A Tool to Support Informed Health Workforce Policymaking: The CPMDS
Cross-Profession Minimum Data Set

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 QUESTIONS COULD THE CPMDS ANSWER?

The CPMDS was specifically designed to support states/jurisdictions in answering common planning questions related to the health workforce:

- 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 of 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 are reporting high rates of planned retirement in the next two years?
  - Example: How many pharmacists report plans to retire in the next two years?

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

Below are examples of state 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
- **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, relocation incentives, etc.)

More information about HPSAs and their benefits can be found at: https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

WHAT ROLE MIGHT A STATE LEGISLATURE PLAY RELATED TO HEALTH WORKFORCE DATA?

Legislative Authority for Data Collection. States can implement the CPMDS in a variety of ways. State legislatures can create policies which authorize regulators (state boards or licensing agency) to collect data from licensees during the licensing or renewal process. Legislative implementation for data collection varies by state. Below are some ways in which legislative language may differ between states:

- **Authority implementation**: Regulators could be permitted to collect the data, or required to collect the data. Mandatory response would provide the best result as it would include 100% of licensees within a state, but feasibility should be considered.

- **Data collection scope**: The CPMDS tool is designed to suit any and all health professions. However, states may choose to prioritize initial collection efforts for top priority professions (ex: physicians, nursing, behavioral health).

Designation and Resources to Support Data Analysis and Reporting. Data collection alone will not provide a state with information that is readily available for planning. Once collected, the data must be analyzed and reported. Data collection, analysis, and reporting requires a champion and resources. Below are some considerations for legislative implementation of these efforts:

- **Identification of a data champion**: It is recommended that data collection be the responsibility of state regulators in order to maximize response and enhance quality of responses received. However, data expertise will be required to support profession-specific survey design (identifying appropriate response options for each profession), conducting data analysis, and producing reports. Some states have this expertise internal to state government and can conduct these functions "in-house"; other states partner with external entities (such as state universities or non-profit organizations) to conduct these activities. Some states have used legislation to designate a state "health workforce data center."

- **Appropriation to support data activities**: The amount of funding required to support state health workforce data activities varies depending on implementation mechanism (i.e. efforts are internal to state government vs. external, scope of professions included, data reporting resources desired by Legislature, etc.). However, it is recommended that any state data collection efforts include a funding allocation to maximize feasibility and success.

WHERE CAN I LEARN MORE?

To learn more about the CPMDS and how it might be implemented, visit **https://tinyurl.com/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.

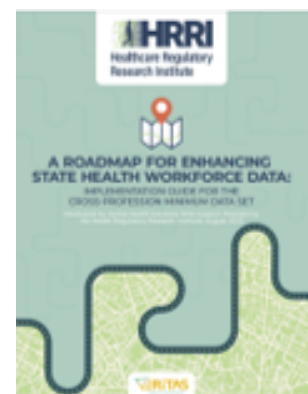**DATA ELEMENTS INCLUDED:**

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

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/).

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