



**Indiana**  
**Department**  
**of**  
**Health**



**HEALTH WORKFORCE**  
**COUNCIL**

09/12/2004

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



# Agenda

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## 1:00 pm

- Welcome
- Council Charter
- Exec Advisory Committee Report

## 1:15 pm

- Preceptor Tax Credit Overview
- Governor's Workforce Cabinet Report

## 1:50 pm

- IN High School Redesign & Work-based Learning

## 2:25 pm

- Subcommittee Report

## 2:45 pm

- Bowen Center Project Update

## 2:55 pm

- Closing & Next Steps

# Health Workforce Council

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**Mission:** *To create and lead an integrated and intentional framework for strengthening the health workforce capacity within our state.*

- Coordinate initiatives and leverage existing programs
- Continue to build upon and enhance workforce data and reporting
- Expand recruitment, training, placement, and retention into areas of need
- Identify and collaborate on incentive programs and strategies to target needs
- State Health Workforce Plan, Summer of 2025



**Lindsay Hyer, *Executive Director***  
**Professional Licensing Agency**



**Indiana**  
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# *Preceptor Tax Credits*

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**Hannah L. Maxey, PhD, MPH, RDH**

Assistant Professor, IU Department of Family Medicine  
Director, Bowen Center for Health Workforce Research and Policy



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# *Level Setting*



- *Health care workforce shortages*



- *Training workforce*



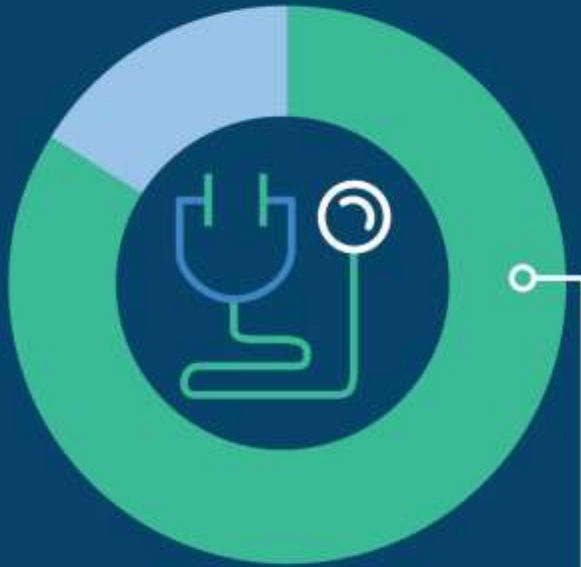
- *Tax credits as an incentive*

- *Discussion*





# Indiana's Health Workforce Shortage



**84%**

**78 COUNTIES**

CONTAIN A PRIMARY  
CARE SHORTAGE  
DESIGNATION



**53%**

**49 COUNTIES**

CONTAIN A DENTAL  
CARE SHORTAGE  
DESIGNATION



**100%**

**ALL 92  
COUNTIES**

CONTAIN A MENTAL  
CARE SHORTAGE  
DESIGNATION



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# *Clinical Training Capacity Impacts Workforce Development*



Academic programs and their graduates rely on community-based professionals to provide clinical training and supervision.

Community-based professionals are involved in clinical training, and supervision is often uncompensated.

Incentives for community-based professionals can be used to recruit and recognize clinical training contributions.



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# *Tax Credits as State Strategies*



## *What are they?*

- A **tax credit** is a dollar-for-dollar amount taxpayers can claim on their tax returns to reduce the income tax they owe.

## *How do they work as a health workforce incentive?*

- State tax credits can be used as an **incentive to recruit, retain or recognize** targeted health workforce priorities.

