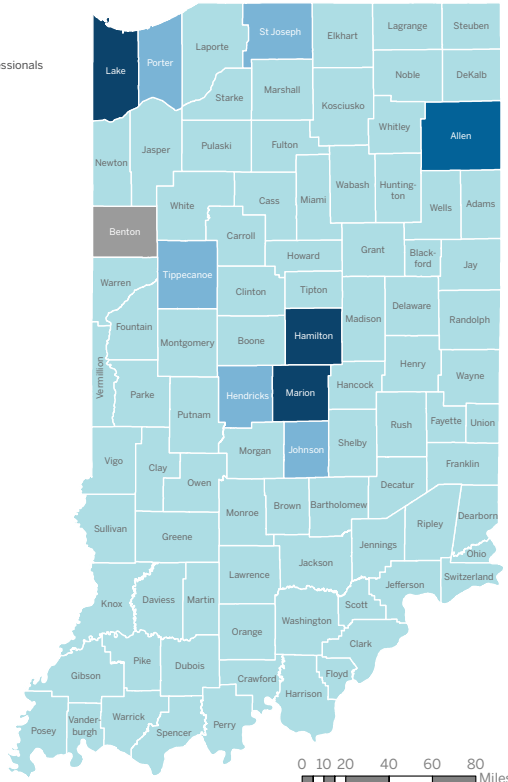
HEALTHCARE PROFESSIONALS

PLACEMENT

### Indiana COVID-19 Refresh Reservists by County of Residence

Total Health Care Professionals

- No Reservists
- Less than 100
- 100 - 199
- 200 - 299
- 300 or More

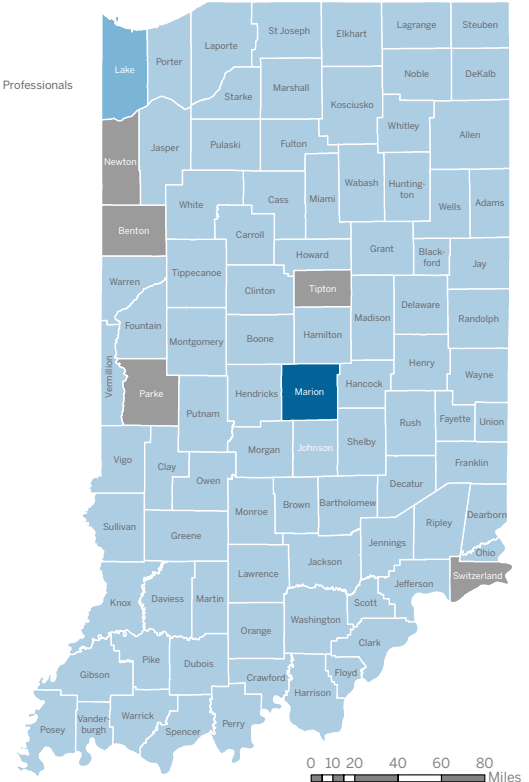


Source: Indiana COVID-19 Refresh Reserve, 2021

### Indiana COVID-19 Refresh Reservists Matched by County of Residence

Matched Health Care Professionals

- 0
- 1 - 124
- 125 - 249
- 250 or More



Source: Indiana COVID-19 Refresh Reserve, 2021

## SECOND WAVE: RETIRED HEALTHCARE PROFESSIONALS

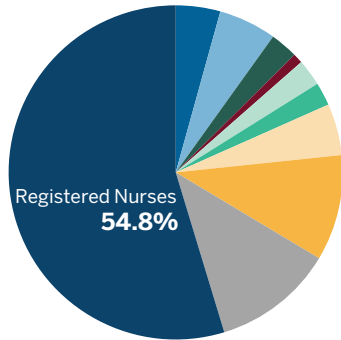


**1,154** Retired Healthcare Professionals

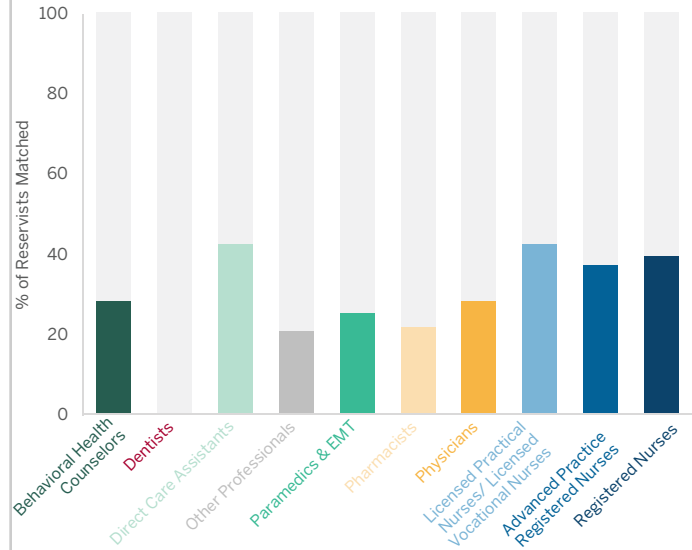
**32.23% Matched**

Of the 1,154 retired healthcare professionals who volunteered, 372 were matched to healthcare facilities

