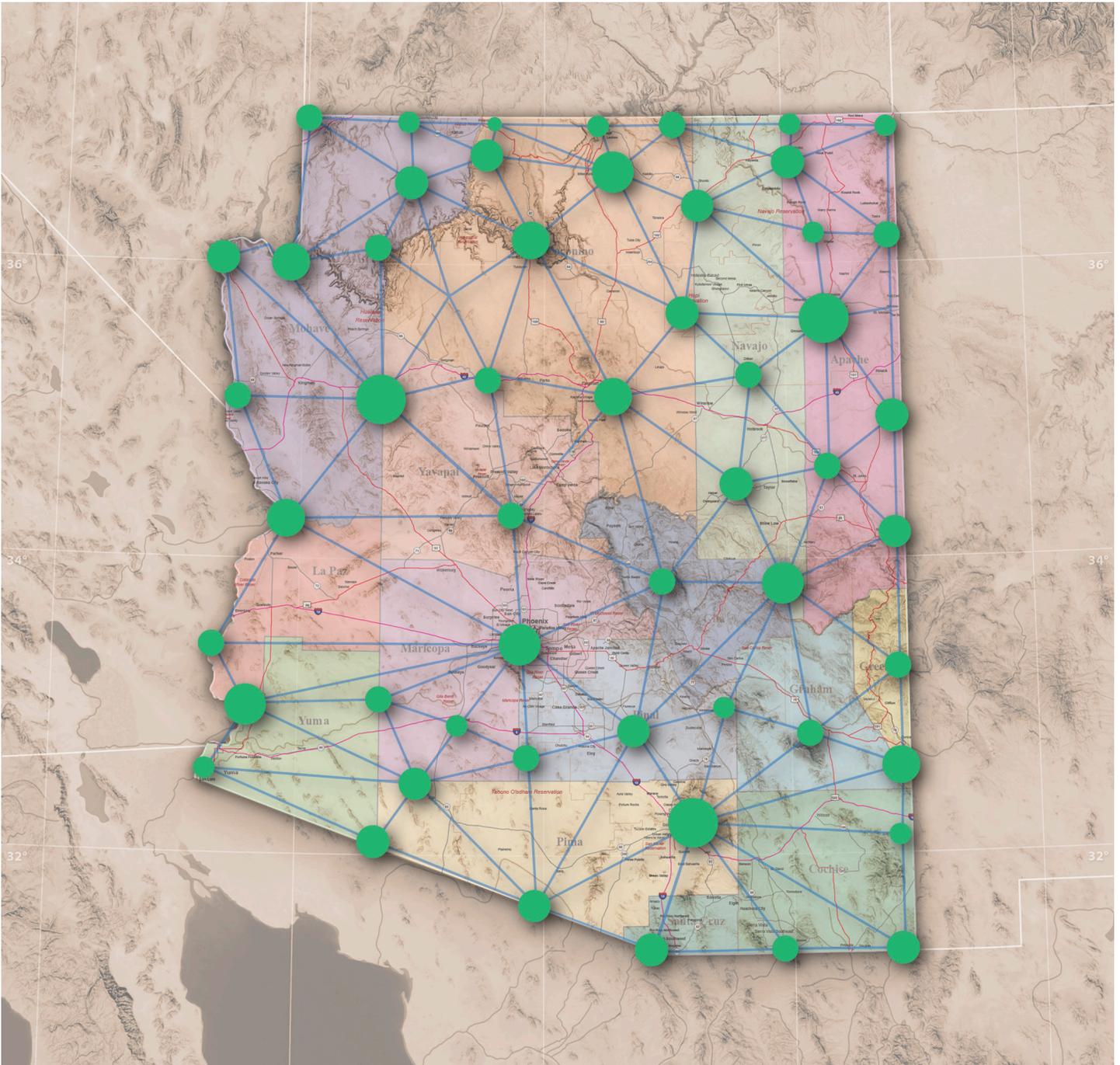


AD HOC COMMITTEE ON HEALTH CARE WORKFORCE

Creating an Arizona Health Workforce Data System



Draft for Discussion

December 18, 2017

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Draft for Discussion and Supporting Materials

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For questions on the materials included

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Ad Hoc Committee on Health Care Workforce
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Executive Summary

The **Ad Hoc Committee on Health Care Workforce** will submit a report on or before January 10, 2018 to the President of the Senate and Speaker of the House of Representatives. The Committee shall: *“...research and make recommendations for the collection of publication relevant data concerning the health care professions workforce, including (1) the organization and administration of the data collection process; (2) identify costs and funding mechanisms related to data collection and reporting; and (3) means to provide appropriate oversight of the data collection process and fund expenditures.”*

Draft for Discussion December 18, 2017

The Committee recommends that the Legislature take steps to begin development of an **Arizona Health Workforce Data System** (AzHWDS).

The Committee finds that the health sector is vital to Arizona’s economy and that its health professional workforce is crucial to assure that high quality health care is accessible to all Arizonans.

However, Arizona lacks a consistent, affordable, and easily accessible source of important information about its health care workforce. Arizona needs this type of database. Some states have model health workforce databases used for recruiting, retention, planning, and development by existing health care employers; attracting new businesses to the state; enhancing the rural health infrastructure; addressing unmet health needs and planning for future health workforce demand and supply; using data for loan repayment and programs intended to address health workforce shortages; and assessing educational capacity, programs, and effectiveness in graduating health professionals that practice in Arizona.

The Committee recommends the following:

1. That the Legislature pass legislation that directs by January 1, 2020 – that the licensing Boards regulating MDs, PAs, DOs, RNs, CNAs, Social Workers, Counselors, Marriage and Family Therapists, Substance Abuse Counselors, Psychologists and Behavioral Analysts – collect workforce data as part of the licensing and renewal process.
2. That the bill directs the Department of Health Services to promulgate rules establishing the uniform, minimum data set collection requirements for the regulatory boards.
3. That the Arizona Area Health Education Center be encouraged to assist in the process to:
 - a. Review best practices from other states;
 - b. Convene stakeholders to participate in the process;
 - c. Make recommendations for minimum data set requirements;
 - d. Make recommendations to the legislature about establishing an appropriate entity to collect, analyze, report, and disseminate information on Arizona’s health care workforce;
 - e. Estimate and make recommendations about the funding of that entity, and appropriate measures to assure health care workforce data collection and reporting.

Rationale

To assure ready access to high quality health care for all Arizonans, timely, unbiased, accurate health professions data can help inform policy, legislative, and regulatory interventions. The Health Services Resources Administration (HRSA) recommends that states routinely collect health workforce data at the time of licensing and renewal using standard minimum data sets (MDS)¹ to more accurately capture clinical full time equivalent capacity and ability to meet demand across the state. North Carolina has an health care workforce data collecting and reporting system that could serve as a model for Arizona.

Factors influencing the health care workforce supply and demand include:

- Supply – Arizona health professions training programs’ capacity;
- Demand – by consumers / patients covered by public or private payers, self-pay and uninsured;
- Distribution – to urban and rural areas, serving Arizona’s diverse populations and communities;
- Recruitment & Retention – of health professionals to practice in Arizona and incentives to practice.
- Other factors and determinants – the aging of the population and the health workforce providers, educational attainment, socioeconomic factors, employment, income, race and ethnicity.

An **AzHWDS** should be centralized system that provides timely, accurate and objective data that is accessible to all policy makers and stakeholders to use for workforce planning.

An AzHWDS should:

- Start with existing, publicly available, secondary health workforce data (e.g., HRSA)
- Build capacity to collect, analyze, and report using data at the time of licensing, renewal (e.g., NC) using a Minimum Data Set (MDS) approach
- Have online data visualization reports and formatting for use by policymakers;
- Annually report data (e.g., state health workforce data books);
- Allow for more in-depth health workforce analyses as needed;
- Work closely with the appropriate licensing boards (e.g., Arizona State Board of Nursing, Arizona Osteopathic Board, Arizona Medical Board, Arizona State Board of Behavioral Health Examiners;
- Be unbiased, timely, accurate, cost efficient, and consistent with HRSA minimum data sets;
- Allow appropriate entities to analyze and report on data collected (i.e., with appropriate state oversight, IRB approved, proven ability to protect personally identifiable information, proven ability to appropriately house and protect data and servers).

¹ HRSA Health Workforce Data Minimum Data Sets at: <https://bhw.hrsa.gov/health-workforce-analysis/data>

Background

The U.S. and state health systems are undergoing dramatic transformation, increasing the need to have timely and accurate health care workforce data for analysis, and reporting. There are many factors that contribute to the supply and demand for health services including:

- **Supply** – Arizona health professions training programs’ capacity, location and balance of urban and rural training venues; mechanisms to enhance delivery of health services such as team-based and interprofessional care, telehealth, electronic health records, self-management, and education;
- **Demand** – by consumers / patients covered by public or private payers, self-pay and uninsured;
- **Distribution** – to urban and rural areas, serving Arizona’s diverse populations and communities;
- **Recruitment & Retention** – of health professionals to practice in Arizona and incentives to practice.
- **Payment for Health Services** – how and whether providers are reimbursed for health services.
- **Oversight** of health professions licensing, credentialing, certification, and reporting.
- **Other factors and determinants** – the aging of the population and the health workforce providers, educational attainment, socioeconomic factors, employment, income, race and ethnicity, and how health services are delivered and accessed.

Since 2010, the number and percentage of individuals and families with public and private health insurance coverage has dramatically increased in the U.S. (91.2% are insured) and in Arizona (almost 90%). Since 2010, Arizona has been in the top five states in health sector job growth.

While health insurance coverage rates and health sector economic growth are promising trends, disparities persist in terms of health insurance coverage, ready access to high quality health care, and health outcomes in certain areas and populations. For example, the uninsured rate is higher for rural, Latino, and American Indian populations. The distribution of workforce personnel and the personnel per population ratios reflect a disparity in health care access. The ability of rural hospitals and clinics to recruit and retain enough health professionals to meet demand is of ongoing concern.

Table 1. Selected Health Professions per 100,000 Population in Arizona by RUCA²

Rural Urban Commuting Area Classification	Population (Claritas 2013)	# of Licensed Physicians	# of Licensed Physician Assistants	# of Licensed Nurse Practitioners	# of Licensed Certified Nurse Midwives	# of Licensed Pharmacists
Urban	6,148,248	12,617	1,805	2,827	161	6,322
Large Rural Town	356,863	520	102	87	9	198
Small Rural Town	126,889	147	31	32	4	48
Isolated Small Rural Town	35,596	3	4	9	0	5
Total	6,667,596	13,287	1,942	2,955	174	6,573

² AzCRH 2015 Supply and Demand Study of Arizona Health Practitioners and Professionals. At: https://crh.arizona.edu/sites/default/files/022616_AzCRH_Supply_and_Demand_Report.pdf

Table 2. Selected Behavioral Health Professions at Federally Qualified Health Centers in Arizona³

Staff type	2010			2011			2012			2013		
	FTE	(N)	[min-max]	FTE	(N)	[min-max]	FTE	(N)	[min-max]	FTE	(N)	[min-max]
Psychiatrist	0.4	(5)	[0.1-1.0]	2.5	(4)	[0.2-8.8]	0.3	(9)	[0.0-0.8]	0.3	(7)	[0.0-0.8]
Psychologists	1.0	(1)	[1.0-1.0]	0.7	(2)	[0.4-1.0]	3.0	(2)	[1.0-5.0]	3.1	(2)	[0.1-6.0]
Social Worker	1.8	(4)	[0.1-3.6]	1.9	(5)	[0.5-4.7]	1.8	(9)	[0.6-4.4]	2.0	(9)	[0.6-4.8]
Other Licensed Behavioral Health	2.7	(8)	[0.7-7.0]	2.5	(8)	[0.3-7.8]	1.8	(11)	[0.2-7.9]			
Substance Abuse	1.0	(3)	[1.0-1.0]				1.3	(2)	[1.0-1.6]			

The routine collection of objective, comprehensive, standardized data can inform key questions about health workforce supply, demand and access to health services.

North Carolina Model

The University of North Carolina’s Sheps Center houses and manages the Health Professions Data System (HPDS), continuous and equivalent data files since 1979, the oldest in the country. HPDS reports are published and available to the public as an annual report⁴ and via an online data visualization system.⁵ Many states, including Arizona, lack up to date information to answer questions such as:

- How many full-time equivalent (FTE) licensed health professionals work in an area?
- Are there enough health providers in an area to meet the needs of the population?
- Where do the health professionals work? (outpatient, inpatient, other facility or entity)
- Does the health provider accept new patients? Those covered by Medicare?
- How many graduates are there from Arizona health professions training programs?

The Sheps Center partners with North Carolina’s licensing boards for multiple health professions to collect Minimum Data Sets (MDS) at the time of licensing and renewal. Data collection is fully integrated in the licensing and renewal processes. Data belongs to the licensing boards, and each October 31, the boards share a point-in-time data snapshot with the Shep Center, who is responsible for annual and other reports⁶ used to:

- Describe the supply and distribution of the current workforce;
- Document provider or service shortages;
- Document the need for new educational programs;
- Evaluate educational outcomes – how many remain in state to practice, practice in rural or underserved areas, serve special populations;
- Inform state graduate medical education (GME) funding and policies;
- Describe the racial and ethnic diversity in the health professions;

³ AzCRH 2015 Safety Net Health Care in Arizona. At: <http://crh.arizona.edu/2015-Safety-Net-Care-AZ>

⁴ North Carolina Health Professions Data Book.

<http://digital.ncdcr.gov/cdm/compoundobject/collection/p249901coll22/id/17972/rec/2>

⁵ North Carolina Health Professions Data System. <https://nchealthworkforce.sirs.unc.edu>

⁶ Bacon T, Gaul K, Fraher E: Health Workforce Data & Policy: A North Carolina Overview. Feb 2017: http://www.shepscenter.unc.edu/wp-content/uploads/2017/02/DataForPolicy_1Overview.pdf

- Support workforce and economic initiatives;
- Assess the impact of new roles in health care settings.

Other Approaches to Health Workforce Data Collection

The Health Resources and Services Administration (HRSA) houses the Bureau of Health Workforce and the National Center for Health Workforce Analysis (NCHWA). The NCHWA serves as a national resource on workforce research, information, and data. They collect and distribute data including the Area Health Resource Files ([AHRF](#)). The AHRF include data from over 50 sources at the county and state level. While the AHRF and other data resources (e.g., national licensure) are important for national and state level research and forecasting, they are limited in the data they offer. Licensure based workforce analysis does not capture educational background, demographics, employment status, actual practice locations, time in practice at each location, plans to retire, direct patient care full time equivalent activity, willingness to accept new patients, or limitations in accepting new or continuing to see existing patients by payer (e.g., accepting patients covered by Medicare, Medicaid, or private health insurance).

The core recommendation from the NCHWA is that states establish the capacity to routinely collect health workforce information to provide policy makers access to relevant and timely workforce data. There are four systematic approaches collecting routine health workforce data:

1) Obtaining Data at the Time of Licensure or Renewal (Best Practice)

State Examples: North Carolina, South Carolina, Virginia

Data are collected as part of the licensure process at initial application and renewal. This approach aims to collect information from 100% of the state's licensed workforce. The data may be gathered from both mandatory and optional questions.

Advantages: efficient and cost-effective; surveys can be customized providing information relevant to state needs; enables collection of expanded information compared to licensing data.

Disadvantages: variance in organizational structure of licensing boards.

2) Conducting Surveys

State Examples: New York, Wisconsin

Data are collected via surveys separately or as an add-on to the licensure process.

Advantages: can be coordinated in partnership with licensure board resources; can provide specific information relevant to state needs; provides expanded information compared to licensing data.

Disadvantages: increased staff, time, and funding requirements compared to integrating data collection into licensure; response rates may vary.

3) Continuous Monitoring

State Examples: Iowa, Nebraska

Data collection begins with profession-based cohorts using licensing information. Individuals are tracked using survey data collection and secondary data sources (e.g., news clippings).

Advantages: can be coordinated in partnership with but does not rely on licensure board resources.

Disadvantages: increased staff, time, and funding requirements compared to integrating data collection into licensure; variable response rates.

4) **Collecting Data from Secondary Sources**

Secondary data sources are extracted from national and publicly available datasets. These data can help count and assess the distribution of the workforce. Relevant secondary data sources include the National Provider Identification (NPI) file, the American Medical Association (AMA) Masterfile, and data from the Bureau of Labor Statistics and U.S. Census.

Advantages: can be coordinated in partnership with but does not rely on licensure board resources.

Disadvantages: Licensing data is very limited, does not capture multiple practice locations, clinical hours or other data that might inform state planning efforts (e.g., employment status, plans to retire, educational background, demographics).

The Health Workforce Technical Assistance Center (HWTAC) implemented a survey to collect information from states on their workforce data collection and monitoring systems.

In the area of **workforce supply**, the survey as of 2015 found:

- Organizations in 32 states reported collecting workforce supply data.
- Organizations collecting workforce data included state agencies, universities, nursing centers, and Area Health Education Centers (AHECs).
- Data collection most frequently targeted physicians (27 states), nurse practitioners (23 states), dentists (22 states) and registered nurses (22 states).
- In 13 of the 32 states health workforce data collection is mandatory. For 10, data collection is mandatory for all professions, and in 3 data collection is mandatory for subset of professions
- In 19 states health workforce data collection is voluntary.
- 26 states integrate data collection as part of the licensing process.
- 8 states report using a survey that is not part of the licensing process.
- The most frequently collected data include demographic characteristics, education background, and practice characteristics.

In the area of **workforce demand**, the survey as of 2015 found:

- 15 states collect data on workforce demand, and in 14 states it is collected on a regular basis.
- Data collection most frequently targeted registered nurses (10 states) physicians, (9 states), nurse practitioners (9 states), and LPNs (9 states).
- The most frequently collected data include data on vacancies (11 states), recruitment difficulty (10 states), and turnover (9 states).

In the area of the **workforce educational pipeline**, the survey as of 2015 found:

- 19 states collect data about the health workforce educational pipeline.
- Data collection most frequently targeted registered nurses (13 states) physicians, (11 states), and LPNs (10 states).

- The most frequently collected data include data on graduation rate (17 states), enrollment rates (15 states), and graduate demographic characteristics (13 states) Project Description.

Key Partnerships

The overall success of establishing a **AzHWDS** depends on establishing and sustaining relationships with key stakeholders.

- Arizona Area Health Education Center and the Five AHEC Regional Centers
- Arizona Department of Health Services
- Health Professions Licensing Boards (starting with the Arizona State Board of Nursing, Arizona Osteopathic Board, Arizona Medical Board, Arizona State Board of Behavioral Health Examiners)
- Center for Health Information and Research (CHIR), Arizona State University
- County Health Departments
- Health Care Organizations (Arizona Nurses Association, Arizona Medical Society, Arizona Osteopathic Medical Association, Arizona Chapters of the National Association of Social Workers, the American Association for Marriage and Family Therapy, etc.)
- Health Care Systems
- Patient and Public Advocacy Groups
- Health Professions Training Institutions and Entities
- Arizona Center for Rural Health

Timeline

Table 3. Proposed Timeline for establishing an AzHWDS	Months	1-3	4-6	7-9	10-12
Year 1					
<i>Legislation</i>					
Draft legislation to support the development of an AzHWDS		X			
Support legislation in the committee process		X			
Pass legislation		X			
<i>Planning</i>					
Create a detailed work plan for a collaborative and participatory process to establish an MDS as the foundation of the AzHWDS			X		
Begin stakeholder meetings			X		
Review best practices from other states			X	X	X
Conduct environmental scan			X	X	X
Develop framework for Arizona Health Workforce Databook and Online Data System					X
Produce final report including; MDS data elements; recommendations for technical specifications etc.					X
Implement report feedback process; review final report with all stakeholders					X
Year 2					
<i>Preparing for Implementation</i>					
Identify the implementation unit		X			
Implementation unit develops detailed AzHWDS technical plan (including process to address privacy and confidentiality concerns); phased approach; and budget based on report from the planning phase			X		
Implementation unit develops detailed AzHWDS reporting plan					
Implementation unit reviews AzHWDS technical and reporting plan with key stakeholders				X	
Pending review and approval from stakeholders and regulatory body - Implementation unit begins creating technical framework for data collection, cleaning, and analysis					X
Year 3					
<i>Implementation</i>					
Implementation unit begins phase 1 of MDS data collection with identified "early adopter" boards		X	X	X	
Create beta version of the workforce databook and visualization platform				X	X
Send visualization site and databook to stakeholders for feedback					X
<i>Product Launch</i>					
Integrate feedback into visualization					X
Move visualization site live					X
Years 4					
<i>Expanded implementation</i>					
Implementation unit fully integrates each of the preliminary licensing boards into the MDS process		X	X		
Databook published				X	
Visualization tool and databook marketed to stakeholders				X	X
Implementation unit collects feedback and makes recommendations for improvements					X

Health Workforce Data Collection FAQs

As implementation of health reform initiatives accelerate, states are increasingly aware of the need to collect state-level health workforce data to determine adequacy of the current health workforce to meet the expected increase in demand for health services. This brief is intended to assist states and organizations who are engaged in health workforce planning by answering some frequently asked questions about health workforce data collection.

Q: What are some different ways to collect health workforce data?

A: There are generally 4 methods to collect health workforce data:

1. **Licensure Process.** Data are collected as part of the licensure process when health professionals apply for their initial license and when they renew, capturing 100% of the workforce. This is one of the most efficient and cost-effective methods to collect data. Some questions on the licensure forms may be mandatory, while others are optional. The organizational structure of the licensing boards will present different opportunities and barriers to data collection. (Examples: North Carolina, South Carolina, Virginia)
2. **Surveys.** Data are collected through surveys, either in conjunction with the licensure process or as a separate effort. This method requires more staff time and money. Response rates may vary, but this is a good option if health workforce questions cannot be included directly on the licensure forms. (Examples: New York, Wisconsin)
3. **Continuous Monitoring.** Data collection begins with a list of all licensees in one or more professions. From there, states track individuals through surveys, news clipping services, and other methods to determine practice status, practice setting, and other characteristics. This method can be costly, but it may provide more up-to-date information. (Examples: Iowa, Nebraska)
4. **Secondary Data Sources.** Secondary data sources can also be used to enumerate the workforce in a specific state. These data sources include the National Provider Identification (NPI) file, the American Medical Association (AMA) Physician Masterfile, the US Bureau of Labor Statistics, and the Census Bureau's American Community Survey, as well as state professional associations. Additionally, all-payer claims databases can be used to enumerate the health workforce in select states, but there are significant limitations.

Q: What is the MDS?

A: The Minimum Data Set (MDS) provides basic, consistent guidelines for fundamental health workforce questionnaires. These questions can be used by anyone who wants to collect data on the supply of health workers, whether through the licensure process or surveys, and can be adapted for additional professions. MDS questions focus on essential demographic, education, and practice characteristics.

For more information, visit http://www.healthworkforceta.org/wp-content/uploads/2015/03/MDS_Resource_Brief.pdf.

Q: What states have implemented the MDS?

A: Many states are already collecting health workforce data, with a customized MDS in place to collect any additional data they need for health workforce planning. Some examples of states that are already collecting an MDS include North Carolina, Virginia, New York, Indiana, and Minnesota.

For more information on which states are collecting data, visit <http://www.healthworkforceta.org/resources/state-health-workforce-data-collection-inventory/>, or contact HWTAC.

Q: How do you work with licensure boards to collect and share data?

A: Relationships are key. Licensure boards are important partners in health workforce data collection, but their main priority is regulation to protect patient safety. They often don't have resources (ie, funding, staff, time) to collect additional data, and in some states, current legislation restricts their ability to share data.

Show the boards the value of collecting additional workforce data as it relates to evidence-based regulation, and look for ways to minimize their burden, especially during the initial development period. Treat them as a valued partner and bring them into the conversation very early to build trust.

Q: How easy is it to get licensure boards to add or change questions?

A: This will vary from state to state. It is important to remain cognizant of a) the financial cost to the board to change online renewal questions; b) the time that it takes respondents to complete their licensure renewal form; and c) the need for comparability across time. Only request changes or additions when absolutely necessary.

Some states mandate the collection of data through legislation, which affects how easy it is to add or change questions. For example, Florida's data collection is legislated, and any question must go through a lengthy public comment period to be added or changed. This process has the potential to subject questions to bias from the public and special interest groups.

Q: Do you have examples of questions that we could ask?

A: Yes. The National Forum of State Nursing Workforce Centers, and the Federation of State Boards of Physical Therapy (FSBPT) have developed suggested Minimum Data Sets. Additionally, HRSA has developed MDS standards, and the WWAMI Center for Health Workforce Studies at the University of Washington has a questionnaire library containing data collection instruments volunteered by several states. The HWTAC is also planning to post selected instruments from states in 2016.

<http://bhpr.hrsa.gov/healthworkforce/data/minimumdataset/>

<http://www.nursingworkforcecenters.org/minimum-dataset-surveys/>

<http://www.fsbpt.org/FreeResources/RegulatoryResources/MinimumDataSet.aspx>

<http://depts.washington.edu/uwchws/chws-questionnaire-library.php>

Q: I'm interested in allied health and administrative support workers. They're not always licensed. How do you count them?

A: For those professions, it may be necessary to conduct surveys, or rely on other data sources such as professional associations or the BLS, noting limitations as appropriate.

Q: What staff and resources are needed to undertake health workforce data collection and analysis?

