

Health Equity Brief

Efficient Health Workforce Data Collection

July 2017

This Health Equity Essentials research brief outlines an innovative and efficient data collection method that will help Illinois to better:

1. Measure Health Profession Shortage Areas (HPSAs) (location, severity, and type)
2. Measure surpluses and shortages for all professions and specialties, beyond HPSA tracking, which is limited to primary care, psychiatry, and dentistry
3. Track the diversity of the workforce across all health professions
4. Engage in data-informed health workforce planning, development, and access improvements
5. Target and measure success of investments in health workforce diversity, expanding access to different professions and specialties, and across geographic areas and underserved populations
6. Reduce and move toward elimination of healthcare access inequities, a state and national priority

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Executive Summary

- **An efficient health workforce data collection and analysis system is needed for making progress** on Illinois' health workforce needs and ensuring healthcare access.
- **Ensuring high-quality healthcare access requires having a diverse, highly-trained, culturally competent, or culturally humble, health workforce** across different provider categories and appropriately distributed geographically throughout the State.¹

Problem: Illinois has an outdated and inefficient approach to collecting data on the number of healthcare providers for the establishment and renewal of Health Professions Shortage Areas (HPSAs). The current method is completed via phone on a discontinuous, rather than systematic basis. Also, Illinois' current license renewal data collection is inadequate for determining health professionals' practice locations, amount of time in practice at each location, and the diversity of the health workforce.

Illinois has seen large gains in health insurance coverage and the diversity of its population; however, the State has significant shortages of different types of health professionals in many parts of the state, which can limit healthcare access.^{2, 3} Illinois currently ranks 25th nationally in primary care percent of need met, with roughly 60% of its need met (for more, see the map on page 14).⁴ Illinois does not systematically track its health workforce diversity, but the Illinois Health Workforce Investment Board Healthcare Task Force recommended such data collection, which could measure success of investments in workforce diversity.⁵

License renewal is an untapped opportunity for systematic collection of valuable data about Illinois' health workforce. Some states collect a minimum data set for health professions, and Illinois' lack of such data collection and analysis disadvantages health workforce planning and healthcare access.

Policy Change Recommendation: Illinois should collect and analyze detailed information during the license renewal process for all health professionals through a policy change made to each health profession's practice act. Efficient data collection at the point of license renewal will: 1) minimize the administrative burden of data collection; 2) systematically and efficiently collect data on more factors than are currently collected; 3) help ensure data-informed, strategic health workforce investments.

Policy Change Rationale: Data collection and analysis based on a combination of the predefined HRSA Health Professions Minimum Data Set (MDS) and some questions from the HRSA Full Time Equivalents Survey will allow Illinois to better, consistently, and efficiently:^{6, 7}

1. Measure HPSAs, including location, severity, and type
2. Measure surpluses and shortages for all professions and specialties, beyond HPSA tracking, which is limited to primary care, psychiatry, and dentistry
3. Track the diversity of the workforce across all health professions
4. Engage in data-informed health workforce planning, development, and access improvements
5. Target and measure success of investments in health workforce diversity, expanding access to different professions and specialties, and across geographic areas and underserved populations
6. Reduce and move toward elimination of healthcare access inequities, a state and national priority

This policy change matters for health equity: Achieving health equity and eliminating disparities—one of four overarching goals in Healthy People 2020, the national public health agenda—requires strategic efforts targeted at specific inequities.⁸ Collecting this data can help Illinois measure and reduce inequities in access to different types of health providers and use data-informed strategies to diversify the State's health workforce.

