



Healthcare Regulatory  
Research Institute



# FAQs: CROSS-PROFESSION MINIMUM DATA SET (CPMDS)

WITH OPTIONAL SUPPLEMENTAL QUESTIONS

The following organizations participated in the development of this tool:



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# Cross Profession Minimum Data Set and Supplement

The purpose of the CPMDS is to serve as an aligning framework for states, organizations, and researchers seeking to collect workforce information from healthcare professionals. The following questions are considered “minimum necessary.” Broad adoption of the CPMDS will support a level of standardization across healthcare workforce data sources, enabling comparisons across jurisdictions, supporting research, and facilitating potential future data integration and aggregation initiatives. The following section has been designed to support entities considering implementation of the CPMDS, outlining the research behind and rationale for CPMDS questions.

# Demographics

## Why is demographic data included in the CPMDS?

Demographics typically include information such as age, sex, gender, race, and ethnicity. Demographic information provides important insights into the characteristics of people, groups, and populations. Demographic data are collected by government entities, such as the United State Census Bureau, for the purpose of understanding population characteristics. Prior to the development of the CPMDS, no cross-profession strategy to support the consistent collection of demographic data for the health workforce has existed.

## Where did these questions come from?

Demographic questions in the CPMDS are considered the “minimum necessary” to support a basic understanding of the demographics of the workforce and enable comparisons to the population. The CPMDS questions align with the [United State Census](#).

## Do I need to implement these demographic questions?

Where demographic data consistent with the CPMDS already exist and are easily accessible within administrative systems, these questions are not advised for implementation. Rather, demographic data should be linked to data collected through the CPMDS to support workforce analyses.

## What about gender?

It is important to recognize that these questions are not inclusive of all demographic characteristics of people and populations. The [U.S. Census](#) currently captures sex and not gender of individual respondents. In order to maximize comparability of questions across information sources, it is recommended that the Cross-Professional MDS tool include a question capturing the sex of an individual. Gender may be considered “minimum necessary” by some entities and prioritized by a state/professional/organization that implements the CPMDS. An optional Gender question is provided to supplement the basic CPMDS questions.

## Why are Race and Ethnicity separate questions?

Race and Ethnicity are separate demographic characteristics and should be assessed separately to ensure individuals provide a response to each category.

## Why is the year of birth included in the CPMDS?

Average workforce age is important for informing projections. Recognizing that date-of-birth is personally identifiable and a static reporting of age may not be useful, it is recommended that year of birth be included to

enable an estimate of age. In the instance that the implementing state/entity already maintains date-of-birth in administrative data and it is able to be linked to a respondent, this question would not need to be implemented.

## Demographic Questions

### Sex (Standard question, Standard Response)

What is your sex?

SINGLE-SELECT

- A. Male
- B. Female

### Optional: Gender (Standard question, Standard Response)

What is your gender?

- A. Male
- B. Female
- C. Transgender
- D. Gender Non-binary
- E. Other
- F. Prefer not to answer

### Race/Ethnicity (Standard question, Standard response)

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

Are you of Hispanic, Latino/a, or Spanish origin?

SINGLE-SELECT

- A. No
- B. Yes

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

What is your birth year?

OPEN FIELD

# Education

## **Why are education questions included in the CPMDS?**

Health professions generally have specific educational requirements that must be fulfilled in order to enter into practice. Basic information on the educational characteristics of health professionals supports targeted assessment of the training pathways.

## **Do I need to collect these educational characteristics?**

Some states/entities may already maintain education information in administrative data systems, such as regulatory entities, which may collect educational information as part of license application requirements. In the instance that these data are readily available and able to be linked to an individual's data collected through the CPMDS, these questions should not be implemented.

## **Why does the CPMDS include a question regarding where someone completed their education?**

When combined with information on current practice characteristics, where a professional completed their training provides important insights into the mobility of the workforce.

## **What about the specific training program or institutions where health professionals completed their training?**

In order to maximize comparability and minimize the length of a survey tool, it is recommended that any questions relating to the specific school/institution where training was completed be added on an as-needed basis. Collection of any program-level information should be implemented in a manner mappable to a state/country.

