

Health Professions Workforce Survey

Cost-Effective Options for Collecting Data

December 2012



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Cost Effective Options for Collecting Data

December 2012



Publication Number 631-039

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Mary C. Selecky
Secretary of Health

Preface

The Department of Health was created in 1989 to preserve and improve public health, to monitor health care costs, and to maintain standards of quality in health care facilities and professions. We provide general oversight and planning for all the state's activities related to the health of Washington residents.

The Department of Health's mission is to protect and improve the health of people in Washington. We do this by identifying significant factors that enhance or threaten health, by developing policies and engaging in activities to address them, and by assuring that actions are taken and evaluated.

This report is the product of collaboration among many interested groups and individuals. In keeping with the department's purpose, this represents our initial work as part of a continuing process. I hope this report provides useful information to our legislators about the health professions workforce.

Mary C. Selecky
Secretary of Health

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Health Professions Workforce Survey

Executive Summary

We have examined the issue of health care personnel shortages in Washington for many years. In 2007 and 2008, the Department of Health surveyed all licensed health care practitioners. Our desire was to learn more about the workforce to help decision makers make informed decisions about issues like professional education, and reducing health disparities. Survey activities ended in December 2008 due to budget shortfalls.

The 2010 Legislature funded the department to develop a plan to collect data about the health professions workforce.

We explored how other states surveyed health professionals, reviewed federal activities, and met with stakeholders who need workforce data.

We examined several options for collecting information. We believe the most cost-effective method is to collect workforce data through online license renewals.

Background

In 2006, the legislature directed the department to gather information about the workforce and demographics of all licensed health professionals¹. We worked with the Workforce Training and Education Coordinating Board to implement this law.

The legislation required that we survey each profession every two years. The department sought advice from researchers likely to use the survey data.

Survey results would give decision makers information to make decisions about health professional education and reducing health disparities. Although the legislation required that we collect survey data, it provided no resources or funding to analyze data. Interested organizations and agencies have analyzed the survey.

In December 2008, we suspended survey activities due to the state budget shortfall. We were able to survey 22 of the 37 professions before the project ended. The legislation required that we report to the legislature on the effectiveness of using the survey to obtain information on the supply of health care professions. A copy of this report is in Appendix A.

The 2010 Legislature asked us for a plan to collect data about the health professions workforce.

Why is Data about Health Professions Workforce Important?

It is widely believed we can improve access to health care across location, demographics, and socio-economic status if we have more information about health care providers. It is important that decision makers have access to accurate information about key health professions so they can make informed policy decisions to help our state identify workforce needs to meet future health care demands in Washington.

Who Needs Data about the Health Professions Workforce?

Information about the health professions workforce is important to many stakeholders. Policy makers and researchers benefit from information on the supply and distribution of health professions. Educators use the information to assess future training and education needs.

A number of factors are believed to lead to lack of equity in health delivery. For example, there is evidence that ethnic minorities tend to have better outcomes when cared for by health care professionals with the same ethnic background.² As a result, more diversity in the health care workforce may reduce disparate outcomes. More specific information on health provider ethnicity could help policy makers and educators target recruitment and retention efforts to expand diversity in the workforce. Ideally, the health profession workforce should mirror the general population.

¹ Senate Bill 6193

² Final Report State Board of Health Priority: Health Disparities, May 2001

We held meetings to gather input on cost-effective ways to collect workforce data. Stakeholders recommend that we require health professionals to provide workforce data as part of their initial license application and to update the information when renewing their license. The legislation does not require health professionals to participate in the survey. Stakeholders also recommend that we renew licenses and include the survey as part of renewal online.

Stakeholders also noted the need for a third-party analysis of the raw data. Many raised concerns that a lack of expert analysis could lead to inaccurate or misleading conclusions. The stakeholders recommend that standard reports be created and available on the agency's website.

See Appendix B for specific recommendations from stakeholder groups.

Methodology

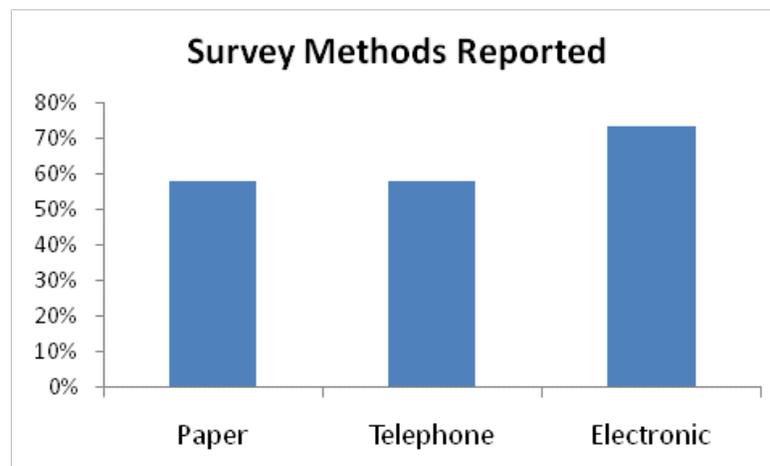
To develop our recommendation, we conducted the following activities:

- Gathered information about workforce surveys conducted in other states.
- Assessed federal activities.
- Met with stakeholders with a need for workforce data.