Background

Title V of the Patient Protection and Affordable Care Act (ACA) seeks to improve access and delivery of health care services with a focus on low income, underserved, uninsured, minority, health disparity, and rural populations by:

- (1) Gathering and analyzing data to ensure the health care workforce can meet the needs of individuals, including research on the supply, demand, distribution, diversity, and skills of the current workforce;
- (2) Increasing the supply of quality health care professionals;
- (3) Enhancing education and training of the health care workforce; and
- (4) Providing any additional support to the existing health care professionals.⁹

Because of the ACA, many more Illinois residents have insurance than before its passage, with 12,797,900, or 91% of all Illinois residents having some form of health insurance (employer, private, or public).⁴ Despite large gains in insurance coverage, Illinois still has significant shortages of various health professionals, limiting access to care statewide. Illinois needs a systematic method of gathering data regarding health professionals practicing in Illinois to better plan investments and track progress toward ensuring that the State is addressing the unmet and growing health care needs of residents. Data-informed health workforce investments are necessary for meeting the triple aim of “improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations” sought by both the ACA and Illinois health reforms.

Policy Challenge

Recognizing the challenges presented by the changing demographics and healthcare needs in Illinois, this brief represents research and policy recommendations to help the state:

- 1) Efficiently gather health workforce data,
- 2) Better understand the degree to which it has a diverse and well-distributed health workforce; and
- 3) Ensure more targeted and successful health workforce development investments.

Gathering and analyzing high-quality data on the health workforce would better align Illinois with the standards of Title V of the ACA, improve the efficiency of such data collection, and improve the targeting and return on Illinois’ investments in its health workforce. Policy changes that would modify Illinois’ license renewal procedures, conducted through Illinois Department of Financial and Professional Regulation’s (IDFPR) Division of Professional Regulation, is a “winnable battle” for Illinois. Because health professionals are required to renew their licenses on a regular basis, collecting data at that point in time is a cost-effective approach that other states have begun to implement.⁶ According to a report from the Federation of State Medical Boards, 68% of member boards include workforce questions in their license renewal process.¹¹

Current Process in Illinois

IDFPR's role in data collection:

Currently, the license renewal process for health professionals in Illinois asks the professionals to certify that they have completed their required continuing education credits and that they are not delinquent on their child support or taxes. IDFPR carries out the law as written as it relates to the license renewal process of health professionals, with the collected data being directly relevant to the license renewal process. Generally, IDFPR does not collect more data than is required by statute to ensure that "licensure qualifications and standards for professional practice are properly evaluated, applied, and enforced."^{12,13} (More information on the data being collected by IDFPR for physicians specifically, used as an example, can be found on page 6.) The license renewal process collects an address, but the collected information may reflect the home address of the licensee, or one of several practice locations. Both the number of hours that health professionals practice and the addresses of the different places where a health professional might work are not collected.

IDPH's role in data collection:

The federal government established ten essential services to public health in an effort to describe the activities that all public health systems should engage in to support a healthy population.¹⁴ Two of those ten--"8. Assure competent public and personal health care workforce" and "9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services"--require the Illinois Department of Public Health (IDPH), to collect data on health professionals. Currently, this is done through requesting information from provider groups and clinics within HPSAs and reporting this information to HRSA.^{14, 15, 16} IDPH staff does this by calling individual clinics and asking for information and completion of a survey regarding providers.¹⁶ HRSA uses this information to determine funding levels for loan repayment programs that aim to increase provider capacity in underserved areas.^{16, 17}

This current method presents a significant administrative burden because data collection is conducted via phone. Also, it is only gathered for a limited number of professions, including primary care physicians, advanced practices nurses, dentists, and psychiatrists. This process collects incomplete information on a smaller subset of professions than the State could collect if it utilized the HRSA MDS for each licensed health profession at the time of license renewal.

IDPH also manages the Health Care Worker Registry, which, according to the associated IDPH webpage:

"...lists individuals with a background check conducted pursuant to the Health Care Worker Background Check Act (225 ILCS 46). It shows training information for certified nursing assistants (CNA) and other health care workers. Additionally, it displays administrative findings of abuse, neglect or misappropriations of property."¹⁸

The Health Care Worker Background Check Act could provide another opportunity to gather useful demographics and practice location data for those health professions that are not covered by a specific practice act, including home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, any other direct care provider, and community health workers. Communication with IDPH will be important to ensure that this data is collected in alignment with that of other health professions.