A: This depends on many different factors, such as how many health professionals you want to track, the method used to collect data (licensure, survey, continuous monitoring, secondary data), the types of deliverables for which you're accountable, and organization structure. If the data system is embedded within a larger organization, such as a university or state government office, it is likely that some administration, finance, and infrastructure resources are already available for basic operation. If the data system is a stand-alone organization, you will need to secure funding.

In terms of staff, you may consider having a director to guide the work, make decisions, present results and acquire funding; one or more project managers/researchers to analyze data, write reports and present results; and a data manager to collect, clean and analyze data. Other positions may include communications specialist, visualization specialist, research assistant, administrative assistant, grants manager, and financial manager.

Additional resources needed include computer hardware and software for data management, statistical analysis, GIS, and graphic design.

Q: How do you fund health workforce data collection and analysis?

A: Data systems can be funded through state appropriations, private foundations, grants and contracts, and on a cost-recovery basis. Each funding mechanism has its challenges. State appropriations are tenuous; administrations and priorities change, and budgets get cut. Foundations are often geared to fund initiatives that show more tangible results. Grants are often time-limited. Cost-recovery is subject to demand for data and services, and limits the type of analyses and reports that you can do. Stakeholders who require data may be persuaded to fund the analysis costs to meet their specific needs, but they frequently are not willing or able to fund the fixed infrastructure costs. Consider the appropriate funding source for the specifics of your data collection effort, given the meaning and value of the project.



This resource brief was prepared by the Health Workforce Technical Assistance Center (HWTAC) staff, Katherine Gaul and David Armstrong. HWTAC is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number U81HP26492.

Established to support the efforts of HRSA's National Center for Health Workforce Analysis (NCHWA), HWTAC provides technical assistance to states and organizations that engage in health workforce planning. HWTAC conducts a number of initiatives each year designed to provide expert assistance with health workforce data collection, analysis, and dissemination. HWTAC is based at the Center for Health Workforce Studies (CHWS) at the School of Public Health, University at Albany, State University of New York, and was formed as a partnership between CHWS and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina.



Inventory of State Health Workforce Data Collection



Center for Health Workforce Studies
School of Public Health
University at Albany, State University of New York

Inventory of State Health Workforce Data Collection

September 2015



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BACKGROUND

The Health Workforce Technical Assistance Center (HWTAC), under a cooperative agreement with the National Center for Health Workforce Analysis (NCHWA), provides technical assistance to states and organizations engaged in health workforce planning. In the last decade, there has been growing interest in developing health workforce data collection and monitoring systems in states. This is especially the case today, as health reform initiatives are implemented in nearly every state. In response to this interest, HWTAC is conducting a survey of states to learn more about their health workforce data collection and analysis efforts. This report describes findings to date from a survey about data collection on health workforce supply and demand, and the educational pipeline in specific U.S. states. For more detailed information about health workforce data collection activities taking place around the country, including contact information for the organizations responsible for collecting the data, please visit the HWTAC website at www.healthworkforceta.org.

METHODS

An online survey about health workforce data collection in U.S. states was developed in the fall of 2014 and pilot tested in early 2015. Invitations to complete the on-line survey were sent to all primary care offices, state nursing workforce centers, and other groups believed to be engaged in health workforce data collection. HWTAC staff followed up with non-respondents. The survey is ongoing and the state inventory is continually being updated as more responses are received.

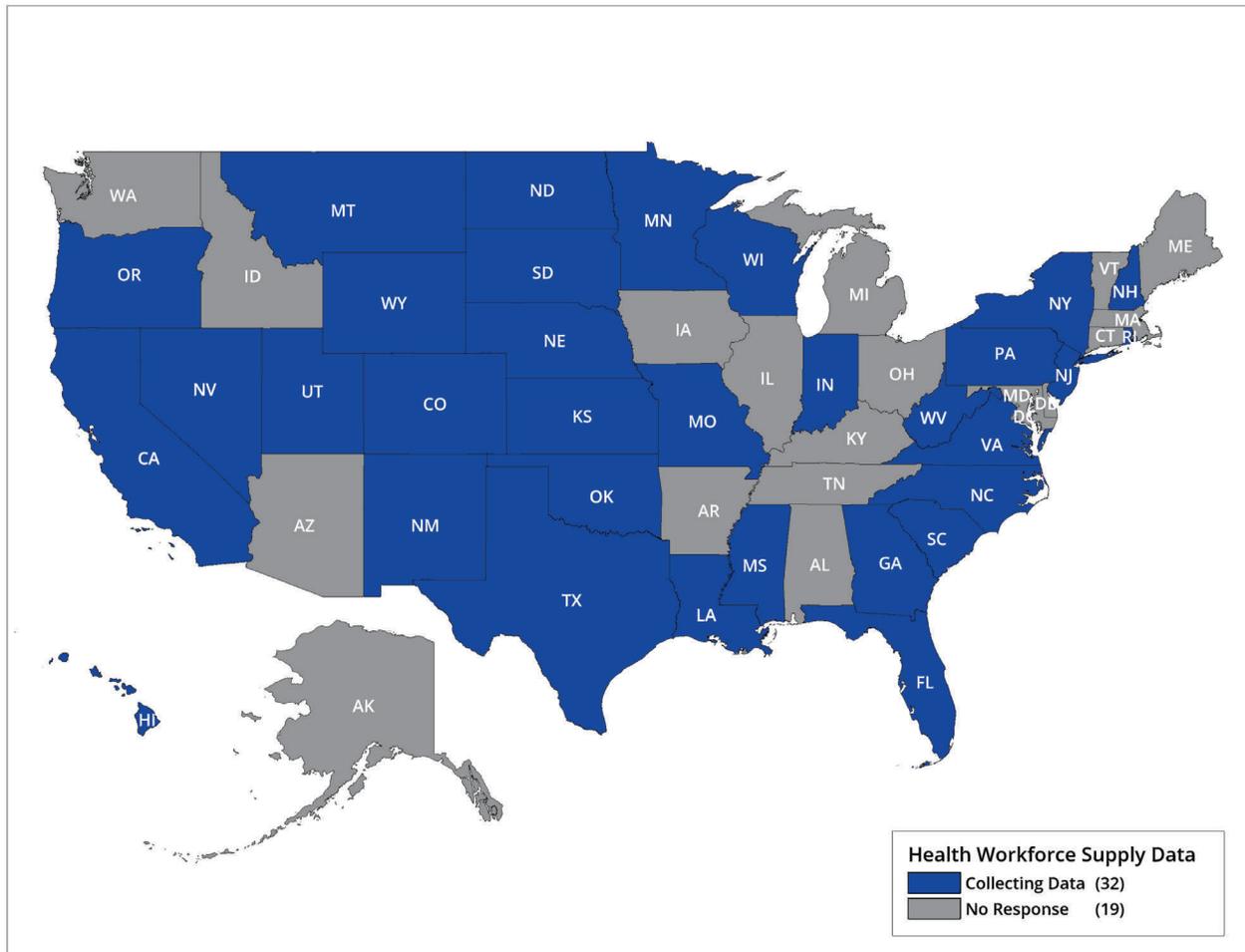
FINDINGS

Since the survey was launched, 40 organizations in 32 states have responded, indicating that they collect health workforce data. This number is expected to grow as organizations continue to respond to the survey. All responding organizations reported collecting health workforce supply data (eg, demographic educational and practice characteristics of health professionals). Fewer organizations reported collecting data on health workforce demand (eg, employer recruitment and retention difficulties) or the health workforce educational pipeline (eg, graduation rates and trainee/graduate characteristics). This report summarizes key findings from the survey related to data collection efforts in these 3 areas.

Health Workforce Supply Data

Organizations in 32 states collect health workforce supply data.

Figure 1. States Where Health Workforce Supply Data Collection Has Been Reported



State level health workforce supply data collection are most likely to target physicians [27 states], nurse practitioners (NPs) [23 states], dentists [22 states], and registered nurses (RNs) [22 states].

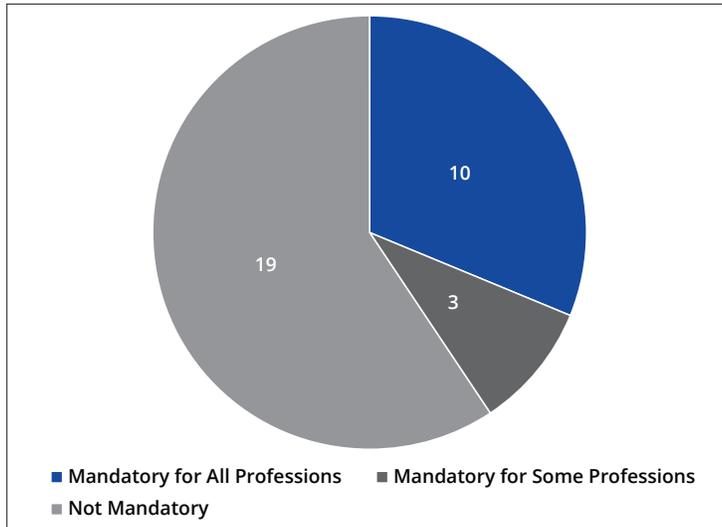
Table 1. Health Workforce Supply Data Collection by State and Profession

State	CRNA	DEN	DH	LPN	MDW	NP	PA	PHA	PHY	PSY	PT	RN	SW	OTH
California			✓		✓	✓			✓			✓		
Colorado	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Florida	✓			✓	✓	✓						✓		
Georgia							✓		✓					
Hawaii							✓		✓					
Indiana	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kansas		✓			✓	✓	✓		✓					
Louisiana	✓				✓	✓						✓		✓
Minnesota	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓	✓
Mississippi	✓	✓	✓	✓	✓	✓	✓		✓			✓		
Missouri		✓				✓			✓					
Montana		✓							✓	✓			✓	
Nebraska	✓	✓			✓	✓	✓	✓	✓	✓	✓			✓
Nevada	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Hampshire									✓					✓
New Jersey	✓			✓	✓	✓						✓		
New Mexico	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York		✓	✓		✓	✓	✓		✓			✓		
North Carolina		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
North Dakota	✓			✓	✓	✓						✓		
Oklahoma		✓							✓					
Oregon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pennsylvania		✓	✓	✓			✓		✓			✓		
Rhode Island		✓	✓						✓			✓		
South Carolina	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓
South Dakota	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		
Texas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Utah	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Virginia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
West Virginia	✓													
Wisconsin				✓			✓		✓			✓		
Wyoming		✓	✓	✓		✓			✓	✓		✓	✓	✓
Total	18	22	17	19	20	23	20	12	27	12	12	22	11	15

CRNA: Certified Registered Nurse Anesthetists. PHA: Pharmacists.
DEN: Dentists. PHY: Physicians.
DH: Dental Hygienists. PSY: Psychologists.
LPN: Licensed Practical Nurses. PT: Physical Therapists.
MDW: Nurse Midwives/Midwives. RN: Registered Nurses.
NP: Nurse Practitioners. SW: Social Workers.
PA: Physician Assistants. OTH: Other Health Professions.

In 13 states health workforce data collection is mandatory. In 10 of those states, data collection is mandatory for all of the professions for which data are collected. In 3 states data collection is mandatory for a subset of professions for which data are collected (Missouri, New York, and Wisconsin.)

Figure 2. Mandatory and Voluntary Health Workforce Supply Data Collection



Data collection is most likely to be mandatory for the following professions: RNs [9 states], NPs [9 states], physicians [8 states], midwives [8 states], licensed practical nurses (LPNs) [8 states], and certified registered nurse anesthetists [8 states].

Table 2. Mandatory Health Workforce Supply Data Collection by State and Profession

State	CRNA	DEN	DH	LPN	MDW	NP	PA	PHA	PHY	PSY	PT	RN	SW	OTH
Louisiana	✓				✓	✓						✓		✓
Mississippi	✓	✓	✓	✓	✓	✓	✓		✓			✓		
Missouri									✓					
New Hampshire									✓					✓
New Mexico	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New York						✓								
North Carolina		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
North Dakota	✓			✓	✓	✓						✓		
Oregon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
South Carolina	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓
Texas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
West Virginia	✓													
Wisconsin				✓								✓		
Total	8	6	6	8	8	9	6	5	8	4	5	9	3	7

In 26 states health workforce supply data are collected on a regular basis at the time of licensing/ relicensing. In most of these states health workforce supply data are only collected through a survey that is part of the licensing/relicensing process. However, a few states report different data collection strategies for different professions. Eight states report using a recurring survey that is not part of the licensing/relicensing process.

Table 3. Health Workforce Supply Data Collection Strategies by State

State	A survey that is part of the licensing process	A survey that is not part of the licensing process	Telephone interviews	In-person interviews
California	✓	✓		
Colorado	✓	✓		
Florida	✓			
Hawaii	✓			
Georgia	✓			
Indiana	✓			
Kansas	✓		✓	
Louisiana	✓			
Minnesota	✓			
Mississippi	✓			
Missouri	✓			
Montana	✓	✓	✓	✓
Nebraska		✓		
Nevada	✓			
New Hampshire	✓			
New Jersey	✓			
New Mexico	✓			
New York	✓			
North Carolina	✓			
North Dakota	✓			
Oklahoma		✓		
Oregon	✓			
Pennsylvania	✓			
Rhode Island		✓		
South Carolina	✓			
South Dakota	✓			
Texas	✓			
Utah		✓		
Virginia	✓			
West Virginia		✓		
Wisconsin	✓			
Wyoming			✓	
Total	26	8	3	1

The most frequent supply variables collected are demographic characteristics (30 states), practice characteristics (30 states), and educational backgrounds (26 states). 25 states report collecting data on health professionals in all three of these categories.

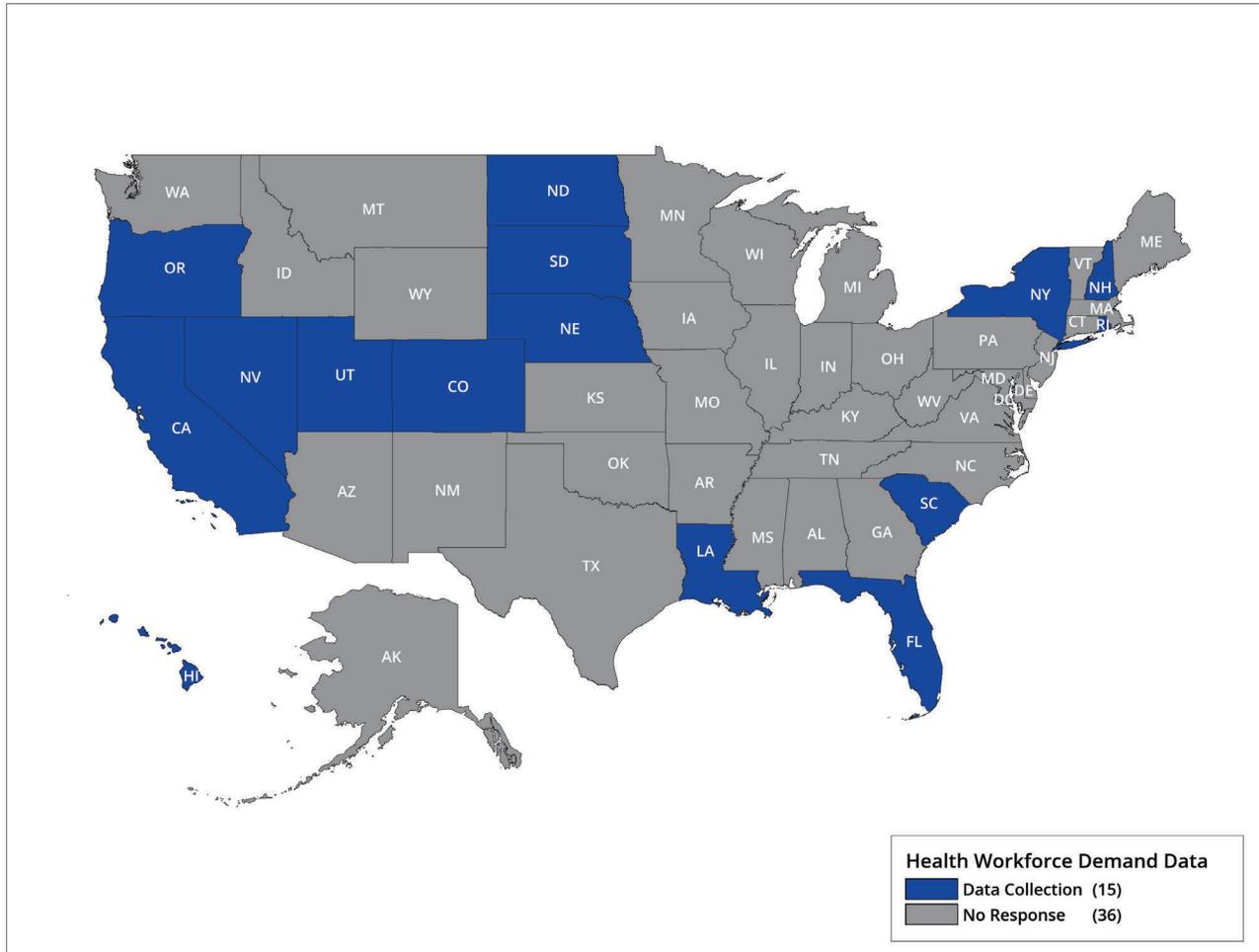
Table 4. Health Workforce Supply Data Collection by State and Type of Data

State	Demographic Characteristics	Education Background	Practice Characteristics	Other
California	✓	✓	✓	
Colorado	✓	✓	✓	✓
Florida	✓	✓	✓	
Georgia	✓		✓	
Hawaii	✓			
Indiana	✓	✓	✓	
Kansas	✓	✓	✓	
Louisiana	✓	✓	✓	
Minnesota	✓	✓	✓	✓
Mississippi	✓	✓	✓	
Missouri	✓	✓	✓	
Montana	✓	✓	✓	
Nebraska	✓	✓	✓	✓
Nevada	✓		✓	
New Hampshire	✓	✓	✓	✓
New Jersey	✓	✓	✓	
New Mexico	✓	✓	✓	
New York	✓	✓	✓	
North Carolina	✓	✓	✓	
North Dakota	✓	✓	✓	✓
Oklahoma	✓		✓	
Oregon	✓	✓	✓	✓
Pennsylvania	✓	✓	✓	
Rhode Island			✓	✓
South Carolina	✓	✓	✓	
South Dakota	✓			
Texas	✓	✓	✓	
Utah	✓	✓	✓	
Virginia	✓	✓	✓	✓
West Virginia		✓	✓	
Wisconsin	✓	✓	✓	
Wyoming	✓	✓	✓	
Total	30	26	30	8

Health Workforce Demand Data

Organizations in 15 states collect health workforce demand data.

Figure 3. States Where Health Workforce Demand Data Collection Has Been Reported



Health workforce demand data collection most frequently targets RNs (10 states), physicians (9 states), NPs (9 states), and LPNs (9 states).

Health workforce demand data is collected on a regular basis in 14 states.

Table 5. Health Workforce Demand Data Collection by State and Profession

State	CRNA	DEN	DH	LPN	MDW	NP	PA	PHA	PHY	PSY	PT	RN	SW	OTH
California	✓			✓	✓	✓	✓	✓				✓	✓	
Colorado		✓							✓					
Florida	✓			✓	✓	✓						✓		
Hawaii							✓		✓					
Louisiana	✓			✓	✓	✓						✓		
Nebraska							✓	✓	✓		✓			✓
Nevada	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Hampshire									✓					
New York	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Dakota	✓			✓	✓	✓						✓		
Oregon	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓
Rhode Island									✓					
South Carolina				✓	✓	✓						✓		✓
South Dakota	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		
Utah												✓		
Total	8	5	4	9	8	9	7	6	9	2	5	10	3	5

Health workforce demand data are most likely to be collected for hospitals (10 states) and nursing homes (8 states).

Table 6. Health Workforce Demand Data Collection by State and Setting

State	Community Health Centers	Home Health Agencies	Hospitals	Nursing Homes	Other
California			✓		
Colorado	✓				
Florida		✓	✓	✓	✓
Hawaii					✓
Louisiana		✓	✓	✓	
Nebraska					✓
Nevada			✓		✓
New Hampshire	✓	✓	✓	✓	
New York	✓	✓	✓	✓	
North Dakota			✓	✓	✓
Oregon		✓	✓	✓	✓
Rhode Island	✓			✓	✓
South Carolina			✓		
South Dakota					✓
Utah	✓	✓	✓	✓	
Total	5	6	10	8	8

The most frequently collected demand data are on vacancies (11 states), recruitment difficulty (10 states), and turnover (9 states). In 4 states, information is also collected on retention difficulties.

Table 7. Health Workforce Demand Data Collection by State and Type of Data

State	Vacancies	Turnover	Recruitment Difficulty	Retention Difficulty	Other
California	✓	✓	✓		
Colorado	✓	✓	✓	✓	
Florida	✓	✓	✓		✓
Hawaii					✓
Louisiana	✓	✓	✓		
Nebraska	✓		✓		
Nevada	✓	✓	✓	✓	
New Hampshire					✓
New York	✓	✓	✓	✓	✓
North Dakota	✓	✓	✓		
Oregon	✓	✓	✓		
Rhode Island					✓
South Carolina	✓				✓
South Dakota					✓
Utah	✓	✓	✓	✓	
Total	11	9	10	4	7

Health workforce educational pipeline data are most likely to be collected for RNs (13 states), physicians (11 states), and LPNs (10 states).

Educational pipeline data collection is recurring in 17 states.

Table 8. Health Workforce Education Pipeline Data Collection by State and Profession

State	CRNA	DEN	DH	LPN	MDW	NP	PA	PHA	PHY	PSY	PT	RN	SW	OTH
California	✓				✓	✓						✓		
Florida	✓			✓	✓	✓						✓		
Hawaii									✓					
Louisiana	✓				✓	✓						✓		
Mississippi		✓							✓					
Missouri									✓					
Nevada	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
New Jersey				✓								✓		
New York									✓			✓		
North Carolina									✓					
North Dakota	✓			✓		✓						✓		
Oregon		✓	✓				✓	✓	✓	✓	✓		✓	✓
South Carolina		✓	✓	✓		✓	✓	✓	✓		✓	✓		✓
South Dakota	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓		
Texas	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓		
Utah	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓		
Virginia				✓								✓		
West Virginia									✓					✓
Wisconsin				✓			✓		✓			✓		
Total	8	7	4	10	6	9	7	6	11	4	6	13	2	4

Educational pipeline data are collected from education programs in 15 states and from individuals in training in 7 states.

Information is most likely collected about graduation rates (17 states), enrollment rates (15 states) and the demographic characteristics of trainees (13 states). In a few states data are collected about trainees' post-graduation plans (4 states) and job market experiences (1 state).

Table 9. Health Workforce Education Pipeline Data Collection by State and Type of Data

State	Graduation Rates	Enrollment Rates	Demographic Characteristics	Job Market Experiences	Graduation Plans	Other
California	✓	✓	✓			
Florida	✓	✓	✓			✓
Hawaii	✓					
Louisiana	✓	✓	✓			
Mississippi	✓	✓	✓			
Missouri	✓	✓	✓			
Nebraska						✓
Nevada	✓	✓	✓	✓	✓	
New Jersey	✓	✓	✓			
New York	✓	✓	✓	✓	✓	
North Carolina						✓
North Dakota	✓	✓	✓			
Oregon	✓	✓	✓			
South Carolina	✓	✓				
South Dakota	✓					
Texas						✓
Utah	✓	✓	✓			
Virginia	✓	✓	✓			✓
West Virginia	✓	✓			✓	✓
Wisconsin	✓	✓	✓		✓	
Total	17	15	13	2	4	6

DISCUSSION

The Health Workforce Data Collection Inventory is an ongoing project. To date 40 organizations in 32 states have reported collecting health workforce data. The majority of organizations that are collecting data are state agencies and universities, nursing centers, and AHECs. Of the 18 states where no responses have been received, it is anticipated that some organizations are collecting data and others are planning to launch data collection efforts.

Every survey respondent to date indicated that they collect health workforce supply data (40); fewer organizations report collecting health workforce demand data (15) and education pipeline data (19). While in some states there are efforts to collect health workforce data on a wide array of health professions, the most likely professions are physicians and licensed nursing professions (eg, NPs, RNs, and LPNs).

CONCLUSION

In order for health reform initiatives to succeed, there is an urgent need to better understand the supply and distribution of a state's health workforce. Lack of relevant and timely data on the health workforce is a significant barrier to the development of effective health workforce programs and policies to support improvements in the health care delivery system. Expanded, prompt collection of data about the health workforce is essential.

There is growing interest and activity among states to collect the health workforce data needed to inform effective health workforce planning. This HWTAC initiative aims to describe and routinely update workforce data collection efforts underway in states. The inventory is designed to be a resource for states, where they can learn from each other about best practices in data collection.

The Health Workforce Minimum Data Set (MDS): What You Need to Know

David Armstrong, Jean Moore

Resource Brief, Jan. 2015

What is the MDS?

Consistent data collection is needed for effective health workforce planning at both the state and national level. Basic health workforce supply data can be used to: describe the supply and distribution of health care professionals; build better supply and demand forecast models; and inform the development of health workforce programs and policies and evaluate their effectiveness.

The quality of current health workforce supply data is variable, however. There are substantial differences in the data being collected and there are issues of timeliness, completeness, and accuracy of the data. While many organizations collect data, “fundamental” questions are often asked differently; this lack of standardization limits comparability. To address these issues, NCHWA established the MDS which provides basic, minimum, consistent *guidelines* for fundamental health workforce survey questions. These questions are for use by all groups who collect data on the supply of health workers.

