



Progress on the Institute of Medicine Recommendations: Perspectives on the Evidence

WORKFORCE PLANNING

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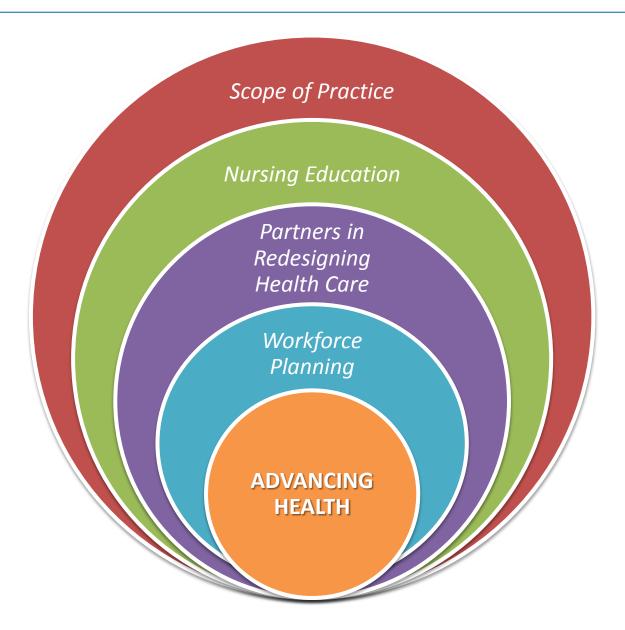




Research on progress in achieving Institute of Medicine recommendations was made possible by the Robert Wood Johnson Foundation.

Four Key Research Areas







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WORKFORCE PLANNING

Effective workforce planning and policymaking require better data collection and an improved information infrastructure.



- More coordination is needed among organizations that collect nursing workforce data.
- The Health Resources and Services
 Administration needs to retain and bolster
 National Sample Survey of Registered Nurses.
- System should be established to monitor supply and demand, roles, mix of skills, and demographics.

Webinar Overview



Data are critical to be able to:

- Track education mobility
- Monitor workforce supply and demand
- Galvanize action to increase workforce diversity

Progress and challenges:

- Federal level
- State level

Action steps will be outlined at the end of this presentation.

Why Data Are Critical

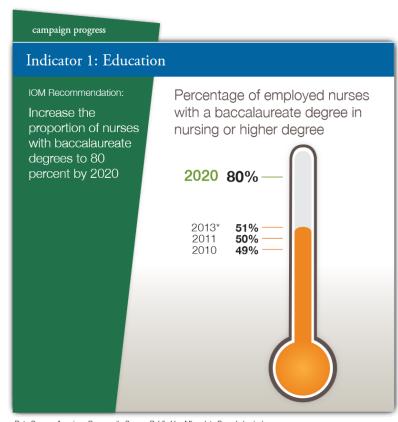


- Support and measure progress made on Institute of Medicine recommendations
- Counter turf-based arguments
- Engage stakeholders outside of nursing
- Forecast employment needs
- Assess future nursing workforce needs not just numbers but content of care

Tracking Educational Mobility

The *Campaign* Dashboard provides data on progress, using data from American Community Survey (ACS)

- ACS data can be a problem for smaller states
- State licensure data provide more precise estimates

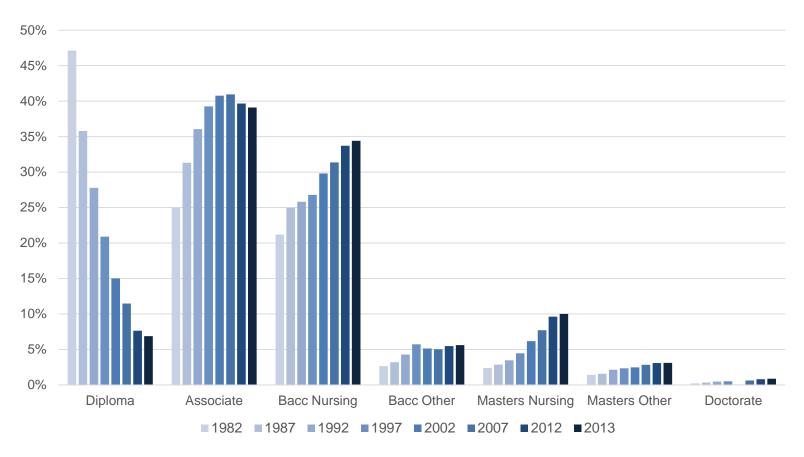


Data Source: American Community Survey, Public Use Microdata Sample (series) *No change between 2012 and 2013.