Policy Change Recommendation

Health & Medicine recommends that Illinois' health professionals' practice acts be amended to require that when health care practitioners renew their licenses, the IDFPR be required to collect more useful data based on a combination of the predefined HRSA Health Professions MDS and some questions from the HRSA Full Time Equivalents Survey.^{6,7} This will help the State to collect better data regarding the health workforce, including:

- Race and ethnicity
- Age and other demographic information
- Education
- Practice location(s)
- Number of patient care hours at each location
- Populations served

This policy change would require each of the included health professions to agree to incorporate this language into their individual practice acts. It would also require a nominal increase in re-licensure fees for included professions in order to cover the cost of processing the new data. The exact increase would be calculated based on the existing supply of health professionals in the State. Although there are various means to accomplish the goal of a robust database of the Illinois health care workforce, gathering and analyzing license renewal data based primarily on a predefined Minimum Data Set, with some additional questions from the Full Time Equivalents Survey, is the optimal route.

What are the HRSA Health Professions Minimum Data Sets?

The HRSA Health Professions Minimum Data Set was established by the National Center for Health Workforce Analysis to answer critical health workforce questions such as:

- How many practitioners does the state have within different provider groups?
- Where are they practicing?
- Who is providing patient care?
- What type of care are practitioners providing?⁶

Coupling the MDS questions with some of the HRSA Full Time Equivalents Survey (discussed more on the next page) and analysis of the collected data, some additional questions will be able to be answered:

- Where are there shortages and surpluses within different categories of providers?
- Are these providers serving the state's most vulnerable populations (including homeless, Medicaid recipients, migrant and seasonal farmworkers, Native Americans, non-English speakers, low-income residents and those receiving care on a sliding scale)?
- How diverse is our workforce (as it relates to age, gender, race/ethnicity, language, education, etc.)?

Because inconsistencies in the questions asked make comparison between states difficult, the MDS provides accurate, comparable, and consistent data spanning profession, location, and time. This data can be used in the policy development process on the state and Federal level. Table 1 below lists all health professions licensed through IDFPR with an established MDS questionnaire.

state agency that oversees public health, works to assure a competent public and personal healthcare workforce, one of the ten essential public health services, which they fulfill in part by tracking and attempting to address HPSAs. If a change were to be made in Illinois regarding data collection during the health workforce license renewal process, IDFPR would be responsible for implementing the data collection change, but IDPH would likely be responsible for analyzing such data, providing HPSA information to HRSA, and providing actionable reports and recommendations for various health workforce stakeholders. As mentioned before, IDPH currently oversees both the data collection for HPSA designation and the administration of some State health workforce scholarship and loan repayment programs. A similar division of labor and responsibilities exists in other states as well, which indicates that a more streamlined process can be adapted.

Collecting better health workforce data at the time of re-licensure will make this data collection more efficient and systematic while provide useful data on a consistent basis and for all licensed health professionals in the State. It will also allow Illinois a more complete understanding of the capacity of its health workforce, the diversity of providers, and its distribution throughout the state. This data could provide opportunities for valuable insights to schools, health workforce pathway and trajectory programs, hospitals, and other private entities to better target their workforce investments and programming. The newly developed health workforce database will also be useful to inform current and future data collection efforts and reporting, making identification of HPSAs easier and potentially much less administratively burdensome. Additionally, data collection for HPSA designation focuses on primary care (family practice and internal medicine physicians, pediatricians, and OB/GYNs), mental health (psychiatrists), and dental health (dentists). By collecting information for all licensed providers—not only these three—Illinois will have a more complete picture of its capacity and needs, and may find ways to better inform its health workforce development and pipeline programs.