Survey of States

We contacted 49 states to gather information on workforce surveys; 22 states responded to our request. Results show that how states administered workforce surveys varied greatly. Of those responding, 20 states survey health professionals. Only two of those states mandate participation in the survey.

More than half of the 20 states that reported administering a workforce survey used more than one method to collect survey information. The most common method was electronic, followed by paper and telephone surveys.



Thirteen of the states told us that surveys are distributed with license renewals. There is a wide variation in the category of health professions surveyed. Physicians, nurses, and dentists are among the most frequently surveyed professions. Response rates ranged from 14 percent to 100 percent.

We learned little about the cost of administering the survey. In some states, health professional licensing agencies collect the information but another agency analyzes the information.

Federal Activities

To prepare for health care reform, state decision makers need access to health professions workforce information.

In March 2010, President Barack Obama signed the Patient Protective and Affordable Care Act (P.L. 111-148). The goals of this law include:

- Expanded health insurance coverage.
- Improved coverage for those with health insurance.
- Improved access and quality of care.
- More control over the rising costs of health care.

The law requires most U.S. citizens and legal residents to have health insurance. It will expand health care coverage by an estimated 32 million people. We must have an adequate professional workforce to meet these new demands. The act provides for expanding and reinforcing the nation's health workforce by investing in training of primary care providers. These include physicians, nurses, dentists, and other health professionals. The investments focus on scholarships, loan repayments, and training programs to recruit and train people for jobs in shortage fields. Workforce data will help ensure the maximum return on these investments by identifying the areas of greatest need.

Through the act, Congress created the National Health Workforce Commission to review workforce supply and demand, evaluate existing programs, and recommend policies and priorities. The commission will play an important role to ensure a qualified health care workforce to meet current and future needs. This is the first federally mandated body established to address health policy for all health professions at the national level. The act also established a National Center for Health Workforce Analysis to comprehensively describe and analyze the health workforce and related issues.

States do not uniformly collect information on the supply and distribution of health professions. This was very evident when the department surveyed other states. There is no national program to collect health professions data across the states. The datasets available from national surveys usually include too few individuals or are not complete enough for workforce analyses to be conducted at the state-level.

The U.S. Health Resources and Service Administration (HRSA) recognized the lack of uniform collecting of health professions workforce data. To respond to this situation, HRSA awarded a grant to develop a uniform minimum health professions dataset. The contractor is

working with stakeholders, state licensure boards, professional organizations, and researchers to develop and adopt standards for a uniform dataset. The contractor will advise stakeholders about automating and streamlining their processes for collecting data. Encouraging professional associations, regulatory organizations, state workforce planning agencies and the federal government to collect uniform data will standardize the data collected. Collecting standard data will provide information to improve workforce analysis, policy development, and program evaluation.

Cost Options

The department examined several options for collecting workforce data.

Assumptions:

- We will conduct surveys when licenses are renewed. We learned from our survey of other states that licensees are more likely to return the survey at the time of license renewal.
- We will survey the licensed professions identified in the original legislation, sample size approximately 203,000 licensees.
- We will review the survey questions from the prior survey with stakeholders and determine whether to use the same or update to meet stakeholder and policy maker current needs.

Option 1 Online Renewals

Assumption: To link online surveys to online transactions, we must fully implement online transactions.

- In January 2012, the department began offering online license transactions to select health professions.
- Online renewals will be phased in by profession. Currently, 51 professions can renew their license online.
- Online renewals should be available to all professions by June 30, 2013.
- Once we meet this milestone, we will be able to begin implementation of a survey.
- We will collect and store survey data separately from the licensing system.

Online Renewals	
IT Core Development	\$930
Survey Development	\$4,740
Renewal Updates	\$4,299
Report Development	\$9,689
Total	\$19,659

Analysis: This proposal will allow health professionals to respond to the workforce survey when they renew their license online. We believe this will increase the response rate. Although short on specifics, other states had a high rate of return when online surveys were offered at the time of renewal.

Option 2 Paper/Scanned/Web Survey

Assumption: Distribute one paper survey with license renewal notices.

- Invite licensees to participate in survey and give them the option of completing an online survey or returning paper survey.
- No follow-up reminders will be sent.
- Survey reports will be posted to department website.

Paper/Scanned/Web Survey	
Printing costs	\$3,220
Folding/inserting survey into renewals	\$8,120
Manual data entry at renewal (50 percent return rate)	\$178,440
IT Core Development	\$930
IT Survey Development	\$4,740
IT Report Development	\$9,689
Total	\$205,139

Analysis: Experiences in other states show that licensees are more likely to return the survey at the time of license renewal. The proposal does not allow the department to match the survey information to the licensee. The printing, mailing and processing of renewals is an automated process. Matching surveys to a renewal card would have a negative effect on the department’s ability to issue licenses in a timely manner.

