HWTAC
Health Workforce Technical Assistance Center

RESOURCE BRIEF
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Collaborating With Licensing Bodies in Support of Health Workforce Data Collection: Issues and Strategies

Background

The health care delivery system in the United States is undergoing rapid transformation. Health reform initiatives are underway in many states, supporting transitions to value-based payment and encouraging the development of innovative team-based delivery models focused on population health.[1] These changes have had a substantial effect on demand for health workers.

Increasingly, states are recognizing the value of health workforce monitoring systems that can give them access to relevant and timely information on the supply and distribution of health workers in their states. This information is critical for the development of evidence-based policies and programs to meet current and future workforce needs. The National Center for Health Workforce Analysis at the Health Resources and Services Administration (HRSA) developed a standard set of basic questions that can be used to collect data on the supply of health workers. Known as the Minimum Data Set (MDS), it consists of a small number of questions focused on key demographic, educational, and practice characteristics of health professionals, information that can be used to support effective health workforce planning.*

A recent Health Workforce Technical Assistance Center study found that health workforce supply data are collected in more than half of states, and most states report doing so at the time of licensure/relicensure.[2] In some instances, MDS questions are incorporated directly into licensure forms that health professionals are required to complete or update. In other instances, a separate survey containing the MDS questions is included with licensure materials, and its completion is either mandatory or voluntary as part of the licensure process. An advantage of collecting workforce supply data as part of the licensure process is that it affords an opportunity to routinely collect information on all members of a profession. Ideally, states would collect this information at the time of initial application for licensure and update it routinely (eg, with changes in practice location, setting, or clinical hours) at each subsequent license renewal. The success of this approach requires cooperation and collaboration with state licensing bodies.

This brief is designed to help stakeholders interested in developing a state health workforce monitoring system to better understand the issues involved and to identify potential strategies to engage licensing bodies in collecting health workforce data.

Potential Collaborators

A number of key stakeholders are likely to be involved in developing a state-specific strategy to collect data on health professionals in the state. Stakeholders may include:

- State licensing bodies
- State provider associations
- State professional associations
- State health professions education associations
- Universities and community colleges
- Health policy makers, policy analysts, and planners from state and local government and the employment sector
- Area Health Education Centers (AHECs)
- Researchers

* For more information on the MDS, please see: http://www.healthworkforceta.org/wp-content/uploads/2015/03/MDS_Resource_Brief.pdf; http://bhpr.hrsa.gov/healthworkforce/data/minimumdataset/index.html; and http://www.nursingworkforcecenters.org/minimumdatasets.aspx. Accessed April 27, 2016.

Concerns of Licensing Bodies

Most of the potential stakeholders are likely to appreciate the importance of developing a health workforce monitoring system for their state. However, state licensing agencies and affiliated boards may have unique concerns, particularly if the strategy involves data collection tied to the licensing/relicensing process. Among the issues and questions that may arise are[3]:

- The value of these data to the licensing bodies
- Funding to support the costs associated with implementing a data collection system
- Whether the board has statutory authority to add or change questions on the licensure forms or would require legislative action to do so
- Data ownership, data confidentiality, and data sharing

The purpose of professional licensing is to protect public safety. While licensing bodies must collect sufficient information to verify credentials, ensure competency, and discipline members, they typically do not collect data for health planning purposes. Licensing bodies may not understand the purpose and value of adding questions for workforce planning and policy. Furthermore, modifications to the licensing process require additional resources (staff time, technology). Most licensing bodies do not have sufficient resources to cover these additional costs and will be wary of requests or mandates that are made without financial support. Changes in legislation or administrative code also may be needed to allow licensure bodies to collect additional information from their licensees. Another key concern relates to data ownership and data sharing: Licensing bodies must comply with state rules related to the protection of the personal data that they collect, and these rules complicate efforts to share data with collaborators for workforce planning purposes.

The Value of the Data to Stakeholders, Including Licensing Bodies

There is growing recognition of the value of data to support effective health workforce planning.[4] MDS data could also be useful to licensing bodies as they relate to issues of supply and distribution (active vs licensed), gender and racial/ethnic diversity, and changing practice characteristics, such as the provision of telehealth services.

Specifically, MDS data can help stakeholders[5]:

- Understand whether the public has access to needed health care services
- Identify that the right professionals have the right training and work in the right areas to serve the public
- Understand and inform new delivery and payment models as they relate to health professional regulation (eg, telehealth and interstate licensure compacts)

Understanding the supply and distribution of health care providers also can allow stakeholders to identify current or potential gaps in access and move to ensure that safe care is available to all citizens.[3]

Funding

Finding sustainable resources to create and maintain a health professions data collection system is critical. States have used a variety of options, including annual state appropriations, grant funding, funding from private foundations, and revenue generated through requests for the data being collected. Some states have considered increasing health professional licensing fees to offset the associated additional costs. In some instances, participating stakeholders contribute resources, either direct or in-kind (eg, staff time, technology, funding), on an ongoing basis. Outside resources also may be available to help augment a state's efforts. For example, the National Council of State Boards of Nursing (NCSBN; www.ncsbn.org) has a 3-pronged strategy to encourage and support state nursing boards to collect better data.[6] Collaborating stakeholders are in the best position to identify the most viable strategy for securing the funding needed to develop and maintain a health professions data collection system.

Data Ownership, Security, and Confidentiality

Licensing bodies collect sufficiently detailed information on individuals to verify identity and to confirm qualifications and credentials to practice. Licensees, in turn, expect that their personal information will be safeguarded. Ensuring data security and confidentiality is critical to the effective functioning of licensing bodies.[7] Consequently, any effort to collect MDS data on licensed health professionals must include a plan that describes data ownership, data sharing, and protection of shared data. Because some states have strict privacy laws, changes in legislation may be required to allow for data sharing.*

The process of collecting and sharing data comes with risks to stakeholders, licensing bodies, and licensees. Mitigating these risks requires strong and trusting relationships between stakeholders to minimize the potential for damage from misuse or unauthorized access to the data. As stakeholders work together to build a data system, they need to:

- Understand state privacy laws as they relate to data collection, storage, and reporting†
- Establish a plan for securely storing and accessing data
- Develop procedures for data sharing

In Conclusion

Health reform initiatives are transforming health service delivery and the workforce needed to provide care. New models of care, value-based payment, and team-based approaches to care are changing the numbers and types of health care workers needed. The demand for accurate, timely, and comprehensive workforce data has never been greater as state and federal policy makers seek to understand the size, skill mix, and competencies of today's health workforce relative to anticipated future workforce needs. Budget constraints create challenges for stakeholders looking for ways to build on existing data sources and foster new collaborations to create the data systems needed to inform health workforce policy. Data collected through the licensure process are a potentially rich source of information, and licensing agencies and boards have become key partners in health workforce data systems around the country. This brief has offered some insight into the questions and concerns that boards may have when they are approached to collaborate. With this information, stakeholders attempting to work with licensure boards will be better able to understand the boards' perspectives and to engage boards early and often in the process of planning a health workforce data system.

* Montana is one example of a state that would require a change in legislation to allow its licensing boards to collect and share additional data.

† For example, please see: http://www.hhs.gov/ocio/securityprivacy/awarenesstraining/privacyawarenesstraining.pdf. Accessed April 27, 2016.

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www.healthworkforceta.org

1 University Place, Suite 220 | Rensselaer, NY 12144-3445
(P) 518-402-0250 | (F) 518-402-0252

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