

KANSAS HEALTH PROFESSIONS WORKFORCE DATA WORKGROUP – SUMMARY 4/09/10

Background: KHPA's statutory responsibilities include obtaining data relative to health care in order to advance decision-making and coordinating data analysis with respect to health programs. The Health Care Professional Database maintained at KHPA includes information collected monthly from 8 licensure boards (Healing Arts, Nursing, Pharmacy, Dental, Behavioral Sciences, Optometry, Emergency Medical Services, Health Occupations Credentialing) representing 67 medical/health care professions.

There is a critical need in state-level planning and policymaking to address health profession workforce shortages, access to care, and HIE/HIT provider incentive administration for more complete information to document where health care professionals practice, their specialty-mix, the approximate number of patients who are Medicaid beneficiaries, and other related information required when applying for Federal benefits. Standardized data with higher health care professional completion rates is needed across the credentialing boards. Information is needed to show FTEs by practice location. Additionally, it is necessary to distinguish between practitioners who are actually practicing and those who are simply keeping licenses active, but not in use.

The Health Professions Workforce Data Workgroup, a subcommittee of the Kansas Health Data Consortium comprising key suppliers, regulators, and users of workforce data was created to collaboratively conduct a comprehensive, state-level workforce data needs analysis, review current Kansas licensure data, identify gaps, and determine how best to obtain additional data necessary to support statewide workforce planning while minimizing the cost/burden to providers and associations for collecting it.

Timeline:

11/6/09: The Health Professions Workforce Data Workgroup met for the first time in Topeka to focus on needs assessment. [Members](#) discussed workforce data needs from various organizational perspectives starting with previously conducted Kansas University Medical Center studies on physician and oral workforce assessments and offered input on workgroup strategy. Information on other relevant state initiatives (NC, CA, FL, TX, HI) shared with members shortly after the meeting.

11/6/09 to 1/15/10: Workgroup members continued to communicate needs offline through an online worksheet and a Gap Analysis was performed. A table of all data currently submitted by Boards to KHPA and KDHE was matched with needs to identify gaps (additional workforce data elements needed). A comprehensive review of elements on Application, Renewal, Reinstatement, and Reciprocity forms used by the 8 Boards (80 provider forms and 15 business forms) was conducted

1/15/10: Second meeting of the Workgroup was held to review the gap analysis and understand any data collection challenges. Members were given an opportunity to comment on the various data elements identified as needed to meet the needs analysis and these comments were captured and posted online.

3/30/10: Third meeting of the Workgroup to brainstorm solutions and craft recommendations after researching potential data sources and mechanisms for data collection. This discussion produced the following documents that summarize the workgroup's recommendations:

1. Proposed Recommendations:
http://www.khpa.ks.gov/data_consortium/Docs/042010/Health_Professions_Workforce_Workgroup_Proposed_Recommendations.pdf
2. Proposed Minimum Dataset:
http://www.khpa.ks.gov/data_consortium/Docs/042010/Proposed_Minimum_Dataset.pdf
3. Proposed Data Collection Model (See Figure 1 below)

4/7/10: Workgroup’s recommendations presented to, and accepted by, the Data Consortium with understanding that the finalization of the core data elements of the minimum workforce dataset will require further discussion with individual Licensure Boards.

4/7/10 – 12/31/10: Meetings between KHPA/KDHE and individual Licensure Boards to develop a harmonized, multi-disciplinary standard for the core workforce dataset using the Proposed Minimum Dataset framework.

(For more details on workgroup activities including cumulative minutes in reverse chronological order, see: http://www.khpa.ks.gov/data_consortium/Health_Professions_Workforce_Data.html)

SCHEMATIC DRAFT – PROPOSED MODEL

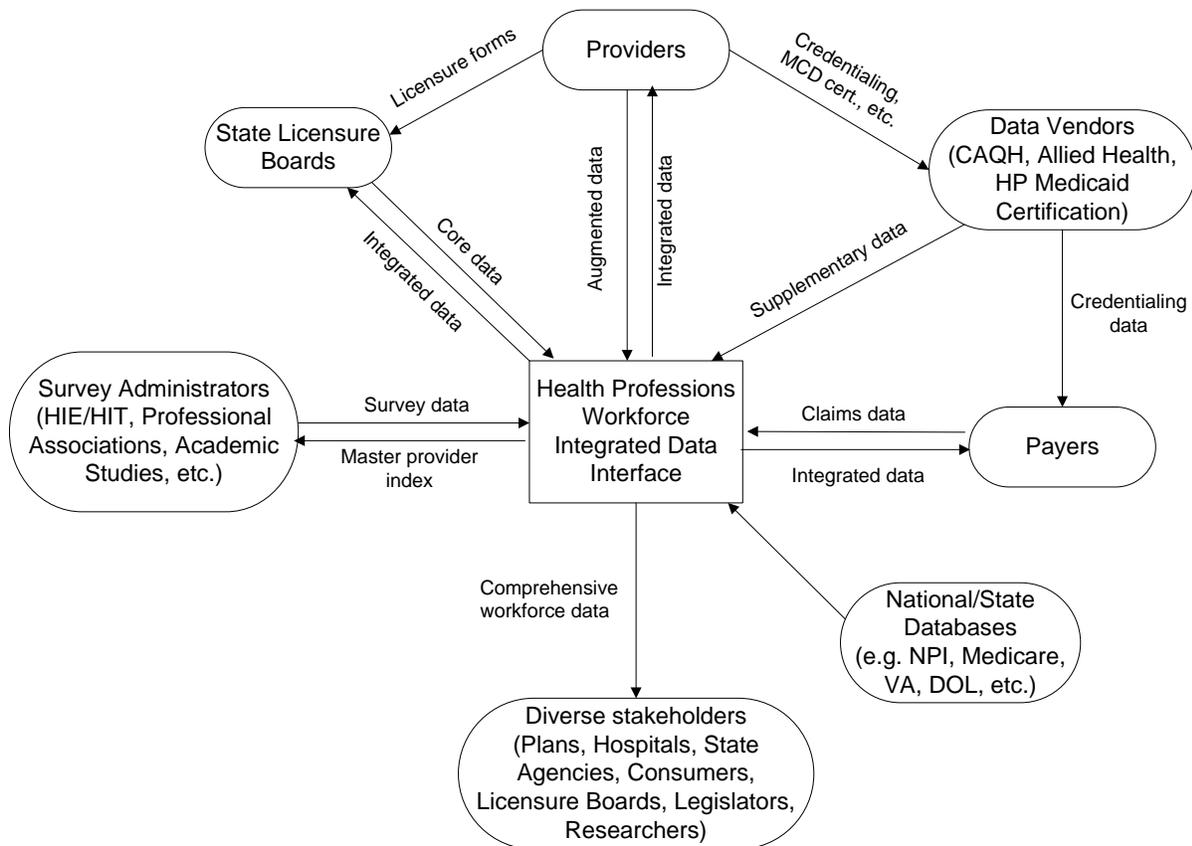


Figure 1: Proposed Streamlined Data Collection Model based on Strategy 3 (Licensure Boards collect mission-critical core elements while additional elements are collected/compiled centrally by a third-party)