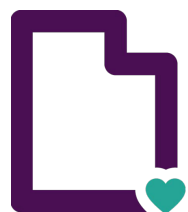


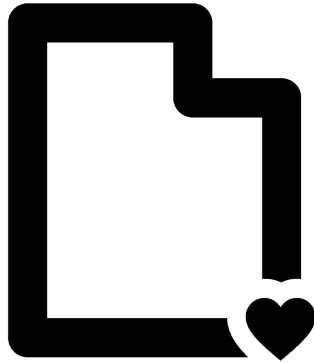


Utah Cross-Profession Minimum Data Set (UCPMDS)

Developed by the Health Workforce Advisory Council in March 2023



Utah Department of
Health & Human
Services



Utah Department of
Health & Human
Services

**Utah's Health Workforce Advisory Council
(HWAC)**

<https://ruralhealth.health.utah.gov/health-workforce-advisory-council/>

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Utah's Health Workforce Advisory Council (HWAC), 2023
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Utah's Health Workforce Advisory Council

On March 23, 2022, Gov. Spencer Cox signed House Bill 176, which created Utah's Health Workforce Advisory Council (HWAC). Tracy Gruber, the executive director of the Department of Health and Human Services, is the chair of the HWAC. The council has 14 additional members from across state, public, and private entities. The HWAC is charged with studying the trends and demands of the Utah health workforce, providing information, and making recommendations to various entities, including the state Legislature. This is done through data gathering initiatives, engaging in the legislative process, and reviewing and commenting on Utah legislation related to the health workforce. Members of the HWAC include:

<p>Tracy Gruber, JD <i>Chair</i> Executive director, Department of Health and Human Services</p>	<p>Wayne Samuelson, MD Dean of medical education, University of Utah School of Medicine Chair, Utah Medical Education Council</p>
<p>Chris Williams, MPA Division director of Workforce Research and Analysis, Utah Department of Workforce Services</p>	<p>Rita Osborn, MBA Executive director, Utah Center for Rural Health</p>
<p>Jared Haines, MOB Senior advisor for technical education, Utah System of Higher Education</p>	<p>Sarah Woolsey, MD Medical director, Association for Utah Community Health</p>
<p>Kendra Muir, MHL, RN School nursing/wellness specialist, Utah State Board of Education</p>	<p>Greg Bell, JD President, Utah Hospital Association</p>
<p>Mark Steinagel, MPA Director, Division of Occupational and Professional Licensing (DOPL), Utah Department of Commerce</p>	<p>Cheryl Hanewicz, MS, Ed.D. Dean, College of Health and Public Service, Utah Valley University</p>
<p>Nubia Peña, JD Director, Utah Division of Multicultural Affairs</p>	<p>Teresa Garrett, DNP, RN, PHNA-BC Director at-large, Utah Nursing Association associate professor (clinical), College of Nursing</p>
<p>Tyler Goddard, LCSW, MSW Health director, Paiute Indian Tribe of Utah</p>	<p>Tiffany Lipscomb, MA-OM Vice president of Human Resources, Intermountain Health</p>
<p>Elizabeth Klc, MPA Director, Utah Substance Use and Mental Health Advisory Council (USAHV+)</p>	

HWAC's Data Subcommittee

The Data Subcommittee was established during the inaugural meeting of the HWAC in September 2022. The subcommittee consists of members from the HWAC and the public. This group has diverse perspectives, and each individual participated in developing the Utah Cross-Profession Minimum Data Set. This subcommittee is committed to collecting updated health workforce data through licensure and supplemental surveys. With updated data, we will have a more accurate picture of health workforce trends, supply, and demands.

Mark Steinagel Chair and HWAC member <i>Director, Division of Professional Licensing</i>	BettySue Hinkson <i>School nurse consultant, Department of Health and Human Services</i>
Sydney Groesbeck <i>Lead, Health Workforce Information Center</i>	Carrie Mayne <i>Chief economist, Utah System of Higher Education</i>
Chris Williams <i>HWAC member</i> <i>Division director, Department of Workforce Services</i>	Dr. Sarah Woolsey <i>HWAC member</i> <i>Medical director, Association for Utah Community Health</i>
Michelle McOmber <i>CEO, Utah Medical Association</i>	David Taylor <i>Operations manager, Division of Professional Licensing</i>
Dr. Connie Kitchens <i>Public health policy manager, Division of Professional Licensing</i>	Alla Chernenko <i>Senior data engineer, Division of Professional Licensing</i>

Acknowledgements

The Utah Cross-Profession Minimum Data Set (UCPMDS) was established through the standard Cross-Profession Minimum Data Set (CPMDS), which various nationally recognized medical associations developed and endorsed. The Health Regulatory Research Institute funded the development of the CPMDS.

