



National Cross-Profession Minimum Data Set Initiative: Empowering Regulators to Serve as Champions for Informed Policy

Speakers/Commentor:

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Session Objectives

- Brief history and updates since 2020 plenary
- Lessons learned from the Indiana experience
- Overview of the Cross Professions Minimum Data Set Tool
- Results of CPMDS pilot by Utah Office of Professional Licensure Review
- Introduction to the CPMDS Roadmap



History: Regulators as Champions for Informed Workforce Policy and Planning

- Jurisdictions require data to support informed workforce policy and planning
- Collection of supplemental workforce information in conjunction with regulatory processes is a best practice
- Defining Supplemental Workforce Data



Defining Supplemental Data

Regulatory
Identifiers (Name, DOB, SSN)
Address (commonly <u>license</u> address: home or central employer office)
License Qualifying Compliance (Education, Exams, Licenses in Other States, etc.)

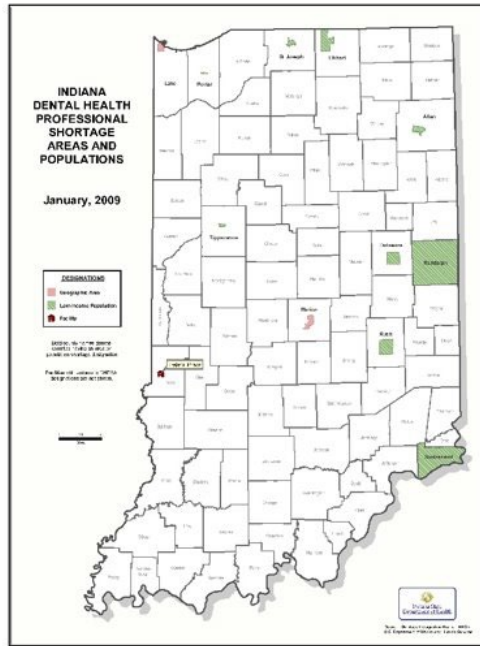
VS

Supplemental
Demographics (Sex, Race, Ethnicity)
Education/Training (Qualifying degree, skills, certifications)
Practice/Employment (Location, Hours/Week, Medicaid/Telehealth participation, Employment plans, etc.)

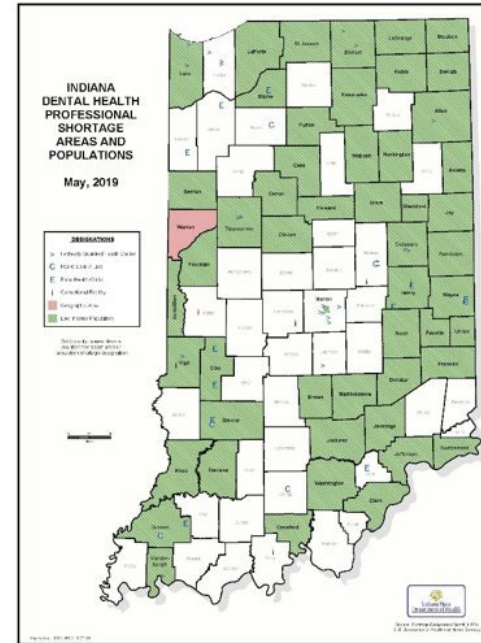


The Power of Supplemental Data

Indiana, 2009



Indiana, 2019



Evan Bartel

Regulator-
Championed
Health Workforce
Information

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History of Regulator Championed Workforce Data in Indiana

- 1970's the first Indiana Physician Databook was developed
- 1990-2010 - paper surveys sent to licensees to collect supplemental information
- 2011 -2018 - voluntary questions embedded into license renewals for selected health occupations
- 2019- Present - questions embedded into renewals for all health occupations (required for selected occupations)

