Why State Health Workforce Research Centers?

by Edward Salsberg, MPA, FAAN

I am very pleased to see the establishment of the Bowen Center for Health Workforce Research & Policy at Indiana University. Having been involved with health workforce policies, planning and data for over 30 years, it is clear that states play a central role in determining the supply and distribution of well-prepared health workers to assure access to high quality health care.

As seen below in Exhibit 1, states have a wide range of responsibilities related to the health workforce. This includes health professions education with about two-thirds of medical and nursing schools in the US being at state universities and colleges and community colleges. Although states have many responsibilities and tools, assuring an adequate supply and distribution can be extremely difficult. There are many diverse stakeholders who often have different views. Getting the key groups to agree on what needs to be done and how to do it is often a major challenge.

A second major challenge is technical. For many health professions, it takes 5-15 years to change the pipeline and many more to significantly change the overall supply. For example, for physicians, it usually takes more than five years to start a new medical school from conception to approval to accepting their first students; and then those students require four years of medical school and at least three years of training. It is very difficult to know what the needs of the state will be in 10 or 15 years. Given changes in medicine, health delivery and financing, making accurate projections so far out is daunting.

As a nation, we rely primarily on the marketplace to assure an adequate supply and distribution of workers, but for the marketplace to work effectively it needs good data and information. Given the number of stakeholders and lead time needed to change the supply, relying on the marketplace alone can lead to major shortages or surpluses and access problems. State health workforce centers, like the Bowen Center, can make a real difference by bringing together key stakeholders, collecting and analyzing data on supply and demand and using that data to identify current and likely future needs. The challenges are great but so are the benefits.

Exhibit 1. State Health Workforce Interests and Roles: Educational Opportunities and Access to Care

- State-supported education and training
- Scholarships and loan repayment
- Licensure and regulation of practitioners
- Regulation of health service facilities
- Access to health care for state residents
- State employee health insurance and Medicaid policies
- Provision of state and local public health services
- State labor department-tracking employment and workforce needs
The Results Are In!

Connor W. Norwood, MHA, and colleagues in the Indiana University Department of Family Medicine recently published an original research article in the Journal of Ambulatory Care Management entitled “Administrative Challenges to the Integration of Oral Health with Primary Care: A SWOT Analysis of Health Care Executives at Federally Qualified Health Centers.” This article identified administrative challenges associated with implementation of oral health integration models in Federally Qualified Health Centers (FQHCs).

From the results of administering a strengths, weaknesses, opportunities, and threats (SWOT) analysis with a focus group of FQHC executives, Norwood et al. concluded that improving upon four of the critical themes identified from the analysis: (1) culture of health care organizations; (2) operations and administration of oral health care services; (3) finance, funding, and reimbursement; and (4) workforce capacity, training, and scope of practice would grant FQHCs the opportunity to realize their mission of providing comprehensive care and promoting total health in underserved patients.

Norwood et al. further concluded that aid at the local, state, and federal levels is needed to nurture and encourage a culture that values oral health, develops sufficient infrastructure, creates a supportive funding environment, and builds workforce capacity.

Read the full article at ncbi.nlm.nih.gov/pubmed/27218701

Evaluation

The Bowen Center recently completed an evaluation for the Indiana Family and Social Services Administration’s Office of Medicaid Policy and Planning (OMPP), for the purpose of informing and enhancing provider recruitment and participation efforts. This report compared Medicaid provider enrollment status with Medicaid claims information to identify providers that were enrolled to serve Medicaid enrollees but did not submit any Medicaid claims in fiscal year 2015. Three provider types were examined: primary care physicians, dentists, and psychiatrists.

The majority of primary care physicians were enrolled Medicaid providers (4,484 of 5,007 total providers). However, there were 890 enrolled primary care physicians that did not submit a claim in fiscal year 2015. Less than half of dentists were enrolled providers (1,326 of 2,982 total dentists) and 242 of the enrolled dentists were not active Medicaid providers. Most of Indiana’s practicing psychiatrists were enrolled Medicaid providers (338 of 396 total psychiatrists). However, there were 69 psychiatrists that did not submit a Medicaid claim. The full report also displays geographic distribution of enrolled and active Medicaid providers by provider type. The results of this report serve to enhance OMPP’s provider activation strategies and understand barriers to Medicaid provider engagement.