What are the MDS Questions?

The MDS questions focus on characteristics in three key areas: demographics, education and practice.

Demographic Questions:

Birth date
Gender
Race/Ethnicity

Optional Demographic Questions:

State or Country of Birth
Languages Spoken Fluently

Education Questions:

Professional education, entry level, including degree, year and state/county
Professional education, highest level, including degree, year and state/county (includes residency training)
Licensure – type, initial year and state
Specialty (as applicable)
Certifications (as applicable)

Optional Education Questions:

Name and location of educational institution(s)

Practice Questions:

Employment status
Number of positions
Hours by activity
Patient Care
Research
Teaching
Administration
Practice setting
Practice location
Clinical hours by location
Title

Optional Practice Questions:

Patients served (e.g., Medicaid, Medicare, etc.)
Practice capacity
Retirement plans

How can MDS data be used?

An important question for policy makers is how MDS data can be used to support health workforce planning efforts. MDS data can play a crucial role in health workforce planning if used effectively. It can help answer several important policy related questions including:

- What is the supply and distribution of the health workforce by setting and location?
- What is the primary care provider capacity in the state?
- What is the racial/ethnic diversity of a health profession in relation to the diversity of the population served?
- What are the characteristics of health professionals who practice in underserved communities?

Before collecting data...

Before beginning data collection it is important to identify the research questions that the data must answer. HRSA's MDS questions are designed to provide the fundamental information needed for effective health workforce analysis. The MDS is not designed to answer every health workforce question posed. More detailed data are often needed for more complex health workforce analyses. Hence, it is imperative to identify key research questions that will be answered using these data and then design the data collection instruments with the workforce analysis plan in mind.

Useful Links

HRSA's MDS Webpage:

<http://bhpr.hrsa.gov/healthworkforce/data/minimumdataset/index.html>

Boulton, Matthew L., et al. "Public health workforce taxonomy." *American Journal of Preventive Medicine* 47.5 (2014): S314-S323. [http://www.ajpmonline.org/article/S0749-3797\(14\)00382-1/pdf](http://www.ajpmonline.org/article/S0749-3797(14)00382-1/pdf)

2013 Statistical Profile of Certified Physician Assistants, An Annual Report of the National Commission on Certification of Physician Assistants <http://www.nccpa.net/Upload/PDFs/2013StatisticalProfileofCertifiedPhysicianAssistants-AnAnnualReportoftheNCCPA.pdf>

About

The primary objective of the Health Workforce Technical Assistance Center (HWTAC) is to support the efforts of the National Center for Health Workforce Analysis (NCHWA) by providing technical assistance to states and organizations engaged in health workforce planning. An important goal of NCHWA is to expand and improve health workforce data collection. NCHWA established the Health Professions Minimum Data Set (MDS) to facilitate this effort.

The Health Workforce Technical Assistance Center (HWTAC) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U81HP26492, a Cooperative Agreement for a Regional Center for Health Workforce Studies, in the amount of \$1,820,048. This content and conclusions are those of HWTAC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

MDS: PHYSICIANS

Demographics

1. Birth date **Month** **Day** **Year**

2. Sex: Male Female

3. Race (1 or more categories may be selected)—Recommended as Optional
 White Black or African American
 American Indian or Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Other (specify) _____

The workgroup acknowledges that this is a condensed list and state boards may choose to use more detailed response sets (e.g., HHS Data Standards for Race and US Census Bureau Race Categories).

4. Ethnicity

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

(1 or more categories may be selected)—Recommended as Optional

No Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, Another Hispanic, Latino/a, or of Spanish origin (specify) _____

5. Do you speak a language other than English at home? (optional)

Yes
 No

6. What is this language? (if you answered Yes to #5)

Spanish
 Other Language (identify) _____

Education & Training

6. Medical Education

A. What is your medical degree?

M.D. D.O. M.B.B.S.

B. What year did you complete your medical degree?

C. Where did you complete your medical degree?

United States (specify state): _____
Medical School Name _____
 Foreign Country (specify): _____

7. Residency Training/Graduate Medical Education

A. First Specialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

B. Subspecialty Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

C. Additional Training

- Location (State) _____
- Number of Years of Training _____
- Year Completed _____

8. Training and Certification

	Completed Accredited Residency Program / Fellowship		Board Certified	
Principal Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Secondary Specialty	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Practice Characteristics

9. What is your employment status?

- Actively working in a position that requires a medical license
- Actively working in a field other than medicine
- Not currently working
- Retired

10. Are you currently providing direct clinical or patient care on a regular basis?

- Yes
- No

11. If no, how many years has it been since you provided clinical or patient care?

- Less than 2 years
- 2 to 5 years
- 5 to 10 years
- More than 10 years

12. Which of the following best describes the area(s) of practice in which you spend most of your professional time:

Area of Practice	Principal	Secondary	Completed Accredited Residency Program or Fellowship
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon and Rectal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hematology & Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal Medicine (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nephrology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurological Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Surgical Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics Subspecialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Med. & Rehab.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive Medicine/Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulmonology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Oncology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery (General)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Specialties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Which of the following categories best describes your primary and secondary practice or work setting(s) where you work the most hours each week?

Practice Setting	Principal	Secondary
Office/Clinic—Solo Practice	<input type="radio"/>	<input type="radio"/>
Office/Clinic—Partnership	<input type="radio"/>	<input type="radio"/>
Office/Clinic—Single Specialty Group	<input type="radio"/>	<input type="radio"/>
Office/Clinic—Multi Specialty Group	<input type="radio"/>	<input type="radio"/>
Hospital—Inpatient	<input type="radio"/>	<input type="radio"/>
Hospital—Outpatient	<input type="radio"/>	<input type="radio"/>
Hospital—Emergency Department	<input type="radio"/>	<input type="radio"/>

Hospital—Ambulatory Care Center	<input type="radio"/>	<input type="radio"/>
Federal Government Hospital	<input type="radio"/>	<input type="radio"/>
Research Laboratory	<input type="radio"/>	<input type="radio"/>
Medical School	<input type="radio"/>	<input type="radio"/>
Nursing Home or Extended Care Facility	<input type="radio"/>	<input type="radio"/>
Home Health Setting	<input type="radio"/>	<input type="radio"/>
Hospice Care	<input type="radio"/>	<input type="radio"/>
Federal/State/Community Health Center(s)	<input type="radio"/>	<input type="radio"/>
Local Health Department	<input type="radio"/>	<input type="radio"/>
Telemedicine	<input type="radio"/>	<input type="radio"/>
Volunteer in a Free Clinic	<input type="radio"/>	<input type="radio"/>
Other (specify):	<input type="radio"/>	<input type="radio"/>

14. How many weeks did you work in medical related positions in the past 12 months? ___

15. For all medical related positions held in (insert state name), indicate the average number of hours per week spent on each major activity:

Clinical or patient care _____ hours/week
 Research _____ hours/week
 Teaching/Education _____ hours/week
 Administration _____ hours/week
 Volunteering (medical related only) _____ hours/week
 Other (specify): _____ hours/week

Another approach to obtaining this information would be to ask licensees: (1) number of weeks worked in the past 12 months, (2) average number of hours worked per week, and (3) the percentage of time per week spent on each major activity (e.g., clinical or patient care, research etc.).

16. What is the location of the site(s) where you spend most of your time providing direct clinical or patient care? Please enter the complete address for up to three locations and your direct patient care hours per week at each site.

(The workgroup strongly recommends collecting full addresses if all possible, but zip codes only would be acceptable for a minimal data set.)

Principal Location Address

Number _____ Street _____
 City/Town _____ State _____ Zip Code: □□□□□

Direct patient care hours per week at site: _____

Second Location Address

Number Street

City/Town State Zip Code: □□□□□

Direct patient care hours per week at site: _____

Third Location Address

Number Street

City/Town State Zip Code: □□□□□

Direct patient care hours per week at site: _____

MDS: PHYSICIAN ASSISTANTS*

REQUIRED ITEMS

Demographics

1. Birth date **Month** **Day** **Year**

2. Sex

Male Female

3. How would you classify your race?

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> White | <input type="radio"/> Other (specify) |
| <input type="radio"/> Prefer not to answer | |

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

- No
 Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino/a, or of Spanish origin
 Prefer not to answer

Education & Training

5. Which of the following describes the degree or certificate you were awarded upon completion of your PA training?

- | | |
|---|--|
| <input type="radio"/> Certificate/Diploma | <input type="radio"/> Associate degree |
| <input type="radio"/> Bachelor's degree | <input type="radio"/> Master's degree |
| <input type="radio"/> Military Training Certification | <input type="radio"/> Other (specify) |

6. What year did you complete your physician assistant education?

7. Where did you complete your physician assistant education?

Physician Assistant School/Program Name _____

8. Training and Certification

Are you Certified by National Commission on Certification of
Physicians Assistants (NCCPA)? Yes No

Have you completed Physician Assistant Post-Graduate Training? Yes No

Have you completed Specialty Certification? Yes No

Practice Characteristics

9. What is your employment status? (mark all that apply)

- Actively working in a position that requires a physician assistant license
- Actively working in a field other than physician assistant
- Not currently working
- Retired

10. Please indicate which of the following best describes the area of practice of your supervising physician(s) in your principal and secondary clinical position(s). (Check all that apply)

	Principal Practice	Secondary Practice
Adolescent Medicine	<input type="radio"/>	<input type="radio"/>
Anesthesiology	<input type="radio"/>	<input type="radio"/>
Critical Care Medicine	<input type="radio"/>	<input type="radio"/>
Dermatology	<input type="radio"/>	<input type="radio"/>
Emergency Medicine	<input type="radio"/>	<input type="radio"/>
Family Medicine/General Practice	<input type="radio"/>	<input type="radio"/>
General Pediatrics	<input type="radio"/>	<input type="radio"/>
Gynecology Only	<input type="radio"/>	<input type="radio"/>
Hospital Medicine (Hospitalist)	<input type="radio"/>	<input type="radio"/>
Internal Medicine – General Practice	<input type="radio"/>	<input type="radio"/>
Internal Medicine – Subspecialties	<input type="radio"/>	<input type="radio"/>
Allergy and Immunology	<input type="radio"/>	<input type="radio"/>
Cardiology	<input type="radio"/>	<input type="radio"/>
Endocrinology	<input type="radio"/>	<input type="radio"/>
Gastroenterology	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>
Hematology	<input type="radio"/>	<input type="radio"/>
Infectious Disease	<input type="radio"/>	<input type="radio"/>
Nephrology	<input type="radio"/>	<input type="radio"/>
Oncology	<input type="radio"/>	<input type="radio"/>
Pulmonology	<input type="radio"/>	<input type="radio"/>
Rheumatology	<input type="radio"/>	<input type="radio"/>
Sports Medicine	<input type="radio"/>	<input type="radio"/>
Neurology	<input type="radio"/>	<input type="radio"/>
Obstetrics and Gynecology	<input type="radio"/>	<input type="radio"/>
Occupational Medicine	<input type="radio"/>	<input type="radio"/>
Ophthalmology	<input type="radio"/>	<input type="radio"/>
Otolaryngology	<input type="radio"/>	<input type="radio"/>
Pathology	<input type="radio"/>	<input type="radio"/>
Pediatric Subspecialties	<input type="radio"/>	<input type="radio"/>
Physical Medicine/Rehabilitation	<input type="radio"/>	<input type="radio"/>
Preventive Medicine/Public Health	<input type="radio"/>	<input type="radio"/>
Psychiatry	<input type="radio"/>	<input type="radio"/>
Radiation Oncology	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>
Surgery - General	<input type="radio"/>	<input type="radio"/>

Surgery - Subspecialties	<input type="radio"/>	<input type="radio"/>
Cardiothoracic	<input type="radio"/>	<input type="radio"/>
Colon and rectal	<input type="radio"/>	<input type="radio"/>
Gynecology and obstetrics	<input type="radio"/>	<input type="radio"/>
Gynecologic oncology	<input type="radio"/>	<input type="radio"/>
Neurologic	<input type="radio"/>	<input type="radio"/>
Ophthalmic	<input type="radio"/>	<input type="radio"/>
Oral and maxillofacial	<input type="radio"/>	<input type="radio"/>
Orthopedic	<input type="radio"/>	<input type="radio"/>
Otorhinolaryngology	<input type="radio"/>	<input type="radio"/>
Pediatric	<input type="radio"/>	<input type="radio"/>
Plastic and maxillofacial	<input type="radio"/>	<input type="radio"/>
Urology	<input type="radio"/>	<input type="radio"/>
Vascular	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

11. Which of the following best describes the type of practice setting in which your principal and secondary clinical PA position(s) are located?

	Principal	Secondary
<u>Office-based private practice</u>		
Solo practice	<input type="radio"/>	<input type="radio"/>
Single specialty physician group	<input type="radio"/>	<input type="radio"/>
Multi-specialty physician group	<input type="radio"/>	<input type="radio"/>
<u>Hospital (non-VA, non-government)</u>		
Inpatient department	<input type="radio"/>	<input type="radio"/>
Outpatient department	<input type="radio"/>	<input type="radio"/>
Emergency department	<input type="radio"/>	<input type="radio"/>
Ambulatory surgical center	<input type="radio"/>	<input type="radio"/>
Behavioral/mental health facility	<input type="radio"/>	<input type="radio"/>
Community Health Center (Federally Qualified Health Center)	<input type="radio"/>	<input type="radio"/>
<u>Federal Government facility/hospital/unit</u>		
Bureau of Prisons (BOP)	<input type="radio"/>	<input type="radio"/>
Indian Health Service (IHS)	<input type="radio"/>	<input type="radio"/>
Public Health Service (PHS)	<input type="radio"/>	<input type="radio"/>
United States Military	<input type="radio"/>	<input type="radio"/>
Veterans Administration (VA)	<input type="radio"/>	<input type="radio"/>
Rural health clinic	<input type="radio"/>	<input type="radio"/>
Home health care agency	<input type="radio"/>	<input type="radio"/>
Extended care facility (non-hospital)/nursing home	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>
Occupational health setting	<input type="radio"/>	<input type="radio"/>
Public or community health clinic (non-federally qualified)	<input type="radio"/>	<input type="radio"/>
Rehabilitation facility	<input type="radio"/>	<input type="radio"/>
School-based or college-based health center or school clinic	<input type="radio"/>	<input type="radio"/>
Free clinic	<input type="radio"/>	<input type="radio"/>
Other setting (specify): _____	<input type="radio"/>	<input type="radio"/>

12. Please enter the zip code and the number of hours you work in a typical week at your principal and secondary clinical position(s).

Principal practice site

Secondary Practice Site (if applicable)

Zip Code of practice site:

Zip Code of practice site:

Hours worked at site:

Hours worked at site:

ALTERNATE 12

12. Direct Patient Care: Practice Locations

Please enter the location of the sites of your principal and secondary clinical positions:

Principal Practice Site

 Number Street

 City/Town State

Zip Code

Secondary Practice Site (if applicable)

 Number Street

 City/Town State

Zip Code

13. During the regular hours of a typical work week, what number of hours do you spend on the following activities at your principal and secondary clinical position(s)? (Totals should add to hours worked as provided for question 12.)

	Principal	Secondary
Direct, face-to-face patient care (inpatient)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Direct, face-to-face patient care (outpatient)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Indirect (collateral) patient care (e.g., phone calls, reviewing labs, charting)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Administration (e.g., of own practice, hospital committees)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Teaching/precepting	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Continuing education (e.g., courses, journal reading, video)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

and audiotapes

Research	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Activities related to quality improvement or patient safety	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Volunteerism	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other activities (please specify: _____)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

14. Do you have a National Provider Identification (NPI) number?

No Yes If yes, NPI number:

15. Are you planning to leave your principal clinical PA position in the next 12 months?

- Yes
- No

RECOMMENDED, BUT OPTIONAL ITEMS

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

- Self employed
- Salaried employment
- Hourly employment
- Locum tenens
- Other (specify): _____

B. Number of Physicians at each practice location:

Principal Secondary

C. Do you personally communicate with patients in a language other than English?

- Yes No

If yes – What language(s)? _____

*Note: This MDS reflects the incorporation of MDS-based questions approved by and used in the NCCPA Professional Profile.

Nursing Supply Minimum Data Set

1. Jurisdiction
2. License Number
3. First Name _____
4. Last Name _____
5. What is your gender?
 - a. Male
 - b. Female
6. What is your race/ethnicity? (Mark all that apply)
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black/African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White/Caucasian
 - f. Hispanic/Latino

7. What is your date of birth?

--	--

Month

--	--

Day

1	9		
---	---	--	--

Year

8. What type of nursing degree/credential qualified you for your first U.S. nursing license?
 - a. Vocational/Practical certificate-nursing
 - b. Diploma-nursing
 - c. Associate degree-nursing
 - d. Baccalaureate degree-nursing
 - e. Master's degree-nursing
 - f. Doctoral degree-nursing
9. What is the name of the school (education program) you graduated from that qualified you for your first U.S. RN license?

10. In what city and state was this education program located?

City

State

11. What is your highest level of education?

- a. Vocational/Practical certificate-nursing
- b. Diploma-nursing
- c. Associate degree-nursing
- d. Associate degree-other field
- e. Baccalaureate degree-nursing
- f. Baccalaureate degree-other field
- g. Master's degree-nursing
- h. Master's degree-other field
- i. Doctoral degree-nursing
- j. Doctoral degree-other field

12. What type of license do you currently hold?

- a. RN
- b. LPN
- c. Advanced Practice RN license (include all advanced license statuses in your state)

13. What is the status of the license currently held?

- a. Active
- b. Inactive

14. Are you currently licensed/certified as a...

- a. Nurse Practitioner
- b. Clinical Nurse Specialist
- c. Certified Registered Nurse Anesthetist
- d. Certified Nurse Midwife
- e. Not licensed/certified as any of the above

15. What is your employment status? (Mark all that apply)

- a. Actively employed in nursing
 - i. Yes
 - 1. Full-time
 - 2. Part-time
 - 3. Per diem
 - ii. No
- b. Actively employed in a field other than nursing
 - i. Yes
 - 1. Full-time
 - 2. Part-time
 - 3. Per diem
 - ii. No
- c. Working in nursing only as a volunteer
- d. Unemployed
 - i. Seeking work as a nurse
 - ii. Not seeking work as a nurse
- e. Retired

16. If unemployed, please indicate the reasons.

- a. Taking care of home and family
- b. Disabled
- c. Inadequate Salary
- d. School
- e. Difficulty in finding a nursing position
- f. Other

17. In how many positions are you currently employed as a nurse?

- a. 1
- b. 2
- c. 3 or more

18. How many hours do you work during a typical week in all your nursing positions?

--	--

19. Please indicate the state and zip codes of your primary and secondary employer and total hours worked at each position.

Primary Practice Site

--	--	--	--	--

Secondary Practice Site

--	--	--	--	--

Total Hours Worked this Site

--	--

Total Hours Worked this Site

--	--

20. Please identify the type of setting that most closely corresponds to your primary nursing practice position.

- a. Hospital
- b. Nursing Home/Extended Care/Assisted Living Facility
- c. Home Health
- d. Correctional Facility
- e. Academic Setting
- f. Public Health
- g. Community Health
- h. School Health Service
- i. Occupational Health
- j. Ambulatory Care Setting
- k. Insurance Claims/Benefits
- l. Policy/Planning/Regulatory/Licensing Agency
- m. Other

21. Please identify the position title that most closely corresponds to your primary nursing

practice position.

- a. Consultant/Nurse Researcher
- b. Nurse Executive
- c. Nurse Manager
- d. Nurse Faculty
- e. Advanced Practice Nurse
- f. Staff Nurse
- g. Other-Health Related
- h. Other-Not Health Related

22. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.

- a. Acute care/Critical Care
- b. Adult Health/Family Health
- c. Anesthesia
- d. Community
- e. Geriatric/Gerontology
- f. Home Health
- g. Maternal-Child Health
- h. Medical Surgical
- i. Occupational health
- j. Oncology
- k. Palliative Care
- l. Pediatrics/Neonatal
- m. Public Health
- n. Psychiatric/Mental Health/Substance Abuse
- o. Rehabilitation
- p. School Health
- q. Trauma
- r. Women's Health
- s. Other

23. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.

- a. Hospital
- b. Nursing Home/Extended Care/Assisted Living Facility
- c. Home Health
- d. Correctional Facility
- e. Academic Setting
- f. Public Health
- g. Community Health
- h. School Health Service
- i. Occupational Health
- j. Ambulatory Care Setting
- k. Insurance Claims/Benefits
- l. Policy/Planning/Regulatory/Licensing Agency
- m. Other

n. No Secondary Practice Position

24. Please identify the position title that most closely corresponds to your secondary nursing practice position.

- a. Consultant/Nurse Researcher
- b. Nurse Executive
- c. Nurse Manager
- d. Nurse Faculty
- e. Advanced Practice Nurse
- f. Staff Nurse
- g. Other-Health Related
- h. Other-Not Health Related
- i. No Secondary Practice Position

25. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

- a. Acute care/Critical Care
- b. Adult Health/Family Health
- c. Anesthesia
- d. Community
- e. Geriatric/Gerontology
- f. Home Health
- g. Maternal-Child Health
- h. Medical Surgical
- i. Occupational health
- j. Oncology
- k. Palliative Care
- l. Pediatrics/Neonatal
- m. Public Health
- n. Psychiatric/Mental Health/Substance Abuse
- o. Rehabilitation
- p. School Health
- q. Trauma
- r. Women's Health
- s. Other
- t. No Secondary Practice Position

26. Please list all states in which you hold an active license to practice as an RN or LPN/VN:

27. Please list all states in which you are currently practicing:

28. In what country did you receive your entry-level education?

29. **If you are licensed/certified/recognized as a Nurse Practitioner or Nurse Midwife,** indicate the specialty of the physicians(s) with whom you have a practice. If you have your own practice, please select the specialty that best describes your practice.

Indicate ONE primary practice specialty and ONE secondary practice specialty, if applicable, from the list below:

Primary practice	Secondary practice	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Care Specialties (General IM, Family Medicine/GP, General Peds, Geriatrics)
<input type="checkbox"/>	<input type="checkbox"/>	Internal Medicine Subspecialties
<input type="checkbox"/>	<input type="checkbox"/>	Pediatric Subspecialties
<input type="checkbox"/>	<input type="checkbox"/>	Obstetrics & Gynecology
<input type="checkbox"/>	<input type="checkbox"/>	General Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Specialties
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatry (Adult and Child)
<input type="checkbox"/>	<input type="checkbox"/>	Anesthesiology, Pathology, Radiology and Emergency Medicine
<input type="checkbox"/>	<input type="checkbox"/>	Other Specialty

Glossary of Operational Definitions

Active – a license that is up to date on all licensure and/or renewal requirements

Certified Nurse Midwife (CNM) – an RN who through a formal post-basic education program has developed expertise in the specialty area of midwifery and who possesses evidence of certification according to the requirements of the American College of Nurse-Midwives.

Certified Registered Nurse Anesthetist (CRNA) – an RN who through a formal post-basic education program has developed expertise in the specialty area of anesthesiology and who possesses evidence of certification according to the requirements of the Council on Certification of Nurse Anesthetists or its predecessor

Clinical Nurse Specialist (CNS) - an RN who through a formal post-basic education program has developed expertise within a specialty area of nursing practice. In addition to the delivery of direct patient/client care, the role may include consultative, educational, research, and/or administrative components. Certification and/or state recognition may be required for practice as a CNS.

Employed in nursing – A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse.

Full-time – An individual employed for a full work week as defined by the employer.

Highest level of education – the highest degree obtained; in the event that a person holds the same level of education in two different fields (ex. a master's in nursing and a master's in education) the nursing degree should be selected

Inactive (in regard to licensure) - A license that was not renewed or a license placed on inactive status at the request of the licensee.

LPN – (or LVN) Licensed Practical Nurse or Licensed Vocational Nurse – An individual who holds a current license to practice as a practical or vocational nurse in at least one jurisdiction of the United States.

Nurse Practitioner - an RN prepared in a formal, post-basic nurse practitioner program, who functions in an independent primary health care provider role addressing the full range of patient's/client's health problems and needs within an area of specialization. Certification and/or state recognition may be required for practice as an NP.

Part-time - An individual employed less than full time or less than a full work week, as defined by the employer.

Per diem – an arrangement wherein a nurse is employed directly on an as needed basis, less than part-time as defined by the facility and usually has no benefits.

Primary Position – The position at which you work the most hours during your regular work year.

RN – Registered Nurse (RN) An individual who holds a current license to practice within the

scope of professional nursing in at least one jurisdiction of the United States.

Secondary Position – The position at which you work the second greatest number of hours during your regular work year.