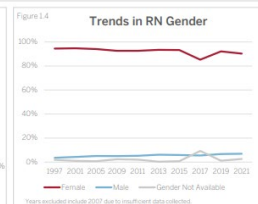
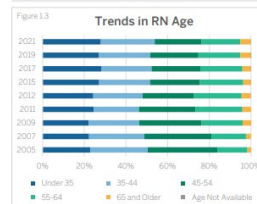
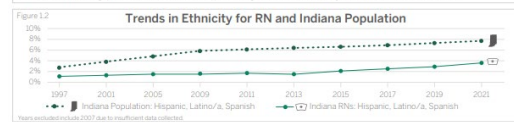
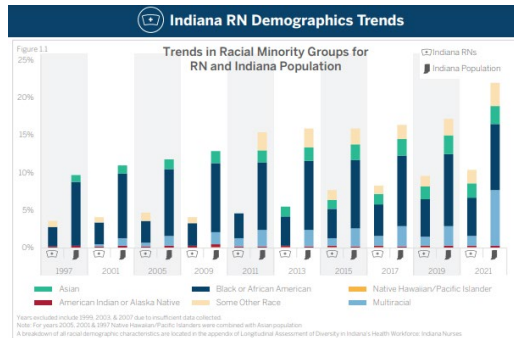


Indiana's Approach

- Supplemental questions designed to align with Minimum Data Set, State workforce data needs, and through subject matter expert feedback
- Integration of supplemental questions into license renewals (MyLicense) minimizes burden on licensees and maximizes response and quality
- Academic partner (Bowen Center for Health Workforce Research and Policy) provide expert technical support for question design, data management and analysis, and reporting



From Data to Action: Indiana's Commitment



NURSES APRN & RN

LPN Coming Soon!

INDIANA LICENSING
Indiana State Board of Nursing

AVERAGE WAGE
RN: \$60,633
APRN: \$111,400
CNLP: \$102,500
NLP: \$110,100
CNLS wage data unavailable
Source: Bureau of Labor Statistics

NURSING EDUCATION REQUIREMENTS
APRN: 1-2 years
RN: 1-2 years
CNLP: 1-2 years
NLP: 1-2 years
CNLS employment data unavailable
Source: Department of Investor Development

A TALENT OF PROFILES IMPACTING INDIANA'S NURSING WORKFORCE DATA
Factors include:
- APRN
- RN
- CNLP
- NLP
- CNLS
- CNLS wage data unavailable
- Source: Department of Investor Development

What is the County-Level Capacity of Indiana Nurses?

Legend: Population per One Nurse FTE

What is the Population to Nurse FTE Ratio* by County?
Click on the circles. The Colorful Symbols or the Ratio Closest to One Move.

Statistics: Average 2.0:1
Range 0.5:1 to 10.0:1

Urban Center to **Completely Rural**

*Population-to-Nurse FTE Ratio are calculated using each county's population, divided by the total nursing full-time equivalency (FTE) FTE is calculated based on the reported state hours in patient care. Utilization/Delineation is based on the Rural-Urban Continuum Code published by the U.S. Department of Agriculture. More information is available at <https://www.nursingworld.org/urc>

Indiana's Next Steps

- MyLicense1 adoption enabling more sophisticated question structure
- Potentially expanding to other occupations



Regulators as Champions: Indiana outcomes

Brief Series: Interstate Licensure Compacts

January 2022 (1/12/22)



Interstate Medical Licensure Compact (IMLC)

BACKGROUND ON INTERSTATE COMPACTS

Interstate compacts are contracts between two or more states that are in agreement on an issue. States use compacts as a legal relationship to address an issue. Indiana currently participates in 37 interstate compacts.



Multi-state License

Professionals obtain a single license in their home state that enables them to practice in all Compact participating states without additional action.
Ex: Nurse Licensure Compact



Privilege-to-Practice

Professionals obtain a single license in their home state then apply for privilege to practice in other Compact participating states.
Ex: Emergency Medical Services Compact



Expedited License Review

Professionals wanting to participate in this Compact need to complete an expedited process for license application/ renewal, but will not be required to obtain licensure licenses in all states where they will practice.
Ex: Interstate Medical Licensure Compact

HOW DOES THE INTERSTATE MEDICAL LICENSURE COMPACT (IMLC) WORK?

The Medical Licensure Compact is an "expedited licensure review" compact. The IMLC is an agreement between states on medical licensure eligibility which offers expedited licensure for qualified physicians. Expedited licensure eligibility is determined by the physician's state of principal license (see note for definition). Physicians determined to be eligible for expedited licensure by their principal license state register with the IMLC Commission and pay fees (compact fee and licensure fees for each state they wish to obtain expedited licensure). Participating states agree to issue an expedited license to qualifying physicians upon receipt of verification of eligibility and fees. The physician receives a separate expedited license from each state.

Important Notes: The Compact Commission does not issue a "Compact license" nor is there a nationally recognized medical license for physicians. This compact provides an expedited licensure process for qualified physicians within compact states.