Upcoming Events

Mark your calendars! The Bowen Center and Indiana Area Health Education Network (AHEC) are pleased to announce their upcoming 2017 Indiana Health Workforce Summit scheduled for June 20th, 2017 in Indianapolis, Indiana.

The Bowen Center will be partnering with Indiana AHEC to host an interactive joint conference that brings together local, state, and national leaders to present the latest data on Indiana’s health workforce, discuss related initiatives and policies, and serve as a forum to discuss best practices with local and national experts.

This year, the Bowen Center will unveil the online data visualization website which will serve as a key data resource to stakeholders. Make your plans now to attend!

For more information on registration and sponsorship contact the Bowen Center at 317-274-4818 or email bowenctr@iu.edu

A Word From Our Partners

by John N. Williams, DMD, MBA

A recent article in the Journal of the American Dental Association asked the question: Where is Dentistry Going? As dean of the Indiana University School of Dentistry, I ask that question myself frequently as I survey the current landscape of Indiana’s oral health workforce and consider new programs which might improve the oral health of all Hoosiers. Dentistry is in the midst of major changes based in part on the success of our preventive efforts. While the population as a whole is showing improvement, segments of Indiana’s population who lack financial resources do not have access to oral health care.

Dentistry, except for pediatric patients, was excluded as an essential benefit under the ACA, and the Indiana Medicaid program has only a modest adult dental benefit. We need a better understanding of the existing Indiana dental workforce to address these needs. This is how I have become keenly interested in the good work going on at the Bowen Center for Health Workforce Research & Policy.

High quality workforce demographic data is a key element of a plan. Health workforce data has been gathered for several years, but I noticed in the 2016 dental licensure renewal voluntary survey responses that only 58% of Indiana’s licensed DDS and 65% of the dental hygienists met the inclusion criteria. We must do better! In response, I invited Dr. Maxey to join me and author a publication for the Indiana Dental Association making the case for mandatory data collection at the time of re-licensure for both groups. By working with the Bowen Center team, I hope we vastly improve the dentistry workforce datasets and position our state as a leader to answer this question for Indiana: Where is Dentistry Going?


Team Member Spotlight

The Bowen Center welcomes Marnie Baker as its newest team member. As the Program Coordinator, Marnie coordinates the Bowen Center’s projects, its administrative aspects, and serves as the liaison between Bowen and stakeholders.

In her personal life, Marnie is a published author, and is the owner of a publishing company. Although juggling working full time at Bowen, as well as running her own business, Marnie truly loves all that she is doing.

“I believe that gifted to each of us is a dream that lives inside which propels us to reach our fullest measure, and operate to the very best of who we are meant to be.”

John N. Williams, DMD, MBA

Dr. John N. Williams is Professor and Dean, Indiana University School of Dentistry, and a member of the Indiana Dental Association. He maintains academic interests in educational policy, technology and health professions workforce and is a consultant to the IU Bowen Center on Health Workforce Research & Policy.
The Results Are In!

Connor W. Norwood, MHA, and colleagues in the Indiana University Department of Family Medicine recently published an original research article in the Journal of Ambulatory Care Management entitled “Administrative Challenges to the Integration of Oral Health with Primary Care: A SWOT Analysis of Health Care Executives at Federally Qualified Health Centers.” This article identified administrative challenges associated with implementation of oral health integration models in Federally Qualified Health Centers (FQHCs).

From the results of administering a strengths, weaknesses, opportunities, and threats (SWOT) analysis with a focus group of FQHC executive, Norwood et al. concluded that improving upon four of the critical themes identified from the analysis: (1) culture of health care organizations; (2) operations and administration of oral health care services; (3) finance, funding and reimbursement; and (4) workforce capacity, training, and scope of practice would grant FQHCs the opportunity to realize their mission of providing comprehensive care and promoting total health in underserved patients.

Norwood et al. further concluded that aid at the local, state, and federal levels is needed to nurture and encourage a culture that values oral health, develops sufficient infrastructure, creates a supportive funding environment, and builds workforce capacity.