Option 3 Paper/Scanned/Web Survey:

Assumption: The department will contract with an outside agency to print surveys and process results.

- Paper surveys will be printed by an outside contractor.
- Surveys will be returned to the department and distributed with license renewal notifications.
- We will send returned surveys to the contractor, who will scan surveys, create a database of responses, and provide us with a frequency listing by question.
- We will post the reports to the agency website.

Paper/Scanned/Web Survey	
Printing preparation, web questionnaire, hosting, survey processing costs, database creation.	\$222,835
Folding/inserting survey into renewals	\$8,120
Common carrier expenses	\$1,200
Total	\$232,155

Analysis: Experiences in other states show that licensees are more likely to return the survey at the time of license renewal. The proposal does not allow the department to match the survey information to the licensee. The printing, mailing, and processing of renewals is an automated process. Matching surveys to a renewal card would have a negative effect on the department's ability to issue licenses in a timely manner.

Response rates could improve by mailing a reminder postcard to all licensees.

- Contractor cost of a one-time postcard reminder/thank you postcard to all 203,000 licensees one week after initial license renewal mailing and paper questionnaire mailing (includes personalized printing, cost of postage, and card cost).

Additional cost \$96,661 (\$0.48 per individual)

Recommendations

The department recommends collecting workforce information when all health care practitioners are able to renew their licenses online. Collecting information with online renewals is the most cost-effective method. We would provide health care practitioners an opportunity to complete the survey at the time they renew their license online. Practitioners renew their licenses on their birthday.

The department began offering online renewals in January 2012. Online renewals are being phased in by profession and will be optional for licensees. Online renewals should be available to all professions by June 30, 2013. Over the next five years, we estimate online transactions will account for 80 percent of all renewals. We have submitted a decision package for development of a system component to allow online collection of demographic information for health care providers, called the Online Licensing and Information Collection project. If the decision package is approved, we will begin development of the online collection system.

The department will continue to monitor federal developments (the National Health Workforce Commission and HRSA grant work for a systematic federal dataset solution).

However, in the meantime, the reasonable cost of an online survey makes this a practical solution now.

The Medical Quality Assurance Commission is currently implementing legislation that allows staff to ask physicians and physician assistants about their current professional practice at the time of license renewal. Senate Bill 5480, enacted in 2011, does not require participation by the providers. The bill allows the commission to collect information about practice setting, medical specialty, board certification, and other relevant information. The information will be used for workforce development and planning. The commission is using a paper survey tool to collect this information. The department will monitor this effort when planning to collect workforce information for other professions.

Appendix A

Health Professions Workforce Survey December 2010

Health Professions Workforce Survey

September 2010



Health Professions Workforce Survey

September 2010



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The Department of Health's mission is to protect and improve the health of people in Washington State. We do this by identifying significant factors that enhance or threaten health, by developing policies and engaging in activities to address them, and by assuring that actions are taken and evaluated.

This report is the product of a collaborative effort of many interested groups and individuals. It's in keeping with this department's purpose and represents our initial work in a continuing process. I hope this report provides the legislature with useful information as it considers issues related to the health professions workforce.

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Introduction

The state of Washington has been examining the issue of health care personnel shortages since early 2000. In 2001, the Workforce Training and Education Coordinating Board convened the Health Care Personnel Shortage Task Force (Task Force). It was responsible for examining the emerging issue of health care personnel shortages. The first report to the legislature, “Crisis or Opportunity?” included a state plan to address health care personnel shortages. The plan called for better data on the health care workforce. Data is necessary to assist decision-makers in developing targeted solutions to eliminate health care workforce shortages. The plan included a strategy to collect data through methods such as surveying licensed health care professionals.

In 2006, Senate Bill 6193 required the Department of Health to gather workforce and demographic information about all licensed health care providers. The legislation required the department to collaborate with the Workforce Training and Education Coordinating Board to survey all licensed health professionals.

Each profession was to be surveyed every two years. In developing the survey, the department was to seek advice from researchers likely to use the survey data.

The survey was intended to provide decision-makers with data to make informed decisions on such issues as health professional education and reducing health disparities.

In December 2008, Workforce Survey activities were suspended due to a budget shortfall in Washington State. The survey cycle wasn’t completed before the survey was suspended.

The legislation required the department to submit a report to the legislature to address three specific areas:

- 1. The effectiveness of using a survey to obtain information on the supply of health care professionals;**
- 2. The distribution and use of the information obtained by the surveys by employers and health professions education and training programs; and**
- 3. The extent to which the surveys have alleviated identified shortages of trained health care providers.**

Appendix A contains the legislative authority for the survey.

History

In 2004, Senate Concurrent Resolution 8419 created the Joint Select Committee on Health Disparities. The committee included members of the standing committees with jurisdiction over health care and education from the Senate and the House of Representatives.