Key Definitions and Abbreviations

State of Principal License (SPL): A member state where a physician holds a license to practice medicine, and which has been designated as such by the physician for purposes of registration and participation in the Compact. The SPL is also sometimes called a "home state" or "primary state of licensure."

Compact Member State: A state other than SPL that participates in the Medical Licensure Compact, and where physicians can apply for an expedited Compact Privilege to practice. The SPL is also sometimes called a "remote state."

- Compact Legislation Introduced
- IMLC Member State serving as SPL processing applications and issuing licenses*
- IMLC Member State non-SPL issuing licenses*
- IMLC Passed: Implementation in Process or Delayed (as of December 31st, 2021)

WHAT STATES PARTICIPATE IN THE IMLC?

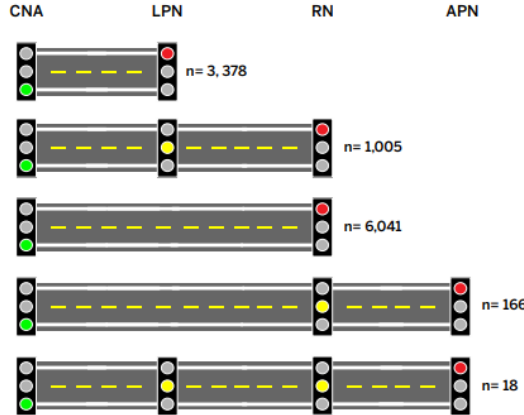


What qualifies as a State of Principal Licensure?

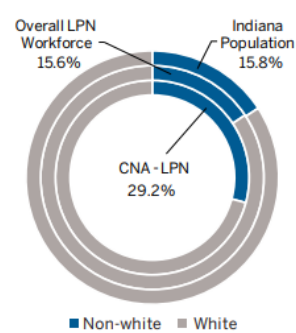
In order to qualify as a State of Principal Licensure, the following must apply:

- The physician's primary residence is in the SPL
 - At least 25% of the physician's practice of medicine occurs in the SPL
 - The physician is employed to practice medicine by a person, business or organization located in the SPL
 - The physician uses the SPL as his or her state of residence for U.S. Federal Income Tax purposes.
- Physicians must submit proof of the above requirements during the Compact application process.

