



The Minimum Data Set

What is the Minimum Data Set (MDS)?

“A consistent set of data elements to be collected on all licensees at regular intervals in order to understand workforce needs related to access to healthcare.”

Is collecting this data a regulatory issue?

If regulators are concerned about the availability of healthcare providers for their citizens, then collecting minimum data elements is a regulatory issue. The lack of timely, relevant data on the workforce is a barrier to developing workforce programs and policies to support improvements in healthcare delivery. Policy makers and potential patients need to know what physical therapy is and where the providers are so that physical therapy can be easily available to those who need it.

The Minimum Data Set provides jurisdictions with knowledge as to whether there is a shortage of PTs or PTAs or if there is a mal-distribution based on population needs. Jurisdictions can then ascertain if there are current or potential future gaps in access to physical therapy providers in certain locations.

Additionally, healthcare in general is a hot topic. As regulators, you may be asked questions about your workforce or whether data is available for analyses related to workforce questions. As an example, the National Governors Workforce Academy raised issues related to the healthcare workforce with state governors. This could create the impetus to collect MDS in some states.

Who uses the data and for what purposes?

(Information courtesy of the Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.)

Governments: policy decisions, allocate funding, program planning, evaluation NPSA analysis and grant proposals

Workforce policy: evaluations, program planning, policy analysis, regulatory questions, grant proposals, and pipeline and diversity

Education and research: planning for new schools, planning for new programs, pipeline and diversity, evaluation, research projects and grant proposals

Funders: program planning, allocate funding and evaluation

National organizations: national policy, evaluation, dissemination and improve data quality

Professional associations: advocacy, membership, policy analysis, program planning and grant proposals

Who is already collecting the data?

Some healthcare professions are already doing this on a national scale. For examples, nursing reports MDS data into a national database.

What are our member jurisdictions doing?

Many of our member jurisdictions have begun collecting workforce data.

Some members were not sure that collecting this data was part of their mission and/or was a proper function of their regulatory board. But they met with some their state's other divisions (Health and Family Services, Office of Health Policy) and decided that good workforce information would help the state assess its abilities to serve communities' healthcare needs more effectively. Protecting the public (health) includes ensuring individual citizens have access to healthcare no matter where they live. This is considered licensure data, which boards share as appropriate for workforce needs.

The [Health Workforce Technical Assistance Center \(HWTAC\)](#) was established to support the efforts of the [National Center for Health Workforce Analysis \(NCHWA\)](#). HWTAC has provided expert assistance to a number of states (including Arizona, Mississippi and Ohio) in collecting, analyzing and disseminating health workforce data.

In North Carolina, the licensure/workforce data are provided voluntarily by the various healthcare boards since the 1970s; there is no appropriation or legislation to mandate this. The data remain the property of the licensure board and permission needs to be requested for each use of the data. The information has been used for decision making about education, job vacancy trends, workforce distribution, funding and policy making.

Workforce data collection needs a coordinated effort in those regions where people commonly work and live in different jurisdictions. One example where regional coordination would make sense is the metro DC area, which includes Delaware, the District of Columbia, Maryland, Virginia and West Virginia.

What has the Federation been doing regarding Minimum Data Set?

In 2012, the Federation's Delegate Assembly passed a motion to support and encourage participation in the Minimum Data Set. The board of directors appointed a task force that developed the Minimum Data Set data points for physical therapy. The task force included Federation members, American Physical Therapy Association (APTA) members and Health Resources and Services Administration (HRSA) members. Additionally, board administrators were interviewed to gauge their interest in collecting MDS data. You can see the results on the [Minimum Data Set \(MDS\) page](#) of the FSBPT website.

We have not moved forward as quickly as we thought we would for a number of reasons.

- Lack of support from the state agencies
- Unwillingness or lack of ability to ask questions on renewal beyond those required
- Lack of resources
- Concerns about the confidentiality of the information
- Changes in HRSA staffing, resulting in changes in support for the project

Minimum Data Set Questionnaire for physical therapy

We lost a bit of momentum, but regrouped and created a [Minimum Data Set Questionnaire](#) for use by our member boards. The questionnaire was developed through two pilot surveys with two states in 2014 and an additional pilot survey that included cognitive interviews in 2015. We believe this is the best information your board could gather to support healthcare workforce analyses in your jurisdiction.

Next Steps

- If you're a PT or PTA, you can complete the questionnaire. You'll see that it gathers demographics; licensure, educational and employment information; place of practice; and practice/work characteristics.
- Discuss with your board whether you'd be willing to collect this information and how it could be shared.
- See if other agencies in your jurisdiction are already doing this. Maybe it is mandated or a state-wide movement. How did they move forward?
- Consider taking the lead - be the first healthcare regulatory board in your jurisdiction to collect MDS data for workforce analysis.

For more assistance, information or questions, contact Federation staff members Mark Lane at (703) 299-3100 - X232 or Leslie Adrian at x233.