On November 1, 2005, the committee issued a report on health disparities in Washington. The report identified a need to develop a diverse workforce representative of our state's population. The committee also identified a need to collect relevant and accurate demographic data on health care professionals, students in health care professions, and recipients of health services.

The 2006 Legislature declared that people of color face significant health disparities in education, employment, healthy living conditions, access to health care and other social determinants of health. Research has shown that increasing the number of people of color in the health care workforce can reduce health disparities.

Background

In 2006, the legislature enacted Senate Bill 6193 about the health professions workforce. This legislation directed the department to gather information on the workforce supply and about the demographics of all licensed health professionals. The department collaborated with the Workforce Training and Education Coordinating Board to implement this law.

The legislation required the department to survey all licensed health care providers to assess workforce supply and demographics. Each profession was to be surveyed every two years. In developing the survey, the department would seek advice from researchers likely to use the survey data.

The department was directed to gather specific demographic, education and training, and practice data, but was allowed to ask additional questions for legitimate research. Participation in the survey is voluntary. The department can't withhold, fail to renew or revoke a license from a health care provider who doesn't return the survey.

The department can include additional data elements for specific professions provided funding was available to pay for the questions. The department can accept money or other forms of contributions to support surveys that are more detailed. Supplemental questions can't place an additional burden on the health care profession or have a negative effect on survey response rates.

The department must make public data sets available while protecting the identity of individual providers. Survey questions and raw survey results are posted on the department's website.¹

The department is required to report to the legislature on:

- the effectiveness of using a survey to obtain information on the supply of health care professionals,
- the distribution and use of the information obtained by the surveys by employers and health professions education and training programs, and
- the extent to which the surveys have alleviated identified shortages of trained health care providers.

The survey is a tool intended to provide decision makers with information to make informed decisions on such issues as health professional education and reducing health disparities.

¹ <http://www.doh.wa.gov/hsqa/hpqa/HPQAWorkforceSurvey.htm>

Survey Development/Administration

The department contracted with the University of Washington (UW) Center for Health Workforce Studies to develop survey questionnaires. UW collaborated with professional associations and boards, commissions and advisory committees on survey questions.

The department contracted with Washington State University (WSU) Social and Economic Sciences Research Center to administer the survey and collect responses.

Survey Approach

The department used the following method to administer the survey:

- All licensees received an invitation to participate in the online survey. WSU hosted the website. Refer to Appendix B for copies of invitations.
- A random sample of 33 percent of licensees was sent a paper questionnaire two weeks after the initial invitation letter.
- If licensees in the random sample didn't respond, they were sent another paper questionnaire. This group was also reminded of the steps to complete the survey on the web if members preferred.

Survey Suspension

In December 2008, activity on the Workforce Survey was suspended due to a severe budget shortfall in Washington State.

Conclusions

Senate Bill 6193 requires the department to submit a report on the effectiveness of using a survey to gather workforce demographic information. The department worked with the Workforce Training and Education Coordinating Board and with stakeholders to develop these conclusions:

1. The effectiveness of using a survey to obtain information on the supply of health care professionals.

Using a survey is an effective way to collect information on the supply of health care professionals. The response rate for the Workforce Survey, 27 percent, is comparable to other surveys using similar methods. Response rates range from 18.5 percent for massage therapists to 34.5 percent for dental hygienists. Response rates for all surveyed professions are attached as Appendix C.

The department received several suggestions for improving the survey:

- a. Sample, not census - Be flexible in administering the survey. The legislation required the department to survey all licensed health care providers. It may be a better use of money to survey a random sample of health care providers rather than the entire profession. This would allow the department to send additional invitations to the non-responders. Additional contacts should improve response rates. A copy of the survey schedule is attached as Appendix D.
- b. Set priorities - Do all health care professions need to be included in the survey? Use a technical advisory committee to develop criteria on how to set priorities for the professions to be surveyed.
- c. Reassess survey questions – Having fewer questions may produce a greater response rate. Gather only necessary data.
- d. Online focus - Associate the survey with online renewals. This should improve response rates and make it easier for health professionals to respond. The department expects to offer online renewals in the near future. However, online renewals will be phased in and optional.
- e. Outreach - Provide funding for greater outreach with associations and professional groups to advertise the survey and to communicate the importance of gathering this data.

2. The distribution and use of the information obtained by the surveys by employers and by health professions education and training programs.

The information obtained by the surveys is used to inform policy makers, educators, planners and researchers about the size, geographic distribution, age/impending retirement, education and practice characteristics.

Legislative funding didn't include money to analyze the data collected. State and health workforce stakeholders need access to a third party analysis of the raw data. Without a qualified analysis of the data, there is concern that decision makers may rely on information that is misleading or inaccurate. At this time, decision makers must rely on associations and other organizations to analyze the data.

The raw data collected from the workforce surveys is posted on the department's website. This data is available for use by the public.