Uses of Health Workforce Data: Diversity and Inclusion

Measuring health workforce diversity is essential to measuring a crucial element of health reform. Evidence indicates that racial and ethnic similarities between physicians and patients lead to higher patient satisfaction.³³ Current health workforce data collection in Illinois lacks systematically collected information about the race or ethnicity of all health professionals, despite the fact that various organizations in Illinois receive funding through HRSA to increase the diversity of its health workforce. In order to ensure access to culturally humble healthcare, Illinois (and the U.S. more broadly) invests significant efforts and funds into diversifying the health workforce through health workforce pathways and trajectories programs (i.e., “pipeline” programs). Providing this demographic information would be very valuable to Illinois’ pipeline programs and could allow them to better measure effectiveness and to make necessary adjustments to their programming. As Illinois residents become increasingly more diverse, data on the diversity of the workforce will become even more critical to targeting investments toward identifying inequities in access to high-quality, culturally competent/humble, and compassionate healthcare and making investments in a more diverse health workforce to help reduce and eliminate such inequities.³⁴

Data Collection at Health Professional License Renewal: A Practical Examination

Pilot program implemented in Illinois: Gathering nurse workforce data

This process of collecting detailed workforce data has been piloted in Illinois by nurses through their Nursing Workforce Survey. The survey collected information about nurses' demographics, employment settings, working conditions, salaries, satisfaction with career, retirement intention, barriers to continuing education, and interest in teaching.³⁵ Another survey and report produced in 2014, used the HRSA MDS to gather similar information at the time of license renewal.³⁶ Both of the surveys were completed on a voluntary basis, with a response rate ranging from 22-30%.³⁷

These reports shed light on the supply of nurses in the state and identified areas of focus for future health policy and planning efforts. They also helped with understanding the level and direction of diversity within workforce categories, education levels attained, and geographic distribution of nurses, among many other factors. These survey reports show that completion of such data collection can yield very useful information about health workforce categories that can inform health workforce planning and investments. Additional survey reports for the approximately 230,000 Illinois LPNs, RNs, and APNs can be found on the [Illinois Center for Nursing](#) website.

Program implemented in Wisconsin: Gathering physician data

Data collection during the license renewal process of health professionals has been effectively implemented in other states. In fact, Wisconsin is one of many states gathering HRSA's MDS during license renewal.

Through a partnership with the University of Wisconsin School of Medicine and Public Health, the Wisconsin Health Workforce Data Collaborative, Wisconsin Council on Medical Education and Workforce, Wisconsin Medical Society, and the Wisconsin Department of Workforce Development, Wisconsin began collecting MDS information for the States' physicians in 2011, which is helping to build robust body of data ever since.³⁸

Concurrently, the Illinois Department of Financial & Professional Regulation created a web-based physician profile, mandated by the Illinois Medical Practice Act in 2011.³⁹ The law mandated that they include in public profiles:

- Legal name
- Description of disciplinary or legal action
- Education
- Years in practice and locations
- Faculty appointments (optional)
- Publications (optional)
- Professional or community service activities and awards (optional)
- Primary practice location (required)
- Identification of any available translating services
- Medicaid participation (optional)⁴⁰

Wisconsin gathers a wider array of data at that point of contact, including, but not limited to, information such as:

- Age
- Gender
- Race/ethnicity
- Languages spoken
- Time designation
- County, City, Zip of primary place of practice
- Hours per week at each location (allows for 5 specific locations)
- City and zip of up to 5 practice locations

- Hours per week on patient-related care
- Patients' sources of payment
- Weeks per year, hours per week, patients per week at each of their practice locations⁴¹

A more complete comparison of data collected during license renewal for both Illinois and Wisconsin physicians can be found in Appendix D below.

Next Steps for Data Collection in Illinois

Both IDFPR and IDPH face limitations based both upon their capacities as agencies and, specifically for workforce data collection and analysis, what the law requires and allows for collection.

