

LIFE CYCLE OF HEALTH WORKFORCE DATA IN INDIANA



DEVELOPING INITIAL INFORMATION FIELDS FOR EACH PROFESSION

STEP 1

[Senate Enrolled Act 223-2018](#) and [IC 25-1-2-10](#) authorized the State to collect **specified supplemental information** from select health care professionals during the web-based license renewal process. More information about SEA 223-2018 and its implementation can be found [here](#). Common supplemental information fields collected across all health care professions are implemented in a uniform format so as to facilitate interprofessional comparisons (such as the case with demographic and education questions). However, in order for health workforce information to be most relevant for the State, some supplemental information fields vary between professions. For example, for physicians and other professionals authorized to prescribe controlled substances it may be important for the state to understand whether they provide Medication Assisted Treatment services, whereas for other professionals such as dental hygienists, it would be more important to understand whether or not they place dental sealants. The [Bowen Center for Health Workforce Research and Policy](#) (Bowen Center) assists the State by providing a first draft of the supplemental information fields for each profession. The first draft generally considers the following:

1. When available, [federal minimum data sets](#) for the professions
2. **State supplemental data needs** – these are supplemental data points that would maximize the State's intelligence for that workforce and enhance Indiana's ability to deliver excellent government service (including supporting the state's development of federal deliverables including [Medicaid access monitoring review plans](#), [federal health professional shortage area designations](#), [workforce plans](#), [informing incentive programs](#), etc.)

Several values are used to guide the development of the supplemental information fields:

- **Minimizing burden on licensees.** Supplemental information field questions are structured to minimize time required to respond. Most questions are structured as a single response or multi-check box style. Free text fields are kept to a minimum.
- **Maximizing utility of information.** Each question asked of licensees has a specific use to the State. Once received, the information is stored in a database that enables cross-walking and data coordination between data sources.
- **Enabling use of longitudinal data to monitor workforce trends.** To the extent possible, changes in the information fields collected over time are minimized. This allows for more accurate tracking of workforce trends across years.

WHAT DOES “SUPPLEMENTAL DATA” MEAN?

Supplemental data include information, such as specialty, practice setting, etc., critical health workforce assessments but not typically collected as part of regulatory processes. The license renewal period for health professionals affords states a strategic opportunity to collect supplemental information required to efficiently and effectively identify workforce shortages, target incentives, and inform relevant policy and programming. Collection of supplemental information at the time of license renewal is a best practice for states.

HOW ARE STATE SUPPLEMENTAL DATA NEEDS DETERMINED?

In Indiana, **state supplemental data needs** are determined by the [Governor's Health Workforce Council](#). The Council has 15 members, appointed by the Governor, and includes representation from key executive branch agencies, health care employers, etc. The Council reviews proposed supplemental information fields for each health profession to ensure alignment with state data needs.



STEP 2

WORKING WITH SUBJECT MATTER EXPERTS TO REFINE INFORMATION FIELDS

Once a full draft of the supplemental information fields survey tool is prepared, the Bowen Center works with a profession-specific advisory group to obtain input on the final tool. These advisory groups are generally comprised of a representative of the State Department of Health, Medicaid, the affected licensing board, any other state-relevant personnel, professional associations, educators/academic programs, major employers, and health sector non-profit associations. During meetings with these advisory groups, the supplemental information fields are reviewed and a consensus decision is made on any changes.



STEP 3

FINALIZING SUPPLEMENTAL INFORMATION FIELDS AND SUBMITTING TO PROFESSIONAL LICENSING AGENCY

Once feedback from the advisory group is incorporated, a final version of the supplemental information fields survey tool is provided to the [Governor's Health Workforce Council](#) for review and approval. The Council holds open discussion on the supplemental information fields survey tool and takes a vote to adopt the tool for the State. The adopted tool is submitted to the Professional Licensing Agency (PLA) by the Bowen Center. (An example of the 2021 Physician License Renewal Supplemental Information Fields Survey Tool can be found [here](#).)



STEP 4

EMBEDDING QUESTIONS WITHIN LICENSE RENEWAL PROCESS

PLA staff (system analysts and programmers) implement the supplemental information fields survey tool by embedding the data coding within the affected professions' license renewal process. Licensees must complete the questions in order to complete online license renewal.



STEP 5

STEP 5: USING DATA TO DEVELOP RELEVANT RESOURCES FOR THE STATE

Supplemental information collected from licensees during the web-based renewal process are extracted by the PLA and provided to the Bowen Center on a quarterly basis through a secure data sharing platform. After implementing documented data management processing for the health professions data, the Bowen Center stores the supplemental data in the Indiana Health Professions Database. Various resources are then generated for the state, including:

- **Technical data reports:** data tables and brief technical summaries. [Here](#) is an example of the 2019 Physician Data Report and [here](#) is the accompanying Geographic Data Report.
- **Briefs:** Infographics, insights, and the identification of potential policy intersections. [Here](#) is an example of the 2019 Physician Brief.
- **Special reports:** Ad hoc, targeted reports that highlight specific data points or answer a specific question. [Here](#) is an example of a special report on the School-based Health Workforce and [here](#) is another on Addiction Counselors.
- **Publicly accessible data visualizations and data downloads:** online data tools that enable customized data views and exports ([link](#))
- Secure data-sharing back to state agencies to support State data needs
- Resources are shared back to the Council during meetings and disseminated broadly via an email newsletter and on [the Bowen Portal](#).

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