This article is based on a presentation by Maryann Alexander, PhD, RN, FAAN, Chief Officer, Nursing Regulation, National Council of State Boards of Nursing, and Aaron Young, PhD, Assistant Vice President, Research and Data Integration, Federation of State Medical Boards, at the 2017 FSBPT Annual Meeting.

Challenges to Your Board's Performance? Self-Assessments Can Help

"The goal is to turn data into information, and information into insight." —Carly Fiorina

"You can have data without information, but you cannot have information without data." —Daniel Keys Moran

Data, information, and the insights they afford are critical as legislatures question if boards really are effective or should they be eliminated or consolidated. They are equally important in providing efficiency and accuracy in conducting board business.

Two organizations currently deep in data are the National Council of State Boards of Nursing (NCSBN) and the Federation of State Medical Boards (FSMB).

The NCSBN already was helpful in using data to stop the Kansas legislature from eliminating the independent Kansas Board of Nursing and consolidating it with the Board of Healing Arts to make Healing Arts the state's umbrella medical board. Representatives from the NCSBN and the Kansas Board of Nursing were asked to testify before the legislature on the issue.

The Executive Officer of the Kansas Board of Nursing took all her core data and what she could find on the Board of Healing Arts. She was able to demonstrate how much more efficient the Board of Nursing is compared to the medical board. In addition, the NCSBN representative showed how efficient the Kansas Board of Nursing is in relation to other boards of nursing in the country. NCSBN compared Kansas to other independent boards, with umbrella boards, and with the boards similar in size to Kansas. What the data showed was that putting boards under other boards and making them into umbrella boards does not speak well for efficiency.

Using the data, the NCSBN representative was able to show that the Kansas Board of Nursing was able to reduce the number of days to resolve a case by 50% over a two-year period. Their licensure fees were some of the lowest, and they were certainly much lower than the Board of Healing Arts. The NCSBN representative showed from the literature a

study it was publishing based on data that shows the effectiveness of independent versus umbrella boards. It showed, for example, that independent boards enter data into the National Practitioner Data Bank (NPDB) quicker than umbrella boards, which is important for protecting the public.

For the FSMB, the heart of the data comes together for the medical boards with physician profiles. The product is offered to state boards when they're licensing, so they can query the FSMB database and receive report on a potential licensee. About 94,000 profiles per year are sent to state medical boards.

The FSMB has a public offering as well. The public can look up their own doctors, or physical therapists, who need to refer in their practice, can look up doctors; the database will provide information on where they're located or if they've had any discipline. FSMB decided to offer it because many medical boards did not have websites and the FSMB decided it was something that needed to be done. Originally, the FSMB charged a fee before deciding it needed to be a public offering. Before they did, however, they stripped out some of the information.

The public offering is not meant to be used for license verification, but provides enough information where somebody can discover if the practitioner is licensed and if they have been disciplined. If the physician has been disciplined, the public is directed to the state's website.

Where the Data Comes From
Both the FSMB and NCSBN collect their own data and import data from others.

The FSMB has exam data because they are co-owners of the United States Medical Licensing Examination (USMLE). About 50% of the licensing population has taken that exam since the mid-'90s.

It also collects discipline data, which it has been collecting since the early 20th century. In the early days, the FSMB collected the data in bulletins and would distribute it back to the states. It went electronic in the 1980s and the FSMB has done a lot in more recent years to improve the data quality and to improve the way in which the discipline data is handled.

Many individual attributes come through the USMLE data. For example, when practitioners register they provide their name, last four digits of their Social Security number, date of birth, medical school, and other information. Specialty information from the American Board of Medical Specialties and the American Osteopathic Association also is piped into the database.

The NCSBN collects data from each board of nursing related to discipline, licensure, education, nursing education, and practice. The data also provides a 360-evaluation of board performance, because not only is data collected from the boards of nursing, but nurses, licensees, employers, and educators also are surveyed. The surveys ask about the board's performance over the past year.

In addition to data collected from the boards and stakeholders, the NCSBN has its own data. It collects National Council Licensure Examination (NCLEX) examination data and also has data from nurses, which is the NCSBN repository for licensure and discipline information.

Make it Easy on Your Boards
In 2008, FSMB was receiving about 300 files a calendar year from its 69 state medical boards that do licensing. But some boards only submitted one licensing roster and record per calendar year. The FSMB scrutinized its practices and found it was instructing the boards to submit the data in a specific format. The boards replied they couldn't submit the information in that format. So, the FSMB said, fine, send it in whatever format you have it in. The FSMB currently loads about 1,700 files a year with about 6 million records per month. That's a staggering amount of growth and with an equally staggering improvement in the quality of its licensing data.