Employment Setting - The setting in which nursing personnel provide nursing services See examples below:

Hospital (Exclude nursing home units in hospitals but include all clinics and other services of the hospital)

Non-federal, short-term hospital (for example, acute care hospital)

Non-federal, long-term hospital

Non-federal psychiatric hospital (for example, state mental hospital)

Federal government hospital

Other type of hospital

Nursing Home/Extended Care Facility

Nursing home unit in hospital

Freestanding skilled nursing facility (nursing home)

Facility for mentally retarded

Inpatient hospice

Other type of extended care facility

Home Health

Health care (including hospice care) provided in the patient's home

Correctional Facility

Jail or prisons

Academic Setting

LPN/LVN program

Diploma program (RN)

Associate degree program (RN)

Baccalaureate and/or higher degree nursing program (RN)

Other

Public Health

Official state health department

Official state mental health agency

Official city or county health department

Community Health

Combination (official/voluntary) nursing service

Visiting nurse service (VNS/VNA)

Other home health agency

Community mental health center

Community/neighborhood health center

Planned parenthood/family planning center

Day care center

MDS: Nursing
developed by the National Forum of State Nursing Workforce Centers and the National Council of State Boards of
Nursing (NCSBN)

Rural health center
Retirement community center

School Health Service
Board of education (public school system)
Private or parochial elementary or secondary school
College or university
Other

Occupational Health (Employee Health Service)
Private industry
Government
Other

Ambulatory Care Setting Employee (e.g., Physician/Dentist office)
Solo practice (physician)
Solo practice (nurse)
Partnership (one or more physicians)
Partnership (one or more nurses)
Group practice (physicians)
Group practice (nurses)
Partnership or group practice (mixed group of professionals)
Freestanding clinic (physicians)
Freestanding clinic (nurses)
Ambulatory surgical center (non-hospital-based)
Dental practice
Health Maintenance Organization (HMO)

Insurance Claims/Benefits
Insurance Company

Policy/Planning/Regulatory/Licensing Agency
Central or regional office of Federal agency
State Board of Nursing
Health planning agency
Nurse Workforce Center

Other
Nursing or health professional membership association
Medical supplier (e.g., Drug Company, equipment, etc.)
Other

Employment position/position title – the position an individual holds at their place of
employment

Advanced Practice Nurse - An umbrella classification (not an intended title, per se) for the
purpose of regulation. Individuals are licensed as Advanced Practice Nurses in the categories of
Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse-Midwife and Clinical
Nurse Specialist. Each individual who practices nursing at an advanced level does so with

substantial autonomy and independence and a high level of accountability. The scope of practice in each of the advanced roles is distinguishable from the others. Each jurisdiction establishes the legal scope of practice for each role.

Consultant/Nurse Researcher – An individual who conducts research in the field of nursing

Nurse Executive - involved with management and administration concerns. They provide leadership roles in the designing of care, the planning and developing of procedures and policies, and administration of budgets in hospitals, health clinics, nursing homes, and ambulatory care centers.

Nurse Manager - An individual who has line management position with 24-hour accountability for a designated patient care services which may include operational responsibility for patient care delivery, fiscal and quality outcomes.

Nurse Faculty – An individual employed by a school of nursing or other type of nursing education program; nurse faculty are generally involved in teaching, research and service.

Staff Nurse – a nurse in direct patient care who is responsible for the treatment and well-being of patients

Employment Specialty – the specific area in which a nurse is specialized or practices

Acute care/Critical Care – nurses in this specialty provide care to patients with acute conditions. They also provide care to pre- and post-operative patients

Anesthesia – nurses in this specialty provide care to patients receiving anesthesia during operative procedures

Community – nurses in this specialty provide health care services that focus on both treatment and prevention for all members of the community.

Geriatric/Gerontology – nurses in this specialty provide the special care needed in rehabilitating and maintaining the mental and physical health of the elderly.

Home Health - nurses in this specialty provide care for people in their homes, such as those recovering from illness, an accident, or childbirth

Maternal-Child Health – nurses in this specialty provide medical and surgical treatment to pregnant women and to mother and baby following delivery

Medical/Surgical – nurses in this specialty provide diagnostic and therapeutic services to acutely ill patients for a variety of medical conditions, both surgical and non-surgical

Occupational health - nurses in this specialty provide on-the-job health care for the nation's workforce, striving to ensure workers' health, safety, and productivity

Oncology – nurses in this specialty provide care and support for patients diagnosed with cancer.

Palliative Care - nurses in this specialty provide sensitive care and pain relief to patients in the final stages of life. They protect patients from unnecessary, painful therapies, and often provide care at home, in order to maximize meaningful time patients can spend with family and loved ones.

Pediatrics/Neonatal – nurses in this specialty provide care and treatment to young patients ranging in age from infancy to late teens; provide care and support for very sick or premature newborn babies

Public Health – nurses in this specialty provide population -based community services

Psychiatric/Mental Health/Substance Abuse - nurses in this specialty aid and support the mental health of patients with acute or chronic psychiatric needs.; pain management nurses who help regulate medications and provide care for those addicted to drugs or alcohol, or who are suffering from other types of substance abuse.

Rehabilitation – nurses in this specialty provide physical and emotional support to patients and the families of patients with illnesses or disabilities that affect their ability to function normally and that may alter their lifestyle.

School Health – nurses in this specialty are dedicated to promoting the health and well being of children of all ages in an academic environment.

Trauma - nurses in this specialty provide emergency care to patients of all ages. These nurses work to maintain vital signs and prevent complications and death.

Women’s Health – nurses in this specialty provided care for women across the life cycle with emphasis on conditions that are particular to women

Sources: “Definitions” Interagency Collaborative on Nursing Statistics (ICONS)
<http://www.iconsdata.org/definitions.htm>

“Nursing Careers” Discover Nursing.
<http://www.discovernursing.com/nursing-careers>

Healthy People 200, “Healthy People in Healthy Communities.”
<http://www.healthypeople.gov/Publications/HealthyCommunities200/healthycom0hk.pdf>

MDS: SUBSTANCE ABUSE/ADDICTION COUNSELORS

Demographics

- Year
1. Birth date
2. Sex: Male Female
3. Race/Ethnicity (mark one or more boxes)
- | | |
|---|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Hispanic/Latino of any race |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander | <input type="radio"/> White/Caucasian |
| <input type="radio"/> Prefer not to answer | |

Education & Training

4. Do you currently hold an addiction counseling certification?
 Yes No
5. What year did you attain your addiction counseling certification?
6. Do you currently hold an addiction counseling license?
 Yes No
7. What year did you attain your addiction counseling license?
8. Please mark all counseling certifications you currently hold.
- Certified Alcohol and Drug Counselor (CADC)
 - Certified Advanced Alcohol and Drug Counselor (CAADC)
 - Certified Clinical Supervisor (CCS)
 - Certified Advanced Alcohol and Drug Counselor (CAADC)
 - Certified Prevention Specialist (CPS)
 - Certified Criminal Justice Addictions Professional (CCJP)
 - Certified Co-Occurring Disorders Professional (CCDP)
 - Certified Co-Occurring Disorders Professional Diplomat (CCDPD)
 - National Certified Counselor (NCC)
 - National Certified Addiction Counselor I
 - National Certified Addiction Counselor II
 - Master Addictions Counselor (MAC)
 - Certified Clinical Mental Health Counselor (CCMHC)
 - National Certified School Counselor (NCSC)
 - None
 - Other (please specify; include state-specific and non-reciprocal credentials): _____
9. Where did you obtain your addiction counseling certification or license?
State (postal abbreviation)

10. What is your highest level of education you have completed?

- High school diploma/GED
- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral degree

11. What year did you complete your highest level of education?

12. Where did you complete your highest level of education?

State (postal abbreviation)

Practice Characteristics

13. What is your employment status? (mark all that apply)

- Actively working in a substance abuse/addiction counseling position that requires a substance abuse/addiction counseling license/certification
- Actively working in a substance abuse/addiction counseling position that does not require a substance abuse/addiction counseling license/certification
- Actively working in a field other than substance abuse/addiction counseling
- Not currently working
- Retired

14. For all positions held, indicate the average number of hours spent per week (excluding call) on each substance abuse/addiction counseling major activity:

Direct Patient care	Clinical Supervision	Clinical/Community Consultation and Prevention	Administration	Other	Total hours
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

OPTIONAL 14B. For all direct patient care, indicate the average number of hours spent per week (excluding call) on each major activity:

Assessment / Evaluation	<input type="text"/> <input type="text"/>
Medication prescription and management:	<input type="text"/> <input type="text"/>
Treatment:	<input type="text"/> <input type="text"/>

15. Did you work part-time or full time as a substance abuse/addiction counselor in the past year:

- Full-time
- Part-time

16. Do you have a National Provider Identification (NPI) number?

- No
- Yes:

****The remaining items should be completed only by substance abuse/addiction counselors**

practicing direct patient care.**

17. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing direct patient care:

Principal practice site

Zip Code of practice site:

Direct care hours at site*:

Secondary Practice Site (if applicable)

Zip Code of practice site:

Direct care hours at site*:

ALTERNATE

17. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing addiction counseling:

Principal Location Address

Number Street

City/Town State

Zip Code

Secondary Location Address (if applicable)

Number Street

City/Town State

Zip Code

18. Which best describes the type of setting that most closely corresponds to your principal and secondary (if applicable) direct patient care practice location(s): (Select One)

	Principal	Secondary
Specialized substance abuse outpatient treatment facility		
Community health center	<input type="radio"/>	<input type="radio"/>
Mental health clinic	<input type="radio"/>	<input type="radio"/>
Methadone clinic	<input type="radio"/>	<input type="radio"/>
Primary or specialist medical care	<input type="radio"/>	<input type="radio"/>
Child welfare	<input type="radio"/>	<input type="radio"/>
Criminal justice	<input type="radio"/>	<input type="radio"/>
Hospital		
Federal Government hospital	<input type="radio"/>	<input type="radio"/>
Non-federal hospital: Inpatient	<input type="radio"/>	<input type="radio"/>
Non-federal hospital: General Medical	<input type="radio"/>	<input type="radio"/>
Non-federal hospital: Psychiatric	<input type="radio"/>	<input type="radio"/>
Non-federal hospital: Other - e.g. nursing home unit	<input type="radio"/>	<input type="radio"/>
Private practice	<input type="radio"/>	<input type="radio"/>
Rehabilitation	<input type="radio"/>	<input type="radio"/>
Detox	<input type="radio"/>	<input type="radio"/>
Residential setting	<input type="radio"/>	<input type="radio"/>
Recovery support services	<input type="radio"/>	<input type="radio"/>
School health service	<input type="radio"/>	<input type="radio"/>
Faith-based setting	<input type="radio"/>	<input type="radio"/>
Other setting (specify): _____	<input type="radio"/>	<input type="radio"/>

19. What best describes your employment plans for the next 12 months?

- Increase hours
- Decrease hours
- Seek non-clinical job
- Retire
- No change
- Seek career advancement
- Move to a different career
- Unknown

OPTIONAL

20. Is your principal practice site formally affiliated with a network of other practices or health providers?

- No
- Yes, Staff Model HMO
- Yes, Medical-Hospital Organization
- Yes, Independent Practice Association
- Yes, Federally Qualified Health Center
- Yes, other: _____

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

- Self employed
- Salaried employment
- Hourly employment
- Temporary
- Other (specify): _____

22. Number of substance abuse/addiction counselors at each practice location:

Principal Secondary

23. Are you able to communicate with patients in a language other than English?

Yes No

If yes – What language(s)? _____

State-Level Health Workforce Data Collection, Analysis, and Dissemination: An Introduction

Katie Gaul, Erin Fraher

Resource Brief, Feb. 2015

Background

With the transformation of the U.S. health care delivery system, states are more motivated to collect timely, objective, and comprehensive state-level health workforce data because policymakers and stakeholders lack the basic information needed to answer questions about the supply, demand, and distribution of health professionals. For example, states often ask¹:

- How many health professionals do we currently have and in what settings and places do they work?
- For what types of health professions and in what settings/places will demand for their services outpace supply?
- How many nurses do we currently have and how many diploma and associate degree nurses go on to pursue an advanced degree?
- Are we retaining the health professionals that we train in our state?
- Are health professionals serving in the geographic areas, specialties, and practice settings where they are needed most?
- How can we retool our education and regulatory systems to meet the needs of a rapidly changing health care system?

This brief addresses common challenges facing states that are interested in using health workforce data to inform state health workforce policy decisions. It is relevant to states that are just beginning to collect health workforce data, as well as states that have workforce data collection efforts underway but wish to go further in using them to support policy decisions.

¹ Fraher EP, Gaul K, Spero JC. Building State Nursing Workforce Data Systems: Three Briefs. Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services

Starting a Data System

Opportunities

While many health profession labor markets are local, most policy levers affecting the training and deployment of health professionals can be applied at the state level. Access to basic health workforce data is essential to plan for educational programs, shape regulatory policies, identify shortage areas, forecast employment needs, and justify funding requests. Data can also be used to evaluate the impact that policy decisions have on workforce. These can be applied in reforms that focus on state mental health or Medicaid reform, or changes in medical or dental school admissions policies. Proper information about a state's current health workforce is necessary to evaluate existing programs and to plan for future needs.

Challenges

Collecting, analyzing and disseminating health workforce data is a complex task and there are several challenges to consider.

1. *Motivational:* The need for more accurate, timely, and comprehensive workforce data may appear clear, but persuading policymakers, funders, and owners of data to invest in resources (time, staff, and funding) can be a daunting task. The challenge is how to bring the right stakeholders to the table and convince them that this is a crucial activity.
2. *Organizational:* Who will be responsible for collecting the data and where will the data be housed? The answers to these questions will

Research Website. http://www.shepscenter.unc.edu/workforce_product/nursing-data-system-briefs-inqri-2/. 2013. Accessed February 20, 2015.

affect the perceived objectivity of the data and analyses. Deciding where to house the data can also sometimes generate turf wars between agencies as stakeholders jockey for control of the data. Other important questions to consider are: will the collection of health workforce data be part of a legislative mandate?; how will you protect data confidentiality when it comes?; and who will be able to access the data, for what purposes, and at what cost?

3. *Analytical:* Once data has been collected, it is important to clean, analyze, and report the data in a way that is timely and useful to state policy makers. How current and accurate is it? Determining who is actively practicing in the state and where they are practicing is useful, but can be difficult depending on the quality of the data. Other useful analyses may include:



Age-sex breakdowns to help indicate whether the number of entering professionals is enough to replace those who are approaching retirement



Comparing the racial diversity of the workforce to the populations they serve



Summarizing training location to identify how many professionals were educated in the state or region



Mapping the distribution of health professionals to identify gaps in access to care

4. *Financial:* How will the development and continued operation of a state-level health workforce data system be funded?

Other Considerations

Maintain objectivity: To build trust with stakeholders, it is important to maintain objectivity on what are often contentious health

workforce policy debates. Set clear boundaries between the organizations(s) collecting and reporting the data and those that are using the data for advocacy purposes. To the extent possible, house the data system under a neutral party where it will be free from political, professional, and advocacy influences.

Don't reinvent the wheel: The National Center for Health Workforce Analysis (NCHWA) and key partners have developed Minimum Data Set (MDS) guidelines.² The MDS is a set of basic questions that states and organizations can build upon to collect the data they need about their health workforce. Additionally, the Health Workforce Technical Assistance Center³ (HWTAC) and the National Governors Association⁴ (NGA) have been assisting various states in their health workforce data collection efforts. The HWTAC and NGA are resources for best practices and put states and organizations in contact with other states that are developing or have developed their own data systems.

Determine what data to collect: Whether developing a new data system or expanding an existing system, decisions need to be made about the:

1. Number and types of health professions from whom to collect data;
2. Frequency of data collection; and
3. Amount of data to collect about the profession.

For example, since 1979, North Carolina has collected and reported licensure data annually on 19 different health professions. New York surveys health professionals at re-registration every 2 years for physicians and every 3 years for other professions. The National Sample Survey of Registered Nurses was administered and reported on every 4 years.

These decisions will affect your analyses, results, staffing, funding, ability to answer policy questions and, fundamentally, how to set up a data system.

² See <http://bhpr.hrsa.gov/healthworkforce/data/minimumdataset/index.html>

³ <http://www.HealthWorkforceTA.org>

⁴ <http://www.nga.org/cms/center/health>

Determine data collection method:

How you collect data depends on the partners, stakeholders, and funding. Most established data systems draw on one of the following mechanisms:

- **Licensure System:** Data are collected when health professionals apply for their initial license and when they renew. This is one of the most efficient and cost-effective methods to collect data. Some questions are mandatory, others are optional. The organizational structure of the licensing boards—whether they operate independently or are housed under the umbrella of state government—will present different opportunities and barriers to collecting and sharing data. *Examples: North Carolina, South Carolina, Virginia*
- **Surveys:** Data are collected through periodic surveys, either in conjunction with the licensure process or as a separate effort. This method requires more staff time and money, and response rates may vary, but this is a good option if licensure data are unavailable. *Examples: New York, Wisconsin*
- **Continuous Monitoring:** Data collection begins with a list of all licensees in one or more professions. From there, states track individuals through surveys, news clipping services and other methods to determine practice status, practice setting, and other characteristics. This method can be costly, especially for states with many health professionals, but it may provide more up-to-date information. *Examples: Iowa, Nebraska*

Other secondary data sources that can be used to enumerate the workforce in a specific state include the National Provider Identification (NPI) file, the American Medical Association (AMA) Physician Masterfile, the US Bureau of Labor Statistics, and the Census Bureau's

American Community Survey, among others. Additionally, all-payer claims databases can also be used to enumerate the health workforce in select states, but there are significant limitations. It is important to understand the primary sources, costs, and limitations of each data set.

Relationships Matter: Good working relationships and trust between stakeholder groups are crucial to the initial and continued success of a health workforce data system. Stakeholders are a data system's audience, champions, and funders. They help identify research and policy questions and provide financial support. They utilize, promote, and help contextualize the data, and can point out issues that need to be addressed.

Building and maintaining strong relationships requires strong leadership and communication. Third-party facilitation can help groups work together and overcome barriers to collaborating. Additionally, relationships can solidify through funding opportunities. For example, state health care workforce development planning and implementation grants awarded by the Health Resources and Services Administration (HRSA) in 2010⁵ required a link to the state's departments of commerce and/or labor. For many states, this was an opportunity to create new partnerships and expand their body of work.

Maintaining a Data System

Once a health workforce data system is in place, keeping it going requires continuous effort. Results must be produced, and documentation must be completed to support a case for continued funding.

Opportunities

Leverage results and relationships: States with existing data systems have data to show as fruits of their labor, and they have begun to form solid

⁵ Affordable Care Act: State Health Care Workforce Planning Grants. Health Resources and Services Administration Website. <https://grants3.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=70332C9>

[D-C405-4199-BFE2-78FBF3C52CD3 &txtAction=View+Details&submitAction=Go&ViewMode=EU](https://grants3.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?fCycleID=70332C9&txtAction=View+Details&submitAction=Go&ViewMode=EU). Accessed February 20, 2015.

relationships with stakeholders. It is valuable to leverage these tangible results and relationships when it comes time to secure additional and/or sustained funding.

Opportunities for expansion: States with established data systems covering a small number of health professions can expand their system to include additional professions or collect additional information on their professions. As health care professionals work in teams, it is advantageous to collect data on multiple health professions to depict a more complete picture of the workforce in a particular state.

Data sharing: States that have more well-developed data systems have been able to successfully navigate data sharing challenges and other obstacles. They may be able to share information about developing data use agreements, and about developing policies on filling data requests and providing analytic files for additional research purposes.

Challenges

Regardless of whether a data system has been recently established or has been in operation for decades, states still face a number of challenges maintaining and advancing their data systems.

Funding: Relatively fixed infrastructure costs are required to maintain a data system, in order to continue collecting and cleaning data. Variable analysis costs are also needed in order to compile the data and disseminate them in a meaningful way. Expanding a data system to answer more complex questions and develop more useful tools requires additional resources.

There is often a lack of funding for the collection and analysis of data to inform policy. Foundations are often geared to fund initiatives that show more tangible results. Stakeholders who require data may be persuaded to fund the analysis costs to meet their specific needs, but they frequently are not willing or able to fund the fixed infrastructure costs.

Developing research and policy agendas: Developing a research agenda requires a deeper understanding of health workforce issues and health policy. Developing a policy agenda is a fine line to walk; those that are perceived to have crossed the line to advocacy can lose the trust of their stakeholders and can lose their funding as well. Sometimes it may be better for outside entities to drive policy, while states provide the data upon which they can make recommendations.

Capacity and priorities: Once planners and policy makers learn that health workforce data are available for analysis, requests may come pouring in. It can be difficult to prioritize or refuse requests, particularly if they are coming from the state legislature, current funders, or potential future funders. One option to manage incoming requests is to establish a fee structure and develop consistent protocols for filling data requests.

Conclusions

Collecting, analyzing, and disseminating health workforce data is a valuable service to states and to other stakeholders. Policy decisions can be made based on valid data rather than anecdotal evidence.

Regardless of whether a state is struggling to develop a data system or has one already established, there are both opportunities and challenges.

The Health Workforce Technical Assistance Center (HWTAC) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U81HP26492, a Cooperative Agreement for a Regional Center for Health Workforce Studies, in the amount of \$1,820,048. This content and conclusions are those of HWTAC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Appendix I: Technical Notes on Methods

This report is based on registration data obtained on selected licensed health professional categories within North Carolina between November 1, 2013 and October 31, 2014.

Data on the licensed health professionals profiled in this report were collected from both initial and renewal licensure forms by their respective licensing boards. All boards supplied computerized copies of their files containing all necessary data to the Cecil G. Sheps Center for Health Services Research. All data files were run through a series of editing programs and procedures to check for inconsistencies.

Data were updated on a regular basis at each board with new licensees as well as changes in address. Physician data were checked and corrected for residency status using data supplied by hospitals with postgraduate medical education programs. Physicians are the only profession assigned to county location based on ZIP code information.

Counties for which teen pregnancy rates appear as an asterisk indicate that those data were suppressed by the North Carolina State Center for Health Statistics as rates based on fewer than 20 cases are considered unstable and were therefore not reported.

Population percentages appearing in the county and region pages may not add up to 100% due to rounding.

Appendix II: Definition of Terms

Health Professions Related

- 1) ActiveLicensed individuals who are currently practicing in their respective field.
- 2) InactiveLicensed individuals who are retired, employed in another field or otherwise not practicing in their respective field.
- 3) Unknown Activity StatusLicensed individuals for whom practice status is not reported. Experience has shown that these usually are persons just entering their field. They are therefore considered active.
- 4) In-StateLicensed individuals who practice in North Carolina if they are active or who reside in North Carolina if they are inactive. If business county is missing for active individuals, mailing county is used.
- 5) Out-of-StateLicensed individuals who practice outside of North Carolina if they are active or who reside outside of North Carolina if they are inactive. If business county is missing for active individuals, mailing county is used.
- 6) PhysiciansDoctors of medicine and doctors of osteopathy licensed with the N.C. Medical Board.
- 7) Federal physician.....Physician whose primary employer is the federal government and whose principal setting of primary practice is a health facility on a military installation, in a V.A. hospital, in the Public Health Service, in the Indian Health Service, or in another federal health facility. Federally-funded primary health care clinics serving the private sector are not considered a federal facility. Federal physicians are not required to be licensed by the N.C. Medical Board. Counts include only those federal physicians who hold active licenses from the North Carolina Medical Board.
- 8) Resident physician¹⁸A physician who is presently enrolled in a postgraduate medical education training program at Duke University Medical Center, University of North Carolina at Chapel Hill–UNC Hospitals, East Carolina University–Pitt County Memorial Hospital, Wake Forest University Baptist Medical Center, Greensboro AHEC–Moses Cone Hospital, Charlotte AHEC–Carolinas Medical

¹⁸ Definition of the North Carolina Medical Board.

Center, South East AHEC¹⁹–New Hanover Regional Medical Center, Mountain AHEC in Asheville, Southern Regional AHEC in Fayetteville, and Cabarrus Memorial Hospital.

*Demographics*²⁰

- 102 BIRTHS: Resident live births. Live births occurring to residents of the area during the calendar year. Data downloaded from the LINC Data System; see <http://www.linc.state.nc.us/>. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics
- 103 DEATHS: Resident deaths. Deaths occurring to residents of the area during the calendar year. Data downloaded from the LINC Data System; see <http://www.linc.state.nc.us>. Source: Department of Health and Human Services, North Carolina Public Health, State Center for Health Statistics.
- 104 LABORFORCE: Labor Force by Place of Residence. Estimates represent the sum of the average annual employed (variable 105) and unemployed (variable 106) persons by place of residence. "Place of residence" estimates were developed with data secured from establishments (i.e., place of work employment) and adjusted to remove the effects of commuting and multiple jobholding. The data through 1983 are based on the 1970 census commuting patterns through a residency adjustment. Beginning in 1984, the adjustments are based on the 1980 census commuting patterns. This variable is an annual average of monthly data for the calendar year. County level data are revised both one and two years after the reference year ends. The data are presented in unrounded form from 1986 forward to permit aggregation of county data (e.g., to the MSA or regional level), while the data for earlier years are rounded to the nearest ten, as they are in publications from the Labor Market Information Division. State level data are rounded to the nearest 100, both on LINC and in publications, and are periodically revised independent of the county revisions so that they differ significantly from the sum of counties. See also variable 201, MONTHLYLF, the monthly equivalent. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major revision in the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see <http://www.linc.state.nc.us>. Data for 1999 downloaded from: <http://www.ncesc.com>. Source: Department of Commerce.
- 105 EMPLOYED: Employment by Place of Residence. All persons who worked for pay or profit, or worked without pay for 15 hours or more per week in a family farm or business. Includes agricultural employment, nonagricultural wage and salary employment, unpaid family workers, and domestic workers in private households. "Place of residence" estimates were developed with data secured from establishments (i.e., place of work employment) and adjusted to remove the effects of commuting and multiple jobholding. This variable is an annual average of monthly data for the calendar year. County level data are revised both one and two years after the reference year ends. The data are presented in unrounded form from 1986 forward to permit aggregation of county data (e.g., to the MSA or regional level), while the data for earlier years are rounded to the nearest ten, as they are in publications from the Labor Market Information Division. State level data are rounded to the nearest 100, both on LINC and in publications, and are periodically revised independent of the county revisions so that they differ significantly from the sum of counties. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly

¹⁹ Formerly Coastal AHEC

²⁰ Variable numbers, names and definitions are from the Log Into North Carolina (LINC) Database, N.C. State Data Center.

