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The Role of Regulators in Health Workforce Data Collection



COUNCIL ON LICENSURE, ENFORCEMENT & REGULATION
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Presenters

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- **David Armstrong, Ph.D.**
- **Ivy Lynn Bourgeault, Ph.D., F.C.A.H.S.**
- **Elizabeth A. Carter, Ph.D.**





What Do States/Provinces Want to Know About Their Health Workforce?

- **Supply and distribution**
- **Educational pipeline**
- **Need/demand for workers**





The Case for Health Workforce Data Collection

- **To support effective health workforce planning**
 - identify workforce maldistribution that limits access to needed services (primary care, oral health behavioral health)
 - Inform effective workforce program and policy development to address unmet health care needs





Collaborations with Licensing Boards Support the Collection of Workforce Data

- **Re-registration surveys are an efficient way to collect supply data (MDS), including:**
 - **Demographics**
 - **Educational characteristics**
 - **Practice characteristics**





Potential Collaborators

- Health planners and policy makers from state and local government
- Colleges and universities
- Provider associations
- Professional associations
- Area Health Education Centers





Health Workforce Technical Assistance Center

- Formed by a cooperative agreement with the Health Resources and Services Administration's (HRSA)
- To provide technical assistance to states and organizations that engage in health workforce planning
- Areas of focus include health workforce data collection, analysis, and dissemination