## *Important considerations:*

- **Budget consumption** due to reduction in state revenue, and they require resources for **administration and evaluation.**






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# State Examples

STATE	AUTHORIZATION MECHANISM	ADMINISTERING ENTITY	FOCUS	AWARD AMOUNTS	STATE AWARD LIMIT/ ESTIMATE
	General Fund <a href="#">HB 22-1005</a>	Department of Revenue	Physicians, advanced practice registered nurses, physician assistants, dentist, registered nurses, psychologists, and more. <a href="#">Complete list here.</a>	\$1,000 per rotation up to \$10,000 a year	\$300,000
	General Fund <a href="#">HB 287</a>	AHEC	Physicians, advanced practice registered nurses, physician assistants	Physicians: Up to \$8,500 per year Nurse practitioners or physician assistants: Up to \$6,375 per year	\$2,200,000
	General Fund <a href="#">SB 43</a>	Department of Health	Primary care-focused physicians, advanced practice registered nurses, pharmacists.	\$1,000 per rotation up to \$5,000 a year	\$1,500,000
	Licensing board fees and general fund <a href="#">SB 411</a>	Department of Health: Office of Population Health Improvement	Physicians, physician assistants, advanced practice registered nurses, registered nurses, licensed practical nurses.	\$1,000 per rotation up to \$10,000 a year	\$100,000
	\$7 increase in licensing fee for physicians and \$3 increase for physician assistants <a href="#">SB 801</a>	Department of Health and Senior Services	Physicians or physician assistants	\$1,000 per rotation up to \$3,000 per year	\$200,000



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# *Discussion:* PERSPECTIVES AND CONSIDERATIONS

THOUGHTS ON TAX CREDITS AS A CONCEPT TO RECRUIT AND RETAIN CLINICAL PRECEPTORS



## IMPACT

Do we anticipate this policy being successful in addressing workforce shortages?



## FEASIBILITY

What resources would this policy require to be implemented?



## ACCEPTABILITY

Does this have a chance of being successful?



## SUSTAINABILITY

How could this policy adapt to future impacts?

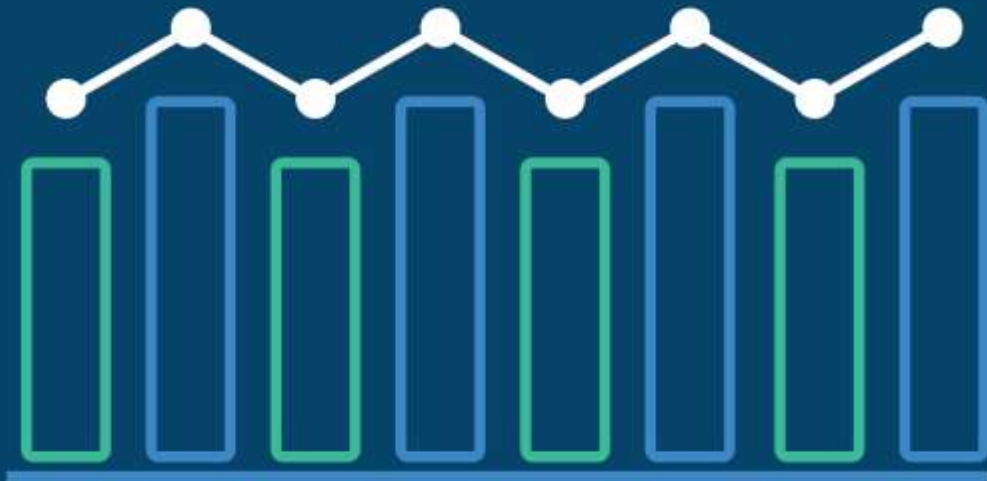


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# Discussion: NEXT STEPS

Is there any **additional research** needed?



Are there any **alternative strategies** that come to mind that could be explored?