### WHO VOLUNTEERED?



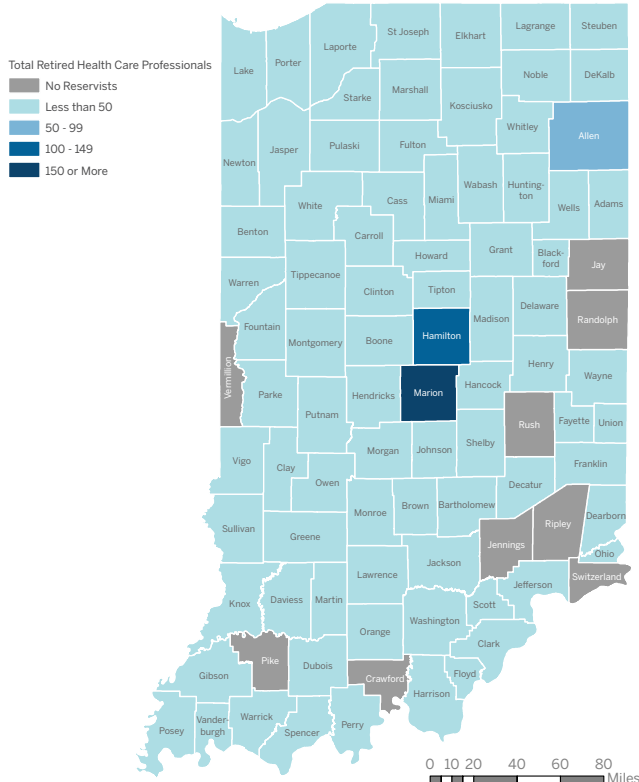
### WHO MATCHED?