The HWAC and Data Subcommittee would like to thank staff members for their assistance and the following individuals for their time and expertise in developing this report:

<p>Ashley Moretz, MBA <i>Director, Office of Primary Care and Rural Health, Utah Department of Health and Human Services</i></p>	<p>Abigayle Adams, BS <i>AmeriCorps VISTA, Office of Primary Care and Rural Health, Utah Department of Health and Human Services</i></p>
<p>Hannah Maxey, Ph.D., MPH <i>Consultant, Veritas Health Solutions, LLC</i></p>	<p>Courtney Medlock, MPH <i>Consultant, Veritas Health Solutions, LLC</i></p>

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Contents

About UCPMDS	1-2
Utah Cross-Profession Minimum Data Set (UCPMDS)	3
Sex	3
Race/ethnicity	3
Qualifying education	4
Year completed qualifying education	4
Where completed education	4
Highest level of education	5
Employment status	5
Future employment plans	5-6
Specialty	6
Telehealth	6
Patient characteristics	7
Practice location	7
Employment type/arrangement	8
Position type/role	8
Setting type	8
Hours per week	9
Hours per week in direct patient care	9

...

About UCPMDS

Access to health workforce data is essential to inform various aspects of Utah state policy and programs, such as identifying health workforce shortage areas, planning for educational programs or regulatory policy changes, forecasting employment demands, and justifying funding requests. Data can also be used to evaluate the impact that policies may have on the workforce. Detailed information about Utah's health workforce is necessary to evaluate existing programs and plan for future needs.

During the 2022 legislative session, the Utah Legislature created Utah Code 58-1-112, which requires the Utah Department of Commerce (Division of Professional Licensing, DOPL) to capture certain information fields from health professionals during the licensing process. DOPL works with the Utah Health Workforce Information Center (HWIC) to identify relevant data sources. DOPL also works with the Utah Health Workforce Advisory Council (HWAC) to finalize the data elements captured from licensees.

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the HWAC's health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The intent of the UCPMDS is to standardize certain information captured from various health profession types to support within-profession and between-profession analyses. The UCPMDS is structured to allow standardization of data elements where possible, such as with demographic data fields, but also enables customization for each profession, such as with specialty and setting questions. The UCPMDS would serve as a foundational data system, upon which individual profession-specific tools may be developed. The profession-specific tools would include customized response options that are relevant to different professions.

To maximize comparability between professions, experts recommend that the text for each question field be standardized across all professions. However, the response options may vary by data element. Examples of the data element styles are presented below.

Data element style: Both question and response options are fully standardized across all professions.

- What:
 - These questions include standardized language for both the question text and response options. These questions and response options are applicable to any and all profession types.
- Why:
 - Any and all responses to these questions would be comparable.

Data element style: Question text is standardized; response options are semi-customized for each profession.

- What:
 - These questions include standardized language for the question and response option *categories* that are common across professions.
- Why:
 - Semi-customized implementation of response options aligning with common categories will enable cross-profession comparisons while providing profession-specific information.
- Examples:
 - Education level is an example of a data element that would have mappable responses. There are standardized categories of education level. However, not all categories would apply for all profession types. Additionally, profession types may desire to obtain an additional level of detail on certain education categories. Examples:
 - It would be inappropriate to include “high school diploma” as an option for “highest education” for professions whose minimum education for entry include postsecondary education.
 - A profession may desire to track specific educational options within a given category. For example, medicine would be interested in collecting who has doctorate degrees in medicine or in osteopathic medicine, both of which fall under the common category of “Professional/doctorate degree.”

Data element style: Question text is standardized; response options are fully customized for each profession.

- What: These questions include standardized language for the question and fully customized response options by profession.
- Why: A common question format would ensure that future within-profession comparisons are supported, regardless of the various response options.
- Example:
 - Specialty is an area that would vary widely between profession types. It is important that specialty/field/area of practice is captured from all health profession types, but due to wide variations, it is not possible to standardize response options.

Profession-specific tools may be developed to determine appropriate response options for each data element.

Utah Cross-Profession Minimum Data Set (UCPMDS)

Note: Data elements highlighted in yellow would only be included if data are not available in another source or if deemed appropriate for the profession.

Sex

Data element style: Both question and response options are fully standardized across all professions.

1. What is your sex?

SINGLE SELECT

- a. Male
- b. Female

Race/ethnicity

Data element style: Both question and response options are fully standardized across all professions.

2. What is your race? Mark one or more boxes.

MULTI-SELECT

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Some other race

Data element style: Both question and response options are fully standardized across all professions.

3. Are you of Hispanic, Latino/a, or Spanish origin?

SINGLE SELECT

- a. No
- b. Yes



Qualifying education

Data element style: Question text is standardized; response options are semi-customized for each profession.