# *Thank you*

**FOR MORE INFORMATION:**



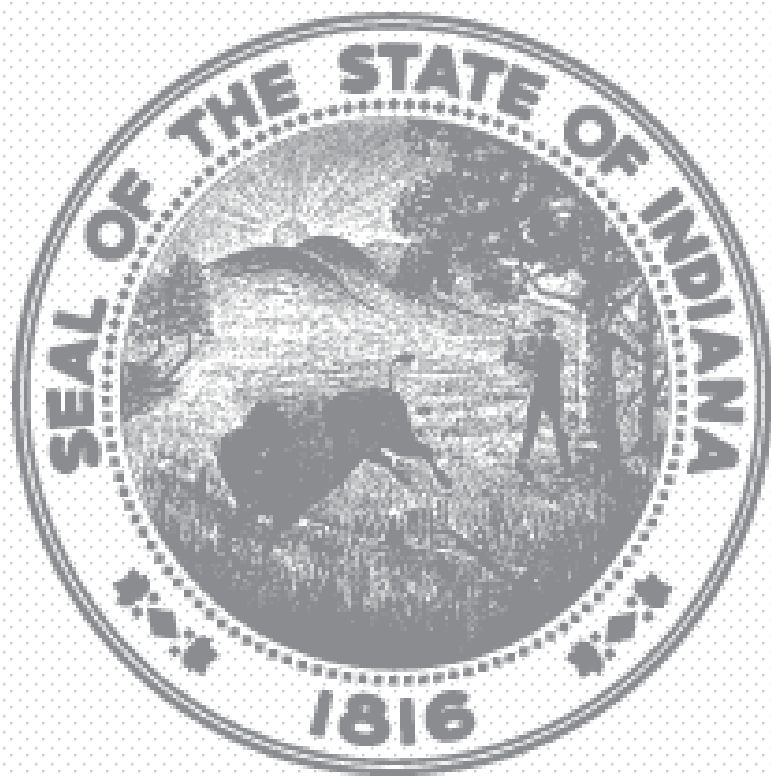
**[bowenportal.org](https://bowenportal.org)**

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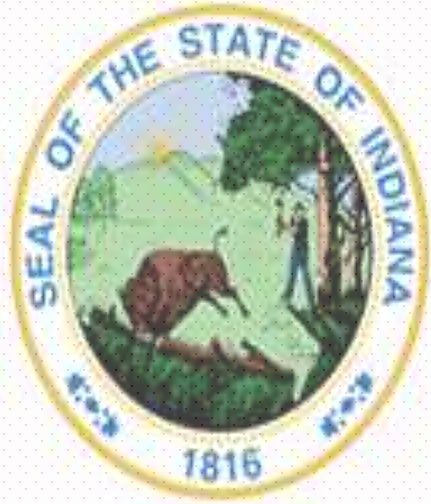
FOR HEALTH WORKFORCE RESEARCH AND POLICY



# GOVERNOR'S **WORKFORCE** CABINET

*Joe Gries, Administrator*  
Vanderburgh Co Health Dept





# INDIANA DEPARTMENT *of* EDUCATION

## Work-Based Learning Opportunities

**Stephen Balko,**

***Director of School Bldg Security***





## Obstetrics Subcommittee



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# Family Med OB Education & Fellowship

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## Memorial Hospital

- One year training experience
- Rotations in labor and delivery, maternal fetal medicine, gynecological and obstetrical surgery, care of the neonate, pediatrics and ultrasound
- Gynecological procedures training experiences
- Family medicine continuity clinic
- Directed reading
- Research project through an online learning management system
- Teaching family medicine residents in clinical settings and with didactics





