Promising Practices in the US: Health Workforce Data and Information Sharing Across States

Best Brains Exchange
Advancing the Dialogue on pan Canadian Registration or Licensure of Health Professionals

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In the U.S., States Are Primarily Responsible for Regulating Health Professions
Issues With State Based Health Professions Regulation

• Mismatches between professional competence and state-specific legal scopes of practice
• State-to-state variation in SOP
• Adversely impacts:
  o migration of health professionals
  o provision of interstate telehealth services
  o availability of consistent state level data for health workforce planning
Promising Practices in the U.S.

- National Practitioner Data Bank
- National Plan and Provider Enumeration System
- Licensing Compacts
- Model Practice Acts
National Practitioner Data Bank
What is the NPDB?

The National Practitioner Data Bank

is a web-based repository of reports that is used as a workforce tool to enhance professional review efforts, and prevent health care fraud and abuse, with the ultimate goal of protecting the public.

Registered, authorized entities must submit certain information concerning medical malpractice payments and adverse actions regarding health care practitioners, providers, and suppliers.
How Does the NPDB Work?

Only registered entities have access to reports.

More than 23,000 entities interact with the NPDB, including the following:
- Hospitals
- Health plans
- State licensing boards
- Medical malpractice payers
- Other health care entities

Entities use the query response as a workforce tool for licensing, hiring, and credentialing decisions.

Entities are required by law to submit reports.

NPDB contains 1.4 million+ reports

Practitioners, providers, and suppliers may search the NPDB (Self-Query) for their own information.

Practitioners, providers, and suppliers may submit a subject statement explaining his or her perspective, which will become part of the report.

The Public Use Data File is available to the general public for research purposes.
What’s in the NPDB?

- **Adverse Action Reports**: 989,000+
  - Certain adverse licensure, certification, and clinical privileges actions taken by state and federal licensing and certification authorities, hospitals, and other health care organizations.

- **Medical Malpractice Payment Reports**: 453,000+
  - Payments made for the benefit of a health care practitioner relating to a written claim or judgment for medical malpractice.

- **Judgment or Conviction Reports**: 34,000+
  - Health care-related civil judgments or criminal convictions taken in a federal or state court.
National Plan and Provider Enumeration System
National Plan and Provider Enumeration System (NPPES)

- In 1996, Congress mandated standard unique identifiers for health care providers to facilitate electronic transmission of claims
- In 2006, the Centers for Medicare and Medicaid Services began issuing National Provider Identifiers (NPIs)
- Health care professionals eligible to bill insurers must have an NPI #
- An NPI # is permanently associated with a specific individual regardless of any changes in training or practice
NPPES Created Access to Data on Health Care Providers

• NPI numbers (unique 10 digit id #s) required for all health care providers, both individuals and organizations
• Provides publicly available info on individuals, including:
  o name, practice address, license number, profession, specialty
• Researchers can query the NPI Registry database and download a file with data of interest
• Database files are updated regularly
Interstate Licensing Compacts
Interstate Licensing Compacts

• A legal agreement among states supporting an expedited path to multi-state licensure
• Eligible health professionals must be licensed and in good-standing in their home state and have passed all required national accreditation exams
  o Compact health professions include physicians, nurses, emergency medical services personnel, physical therapists, physical therapy assistants
  o Legislative approval required
  o For each state where a license is held, the health professional comes under the jurisdiction of the statutes, rules and regulations of that state
Variation in Dental Hygiene Scope of Practice by State

The purpose of this graphic is to help planners, policymakers, and others understand differences in legal scope of practice across states, particularly in public health settings.

Research has shown that a broader scope of practice for dental hygienists is positively and significantly associated with improved oral health outcomes in a state’s population.1,2


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This graphic describes the highest level of practice available to a dental hygienist in a state, including dental hygiene therapy. The graphic is for informational purposes only and scope of practice is subject to change. Contact the applicable dental board or your attorney for specific legal advice.
Enhanced Nursing Licensure Compact
Model Practice Acts
Model Practice Acts

- Occupational therapy: https://www.aota.org/~/media/Corporate/Files/Advocacy/State/Resources/PracticeAct/MODEL%20PRACTICE%20ACT%20FINAL%202007.pdf
Thank You

• For more information, please email me at: jmoore@albany.edu

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