

Regulators as Champions for Informed Health Workforce Policymaking: The CPMDS

Cross-Profession Minimum Data Set (CPMDS)

WHAT IS THE CPMDS AND HOW COULD IT HELP STATES?

The CPMDS is a tool that empowers states to collect health workforce data in a format that meets a myriad of data needs. It is designed to be implemented by state or jurisdictional regulators to collect information from health care professionals during the licensing process. Health professionals responses can be used to **identify shortages, guide prioritization for workforce development and appropriation** (such as loan repayment or education support), and **support evaluation to ensure policies are effective**.

WHAT HEALTH WORKFORCE DATA ARE CURRENTLY COLLECTED DURING LICENSING?

The manner in which regulatory entities collect and manage data on their state health workforce varies widely and many times, by board/profession. In some states, the only information that exists is that which is captured on initial license application or during renewal. However, the data may be on paper only and therefore is not readily available to respond to legislative or administrative inquiries. For some states or professions, data may be routinely collected during license renewal, but the information that is captured may have low response or may vary significantly by profession. These limitations would threaten usability of the data, and prohibit statewide or cross-profession data comparisons.

WHAT OPPORTUNITY MIGHT THE CPMDS PROVIDE?

In contrast, the CPMDS is a tool that was designed to support collection of health workforce data in a consistent format that meets a myriad of state/jurisdiction and profession-specific workforce data needs. There are many data fields in the CPMDS that are standardized across all professions (such as demographic characteristics, practice location(s), and employment plans). Other data fields are designed to be customizable by profession to ensure the information that is captured is sufficient to assess profession-relevant questions.

WHAT HEALTH WORKFORCE QUESTIONS COULD THE CPMDS ANSWER?

The CPMDS was specifically designed to support states in answering common state planning questions related to the health workforce, such as:

- We can use state licensing data to understand how many licensed individuals we have in our state, but how many are actually practicing within our borders?
 - Example: We have 2,000 licensed occupational therapists, but we only have [insert number] that are actively providing occupational therapy services in our state.
- What geographic areas in our state have shortages in health professionals?
 - Example: How does our state's rural behavioral health workforce capacity compare to urban areas?
- How many [insert health profession title] have a specialty in [insert specialty]?
 - Example: How many advanced practice registered nurses have a specialty in primary care?
- How many [insert health profession title] provide [key health service] in our state?
 - Example: How many family medicine physicians are delivering babies in rural areas?
- Are there any health professions that have high planned retirement rates in the next two years?
 - Example: How many pharmacists report plans to retire in the next two years?

Regulators as Champions for Informed Health Workforce Policy Making: The CPMDS (Cont.)

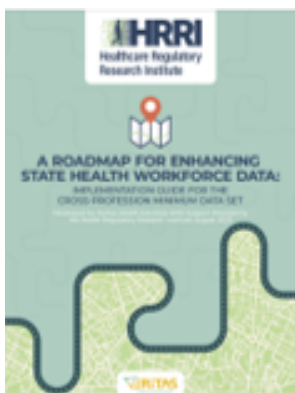
WITH THIS DATA, WHAT COULD OUR STATE DO IN RESPONSE?

Below are examples of state/jurisdiction policies or processes that could be better informed with data collected from the CPMDS.

- **Accurate identification of health professional shortage areas** (HPSAs) by state primary care office, and **maximum leveraging of federal incentives** available to federally designated shortage areas
- **Data-driven profession-specific policies** (statute and rulemaking), including regulatory policies (education, entry, practice, etc.)
- **Targeted educational expansion** initiatives in communities with significant shortages
- **Alignment of state health workforce incentives** (ex: scholarship, tax credit, loan repayment) with identified shortages
- Development of **targeted recruitment or retention strategies** to meet needs of a specific profession, community, or service (ex: regulatory policy change, re-location incentives, etc.)

WHAT ROLE MIGHT STATE REGULATORS PLAY RELATED TO HEALTH WORKFORCE DATA?

In order for the CPMDS to be implemented effectively, regulators would need to serve as champions for implementation of the CPMDS during the licensing process. This would include working with the Legislature on appropriate data collection mechanisms (if appropriate), providing fiscal estimates for data collection, supporting data analysis (either directly or through establishing relationships with external groups for data sharing), and providing profession-specific subject matter expertise on survey design (for CPMDS survey questions that are customizable for each profession).



WHERE CAN I LEARN MORE?

To learn more about the CPMDS and how it might be implemented, visit www.hrri.org/CPMDSRoadmap or scan the QR to the right.



CROSS-PROFESSION MINIMUM DATASET SURVEY (CPMDS)

WHAT IS IT?

A list of 18 questions that have been developed for the purpose of standardizing the collection of workforce information across various health professions, including: demographic, education, employment and practice characteristics.

WHY WAS IT CREATED?

Many health professions and states/jurisdictions have ongoing data collection initiatives, many of which were informed by profession-specific survey minimum dataset tools.¹ Until the CPMDS, there was no consistency between these initiatives in the specific questions that are asked and the way the data were gathered. Variability in data collection contributes to a lack of consistency in data across the professions (and sometimes within a profession across multiple data collection initiatives). Inconsistencies in workforce data threaten comparability and usefulness, and prohibit cross-profession data integration initiatives.

HOW WAS IT CREATED?

Leadership from seven (7) health care regulatory organizations met regularly in 2022-2023 to complete the activities listed below:



Phase 1

Information gathering & consensus building



Phase 2

Identify current profession-specific workforce data collection tools



Phase 3

Determine data elements appropriate for standardization



Phase 4

Develop Cross-Profession Minimum Dataset Survey Tool & Roadmap

HOW COULD IT BE USED?

Who: This tool was designed to be implemented at the state level. For example, regulatory entities may be interested in implementing this tool to learn more about their workforce and support state workforce planning.

What: Regulatory entities can implement the tool as is, or develop additional supplemental profession-specific questions or response options. Profession representatives may implement this tool to develop workforce profiles on their profession/ members.

How: This tool can be deployed using many modalities (embedded within license renewal processes, electronic survey tools, or paper surveys). Workforce data captured during license renewal is a best practice and the recommended method.

This resource was prepared by Veritas Health Solutions (<https://veritashealthsolutions.org/>) through support provided by the Healthcare Regulatory Research Institute (<https://www.hrri.org/>).

DATA ELEMENTS INCLUDED:



Demographic



Education



Employment



Practice

What this tool is:

An opportunity to standardize certain information captured from all health profession types

What this tool isn't:

A replacement for profession-specific questions that may be appropriate or data collected as part of routine regulatory processes



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