# **Indiana Medical Education**

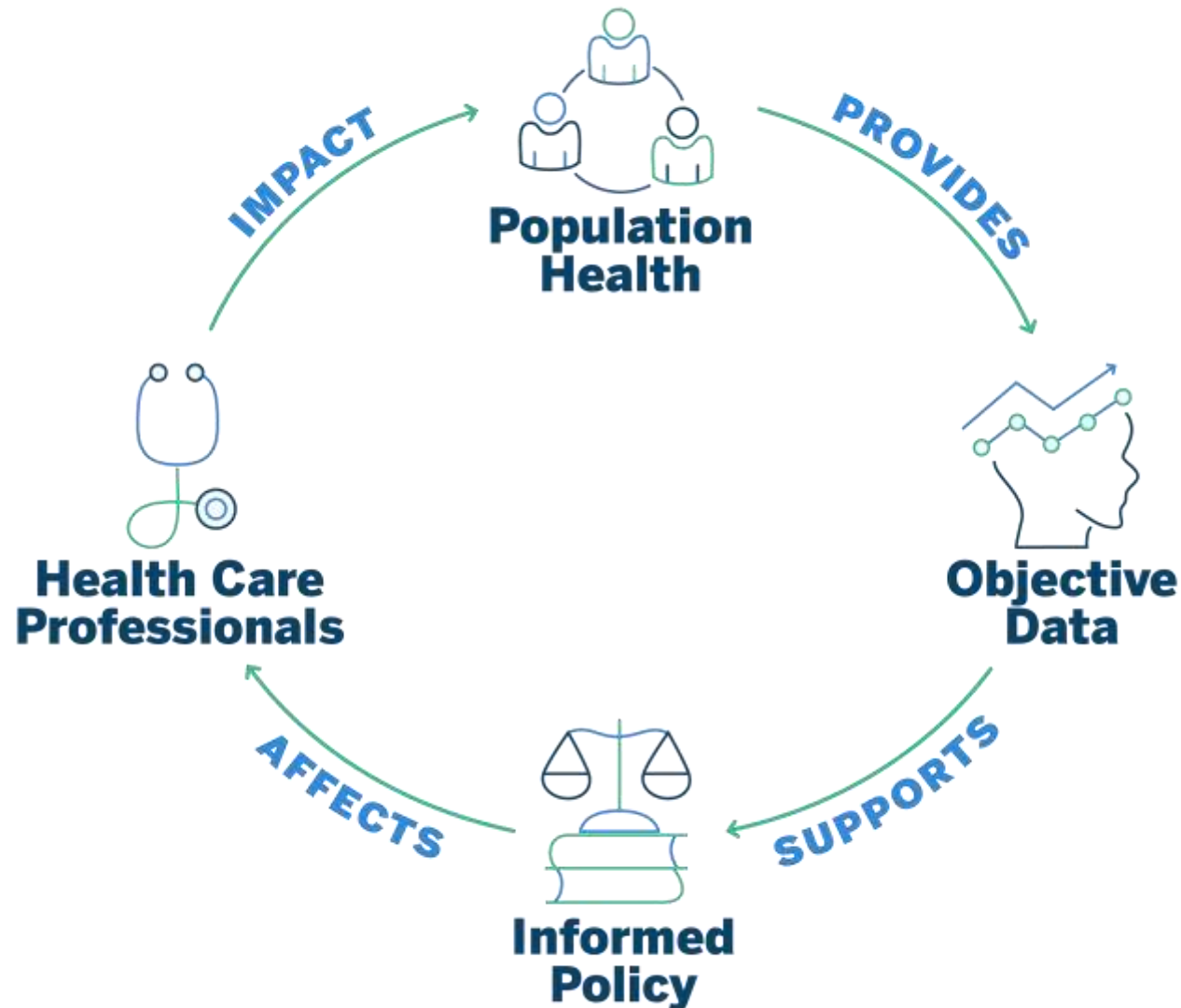
## Pipeline-to-Practice Study

**Sierra X. Vaughn, MPH**

Assistant Director, Data & Research



# Bowen Center for Health Workforce Research & Policy



## Data Stewardship

- Cradle-to-grave support for Indiana state health workforce data

## Policy Expertise

- Governor-appointed workforce expert on state health initiatives
- Policy analyses