The workforce survey main Web page received an average of 68 hits per month over the past 14 months. The Web pages with the profession-specific data received an average of 7.6 hits per month. This information is of interest to a wide variety of organizations. Professional associations and state agencies have expressed interest in this information.

The Governor's Interagency Council on Health Disparities also uses the data. The council has convened an advisory committee to examine workforce diversity. The collection of demographic data, specifically race/ethnicity data, is of critical importance. Data helps develop, implement and evaluate programs to increase the diversity of the health care workforce. The council recommends that the data be collected, analyzed and reported on an ongoing basis.

The Office of Financial Management (OFM) is also interested in workforce data. In its efforts to develop a statewide health resources strategy, OFM is interested in establishing a census count of licensed health professionals who are actively practicing. In OFM's view, the best approach is to collect minimal additional data (e.g., whether, where, and hours a licensed professional is practicing) through the license renewal process. Such data collected through the licensing process can make the workforce survey of broader topics useful by providing a reliable population baseline. Renewals are processed through an automated barcode system. Survey questions on the renewal card would significantly delay processing time. Options for surveys questions at the time of renewal will be explored when the department implements online renewals.

The University of Washington Center for Health Workforce Studies has analyzed data for the nursing and oral health care workforces. The Washington Center for Nursing contracted with the UW to analyze the data for licensed practical nurses, registered nurses and advanced registered nurse practitioners. The workforce data provided critical information to project the future supply of licensed practical nurses and dentists in the state.

The Department of Health's Oral Health Program contracted with the UW to produce a report on Washington's oral health care workforce. The UW is analyzing data for dentists and dental hygienists for the report. The report is due to be completed in the fall.

The data provides critical information on race/ethnicity and where our workforce obtained its professional training. Reports prepared by the UW Center for Health Workforce Studies can be accessed at <http://depts.washington.edu/uwchws/>

3. The extent to which the surveys have alleviated identified shortages of trained health care providers.

Based on contacts with health care associations and health care training and education organizations, it's too early to determine if the data collected has alleviated identified shortages of trained health care providers.

APPENDIX A: Second Substitute Senate Bill 6193

SECOND SUBSTITUTE SENATE BILL 6193

AS AMENDED BY THE HOUSE

Passed Legislature - 2006 Regular Session

State of Washington

59th Legislature

2006 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Franklin, Regala, Keiser, Eide, Prentice, Rasmussen, Jacobsen, Fairley, McAuliffe, Fraser, Brown, Kline, Kohl-Welles, Parlette and Shin)

READ FIRST TIME 02/7/06.

AN ACT Relating to health professions work force supply and demographics information; adding a new section to chapter 43.70 RCW; creating a new section; providing an effective date; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1 The legislature finds that people of color experience significant disparities from the general population in education, employment, healthy living conditions, access to health care, and other social determinants of health. The legislature intends to address barriers to gender-appropriate and culturally and linguistically appropriate health care and health education materials, including increasing the number of female and minority health care providers, through expanded recruiting, education, and retention programs. The legislature finds that before developing a work force that is representative of the diversity of the state's population, relevant and accurate data on health care professionals, students in health care professions, and recipients of health services must first be collected.

NEW SECTION. Sec. 2 A new section is added to chapter 43.70 RCW to read as follows:

(1) The department, in collaboration with the work force training and education coordinating board, shall distribute survey questions for the purpose of gathering data related to work force supply and demographics to all health care providers who hold a license to practice a health profession. The department shall adopt a schedule for distributing surveys by profession so that each profession is surveyed every two years. In developing the survey, the department shall seek advice from researchers that are likely to use the survey data.

(2)(a) At a minimum, the survey shall include questions related to understanding the following characteristics of individuals in the health care work force:

- (i) Specialty;
- (ii) Birthdate and gender;
- (iii) Race and ethnicity;
- (iv) Hours in practice per week;

- (v) Practice statistics, including hours spent in direct patient care;
- (vi) Zip codes of the location where the provider practices;
- (vii) Years in practice, years in practice in Washington, location and years in practice in other jurisdictions;
- (viii) Education and training background, including the location and types of education and training received; and
- (ix) Type of facilities where the provider practices.

(b) The department may approve proposals for the distribution of surveys containing additional data elements to selected health care professions if it determines that there is a legitimate research interest in obtaining the information, the additional burden on members of the health care profession is not unreasonable, the effect on survey response rates is not unreasonable, and there are funds available. The department may accept funds through contracts, grants, donations, or other forms of contributions to support more detailed surveys.

(3) The department must make a public data set available that meets the confidentiality requirements of subsection (5) of this section. The department may respond to requests for data and other information from the registry for special studies and analysis pursuant to a data-sharing agreement. Any use of the data by the requestor must comply with the confidentiality requirements of subsection (5) of this section. The department may require requestors to pay any or all of the reasonable costs associated with such requests that may be approved.

(4) The failure to complete or return the survey may not be grounds to withhold, fail to renew, or revoke a license or to impose any other disciplinary sanctions against a credentialed health care provider.