Illinois is growing in both its population and the diversity of its residents.^{42, 34} IDPH plays a key role in advancing the health of all Illinoisans and one of its duties is to help ensure that Illinois has the health workforce to meet the health needs of the population. IDFPR is responsible for the licensure process and can help with acquiring data that can help drive policy requiring that state agencies work together to gather and analyze robust data on each of the professions that make up the state's health workforce to inform IDPH's work.

Given this underutilized opportunity, Health & Medicine Policy Research Group recommends systematic and comprehensive data collection efforts at the time of license renewal for all Illinois health professionals licensed through IDFPR.

This is the initial brief that Health & Medicine has produced on this topic. We encourage feedback and are actively seeking additional information related to this recommendation.

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Health & Medicine Policy Research Group

The Health & Medicine Mission is to promote social justice and challenge inequities in health and health care. We are an independent policy center that conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people.

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Appendix A
Example HRSA Minimum Data Set: Physicians

FINAL MDS: Physicians
developed by the Federation for State Medical Boards (FSMB)

MDS: PHYSICIANS

Demographics

1. Birth date Month Day Year

2. Sex: Male Female

3. Race (1 or more categories may be selected)—Recommended as Optional
 White Black or African American
 American Indian or Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Other (specify) _____
The workgroup acknowledges that this is a condensed list and state boards may choose to use more detailed response sets (e.g., HHS Data Standards for Race and US Census Bureau Race Categories).

4. Ethnicity
Are you Hispanic, Latino/a, or of Spanish origin?
 (1 or more categories may be selected)—Recommended as Optional
 No Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, Another Hispanic, Latino/a, or of Spanish origin (specify) _____

5. Do you speak a language other than English at home? (optional)
 Yes
 No

6. What is this language? (if you answered Yes to #5)
 Spanish
 Other Language (identify) _____

Education & Training

6. Medical Education

A. What is your medical degree?
 M.D. D.O. M.B.B.S.

B. What year did you complete your medical degree?

C. Where did you complete your medical degree?
 United States (specify state): _____
 Medical School Name: _____
 Foreign Country (specify): _____

7. Residency Training/Graduate Medical Education

A. First Specialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

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FINAL MDS: Physicians
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B. Subspecialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

C. Additional Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

8. Training and Certification

	Completed Accredited		Board Certified	
	Residency Program / Fellowship			
Principal Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Secondary Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Practice Characteristics

9. What is your employment status?
 Actively working in a position that requires a medical license
 Actively working in a field other than medicine
 Not currently working
 Retired

10. Are you currently providing direct clinical or patient care on a regular basis?
 Yes
 No

11. If no, how many years has it been since you provided clinical or patient care?
 Less than 2 years
 2 to 5 years
 5 to 10 years
 More than 10 years

12. Which of the following best describes the area(s) of practice in which you spend most of your professional time:

Area of Practice	Principal	Secondary	Completed Accredited Residency Program or Fellowship
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon and Rectal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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FINAL MDS: Physicians
developed by the Federation for State Medical Boards (FSMB)

Hematology & Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics and Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Surgical Specialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otolaryngology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics Subspecialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Med. & Rehab.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Medicine/Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgery (General)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Which of the following categories best describes your primary and secondary practice or work setting(s) where you work the most hours each week?

Practice Setting	Principal	Secondary
Office/Clinic—Solo Practice	<input type="checkbox"/>	<input type="checkbox"/>
Office/Clinic—Partnership	<input type="checkbox"/>	<input type="checkbox"/>
Office/Clinic—Single Specialty Group	<input type="checkbox"/>	<input type="checkbox"/>
Office/Clinic—Multi Specialty Group	<input type="checkbox"/>	<input type="checkbox"/>
Hospital—Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Hospital—Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
Hospital—Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>