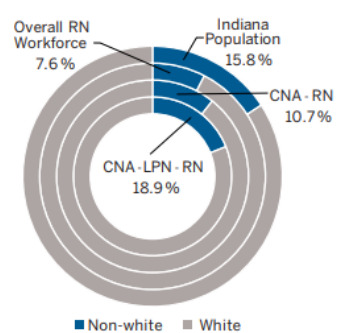
Defining the Pathways



Diversity: CNA - LPN Pathway⁷



Diversity: CNA - RN Pathway⁷



Hannah Maxey

National Cross
Profession
Minimum Data Set

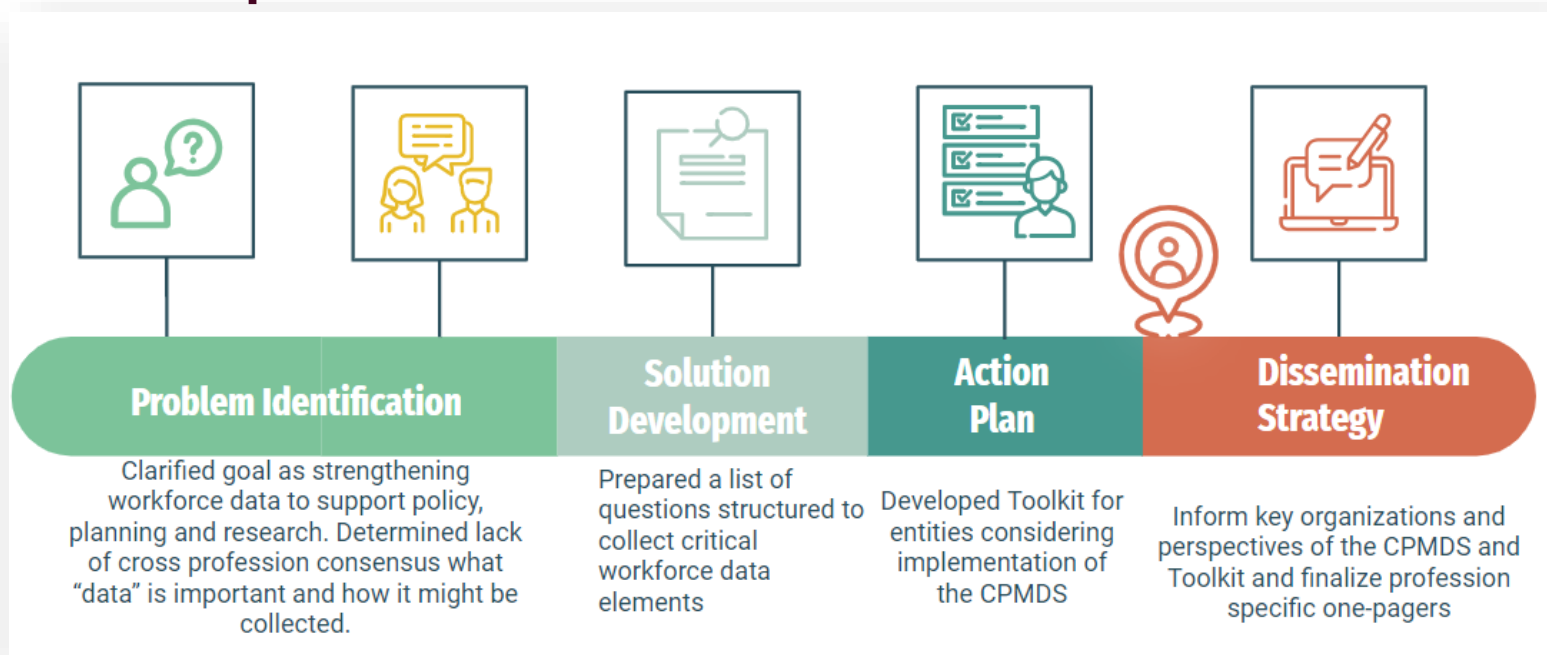
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National Regulatory Champions for Workforce Data



Cross Profession Minimum Data Set Development Process



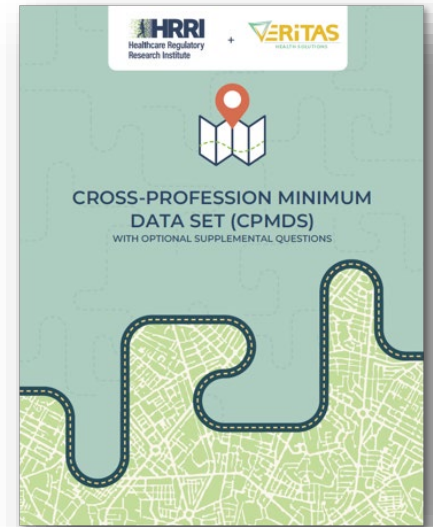
CPMDS: Development process

- **Reviewed**
 - 16 profession specific survey tools (National Associations, Federal Department of Health and Human Services, etc.)
- **Created**
 - Consensus list of core common data elements
- **Developed**
 - Customizable survey strategy to meet the unique needs of professions and states/jurisdictions



The CPMDS

- Consensus list of 18 questions serving as a framework for the collection of core common data elements
- Six supplemental questions outline additional questions for implementation consideration



Jeff Shumway

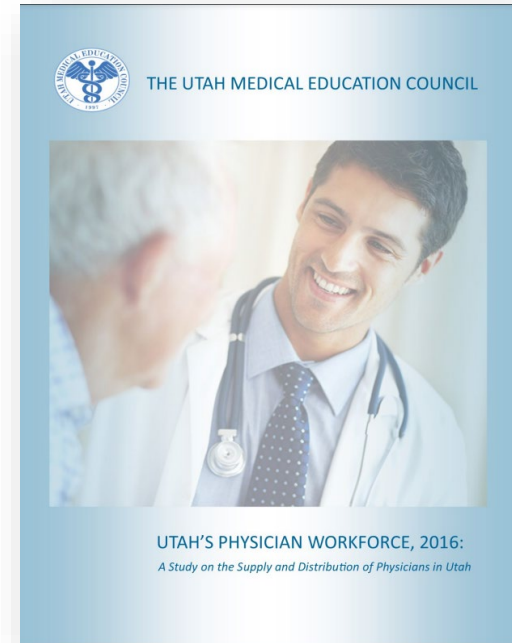
Utah Cross-
Profession
Minimum Data Set:
Behavioral Health
Pilot