- comparable to previous data due to a major redesign to the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see <http://www.linc.state.nc.us>. Source: Department of Commerce. Data for 1999 downloaded from: <http://www.ncesc.com>.
- 106 UNEMPLOYED: Unemployment by Place of Residence. This variable is an annual average of monthly data for the calendar year and is the estimated number of residents who did not work at all during the month but were able, available and looking for work. Includes all jobless persons looking for work, regardless of whether or not they qualify for unemployment insurance benefits. County level data are revised both one and two years after the reference year ends. The data are presented in unrounded form from 1986 forward to permit aggregation of county data (e.g., to the MSA or regional level), while the data for earlier years are rounded to the nearest ten, as they are in publications from the Labor Market Information Division. State level data are rounded to the nearest 100, both on LINC and in publications, and are periodically revised independent of the county revisions so that they differ significantly from the sum of counties. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major redesign to the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see <http://www.linc.state.nc.us>. Source: Department of Commerce. Data for 1999 downloaded from: <http://www.ncesc.com>.
- 107 UNEMPRATE: Unemployment Rate by Place of Residence. The average annual number of unemployed (variable 106) as a percentage of the average annual civilian labor force (variable 104). County level data are revised both one and two years after the reference year ends. State level may be revised at other times as well. Prior to 1986, the rate is based on unemployment and labor force figures which have been rounded to the nearest 10 (nearest 100 for the state), as is the case in publications from the Labor Market Information Division. The purpose of this rounding is to emphasize the fact that the numbers are estimates. Beginning with 1986, the numbers are unrounded, to permit aggregation to the MSA or regional level; the unemployment rate is based on these unrounded numbers, and hence may differ slightly in some cases from the published rates. This variable is derived from variables 104 and 106 by the formula $100 * V106 / V104$. 1990 to 1994 have been adjusted to the 1990 census. 1994 data are not strictly comparable to previous data due to a major redesign to the Current Population Survey. For more information, call the Employment Security Commission at (919) 733-2936. Data for all years except 1999 downloaded from the LINC Data System; see <http://www.linc.state.nc.us>. Source: Department of Commerce. Data for 1999 downloaded from: <http://www.ncesc.com>.
- 136 INFANTDEATHS: Infant deaths. An infant death is defined as death of a live born infant under one year of age. The infant death rate is defined as resident infant deaths per 1,000 resident live births for the calendar year, which can be computed as variable 136 divided by variable 102, multiplied by 1,000. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.
- 501 PREGNANCIES: Pregnancies for females, all ages. The total number of the following events during the calendar year to resident women of all ages: live births, fetal deaths of 20 or more weeks gestation and induced abortions. Stillbirths of less than 20 weeks gestation are not included in this count. The sum of the counties does not always equal data for the state since the state includes persons whose county of residence is unknown. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.
- NA PREGNANCY RATE: Pregnancy rates are created by dividing pregnancies by female population ages 15-44 and multiplying by 1,000. This yields pregnancy rate per 1,000 women of childbearing

- age. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.
- 502 PREGTEEN: Pregnancies for females 15-19. The total number of the following events during the calendar year to resident women ages 15-19: live births, fetal deaths of 20 or more weeks gestation and induced abortions. Stillbirths of less than 20 weeks gestation are not included in this count. The sum of the counties does not always equal data for the state since the state includes persons whose county of residence is unknown. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.
- NA TEEN PREGNANCY RATES (15-19): Pregnancy rates are created by dividing the number of teen pregnancies by female population ages 15-19 and multiplying by 1,000. This yields pregnancy rate per 1,000 women of this age group. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics.
- 512 HOSPDISCH: General Hospital Discharges. Discharges of residents of the county in all short stay, acute care general hospitals in the state during the federal fiscal year. Excluded are federal and state hospitals, with the exception of one state facility which is included, UNC Hospitals, in Orange County. Normal ("well") newborn babies are excluded. Counties which border other states reflect under-reporting of discharges since only discharges to residents of the county from hospitals in North Carolina are counted. Counties affected are mainly Alleghany, Camden, Caswell, Cherokee, Clay, Columbus, Currituck, Dare, Gates, Hertford, Pasquotank, and Perquimans. See HOSPBEDGEN for beds included in short-stay, acute care, and general hospitals. Source: Department of Insurance. Compiled by the Cecil G. Sheps Center for Health Services Research, derived from data from Truven Health Analytics (formerly Thomson Healthcare), Fiscal Year 2014.
- 513 LONGTERMCARE: Nursing facility beds. This count includes beds licensed as nursing facility beds, meaning those offering a level of care less than that offered in an acute care hospital, but providing licensed nursing coverage 24 hours a day, seven days a week. In addition to these beds, licensed long-term nursing care (extended nursing care) beds in non-federal, non-state general hospitals are included. Data for each county represent the sum of the beds in the facilities located in that county. Data for the state reflect the sum of licensed beds in the counties. Long-term nursing care beds in both nursing facilities and hospitals are licensed annually for the calendar year. Source: State Medical Facilities Plan, Department of Health and Human Services, Division of Health Service Regulation; see <http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>.
- 523 BIRTHLOWWT: Low-weight births under 2500 grams. Newborns weighing less than 2500 grams (5 pounds, 8 ounces) at birth, regardless of length of gestation, as reported on the birth certificate for the calendar year, to mothers who are residents. Low-weight births are at increased risk of infant death and illness. The term premature is used in a number of publications. Source: LINC Data System; see <http://www.linc.state.nc.us/>. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics
- 103 DEATHS: Resident deaths. Deaths occurring to residents of the area during the calendar year. Source: LINC Data System; see <http://www.linc.state.nc.us/>. Source: Department of Health and Human Services, North Carolina State Center for Health Statistics
- 524 HOSPBEDGEN: Beds in general hospitals. Defined as "beds in use" in hospitals, which are designated for short-stay use as licensed at the end of the third calendar quarter of the year. Included are beds for general medical or surgical use, beds that are for general psychiatric disorders, rehabilitation beds, eye-ear-nose-and-throat beds and pulmonary

- disease beds. Excluded are beds in all federal hospitals and state hospitals. Data for each county represent the sum of the beds in the general hospitals located in that county. Data for the state reflect the sum of beds in the counties. Source: State Medical Facilities Plan, Department of Health and Human Services, Division of Health Service Regulation; see <http://www.dhhs.state.nc.us/dhsr/ncsmfp/index.html>.
- 710 MEDICAID: Count of Medicaid eligibles. An eligible is defined as a person who receives a Medicaid ID card authorizing Medicaid coverage for any portion of the state fiscal year. An eligible is counted in each county of residence during the fiscal year. The sum of the counties does not equal the state total since eligibles are unduplicated with respect to the state for the fiscal year. Data downloaded from the LINC Data System; see <http://www.linc.state.nc.us>.
- 3001 PERSINC: Total personal income by place of residence (000s). The income received by, or on behalf of, all the residents of the area. Includes income received by persons from all sources - from participation in production, from transfer payments, from government and business, and from government interest (which is treated like a transfer payment). Personal income is the sum of wage and salary disbursements, other labor income, proprietors' income with inventory valuation and capital consumption adjustments, rental income of persons with capital consumption adjustment, personal dividend income, personal interest income, and transfer payments, less personal contributions for social insurance. For counting income, persons are defined as individuals, nonprofit institutions, private non-insured welfare funds, and private trust funds. The last three are referred to as "quasi-individuals." Proprietors' income is treated in its entirety as received by individuals. Life insurance carriers and private non-insured pension funds are not counted as persons, but their saving is credited to persons. Personal income is entirely different from money income, which is the measure of income used by Census and CPS. Source: Department of Commerce, Bureau of Economic Analysis. Data for 1996 through 1999 and 2003 editions downloaded from Bureau of Economic Analysis at <http://www.bea.doc.gov/>. Data for all other years downloaded from the LINC Data System; see <http://www.linc.state.nc.us>.
- 3004 BEAPOP: Population estimate by place of residence (BEA denominator). BEA uses the U.S. Census Bureau county population totals as of July 1. Population is measured at midyear, whereas income is measured as a flow over the year. The state population figure used by BEA will agree with the the U.S. Census Bureau county estimates but may not be the most current state level figure released by the Census Bureau. These population figures should be used only with BEA income figures to calculate per capita estimates. Source: Department of Commerce, Bureau of Economic Analysis. Data for 1996 through 1999 and 2003 editions downloaded from Bureau of Economic Analysis at <http://www.bea.doc.gov/>. Data for all other years downloaded from the LINC Data System; see <http://www.linc.state.nc.us>.
- 3005 PERCAPINC: Per Capita Income by Place of Residence (3005): The total personal income of residents of an area divided by the resident population of the area. See BEAPOP and PERSINC. Per capita personal income serves as an indicator of the quality of consumer markets and of the economic well-being of the residents of an area. It should be used with caution for several reasons: (1) An unusually high or low per capita income may be the temporary result of unusual conditions such as a bumper crop, a major construction project, or a catastrophe. In some cases, a high per capita income is not representative of the standard of living in an area. Conversely, a county with a large institutional population may show an unusually low per capita income. (2) Population is measured at mid-year, and income is measured as a flow over the year, so a significant change in population during the year could cause a distortion in the per capita figures. (3) Farm proprietors' income reflects return from current production; it does not measure current

cash flows. Sales out of inventories, though included in current gross farm income, are excluded from net farm income because they represent income from a previous year's production. Additions to inventories are included in net farm income at current market prices. (4) In counties that are characterized by small population and almost total dependence upon farming, the per capita income will react more sharply to the vagaries in weather, world market demand, and changing government policies related to agriculture than in counties where the sources of income are more diversified. (5) Substantial differences between BEA estimates of per capita income and Census Bureau estimates are due to differences in definition of income, collection mode, and method of computation. The BEA data are derived primarily from administrative records, while the census data are self reports of individuals. This variable is derived from variables 3001 and 3004 as $1000 * V3001 / V3004$. Data for 1996 through 1999 and 2003 editions downloaded from Bureau of Economic Analysis at <http://www.bea.doc.gov>. Data for all other years downloaded from the LINC Data System; see <http://www.linc.state.nc.us>. Source: Federal Agency Data: Bureau of Economic Analysis.

- 5001 POPULATION (Estimate). This is the census estimate from the State Demographer (April 1, 2010). See variables 401-424 for age/race/sex breakdown of the same data for counties (available through the "Population by age/race/sex" topic report option on the main menu). Data downloaded from http://www.osbm.state.nc.us/ncosbm/facts_and_figures/socioeconomic_data/population_estimate_s.shtm. Source: N.C. Office of State Budget and Management.

Location

1) *MSA²¹ "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan statistical areas. OMB has not defined an affirmative title for areas outside CBSAs. Source: U.S. Census Bureau and Office of Management and Budget, 2013.*

*Nonmetro in previous Data Book editions
 **Metro in previous Data Book editions

Metropolitan.....	Alamance	Alexander	Brunswick	Buncombe
	Burke	Cabarrus	Caldwell	Catawba
	Chatham	Craven*	Cumberland	Currituck
	Davidson*	Davie	Durham	Edgecombe
	Forsyth	Franklin	Gaston	Gates*
	Guilford	Haywood*	Henderson*	Hoke
	Iredell*	Johnston	Jones*	Lincoln*
	Madison	Mecklenburg	Nash	New Hanover
	Onslow	Orange	Pamlico*	Pender*
	Person*	Pitt	Randolph	Rockingham*
	Rowan*	Stokes	Union	Wake
	Wayne*	Yadkin		
Nonmetropolitan.....	Alleghany	Anson**	Ashe	Avery
	Beaufort	Bertie	Bladen	Camden
	Carteret	Caswell	Cherokee	Chowan
	Clay	Cleveland	Columbus	Dare
	Duplin	Graham	Granville	Greene**
	Halifax	Harnett	Hertford	Hyde
	Jackson	Lee	Lenoir	McDowell
	Macon	Martin	Mitchell	Montgomery
	Moore	Northampton	Pasquotank	Perquimans
	Polk	Richmond	Robeson	Rutherford
	Sampson	Scotland	Stanly	Surry
	Swain	Transylvania	Tyrrell	Vance
	Warren	Washington	Watauga	Wilkes
	Wilson	Yancey		

2) *HSA: Counties are assigned to a Health Service Area (HSA) in the following manner:*

HSA I.....	Alexander	Alleghany	Ashe	Avery
Western	Buncombe	Burke	Caldwell	Catawba
	Cherokee	Clay	Cleveland	Graham
	Haywood	Henderson	Jackson	McDowell
	Macon	Madison	Mitchell	Polk
	Rutherford	Swain	Transylvania	Watauga
	Wilkes	Yancey		

²¹ Prior to 1993 MSA locations were not included in NC HPDS Data Book publications.

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HSA II.....	Alamance	Caswell	Davidson	Davie
Piedmont	Forsyth	Guilford	Randolph	Rockingham
	Stokes	Surry	Yadkin	
HSA III	Cabarrus	Gaston	Iredell	Lincoln
So. Piedmont	Mecklenburg	Rowan	Stanly	Union
HSA IV	Chatham	Durham	Franklin	Granville
Capitol	Johnston	Lee	Orange	Person
	Vance	Wake	Warren	
HSA V	Anson	Bladen	Brunswick	Columbus
Cardinal	Cumberland	Harnett	Hoke	Montgomery
	Moore	New Hanover	Pender	Richmond
	Robeson	Sampson	Scotland	
HSA VI.....	Beaufort	Bertie	Camden	Carteret
Eastern	Chowan	Craven	Currituck	Dare
	Duplin	Edgecombe	Gates	Greene
	Halifax	Hertford	Hyde	Jones
	Lenoir	Martin	Nash	Northampton
	Onslow	Pamlico	Pasquotank	Perquimans
	Pitt	Tyrrell	Washington	Wayne
	Wilson			

3) *AHEC* *Counties are assigned to an Area Health Education Center (AHEC) region in the following manner:*

Greensboro (1).....	Alamance	Caswell	Chatham	Guilford
	Montgomery	Orange	Randolph	Rockingham
Mountain (2).....	Buncombe	Cherokee	Clay	Graham
	Haywood	Henderson	Jackson	McDowell
	Macon	Madison	Mitchell	Polk
	Rutherford	Swain	Transylvania	Yancey
Charlotte (3).....	Anson	Cabarrus	Cleveland	Gaston
	Lincoln	Mecklenburg	Stanly	Union
South East ²² (4)	Brunswick	Columbus	Duplin	New Hanover
	Pender			
Area L (5)	Edgecombe	Halifax	Nash	Northampton
	Wilson			

²² Formerly Coastal AHEC

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Wake (6)	Durham Lee Warren	Franklin Person	Granville Vance	Johnston Wake
Eastern (7)	Beaufort Chowan Gates Jones Pamlico Tyrrrell	Bertie Craven Greene Lenoir Pasquotank Washington	Camden Currituck Hertford Martin Perquimans Wayne	Carteret Dare Hyde Onslow Pitt
Northwest (9)	Alexander Burke Davie Stokes Yadkin	Alleghany Caldwell Forsyth Surry	Ashe Catawba Iredell Watauga	Avery Davidson Rowan Wilkes
Southern..... Regional (10)	Bladen Richmond	Cumberland Robeson	Harnett Sampson	Hoke Scotland Moore

4) DEHNR Counties are assigned to Department of Environment, Health and Natural Resources (DEHNR) regions in the following manner:

Region I	Avery Cherokee Henderson Mitchell Swain	Buncombe Clay Jackson McDowell Transylvania	Burke Graham Macon Polk Yancey	Caldwell Haywood Madison Rutherford
Region II	Alexander Gaston Rowan	Cabarrus Iredell Stanly	Catawba Lincoln Union	Cleveland Mecklenburg
Region III	Alamance Davie Randolph Watauga	Alleghany Davidson Rockingham Wilkes	Ashe Forsyth Stokes Yadkin	Caswell Guilford Surry
Region IV	Chatham Granville Nash Vance	Durham Halifax Northampton Wake	Edgecombe Johnston Orange Warren	Franklin Lee Person Wilson
Region V	Anson Harnett Robeson	Bladen Montgomery Sampson	Cumberland Moore Scotland	Hoke Richmond

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Region VI.....	Beaufort	Bertie	Camden	Chowan
	Craven	Currituck	Dare	Gates
	Greene	Hertford	Hyde	Jones
	Lenoir	Martin	Pamlico	Pasquotank
	Perquimans	Pitt	Tyrrell	Washington
	Wayne			

Region VII.....	Brunswick	Carteret	Columbus	Duplin
	New Hanover	Onslow	Pender	

5) PCR: *Counties are assigned to Perinatal Care Regions (PCR) in the following manner:*

Western	Buncombe	Cherokee	Clay	Graham
Region I	Haywood	Henderson	Jackson	McDowell
	Macon	Madison	Mitchell	Polk
	Rutherford	Swain	Transylvania	Yancey

Northwestern	Alexander	Alleghany	Ashe	Avery
Region II	Burke	Caldwell	Catawba	Davidson
	Davie	Forsyth	Guilford	Iredell
	Rowan	Randolph	Rockingham	Stokes
	Surry	Watauga	Wilkes	Yadkin

Southwestern.....	Anson	Cabarrus	Cleveland	Gaston
Region III	Lincoln	Mecklenburg	Stanly	Union

Northeastern.....	Alamance	Caswell	Chatham	Durham
Region IV	Franklin	Granville	Johnston	Lee
	Orange	Person	Vance	Wake
	Warren			

Southeastern.....	Bladen	Brunswick	Columbus	Cumberland
Region V	Harnett	Hoke	Montgomery	Moore
	New Hanover	Pender	Richmond	Robeson
	Sampson	Scotland		

Eastern.....	Beaufort	Bertie	Camden	Carteret
Region VI	Chowan	Craven	Currituck	Dare
	Duplin	Edgecombe	Gates	Greene
	Halifax	Hertford	Hyde	Jones
	Lenoir	Martin	Nash	Northampton
	Onslow	Pamlico	Pasquotank	Perquimans
	Pitt	Tyrrell	Washington	Wayne
	Wilson			

Appendix III: Procedures for Requesting Additional Information

Procedures for Requesting Additional Information

This appendix describes the health professions information available through the North Carolina Health Professions Data System at the Cecil G. Sheps Center for Health Services Research and the necessary procedures for obtaining data.

The Sheps Center maintains health professions data files through a cooperative effort with each licensing board for the following categories of health professionals licensed in North Carolina:

- Certified Nurse Midwives
- Chiropractors
- Dental Hygienists
- Dentists
- Nurses (RNs and LPNs)
- Nurse Practitioners
- Occupational Therapists
- Occupational Therapy Assistants
- Optometrists
- Pharmacists
- Physical Therapists
- Physical Therapist Assistants
- Physicians, includes MDs and DOs licensed by the North Carolina Medical Board
- Physicians in Residency Training
- Physician Assistants
- Podiatrists
- Practicing Psychologists
- Psychological Associates
- Respiratory Therapists

Although the Sheps Center does have files for each year since 1975²³, the data prior to 1979 are relatively inaccurate, and therefore their use is discouraged.

Health professionals provide the data to the respective licensing boards at the time of initial license or renewal. The data are tabulated by the Sheps Center, but at all times remain the property of the boards. The data are confidential because they include detailed information on the individuals licensed. Therefore, any requests for names, addresses, or other information that would lead to identification of any individuals cannot be honored without the prior written approval of the appropriate licensing board.

Data are provided in several formats: electronic mailing lists, cross-tabulations, frequencies and graphic representations. A two-week interval is normally required to process data requests, with a minimum charge dependent upon the type of output. Please visit the Health Professions Data System web site at <http://www.shepscenter.unc.edu/hp> for more information.

When board approval is necessary, the following steps should be taken:

1. Contact the Sheps Center's NC Health Profession Data System by phone (919) 966-9985, email (nchp@unc.edu) or letter to discuss the details or your request. Direct verbal or written approval from the executive officer of the appropriate board is required before any data can be released by the Sheps Center.
2. A written request should be sent to the executive officer of the appropriate board (see list on following pages) explaining the need for the data in question, variables and years of data requested, and the preferred format of the data. If the data are for an announcement or a survey, a copy of the brochure or questionnaire to be sent is usually helpful. The letter should request that approval be granted to the Sheps Center to provide the data. If board approval is required, Sheps staff require a copy of approval in before data requests are filled.

Board approval is normally not required if the data requested do not identify individuals. For requests of this type only a letter, email or telephone call to the Sheps Center is required. A phone call is helpful to ensure that your request is clear.

If data are required immediately, the request should indicate the urgency. An urgent request will be processed as soon as it can be scheduled into the workload, and an additional charge will be assessed. However, no assurance can be given as to delivery date earlier than two weeks after the request has been received. If board approval is required, the two week period begins after the Sheps Center receives a copy of the approval letter. Whenever possible, a two-week interval should be anticipated for the processing of routine requests; a longer period will be required if extensive programming is needed.

²³ Certified nurse midwife data are available starting from 1985; respiratory therapist data are available starting from 2004. Occupational therapist and occupational therapy assistant data are available starting from 2006.

Addresses of Health Professions Licensing Boards

N.C. Board of Chiropractic Examiners
 174 Church Street
 Concord, NC 28025-4759
 Ms. Megan Langley, Interim
 (704) 793-1342
 FAX (704) 793-1385
 Email: megan@ncchiroboard.com
www.ncchiroboard.com

N.C. Midwifery Joint Committee
 PO Box 2129
 Raleigh, NC 27602-2129
 Ms. Elizabeth Korb
 (919) 782-3211
 FAX (919) 781-9461
 Email: email@ncbon.com
www.ncbon.com

N.C. State Board of Dental Examiners
 2000 Perimeter Park Dr., Suite 160
 Morrisville, NC 27560
 Mr. Bobby D. White, Chief Operations Officer
 (919) 678-8223
 FAX (919) 678-8472
 Email: info@ncdentalboard.org
www.ncdentalboard.org

N.C. Board of Pharmacy
 PO Box 4560
 Chapel Hill, NC 27515-4560
 Mr. Jay Campbell, Executive Director
 (919) 246-1050
 FAX: (919) 246-1056
www.ncbop.org

N.C. Medical Board
 PO Box 20007
 Raleigh, NC 27619-0007
 Mr. R. David Henderson, Executive Director
 (919) 326-1100, (919) 326-1109, or
 1-800-253-9653 (in-state)
 FAX: (919) 326-0036
 Email: info@ncmedboard.org
www.ncmedboard.org

N.C. Board of Nursing
 PO Box 2129
 Raleigh, NC 27602-2129
 Ms. Julie George, Executive Director
 (919) 782-3211
 FAX: (919) 781-9461
 Email: email@ncbon.com
www.ncbon.com

N.C. Board of Occupational Therapy
 PO Box 2280
 Raleigh, NC 27602-2280
 Ms. Elizabeth Kirk, Administrator
 (919) 832-1380
 FAX: (919) 833-1059
 Email: administrator@ncbot.org
www.ncbot.org

N.C. State Board of Optometry
 109 North Graham Street
 Wallace, NC 28466-2713
 Dr. John Robinson, Executive Director
 (910) 285-3160 or 1-800-426-4457 (in-state)
 FAX: (910) 285-4546
 Email: info@ncoptometry.org
www.ncoptometry.org

N.C. Board of Physical Therapy Examiners
 18 West Colony Place, Suite 140
 Durham, NC 27705-5582
 Mr. Ben F. Massey, Jr., PT, Executive Director
 (919) 490-6393 or 1-800-800-8982 (in-state)
 FAX: (919) 490-5106
 Email: ncptboard@mindspring.com
www.ncptboard.org

N.C. Board of Podiatry Examiners
 1500 Sunday Drive, Suite 102
 Raleigh, NC 27607-5151
 Ms. Penney De Pas, Executive Secretary
 (919) 861-5583
 FAX (919) 787-4916
 Email: info@ncbpe.org
www.ncbpe.org

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N.C. Psychology Board
895 State Farm Road, Suite 101
Boone, NC 28607-4995
Mr. Daniel P. Collins, Executive Director
(828) 262-2258
FAX: (828) 265-8611
Email: ncpsybd@charter.net
www.ncpsychologyboard.org

North Carolina Respiratory Care Board
125 Edinburgh South Drive, Suite 100
Cary, NC 27511
Dr. William Croft, Executive Director
(919) 878-5595
FAX (919) 878-5565
Email: bcroft@ncrcb.org
www.ncrcb.org

Data Listing for Each Profession

The following pages list the data available for each profession. The professions are sorted in alphabetical order. When data are not available for all years, the years for which data are available will be indicated in parentheses.