(5) The department must process the surveys that it receives in such a way that the identity of individual providers remains confidential. Data elements related to the identification of individual providers are confidential and are exempt from RCW 42.56.040 through 42.56.570 and 42.17.350 through 42.17.450, except as provided in a data-sharing agreement approved by the department pursuant to subsection (3) of this section.

(6) By July 1, 2009, the department shall provide a report to the appropriate committees of the legislature on the effectiveness of using a survey to obtain information on the supply of health care professionals, the distribution and use of the information obtained by the surveys by employers and health professions education and training programs and the extent to which the surveys have alleviated identified shortages of trained health care providers.

NEW SECTION. **Sec. 3** Section 1 of this act takes effect July 1, 2006.

NEW SECTION. **Sec. 4** This act expires January 1, 2012.

Passed by the Senate March 7, 2006.
Passed by the House March 2, 2006.
Approved by the Governor March 27, 2006.
Filed in Office of Secretary of State March 27, 2006.

APPENDIX B: Invitations to Participate in Surveys



Dear Health Professional:

We need your help. Over the next two years, all active and retired licensed health professionals will receive the Health Care Workforce survey. Your profession is among the first to be surveyed. Please help us by filling out this very short, confidential survey. It should take about six minutes to complete. Your involvement will help make sure that results accurately represent the workforce.

The survey is called for in legislation passed by the 2006 Washington State Legislature. It will tell us more about Washington's health professions workforce. Your responses will help professional associations, health planners, schools, researchers, boards, and commissions develop strategies to address staff shortages and improve access to health care.

The Social and Economic Sciences Research Center at Washington State University (WSU) is administering the survey. You can complete it by typing the following web site address into the address line of your Internet browser: **<http://opinion.wsu.edu/health>**
Your internet browser address line is located in the upper left of your computer screen window. (The link does not work if you type it into Google or other search engines.)

Please use your unique access code to enter the survey. Your Access Code Number: **<RespID>**

Your answers are confidential. No individual responses will be reported. Please read all instructions carefully and answer every question unless otherwise instructed.

If you have questions, please call the survey director, Danna Moore, at 800.833.0867 or email sesrcweb5@wsu.edu. The project coordinator at the Department of Health is Megan Davis, 360.236.4993 or Megan.Davis@doh.wa.gov. The Center for Health Workforce Studies at the University of Washington developed the questions.

Sincerely,

Eleni Papadakis, Executive Director
Workforce Training and Education
Coordinating Board

Mary C. Selecky, Secretary
Washington State Department of Health

This survey has been reviewed and approved by the WSU Institutional Review Board (IRB) for human subject participation. If you have any questions regarding your rights as a participant, you can call the WSU IRB at 509.335-9661. (IRB study # 9655)



Date

Dear Health Professional:

Enclosed is a short confidential survey. Over the next two years, all active and retired licensed health professionals will be receiving a Health Care Workforce survey. Your profession is among the first to be surveyed. Please help us by filling out this short, confidential survey. Your involvement will help make sure that results accurately represent the workforce.

The Washington State Legislature passed legislation in 2006 calling for this survey. Results from this project will tell us more about Washington's health professions workforce. Your responses will help professional associations, health planners, schools, researchers, boards, and commissions develop strategies to address staff shortages and improve access to health care.

You can either complete the paper questionnaire and return it in the envelope provided or complete it on the internet by logging on to **<http://opinion.wsu.edu/Health>**

Please use your unique access code to enter the survey. Your Access Code Number: _____

Your answers are confidential. No individual responses will be reported. Please read all instructions carefully and answer every question unless otherwise instructed.

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Sincerely,

Don Bennett, Interim Executive Director
Workforce Training and Education
Coordinating Board

Mary C. Selecky, Secretary
Washington State Department of Health

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Date

Dear Health Professional:

Recently we sent you a Health Care Workforce questionnaire. If you have already completed and returned the questionnaire, *please accept our sincere thanks*. If not, we hope you will do so today. The survey will be sent to all active and retired licensed health professions over the next two years. Your profession is among the first to be surveyed.

The survey will tell us more about Washington's health professions workforce. Your responses will help professional associations, health planners, schools, researchers, boards, and commissions develop strategies to address staff shortages and improve access to health care.

The Social and Economic Sciences Research Center at Washington State University (WSU) is administering the survey. You can complete it on the internet by logging on to **<http://opinion.wsu.edu/Health>** and entering your access code: **xxxxxx**

Your answers are confidential. No individual responses will be reported. Please read all instructions carefully and answer every question unless otherwise instructed.

If you have questions, please call the survey director, Danna Moore, at 800.833.0867 or email sesrcweb5@wsu.edu. The project coordinator at the Department of Health is Megan Davis, 360.236.4993 or Megan.Davis@doh.wa.gov. The Center for Health Workforce Studies at the University of Washington developed the questions.