Read the full article at.ncbi.nlm.nih.gov/pubmed/27218701

Evaluation

The Bowen Center recently completed an evaluation for the Indiana Family and Social Services Administration’s Office of Medicaid Policy and Planning (OMPP), for the purpose of informing and enhancing provider recruitment and participation efforts. This report compared Medicaid provider enrollment status with Medicaid claims information to identify providers that were enrolled to serve Medicaid enrollees but did not submit any Medicaid claims in fiscal year 2015. Three provider types were examined: primary care physicians, dentists, and psychiatrists. The majority of primary care physicians were enrolled Medicaid providers (4,484 of 5,007 total providers). However, there were 890 enrolled primary care physicians that did not submit a claim in fiscal year 2015. Less than half of dentists were enrolled providers (1,326 of 2,982 total dentists) and 242 of the enrolled dentists were not active Medicaid providers. Most of Indiana’s practicing psychiatrists were enrolled Medicaid providers (338 of 396 total psychiatrists). However, there were 69 psychiatrists that did not submit a Medicaid claim. The full report also displays geographic distribution of enrolled and active Medicaid providers by provider type. The results of this report serve to enhance OMPP’s provider activation strategies and understand barriers to Medicaid provider engagement.

Upcoming Events

Mark your calendars! The Bowen Center and Indiana Area Health Education Network (AHEC) are pleased to announce their upcoming 2017 Indiana Health Workforce Summit scheduled for June 20th, 2017 in Indianapolis, Indiana.

The Bowen Center will be partnering with Indiana AHEC to host an interactive joint conference that brings together local, state, and national leaders to present the latest data on Indiana’s health workforce, discuss related initiatives and policies, and serves as a forum to discuss best practices with local and national experts.

This year, the Bowen Center will unveil the online data visualization website which will serve as a key data resource to stakeholders. Make your plans now to attend!

For more information on registration and sponsorship contact the Bowen Center at 317-274-4818 or email bowenctr@iu.edu

A Word From Our Partners

by John N. Williams, DMD, MBA

A recent article in the Journal of the American Dental Association asked the question: Where is Dentistry Going? As dean of the Indiana University School of Dentistry, I ask that question myself frequently as I survey the current landscape of Indiana’s oral health workforce and consider new programs which might improve the oral health of all Hoosiers. Dentistry is in the midst of major changes based in part on the success of our preventive efforts. While the population as a whole is showing improvement, segments of Indiana’s population who lack financial resources do not have access to oral health care.

Dentistry, except for pediatric patients, was excluded as an essential benefit under the ACA, and the Indiana Medicaid program has only a modest adult dental benefit. We need a better understanding of the existing Indiana dental workforce to address these needs. This is how I have become keenly interested in the good work going on at the Bowen Center for Health Workforce Research & Policy.

High quality workforce demographic data is a key element of a plan. Health workforce data has been gathered for several years, but I noticed in the 2016 dental licensure renewal voluntary survey responses that only 58% of Indiana’s licensed DDS and 65% of the dental hygienists met the inclusion criteria. We must do better! In response, I invited Dr. Maxey to join me and author a publication for the Indiana Dental Association making the case for mandatory data collection at the time of re-licensure for both groups. By working with the Bowen Center team, I hope we vastly improve the dentist workforce dataset and position our state as a leader to answer this question for Indiana: Where is Dentistry Going?


Team Member Spotlight

The Bowen Center welcomes Marnie Baker as its newest team member. As the Program Coordinator, Marnie coordinates the Bowen Center’s projects, its administrative aspects, and serves as the liaison between Bowen and stakeholders.

In her personal life, Marnie is a published author, and is the owner of a publishing company. Although juggling working full time at Bowen, as well as running her own business, Marnie truly Loves all that she is doing.

“I believe that gifted to each of us is a dream that lives inside which propels us to reach our fullest measure, and operate to the very best of who we are meant to be.”

Research

The dental safety-net is an important source of dental care for low-income and uninsured Americans. Medicaid participating dentists are a key component of the safety-net. Unfortunately, many states struggle with recruiting an adequate number of dentists into their Medicaid programs.

