



Healthcare Regulatory
Research Institute



CROSS-PROFESSION MINIMUM DATA SET (CPMDS)

WITH OPTIONAL SUPPLEMENTAL QUESTIONS

The following organizations participated in the development of this tool:



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Background

Access to health workforce data is essential to inform various aspects of state and profession-specific policy and programs, such as identifying health workforce shortage areas, planning for educational programs or regulatory policy changes, forecasting employment demands, and justifying funding requests. Data can also be used to evaluate the impact that policies may have on the workforce. Detailed information about a state's health workforce is necessary to evaluate existing programs and to plan for future needs.

Many states are exploring opportunities to leverage regulatory licensing processes to capture information from health professionals. As of 2019, approximately twenty-eight states reported collecting this information as a part of the licensing process.¹ An additional eight states reported capturing information from health professionals through some other mechanism (separate survey, telephone interviews, or in-person interviews). States and professions have developed their own strategies to collect information from health professionals. The information captured from health professionals in these states varies widely,² threatening comparability of supply data across professions within a single state or between states.

¹ Inventory of State Health Workforce Data Collection. 2019. Health Workforce Technical Assistance Center. Available at: <https://www.healthworkforceta.org/wp-content/uploads/2019/09/Data-Collection-Inventory-2019.pdf>

² Profession and state-specific surveys can be accessed at: <https://www.healthworkforceta.org/data-collection-inventory/>

About the CPMDS

The Cross-Profession Minimum Data Set (CPMDS) is a set of core questions that encompass the highest priority data elements that are considered the minimum necessary for health workforce planning. The CPMDS was developed as a collaboration between seven national healthcare regulatory organizations³ and has been endorsed by six of those organizations. The intent of the CPMDS is to standardize certain information captured from various health profession types to support within profession and between profession analyses.

The CPMDS is structured to allow standardization of data elements where possible, such as with demographic data fields, but also enables customization for each profession, such as with specialty and setting questions. The CPMDS would serve as a foundational data system, upon which individual profession-specific tools may be developed. The profession-specific tools would include customized response options that are profession-relevant.

To maximize comparability between professions, it is recommended that the text for each question field be standardized across all professions. However, the response options may vary by data element. Examples of the data element styles are presented below:

Standard question, Standard response

- What:
 - These questions include standardized language for both the question text and response options. These questions and response options are applicable to any and all profession types.
- Why:
 - Any and all responses to these questions would be comparable.
- Examples:
 - Demographic questions are examples of data elements that can be standardized and comparable across all profession types.

Standard question, Mappable response

- What:
 - These questions include 1) standardized language for the question and 2) response option categories which are common across professions.
- Why:
 - Semi-customized implementation of response options aligning with common categories will enable cross-profession comparisons while providing profession-specific information.

³ Association of Social Work Boards, Association of State and Provincial Psychology Boards, Federation of State Boards of Physical Therapy, Federation of State Medical Boards, National Association of Boards of Pharmacy, National Board for Certification in Occupational Therapy, Inc; National Council of State Boards of Nursing

- Examples:
 - Education level is an example of a data element that would have mappable responses. There are standardized categories of education level. However, not all categories would apply for all profession types. Additionally, profession types may desire to obtain an additional level of detail on certain education categories. Examples:
 - It would be inappropriate to include “high school diploma” as an option for “highest education” for professions whose minimum education for entry include post-secondary education.
 - A profession may desire to track specific educational options within a given category. For example, Medicine would be interested in collecting “Doctor of Medicine (MD)” or “Doctor of Osteopathic Medicine (DO)” both of which fall under the common category of “Professional/doctorate degree.”

Standard question, Flexible response

- What:
 - These questions include (1) standardized language for the question and (2) flexible response.
- Why:
 - A common question format would ensure that future comparisons cross-profession are supported regardless of the various response options.
- Example:
 - Specialty is an area that would vary widely between profession types. It is important that specialty/field/area of practice is captured from all health profession types but due to wide variations, it is not possible to standardize response options.

In addition to the core minimum data set questions, a list of optional supplemental questions has been included in the appendix. These questions may capture additional information deemed relevant by a state or profession.