Tracking Education Mobility: A Case Study



North Carolina Nursing Workforce by Highest Degree, 1982-2013

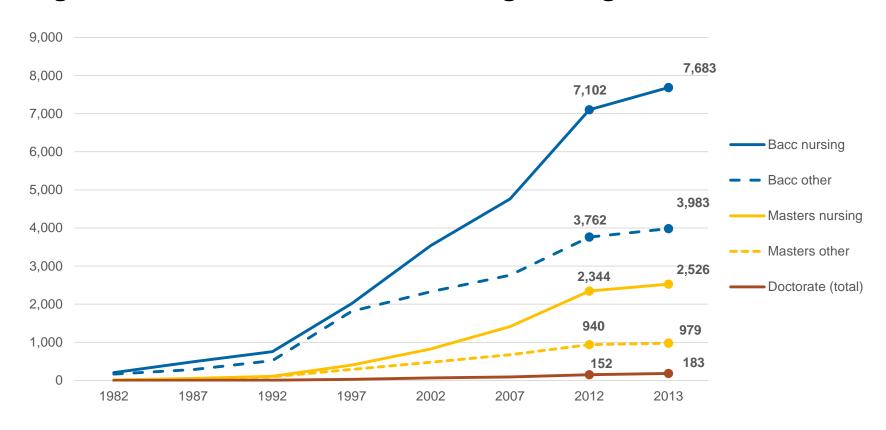


Note: Data include RNs who were actively practicing in North Carolina as of October 31 of the respective year. **Source**: North Carolina Health Professions Data System, with data derived from the NC Board of Nursing, 2016. **Produced by**: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, UNC-CH.

Tracking Education Mobility: A Case Study



Number of North Carolina Nurses Entering With ADN as Entry Degree Who Have Baccalaureate or Higher Degree, 1982-2013



Note: Data include RNs who were actively practicing in North Carolina as of October 31 of the respective year. **Source**: North Carolina Health Professions Data System, with data derived from the NC Board of Nursing, 2016. **Produced by**: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, UNC-CH.

Monitoring Workforce Supply



Nursing workforce has lurched from oversupply to shortage. Need better data to anticipate how supply and demand will change due to shifts in the workforce and the health care system.

- Retirements: Researchers have developed better understanding of how nurse retirement rates vary by cohort and how these variations may affect future supply. (Auerbach, Buerhaus, & Staiger, 2014)
- Enrollments: On other end of career span, dramatic increase in nursing enrollments has caused nursing workforce to grow faster than previous models had forecast. (Auerbach, Buerhaus, & Staiger, 2011)

But will those nurses stay in the workforce?

Galvanize Action to Increase Diversity



In the United States:

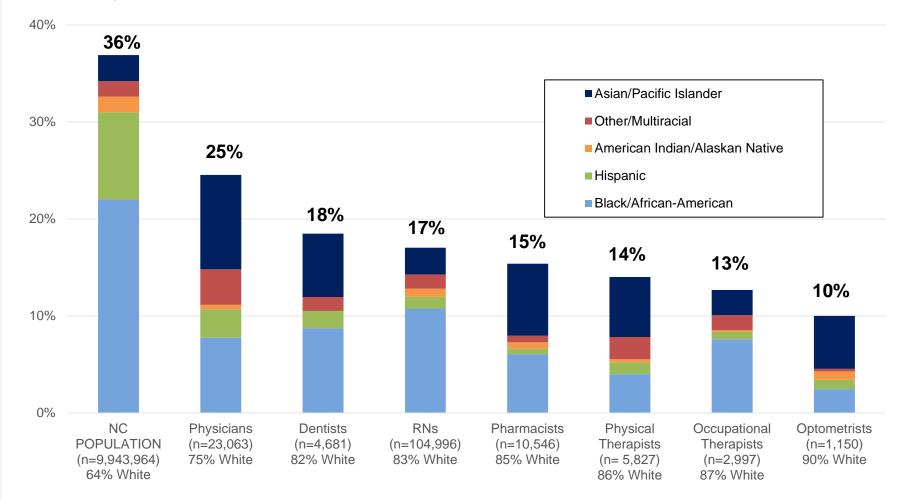
- African Americans make up 13.6% of population ages 20 to 40 but only 10.7% of nursing workforce
- Latinos make up 20.3% of U.S. population ages 20 to 40 but only 5.6% of nursing workforce