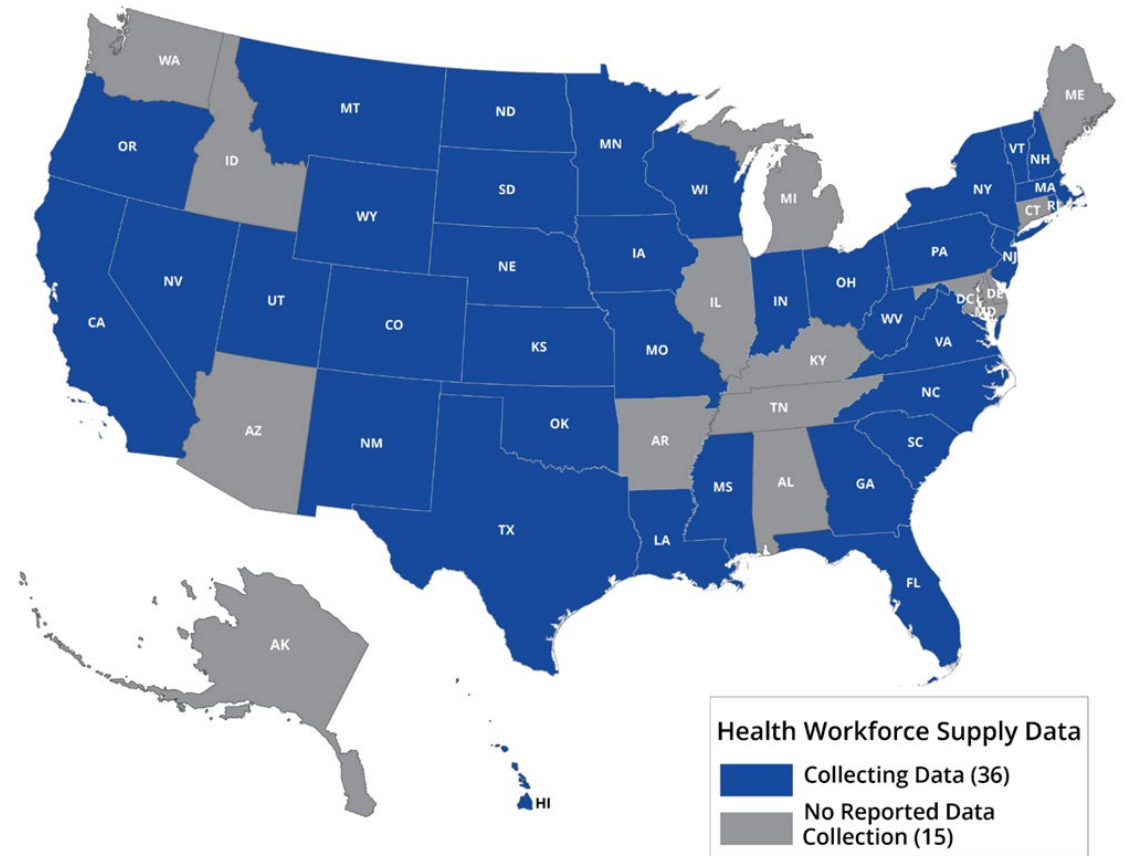
Health Workforce Data Collection Survey

- Online survey developed to collect information on state health workforce data collection efforts
- Information collected from the survey compiled into online inventory located on our website:
www.healthworkforceTA.org
- Survey is ongoing and the inventory is updated as more responses are received



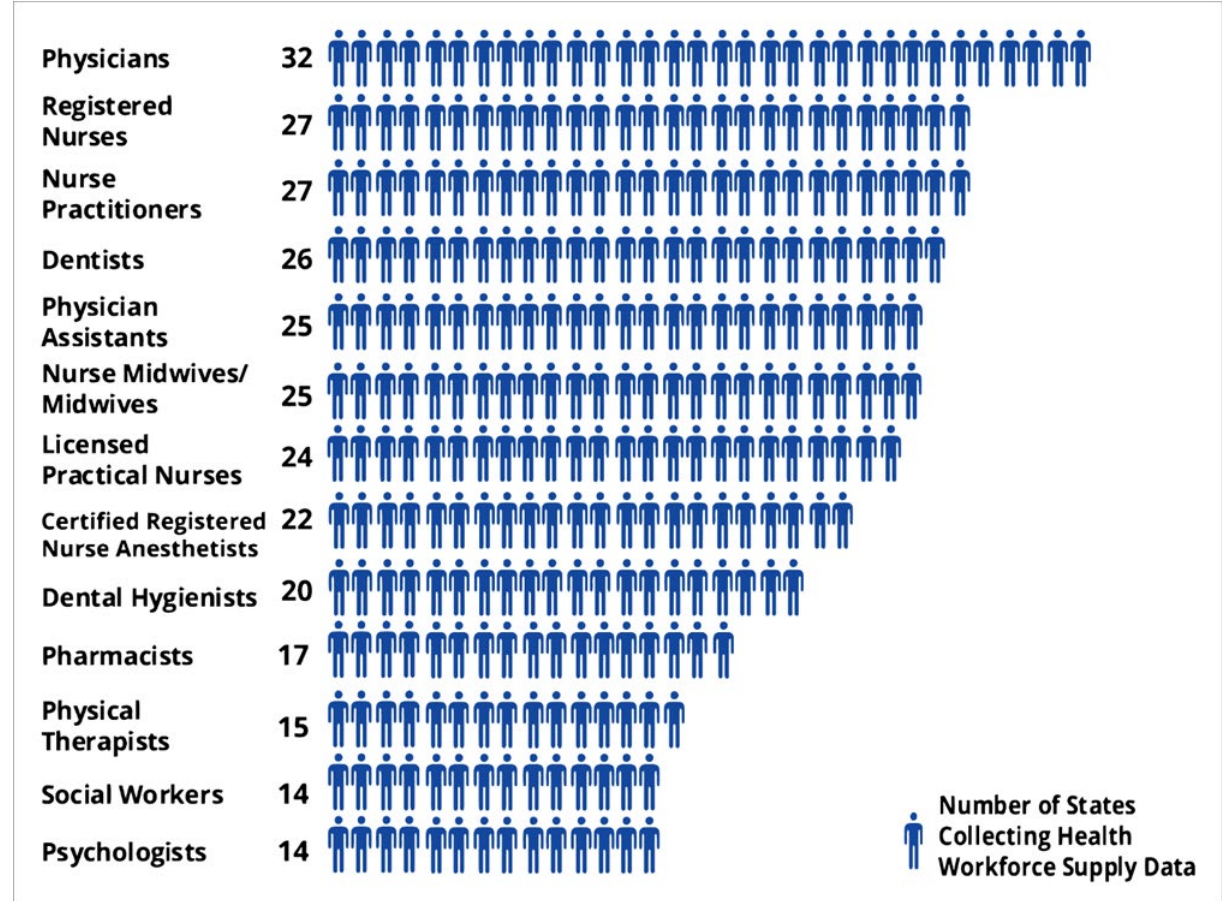


Forty-nine organizations in 36 states report collecting health workforce supply data



