

ACCESS TO HEALTH CARE: DEFINING, DESCRIBING, & MITIGATING GAPS

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ACCESS TO CARE: WHAT IS IT?

A complex issue with many associated factors...

- **Availability**

- health care providers, health care services (based on providers or health facilities that offer a service)

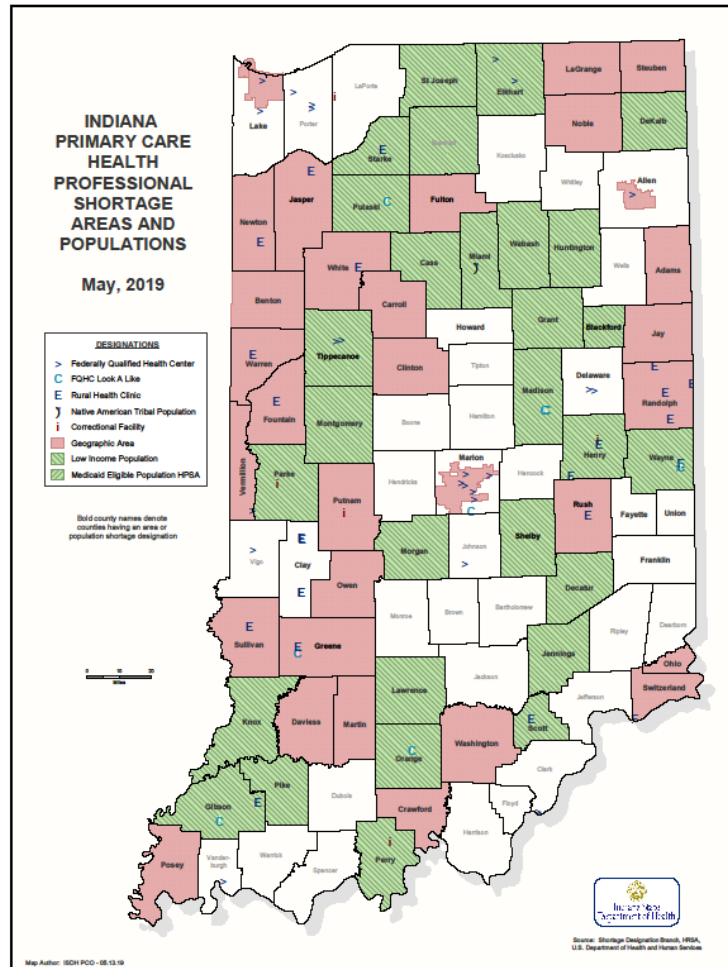
- **Accessibility**

- Social Determinants of Health - factors (insurance status, income, education, transportation, etc.) that impact a persons ability to access available services