## **Why is qualifying education included in the CPMDS as optional?**

Qualifying education is valuable to assess the level of educational preparation of individuals at the time of their entry into a respective profession. This question is indicated as optional because it may not be applicable for all professions. It is useful for professions that offer multiple pathways for qualifying education (e.g., nursing and dental hygiene). This question offers mappable response options that can be customized for implementation to meet the unique needs of a respective profession.



## Why is the highest level of education included in the CPMDS as optional?

The highest education is valuable to assessing the level of educational preparation/achievement of individuals within certain professions. This question is indicated as optional because it may not be applicable to all professions. It may be especially useful for professions for whom national benchmarks have been established related to educational attainment (e.g., nursing, physical therapy, pharmacy). This question offers mappable response options that can be customized for implementation to meet the unique needs of a respective profession.

## Education Questions

### **Where Completed Education (Standard question, Mappable response)**

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.)

### **(Optional) Qualifying Education (Standard question, Mappable response)**

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

### **(Optional) Year Completed Education (Standard question, Standard response)**

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

OPEN FIELD

### **(Optional) Highest Level of Education (Standard question, Mappable response)**

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

## Licensure/Regulatory

### Why is a question regarding states/jurisdictions of licensure included in the CPMDS?

Some health professionals may be licensed in multiple states/jurisdictions. Understanding whether, to what extent, and where health professionals hold licensure may be helpful in understanding interstate mobility.

#### Implementation consideration for states/jurisdictions of licensure:

Response options may be modified based on a profession's unique practice authorities (such as compact or practice privilege).

### Licensure/Regulatory Question

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

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)

# Employment/Labor Market

## Why are employment/labor market questions included in the CPMDS?

The current employment status and future employment plans of health professionals are foundational to understanding current healthcare capacity, refining workforce projections, and planning for the future. These questions are important to supplement labor data reported by the U.S. Bureau of Labor Statistics.

## Why is employment status included in the CPMDS?

Employment status is an important labor market indicator. In addition to providing insight into whether an individual is currently employed, the proposed question also provides insight into whether a health professional is currently engaged in a position that requires their license. This is useful for identifying licensed health professionals that may not be currently practicing or employed.

### Implementation considerations for employment status:

Additional information regarding workforce capacity may be collected by expanding response options. For example, “not currently working” may be expanded to include options such as “Not working but seeking employment in the field of [PROFESSION]” or “Not working and not seeking work in the field of [PROFESSION].”

## Why are future employment plans included in the CPMDS?

A future employment plan is an important labor market indicator that may be useful to inform workforce projections for a given period of time.

### Implementation consideration for future employment plans:

Response options relating to increasing or reducing hours may be expanded and/or customized to meet specific data needs (e.g., hours in direct patient care versus non-patient care hours).

## Employment/Labor Market Questions

### Employment Status (Standard question, Mappable response)

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)**

What best describes your employment plans for the next two years?

SINGLE-SELECT

- A. Increase hours in a field related to this license
- F. Decrease hours in a field related to this license
- G. Seek employment in a field unrelated to this license
- H. Retire
- I. Continue as you are
- J. Unknown

# Professional/Practice Characteristics

## Why are professional characteristics included in the CPMDS?

Professional characteristics, such as specialty, practice locations, hours per week, etc., provide information that is critical to understanding the workforce capacity that is available to provide certain types of healthcare services in certain locations. These questions are useful to support the identification of workforce shortages, including federal designations such as health professional shortage areas (HPSAs) and medically underserved areas/populations (MUA/P).

## Why is specialty included in the CPMDS?

In addition to the training required for entry into a health profession, many health professionals complete additional training and/or certification in order to obtain additional expertise in specific areas/fields. The term specialty is typically used to identify additional training/expertise (e.g., family medicine, pediatrics, cardiology, substance use disorder treatment, etc.). Professionals are licensed for a specific health profession/occupation. In most instances, additional state licenses are not issued for specialties within a profession/occupation (e.g., individuals are licensed by states as physicians, not obstetricians).

### Implementation consideration for specialty:

Specialty is a data field that varies widely between health professions. 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. For health professions where similarities in specialty types exist, it may be helpful to consider alignment in response options to the extent possible (e.g., states may be interested in monitoring primary care capacity among physicians, advanced practice registered nurses, physician assistants, and others).