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Hospital—Ambulatory Care Center	<input type="checkbox"/>	<input type="checkbox"/>
Federal Government Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Research Laboratory	<input type="checkbox"/>	<input type="checkbox"/>
Medical School	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home or Extended Care Facility	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Setting	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Care	<input type="checkbox"/>	<input type="checkbox"/>
Federal/State/Community Health Center(s)	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>
Telemedicine	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer in a Free Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

14. How many weeks did you work in medical related positions in the past 12 months? __

15. For all medical related positions held in (insert state name), indicate the average number of hours per week spent on each major activity:

Clinical or patient care	___ hours/week
Research	___ hours/week
Teaching/Education	___ hours/week
Administration	___ hours/week
Volunteering (medical related only)	___ hours/week
Other (specify): _____	___ hours/week

Another approach to obtaining this information would be to ask licensees: (1) number of weeks worked in the past 12 months, (2) average number of hours worked per week, and (3) the percentage of time per week spent on each major activity (e.g., clinical or patient care, research etc.).

16. What is the location of the site(s) where you spend most of your time providing direct clinical or patient care? Please enter the complete address for up to three locations and your direct patient care hours per week at each site.

(The workgroup strongly recommends collecting full addresses if all possible, but zip codes only would be acceptable for a minimal data set.)

Principal Location Address

Number _____ Street _____
City/Town _____ State _____ Zip Code: □□□□□

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Direct patient care hours per week at site: _____

Second Location Address

Number _____ Street _____

City/Town _____ State _____ Zip Code: □□□□

Direct patient care hours per week at site: _____

Third Location Address

Number _____ Street _____

City/Town _____ State _____ Zip Code: □□□□

Direct patient care hours per week at site: _____

September 1, 2013

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Appendix B
Full Time Equivalency Survey

PRIMARY MEDICAL CARE PHYSICIAN FTE SURVEY

This survey may be used for both geographic and population group primary medical care HPSA requests. This information should be collected for each primary care physician at a practice location. All questions may not apply to a specific HPSA request.

Physician's Name:

First Name:

Middle Name:

Last Name:

Suffix:

Provider Status:

Provider Address Status:

Physician's License Number:

Is Physician an Intern? (Y/N): Yes No

Is Physician a J1 Visa Holder? (Y/N): Yes No

Is Physician a Federal Employee? (Y/N): Yes No

Is Physician a National Health Service Corp (NHSC) Employee? (Y/N): Yes No

Specialty (GP, FP, IM, PD, OBG): Percent of Practice:

Subspecialty: Percent of Practice:

Address Line 1:

Address Line 2:

City:

County:

State:

Zip Code:

Federal Information Processing Standard (FIPS) Code State:

FIPS County:

Census CT location code (six digits):

Census MCD location code (five digits):

Latitude (signed decimal degrees):

Longitude (signed decimal degrees):

Hours/Week in Patient Care Activities:

Annual Number of Medicaid Claims:

Does Physician have Hospital Privileges? (Y/N): Yes No

If Yes, Are Hospital Patient Care hours included in Practice Location hours? (Y/N) Yes No

If Physician works less than a total of 40 Hours/Week, provide a brief explanation (semiretired, teaching, etc):

Does Physician serve the following patients? Percentage of Patients seen in Practice:

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Phone: 312-372-4292

Email: info@hmprg.org

Homeless(Y/N)	Yes No	Percentage
Medicaid(Y/N)	Yes No	Percentage
Migrant Farmworkers(Y/N)	Yes No	Percentage
Seasonal Farmworkers(Y/N)	Yes No	Percentage
Native Americans(Y/N)	Yes No	Percentage

Other Patient Group (Percent of Practice)

Does Physician offer Sliding Fee Scale based on income or ability to pay?(Y/N): Yes No

If Yes, what percent of patients are Sliding Fee Scale patients?