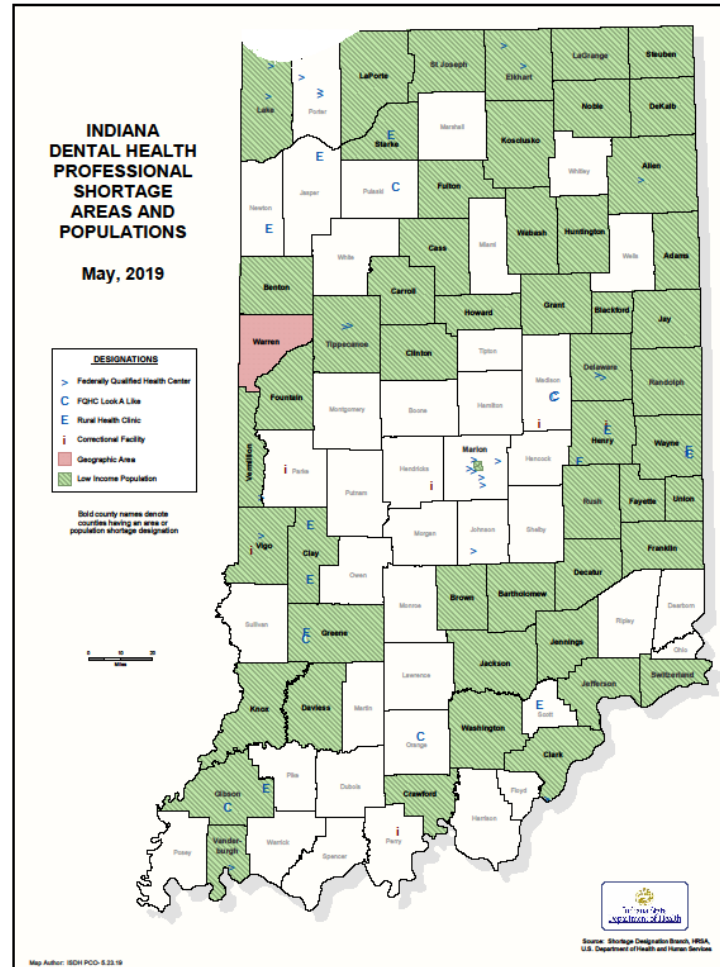


WORKFORCE AVAILABILITY: FEDERAL SHORTAGE AREAS (HPSAS)

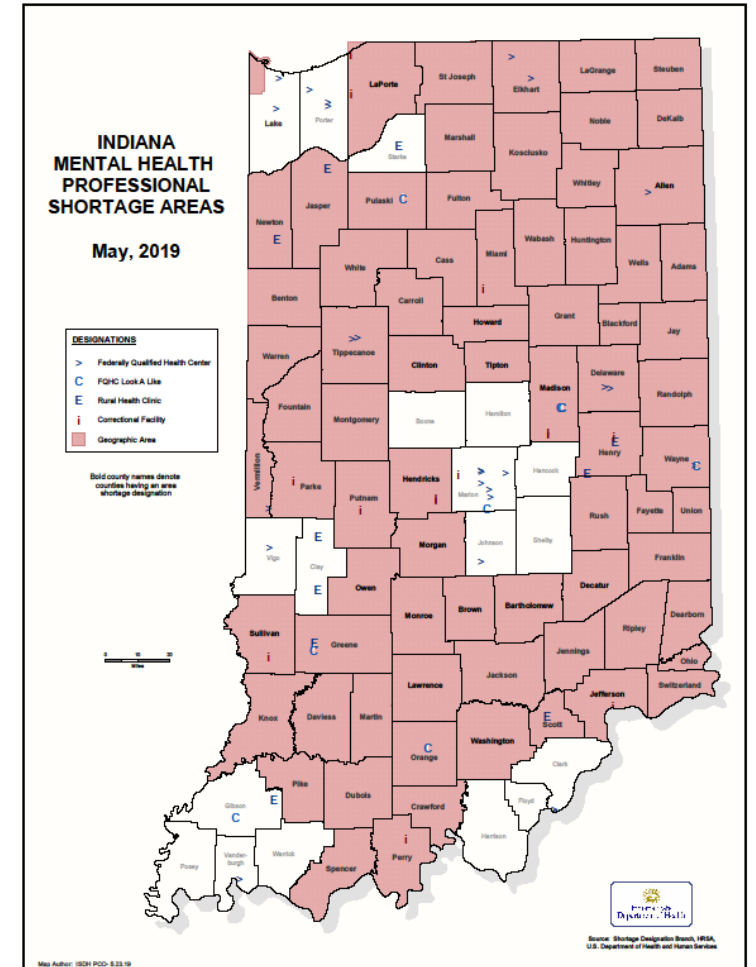
Primary Care



Dental Health



Mental Health



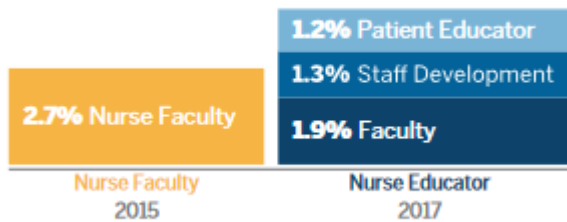
Source: Indiana State Department of Health