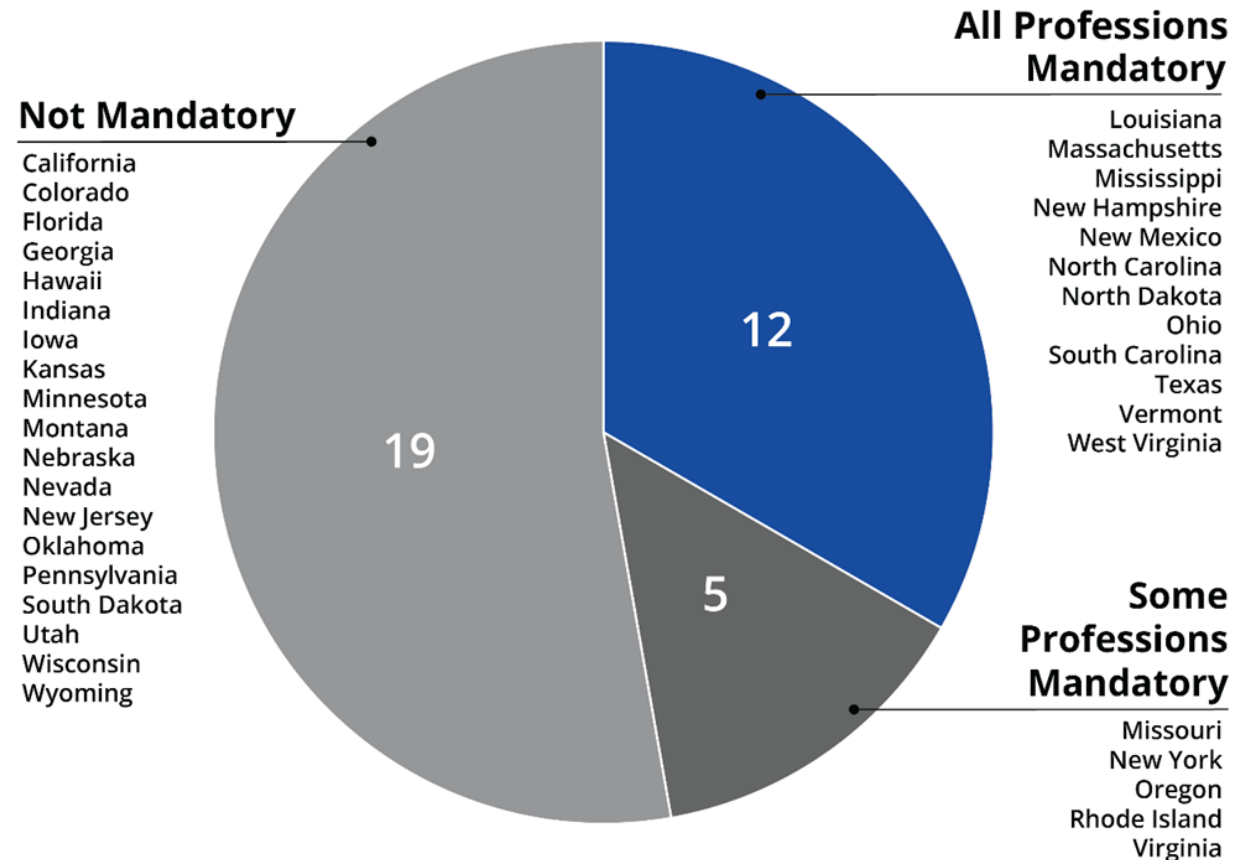


Supply data collection is most likely to target physicians, nursing professions, and dentists





Health workforce supply data collection is mandatory in 17 states





What type of data are collected?