Sincerely,

Don Bennett, Interim Executive Director
Workforce Training and Education
Coordinating Board

Mary C. Selecky, Secretary
Washington State Department of Health

APPENDIX C: Survey Response Rates

**Health Workforce Demographic
Survey Response Rates**
February 2009



Response Rates 2007			
Mode	Dental Hygienist 5014	Registered Nurse 73,894	Licensed Practical Nurse 14,592
Total - Web then Paper Group	66.2%	55.9%	42.7%
Total - Web Only Group	18.7%	15.9%	9.5%
Grand Total (Includes Partials)	34.5%	29.3%	20.5%

Response Rates 2008			
Mode	Dentist 5826	Physicians 24,520	Physicians Assistants 2058
Total - Web then Paper Group	54.2%	45.7%	48.6%
Total - Web Only Group	12.4%	10.9%	18.4%
Grand Total (Includes Partials)	26.3%	22.7%	28.4%

Response Rates Updated February 6, 2009				
Mode	ARNP 4,058	Chiropractor 2,291	Pharmacist 7,814	Physical Therapist 4,878
Total - Web then Paper Group	52.6%	52.1%	44.8%	58.7%
Total - Web Only Group	14.6%	14.7%	14.3%	18.1%
Grand Total (Includes Partials)	27.3%	27.2%	24.5%	31.6%

Response Rates Updated February 6, 2009				
Mode	OT 2,512	OTA 573	Orthotist/Prosthetist 228	Mental Health Counselors 4,349
Total - Web then Paper Group	51.1%	45.9%	44.6%	49.4%
Total - Web Only Group	14.1%	11.5%	13.1%	17.2%
Grand Total (Includes Partials)	26.5%	22.9%	23.5%	27.9%

Response Rates Updated February 6, 2009				
Mode	Podiatrists 311	Psychologists 2,063	Social Workers 3,035	Massage Therapists 13,468
Total - Web then Paper Group	62.0%	58.4%	58.6%	35.2%
Total - Web Only Group	17.0%	19.5%	17.7%	10.2%
Grand Total (Includes Partials)	32.0%	32.5%	31.3%	18.5%

Response Rates Updated February 6, 2009				
Mode	Naturopathic Physician 843	Respiratory Care 2,286		
Total - Web then Paper Group	56.7%	39.0%		
Total - Web Only Group	19.3%	13.4%		
Grand Total (Includes Partials)	31.7%	21.9%		

APPENDIX D: Survey Schedule

**Washington State Department of Health
Health Systems Quality Assurance
Scheduled Health Professions Surveys, 2007 through 2011**

Licensed Professions	# Licensed as of 7-1-07	Month/year to be surveyed
Acupuncture	1046	September 2008, Sept. 2010
Adv. Registered Nurse Practitioner	4,058	May 2008, March 2010
Athletic Trainers	0	February 2009, Feb 2011
Audiologist	395	August 2008, August 2010
Chiropractor	2291	May 2008, March 2010
Dental Hygienist	5014	March 2007, February 2009
Dentist	5826	October 2007, Sept. 2009, Sept. 2011
Denturist	158	August 2008, August 2010
Dispensing Optician	927	August 2008, August 2010
Extended Function Dental Aux	0	February 2009, Feb 2011
Hearing Aid Fitter Dispenser	271	August 2008, August 2010
Licensed Practical Nurse	14,592	June 2007, February 2009
Marriage and Family Therapist	999	July 2008, July 2010
Massage Therapist	13,468	July 2008, July 2010
Mental Health Counselor	4349	June 2008, May 2010
Midwife	89	July 2008, July 2010
Naturopathic Physician	843	July 2008, July 2010
Nursing Home Administrator	451	September 2008, Sept. 2010
Occupational Therapist	2512	May 2008, April 2010
Occupational Therapist Assistant	573	May 2008, April 2010
Ocularist	0	September 2008, Sept. 2010
Optometrist	1559	August 2008, August 2010
Orthotist and Prosthetist	228	June 2008; May 2010
Osteopathic Physician	1000	November 2007; October 2009, Sept. 2011
Osteopathic Physician Assistant	36	November 2007; October 2009, Sept. 2011
Pharmacists	7814	May 2008, March 2010
Physical Therapist	4878	May 2008, April 2010
Physical Therapy Assistant	0	February 2009; Feb 2011
Physician	23,520	November 2007; October 2009, Sept. 2011
Physician Assistant	2022	November 2007; October 2009, Sept. 2011
Podiatrist	311	June 2008; May 2010
Psychologist	2063	June 2008; May 2010
Registered Nurse	73,894	April 2007; February 2009
Respiratory Care Practitioner	2286	June 2008; May 2010
Social Worker	3035	July 2008, July 2010
Speech Language Pathologist	1532	September 2008; Sept. 2010
Veterinarian	2955	September 2008; Sept. 2010
Total	184,995	