WORKFORCE AVAILABILITY: INDIANA SHORTAGES

Service Type

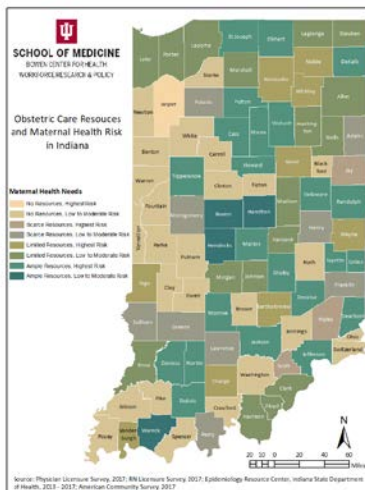
Ex: Nurse Faculty¹

RNs in Education Roles



Source: Data derived from 2015 and 2017 nurse re-licensure survey data, primary work position.

Ex:
Obstetric
Services²



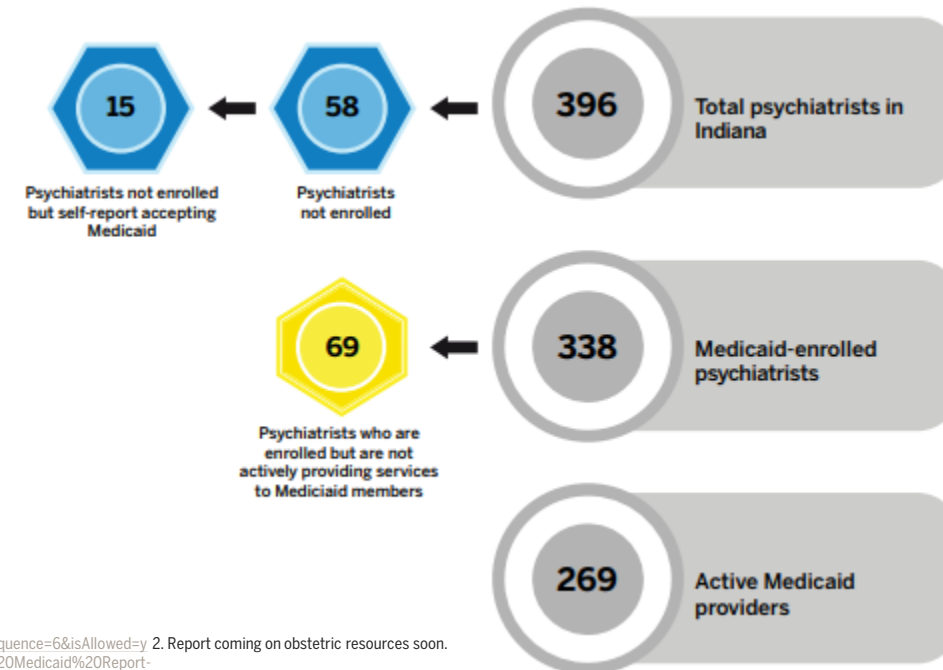
Setting Type

Ex: Long-term Care³

Only 7 Indiana dentists report working in a long-term care setting (of 2,697 Indiana dentists)

Population-specific

Ex: Medicaid providers⁴



Sources: 1. <https://scholarworks.iupui.edu/bitstream/handle/1805/18302/RN%20Fact%20Sheet-FINAL%28revised%29.pdf?sequence=6&isAllowed=y> 2. Report coming on obstetric resources soon. 3. Report on LTC workforce coming soon. 4. https://scholarworks.iupui.edu/bitstream/handle/1805/15012/Bowen%20Center%20Medicaid%20Report-October%202017_Authored%20Version.2.28.19.pdf?sequence=5&isAllowed=y

ACCESS TO CARE: WHAT CAN INDIANA DO TO IMPROVE AVAILABILITY?

Policy strategies frequently target the following. . . .