Our current research examines characteristics of Medicaid enrolled dentists which are associated with greater contribution to the dental safety-net. Study data included Medicaid claims counts data and licensure survey data for 1,037 Medicaid enrolled dentists. Medicaid participation was analyzed as a binary and multi-level categorical outcome, based on total number of claims. Less than one-quarter of Medicaid enrolled dentists did not file a claim in FY15. Among those who did, distribution of claims count varied widely from 13% having 50 claims or less to 20.2% having 800 claims or more. Dentists were more likely to have a greater number of claims if they were from racial minority groups; self-reported providing Medicaid dental care for uninsured Americans. Medicaid

John N. Williams, DMD, MBA

Dr. John N. Williams is Professor and Dean, Indiana University School of Dentistry, and a member of the Indiana Dental Association. He maintains academic interests in educational policy, technology and health professions workforce and is a consultant to the IU Bowen Center on Health Workforce Research & Policy.
Philanthropic support helps to advance research in the Bowen Center for Health Workforce Research & Policy and the Department of Family Medicine that will benefit Hoosiers throughout Indiana. Your gift also supports the training of the next generation of physicians who benefit from the expertise of our dedicated faculty.

For additional information about the various ways to give, please contact Joshua Lee at 317.278.2124.

Gifts to the Bowen Center for Health Workforce Research & Policy and the Department of Family Medicine can be made online by clicking the “Gift Giving” tab on the top of the page at family.medicine.iu.edu/hws.

Thank you for making a difference!

---

**How Can We Assist You?**

Looking for data or technical assistance? The Bowen Center for Health Workforce Research & Policy provides stakeholders with critical information on Indiana’s health workforce that can be used for evaluation, original research, and reporting. Contact us today to discuss how we may assist you!

Contact Us

Phone: 317.278.4818 | Email: bowenctr@iu.edu
Website: family.medicine.iu.edu/hws

---

**Inside this Issue**

1. Highlights
2. The Results Are In! Research Evaluation
3. Upcoming Events
   Team Member Spotlight
   A Word from Our Partners
4. How Can We Assist You

---

**Mission**

To improve population health by contributing to informed health workforce policy through data management, community engagement, and original research.

**Vision**

To be an internationally recognized Health Workforce Center engaged in policy, research, and advocacy leading global health system transformation through community collaborations.

**Values**

Community, Excellence, Integrity, Collaboration & Equity

---

**Why State Health Workforce Research Centers?**

by Edward Salsberg, MPA, FAAN

I am very pleased to see the establishment of the Bowen Center for Health Workforce Research & Policy at Indiana University. Having been involved with health workforce policies, planning and data for over 30 years, it is clear that states play a central role in determining the supply and distribution of well-prepared health workers to assure access to high quality health care.

As seen below in Exhibit 1, states have a wide range of responsibilities related to the health workforce. This includes health professions education with about two-thirds of medical and nursing schools in the US being at state universities and colleges and community colleges.

Although states have many responsibilities and tools, assuring an adequate supply and distribution can be extremely difficult. There are many diverse stakeholders who often have different views. Getting the key groups to agree on what needs to be done and how to do it is often a major challenge.

A second major challenge is technical. For many health professions, it takes 5-15 years to change the pipeline and many more to significantly change the overall supply. For example, for physicians, it usually takes more than five years to start a new medical school from conception to approval to accepting their first students; and then those students require four years of medical school and at least three years of training. It is very difficult to know what the needs of the state will be in 10 or 15 years. Given changes in medicine, health delivery and financing, making accurate projections so far out is daunting.

As a nation, we rely primarily on the marketplace to assure an adequate supply and distribution of workers, but for the marketplace to work effectively it needs good data and information. Given the number of stakeholders and lead time needed to change the supply, relying on the marketplace alone can lead to major shortages or surpluses and access problems. State health workforce centers, like the Bowen Center, can make a real difference by bringing together key stakeholders, collecting and analyzing data on supply and demand and using that data to identify current and likely future needs. The challenges are great but so are the benefits.

---

**Exhibit 1. State Health Workforce Interests and Roles:**

<table>
<thead>
<tr>
<th>Educational Opportunities and Access to Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ State-supported education and training</td>
</tr>
<tr>
<td>✓ Scholarships and loan repayment</td>
</tr>
<tr>
<td>✓ Licensure and regulation of practitioners</td>
</tr>
<tr>
<td>✓ Regulation of health service facilities</td>
</tr>
<tr>
<td>✓ Access to health care for state residents</td>
</tr>
<tr>
<td>✓ State employee health insurance and Medicaid policies</td>
</tr>
<tr>
<td>✓ Provision of state and local public health services</td>
</tr>
<tr>
<td>✓ State labor department-tracking employment and workforce needs</td>
</tr>
</tbody>
</table>