- Demographic characteristics (34 states)
- Education background (33 states)
- Practice characteristics (35 states)

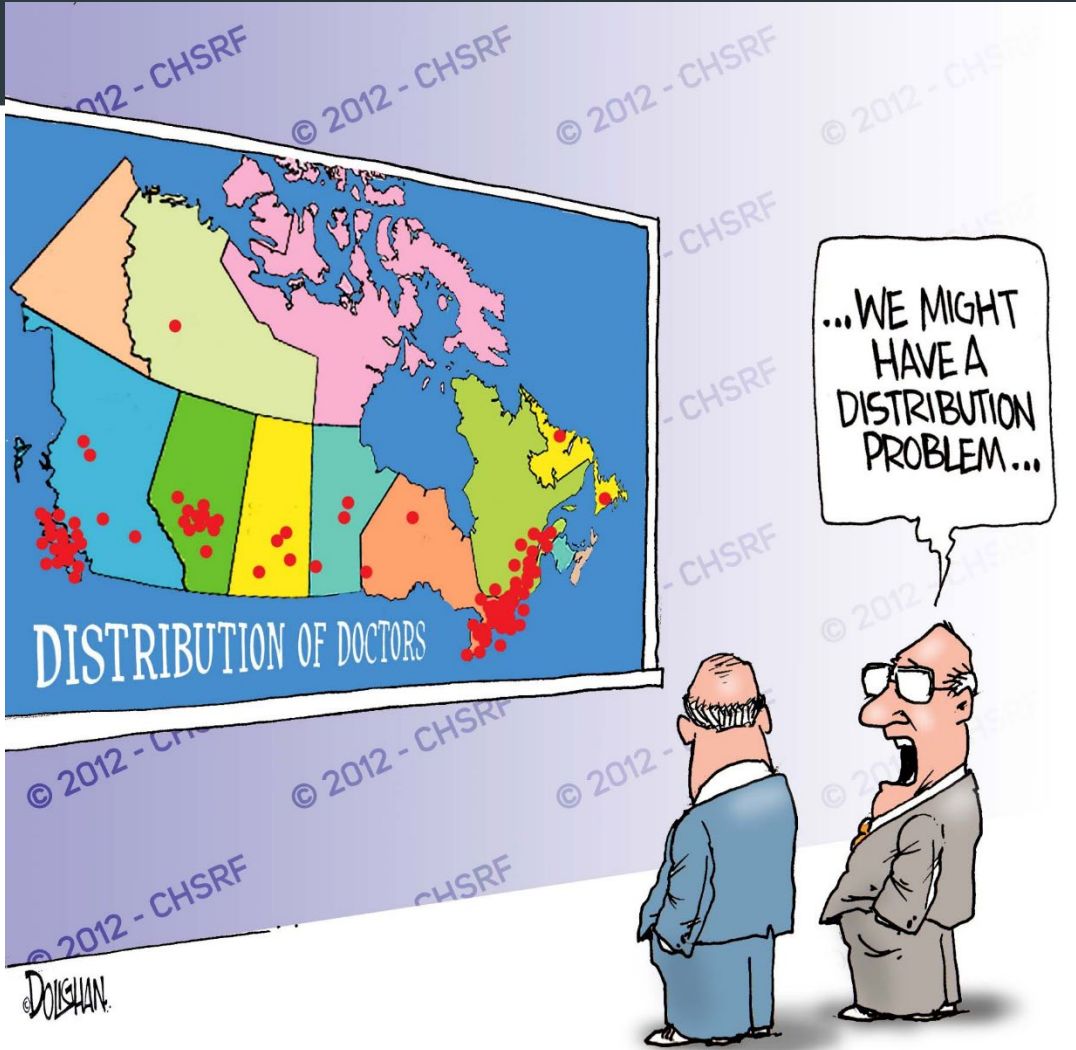




There is a growing interest in collecting health workforce data

- Need to better understand supply of health professionals
- Need to assess the adequacy of the primary care workforce
- Need to understand the relationship between access to care and health workforce availability





