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Progress on the Institute of Medicine Recommendations: Perspectives on the Evidence
Webinar on Workforce Planning
May 23, 2016

Introduction

This 60-minute webinar focused on the role of data in effective workforce planning for registered nurses (RNs), and featured experts in nursing workforce policy, research, and analysis. The goals were to energize participants about the value of data and the need for better data collection; to review progress made on the recommendation by the Institute of Medicine (IOM) in its 2010 report on the future of nursing that nursing workforce data collection and infrastructure be improved to better guide workforce planning and policymaking; and to identify action steps for increasing progress toward meeting the IOM recommendation in the future.

Erin Fraher, PhD, MPP, assistant professor in the Departments of Family Medicine and Surgery, School of Medicine, and director of the Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, opened the presentation by highlighting three proposals within the IOM recommendation:

- Increase data-sharing among organizations
- Retain and bolster the Health Resources and Services Administration's (HRSA) National Sample Survey of Registered Nurses (NSSRN)
- Monitor supply and demand while also looking at workforce details such as roles, skills, and demographics.

To emphasize the power and value of data in transforming health care, Fraher used case studies to show how data can help track and drive workforce diversity, educational mobility, and other *Campaign* goals. Her examples showed how data can be used to counter turf-based arguments against expanded scope of practice for nurses, forecast employment needs, and convince stakeholders outside nursing of the roles nurses can play in filling current and future workforce needs in new models of care.

Fraher turned to the progress made toward meeting the IOM recommendation by reviewing HRSA sources of information about the nursing workforce, which have become available since HRSA last administered a national sample survey, in 2008. These resources include a new sample survey of nurse practitioners, recent reports and projections, and an online projection model for nursing supply and demand that states can use. Fraher also pointed to an expansion in the kinds of nursing data collected, the existence of federal and state partnerships for data collection, and efforts to facilitate the collection of more and better information at the state level such as the data infrastructure created by the National Council of State Boards of Nursing (NCSBN).

To conclude, Fraher emphasized the need for a national census of nurses to provide a framework for additional workforce research. She called for more information on the content of nursing care, better measures of demand for nurses, and the development of interprofessional

datasets. She also urged organizations to create data-use agreements to encourage information-sharing that can benefit everyone.

Fraher listed three briefs from the Cecil G. Sheps Center that explain why we need better data systems, how to build those systems, and what we can learn from them.

The response portion of the webinar included comments from a health workforce data analyst and an expert nurse researcher. Moderating was Joanne Spetz, PhD, FAAN, professor, Institute for Health Policy Studies, University of California, San Francisco.

To review the webinar slides, see the PowerPoint deck below; click twice to open the slide show.

Below the slide deck are additional insights from featured speakers and key points from the discussion that followed during the Q&A.

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WORKFORCE PLANNING

Click twice to open the slide show.

<u>**Featured speakers and Q&A, moderated by Joanne Spetz**</u>

Fraher introduced Michelle Washko, PhD, deputy director of the National Center for Health Workforce Analysis at HRSA.

Washko stated the mission of the National Center for Health Workforce Analysis (NCHWA): to support more informed public- and private-sector decision-making related to the health workforce through expanded and improved health workforce data and research.

Washko identified two areas of progress toward the IOM recommendation. The first is the creation of a Web-based nursing workforce projection model that NCHWA developed for the public. Washko explained that the Nursing Health Workforce Model provides foundational information about future workforce needs based on American Community Survey data, and that users can modify that baseline, or input their own data, to create projections based on local conditions.

The second area of progress is the revival of the NSSRN, which HRSA has not administered since 2008. The IOM recommendation, coupled with requests from professional organizations and stakeholders, prompted this change. The survey will be combined with the National Sample Survey of Nurse Practitioners and be administered every four years beginning in the spring of 2017. It is expected to include responses from 50 thousand to 75 thousand people with an aim of reporting at the national and state levels. Washko added that the Census Bureau will collect the data while NCHWA will publicize them, conduct analyses, and create reports.