## Service & Research

- Programmatic evaluation
- Workforce assessments



# Bowen Center Impacts



**Workforce Assessments**



**Public/Population Health**

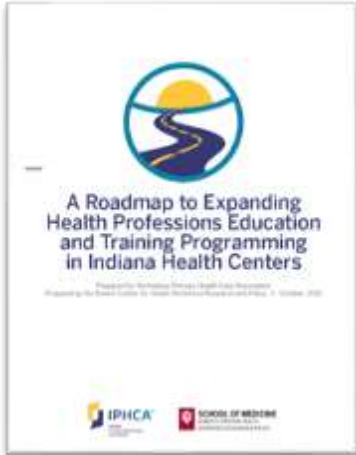


**Employer-based Training Strategies**

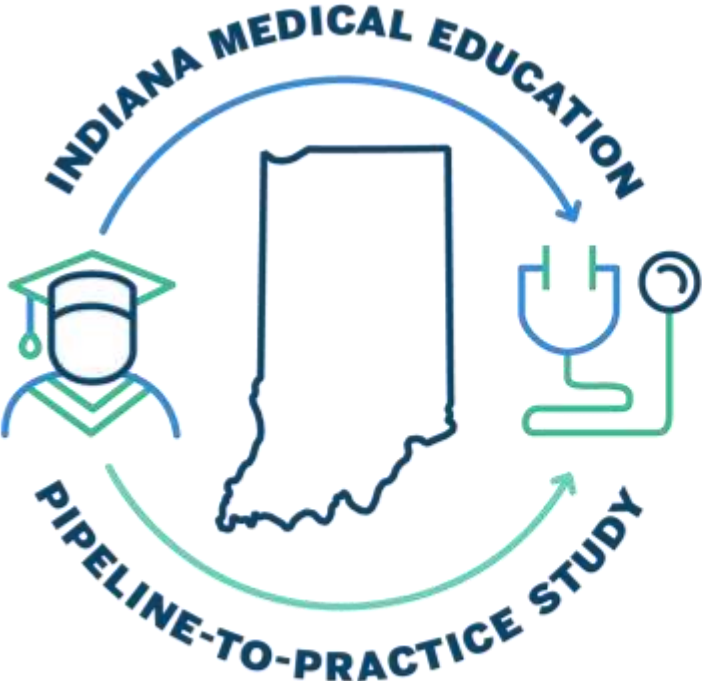