Source: Canadian Foundation for
Healthcare Improvement

<https://www.cfhi-fcass.ca/sf-docs/default-source/mythbusters/Myth-More-Doctors-EN.pdf?sfvrsn=0>





Licensing Renewal – Opportune time to collect HW data

- Good response rate (*surveys are typically <20%*)
- Allows for standardized data
 - Standardized within (some) jurisdictions
 - across professions
 - Standardized across jurisdiction
 - (*only some professions*)





Standardized within a jurisdiction

- Province of Ontario
- Required of the Regulated Health Professions Act
 - Amendment Bill 171
 - support health human resources planning by having Colleges collect and provide data to the ministry
 - increasing population of minimum datasets held by the ministry
 - improved HHR planning





Health Professions Database (HPDB) Minimum Data Set

- Collected since 2008
- Includes 59 standardized data elements
 - Identifiers/registration/demographics
 - Geography
 - Education and certification
 - Employment (historical)
 - Employment, individual and site-based info
- Includes 26 professional groups regulated under the RHPA





Standardized across jurisdiction

- **Medicine** - [Canadian Physician Database Feasibility Study](#)
 - Evolved from National Physician Survey (ceased in 2015)
 - Partnership of the RCPSC, the CFPC and the CMA and select Canadian Medical Regulatory Authorities through data sharing agreements
 - BC, Alberta, Manitoba and Ontario (72% of MDs in country)
 - Key lesson learned: value added data from regulatory databases
 - MDS of 28 data fields
 - Gender, language but no other EDI data





Standardized across jurisdiction

- Nursing
 - nursing regulatory bodies collect through initial and annual registration renewal and share with the Canadian Institute for Health Information (CIHI) [up to 84 data elements](#)
 - Many jurisdictions moving to one regulatory body for RNs and RPNs (including the Canadian Nurses Assn)
 - Working to make this compatible with the [WHO National Health Workforce Accounts](#)





Standardized across jurisdiction

- Midwifery
 - [Canadian Midwifery Regulators Council](#) (CMRC)
 - Developed in response to Agreement on Internal Trade
 - an inter-provincial labour mobility agreement
- Dietetics
 - Dieticians of Canada & the Partnership for Dietetic Education and Practice





Impact on Health Workforce Policy Decision-Making

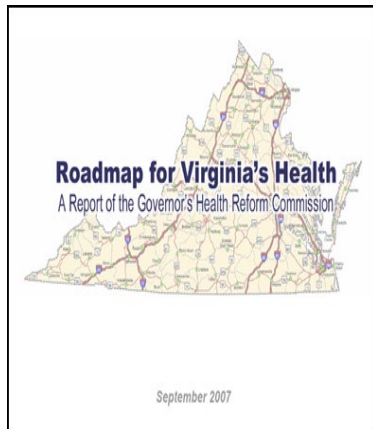
- Committee on Health Workforce
 - Federal/Provincial/Territorial Deputy Ministers of Health for Health Workforce/Health Human Resources
 - So far almost exclusively focused on medical workforce issues
- Canadian Health Human Resources Network (CHHRN) & Canadian Institute of Health Information (CIHI) co-host biennial [Canadian Health Workforce Conference](#)
- CHHRN supported [primary care health workforce planning](#) at the Toronto Central Local Health Integration Network





Virginia Healthcare Workforce Data Center

Governor's commission recommendation & law authorizing data collection



2007 & 2009

100+ stakeholders and national consultants collaborated to determine key questions and the "holes" in existing data sources.



2008 - 2010

Profession-specific surveys created & launched in the online licensure renewal system. RN/LPN Education surveys covered, and more.