Does Physician's Practice offer language interpretation for patients?(Y/N): Yes No

What language? Percentage of Patients:

Total

Does Physician accept new patients?(Y/N): Yes No

When a patient calls the Physician's office to request an appointment, what is the usual wait time between the request and the appointment:

New Patients (Days):

Current Patients (Days):

When a patient has an appointment, what is the usual wait time between the appointment time and the actual time that the physician sees the patient?

New Patients (Hours):

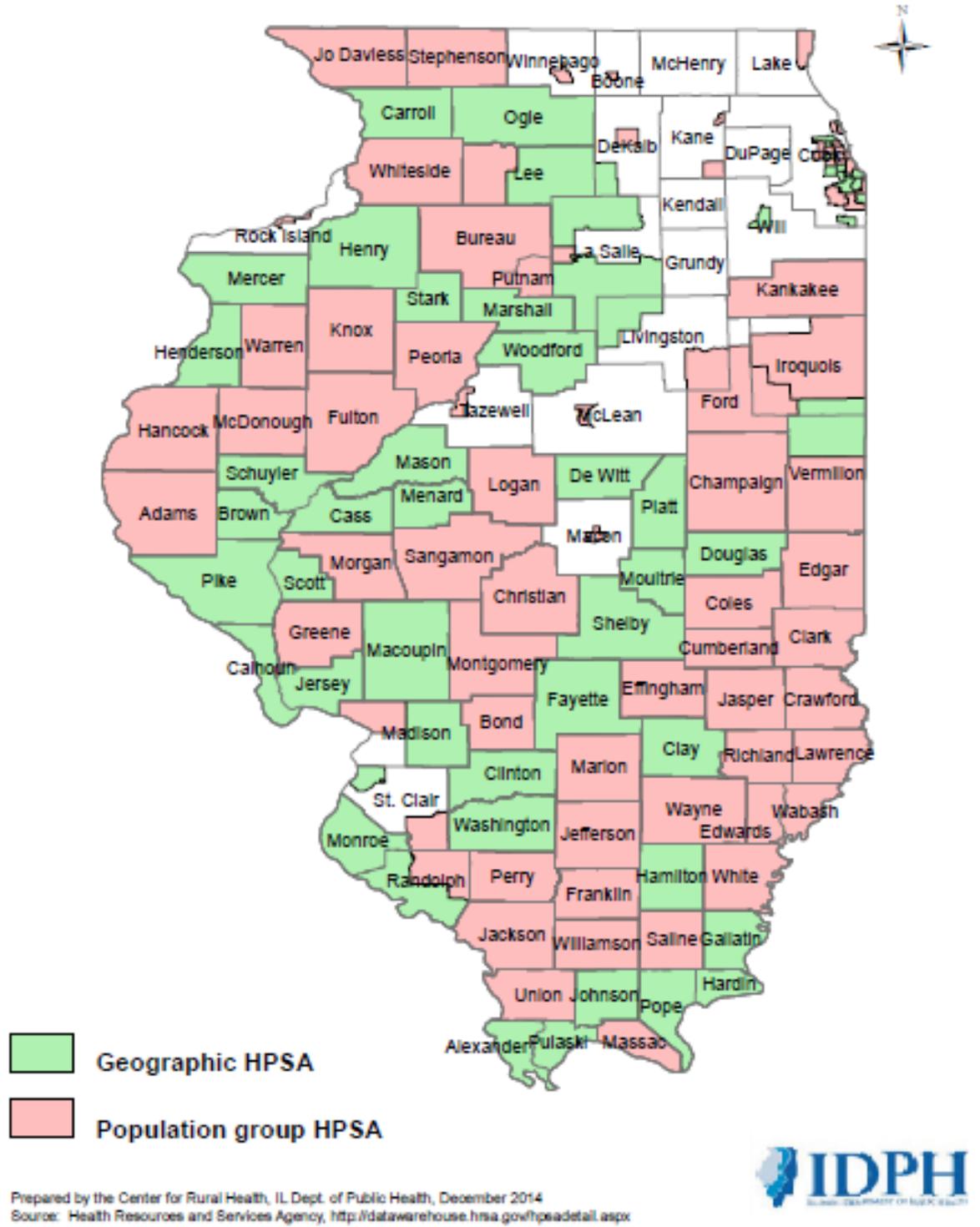
Current Patients (Hours):