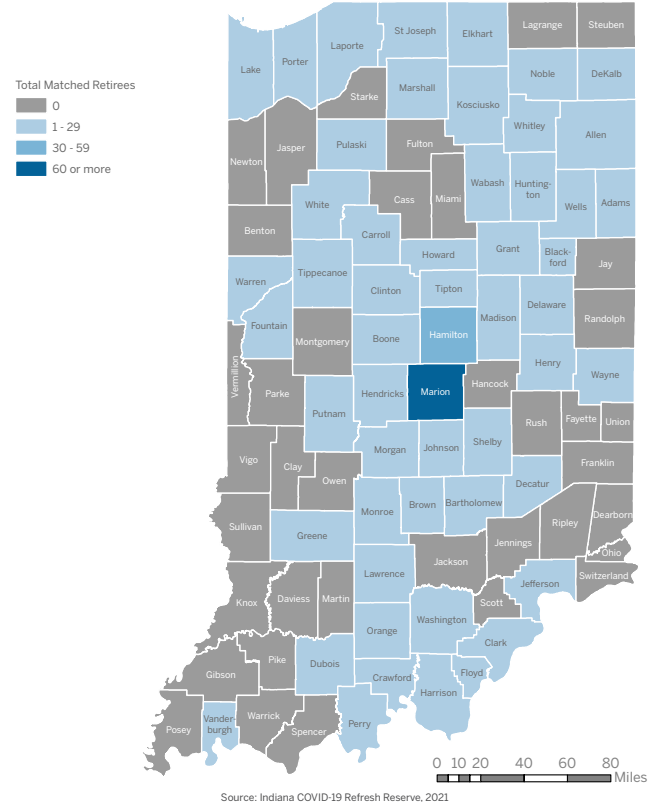
RETIRED HEALTHCARE PROFESSIONALS

PLACEMENT

### Indiana COVID-19 Refresh Reservists by County of Residence



### Indiana COVID-19 Refresh Reservists Matched by County of Residence



## SECOND WAVE: HEALTHCARE STUDENTS



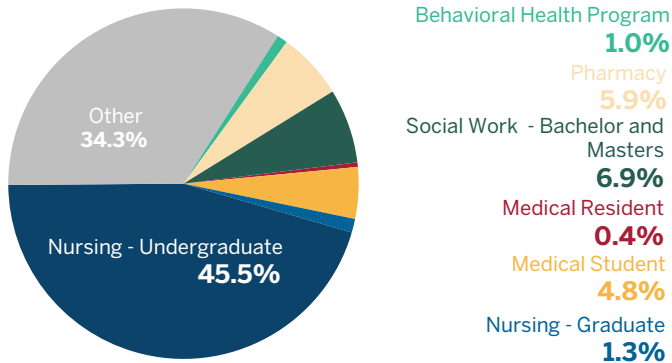
# 712 Healthcare Students

## 46.30% Matched

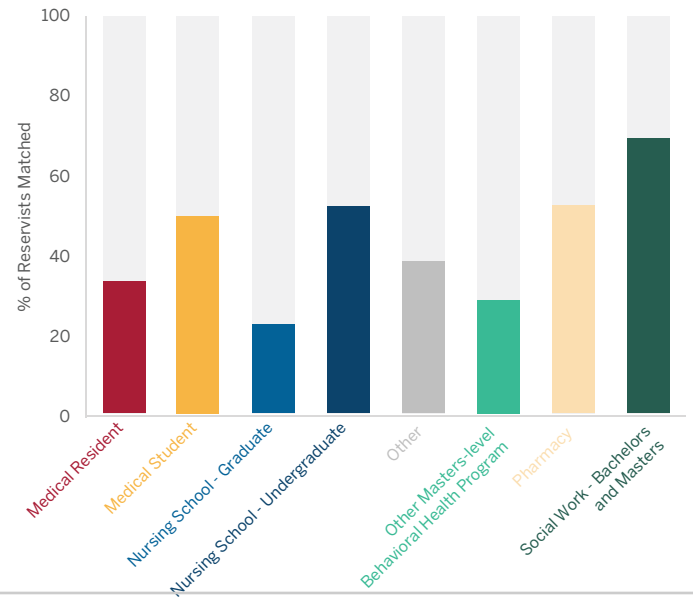
Of the 712 healthcare students who volunteered, 330 were matched to healthcare facilities

