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The need for a statewide health care workforce data system

Background

The health care workforce is critical to the delivery of high quality health care in Ohio. Effective health policies aimed at goals such as ensuring access, coordinating care, improving quality, and controlling costs must take into consideration the supply, distribution, preparation, and utilization of the health care workforce.

Like many states, Ohio does not have a single source for comprehensive data on health professionals in practice or in training. The lack of relevant and timely data is a barrier to effective health care workforce policies and limits the ability to achieve goals for an effective health care system.

In response to this shortcoming, the "Draft Ohio Primary Care Workforce Plan" (available at http://1.usa.gov/ToY5iw) — a collaborative effort of the Ohio Department of Health and multiple stakeholders — recommends that Ohio develop a statewide health care workforce data system.

The need for such a system is especially critical given anticipated shortages in the primary care workforce. Several factors are driving an increased demand for primary care, including:

- The number of people with chronic conditions is increasing[1,2] and new practice and payment models such as medical homes and accountable care organizations rely on primary care clinicians to better manage their care.[3]
- The Affordable Care Act requires most U.S. citizens to have health insurance and will provide access to coverage through premium subsidies for some populations and the option for states to expand Medicaid. As a result, up to 32 million people may be newly insured, many of whom will seek a source for primary care.
- Some studies suggest that maldistribution of providers may be a more significant problem than an overall shortage.[4] Rural and underserved areas currently experience shortages, which are predicted to continue.[5]

Lack of comprehensive data hampers effective policy

Ensuring access to care: A subcommittee examining criminal justice and mental illness plans to focus on the availability of prescribers in Ohio. Without concrete data on the number, location, and accessibility of prescribers, the subcommittee cannot adequately assess or make policy recommendations to ensure that people with mental illness can access the help they need.

Identifying areas that have a shortage of health care providers: The state currently relies on local partners to survey providers regarding their practice location(s) and time spent in patient care, data needed for federal designation of underserved areas. Having comprehensive statewide data available would increase the efficiency of the designation process, allow additional areas to be analyzed and lead to appropriate targeting of recruitment/retention programs available only to these federally designated areas.

A statewide health care workforce data system would give Ohio policymakers the ability to assess current and future supply and distribution of the health care workforce, and support the development of effective health care workforce policies.

The role of policymakers

Key health care workforce questions for policymakers

- Is the supply of health care workers adequate to meet the health care needs of the population?
- Is the supply distributed appropriately?
- Does the health care workforce have the right set of skills and training to provide high quality care?
- Does the state have the right mix of training and educational programs?
- Does the workforce reflect the cultural and racial makeup of the population in the state?
- What are incentives and barriers to enter and remain in the health care workforce?
- Is there an adequate supply of providers accepting Medicaid as a payer source?

Health care workforce roles and responsibilities of state policymakers

- Support for state universities and colleges
- Special programs, projects and grants, such as rural health and loan repayment programs, and scholarships
- Regulation of the professions
- Reimbursement policies for Medicaid and other payers, such as which providers can be reimbursed for which services

What should a statewide health care workforce data system include?

Based on best practices and other states' experiences, here are some elements that should be included:

- An **advisory council**, that would promote understanding of common issues, facilitate the development of cooperative data collection programs, and help coordinate data collection and analysis.[6]
- Establishment of a **Minimum Data Set** for health professionals that would use the licensure system to collect uniform information on:
  - Demographics
  - Education
  - Practice pattern/current capacity information
- A **centralized** health care workforce **data repository** that would:
  - Collect data from multiple sources (licensure boards, labor market information and payer sources)
  - Perform analyses
  - Develop reports
- A **system to track health professions students** into and out of practice that would:
  - Monitor trends
  - Identify successful strategies for producing professionals willing to serve underserved areas and populations
  - Identify successful strategies for retaining health professionals willing to serve underserved areas and populations
  - Identify factors and disincentives for entering or staying in practice

What is the Minimum Data Set?

