Concept Paper and Legislative Proposal:
Health Workforce Minimum Data Set (MDS) Collection and Analysis in Nevada

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Rationale for Proposed Legislation

The health care sector is vital to Nevada's economy and the state's health care workforce is crucial to assuring that high quality health care is accessible by all Nevadans. However, Nevada lacks a consistent and easily accessible source of information about its health care workforce, including reliable data on current and projected health workforce supply and demand. These problems have added urgency as population growth and aging, insurance coverage expansions, and an expanding economy place greater demands on clinics, hospitals, and other health care providers. Accurate data on the state's health care workforce is thus needed to ensure an effective, efficient, and equitable health care system in Nevada.

The federal Health Resources and Services Administration recommends that states routinely collect health workforce data at the time of licensing and renewal using standard Minimum Data Sets (MDS) to more accurately capture clinical full-time equivalent capacity and ability to meet health needs and demand for workers across geographic regions of the state and across industries within the health sector. An MDS approach to health workforce data collection has gained support across different disciplines and over thirty states across the county. Currently, 26 state agencies and licensing boards in the State of Nevada are responsible for the licensure or certification of at least 70 health professions in Nevada (see Appendix 1).

As a part of their ongoing effort to protect the public, these State of Nevada licensing boards regularly collect and disseminate information about their licensees. This information is collected primarily through an individual's application to be admitted to the profession and through relicensing processes. Since applicants for licensure complete applications under penalty of perjury, the data submitted is typically of high quality and credibility.

There is a significant need to develop a standardized, minimum set of data points for health professions or occupations licensed by the State of Nevada. While the collection process should be determined by each board, a standardized set of workforce data points or questions should

be a mandatory component of licensure and re-licensure for key professions licensed in the State of Nevada. The state licensing board application and renewal process provides a unique opportunity for collecting and updating workforce information on 100 percent of licensed professionals in a given discipline – particularly, information on current employment status, location of employment or practice, type of employment or practice setting, number of hours worked per week, and retirement plans.

Hence, there is a need for legislation that:

(1) requires each health licensing board to collect a core essential data set for all licensees at initial licensure and at the time of renewal;

(2) tasks a broad stakeholder committee with prioritizing data collection, identifying a discipline-specific MDS for each health profession, and making recommendations for future research and data collection (see Appendix 2 for a list of prospective health workforce stakeholders in Nevada); and

(3) tasks the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine (OSI) with the management of MDS data collected by licensing boards and the provision of health workforce data and reports to the public, health care stakeholders, state agencies, the legislature, and the governor.

The proposed legislation should permit licensing boards to increase licensure fees commensurate with the administrative and technical demands of creating and maintaining discipline-specific minimum data sets by the boards, and the associated data management, analysis, and dissemination undertaken by OSI. If enacted, the minimum workforce data points and related questions incorporated into existing licensure application and renewal forms should be straightforward for licensees, place a minimal amount of burden on the applicant (e.g., take less than 10 minutes to complete), and place a minimal amount of administrative and financial burden on licensing boards. The proposed legislation is modeled on the "Health Care Workforce Data Collection, Analysis, and Policy Act" enacted by the State of New Mexico Legislature in 2011 and amended in 2012 (see Appendix 3).

Minimum Data Set Elements

Table 1 summarizes potential health workforce MDS elements organized by five broad categories of licensee characteristics: (1) demographics; (2) licensure and certification; (3) education and training background; (4) occupation and area of practice; and (5) practice

characteristics and settings. Some of these data elements are already provided to licensing boards through their current licensure and licensure-renewal processes. Some data elements are not, and would require adding questions to initial and renewal applications.

Table 1: Sample Data Elements for a Health Workforce Minimum Data Set

MDS Category	Sample Data Elements
(1) Demographics	• Age / date of birth • Place of birth • Race and ethnicity • Sex and gender • Place of current residence • Military / veteran status • Citizenship, visa status • Primary language and other languages spoken
(2) Licensure and certification	• Licensure status, active or inactive • Number and type of job-related licenses held • Number and type of job-related certificates held
(3) Education and training background	• Degree(s) obtained, matriculation data, year(s) of completion • Field of study and/or specialty training, subspecialty training • Completion of internships and other educational programs • Current enrollment in a health-related degree program • Educational debt, participation in loan forgiveness programs
(4) Occupation and area of practice	• Primary occupation or position • Secondary occupation or position (if applicable) • Primary and secondary (if applicable) area of practice
(5) Practice characteristics and settings	• Employment or practice status in Nevada and other states • Average hours worked per week • Average hours worked in direct patient care per week • Average hours worked per week in other activities, such as administration, teaching, research • Employment arrangements, e.g., salaried versus self-employed • Employer practice settings, e.g., hospital or clinic • Physical location of practice setting • Employment plans for the next 12 months, next 3-5 years • Retirement plans and timing • Use of telehealth • Professional liability insurance costs, other barriers to practice • Percent of care provided to Medicaid patients • Percent of care provided to Medicare patients

Table 1 provides sample data elements that could be incorporated in a discipline-specific, policy-relevant MDS. The data elements listed in Table 1 are not intended to be used in their entirety for any one discipline, since some elements will be relevant to categories of workers and not to others. For example, some occupations specialize and subspecialize (e.g., physicians, nurses, dentists), while most do not. The proposed legislation would require licensing boards working in collaboration with health care stakeholders and the Office of Statewide Initiatives to identify and tailor a discipline-specific set of data elements and questions to the current licensure application and licensure renewal process.

Improved Data for Health Workforce Planning in Nevada

The proposed legislation will improve our state's ability to enumerate the current supply of health care workers and to understand specific demographic and practice characteristics of that workforce. Moreover, the resulting data collection and analysis will inform a wide-range of public and private-sector policy planning and development in Nevada and improve state policymakers' ability to address and evaluate:

- Current and future workforce demand and supply in Nevada, including the scope and severity of shortages in key areas such as primary care and mental health;

- Nevada's capacity to address unmet and emerging health needs in Nevada and their associated health workforce requirements, such as the number and types of behavioral health professionals needed to address longstanding mental health needs and the opioid epidemic in the state;

- Recruitment, retention, and workforce development activities by hospitals, medical practices, local public health authorities, and other health care employers;

- Loan repayment programs, the health professional shortage area (HPSA) designation process, and other programs and policies intended to address statewide health workforce shortages and the geographic maldistribution of providers across urban and rural regions of Nevada;

- Current health care education capacity in Nevada's public and private institutions of higher education, the need or demand for new programs, and the need to expand existing programs;

- State-supported graduate medical education (GME) funding and policies, including GME Grants overseen by the Governor's GME Task Force;

- Educational program effectiveness in graduating health professionals to ultimately practice in Nevada, including public and private higher education medical, nursing, dental, and behavioral health programs;

- The adequacy of provider networks for public and private insurance plans serving Medicaid beneficiaries and other residents of Nevada; and

- Health workforce development within broader regional and statewide economic development activities in Nevada.

To these ends, partnering with state licensing boards, health policymakers and stakeholders across Nevada, the Office of Statewide Initiatives would assume all data-related duties associated with the proposed legislation including the creation of a Nevada Health Workforce Data System that utilizes MDS-generated health workforce data.

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