### WHO VOLUNTEERED?

HEALTHCARE STUDENTS



### WHO MATCHED?

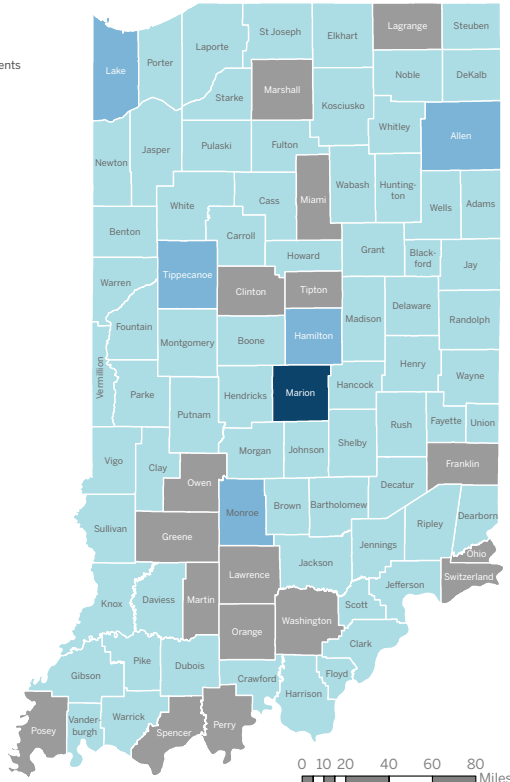


PLACEMENT

### Indiana COVID-19 Refresh Reservists by County of Residence

Total Health Care Students

- No Reservists
- Less than 40
- 40 - 79
- 80 - 119
- 120 or More

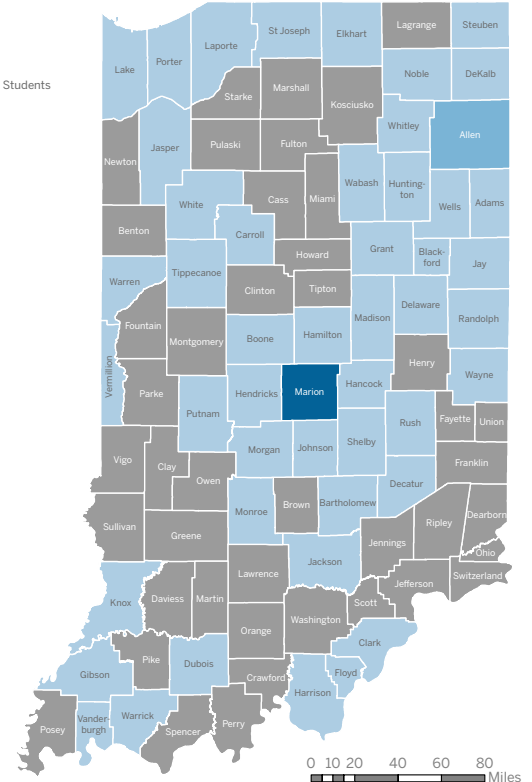


Source: Indiana COVID-19 Refresh Reserve, 2021

### Indiana COVID-19 Refresh Reservists Matched by County of Residence

Matched Health Care Students

- 0
- 1 - 32
- 33 - 65
- 66 or More



Source: Indiana COVID-19 Refresh Reserve, 2021



# LOOKING AHEAD TO A HOPEFUL FUTURE

At the time of the writing of this report – more than one year after the first case in Indiana was reported – the effects of COVID-19 continue to be felt and the health workforce continues to respond. Many of the flexibilities offered for the health workforce related to the pandemic response were coordinated with public health emergency declarations and continue to exist. Now more than ever, it is critical to take time to reflect on and learn from experiences, celebrate successes, and identify opportunities to refine strategies to better prepare future response. This report examines the people and processes that comprised Indiana's COVID-19 Reserve Workforce. The strength of the Hoosier spirit is demonstrated in the fact that more than 16,000 people stepped forward serve in response to COVID-19. The processes of connecting these people to organizations with workforce needs was challenging and continually refined, but ultimately supported many Indiana organizations that serve the most vulnerable among us. In addition to highlighting this approach to addressing workforce needs during the initial waves of the pandemic, it is also worth noting the “lessons learned” that might be considered in future initiatives:

## **During the COVID-19 pandemic, vulnerable populations were hit the hardest.**

While there were many requests for workforce assistance from hospitals, clinics and local health departments focused on COVID-19 testing and vaccinations, the overwhelming majority of requests were submitted by long-term care facilities, residential services. These health care facilities serve many vulnerable populations, such as the elderly and persons with intellectual or developmental disabilities.

Moreover, these facilities are likely to have existing workforce challenges that only exacerbated by public health emergencies. This is something that needs to be considered when political and public health leaders are developing strategies for emergency response. As has been observed during the COVID-19 pandemic, proactive measures are needed for rapidly addressing health care needs for vulnerable populations while also preventing undue strain on the health workforce practicing in these settings.

## **The State of Indiana should proactively invest in a workforce data infrastructure that enables expedited workforce data analyses and communication during public health emergencies.**

One of the greatest contributors to Indiana's successful COVID-19 reserve workforce response was the data infrastructure in place. As a result of the state's investment in the Indiana Health Profession Database, an inventory of all active healthcare licensees was quickly generated. As healthcare professionals signed up to be a part of the Indiana health workforce reserve, their information was matched to their practice specialty, practice location, and other variables as deemed necessary. Using this information, communication could be targeted to only reservists that meet the personnel requirements at the facilities in need. Continued investments in health workforce data infrastructure is critical to ensure continuity of high quality, accessible data on health professionals.

## **Indiana's health care workers were willing to serve in response to the pandemic, but a coordinated health workforce reserve response is critical.**

It was not long after Indiana confirmed its first case of COVID-19 that the state entered into its first COVID-19 surge in cases, hospitalizations, and deaths. When the state initiated a health workforce reserve response, it was done initially by the Indiana State Department of Health in collaboration with the Indiana Professional Licensing Agency. Approximately one month later, the Indiana State Department of Health engaged the Bowen Center for Health Workforce Research & Policy to take ownership over health workforce reserve activities and create a process for submitting and fulfilling personnel intake requests. Empowering a sole owner for health workforce reserve activities enable coordinated communications with reservists and employers, facilitated an expedited response to emergent personnel needs, and enabled one point-of-contact for all inquiries related to reservist activities (for state government, media, etc.).

## **Consider greater permanency for certain health care delivery flexibilities offered during the pandemic that proved beneficial for facilitating quality health care delivery.**

Pandemic response required a number of flexibilities to ensure there was sufficient workforce to respond to personnel needs. Although these flexibilities were initially implemented during a time of emergency, it was determined that some of the provisions facilitated health care without threatening health care outcomes. As such, a number of the provisions offered during the pandemic were under consideration as changes to law during the 2021 legislative session, including: enabling audio-only technology for telehealth delivery,<sup>1</sup> expanding the types of providers eligible to provide telehealth services,<sup>2</sup> and offering civil immunity for health care providers related to COVID-19,<sup>3</sup> and permitting pharmacists<sup>4</sup> and dentists<sup>4</sup> to administer the COVID-19 vaccine, to name a few.

1 Proposed language in 2021 Senate Bill 3, as of latest draft on 4/15/21, available at: <http://iga.in.gov/legislative/2021/bills/senate/3#document-742b0b09>

2 Proposed language in 2021 House Bill 1002, as of latest draft on 4/15/21, available at: <http://iga.in.gov/legislative/2021/bills/house/1002#document-124867ac>

3 Proposed language in 2021 Senate Bill 47, as of latest draft on 4/15/21, available at: <http://iga.in.gov/legislative/2021/bills/senate/47#document-b7038621>

4 2021 House Enrolled Act 1079, available at: <http://iga.in.gov/legislative/2021/bills/house/1079#document-9ec5f396>