- Enhance workforce mobility
- Recruit/retain in communities of highest need
- Support new models of health care delivery
- Develop a strategic plan for health workforce development



ACCESS TO CARE STRATEGIES: ENHANCE WORKFORCE MOBILITY

Licensure Compacts

- **Nurse Licensure Compact enacted 2019¹**
- **Other health care compacts available:**
 - EMS Compact (affecting EMTs and Paramedics)²
 - PSYPact (affecting Psychologists)³
 - PT Compact (affecting Physical Therapists and Assistants)⁴
 - Medical Licensure Compact (affecting Physicians)⁵



1. <http://iga.in.gov/legislative/2019/bills/house/1344>
2. <https://www.emscompact.gov/>
3. <https://www.asppb.net/page/PSYPACT>
4. <http://ptcompact.org/>
5. <https://imlcc.org/>



ACCESS TO CARE STRATEGIES: RECRUIT/RETAIN HEALTH PROFESSIONALS

There has been continued interest in loan repayment

- 13 bills put forward over the last 5 years¹

Current recruitment/retention programs “on the books”:

Program	Professions Affected	Administering Agency	Year Authorized in Statute	Status	Citation
Primary Care Physician Loan Forgiveness Program	Primary Care Physicians	Commission for Higher Education (CHE)	2009	Unfunded	IC 21-13-6
Primary Care Shortage Area Scholarship	Primary Care Physicians & Psychiatrists	CHE (distributed to Marian University for student distribution)	2013	Funded at \$2,000,000 annually	IC 21-13-9
Mental Health Loan Repayment Assistance Program	Psychiatrists, Addiction Psychiatrists, Psychologists, Psychiatric RNs, Addiction Counselors, Mental Health Professionals	CHE (and board established for administration)	2009	Unfunded	IC 21-44-6
Dental Recruitment Fund	Dentists, Dental Hygienists	Dental recruitment committee	2009	Unfunded	IC 25-14-5
Health Care Professional Recruitment and Retention Program	Health professionals, as determined by the department	Indiana State Department of Health	2002	Funded through Tobacco Settlement	410 IAC 23

1. HB 1313-2014, HB 1114-2015, HB 1113-2015, SB 496-2015, SB 125-2017, SB 102-2017, SB 290-2017, HB 1135-2017, SB 28-2018, SB 1249-2019, SB 1218-2019, SB 188-2019, HB 1328-2019



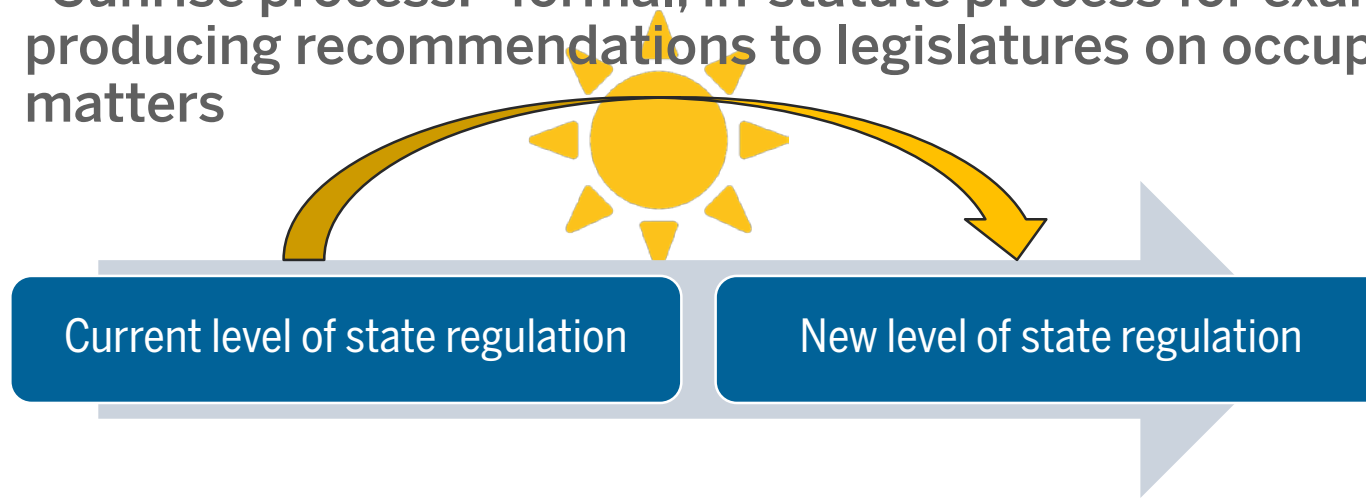
ACCESS TO CARE STRATEGIES: SUPPORT NEW MODELS OF DELIVERY

The Challenge:

- Occupational regulation necessary to protect public safety
- Balancing regulation with individual right to work is challenging
- Health care is highly regulated (and rightly so)
- How do we ensure appropriate level of regulation in a dynamic health system

A Potential Solution:

- “Sunrise process:” formal, in-statute process for examining and producing recommendations to legislatures on occupational regulation matters



ACCESS TO CARE STRATEGIES: HEALTH WORKFORCE DEVELOPMENT STRATEGIC PLAN

- **Knowns:**
 - All Hoosiers require health services.
 - Health care is the most highly regulated and fastest growing sector.
 - It is comprised of a diverse occupations, from entry-level to high-skills (CNA to physician).
 - Health care policy is complex and multi-layered



ACCESS TO CARE STRATEGIES: HEALTH WORKFORCE DEVELOPMENT STRATEGIC PLAN

Major components of a strategic plan that would guide health workforce policy and planning and advance ACCESS TO CARE:

- Mission/Vision statement – Where does Indiana want to be (example: have a robust workforce)?
- Core values – What are our key values (grow our own, retain our talent, foster innovation, etc.)?
- SWOT analysis – What is the current status of Indiana’s health workforce?
- Short/Long-term goals – Where do we want to be in 1, 5, 10, 50 years (example: no more shortages, better access to care measures)?
- Action plan – What activities do we need to accomplish those goals?

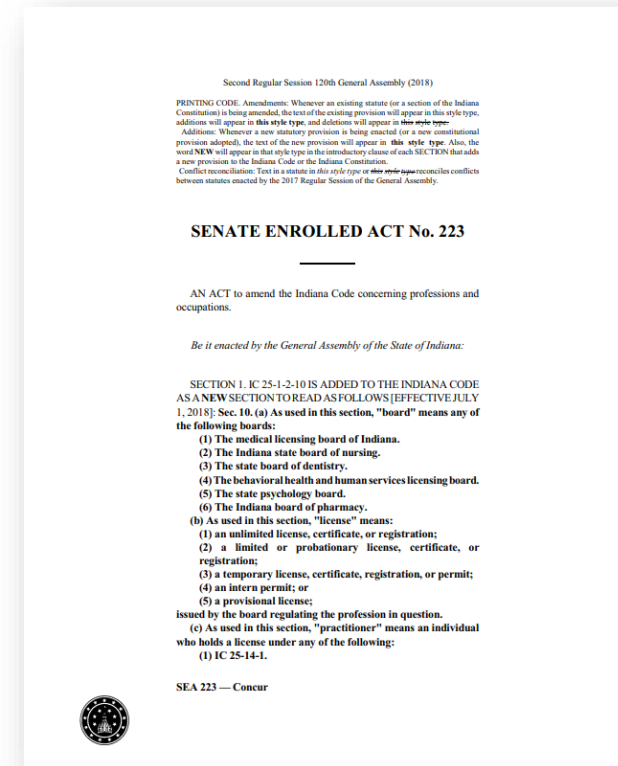
POLICY WINS AND WHAT YOU CAN EXPECT

Indiana Leading the Way:

- Indiana 2018 Senate Enrolled Act 223 has been implemented and will enable Indiana to have a more definitive picture of the “State of the Health Workforce”

Watch for the following reports:

- Aging and Long-term Care Workforce
- Landscape of Obstetric Service Capacity
- State of Indiana’s Health Workforce



QUESTIONS/COMMENTS

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