The Campaign has charged Action Coalitions to examine workforce diversity, saying efforts "should be databased and data-driven. The Diversity Steering Committee recommends an Action Coalition's plans begin by determining baseline data regarding the state's population and workforce"

Tracking Diversity: A Case Study



Diversity Overview of Population and Select Health Professions, NC, 2014

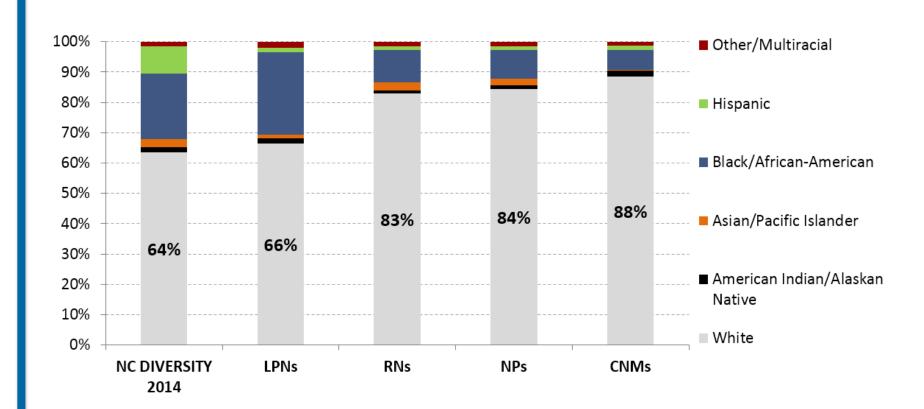


Note: Data include all active, in-state nurses licensed in North Carolina as of October 31, 2014. Source: NC Health Professions Data System, with data derived from the North Carolina Board of Nursing, 2015. Produced by: Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, UNC-CH.

Tracking Diversity: A Case Study



Percent of Nursing Workforce and NC Population by Race/Ethnicity, North Carolina, 2014



Progress Update: Federal Efforts (1)



HRSA has not administered the National Sample Survey of Registered Nurses (NSSRN) since 2008

- 2012—administered first National Sample Survey of Nurse Practitioners
- 2013—released "The U.S. Nursing Workforce: Trends in the Supply and Education"
- 2014—published "The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025"
- 2016—released online version of nursing supply and demand model

Progress Update: Federal Efforts (2)



- Federal datasets revised to include more data elements to help determine how advanced practice registered nurses (APRNs) are being deployed
- HRSA-funded Health Workforce Research Centers exploring nurse education trajectories and roles and skill mix of nurses in different settings
- Health Workforce Technical Assistance Center providing assistance in using HRSA's nursing model

Federal-State Partnerships



The National Council of State Boards of Nursing and National Forum of State Nursing Workforce Centers in 2015 partnered to fill void created by end of NSSRN; ~46,000 RNs and 32,000 licensed practical nurses responded.

Key findings (Budden 2016):

- Workforce becoming younger, more diverse, more educated
- Newly licensed nurses more likely to be in hospital settings than experienced nurses
- Data do not suggest impending shortage due to retirements

- National Forum of State Nursing Workforce Centers has developed recommended questions states should collect about supply, demand, and nursing education
- National Council of State Boards of Nursing has created infrastructure to collect those supply, demand, and education data elements for all states
- 34 states have nursing workforce centers
 - 30 collect supply data
 - 20 collect demand data
 - 31 collect education data
- Campaign Dashboard shows in 2014, 45 states collected race/ethnicity data, up from 34 states in 2011

Good Start, Action Still Needed



- Reinstate and bolster NSSRN
- Create national sampling frame
- Collect data on content of nursing care, not just numbers
- Enhance ability to use electronic health records to measure content and value of nursing care
- Develop interprofessional datasets
- Create better demand measures—engage employers!
- Celebrate wins—collect evidence on policy impact of having data. Use to leverage resources
- Develop data use agreements



Take-home message: Data are critical in shaping the future of nursing in a transformed health care system

So Now You're Ready to Do This...