2010 - present





Current Profession-Specific Surveys (<https://www.dhp.virginia.gov/hwdc/findings.htm>)

- Assisted Living Administrators
- Audiologists
- Certified Nurse Aides
- Dental Hygienists
- Dentists
- Doctors of Osteopathy
- Funeral Service Licensees
- Licensed Clinical Psychologists
- Licensed Clinical Social Workers
- Licensed Practical Nurses
- Licensed Professional Counselors
- Medical Doctors
- Nurse Practitioners
- Nursing Home Administrators

- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Pharmacists
- Pharmacy Technicians
- Physical Therapists
- Physical Therapist Assistants
- Physician Assistants
- Radiological Technologists
- Registered Nurses
- Respiratory Therapists
- Speech-Language Pathologists
- Veterinary Technicians
- Veterinarians



Incorporated into
the online license
renewal process

Response rates
are HIGH,
averaging 85%



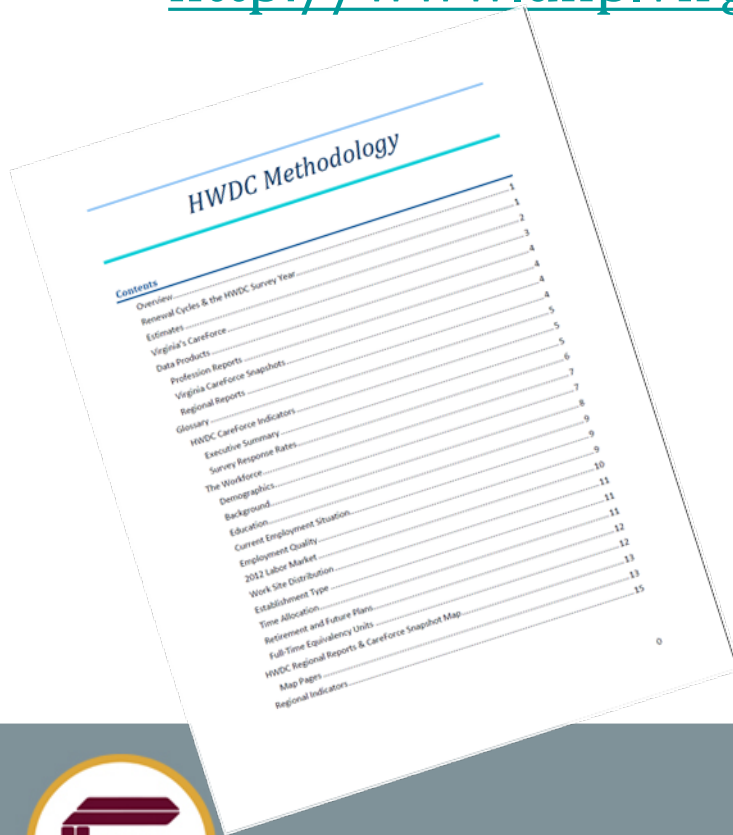


Standardized HWDC Methodology

<http://www.dhp.virginia.gov/hwdc/docs/MethodologyandGlossary.pdf>

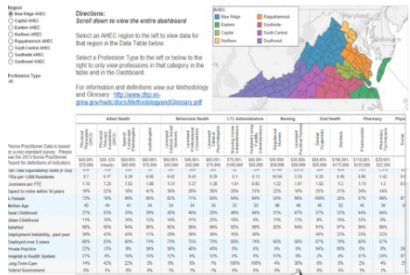
-Standard methods enable direct comparison within and across professions, geographically, and over time.

- But there are also profession-specific questions relative to specialty area, practice environment, other policy-relevant issues.

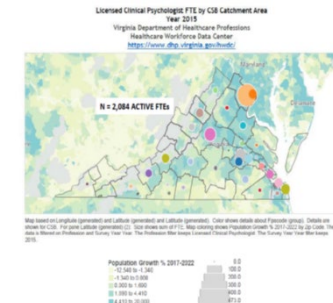




Who Are the Stakeholders? Who Isn't?



HPSAs, education and employment interests, health and social policy researchers, students and career planning professionals, MULTIPLE state and federal agencies addressing the opioid crisis Medicaid expansion, and so much more!





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