Update on Collecting Primary Care Workforce Data
Robert Stiles, Primary Care Office, KDHE

Accurate Kansas practice information for health care professionals is critical to assuring an adequate supply and distribution of a qualified and accessible health care professional workforce. Workforce data is critical for:

- Identifying health care provider shortage areas;
- Evaluation of geographic health care professional distribution;
- Public health emergency preparedness;
- Recruitment and resource allocation purposes;
- Development and planning.

Currently, KDHE has focused on primary care data collection from the following professions:

- **Board of Healing Arts:** Medical Doctors, Doctors of Osteopathy, Physician Assistants;
- **Behavioral Sciences Regulatory Board:** Clinical Marriage and Family Therapists, Clinical Counselors, Psychotherapists, Marriage and Family Therapists, Masters Level Psychologists, Ph.D. Level Psychologists, Clinical Social Workers (LSCSW)
- **Board of Nursing:** Advanced Registered Nurse Practitioners
- **Dental Board:** Dentists, Dental Hygienists

For the most recent year this data was collected, survey return rates ranged from 26.1 percent to 97.3 percent for these professions.

Challenges

1. Data collection by boards and submission by practitioners is voluntary.

2. Even for professions where a high percentage of practitioners provide data, helpful data is missing. For federal designation purposes as well as assessment of need, comprehensive planning, and efforts to alleviate workforce shortages, it is important to know information beyond just who is licensed, including:

- Where are providers practicing;
- Amount of time they spend in direct patient care by specialty and type of work setting;
- Patient mix—if accept Medicaid, what percentage of patients enrolled.

3. Any type of modification to the licensure/relicensure process would require funding.

Goal/Process Changes

1. Analyze gaps to determine shortcomings in the current available data and methods of data collection, including the standardization of collected data across professions/boards.

2. Create a feasible, sustainable process to obtain a more complete dataset on providers and practice characteristics, perhaps through mandatory collection during the licensure/relicensure process.

3. Educate providers, health facilities, and local communities about the uses and value of this data.

4. Determine and plan for workforce needs and support activities for a sustainable workforce throughout Kansas.

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Why Kansas Needs to Collect Health Care Professional Data

KHPA Data Consortium

February 4, 2009

Our Vision – Healthy Kansans Living in Safe and Sustainable Environments

Background

- Data is critical to the role of state government in assuring an adequate health care professional workforce
- There are federally methodologies to recognize “underserved areas”
- Substantial federal resources are available to areas with documented health care workforce shortages

Benefits of Underserved Areas

Resources (Kansas):

- $8.5 million in federal FQHC grants
- $4.5 million in enhanced Medicaid FQHC reimbursement
- $11.1 million in enhanced Medicaid RHC reimbursement
- $750,000 in Medicare geographic HPSA physician payment bonuses

Benefits of Underserved Areas

There are also federal resources for health care provider recruitment/retention support in underserved areas:

- National Health Service Corps

(loan repayment and recruitment technical assistance)

- J-1 Visa Waiver Program

Benefits of Underserved Areas

One rural primary care physician generates approximately :

- $1.5 million in revenue
- $0.9 million in payroll
- 23 jobs in both the local clinic and the hospital*

*National Center for Rural Health Works (www.ruralhealthworks.org)

Benefits of Underserved Areas

Fifty-five primary care physicians practicing in Kansas (NHSC and J-1) generate approximately :

- $82.5 million in revenue
- $49.5 million in payroll
- 1,265 jobs in local clinics and hospitals

Benefits of Underserved Areas

- 2007 Federally Qualified Health Center revenue (all sources): $33.5 million
- FQHCs provided care to 99,358 patients (293,019 visits)

Collecting Health Professional Data

- Minimum data set (MDS) has historically collected through appropriate boards during relicensure (Healing Arts, Nursing, Behavioral Sciences, Dental)

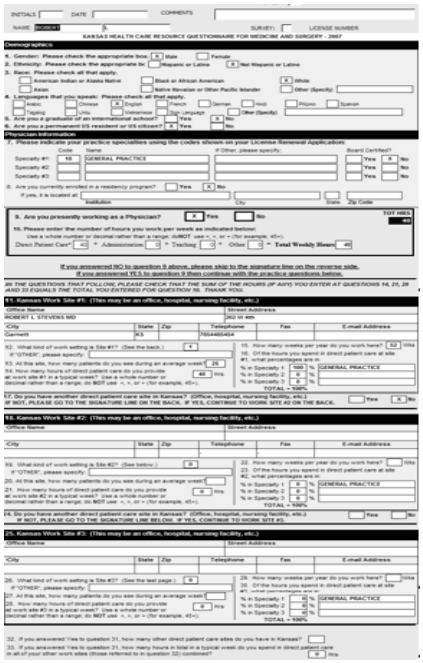
Required Health Care Professional Data for Health Professional Shortage Area (HPSA)

- Primary Care:
  - Physicians (MDs and DOs)
  - Physician Assistants (PAs) - **NEW**
  - Advanced Registered Nurse Practitioners - **NEW**
  - Certified Nurse Midwives **- NEW**

Required Health Care Professional Data for Health Professional Shortage Area (HPSA)

- Dental:
  - Dentists
  - Dental hygienists - **ANTICIPATED**
- Mental health:
  - Psychiatrists
  - Clinical psychiatrists, ARNPs, psychologists, professional counselors, social workers and marriage and family therapists - **ANTICIPATED**

Minimum Data Set Health Care Resource Questionnaire (Medical Doctors)



KANSAS HEALTH CARE RESOURCE QUESTIONNAIRE FOR MEDICINE AND SURGERY - 2007

Demographics

Physician Information

If you answered NO to question 9 above, please skip to the signature line on the reverse side.

If you answered YES to question 9 then continue with the practice questions below.

11. Kansas Work Site #1: (This may be an office, hospital, nursing facility, etc.)

18. Kansas Work Site #2: (This may be an office, hospital, nursing facility, etc.)

25. Kansas Work Site #3: (This may be an office, hospital, nursing facility, etc.)

Data Collection Issues

Survey Return Rates	2003	2004	2005	2006	2007	2008
Medical Doctors (MDs)	NA	65.1	53.2	75.7	78.0	NA
Doctors of Osteopathy (DOs)	NA	83.6	66.1	54.2	81.6	NA
Physician Assistants	76.9	75.9	43.8	70.1	88.8	NA
Masters Level Psychologists	26.2	24.8	21.9	25.9	19.5	12.0
Clinical Social Workers (LSCSW)	36.0	35.5	35.2	39.1	30.8	18.8
Advanced Registered Nurse Practitioners (ARNPs)	21.3	20.8	11.2	24.1	17.7	23.3
Dentists*	99.6	95.3	NA	97.3	NA	NA
Dental Hygienists*	NA	NA	96.3	NA	96.5	NA

NA=Not Available

Office of Health Assessment, KDHE

Data Collection Issues

- Nursing board discontinuing survey in March 2009
- Medicaid data:
  - Summary data on beneficiaries
  - Summary data on providers

  (Helps establish need for low-income population HPSAs for primary medical and dental care)

Ensuring Access to Primary Care

- Goal: enhanced health care professional workforce data
  - Mandatory health professional surveys (required as part of relicensure process)
  - Enhanced resources for data analysis
  - Physician Workforce and Accreditation Task Force will make recommendation to KHPA for enhanced data collection

Contact Information

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