See our briefs

- 1. Why States Need to Build Better Nursing Workforce Data Systems
- 2. How States Can Develop Better Nursing Workforce Data Systems
- 3. What Data States Can Collect to Build Better Nursing Workforce Data Systems

http://www.shepscenter.unc.edu/workforce_product/nursing-data-system-briefs-inqri-2/

Why States Need to Build Better Nursing Workforce Data Systems

Erin Fraher, PhD, MPP; Katie Gaul, MA; Julie Spera, MSPH

Research Brief, October 2015

The Issue:

Efforts to create state-level nursing workforce data systems are frequently hindered by a lack of funding, organizational barriers and analytical challenges. This first brief, in a series of three, focuses on methods to convince stakeholders of the need and justification for a nursing workforce data system.

Why It Matters:

- Policy makers with basic questions about the current and future supply, distribution, diversity and
 demand for nurses are often frustrated by the lack of timely, robust and comprehensive data.
- The aging of the population; increased prevalence of chronic disease; expansion of health insurance coverage; and the rapid growth of new models of care will likely increase the demand for nursing services and create new roles for nurses.
- The National Sample Survey of Registered Nurses (NSSRN), previously the foremost data source on
 the demographics, location and practice behaviors of the US nursing workforce, has been
 discontinued. Efforts to create a national nursing morkforce database, including the development of a
 Minimum Data Set (MDS) by the Health Resources and Services Administration (HRSA) and
 National Council of State Boards of Nursing, have put increased pressure on states to collect a
 common set of data elements that can be aggregated into a new, antional nursing workforce dataset.

Key Findings:

- One barrier to building better state nursing data systems is convincing policymakers, funders, stakeholders, and the various agencies who hold nursing data that the shared benefits of a state-wide data system outweigh an organization's individual costs to develop and collectively maintain it.
- Most policy levers affecting the nursing workforce are at the state-level and nursing labor markets are
 local. Rather than relying on anecdotes, basic nursing workforce data are essential to provide evidence
 to justify funding requests, influence nursing education program planning, inform regulatory policies,
 identify shortage areas, and forecast employment needs.
- Due to the absence of workforce data, the nursing community often lacks the evidence needed to influence key policy decisions that affect the profession's future. Common requests for information include questions about:

How will changing population demographics, economic conditions and the rapid pace of health system change affect nursing supply and demand?

Will the state have enough nurses in the right specialties, employment settings and locations to
most future domestic.

Program on Health Workforce Research & Policy Cecil G. Sheps Center for Health Services Research University of North Carolina at Chapel Hill http://www.bealthsockforce.unc.edu



This work is founded through the Debut Ward Information Foundation Name Brownsh Manager Brown



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Nursing Workforce Modeling Tool



New Web-based tool to assist researchers and policymakers in projecting the nursing workforce

- Models a baseline scenario but also allows user to modify the baseline "parameters" and produce alternative scenarios
- Users upload their own nursing data into the tool

https://desam-prod.hrsa.gov/NursingModel/

Revised National Sample Survey Registered Nurses (NSSRN)



HRSA is bringing back the NSSRN

Data collected by Census Bureau

Plan to increase sample size

Plan to oversample:

- Diverse populations
- Nurses under 30
- Nurse practitioners

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Director of Research
National Council of State Boards of
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NCSBN Data Sources



National Council of State Boards of Nursing

Through NCSBN, boards of nursing act together on matters affecting the public health, safety, and welfare. NCSBN is a repository of member board licensure and discipline data, including:

- National Nursing Database
 <u>https://www.ncsbn.org/national-nursing-database.htm</u>
- National Nursing Workforce Survey (2013, 2015)
 https://www.ncsbn.org/workforce.htm



Use the "chat" feature to send "everyone" a question

You can find the recording, webinar summary, and additional resources by going to: <u>CampaignforAction.org/webinars</u>.

Resources



http://campaignforaction.org/resources/#133,p=1



Winter-Spring 2016 Research Webinars



2016	Topic	Research Manager
February 23	Scope of Practice	Joanne Spetz
3 to 4 p.m. ET	Scope of Fractice	Joannie Spetz
March 22	Nursing Education	Linda Aiken
3 to 4 p.m. ET	Naising Laucation	LITIGA AIRCTI
April 25	Partners in Redesigning	Olga Yakusheva
3 to 4 p.m. ET	Health Care	Olga Takustieva
May 23	Workforce Planning	Erin Fraher
3 to 4 p.m. ET	Worklorde Flamming	Limitation

See What You Missed: Archived Webinars