**Regulation and Education Policies**

## Examples:



# Study Overview



## IN-STATE RETENTION FOCUS AREAS

SCHOOL RESIDENCY PRACTICE

## MEDICAL SPECIALTIES INCLUDED IN STUDY

OB/GYN FAMILY PEDIATRICS

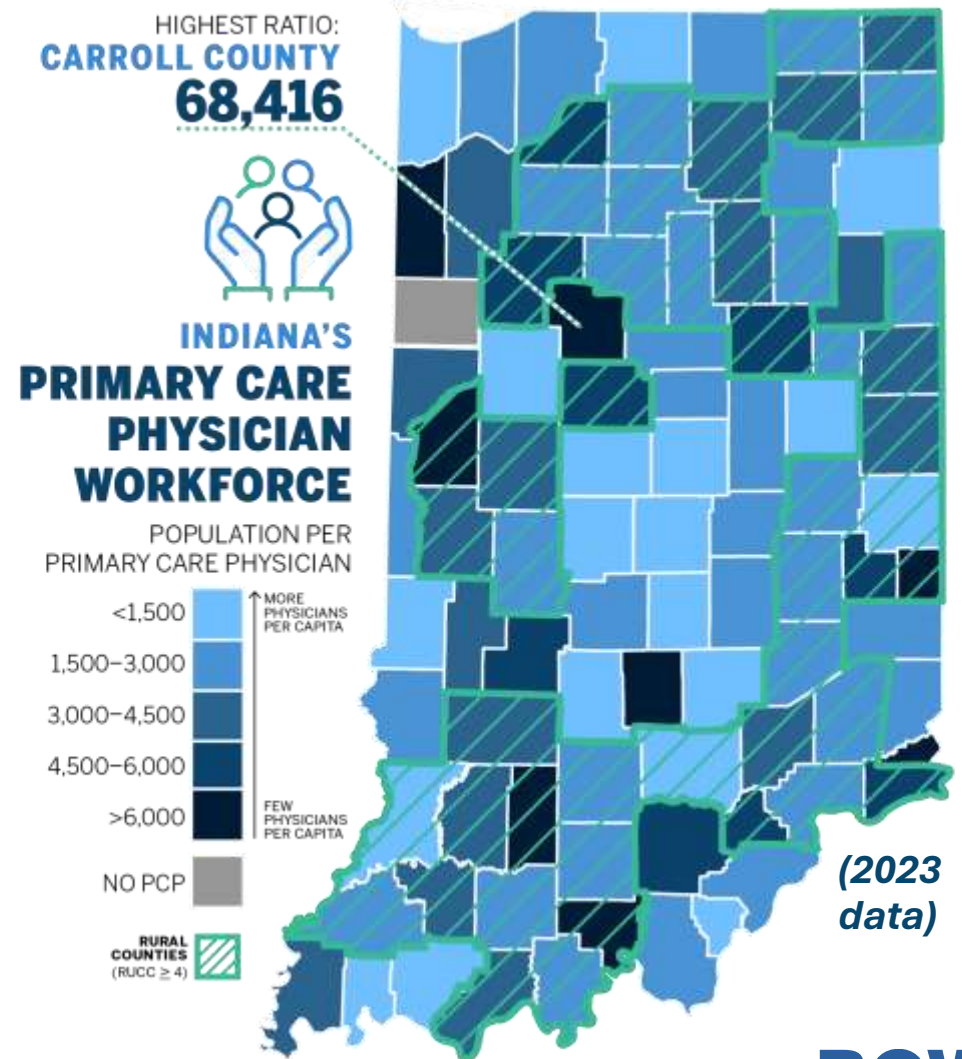
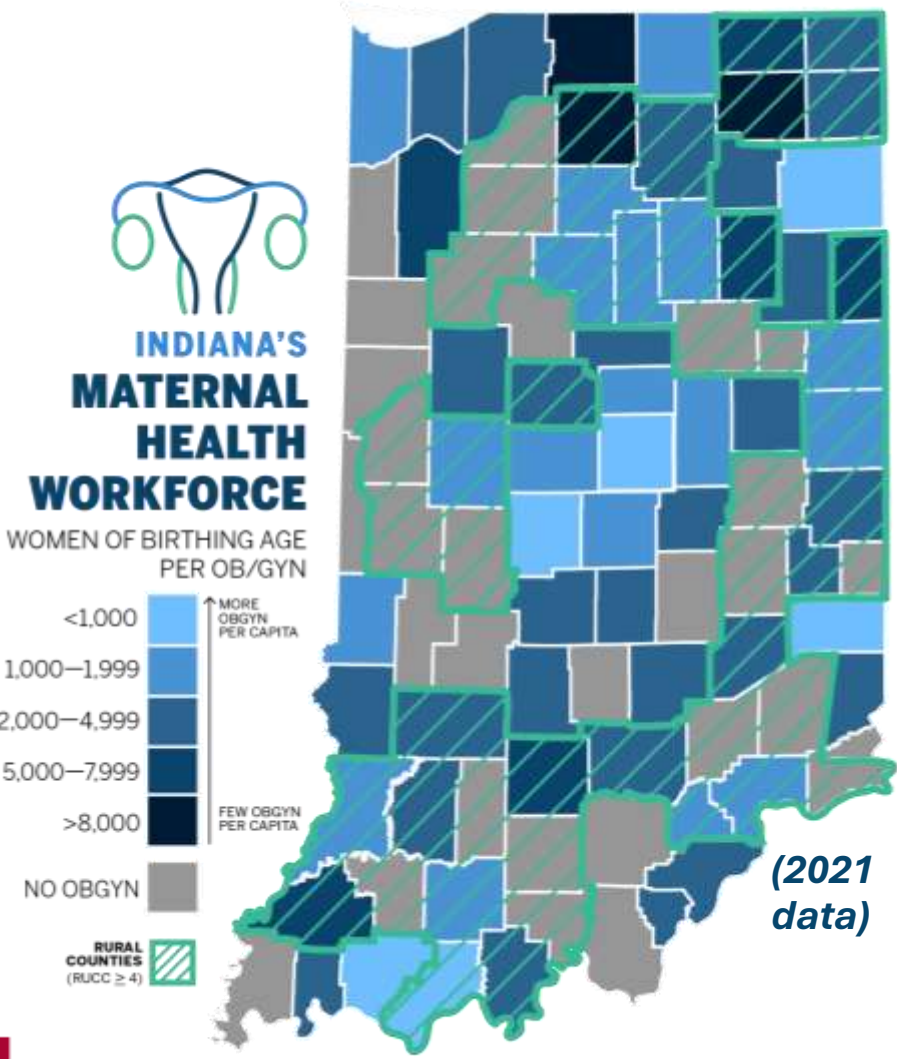
## FIVE-YEAR STUDY PERIOD