2014 N.C. Health Professions Data Book

Data Available for Chiropractors, 1979-2014*

-
- | | |
|--|---|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i> (month and year)</p> <p>3. <i>Name</i>
 first
 middle initial
 last</p> <p>4. <i>Mailing address</i> (1984-2013)
 office name (if business address)
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>5. <i>Office address (if different from mailing address)</i>
 (1984-1999)
 office name
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>6. <i>Home address</i> (1979-1983)
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>7. <i>Business address</i> (1979-1983)
 business name
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>8. <i>Preferred mailing address</i> (1979-1983)
 1 = home
 2 = business
 • = unknown</p> <p>9. <i>Location codes (based on mailing address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i>
 county
 state
 1 = in state
 2 = out of state
 -9 = state unknown
 AHEC
 HSA</p> | <p>10. <i>Birth year</i></p> <p>11. <i>Gender</i>
 1 = male
 2 = female
 • = unknown</p> <p>12. <i>Race</i>
 1 = White
 2 = Black
 3 = American Indian
 4 = Asian
 5 = Other
 6 = Hispanic
 • = Unknown</p> <p>13. <i>Spanish origin</i> (1979-1983)
 1 = yes
 2 = no
 • = unknown</p> <p>14. <i>Basic professional education-state</i></p> <p>15. <i>Basic professional education-school</i></p> <p>16. <i>Basic professional education-year</i></p> <p>17. <i>Activity status</i>
 1 = active
 2 = inactive
 • = unknown</p> <p>18. <i>Reason inactive</i> (1982-2014)
 1 = working in other field
 2 = retired
 3 = homemaker
 4 = in professional training
 5 = other
 • = unknown</p> <p><i>Reason inactive</i> (1979-1981)
 1 = other work - wants work in profession
 2 = other work - doesn't want work in profession
 3 = not working - wants work in profession
 4 = doesn't want work -retired
 5 = doesn't want work - homemaker
 6 = doesn't want work - training
 7 = doesn't want work - other reason
 • = reason unknown</p> <p>19. <i>Primary specialty</i>
 1 = neurology
 2 = orthopedics
 3 = roentgenology
 4 = other specialty
 0 = none
 • = unknown</p> <p>20. <i>Secondary specialty</i> (1979-1981, 1984-2014)</p> <p>21. <i>Tertiary specialty</i> (1979-1981)</p> |
|--|---|

22. *Form of employment* (1982-2014)

- 1 = solo – self employed
- 2 = non-solo – self employed
- 3 = individual practitioner
- 4 = partnership or group
- 5 = local government
- 6 = county government
- 7 = state government
- 8 = Federal government
- 9 = other
- = unknown

Form of employment (1979-1981)

- Self employed:
 - 11 = solo
 - 12 = partnership or group
- Non-governmental employer:
 - 21 = individual practice
 - 22 = retail or wholesale trade
 - 23 = partnership or group
 - 24 = group health plan facility
 - 25 = other
- Governmental employer:
 - 31 = local
 - 32 = county
 - 33 = state
 - 34 = federal-civilian
 - 35 = federal-military
- Miscellaneous:
 - 41 = unpaid worker
 - 44 = other
 - = unknown

23. *Employment setting* (1982-2014)

- Nonfederal:
 - 11 = hospital
 - 12 = nursing home
 - 13 = free-standing clinic
 - 14 = group pre-paid health facility
 - 15 = practitioner's office
 - 16 = other
- Federal:
 - 21 = military
 - 22 = V.A., public health, Indian health
 - 23 = other
- Miscellaneous:
 - 30 = school, college, university or other educational institution
 - 71 = other type of setting
 - = unknown

Employment setting (1979-1981)

- Nonfederal:
 - 11 = hospital
 - 12 = nursing home
 - 13 = clinic
 - 14 = group health facility
 - 15 = practitioner's office
 - 16 = other
- Federal:
 - 21 = military
 - 22 = other

Schools:

- 31 = medicine, dentistry
- 32 = nursing
- 33 = other health profession
- 34 = school, handicapped
- 35 = school, elementary or secondary
- 36 = other

Miscellaneous:

- 41 = patient's home
- 42 = medical research facility
- 43 = professional or allied health association
- 44 = administrative health agency

Business establishments:

- 51 = manufacturing or industrial
- 52 = retail, wholesale, or other business

Other settings:

- 71 = other
- = unknown

- 24. *Total hours practiced per average week*
- 25. *Percent time in patient care*
- 26. *Hours per week in retailing* (1979-1981)
- 27. *Hours per week in teaching* (1979-1981)
- 28. *Hours per week in research* (1979-1981)
- 29. *Hours per week in administration* (1979-1981)
- 30. *Hours per week in other activity* (1979-1981)
- 31. *Number of weeks worked past 12 months* (1979-1981)

<p>* If a variable is not available for all years, it will be noted in parentheses.</p>

2013 N.C. Health Professions Data Book

Data Available for Certified Nurse Midwives, 1985-2013*

-
- | | |
|---|--|
| <p>1. <i>Approval number</i></p> <p>2. <i>Year of Approval</i></p> <p>3. <i>Primary Worksite</i>
 site name
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>4. <i>Secondary Worksite</i>
 site name
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>5. <i>Home ZIP</i></p> <p>6. <i>Basic professional education-school</i></p> <p>7. <i>Basic professional education-year</i></p> <p>8. <i>Location codes (based on primary worksite)</i>
 county
 state
 1 = in-state
 2 = out of state
 -9 = state unknown
 AHEC
 HAS</p> <p>9. <i>Primary Employment Setting (2014)</i>
 hospital
 ambulatory care setting
 public health
 academic setting
 other
 community health</p> <p>10. <i>Type of Practice Setting: County Health Department (2011-2013)</i></p> <p>11. <i>Type of Practice Setting: Hospital – In-patient (2011-2013)</i></p> <p>12. <i>Type of Practice Setting: Hospital – Out-patient (2011-2013)</i></p> <p>13. <i>Type of Practice Setting: Free-Standing Birthing Center (2011-2013)</i></p> <p>14. <i>Type of Practice Setting: Publicly-funded Clinic (non-Health Department) (2011-2013)</i></p> | <p>16. <i>Type of Practice Setting: Physician or Group Medical Practice (2011-2013)</i></p> <p>17. <i>Type of Practice Setting: Medical/Nursing School (2013)</i></p> <p>18. <i>Type of Practice Setting: HMO (2011-2013)</i></p> <p>19. <i>Highest degree (2014)</i>
 doctoral
 master’s degree
 baccalaureate degree
 associate degree
 diploma
 vocational/practical certificate</p> <p><i>Highest degree (2011-2013)</i>
 diploma
 associates (ADN)
 bachelor’s degree (BS)
 bachelor’s degree (BSN)
 master’s degree (MS)
 master’s degree (MSN)
 master’s degree (MPH)
 Ed.D
 doctorate (Ph.D.)
 doctorate (DrPH)
 other</p> <p>20. <i>Percentage of time spent in primary care (2011-2013)</i></p> <p>21. <i>Type of primary care (2011-2013)</i>
 prenatal care and postpartum care
 intrapartum care
 well woman gynecology/family-planning/treatment of common medical disorders
 newborn care</p> <p>22. <i>Percentage of time spent in specialized care (2011-2013)</i></p> <p>23. <i>Type of specialized care (2011-2013)</i>
 infertility
 oncology
 other</p> <p>24. <i>Supervising physician license number (2011-2013)</i></p> <p>25. <i>Supervising physician specialty (2011-2013)</i>
 OB/GYN
 family medicine with OB</p> |
|---|--|

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Data Available for Dental Hygienists, 1979-1984, 1986-2014*

1. *License/certification number*
2. *Licensing date*
3. *Name*
first, middle initial, last
4. *Home address*
street
city
state
ZIP code
county
AHEC
HSA
5. *Business address*
business name
street
city
state
ZIP code
county
AHEC
HSA
6. *Preferred mailing address (1979-2000)*
1 = home
2 = business
• = unknown
7. *Location codes (based on home address if individual is inactive or if business is unknown; otherwise based on business address)*
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA
8. *Birth year*
9. *Gender*
1 = male
2 = female
• = unknown
10. *Race (1994-2014)*
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Other
6 = Hispanic
• = Unknown

Race (1979-1984; 1986-1993)
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Other
• = Unknown
11. *Spanish Origin (1979-1982)*
1 = yes
2 = no
• = unknown
12. *Marital status (1979-1981)*
1 = never married
2 = married
3 = separated/divorced
4 = widowed
• = unknown
13. *State of residence before training (1979-1981)*
14. *Basic professional education - school*
15. *Basic professional education - state*
16. *Basic professional education - year*
17. *Basic professional education*
1 = less than high school
2 = high school or equivalent
3 = nursing school, diploma
4 = associate degree
5 = baccalaureate degree
6 = master's degree
7 = doctorate
- Type of Advanced Training (1979-1981)*
(may have more than one type)
18. *Advanced training in dental hygiene*
19. *Advanced training - preceptor trained*
20. *Advanced training - certificate or diploma*
21. *Advanced training - associate degree*
22. *Advanced training - bachelor's degree*
23. *Advanced training - master's degree*
24. *Advanced training - other degree*
25. *Degree in other field (1979-1981)*
1 = yes
2 = no
• = unknown
26. *Highest degree, other field (1979-1981)*
1 = diploma
2 = associate
3 = bachelor's degree
4 = master's degree
5 = doctorate
6 = other
• = unknown
8 = not applicable
27. *Activity status*
1 = active
2 = inactive
• = unknown

28. *Reason inactive* (1982-1984; 1986-2014)
 1 = working in other field
 2 = retired
 3 = homemaker
 4 = in professional training
 5 = other
 • = unknown
- Reason inactive* (1979-1981)
 1 = other - wants work in profession
 2 = other work - doesn't want work in prof.
 3 = not working - wants work in profession
 4 = doesn't want work - retired
 5 = doesn't want work - homemaker
 6 = doesn't want work - training
 7 = doesn't want work - other reason
 • = reason unknown
29. *Form of employment* (2003-2014)
 3 = individual practitioner
 4 = partnership or group
 5 = local government
 6 = county government
 7 = State government
 8 = Federal government
 9 = other
 • = unknown
- Form of employment* (1982-1984; 1986-2002)
 1 = solo – self employed
 2 = non-solo – self employed
 3 = individual practitioner
 4 = partnership or group
 5 = local government
 6 = county government
 7 = State government
 8 = Federal government
 9 = other
 • = unknown
- Form of employment* (1979-1981)
 1 = dentist(s) - private
 2 = state government
 3 = federal government
 4 = local government
 5 = private industry
 6 = other
 • = unknown
30. *Employment setting* (1982-1984; 1986-2014)
 Nonfederal:
 11 = hospital
 12 = nursing home
 13 = free-standing clinic
 14 = group pre-paid health facility
 15 = practitioner's office
 16 = other
 Federal:
 21 = military
 22 = V.A., public health, Indian health
 23 = other
 Miscellaneous:
 30 = school, college, university or other educational institution
 71 = other type of setting
 • = unknown
- Employment setting* (1979-1981)
 1 = private dental office
 2 = dental or dental auxiliary program
 3 = elementary or secondary school
 4 = clinic
 5 = instruction
 6 = other
 • = unknown
31. *Number of practice locations* (1979-1981)
 32. *Dental employers - total number* (1979-1981)
 33. *Dental employers - number general practitioners* (1979-1981)
 34. *Dental employers - number pedodontists* (1979-1981)
 35. *Dental employers - number periodontists* (1979-1981)
 36. *Dental employers - number other specialists* (1979-1981)
 37. *Currently providing patient care* (1979-1981)
 1 = yes
 2 = no
 • = unknown
38. *Total hours per week* (1979-1984; 1986-2014)
 39. *Hours per week - prophylaxis* (1979-1981)
 40. *Hours per week - oral hygiene* (1979-1981)
 41. *Hours per week-oral health instruction* (1979-1981)
 42. *Hours per week-other patient services* (1979-1981)
 43. *Hours per week - administration* (1979-1981)
 44. *Hours per week - teaching dental or dental auxiliary students* (1979-1981)
 45. *Number of weeks worked last 12 months* (1979-1981)
 46. *Percent time in patient care* (1982-1984; 1986-2014)

*** If a variable is not available for all years, it will be noted in parentheses. There are no data available for 1985.**

2014 N.C. Health Professions Data Book

Data Available for Dentists, 1979-1984, 1986-2014*

-
- | | |
|--|---|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i></p> <p>3. <i>Name</i>
 first
 middle initial
 last</p> <p>4. <i>Home address</i>
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>5. <i>Business address</i>
 business name
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> <p>6. <i>Preferred mailing address (1979-2000)</i>
 1 = home
 2 = business
 • = unknown</p> <p>7. <i>Primary location codes (based on home address if individual is inactive or if the primary business address is unknown; otherwise based on primary business address)</i>
 county
 state
 1 = in state
 2 = out of state
 -9 = state unknown
 AHEC
 HSA</p> <p>8. <i>Secondary practice</i>
 1 = yes
 2 = no
 • = unknown</p> <p>9. <i>Secondary location codes (based on address of secondary business if one exists)</i>
 city
 county</p> <p>10. <i>Percent time at primary location (1979-1984)</i></p> <p>11. <i>Percent time at secondary location (1979-1984)</i></p> <p>12. <i>Birth year</i></p> | <p>13. <i>Gender</i>
 1 = male
 2 = female
 • = unknown</p> <p>14. <i>Race (1994-2014)</i>
 1 = White
 2 = Black
 3 = American Indian
 4 = Asian
 5 = Other
 6 = Hispanic
 • = unknown</p> <p> <i>Race (1979-1984, 1986-1993)</i>
 1 = White
 2 = Black
 3 = American Indian
 4 = Asian
 5 = Other
 • = unknown</p> <p>15. <i>Spanish Origin (1979-1982)</i>
 1 = yes
 2 = no
 • = unknown</p> <p>16. <i>State or country of residence before training (1979-1981)</i></p> <p>17. <i>Basic professional education - school</i></p> <p>18. <i>Basic professional education - state</i></p> <p>19. <i>Basic professional education - year</i></p> <p>20. <i>Advanced training (1979-1981)</i>
 1 = yes
 2 = no
 • = unknown</p> <p> <i>Type of Advanced Training (1979-1981)</i>
 <i>(may have more than one type)</i></p> <p> 21. <i>Advanced training in general practice residency/internship</i></p> <p> 22. <i>Specialty training - certificate</i></p> <p> 23. <i>Specialty training - master's degree</i></p> <p> 24. <i>Other - dental</i></p> <p> 25. <i>Master's degree, non-dental</i></p> <p> 26. <i>Doctorate, non-dental</i></p> <p> 27. <i>Other, non-dental</i></p> <p>28. <i>Activity status</i>
 1 = active
 2 = inactive
 • = unknown</p> |
|--|---|

29. *Reason inactive* (1982-1984; 1986-2014)
 1 = working in other field
 2 = retired
 3 = homemaker
 4 = in professional training
 5 = other
 • = unknown
30. *Reason inactive* (1979-1981)
 1 = other work - wants work in profession
 2 = other work - doesn't want work in prof.
 3 = not working - wants work in profession
 4 = doesn't want work - retired
 5 = doesn't want work - homemaker
 6 = doesn't want work - training
 7 = doesn't want work - their reason
 • = reason unknown
31. *Primary specialty*
 1 = general dentistry
 2 = endodontics
 3 = oral pathology
 4 = oral surgery
 5 = orthodontics
 6 = pedodontics
 7 = periodontics
 8 = prosthodontics
 9 = dental public health
 10 = oral/maxillofacial radiology
 0 = no specialty
 • = unknown
32. *Form of employment* (2003-2014)
 1 = self employed
 3 = individual practitioner
 4 = partnership or group
 5 = local government
 6 = county government
 7 = State government
 8 = Federal government
 9 = other
 • = unknown
- Form of employment* (1982-1984; 1986-2002)
 1 = solo - self employed
 2 = non-solo - self employed
 3 = individual practitioner
 4 = partnership or group
 5 = local government
 6 = county government
 7 = State government
 8 = Federal government
 9 = other
 • = unknown
- Form of employment* (1979-1981)
 Self-employed:
 1 = solo
 2 = partnership or group
 Non-governmental employer:
 3 = other dentists
 Governmental employer:
 4 = state government
 5 = federal government
 6 = other
 • = unknown
33. *Employment setting* (1982-1984; 1986-2014)
 Nonfederal:
 11 = hospital
 12 = nursing home
 13 = free-standing clinic
 14 = group pre-paid health facility
 15 = practitioner's office
 16 = other
 Federal:
 21 = military
 22 = V.A., public health, Indian health
 23 = other
 Miscellaneous:
 30 = school, college, university or other educational institution
 71 = other type of setting
 • = unknown
- Employment setting* (1979-1981)
 1 = private office
 2 = dental school
 3 = clinic
 4 = hospital
 5 = other institution
 6 = other
 • = unknown
34. *Total hours per week in dentistry*
35. *Percent time - patient care*
36. *Hours per week - administration* (1979-1981)
37. *Hours per week - research* (1979-1981)
38. *Hours per week - teaching* (1979-1981)
39. *Hours per week - other* (1979-1981)
40. *Weeks worked past 12 months* (1979-1981)
- Number of office staff* (1980-1981)
41. *Dental assistants*
42. *Dental hygienists*
43. *Lab technologists*
44. *Receptionists, secretaries*
45. *Other non-dentists*
46. *Total non-dentists*
- Number of office staff*
47. *Dentists* (1982-1984, 1986-2014)
48. *Non-dentists* (1982-1984, 1986-1989)
49. *Dental hygienists* (1990-2014)
50. *Dental assistants* (1990-2014)

*** If a variable is not available for all years, it will be noted in parentheses. There are no data available for 1985.**

2014 N.C. Health Professions Data Book

Data Available for Licensed Practical Nurses, 1979-2014*

<p>1. <i>License/certification number</i></p>	<p><i>Race (1979-1991)</i> 1 = White 2 = Black 3 = American Indian 4 = Asian 5 = Other • = Unknown</p>
<p>2. <i>Licensing date</i> month year</p>	<p>12. <i>Spanish origin (1979-2014)</i> 1 = yes 2 = no • = unknown</p>
<p>3. <i>License expiration date</i></p>	<p>13. <i>Marital status (1979-1981)</i> 1 = never married 2 = married 3 = separated/divorced 4 = widowed • = unknown</p>
<p>4. <i>Name</i> first middle initial last</p>	<p>14. <i>Graduate of practical or vocational nursing program (1979-1981)</i> 1 = yes 2 = no • = unknown</p>
<p>5. <i>Home address</i> state county AHEC HSA</p>	<p>15. <i>Basic professional education - school</i></p>
<p>6. <i>Business address</i> city state ZIP code county AHEC HSA</p>	<p>16. <i>Basic professional education - state</i></p>
<p>7. <i>Mailing address</i> street city state ZIP code</p>	<p>17. <i>Basic professional education - year</i></p>
<p>8. <i>Location codes (based on mailing address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i> county state 1 = in state 2 = out of state -9 = state unknown AHEC HSA</p>	<p>18. <i>Highest degree (2014)</i> doctoral master's degree baccalaureate degree associate degree diploma vocational/practical certificate</p>
<p>9. <i>Birth year</i></p>	<p><i>Highest education completed (2000-2013)</i> 1 = Diploma 2 = Associate degree 3 = Baccalaureate in nursing (BSN) 4 = Baccalaureate degree (other) 5 = Master's degree in nursing 6 = Master's degree (other) 7 = Doctorate in Nursing 8 = Doctorate (other) • = unknown</p>
<p>10. <i>Gender</i> 1 = male 2 = female • = unknown</p>	<p><i>Highest education completed (1992-1999)</i> 0 = High school graduate or equivalent 1 = LPN diploma 2 = Associate degree in nursing 3 = Associate degree (other) 4 = Baccalaureate degree in nursing 5 = Baccalaureate degree (other) • = unknown</p>
<p>11. <i>Race (2014)</i> 1 = Caucasian 2 = Black/African-American 3 = American Indian/Alaska Native 4 = Hispanic 5 = Asian 6 = Hawaiian/Pacific Islander 7 = Other • = Unknown</p>	<p><i>Highest education completed (1985-1991)</i> 1 = High school graduate or equivalent 2 = LPN diploma 3 = Associate degree in nursing 4 = Associate degree (other) 5 = Baccalaureate degree in nursing 6 = Baccalaureate degree (other) 7 = Less than high school 8 = Associate degree (type unknown) 9 = Baccalaureate degree (type unknown) • = unknown</p>
<p><i>Race (1992-2013)</i> 1 = White 2 = Black 3 = American Indian 4 = Hispanic 5 = Asian 6 = Other • = Unknown</p>	

- Highest education completed* (1979-1984)
- 1 = Less than high school
 - 2 = High school
 - 3 = Associate
 - 4 = Baccalaureate or higher
 - = unknown
19. *Education toward registered nursing degree* (1979-1981)
- 1 = none
 - 2 = some RN courses
 - 3 = working toward RN license
 - 4 = active RN license
 - = unknown
20. *State or country of active RN license* (1979-1981)
21. *Present employment status* (2014)
- A = Full-time in nursing
 - B = Nursing volunteer
 - C = Full-time employed, non-nursing
 - H = Retired
 - I = Part-time in nursing
 - J = Per diem in nursing
 - K = Part-time employed, not in nursing
 - L = Per diem employed, not in nursing
- Present employment status* (2001-2013)
- 1 = employed in nursing full-time
 - 2 = employed in nursing part-time
 - 3 = employed in other field full-time
 - 4 = employed in other field part-time
 - 5 = unemployed
 - 6 = retired
 - 7 = on disability
 - = unknown
- Present employment status* (1980-2000)
- 1 = employed in nursing full-time
 - 2 = employed in nursing part-time
 - 3 = employed in other field full-time
 - 4 = employed in other field part-time
 - 5 = unemployed
 - = unknown
- Present employment status* (1979 only)
- 1 = employed in nursing full-time
 - 2 = employed in nursing part-time
 - 3 = employed in other field full-time
 - 4 = employed in other field part-time
 - 5 = unemployed
 - 6 = employed in nursing, hours unknown
 - 7 = employed in other field, hours unknown
 - = unknown
22. *Inactive status* (1980-1981)
- 1 = wants work in profession
 - 2 = other work - doesn't want work in profession
 - 3 = not working - wants work in profession
 - 4 = not working - doesn't want work in profession
 - 5 = other
 - = unknown
23. *Primary Employment Setting* (2014)
- A = Hospital
 - B = Ambulatory Care Setting
 - C = Public Health
 - D = Occupational Health
 - E = Insurance Claims/Benefits
 - F = Nursing Home/ Extended Care/ Assisted Living Facility
- G = Home Health/ Hospice
H = Academic Setting
I = Correctional Facility
J = School Health Service
K = Other
L = Community Health
M = Policy Planning/ Regulatory Licensing Agency
- Setting* (1999-2013)
- 1 = hospital-in-patient
 - 2 = hospital-out-patient
 - 3 = long term care
 - 4 = solo/group medical practice
 - 5 = HMO/insurance company
 - 6 = home care/hospice
 - 7 = public clinic/ health department
 - 8 = mental health facility
 - 9 = student health site
 - 10 = industry/ manufacturing site
 - 11 = private duty
 - 12 = school of nursing
 - 13 = other
 - = unknown
- Setting* (1992-1998)
- 1 = hospital
 - 2 = nursing home
 - 3 = private duty
 - 4 = industrial/occupational health
 - 5 = physician/dentist office nurse
 - 6 = community
 - 7 = school
 - 8 = other
 - = unknown
- Setting* (1979-1991)
- 1 = hospital
 - 2 = nursing home
 - 3 = private duty
 - 4 = industrial/occupational health
 - 5 = physician/dentist office nurse
 - 6 = community/public health
 - 7 = other
 - = unknown
24. *Secondary Employment Setting* (2014)
25. *Avg. hours worked per week in nursing*
26. *Weeks worked last year* (1979-1981)
27. *Primary Employment Specialty* (2014)
- 1 = Acute Care/ Critical Care/ Emergency Care
 - 2 = Adult Health/ Family Health
 - 3 = Anesthesia
 - 4 = Community
 - 5 = Geriatric/ Gerontology
 - 6 = Home Health
 - 7 = Maternal Child Health
 - 8 = Medical Surgical
 - 9 = Occupational Health
 - 10 = Oncology
 - 11 = Palliative Care
 - 12 = Pediatrics/ Neonatal
 - 13 = Public health
 - 14 = Psychiatric/ Mental Health/ Substance Abuse
 - 15 = Rehabilitation
 - 16 = School Health
 - 17 = Trauma
 - 18 = Women's Health
 - 19 = Other

Major clinical practice area (2001-2013)

- 1 = public/community health
- 2 = general practice
- 3 = geriatrics
- 4 = ob/gyn
- 5 = med/surg
- 6 = pediatrics
- 7 = psychiatric
- 8 = AIDS
- 9 = cardiology
- 10 = critical care
- 11 = dermatology
- 12 = dialysis
- 13 = drug/alcohol
- 14 = EENT
- 15 = emergency care
- 16 = family health
- 17 = neonatal
- 18 = neurology
- 19 = occupational health
- 20 = oncology
- 21 = orthopedics
- 22 = peri-operative
- 23 = rehabilitation
- 24 = transplants
- 25 = urology
- 26 = other
- = unknown

28. *Secondary Employment Specialty (2014)*

*** If a variable is not available for all years, it will be noted in parentheses.**

2014 N.C. Health Professions Data Book

Data Available for Nurse Practitioners, 1979-2014*

(Prior to 2008 available data for Nurse Practitioners and Physician Assistants were combined)