Put simply, the Minimum Data Set (MDS) refers to a standard set of data collected on health care professionals in order to provide a more accurate picture of workforce distribution and capacity. The overall goal is to encourage data collection that facilitates analysis and comparison of the workforce over time and across states, jurisdictions and professions.

Using the elicense system (the on-line system for professional license application and renewal), licensure boards collect the following data from health professionals, in a user-friendly way:

- Demographics
- Education and training
- Practice characteristics (i.e., location(s) and capacity)

By asking the basic questions in the same manner, data can be compared across professions and areas. The State Medical Board of Ohio implemented a minimum data set for physicians through the elicense system in October 2010 and is in the process of reviewing and refining the process. The Ohio Board of Nursing implemented a minimum data set survey in 2010 that was completed by nurses during online renewal. At this time, the Nursing Board is actively working with the elicense administrator to achieve the Board's goal of having the minimum data set embedded into the online elicense renewal application starting in 2013.

Workforce—beyond numbers

A growing emphasis on patient-centered care and interdisciplinary collaboration, and wider adoption of health information technology are shaping and changing how health care is delivered. These developments already are starting to change how health professionals are trained. Additionally, these trends require that stakeholders and policymakers view the health care workforce from the viewpoint of what is needed to ensure optimal health outcomes for Ohioans, rather than the traditional paradigm of how many providers are needed.

What is the health care workforce?

Broadly speaking, jobs in the health care workforce fall into two categories: professional and technical occupations (examples include surgeons, dentists, pharmacists, dietitians, and registered nurses, among others) and support occupations (examples include pharmacy aides, massage therapists, home health aides and athletic trainers, among others)[7]

Other categories include:

- **Primary care workforce**, which typically includes certain physician specialties (family practice, general pediatrics, general internal medicine and obstetrics/gynecology), advanced practice nurses and physician assistants in similar specialties[8]
- **Allied health professionals** are involved with the delivery of health or related services pertaining to the identification, evaluation and prevention of diseases and disorders; dietary and nutrition services; rehabilitation and health systems management, among others. Allied health professionals, to name a few, include dental hygienists, diagnostic medical sonographers, respiratory therapists, and speech language pathologists[9]

Notes

1. Timothy A. Waidmann, Barbara A. Ormond, Randall R. Bovbjerg, "The Role of Prevention in Bending the Cost Curve," the Urban Institute Health Policy Center, October 2011, accessed 11/28/2012 at http://www.apha.org/NR/rdonlyres/54E2F735-D20D-4BAD-AA59-65B3DC0B1C92/0/UrbanTheRoleofPreventioninBendingtheCostCurveOct2011.pdf.
2. Centers for Disease Control, "The Power of Prevention: Chronic Disease….the public health challenge of the 21st century," 2009, accessed 11/28/2012 at http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf
3. Sarah Goodell, Catherine Dower, Edward O'Neil, "Primary care workforce in the United States: Policy Brief No. 22," Robert Wodd Johnson Foundation Synthesis Project, July 2011, accessed 11/29/2012 at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70613.
4. Ibid.
5. Anthony P. Carnevale, Nicole Smith, Artem Gulish, Bennett H. Beach, "Healthcare Executive Summary," Georgetown University Center on Education and the Workforce, June 2012.
6. Bureau of Health Professions National Center for Health Workforce Information and Analysis, "HRSA State Health Workforce Data Resource Guide," accessed 11/16/2012 at http://www.skillsource.org/healthcare/ResourceLibrary/pdf/040-HRSAGuideToWorkforceProfile.pdf.
7. Anthony P. Carnevale, Nicole Smith, Artem Gulish, Bennett H. Beach, "Healthcare," Georgetown University Center on Education and the Workforce, June 2012, accessed 11/18/2012 at http://www9.georgetown.edu/grad/gppi/hpi/cew/pdfs/Healthcare.FullReport.090712.pdf
8. Ohio Department of Health., Draft Ohio Primary Care Workforce Plan, accessed 11/28/2012 at http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/chss/state%20office%20of%20rural%20health/draftworkforceplanupdated2_22.ashx
9. Definition provided by the Association of Schools of Allied Health Professions.