Washko concluded by adding that the new survey will first ask respondents to identify their professional roles (e.g., RN, NP, CRNA) so they are guided to appropriate questions. The survey will also include questions about health care reform to make the NSSRN more useful to policymakers.

Washko turned the webinar over to Carey McCarthy, PhD, MPH, RN, director of research, NCSBN.

Carey McCarthy briefly introduced NCSBN, an organization through which boards of nursing act together on matters of public health, safety, and welfare. NCSBN also maintains databases that serve as a repository for supply data collected by states, usually during their licensure process. These databases provide quick access to board licensure and information about disciplinary actions to boards of nursing across the country.

McCarthy explained that NCSBN also collects data through a national sample survey conducted with the National Forum of State Nursing Workforce Centers. The Health Professions Minimum Data Set (MDS) for nursing served as a basis of the survey. The results, which noted progress on the IOM recommendations regarding nursing education and diversity, were published in NCSBN's *Journal of Nursing Regulation*. McCarthy said 20 states use the MDS to collect supply data, which NCSBN stores.

Moderator Joanne Spetz asked Washko to explain what the NSSRN will tell us that we can't learn from data already collected by NCSBN.

Washko explained that the NSSRN is still in the development phase so the information it will provide is yet to be determined. One factor distinguishing the NSSRN from the NCSBN survey, she said, was that NCHWA could rely on the strength of the Census Bureau in terms of its collecting and housing the data. She added that the hope is for the NSSRN to complement and build on the work of other organizations.

Spetz commented that the NSSRN survey is much more extensive than MDS surveys and that the richness of its information is not available in the NCSBN survey so far.

Spetz asked the presenters to comment on the fact variations in supply and demand between rural and urban areas don't always show up in statewide data. She asked for recommendations on how to more accurately represent these disparities in future research.

Fraher and **McCarthy** agreed that geographical disparities can get lost in the data, and that knowledge of where shortages are located could inform policy actions. Fraher suggested states ask questions about practice locations and the number of hours served when collecting licensure data. McCarthy added that the MDS questions used by NCSBN included questions about ZIP code, setting, and specialty, and that having this information has been helpful for their analyses.

As a remedy for the disparities themselves, Fraher suggested increasing nursing student enrollment in educational institutions in rural communities or including rural rotations for other nursing students to expose them to those areas.

Spetz asked the presenters to comment further on educational mobility, asking what factors are likely to lead a nurse to pursue a higher degree.

Fraher explained that Cheryl B. Jones, PhD, RN, FAAN, School of Nursing, University of North Carolina, Chapel Hill has been analyzing data on mobility between licensed practical nurses and RNs and between associate and bachelor's degree nurses to understand what demographic and practice factors predict progression. Jones has proposed gathering qualitative data to better illuminate this topic. Fraher directed participants to the University of North Carolina Cecil G. Sheps Center for Health Services Research website for more information.

Spetz suggested studying individual-level data from the NCSBN or from older NSSRN data to determine predictors of mobility. She also suggested conducting a specific survey of RNs that focuses on educational experiences.

Spetz asked Washko to respond to a question about who is collecting health workforce data among other primary care professions.

Washko said HRSA has a health workforce projection model and hopes to produce a new report on primary care shortages. The report will look at physician assistants, nurse practitioners, and physicians. Data about other professions are collected by organizations that are specific to the profession.

Fraher explained that we must shift the dialogue and put the patient at the center of workforce planning. Instead of asking how many physicians we will have, we need to ask about patient health care needs and who might meet those needs because we have a variety of care providers and can create different skill mixes from them.

Washko agreed but added the change in dialogue should involve programs as well. She said the Bureau of Health Workforce at HRSA has been trying to re-envision programs in ways that integrate primary care, behavioral health, and other occupations to better meet patient needs.

Fraher said one of her goals is to develop an interprofessional dataset to better understand how patient needs are met.

Spetz posed one last question from a PhD candidate who asked for recommendations on how to become involved in future research and policy regarding the nursing workforce.

McCarthy recommended sending a grant proposal to the Center for Regulatory Excellence, a grant program at NCSBN.

Fraher suggested contacting webinar participants individually to seek out postdoc opportunities and potential mentors.