Data has Many Uses
In addition to warding off attempts to eliminate nursing boards or consolidating them into umbrella boards, the NCSBN uses the data in a number of ways to inform nursing boards on how to be more effective and efficient in protecting the public. For example, it examines the average dollars per application received for licensure. It looks at the average number of days from complaint to closure in a discipline case that was opened in the past year, and if the board was able to close it at all. The NCSBN determines the percent of nurses satisfied with the licensure processing, especially during a renewal year.

The data is aggregated by NCSBN staff. It's displayed for the boards not only numerically, but graphically with bar charts, pie charts, and scatter plots. The scatter plots are to show them if they are outliers. Are they either good or bad, in a certain area, when they compare it with other boards their own size, from their area, just in general, or umbrella versus independent. A trend analysis is completed when possible. The boards are presented with data over a series of years so they can see if they're improving, getting worse, or staying the same. Many boards are a part of the nurse licensure compact. Those boards receive data they can compare with non-compact boards.

These types of data are more important than ever now, when boards have to start to justify their existence especially in terms of efficiency and effectiveness. Legislators are calling many boards on the carpet and wanting to know how efficient and how effective they are in protecting the public. They can use the data to substantiate needing more resources. Some boards have used the data to show they need more investigators. One board used it to show they needed a better telephone system. NCSBN also looks at best practices, looking at who the high performers are and what they're doing differently.

The FSMB publishes a census every two years. Among the information included in the census is data on medical school graduates from more than 2,000 schools located in 167 countries. Within a two-year span, boards issued 160,000 licenses and about 38,000 new licenses — or about 20,000 new licenses per year. FSMB channels all that data into a touch point that shows this is what the population looks like. If a state board contacts the FSMB office, it can take their data and compare it to the national trend and provide them something they can hand to their governors or their legislative bodies if they need that information. It gives a positive story to tell.

On the off-years when the census is not published, the FSMB releases the Medical Regulatory and Trends Report. Discipline data is among the information included in the report. Because this is a comprehensive book gaining in popularity, the license statistics recently were added too.

There are about 8,000 board actions each year, with about 4,000 physicians disciplined each year. There are also a number of reciprocal actions. About 20% of physicians hold a license in more than one state.

The FSMB doesn't oversee the licensing exam, it's provided through the USMLE program. There is a uniform application for licensure applications and the FSMB distributes about 80,000 transcripts to the medical boards each year.

The uniform application is just another tool or mechanism the FSMB uses. It has a core application, and then it has addendums state boards can add to it. Different states have different questions that they need to ask. The FSMB does about 13,000 of those annually. It's another vehicle, and a lot of the state medical boards will just offer it as an option on their website. It carries a $50 lifetime fee.

When a practitioner licensed in a state is disciplined, the FSMB receives the board order, codes the board order within one day, and the alert goes out that night. It's real-time based on when the information is received. It's a great service for the boards to stay up-to-date on who may be in trouble.

In addition, the FSMB offers a credentialing service, the Federations Credential and Verifications Services (FCVS), issuing about 42,000 reports a year, that can be used by medical boards for licensing purposes. The credentialing service is accepted by 68 of the 69 licensing boards and it's required by 14 of the boards to some extent. Ohio requires it for all licensees.

In Ohio, the physician will submit an application. At that point in real time, the application software will call the FCVS system through an API and get a real-time answer back as to whether they have their completed FCVS application, which is required for them to move through the process.

If no, the system sends it back to the physician saying, "Go to FCVS and complete your application." If yes, the process continues. FCVS calls the physician data center, which provides the physician profile that shows the licenses they hold and any disciplinary actions against them. The application then is sent on and completed by Ohio once they review it.

Different groups use different products. Radiology, for example, uses the credentialing service and the uniform application.

FSBPT Also Considering a Data Collection System
Both the FSMB and NCSBN continue to look at new ways to collect and use the data. And, the Federation of State Boards of Physical Therapy (FSBPT) is considering establishing a task force to start working on a survey similar to the NCSBN's. It's contingent on the board including funding for it in the budget, but if it does, a group could be put together next year to work on developing a similar tool. The last time the FSBPT considered the issue was 2008.

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Aaron Young, PhD, joined the Federation of State Medical Boards in 2008. As the Assistant Vice President of Research and Data Integration, he provides expertise to address vital medical regulation issues, works with government agencies to compile data and analysis, and collaborates with affiliate organizations to achieve mutual objectives. Previously, Aaron worked for six years implementing marketing research and strategy for one of the largest energy providers in the country. He received his Doctor of Philosophy from Baylor University in 2002, specializing in research methods and the impact of regulatory changes.