NOTE: 91,284 professionals surveyed in FY 07

Appendix B

Summary of Stakeholder Recommendations

Appendix B
Health Professions Workforce Survey
Summary of Stakeholder Recommendations

Washington Hospital Association (WSHA)

WSHA has produced a hospital workforce survey since 2004. The survey tracks trends in industry growth and anticipates shortages of personnel. The association says the survey is a valuable tool to determine where training dollars should be invested to meet hospital needs. WSHA would like to expand research to include information about the state of the health care work force across health care providers and disciplines. Producing these now will allow WSHA to chart expansion of college and university health care training and education programs. It would also provide the industry with long-term forecasts of the number of available workers. While association collects information on the demand side of the equation, it needs additional data on the supply side of the equation. Jaime Garcia, WSHA Executive Director

Workforce Training and Education Coordinating Board

The legislature directed the Workforce Training and Education Coordinating Board to convene a Health Care Personnel Shortage Task Force. The task force has created a state plan to address health care personnel shortages. Better local planning requires data. Targeted solutions depend on detailed data that can only be collected through a health care workforce survey that asks specific questions of health care professionals. Members of task force recommend a mandatory survey be included when the department implements online license renewals. Madeline Thompson, Policy Analyst/Legislative Affairs

Governor's Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities also uses the data. The council convened an advisory committee to examine workforce diversity. The collection of demographic data -- specifically race/ethnicity data -- is of critical importance. Accurate data is vital in developing, implementing and evaluating programs to increase the diversity of the health care workforce. The council's recommendations were included in the Council's State Policy Action Plan to Eliminate Health Disparities. The Action Plan recommends providing funding to ensure the regular collection, analysis, and reporting of data on the diversity of the healthcare workforce. The action plan suggests providing support to the Department of Health to reinstate its demographics survey of health professionals and to include funding to regularly analyze and report on findings. The plan recommends the department consider adopting a minimal surcharge on license and facilities fees to support the survey. The action plan also recommends the department consider linking the administration of the survey to online license renewal (when available) and use any savings to fund analysis and dissemination of results. Christy Curwick Hoff, Washington State Board of Health, Health Policy Advisor.

Office of Financial Management (OFM)

OFM is also interested in workforce data. OFM would like to establish a census count of actively practicing health professionals. This would assist its efforts to develop a statewide health resources strategy. In OFM's view, the best approach is to collect minimal additional data through the license renewal process. This could answer whether, where, and what number of hours a licensed professional is practicing. Wei Yen, Senior Forecast Advisor

University of Washington Center for Health Workforce Studies (UWCHWS)

The UWCHWS conducts third party analysis of data, including analyses for state (Washington and other states) and federal agencies. UWCHWS has found that when workforce datasets are designed to be directly relevant to planning and policy questions they are the most successful. The designation of federal HPSAs is an example of a workforce-related program that brings funding and needed health care providers to underserved areas. To get federal HPSA designation, the state needs detailed data about the number, distribution and practice of primary care providers in the state. Resources spent to develop and maintain datasets to identify all of Washington's primary care providers and where they are practicing will provide direct benefits to the state through HPSA designation. The UWCHWS observes that the most efficient way to collect these data at the needed level of detail are by associating a short workforce survey with professional licensing and renewal, ideally through an online process. Susan Skillman, Deputy Director.

The Washington Center for Nursing

The Washington Center for Nursing has clear direction from its Department of Health grant and its Strategic Business Plan to collect, analyze and report data on the composition of the nursing workforce in Washington State. Data must include practicing nurses, nursing educators, and nurses who have failed to renew their licenses. The numbers and distribution of nursing students in our approved educational programs are critical. Finally, accurate and current supply and demand data from employers and educational programs are necessary for educational planning and workforce planning. Deeper analyses of all of these datasets are needed to understand the demographics of the nursing populations, the work setting distribution, the educational levels achieved, and qualitative descriptors. Basic supply data should be collected regularly via online license renewal, and should be mandatory for relicensure. Washington has endorsed the National Nursing Minimum Datasets (Supply, Demand and Education) and wishes to participate in the work of the National Center for Health Workforce Analysis (Bureau of Health Professions/HRSA). Linda Tieman, Executive Director

Department of Health, Office of Community Health Systems

The Department of Health, Office of Community Health Systems works with local health jurisdictions and communities to establish Health Professional Shortage Areas (HPSA) for primary medical care, dental care, or mental health care. Designation as an HPSA indicates a county does not have enough specific health care providers to its residents. Congress and state legislators have created financial enhancements to alleviate health care access issues in rural

communities and underserved populations. More than 30 federal and state programs consider shortage designations in qualifying criteria.

The department works with local partners and health jurisdictions to submit requests. Health care workforce supply information is critical to this program. Program staff must currently use a variety of data sources to determine the workforce supply in a given community. These include health professional licensing information, employment security data and yellow page directories. This type of search is time consuming. The collection of a common dataset that would serve multiple needs, including determining HPSA designations. Kathy Schmitt, Manager, Research, Analysis and Data