1. *License/certification number*
2. *Issue date*
 month
 year
3. *Name*
 first
 middle initial
 last
4. *Home address (1979-1993)*
 county
 state
5. *Mailing address*
 address line 1
 address line 2
 city
 state
 ZIP code
 county
 AHEC
 HSA
6. *Business address*
 address line 1
 address line 2
 city
 state
 ZIP code
 county
 AHEC
 HSA
7. *Location codes (based on mailing address if the business address is unknown; otherwise based on the business address with most patient care hours)*
 county
 state
 1 = in state
 2 = out of state
 -9 = state unknown
 AHEC
 HSA
8. *Birth date (day, month, and year)*
9. *Gender (1994, 1999-2014)*
 1 = male
 2 = female
 • = unknown
10. *Race (2014)*
 1 = Asian
 2 = Black/ African-American
 3 = Caucasian
 4 = Hispanic
 5 = Native American
 6 = Other
Race (2008-2013)
 1 = White, not of Hispanic Origin
 2 = Black, not of Hispanic origin
 3 = American Indian/Alaskan Native
 4 = Hispanic
 5 = Asian/Pacific Islander
 6 = Other
- 7 = Multi-racial
- Race (1999-2007)*
 1 = White/Non-Hispanic
 2 = Black/Non-Hispanic
 3 = American Indian/Alaskan Native
 4 = Asian/Pacific Islander
 5 = Hispanic
 6 = Other
 • = unknown
- Race (1994)*
 1 = White
 2 = Black
 3 = American Indian
 4 = Asian
 5 = Other
 6 = Hispanic
 • = unknown
11. *Training program - school (1985-2014)*
12. *Training program - state (1995-2014)*
13. *Training program - year (1985-1993, 1995-2014)*
14. *Activity Status (1995-2014)*
 1 = active
 2 = inactive
 • = unknown
15. *Type of Completion (2008-2013)*
 C = Certificate Awarded
 A = Academic Degree Granted
16. *Profession code (1992-2007)*
 1 = physician assistant
 2 = nurse practitioner
17. *Physician Extender Type (2008-2014)*
 0 = nurse practitioner, type unknown
 2 = family nurse practitioner
 3 = pediatric nurse practitioner
 4 = family planning nurse
 5 = women's health
 6 = geriatric nurse
 8 = obstetrics/gyn nurse
 9 = adult nurse practitioner
 10 = acute care nurse practitioner
 11 = neonatal nurse practitioner
 12 = psychiatric mental health
 13 = occupational health nurse
 14 = physician med nurse
 15 = school nurse practitioner
 16 = special volunteer license
 17 = pediatric acute care nurse practitioner
 18 = multiple types
 • = unknown
- Physician Extender Type (2000-2007)*
 0 = nurse practitioner, type unknown
 2 = family nurse practitioner
 3 = pediatric nurse practitioner
 4 = family planning nurse
 5 = women's health
 6 = geriatric nurse
 8 = obstetrics/gyn nurse
 9 = adult nurse practitioner
 10 = acute care nurse practitioner
 11 = neonatal nurse practitioner
 12 = psychiatric mental health
 13 = occupational health nurse
 14 = physician med nurse

2014 N.C. Health Professions Data Book

Data Available for Nurse Practitioners, 1979-2014*

(Prior to 2008 available data for Nurse Practitioners and Physician Assistants were combined)

- 15 = school nurse practitioner
- 16 = special volunteer license
- = unknown

Physician Extender Type (1996-1999)

- 0 = nurse practitioner, type unknown
- 1 = physician assistant
- 2 = family nurse practitioner
- 3 = pediatric nurse practitioner
- 4 = family planning nurse
- 5 = women's health
- 6 = geriatric nurse
- 7 = emergency nurse practitioner
- 8 = obstetrics nurse
- 9 = adult nurse practitioner
- 10 = acute care nurse practitioner
- 11 = neonatal nurse practitioner
- 12 = psychiatric mental health
- = unknown

- 18. *Primary Specialty (1996-2007)* (see pages 220-222 for specialty listing)
- 19. *Secondary Specialty (1996-2007)* (see pages 220-222 for specialty listing)
- 20. *Supervising Physician License Number (1996-2008)*
- 21. *Backup Physician license number (1994-1995)*

22. *Profession code (1979-1991)*

- 1 = physician assistant
- 2 = family nurse practitioner
- 3 = pediatric nurse practitioner
- 4 = family planning nurse
- 5 = nurse midwife
- 6 = geriatric nurse
- 7 = emergency nurse practitioner
- 8 = ob/gyn nurse practitioner
- 9 = adult nurse practitioner
- 10 = nurse practitioner, type unknown
- = unknown

23. *Basic professional education - school (1979-1984)*

24. *Basic professional education - state (1979-1984)*

25. *Basic professional education - year (1979-1984)*

26. *Primary practice location*

- ZIP code (1997-2014)
- county (1997-2014)

27. *Practice Setting Codes (2008-2014)*

- 01 = Hospital In-patient (IP)
- 02 = Hospital Out-patient (OPD)
- 03 = Hospital Emergency (ED)
- 04 = Hospital - other than IP, ED, OPD
- 05 = Long Term Care
- 06 = Group Medical Practice/Physician Office Practice
- 07 = Group Nursing Practice
- 08 = HMO or insurance company
- 09 = Home Health Care
- 10 = Public/Community Health
- 11 = Mental Health
- 12 = School Health

- 13 = Nursing School
- 14 = Medical School
- 15 = Self Employed as Nurse Practitioner
- 16 = Industry/Occupational setting
- 17 = Retail Clinic
- 18 = Other

Primary location facility type (1998-2007)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/extended care facility
- 11 = telemedicine
- 12 = other
- = unknown

Primary location facility type (1997)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/extended care facility
- 11 = other

28. *Primary location hours per week-clinical care - excluding on-call hours (1997-2007)*

29. *Primary location clinical care hours per week-primary care (1997-2007)*

30. *Primary location number of week-day nights and weekend days on call (1997-2007)*

31. *Secondary practice location*

- ZIP code (1992-2007)
- county (1992-2007)

32. *Secondary location facility type (1998-2007)*

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/extended care facility
- 11 = telemedicine
- 12 = other
- = unknown

Secondary location facility type (1997)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office

2014 N.C. Health Professions Data Book

Data Available for Nurse Practitioners, 1979-2014*

(Prior to 2008 available data for Nurse Practitioners and Physician Assistants were combined)

- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/extended care facility
- 11 = other

- 07 = Tagalog/Filipino
- 08 = American Sign Language
- 09 = German
- 10 = Chinese
- 11 = Other

33. *Secondary location hours per week-clinical care - excluding on-call hours* (1997-2007)

42. *Clinical primary care hours per week* (2009-2014)

34. *Secondary location clinical care hours per week-primary care* (1997-2007)

43. *Clinical specialty care hours per week* (2009-2014)

35. *Secondary location number of week-day nights and weekend days on call* (1997-2007)

44. *Non-clinical care hours per week* (2009-2013)

36. *Other practice location*
ZIP code (1992-2007)
county (1992-2007)

45. *On-call hours per week* (2009-2014)

37. *Other location facility type* (1998-2007)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/extended care facility
- 11 = telemedicine
- 12 = other
- = unknown

Other location facility type (1997)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/extended care facility
- 11 = other

38. *Other location hours per week-clinical care -excluding on-call hours* (1997-2005)

39. *Other location clinical care hours per week-primary care* (1997-2005)

40. *Other location number of week-day nights and weekend days on call* (1997-2007)

41. *Languages spoken other than English* (2014)

Languages spoken other than English (2008-2013)

- 01 = Spanish
- 02 = Korean
- 03 = French
- 04 = Vietnamese
- 05 = Russian
- 06 = Polish

*** If a variable is not available for all years, it will be noted in parentheses.**

-
- | | |
|--|--|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i>
day
month
year</p> <p>3. <i>License designation</i>
1 = OT/L
2 = OTA/L</p> <p>4. <i>Date of license renewal</i>
day
month
year</p> <p>5. <i>Name</i>
first
middle
last</p> <p>6. <i>Home address</i>
street
city
state
ZIP code
county
AHEC
HSA</p> <p>7. <i>Business address</i>
employer
street
city
state
ZIP
county
AHEC
HSA</p> <p>8. <i>Preferred address</i>
1 = home
2 = business</p> <p>9. <i>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i>
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA</p> <p>10. <i>Gender</i>
1 = male
2 = female
• = unknown</p> | <p>11. <i>Race (2007-2014)</i>
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Hispanic
6 = Multi-Racial
7 = Other

• = unknown</p> <p><i>Race (2006)</i>
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Indian
6 = Hispanic
7 = Other
• = unknown</p> <p>12. <i>Basic professional education - school</i></p> <p>13. <i>Basic professional education - state</i></p> <p>14. <i>Basic professional education - year</i></p> <p>15. <i>Basic professional education - degree</i></p> <p>16. <i>Current employment status</i>
1 = employed full-time in field
2 = employed part-time in field
3 = employed in other field, plan to return to field
4 = employed in other field, no plan to return to field
5 = unemployed, seeking employment in field
6 = unemployed, not seeking employment in field
7 = unemployed, not seeking employment in any field
8 = retired
9 = other
• = unknown</p> <p>17. <i>Employment setting (2008-2014)</i>
1 = home health
2 = hospital
3 = skilled nursing facility/long term care
5 = free standing clinic
6 = mental health
7 = education and academic
8 = research
9 = school system
11 = private practice
12 = traveler
13 = administration
14 = other
15 = unknown
• = missing</p> |
|--|--|

Employment setting (2007)

- 1 = home health
- 2 = hospital
- 3 = skilled nursing facility
- 4 = long term care
- 5 = free standing clinic
- 6 = mental health
- 7 = education
- 8 = research
- 9 = school system
- 10 = academic
- 11 = private practice
- 12 = traveler
- 13 = administration
- 14 = other
- = unknown

Employment setting (2006)

- 1 = home health
- 2 = hospital
- 3 = skilled nursing facility
- 4 = education
- 5 = research
- = unknown

18. *Specialty practice area (2007-2014)*

- 1 = administration
- 2 = mental health
- 4 = home health
- 5 = school system/early intervention
- 7 = pediatrics
- 8 = hand rehabilitation
- 9 = sensory integration
- 10 = physical disabilities
- 11 = developmental disabilities
- 12 = education
- 13 = geriatric
- 14 = technology
- 15 = acute care
- 16 = other
- = unknown

Specialty practice area (2006)

- 1 = administration
- 2 = mental health
- 3 = work program
- 4 = home health
- 5 = school system
- 6 = pediatrics
- 7 = hand rehabilitation
- 8 = sensory integration
- 9 = physical disabilities
- 10 = developmental disabilities
- 11 = education
- 12 = geriatric
- 13 = technology
- 14 = other
- = unknown

19. *Activity Status*

20. *Reason Inactive*

- 1 = employed in other field, do not plan to return to field
- 2 = employed in other field, plan to return to field
- 3 = other
- 4 = retired
- 5 = unemployed, not seeking employment in any field
- 6 = unemployed, not seeking employment in field
- 7 = unemployed, seeking employment in field
- 8 = unemployed, undefined
- = unknown

21. *Degree (2007-2014)*

- 1 = Associates
- 2 = BS
- 3 = MS
- 4 = PhD

*** If a variable is not available for all years, it will be noted in parentheses.**

2014 N.C. Health Professions Data Book

Data Available for Optometrists, 1979-2014*

-
- | | |
|--|--|
| <p>1. <i>License/certification number</i></p> | <p><i>Race</i> (1979-1991)
 1 = White
 2 = Black
 3 = American Indian
 4 = Asian
 5 = Other
 • = Unknown</p> |
| <p>2. <i>Licensing date</i>
 month
 year</p> | <p>11. <i>Spanish origin</i> (1979-1986)
 1 = yes
 2 = no
 • = unknown</p> |
| <p>3. <i>Name</i>
 first
 middle initial
 last</p> | <p>12. <i>Basic professional education - school</i> (1979-1982)</p> <p>13. <i>Basic professional education - state</i></p> <p>14. <i>Basic professional education - year</i></p> <p>15. <i>Basic professional education - degree</i> (1979-1984)
 1 = less than high school
 2 = high school or equivalent
 3 = nursing school, diploma
 4 = associate degree
 5 = baccalaureate degree
 6 = master's degree
 7 = doctoral degree
 • = unknown</p> |
| <p>4. <i>Home address</i>
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> | <p>16. <i>Activity status</i>
 1 = active
 2 = inactive
 • = unknown</p> <p>17. <i>Reason inactive</i> (1982-2014)
 1 = working in other field
 2 = retired
 3 = homemaker
 4 = in professional training
 5 = other
 • = unknown</p> <p><i>Reason inactive</i> (1979-1981)
 1 = other work - wants work in profession
 2 = other work - doesn't want work in profession
 3 = not working - wants work in profession
 4 = doesn't want work - retired
 5 = doesn't want work - homemaker
 6 = doesn't want work - training
 7 = doesn't want work - other reason
 • = unknown</p> |
| <p>5. <i>Business address</i>
 business name
 street
 city
 state
 ZIP code
 county
 AHEC
 HSA</p> | <p>18. <i>Primary specialty</i> (1982-2014)
 11 = general practice/primary care
 12 = contact lenses
 14 = low/subnormal vision
 15 = developmental vision
 17 = public health/community health
 20 = other
 0 = no specialty
 • = unknown</p> |
| <p>6. <i>Preferred mailing address</i> (1979-1981)
 1 = home
 2 = business
 • = unknown</p> | |
| <p>7. <i>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i>
 county
 state
 1 = in state
 2 = out of state
 -9 = state unknown
 AHEC
 HSA</p> | |
| <p>8. <i>Birth year</i></p> | |
| <p>9. <i>Gender</i>
 1 = male
 2 = female
 • = unknown</p> | |
| <p>10. <i>Race</i> (1992-2014)
 1 = White
 2 = Black
 3 = American Indian
 4 = Asian
 5 = Hispanic
 6 = Other
 7 = Pacific Islander
 • = Unknown</p> | |

- Primary specialty* (1979-1981)
- 11 = general practice
 - 12 = contact lenses
 - 13 = vision/training - orthoptics
 - 14 = low/subnormal vision
 - 15 = developmental vision
 - 16 = industrial/environmental/occupational
 - 17 = public/community health
 - 18 = vision screening
 - 19 = aniseikonia
 - 10 = other
 - 0 = no specialty
 - = unknown
19. *Secondary specialty – see primary specialty*
20. *Tertiary specialty* (1979-1981) - *see primary specialty*
21. *Form of employment* (1982-2014)
- 1 = solo- self-employed
 - 2 = non-solo- self-employed
 - 3 = individual practitioner
 - 4 = partnership or group
 - 5 = local government
 - 6 = county government
 - 7 = State government
 - 8 = Federal government
 - 9 = other
 - = unknown
- Form of employment* (1979-1981)
- Self employed:
- 1 = solo
 - 2 = partner
 - 3 = group
 - 4 = other
- Employed by other:
- 5 = professional corporation
 - 6 = optometrist
 - 7 = ophthalmologist
 - 8 = physician - not ophthalmologist
 - 9 = school/college of optometry
 - 10 = federal govt - military
 - 11 = federal govt - civilian
 - 12 = state/county/local govt
 - 13 = business organization
 - 14 = non-profit organization
 - 15 = multidisciplinary group
 - 16 = group health plan
 - 17 = other
 - 18 = professional association
 - = unknown
22. *Employment setting* (1982-2014)
- Nonfederal:
- 11 = hospital
 - 12 = nursing home
 - 13 = free-standing clinic
 - 14 = group pre-paid health facility
 - 15 = practitioner's office
 - 16 = other
- Federal:
- 21 = military
 - 22 = VA, public health, Indian health
 - 23 = other
- Miscellaneous:
- 30 = school, college, university or other educational institution
 - 71 = other type of setting
 - = unknown
- Employment setting* (1979-1981)
- 1 = practitioners office
 - 2 = hospital
 - 3 = optometric center
 - 4 = college, university
 - 5 = other
 - = unknown
23. *Total hours per average week* (1979-1984; 1986-2014)
24. *Percent time in patient care*
25. *Hours per week in teaching* (1979-1981)
26. *Hours per week in research* (1979-1981)
27. *Hours per week in administration* (1979-1981)
28. *Hours per week in other activity* (1979-1981)
29. *Number of weeks worked in past 12 months* (1979-1981)
30. *Non-optometric degree(s)* (1979-1981)
- 1 = yes
 - 2 = no
 - = unknown
- Type of non-optometric degree* (1979-1981)
31. *Baccalaureate*
32. *Master's, Public Health*
33. *Master's, other*
34. *Doctorate, Public Health*
35. *Doctorate, other*
36. *Other*
37. *Percent time in primary specialty in past 12 months* (1979-1981)
38. *Support personnel* (1979-1981)
- 1 = yes
 - 2 = no
 - = unknown
39. *Certified to prescribe drugs* (1979-1984)
- 1 = yes
 - 2 = no
 - = unknown
40. *Patients seen in last 24 months* (1979-1981)
41. *Number of complete vision analyses in last 12 months* (1979-1981)
42. *Total continuing education credits* (1979-1984)

43. *General continuing education credits* (1979-1984)

44. *Certified continuing education credits* (1979-1984)

45. *DEA number*

46. *Branch office* (1984-2006)

1 = yes

2 = no

• = unknown

47. *Number of branch offices* (1982-2004)

*** If a variable is not available for all years, it will be noted in parentheses.**

2014 N.C. Health Professions Data Book

Data Available for Pharmacists, 1979-2014*

-
- | | |
|--|--|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i>
month
year</p> <p>3. <i>Name</i>
first
middle initial
last</p> <p>4. <i>Home address</i>
street
city
state
ZIP code
county
AHEC
HSA</p> <p>5. <i>Business address</i>
business name
street
city
state
ZIP code
county
AHEC
HSA</p> <p>6. <i>Preferred mailing address</i>
1 = home
2 = business
• = unknown</p> <p>7. <i>Location codes (based on home address if individual is inactive or if business address is unknown; otherwise based on business address)</i>
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA</p> <p>8. <i>Birth year</i></p> <p>9. <i>Gender</i>
1 = male
2 = female
• = unknown</p> <p>10. <i>Race (1993-2014)</i>
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Hispanic
6 = Other
• = Unknown</p> <p><i>Race (1979-1992)</i>
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Other
• = Unknown</p> | <p>11. <i>Spanish origin (1979-1992)</i>
1 = yes
2 = no
• = unknown</p> <p>12. <i>Basic professional education - state</i></p> <p>13. <i>Basic professional education - school (1984-2014)</i></p> <p>14. <i>Basic professional education - year</i></p> <p>15. <i>Basic professional education - degree (1992-2014)</i>
0 = non-graduate
1 = Ph.G/C/D before 1940
2 = Bachelor of Science (4 year)
3 = Bachelor of Science (5 year)
4 = P.D. (Pharm D.)
5 = D.Ph (Cuba)
• = unknown</p> <p><i>Basic professional education - degree (1982-1991)</i>
1 = Bachelor of Science
2 = Doctor of Philosophy
3 = Doctor of Pharmacy (Cuba: D Pharm, DPh)
4 = Non-graduate degree
5 = Ph.G., 18 month degree
6 = Pharmacy Doctor (Pharm D or PD)
• = unknown</p> <p><i>Basic professional education - degree (1979-1981)</i>
1 = no degree
2 = Ph.C., Ph.G., Pharm. D, D (before 1940)
3 = B.S., or B. Pharm, 4 year program
4 = B.S. or B. Pharm, 5 year program
5 = Pharm. D., 6 year program</p> <p>16. <i>Advanced professional degree (1979-1981)</i>
1 = Pharmaceutics
2 = Hospital pharmacy
3 = Clinical pharmacy
4 = Pharmacognosy
5 = Pharmacology
6 = Pharmacy - administration
7 = Medicinal chemistry
8 = other
• = unknown</p> <p>17. <i>Advanced training (1979-1981)</i>
1 = yes
2 = no
• = unknown</p> <p><i>Type of advanced training (1979-1981) (may have more than one type)</i></p> <p>18. <i>Advanced training - continuing education</i></p> <p>19. <i>Advanced training - residency, hospital pharmacy</i></p> <p>20. <i>Advanced training - residency, clinic pharmacy</i></p> <p>21. <i>Advanced training - master of science</i></p> <p>22. <i>Advanced training - post B.S. Pharm. D.</i></p> <p>23. <i>Advanced training - Ph.D. or D.Sc.</i></p> <p>24. <i>Advanced training - other</i></p> |
|--|--|

25. *Activity status*
 1 = active
 2 = inactive
 • = unknown
26. *Reason inactive (1982-2014)*
 2 = retired
 4 = student
 6 = other reason
 • = unknown
- Reason inactive (1979-1981)*
 1 = other work - wants work in profession
 2 = other work - doesn't want work in profession
 3 = not working - wants work in profession
 4 = doesn't want work - retired
 5 = doesn't want work - homemaker
 6 = doesn't want work - training
 7 = doesn't want work - other reason
 • = unknown
27. *Form of employment (1997-2001; 2008-2014)*
 1 = sole owner - manager
 2 = partner/manager
 3 = partner/non-manager
 4 = supervisor
 5 = pharmacist manager/employee
 6 = staff - pharmacist
 7 = unpaid worker (volunteer)
 8 = pharmaceutical sales
 9 = pharmaceutical manufacturing
 10 = consultant
 11 = relief pharmacist
 13 = other
 14 = long term care
 15 = clinical pharmacist practitioner
 16 = pharmacist non-manager
 • = unknown
- Form of employment (2002-2007)*
 5 = pharmacist manager/employee
 6 = staff - pharmacist
 13 = other
 15 = clinical pharmacist practitioner
 • = unknown
- Form of employment (1982-1996)*
 1 = sole owner - manager
 2 = partner/manager
 3 = partner/non-manager
 4 = area manager/supervisor
 5 = pharmacist manager/employee
 6 = staff - pharmacist
 7 = unpaid worker (volunteer)
 8 = pharmaceutical sales
 9 = pharmaceutical manufacturing
 10 = consultant
 11 = relief pharmacist
 12 = research pharmacist
 13 = other
 • = unknown
- Form of employment (1979-1981)*
 1 = sole owner - manager
 2 = partner
 3 = manager - employee
 4 = assistant manager - employee
- 5 = staff - employee
 6 = unpaid worker
 7 = other
 • = unknown
28. *Principal employment setting (1982-2014)*
 1 = independent
 2 = chain
 3 = small chain
 4 = clinic/medical building
 5 = nursing home
 6 = hospital
 7 = government hospital
 8 = government
 9 = manufacturing
 10 = wholesale
 11 = teaching
 12 = other
 13 = sales (pharmaceutical)
 14 = research
 15 = health department (added in 1992)
 • = unknown
- Principal employment setting (1979-1981)*
 1 = independent community pharmacy
 2 = small chain
 3 = large chain
 4 = clinic/medical building
 5 = nursing home
 6 = private hospital
 7 = government hospital
 8 = other government
 9 = manufacturer
 10 = wholesale
 11 = college
 12 = other
 • = unknown
29. *Hours worked per average week*
Hours worked per week, by function (1979-1981)
30. *Hours per week - administration*
31. *Hours per week - info. to prescribers and institutional clients*
32. *Hours per week - info. to patients*
33. *Hours per week - dispensing prescriptions*
34. *Hours per week - teaching or research*
35. *Hours per week - manufacturing or bulk compounding*
36. *Hours per week - retailing non-health merchandise*
37. *Hours per week - other*
Hours worked per week, by setting (1979-1981)
38. *Hours per week - independent community pharmacy*
39. *Hours per week - small chain*
40. *Hours per week - large chain*
41. *Hours per week - clinic/medical building*
42. *Hours per week - nursing home*

- 43. *Hours per week - private hospital*
- 44. *Hours per week - government hospital*
- 45. *Hours per week - other government*
- 46. *Hours per week - manufacturer*
- 47. *Hours per week - wholesaler*
- 48. *Hours per week - college*
- 49. *Hours per week - other*
- 50. *Weeks worked last year (1979-1984)*

*** If a variable is not available for all years, it will be noted in parentheses.**

2014 N.C. Health Professions Data Book

Data Available for Physical Therapists and Physical Therapist Assistants, 1979-2014*