5. What type of degree/credential first qualified you for this license?

SINGLE SELECT

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's degree
- g. Postgraduate training
- h. Professional/doctorate degree
- i. Postdoctoral training

Year completed qualifying education

Data element style: Both question and response options are fully standardized across all professions.

6. What year did you complete the education program/degree that first qualified you for this license?

OPEN FIELD

Where completed education

Data element style: Question text is standardized; response options are semi-customized for each profession.

7. Where did you complete the education program/degree that first qualified you for this license?
(Note: For online programs, please select the location where this program was housed.)

SINGLE SELECT

- a. [List of U.S. states and territories]
- b. Another country (not U.S.)



Highest level of education

Data element style: Question text is standardized; response options are semi-customized for each profession.

Note: This question would not be applicable to all profession types, but is included on the UCPMDS to support standardization and to determine if this question is relevant and therefore included.

8. What is your highest level of education?

SINGLE SELECT

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's degree
- g. Postgraduate training
- h. Professional/doctorate degree
- i. Postdoctoral training

Employment status

Data element style: Question text is standardized; response options are semi-customized for each profession.

9. What is your employment status?

SINGLE SELECT

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of [PROFESSION] that does not require this license
- c. Actively working in a position in a field other than [PROFESSION]
- d. Not currently working
- e. Retired

Future employment plans

Data element style: Question text is standardized; response options are semi-customized for each profession.

10. What best describes your employment plans for the next 2 years?

SINGLE SELECT

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire
- e. Continue as you are
- f. Unknown



Data element style: Question text is standardized; response options are semi-customized for each profession.

11. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in Question 10, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “not applicable.”

SINGLE SELECT

- a. 0 hours per week
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week
- m. Not applicable

Specialty

Data element style: Question text is standardized; response options are fully customized for each profession.

12. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?

SINGLE RESPONSE

[FLEXIBLE RESPONSE OPTIONS BY PROFESSION]

Telehealth

Data element style: Both question and response options are fully standardized across all professions.

13. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients. Telehealth may include videoconferencing, stored-forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to patients?

SINGLE SELECT

- a. No
- b. Yes



Patient characteristics

Data element style: Question text is standardized; response options are fully customized for each profession.

14. Please indicate the population groups to which you provide **clinical** services. Please check all that apply.

MULTI-SELECT CHECKBOXES

- a. Newborns
- b. Children (ages 2–10)
- c. Adolescents (ages 11–19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals experiencing homelessness
- k. Individuals who speak a language other than English
- l. Medicaid beneficiaries
- m. Medicare beneficiaries
- n. Sliding fee scale
- o. Uninsured individuals
- p. Privately insured individuals
- q. None of the above

Practice location

Data element style: Both question and response options are fully standardized across all professions.

Note: Questions 16–17 would likely only apply to select professions where address-level information is needed to support detailed analyses.

15. In what state is your primary practice location? If this does not apply, please indicate "N/A."
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

16. In what city is your primary practice location? If this does not apply, please indicate "N/A."
OPEN TEXT FIELD

17. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."
OPEN TEXT FIELD

18. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A."
OPEN TEXT FIELD



Employment type/arrangement

Data element style: Question text is standardized; response options are semi-customized for each profession.

19. Which of the following best describes your current employment arrangement at your principal practice location?

MULTI-SELECT

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Position type/role

Data element style: Question text is standardized; response options are semi-customized for each profession.

20. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.

MULTI-SELECT

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Setting type

Data element style: Question text is standardized; response options are fully customized for each profession.

21. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable."

SINGLE SELECT

[FLEXIBLE RESPONSE OPTIONS BY PROFESSION]

- a. Telehealth
- b. Not applicable



Hours per week

Data element style: Both question and response options are fully standardized across all professions.

22. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "0 hours per week/not applicable."

SINGLE SELECT

- a. 0 hours per week/not applicable
- b. 1-4 hours per week
- c. 5-8 hours per week
- d. 9-12 hours per week
- e. 13-16 hours per week
- f. 17-20 hours per week
- g. 21-24 hours per week
- h. 25-28 hours per week
- i. 29-32 hours per week
- j. 33-36 hours per week
- k. 37-40 hours per week
- l. 41 or more hours per week

Hours per week in direct patient care

Data element style: Both question and response options are fully standardized across all professions.

23. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select "0 hours per week/not applicable."

SINGLE SELECT

- a. 0 hours per week/not applicable
- b. 1-4 hours per week
- c. 5-8 hours per week
- d. 9-12 hours per week
- e. 13-16 hours per week
- f. 17-20 hours per week
- g. 21-24 hours per week
- h. 25-28 hours per week
- i. 29-32 hours per week
- j. 33-36 hours per week
- k. 37-40 hours per week
- l. 41 or more hours per week

Note: Questions 15-23 may be repeated for up to 3 practice locations, depending on profession type and the information required to support state policy and planning.