# Status of Indiana Physician Workforce

(included specialties)



Sources: 2021 Indiana Physician License and Supplemental Survey Data; 2023 Indiana Physician License and Supplemental Survey Data; USDA, Economic Research Service 2023 Rural-Urban Continuum Codes

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# Medical Graduate Retention into Indiana Residencies



## OBJECTIVE

Understand in-state retention of Indiana medical school graduates into Indiana residency programs



## IDENTIFIED INFORMATION

Separate match data for medical graduates by specialty OR by state, but not both



## INFORMATION GAP

Incomplete understanding of how many medical graduates remain in Indiana by specialty



## WHAT'S NEXT?

- **Gathered data on the number of Indiana medical graduates matching to Indiana-based residency by specialty (*OB/GYNs, Pediatrics, Family Medicine*) and state.**
- **Conduct comparison between those who stay in Indiana for residency versus those who go out of state.**

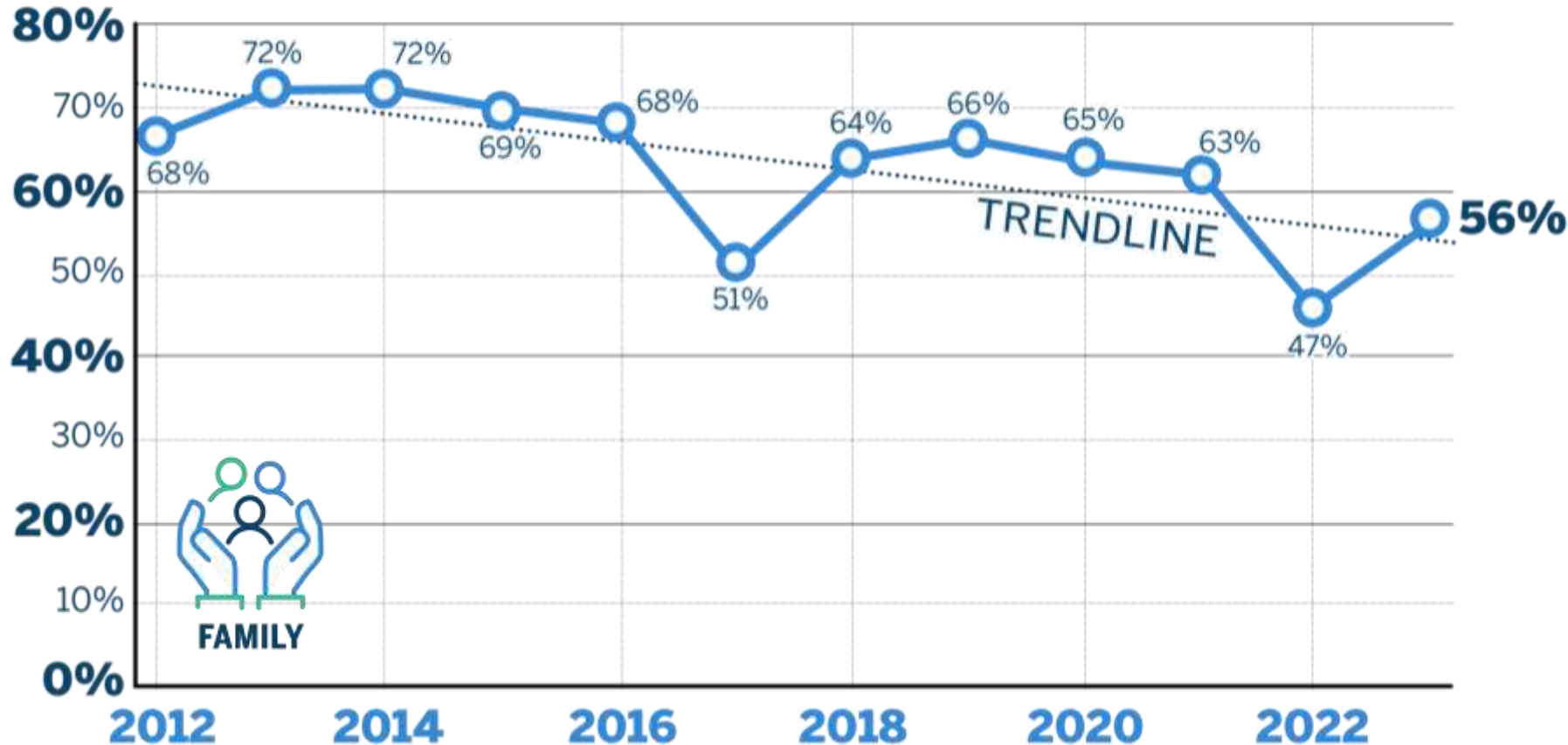


# Retention of Family Medicine Residents in Indiana's Physician Workforce



## RETENTION OF FAMILY MEDICINE RESIDENTS FROM HOSPITAL-BASED PROGRAMS

PERCENT OF FM RESIDENTS WHO COMPLETED THEIR PROGRAM AT A HOSPITAL AND REPORTED A PRIMARY PRACTICE IN INDIANA (AVERAGE OF 14 HOSPITALS)



- **Longterm downward trend** in retaining family medicine residents to practice in-state
- Some hospitals saw **declines of nearly 60%** in retaining family medicine residents to practice in-state from 2012-2023 (*Ascension St. Vincent Indianapolis: 100% to 44%*)



Source: 2023 Indiana Family Medicine Residencies Exit Survey Report, Table 5.4