Core Minimum Data Set Questions

Sex (Standard question, Standard Response)

1. What is your sex?
SINGLE-SELECT
 - a. Male
 - b. Female

Race/Ethnicity (Standard question, Standard response)

2. What is your race? Mark one or more boxes.
MULTI-SELECT
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race
3. Are you of Hispanic, Latino/a, or Spanish origin?
SINGLE-SELECT
 - a. No
 - b. Yes

Age/Year of Birth (Standard question, Standard response)

4. What is your birth year?
OPEN FIELD

Highest Level of Education (Standard question, Mappable response)

5. What is your highest level of education?
SINGLE-SELECT
 - a. High school diploma (or equivalency)
 - b. Some college, no degree
 - c. Technical/Vocational Certificate
 - d. Associate Degree
 - e. Bachelor's Degree
 - f. Master's Degree
 - g. Post-graduate training
 - h. Professional/Doctorate Degree
 - i. Postdoctoral training

Where Completed Education (Standard question, Mappable response)

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

SINGLE-SELECT

- a. [LIST OF U.S. STATES and territories]
- b. Another Country (not U.S.)

State(s)/Jurisdiction(s) of Licensure (Standard question, Flexible response)

7. In what state(s) and/or jurisdiction(s) do you hold an active license or have authority to practice? (Select all that apply)

MULTI-SELECT

[LIST OF U.S. STATES and territories]

(OPTIONAL) Suggest modifying response option based on a profession's unique practice authorities (such as compact or practice privilege)

Employment Status (Standard question, Mappable response)

8. What is your employment status?

SINGLE-SELECT

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of [PROFESSION] that does not require this license
- c. Actively working in a position in a field other than [PROFESSION]
- d. Not currently working
- e. Retired

Future Employment Plans (Standard question, Mappable response)

9. What best describes your employment plans for the next 2 years?

SINGLE SELECT

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown

Specialty (Standard question, Flexible response)

10. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?

SINGLE RESPONSE
[FLEXIBLE RESPONSE OPTIONS BY PROFESSION]

Telehealth (Standard question, Standard response)

11. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to patients?

SINGLE SELECT

- a. No
- b. Yes

Practice Location (Standard question, Flexible response)

12. In what state is your primary practice location? If this does not apply, please select "N/A"
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

13. What is the five-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A"

OPEN TEXT FIELD

(OPTIONAL) Repeat questions 12-13 for up to three practice locations, and consider inclusion of additional questions regarding street address and city, depending on profession type and interest

Employment Type/Arrangement (Standard question, Mappable response)

14. Which of the following best describes your current employment arrangement at your principal practice location?

MULTI-SELECT

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment/Locum tenens
- e. Other
- f. Not Applicable

Position Type/Role (Standard question, Mappable response)

15. Please identify the role/title(s) that most closely correspond(s) to your primary employment/practice type.

MULTI-SELECT

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
- f. Not Applicable

Setting Type (Standard question, Flexible response)

16. Which of the following best describes the practice setting at your primary practice location?
If this does not apply, please select “not applicable.”

SINGLE-SELECT

- a. [FLEXIBLE RESPONSE OPTIONS BY PROFESSION]
- b. Telehealth
- c. Not applicable

Hours/Week (Standard question, Standard response)

17. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.”

SINGLE-SELECT

- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

Hours/Week in Direct Patient Care (Standard question, Standard response)

18. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”

SINGLE-SELECT

- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week

- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

Optional Supplemental Questions

Gender (Standard question, Standard Response)

1. What is your gender?
 - a. Male
 - b. Female
 - c. Transgender
 - d. Gender Non-binary
 - e. Other
 - f. Prefer not to answer

Qualifying Education (Standard question, Mappable response)

2. What type of degree/credential first qualified you for this license?
SINGLE-SELECT
 - a. High school diploma (or equivalency)
 - b. Some college, no degree
 - c. Technical/Vocational Certificate
 - d. Associate Degree
 - e. Bachelor's Degree
 - f. Master's Degree
 - g. Post-graduate training
 - h. Professional/Doctorate Degree
 - i. Postdoctoral training

Year Completed Education (Standard question, Standard response)

3. What year did you complete the education program/degree that first qualified you for this license?
OPEN FIELD

Practice Location (Standard question, Flexible response)

4. In what city is your primary practice located? If this does not apply, please indicate "N/A"
OPEN TEXT FIELD
5. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."
OPEN TEXT FIELD

Patient Panel Characteristics (Standard question, Flexible response)

6. Please indicate the population groups to which you provide services. Please check all that apply.

MULTI-SELECT CHECKBOXES

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals who speak a language other than English
- k. Medicaid
- l. Medicare
- m. Sliding Fee Scale
- n. None of the above