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History of Health Data Workforce: Utah

- Utah Medical Education Council used sample surveys
- Historically paper (later links to electronic) surveys were mailed to licensees asking them to provide supplemental information.
- Surveys were long, response rates were low, and data required sophisticated calculations



Utah Health Workforce Initiatives

- 2021 Utah Health Workforce Coalition explores strategies to strengthen the workforce
- 2022 Utah Health Workforce Act establishes the Utah Health Workforce Council (HWAC) and Utah Information Center at the Utah Department of Health and Human Services
 - Authorizes workforce data collection in collaboration with Division of Occupational and Professional Licensure
- 2022 HWAC establishes Workforce Data Subcommittee
- 2023 HWAC adopts the Utah CPMDS

Enrolled Copy	H.B. 176
1	UTAH HEALTH WORKFORCE ACT
2	2022 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Norman K. Thurston
5	Senate Sponsor: Jacob L. Anderegg
6	_____
7	LONG TITLE
8	General Description:
9	This bill enacts provisions relating to Utah's health workforce.
10	Highlighted Provisions:
11	This bill:
12	▶ defines terms;
13	▶ creates the Utah Health Workforce Advisory Council (council);
14	▶ requires the council to provide information and recommendations to government
15	entities regarding policy decisions that affect Utah's health workforce;
16	▶ creates the Utah Health Workforce Information Center (information center);
17	▶ requires the information center to conduct research and analyze data regarding
18	Utah's health workforce;
19	▶ moves oversight of the Utah Medical Education Council to the council;
20	▶ modifies the Utah Medical Education Council's duties, including removing data
21	analysis duties;
22	▶ requires the Department of Commerce to work with the council and the information
23	center to collect data regarding Utah's health workforce; and
24	▶ makes technical changes.



Utah Office of Professional Licensure Review Pilots of the CPMDS

- Utah Office of Professional Licensure Review (OPLR) established by the Utah General Assembly in 2022
- Behavioral health licenses were prioritized as the first review by OPLR
- OPLR served on the HWAC data subcommittee
- OPLR piloted CPMDS to gather workforce data required for review