# Retaining Residents in Indiana's Physician Workforce



## OBJECTIVE

Identify trends in physician plans for practice and any potential challenges in finding a practice position



## IDENTIFIED INFORMATION

- Indiana Family Medicine Residencies Exit Survey Reports
- AAMC 2021 State Physician Workforce Data Report



## INFORMATION GAP

Trends in physician plans for practice by specialty



## WHAT'S NEXT?

- **Obtain linkage of MD permits (with residency program name) to Indiana licenses to evaluate retention after residency.**
- **Convene residency program coordinators/directors to collect qualitative information on experiences with recruiting and retaining residents.**



# Indiana Hospital Experiences with Recruiting and Retaining Physician Talent



## OBJECTIVE

Understand the perspectives and experiences of Indiana-based hospitals in recruiting and retaining OB/GYNs, Pediatrics, Family Medicine physicians.



## INFORMATION GAP

Physician turnover and recruitment/retention challenges



## WHAT'S NEXT?

- **Partner with IHA and IRHA to administer electronic survey to gather information on physician turnover at hospitals.**
- **Convene hospitals to participate in focus groups where they can comment on the challenges faced and potential solutions to recruitment and retention of physicians.**



# Next Steps...

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- Upcoming Meetings
  - 12/03/24 – Virtual
  - 03/19/25
  - 06/18/25
- [Health Workforce Council Website](#)
- Subcommittees
  - OB
  - Mental & Behavioral Health
  - Family Med & Peds
- Public Comment



# Questions?

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Executive Director

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