Other Data Printed from Database (For reference if the actual record is printed on this form):

Provider ID:

Provider Address Info ID:

Federally Designated Health Professional Shortage Areas (HPSAs) Primary Care Services



Appendix D

Table 2. A Comparison of Data Collected During License Renewal for Illinois and Wisconsin Physicians		
Type of Information Asked	Illinois	Wisconsin
DEMOGRAPHIC INFORMATION		
Full legal name	x	
Age		x
Gender		x
Hispanic origin		x
Race/ethnicity		x
Hometown (rural, suburb, city)		x
Citizenship/visa status		x
Home location (in state?)		x
LEGAL ACTIONS		
Description of any felony criminal convictions, class A misdemeanors, discipline in Illinois and other states	x	
Description of any final disciplinary actions within last 5 years	x	
Description of revocation of hospital privileges	x	
Medical malpractice court judgements and settlements	x	
EDUCATION AND LICENSURE		
High school education		x
Names of medical schools attended, dates of attendance	x	x
Type of medical degree		x
In what state/country did you receive degree		x
Graduate medical education	x	x
Field of post-graduate training		x
Planned practice location following post-graduate education (staying in the state?)		x
State of residency training		x
Multiple residencies?		x
Specialty board certification	x	x
License number	x	
License information (original date license was issued, expiration date)	x	
State of first licensure		x
State of concurrent licensure		x
License status	-	x
PRACTICE INFORMATION		
Number of years in practice	x	
Primary practice location	x	
Change of practice location in the past year?		x
Where is time spent? (hospital, office, residential facility, teaching, research)		x
Names of hospitals where the physician has privileges	x	
Appointments to medical school faculties	x	
Location of primary practice setting	x	
Identification of any available translating services at primary practice location	x	
Ability to communicate with patients in a language other than English (and which languages)		x
Indication of participation in the Medicare/Medicaid program	x	x
Principal and secondary specialties		x
Residency/certification in principal and secondary specialties		x
Percent of patient care time in principal and secondary specialties		x
Urgent care physician		x

Facility type		X
Facility capacity (accepting new patients)		X
Number of physicians at location		X
Patient-centered medical home practice model?		X
Any advanced practice providers (physician assistant, nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, other advanced practice nurses)		X
Providing primary care or mental health services		X
EMPLOYMENT STATUS		
Active in medicine		X
Salaried?		X
If retired:		
Retirement age		
Still teaching?		X
Volunteering? How many hours per month?		
If planning to return to medicine:		
When?		X
Returning to medicine in the state?		
Military?		X
Telemedicine?		X
Retirement plans		X
Practice plans in the next 2 years		X
PATIENT CARE PRACTICE CHARACTERISTICS		
Weeks per year on patient care		X
Hours per week on patient care		X
Hours per month on call		X
Professional activities	X	X
Hours per week on professional activities		X
Volunteer services?		X
Hours per month on volunteer services		X
Primary patient source of payment (Medicare, Medicaid, self-pay, private insurance)		X
Patient's level of difficulty in arranging referral appointments		X
<p>Sources: Illinois General Assembly (2011). Public Act 097-0280. Retrieved from: http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=097-0280, Illinois Department of Financial & Professional Regulation. What Are Profiles? Retrieved from: https://www.idfpr.com/applications/professionprofile/ProfileInfo.aspx?did=10&cid=036, Sugden, N. A. (2012). 2011/12 Wisconsin Physician Survey Questionnaire. Retrieved from: http://ahec.wisc.edu/sites/default/files/2012-WI-physician-workforce-questionnaire.pdf</p>		