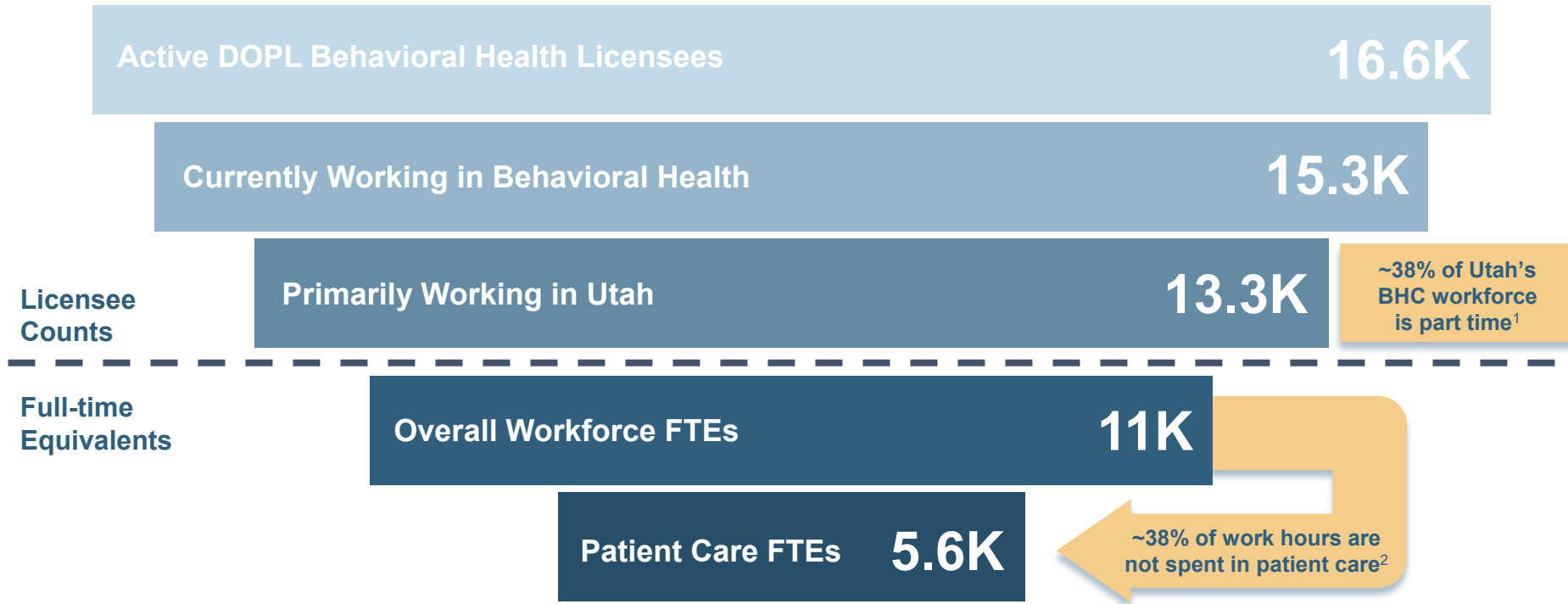


OPLR CPMDS Pilot: Lessons Learned

- OPLR pilot administered CPMDS questions electronically to behavioral health licensees
- Completion rate was 91% among those that started the survey
- It took licensees an average of 7 minutes to complete the survey
- Information generated from CPMDS provided OPLR with important insights on the workforce



Output of CPMDS for BH in Utah



Source: Data drawn from OPLR's 2023 Behavioral Health Care Workforce Survey; OPLR Analysis. UMEC's Utah's Mental Health Workforce 2021 report estimates: 10.3K total licenses, 9K actively providing services in Utah, and 7.4K total hour FTEs. Differences in estimates are due to differences in the population sampled; OPLR includes licenses below master's level. Proportion of active licenses to overall workforce FTEs is consistent across both analyses, at 65.7% (OPLR) and 71.9% (UMEC). 1. 38% part time reflects those workforce working part time at their primary practice location. An additional 14% of respondents report working at a secondary practice location. 2. 38% patient care hours subtracts time of those in non-patient facing roles (e.g., administrators), as well as admin burden for those in direct patient care roles.

Hannah Maxey

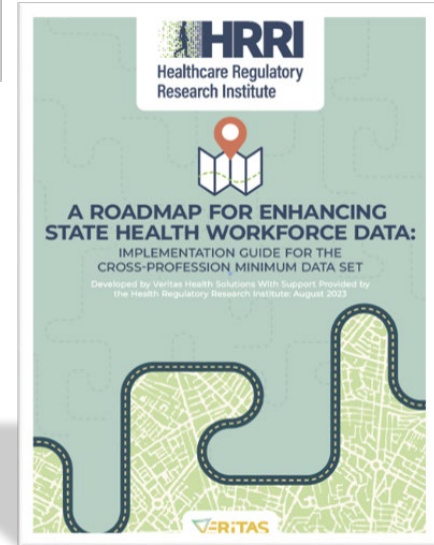
Roadmap for
Enhancing State
Health Workforce
Data

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Where to start?

- The CPMDS is a framework for standardization of workforce data across professions
- The type of workforce data available within states varies widely
- A series of resources have been developed as an implementation guide for the CPMDS



Roadmap for Strengthening Workforce Data: CPMDS implementation guide



Applied Tools for Perspectives

Toolkit Tool A: Understanding Your State Licensing Data

Guidance for Tool Implementation

The purpose of this tool is to provide states and/or regulators with a framework for organization of state health workforce data collection through regulatory processes.

Two columns are available for each data element. In the first column, please mark "I" if data element is captured one time on Initial Application, and "R" if data element is captured on renewal.

Completed as of: _____

Profession	Sex	Race	Ethnicity	Age/Year of Birth	Highest Level of
Please indicate name of profession/license type	I*/R/R*	Question and Response I*/R/R*	Question and Response I*/R/R*	Question and Response I*/R/R*	Question and Response I*/R/R*

RECOMMENDED TRACK

If you are not satisfied with the health workforce information available today in your state, proceed to the next mile marker to learn more about a strategy to collect the specific data needed to support policy and planning within your state.

FAST TRACK

After completing these activities, if you are satisfied with the health workforce information available for policy and planning within your state, you can take the express lane to [Page 20](#) and learn how these data can be analyzed and used to meet state needs.

More Information: Miles 2-6
KEEP RIGHT



EXIT 2

 **Expressway to Mile 6**
Secure and deploy the resources needed to store, manage, and analyze the data.

KEEP LEFT

EXIT  ONLY



Additional information?

Cross-Profession Minimum Data
Set



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Thank You

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