## Why is telehealth included in the CPMDS?

The rapid adoption of telehealth over the past decade, especially since 2020, and state implementation of regulatory policies aimed at enhancing interstate mobility of the workforce (licensure compacts, reciprocity agreements, mutual recognition), have implications for tracking and monitoring the health workforce. This question has been added to enable the monitoring of telehealth participation among health professionals. The definition of telehealth used in this question was sourced from a [CMS Telehealth Toolkit](#).

## Why is practice location included in the CPMDS?

The location a health professional practices in may or may not be the same as the location associated with their license. Practice location information is needed in order to determine the capacity of health professionals within certain communities/geographies.

## **Why are there four separate questions for practice location?**

The level of information required to support workforce assessments and planning may vary. In the case of professions for whom federal workforce shortage designations exist (e.g., physicians, dentists, psychologists, and mental health counselors), states require a street address, city, state, and zip code to verify and or update practice address information in the federal system. This level of information may not be required for other types of workforce assessments. For example, the zip code of practice and/or county of practice may be sufficient to support assessment and planning for other professions.

### **Implementation considerations for practice locations:**

It is important to note that street address level information is required by states in order to determine federal health professional shortage area designation status. Some health professionals practice at more than one location. Practice location questions may be repeated for up to three practice locations.

## **Why is employment arrangement/type included in the CPMDS as a professional characteristic?**

The employment arrangements/types of health professionals may vary by profession, setting, etc., or personal preference. The structure of employment (e.g., employed versus temporary employment/locum tenens) has implications for workforce assessments and federal shortage designations.

## **Why is position type/role included in the CPMDS?**

Health professionals may be employed/work in various roles within or outside of patient care. Having information on position type/role is useful for workforce assessment and planning across various sectors and settings related to the health workforce. For example, information on health professionals in faculty/educator roles can support related workforce assessments and planning for education program expansion. This question also provides insight into whether health professionals are contributing to healthcare capacity through clinical practice or whether they are contributing to other areas.

### **Implementation consideration for position type/role:**

The CPMDS question is focused on capturing a health professional's primary practice type/role. Many health professionals may serve in multiple roles. Additional questions could be added to capture role/title for professionals that split their time between multiple.

## **Why is the setting type included in the CPMDS?**

Health professionals may be employed at/practice in many settings. The specific types of settings vary widely by profession. Practice setting provides insight into where workforce capacity is currently distributed across

the health system. It is important to note that setting is also required for states to identify as part of federal workforce shortage designations, where only “community based” health professionals are included in workforce capacity assessment.

### **Implementation consideration for practice setting:**

It is important that setting is captured from all health profession types, but due to wide variations, it is not possible to standardize response options. It is recommended that “Telehealth” be included as a setting option.

## **Why are hours per week included in the CPMDS?**

Hours per week is useful to estimate a health professional's full-time equivalency. Full-time equivalent or FTE refers to the number of hours considered full-time. Generally, 40 hours is considered to be equivalent to 1 FTE. The hours per week question and response options are designed to standardize FTE estimates.

## **Why does the CPMDS include a question for hours per week and another question for hours per week in direct patient care?**

Hours per week in direct patient care provides insight into clinical care capacity, whereas hours per week includes both patient care and other roles and responsibilities. Hours per week in direct patient care is the metric required for federal health workforce shortage designations.

### **Implementation consideration for hours per week/hours in direct patient care per week:**

Although more specificity (specific hours) may seem desirable, open text fields require significant resources for data preparation and may not result in consistent and comparable information. The proposed categories enable estimates of full-time equivalents and align with data needs of states for federal health professional shortage area designations.

## **Professional/Practice Questions**

### **Specialty (Standard question, Flexible response)**

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)**

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)**

(Optional) What is the street address of your primary practice location? If this does not apply, please indicate "N/A."

OPEN TEXT FIELD

(Optional) In what city is your primary practice located? If this does not apply, please indicate "N/A"

OPEN TEXT FIELD

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]

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

OPEN TEXT FIELD

**Employment Type/Arrangement (Standard question, Mappable response)**

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)**

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)**

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

[FLEXIBLE RESPONSE OPTIONS BY PROFESSION]

- A. Telehealth

- B. Not applicable

**Hours/Week (Standard question, Standard response)**

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)**

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) Patient Panel Characteristics (Standard question, Flexible response)**

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