

**Proposed Eastern Indiana Area Health Education Center  
Stakeholder Meeting  
December 8, 2008**

**Attendees:** Jill Anderson; Jim Battin; Kenneth Bobb, MD; Dr. Michael Bushong; Matt Maple; Louise Mankel; Mark Neff; Joseph Stephens; Ronda Sweet; Tom Talbot; Lori Tremain.

**Indiana AHEC Program Office Staff:** Dr. Richard Kiovsky and Angela Holloway.

Dr. Richard Kiovsky, Program Director for the Indiana AHEC Program shared the mission of AHEC with the stakeholders in attendance. See Attachment A for Power Point presentation slides.

Angela Holloway, Associate Director for Development for the Indiana AHEC Program, facilitated a “Birds of a Feather” Roundtable discussion session. See Attachment B for Needs Documents.

The results of the roundtable discussions are presented here by AHEC goal area:

## **DISTRIBUTION**

**The Goals for the DISTRIBUTION work group were to:**

1. Identify and prioritize potential needs and solutions related to the **Distribution** of the health workforce in your region.

**DISTRIBUTION** means all of the right kinds of health workers (from CNA's to physicians) in all of the places they are needed.

2. Reflect on what gaps the EI-AHEC could fill to improve the **Distribution** of the health workforce in your region.

## **What do we know about the problem?**

A couple ways to ask this question:

1. When we look at the **Needs: Health Professional Distribution** sheet, do these needs match what we know about our regional needs?
2. What do we know about our regional needs for health workforce distribution (the right kinds of health care workers in all the right places) that is not reflected on this sheet?
  - Dentists don't take HHW
  - Scarcity of MDs
  - Takes a long time to train MDs
  - Shortage of RN in LTC and Assisted Living/HHC
  - No training close to home
  - Mental Health HPSA in 2 Mental Health regions
  - Harder to recruit the further from Cin.

- Older RNs will be retiring (5-10 yrs)
- Family Medicine.
- Patients have to travel miles
- More rural health professionals
- International recruitment

### **What are we currently doing in our region?**

A few ways to ask this question:

1. What are we currently doing in our region to help improve the **Distribution** of the health workforce?
2. How are we currently attempting to get more of our own population training in health professions programs?
3. How are we currently attempting to keep our own population training in our communities or coming back to our communities for part of their training?
4. How are we currently attempting to recruit our own people who've trained elsewhere to return to our community to practice?

- H.S. Dental Hyg training
- ECO-15
- Allied health and nursing camp/Wayne
- Ivy Tech Nursing program
- CMHC's take PhD and MSW students, RNs
- IU East – 4 yr in Lawrenceburg
- Biomed Science in H.S.
- Ivy Tech RN in Seymour
- Collaborative Task Force – RN – Wayne
- RN grad from 20-180/yr
- Career Days
- Local funding of students
- X-ray tech grants/train locally with contract to stay
- Ivy Tech X-ray Tech, MCT (train in Seymour) taking students is a recruitment strategy
- Career tracks – vocational degrees

### **What gaps still need to be filled?**

A couple ways to ask this question:

1. If there are the things that are already in place, can you identify some remaining gaps that must be filled if we are to make more progress in solving this problem?
2. Given the resources that are available to us, what else should be done to help address the **Distribution** of the health workforce in this region?
3. In an ideal world, what would be in place (that isn't already), that would help fix the problem?

- Dental
- Who nurtures poor students

- Med students/more sites
- Other higher ed could expand, train
- Disseminating successes across the wjpe region
- Culture of NP's or PA's
- Dept. of Ed needs to connect to Post-Sec. training
- No university in IN with local footprint
  - Lose students to OH and KY – need to tie our communities to OH and KY
- Poor students don't go far from home

## QUALITY

### The Goals for the QUALITY work group were to:

1. Identify and prioritize needs and possible solutions related to the **Quality** of health and health care in your region.
 

**QUALITY** means the best care, in the best way, at the best time, resulting in optimal quality of life and health outcomes for each and every citizen.
2. Reflect on what gaps the EI-AHEC could fill to improve the **QUALITY** of health

### What do we know about the problem?

**10 minutes**

A couple ways to ask this question:

1. When we look at the **Needs: Quality of Health Care** sheet, do these needs match what we know about our regional needs?
2. What do we know about our regional needs related to health quality and health care quality that is not reflected on this sheet?
  - We need awareness of the public as to what is available
  - We need healthcare providers who have a passion about health care
  - Cultural factors influence the decision to not seek healthcare
  - We need communication skills

### What are we currently doing in our region?

A few ways to ask this question:

1. What are we currently doing in our region to help improve the **Quality** of health and health care?
2. What systems-level (government, public health, large health care providers, private-public partnerships) efforts are underway?
3. What personal-level efforts or activities are occurring (at the level of the individual patient, provider, administrator, or stakeholder)?
  - Mentorship
  - Early exposure
  - Clinical sites

**❑ What gaps still need to be filled?**

A couple ways to ask this question:

1. So some things are already in place. What remaining gaps must be filled if we are to make more progress in solving this problem?
2. In an ideal world, what would be in place (that isn't already), that would help fix the problem?
3. Are health care providers at systems and individual levels engaged in quality efforts?