Value of the Minimum Data Set

Introduction
The Federation of State Boards of Physical Therapy (FSBPT) and the American Physical Therapy Association (APTA) are collaborating with the National Center for Health Workforce Analysis (National Center) to create a Minimum Data Set (MDS) that will facilitate enhanced data collection to describe the physical therapist and physical therapist assistant workforce.

The National Center, located in the Health Resources and Services Administration (HRSA) has made the MDS a priority initiative. The profession is pleased that it has been chosen to be part of the initiative.

The MDS will allow physical therapy to answer questions that will determine, among others, the number of providers; the race and sex of these individuals; and the facilities and geographic location in which services are provided. This data set will substantially facilitate workforce planning.

Background
An appropriate supply of physical therapists and physical therapist assistants is vital to ensure that access to care at the highest quality is available to those who require it. The current healthcare environment is characterized by substantial change, and each provider is attempting to place themselves in the most viable position to provide this care.

New models of delivery, such as Accountable Care Organizations (ACO) and patient-centered medical homes potentially are placing new requirements on the healthcare professions. In addition, the approximately 33 million individuals who will be newly insured will likely make patient access to care more difficult.

Unfortunately, the physical therapy profession is facing this new environment without sufficient data for appropriate workforce planning. Although data have been collected, the methods of data collection have not always been optimal, and the data rarely, if ever, used for workforce planning purposes.

APTA has been involved in data collection activities for some time and, in fact, generated reports describing the physical therapy workforce. However, these reports are based on only a sample of APTA’s
membership. The market share of APTA members represents only approximately 30% of the estimated number of licensed physical therapists, limiting the reliability of the data. The market share among physical therapist assistants is even lower. Thus, the information reported lacks maximum precision.

FSBPT does collect data on the number of licensed physical therapists and physical therapist assistants. However, not all states have provided these data, thus an algorithm must be used to estimate the number of licensed providers of care. This results in minimal errors in the estimates. Our goal is to be able to actually determine the precise number of providers.

Additionally, APTA has generated a model that projects the supply and demand of physical therapists through 2020. The model is based on this estimated number of physical therapists. The data collected through the MDS would improve the accuracy and usefulness of the model.

**Generation of the Physical Therapy MDS**

In an effort to provide better data to the profession and to policymakers, FSBPT and APTA were approached by representatives from the National Center to assist in the creation of an MDS for the profession.

In response, both groups devised a collaborative strategy to create the MDS. A work group was appointed, consisting of individuals representing five states. These states were included as they had expressed an interest in exploring workforce issues in the past, or had already begun collecting data.

Specifically, the states were Florida, Maryland, Minnesota, North Carolina, and Oregon. One representative was appointed by the respective state licensing board. The other was suggested by the chapter president of each of the states selected to participate in creation of the data set.

The group of 10 individuals met on March 2-3, 2013 at APTA Headquarters in Alexandria, VA. The group drafted a data set consisting of 15 data elements as well as the accompanying values of each of the elements. These data elements fall into three categories: Demographics; Education, Training and Licensure; and Employment.

States will have the opportunity to add data elements important to them that will enhance the core data set. Although not precisely the same as the data set generated by other health professions, the data elements are similar enough to allow comparisons among professions.

**Value of the MDS**

The MDS will provide value to a number of stakeholders. The profession itself will be the primary beneficiary of the information. Current data collection efforts and initiatives will be enhanced. For example, the supply/demand projections will rely on actual data rather than estimates to more accurately predict future access to physical therapy.
In addition, the profession can enhance planning for the future by having the ability to use more precise data to uncover practice patterns and understand the pipeline of individuals into the profession.

This latter advantage provided by the MDS will allow the profession to become more proactive with state policymakers. For example, as public (state-funded) institutions negotiate decisions with their respective publicly-funded institutions of higher education about issues such as class size to be admitted each year, there will be more data to share which will lead to more collaborative and sounder decisions.

States will have increased ability to make additional evidence-based decisions as well. These decisions, as stated above, will include those that focus on educational issues, but will also speak to planning for the optimum geographic distributions of providers.

For example, almost all the data currently shared with states by the profession is aggregated at the state level. It does not take into account differences between urban and rural locations. By collecting the entire census of providers in each state, a much better picture of the distribution of physical therapists and assistants can be incorporated.

The same benefits to planning efforts and decision making at a facility level can also be accomplished as the collected data will reveal the number of providers at each setting as well as the amount of time these individuals spend on direct patient care.

The federal government will also benefit from the additional data that will be made available. In the past, when APTA has advocated with policymakers at the federal level on any number of issues, the question arose as to how many physical therapists or assistants are actually practicing or working in the United States. Provision of the actual number both will facilitate our advocacy efforts and will allow policymakers to develop more informed regulations or legislation.

**Current uses of data**

Certain states, and especially some of those who comprise this work group, are already using data similar to that which will be collected through the MDS. Minnesota, for example, has been able to assess the number of licensed physical therapists in the state, and has determined that 75% of these individuals practice in the Twin Cities region and three surrounding counties. Thus, any workforce planning done in Minnesota already has an advantage over almost all other states since the number of therapists at specific local areas has been identified. The additional piece of data that these therapists are concentrated in smaller geographic, essentially urbanized areas provides an advantage to planning done in Minnesota over that of most other states.

North Carolina has been able to not only collect data on the number of physical therapists in the state, but is able to identify these therapists by race/ethnicity.

State planners have been able to determine that African American/black practitioners are underrepresented in all professions except licensed practical nurses (LPNs). Hispanic/Latino
practitioners are underrepresented in all professions. These data allow policies to be made at the state level that can impact the pipeline of future practitioners.

**Future development**
The development of the MDS will be a multi-year project. It is inevitable that it will take time to generate full participation across all states. However, the project is an important and valuable one for the profession.

Hopefully, there are not too many time constraints or regulatory issues that will delay your participation. The potential rewards certainly outweigh the efforts to launch the initiative.