-
- | | |
|---|--|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i> (1979-1981; 1983-2014)
month and year</p> <p>3. <i>Name</i>
first, middle initial, last</p> <p>4. <i>Home address</i>
street
city
state
ZIP code
county
AHEC
HSA</p> <p>5. <i>Business address</i>
business name
street
city
state
ZIP code
county
AHEC
HSA</p> <p>6. <i>Preferred mailing address</i>
1 = home
2 = business
• = unknown</p> <p>7. <i>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i>
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA</p> <p>8. <i>Birth year</i> (1979-1981; 1983-2014)</p> <p>9. <i>Gender</i> (1979-1981; 1983-2014)
1 = male
2 = female
• = unknown</p> <p>10. <i>Race</i> (2007-2014)
1 = American Indian/Alaskan Native
2 = Asian-American/Pacific Islander
3 = Black/Non-Hispanic
4 = Hispanic
5 = Multiracial
6 = White/Non-Hispanic
7 = Other
• = unknown</p> <p><i>Race</i> (1993-2004)
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Other
6 = Spanish Origin</p> <p><i>Race</i> (1979-1981; 1983-1992)
1 = White</p> | <p>2 = Black
3 = American Indian
4 = Asian
5 = Other
• = unknown</p> <p>11. <i>Spanish origin</i> (1979-1981; 1983-2014)
1 = yes
2 = no
• = unknown</p> <p>12. <i>Basic professional education - school</i> (1979-1981; 1983-2014)</p> <p>13. <i>Basic professional education - state</i> (1979-1981; 1983-2014)</p> <p>14. <i>Basic professional education - year</i> (1979-1981; 1983-2014)</p> <p>15. <i>Basic professional education - degree</i> (1993-2014)
2 = associate degree
3 = baccalaureate degree
4 = physical therapy certificate
5 = master's degree
6 = GED
7 = high school
8 = doctoral degree
• = unknown</p> <p><i>Basic professional education - degree</i> (1983-1992)
1 = GED
2 = high school
4 = associate degree
5 = baccalaureate degree
6 = master's degree
7 = doctoral degree
8 = PT certificate
• = unknown</p> <p><i>Basic professional education - degree</i> (1979-1981)
2 = high school
4 = associate degree
5 = baccalaureate degree
6 = master's degree
7 = doctoral degree
• = unknown</p> <p>16. <i>Activity status</i>
1 = active
2 = inactive
• = unknown</p> <p>17. <i>Reason inactive</i> (2000 - 2014)
1 = unemployed - not seeking employment in physical therapy
5 = retired from physical therapy
6 = working in another field and do not plan to return to physical therapy
7 = working in another field but would like to return to physical therapy
8 = not working in any field
9 = student - in physical therapy
10 = student - not in physical therapy
11 = other
• = unknown</p> <p><i>Reason inactive</i> (1982-1999)
1 = working in other field
2 = retired
3 = homemaker
4 = student in physical therapy</p> |
|---|--|

- 5 = student not in physical therapy
6 = other
• = unknown
- Reason inactive (1979-1981)*
1 = other work - wants work in profession
2 = other work - doesn't want work in profession
3 = not working - wants work in profession
4 = doesn't want work - retired
5 = doesn't want work - homemaker
6 = doesn't want work - training
7 = doesn't want work - other reasons
• = reason unknown
18. *Form of employment (2000-2014)*
1 = self employed
2 = for-profit corporation
3 = not-for-profit corporation
4 = contract employee
5 = city, town government (not county)
6 = county government
7 = state government
8 = federal government
9 = other
• = unknown
- Form of employment (1983-1984; 1986-1999)*
Self-employed:
1 = solo practice
2 = non-solo practice
Non-governmental employer:
3 = individual practitioner
4 = group of practitioners
Governmental employer:
5 = city, town government (not county)
6 = county government
7 = state government
8 = federal government
9 = other
• = unknown
- Form of employment (1979-1981)*
Self-employed:
11 = solo
12 = partnership or group
Non-governmental employer:
21 = individual practice
22 = retail or wholesale trade
23 = partnership or group
24 = group health plan facility
25 = other
Governmental employer:
31 = local
32 = county
33 = state
34 = federal - civilian
35 = federal - military
Miscellaneous:
41 = unpaid worker
42 = other
• = unknown
19. *Employment setting (2000-2014)*
10 = home health
11 = hospital (acute care)
12 = sub-acute rehabilitation hospital
13 = health system-outpatient facility
14 = free standing-outpatient facility
- 15 = corporation clinic-outpatient facility
16 = extended care
17 = health, fitness/wellness
18 = physicians office
19 = DEV evaluation center
20 = school system
21 = academic institution
22 = research center
23 = industry
24 = other non-federal setting
30 = military installation
31 = VA, public health/Indian health
32 = other federal setting
• = unknown
- Employment setting (1988-1999)*
Nonfederal
10 = home health
11 = hospital
12 = nursing home
13 = free-standing clinic
14 = rehabilitation facility
15 = practitioner's office
16 = DEC
17 = other nonfederal
Federal:
21 = military facility
22 = VA, public health or Indian Health
23 = other federal
Miscellaneous:
30 = school, college, educational institution
71 = other
• = unknown
- ** *Employment setting (1983-1987)*
Nonfederal:
11 = hospital
12 = nursing home
13 = free standing clinic
14 = rehabilitation facility
15 = practitioner's office
16 = other nonfederal
Federal:
21 = military facility
22 = VA., Public Health or Indian Health
23 = other federal
Miscellaneous:
30 = school, college, educational institution
71 = other
- Employment setting (1979-1981)*
Nonfederal
11 = hospital
12 = nursing home
13 = clinic
14 = group health facility
15 = practitioner's office
16 = other
Federal:
21 = military
22 = other
Schools:
31 = school or college of medicine or dentistry
32 = school or college of nursing
33 = school or college of other health discipline
34 = school or treatment center for the handicapped or disabled
35 = elementary or high school
36 = other school or college

Employment setting-continued (1979-1981)

Miscellaneous:

- 41 = patient's home
- 42 = medical research facility
- 43 = professional or allied health association
- 44 = administrative health agency

Business establishments:

- 51 = manufacturing or industrial
- 52 = retail, wholesale, or other business

Animal treatment settings:

- 61 = small animal hospital
- 62 = large animal hospital
- 63 = farm or ranch
- 64 = other animal treatment setting

Other settings:

- 71 = other
- = unknown

**20. *Total hours practiced per average week (1979-1981; 1983-1992)*

**21. *Percent time in patient care (1979-1981; 1983-1992)*

22. *Hours per week in patient care (1979-1981)*

23. *Hours per week in retailing (1979-1981)*

24. *Hours per week in teaching (1979-1981)*

25. *Hours per week in research (1979-1981)*

26. *Hours per week in administration (1979-1981)*

27. *Hours per week in other activity (1979-1981)*

28. *Number of weeks worked past 12 months (1979-1981)*

*** If a variable is not available for all years, it will be noted in parentheses.**

**** The accuracy of these variables is uncertain for 1985 due to the licensing board's lack of time to update the files.**

2014 N.C. Health Professions Data Book

Data Available for Physicians, 1979-2014*

(MDs and DOs not in residency training, licensed by the NC Medical Board)

<p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i> (month and year)</p> <p>3. <i>Name</i> first middle initial last</p> <p>4. <i>Home address</i> (1979-1993) city state ZIP code</p> <p>5. <i>Mailing address</i> address line 1 address line 2 city state ZIP code county AHEC HSA</p> <p>6. <i>Secondary address</i> (1996-1998) address line 1 address line 2 city state ZIP code country code</p> <p>7. <i>Location codes (based on home address if individual is inactive or if the business location is unknown; otherwise based on the business location)</i> county (1979-2014) state 1 = in state 2 = out of state -9 = state unknown AHEC HSA</p> <p>8. <i>Birthdate</i> (day, month, & year)</p> <p>9. <i>Birth location</i> (1996-2014) state country</p> <p>10. <i>Gender</i> (1979-1994, 1999-2014) 1 = male 2 = female • = unknown</p> <p>11. <i>Race</i> (1999-2014) 1 = White/Non-Hispanic 2 = Black/Non-Hispanic 3 = American Indian/Alaskan Native 4 = Asian/Pacific Islander 5 = Hispanic 6 = Other • = unknown</p>	<p><i>Race</i> (1992-1994) 1 = White 2 = Black 3 = American Indian 4 = Asian 5 = Hispanic 6 = Other • = unknown</p> <p><i>Race</i> (1979-1991) 1 = White 2 = Black 3 = American Indian 4 = Asian 5 = Other • = Unknown</p> <p>12. <i>Spanish origin</i> (1979-1994) 1 = yes 2 = no • = unknown</p> <p>13. <i>Pre-medical school</i> (1979-1981)</p> <p>14. <i>Pre-medical school state</i> (1979-1981)</p> <p>15. <i>Last year of pre-medical school</i> (1979-1981)</p> <p>16. <i>Medical school</i></p> <p>17. <i>Medical school state</i></p> <p>18. <i>Last year of medical school</i></p> <p>19. <i>Place of internship</i></p> <p>20. <i>State of internship</i></p> <p>21. <i>Last year of internship</i></p> <p>22. <i>Place of residency</i></p> <p>23. <i>State of residency</i></p> <p>24. <i>Last year of residency</i></p> <p>25. <i>Primary specialty</i> (1979-2010) 1 = Aerospace medicine 2 = Allergy 3 = Anesthesiology 4 = Broncho-esophagology 5 = Cardiovascular disease 6 = Dermatology 7 = Diabetes 8 = Emergency medicine 9 = Endocrinology 10 = Family practice 11 = Gastroenterology 12 = General practice 13 = General preventive medicine 14 = Geriatrics 15 = Gynecology 16 = Hematology 17 = Hypnosis 18 = Infectious disease 19 = Internal medicine 20 = Laryngology 21 = Legal medicine 22 = Neoplastic disease 23 = Nephrology 24 = Neurology</p>
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25 = Neurology, Child	94 = Medicine/pediatrics
26 = Neuropathology	95 = Anatomic pathology
27 = Nuclear medicine	96 = Facial plastic surgery
28 = Nutrition	97 = Hand surgery, plastic
29 = Obstetrics	98 = Pediatric gastroenterology
30 = Obstetrics/gynecology	99 = Pediatric rheumatology
31 = Occupational medicine	100 = Pediatric pulmonology
32 = Ophthalmology	101 = Pediatric infectious disease
33 = Otology	102 = Surgery, oncology
34 = Otorhinolaryngology	103 = Administrative medicine
35 = Pathology	104 = Neuro-radiology
36 = Pathology, Clinical	105 = Medical microbiology/genetics
37 = Pathology, Forensic	106 = Cardiothoracic surgery
38 = Pediatrics	107 = Unspecified
39 = Pediatrics, Allergy	108 = Hematology/oncology
40 = Pediatrics, Cardiology	109 = Pediatric critical care
41 = Pharmacology, Clinical	110 = Medicine/Psychiatry
42 = Physical medicine & rehabilitation	111 = Anesthesiology Critical Care
43 = Psychiatry	112 = Pain Medicine
44 = Psychiatry, Child	113 = Spinal Reconstructive Surgery
45 = Psychoanalysis	114 = Cytopathology
46 = Psychosomatic medicine	115 = Forensic Psychiatry
47 = Public health	116 = Hematology Pathology
48 = Pulmonary disease	117 = Otolaryngology
49 = Radiology	118 = Radiology, Musculoskeletal
50 = Radiology, Diagnostic	119 = Surgery, Critical Care
51 = Radiology, Pediatric	120 = Surgery, Research
52 = Radiology Therapeutic	121 = Industrial Medicine
53 = Rheumatology	122 = Addiction Psychiatry
54 = Rhinology	123 = Alcohol and Drug Abuse
55 = Roentgenology, Diagnostic	124 = Anesthesiology-Pain Management
56 = Surgery, Abdominal	125 = Clinical Neuropathology
57 = Surgery, Cardiovascular	126 = Dermatology Immunology
58 = Surgery, Colon and Rectal	127 = Emergency Sports Medicine
59 = Surgery, General	128 = Family Practice, Geriatric
60 = Surgery, Hand	129 = Family Practice, Sports Medicine
61 = Surgery, Head and Neck	130 = Pathology/Immunopathology
62 = Surgery, Neurological	131 = Internal Medicine, Cardiac Electrophysiology
63 = Surgery, Orthopedic	132 = Internal Medicine/Immunology Diagnostic Lab
64 = Surgery, Pediatric	133 = Internal Medicine/Pulmonary Dis. & Crit. Care
65 = Surgery, Plastic	134 = Neurology/Clinical Neurophysiology
66 = Surgery, Thoracic	135 = Obstetrics and Gynecology/ Critical Care
67 = Surgery, Traumatic	136 = Orthopedic Sports Medicine
68 = Surgery, Urological	137 = Orthopedic Surgery of the Spine
69 = Other specialty	138 = Orthopedic Surgery/Adult Reconstructive
70 = Urology	139 = Orthopedic Surgery/Musculoskeletal Oncology
71 = Adolescent medicine	140 = Orthopedic Surgery/Pediatric
72 = Allergy and immunology	141 = Orthopedic Surgery/Trauma
73 = Blood banking	142 = Orthopedic/Ankle, Foot
74 = Dermatopathology	144 = Pediatric Neurosurgery
75 = Immunology	145 = Pediatric Sports Medicine
76 = Maxillofacial surgery	146 = Pediatric Urology
77 = Neonatal-perinatal	147 = Psychiatry/Geriatric
78 = Nuclear radiology	148 = Vascular and Interventional Radiology
79 = Oncology	149 = Physical Medicine & Rehab/Spinal Cord Injury
80 = Pediatric endocrinology	150 = Pathology/Pediatric
81 = Pediatric hematology-oncology	151 = Neurological Surgery/Critical Care
82 = Pediatric nephrology	152 = Neurological Surgery/Pediatric
83 = Radioisotopic pathology	153 = Chemical Pathology
84 = Child development	154 = Transitional Year
85 = Addiction/chemical dependency	155 = Clinical Research/Hypertension
86 = Critical care medicine	156 = Endourology
87 = Epidemiology	157 = Ambulatory Care Fellow
88 = Gynecological oncology	158 = Stroke Fellow
89 = Maternal and fetal medicine	159 = Undersea & Hyperbaric
90 = Reproductive endocrinology	160 = Biomedical
91 = Radiation oncology	161 = Epilepsy & Sleep Medicine
92 = Sports medicine	162 = Otolaryngology, Pediatric
93 = Vascular surgery	163 = Pediatric Ophthalmology

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164 = Gerontology	20 = Laryngology
165 = Clinical Investigator Pathway	21 = Legal medicine
166 = Abdominal Organ Transplantation	22 = Neoplastic disease
167 = Bariatric Medicine	23 = Nephrology
168 = Dermatologic Surgery	24 = Neurology
169 = Electrodiagnostics	25 = Neurology, child
170 = Medical Oncology	26 = Neuropathology
172 = Oculoplastic Surgery	27 = Nuclear medicine
173 = Oral Surgery	28 = Nutrition
174 = Phlebology	29 = Obstetrics
175 = Psychiatry	30 = Obstetrics/gynecology
176 = Pain Management (physical med)	31 = Occupational medicine
178 = Cardiology	32 = Ophthalmology
179 = Pediatric-Anesthesiology	33 = Otolaryngology
180 = Broncho-Esophagology	34 = Otorhinolaryngology
181 = Hospitalist	35 = Pathology
182 = Radioisotopic Pathology	36 = Pathology, clinical
183 = Parkinson Disease & Movement Disorder	37 = Pathology, forensic
184 = Emergency Medicine/Hospice and Palliative	38 = Pediatrics
185 = Family Medicine/Hospice and Palliative	39 = Pediatrics, allergy
186 = Pediatric Emergency Medicine	40 = Pediatrics, cardiology
187 = Neuromuscular	41 = Pharmacology, clinical
188 = Vascular Neurology	42 = Physical medicine & rehabilitation
189 = Geriatric Medicine/Internal Medicine	43 = Psychiatry
190 = Psychoanalysis	44 = Psychiatry, child
191 = Urgent Care	45 = Psychoanalysis
192 = Med/Emergency Medicine	46 = Psychosomatic medicine
193 = Med/OBGYN	47 = Public health
194 = Otolaryngology/Neurology	48 = Pulmonary disease
195 = Otolaryngology/Plastic Surgery	49 = Radiology
196 = Otolaryngology/Sleep Medicine	50 = Radiology, diagnostic
197 = Otoneurology	51 = Radiology, pediatric
198 = Anesthesiology/Hospice and Palliative	52 = Radiology, therapeutic
199 = Proctology	53 = Rheumatology
200 = Abdominal Radiology	54 = Rhinology
201 = Neurorehabilitation	55 = Roengenology, diagnostic
202 = Global Health	56 = Surgery, abdominal (transplant)
203 = Nuclear Cardiology	57 = Surgery, cardiovascular

(Specialties 85-93 were added in 1990; 94 was added in 1991; 95-105 were added in 1992; 106 was added in 1994; 33 was used in 1994 only; 107-111 were added in 1995; 112-119 were added in 1996; 120 was added in 1997; 121 was added in 1998; 122-154 were added in 1999; 155-161 were added in 2000; 162-163 were added in 2001; 164-166 were added in 2002; 167-177 were added in 2004; 178-179 were added in 2005; 180-183 were added in 2006; items 180 and 182 were used only in 2006 and 180 was recoded to 4 and 182 recoded to 83 in 2007; 184-193 were added in 2008; 194-202 were added in 2009; 203 was added in 2010.)

26. *Primary area of practice* (2011-2014)

1 = Aerospace Medicine	70 = Urology
2 = Allergy	71 = Adolescent medicine
3 = Anesthesiology	72 = Allergy and immunology
4 = Broncho-esophagology	73 = Blood banking
5 = Cardiovascular disease	74 = Dermatopathology
6 = Dermatology	75 = Immunology
7 = Diabetes	76 = Maxillofacial surgery
8 = Emergency medicine	77 = Neonatal-perinatal
9 = Endocrinology	78 = Nuclear radiology
10 = Family practice	79 = Oncology
11 = Gastroenterology	80 = Pediatric endocrinology
12 = General practice	81 = Pediatric hematology-oncology
13 = General preventive medicine	82 = Pediatric nephrology
14 = Geriatrics	83 = Radioisotopic pathology
15 = Gynecology	84 = Child development
16 = Hematology	85 = Addiction/chemical dependency
17 = Hypnosis	86 = Critical care medicine
18 = Infectious disease	87 = Epidemiology
19 = Internal medicine	88 = Gynecological oncology

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89 = Maternal and fetal medicine	159 = Undersea & hyperbaric
90 = Reproductive endocrinology	160 = Biomedical
91 = Radiation oncology	161 = Epilepsy & sleep medicine
92 = Sports medicine	162 = Otolaryngology, pediatric
93 = Vascular surgery	163 = Pediatric ophthalmology
94 = Medicine/pediatrics	164 = Gerontology
95 = Anatomic pathology	165 = Clinical investigator pathway
96 = Facial plastic surgery	166 = Abdominal organ transplantation
97 = Hand surgery, plastic	167 = Bariatric medicine
98 = Pediatric gastroenterology	168 = Dermatologic surgery
99 = Pediatric rheumatology	169 = Electrodiagnostics
100 = Pediatric pulmonology	170 = Medical oncology
101 = Pediatric infectious disease	172 = Oculoplastic surgery
102 = Surgery, oncology	173 = Oral surgery
103 = Administrative medicine	174 = Phlebology
104 = Neuro-radiology	175 = Psychiatry
105 = Biomedical	178 = Cardiology
106 = Cardiothoracic surgery	179 = Pediatric-anesthesiology
107 = Unspecified	180 = Broncho-esophagology
108 = Hematology/oncology	182 = Radioisotopic pathology
109 = Pediatric critical care	181 = Hospitalist
110 = Medicine/psychiatry	183 = Parkinson disease & movement disorder
111 = Anesthesiology critical care	184 = Emergency medicine/hospice and palliative
112 = Pain medicine	185 = Family medicine/hospice and palliative
113 = Spinal reconstructive surgery	186 = Pediatric emergency medicine
114 = Cytopathology	187 = Neuromuscular
115 = Forensic psychiatry	188 = Vascular neurology
116 = Hematology pathology	189 = Geriatric medicine/internal medicine
117 = Otolaryngology	190 = Psychoanalysis
118 = Radiology, musculoskeletal	191 = Urgent care
119 = Surgery, critical care	192 = Med/emergency medicine
120 = Surgery, research	193 = Med/OBGYN
121 = Industrial medicine	194 = Otolaryngology/neurology
122 = Addiction psychiatry	195 = Otolaryngology/plastic surgery
123 = Alcohol and drug abuse	196 = Otolaryngology/sleep medicine
124 = Anesthesiology-pain management	197 = Otoneurotology
125 = Clinical neuropathology	198 = Anesthesiology/hospice and palliative
126 = Dermatology immunology	199 = Proctology
127 = Emergency sports medicine	200 = Abdominal radiology
128 = Family practice, geriatric	201 = Neurorehabilitation
129 = Family practice, sports medicine	202 = Global health
130 = Pathology/immunopathology	203 = Nuclear cardiology
131 = Internal medicine, cardiac electrophysiology	205 = Micrographic surgery
132 = Internal Medicine/Immunology Diagnostic Lab	206 = Hematology/oncology
133 = Internal medicine/pulmonary dis. & crit care	207 = Transplant hepatology
134 = Neurology/clinical neurophysiology	208 = Medical toxicology
135 = Obstetrics gynecology/critical care	209 = Body imaging
136 = Orthopedic sports medicine	210 = Laboratory medicine
137 = Orthopedic surgery of the spine	211 = Diagnostic ultrasound
138 = Orthopedic surgery/adult reconstructive	212 = Integrative medicine
139 = Orthopedic surgery/musculoskeletal oncology	213 = MOHS-Micrographic surgery
140 = Orthopedic surgery/pediatric	214 = Pediatric dermatology
141 = Orthopedic surgery/trauma	215 = Pediatric rehabilitation medicine
142 = Orthopedic/ankle, foot	217 = Student health
144 = Pediatric neurosurgery	218 = Urogynecology
145 = Pediatric sports medicine	219 = Pathology-molecular, genetic
146 = Pediatric urology	220 = Anatomic and clinical pathology
147 = Psychiatry/geriatric	221 = Hospice and palliative medicine
148 = Vascular and interventional radiology	
149 = Physical medicine & rehab/spinal cord injury	
150 = Pathology, pediatric	
151 = Neurological surgery/critical care	
152 = Neurological surgery/pediatric	
153 = Chemical pathology	
154 = Transitional year	
155 = Clinical research/hypertension	
156 = Endourology	
157 = Ambulatory care fellow	
158 = Stroke fellow	

(Primary areas of practice were reordered 85-93 were added in 1990; 94 was added in 1991; 95-105 were added in 1992; 106 was added in 1994; 33 was used in 1994 only; 107-111 were added in 1995; 112-119 were added in 1996; 120 was added in 1997; 121 was added in 1998; 122-152 were added in 1999; 153-158 were added in 2000; 159-160 were added in 2001; 161-163 were added in 2002; 164-171 were added in 2004; 172-173 were added in 2005; 174-176 were added in 2006; 177-185 were added in 2008; 186-194 were added in 2009; 195 was added in 2010; 196-213 were added in 2011.

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27. *Secondary specialty* (1979-2010) (see primary specialty, 1979-2010)
28. *Areas of practice* (2011-2014)
29. *Board certification primary specialty (self reported)* (1979-1994, 1998)
30. *Board eligible primary specialty (self reported)* (1994)
31. *Board certification secondary specialty (self reported)* (1979-1994, 1998)
32. *Board eligible secondary specialty (self reported)* (1994)
33. *Doctor of osteopathic medicine* (1979-1991, 1994-2012)
34. *Activity status* (1980-2014)
 1 = active
 2 = inactive
 · = unknown
Activity Status (1979)
 1 = currently practicing
 2 = employed in other field
 3 = retired
 4 = inactive
 5 = deceased
 6 = revoked/suspended
 · = unknown
35. *Reason inactive* (1994-2014)
 1 = retired
 2 = engaged in medical research, teaching, or administration as primary activity
 3 = temporarily not in practice
 4 = employed in a non-medical field
 5 = engaged in a research fellowship
 · = unknown
Reason inactive (1992-1993)
 1 = currently practicing
 2 = working in non-medical field
 3 = retired
 4 = homemaker
 5 = other
 · = unknown
Reason inactive (1982-1991)
 1 = currently practicing
 2 = working in other field
 3 = retired
 4 = homemaker
 5 = in training in medicine
 6 = other
 · = unknown
Reason inactive (1979-1981)
 1 = other work - wants work in profession
 2 = other work - doesn't want work in profession
 3 = not working - wants work in profession
 4 = doesn't want work - retired
 5 = doesn't want work - homemaker
 6 = doesn't want work - training
 7 = doesn't want work - other reason
 · = unknown
36. *Hours per week-patient care* (1979-1981,1992-1996, 2009-2011)
37. *Percent time in patient care* (1982-1992)
38. *Hours per week-administration* (1979-1981, 1992-1993, 1995-1996)
39. *Hours per week-research* (1979-1981, 1992-1993, 1995-1996)
40. *Hours per week-teaching* (1979-1981, 1992-1993, 1995-1996)
41. *Hours per week-training in medicine* (1992-1993, 1995-1996)
42. *Hours per week-other medical activities* (1979-1981, 1992-1993, 1995-1996)
43. *Total hours per week* (1979-1993, 1995-1996)
44. *Primary practice location*
 city (1992-1993)
 state (1992-1993)
 ZIP code (1992-2011)
 county (1992-2011)
45. *Primary location facility type* (1998-2014)
 01 = locum tenens
 02 = solo practitioner's office
 03 = free-standing clinic
 04 = group office
 05 = staff or group model HMO
 06 = hospital-outpatient dept
 07 = hospital-emergency room
 08 = hospital-other
 09 = medical school or parent university
 10 = nursing home/extended care facility
 11 = telemedicine
 12 = other
 · = unknown
Primary location facility type (1997)
 01 = locum tenens
 02 = solo practitioner's office
 03 = free-standing clinic
 04 = group office
 05 = staff or group model HMO
 06 = hospital-outpatient dept
 07 = hospital-emergency room
 08 = hospital-other
 09 = medical school or parent university
 10 = nursing home/extended care facility
 11 = other
Primary location facility type (1995-1996)
 01 = locum
 02 = solo practitioner's office
 03 = free-standing clinic (publicly supported)
 04 = group office
 05 = nursing home extended care facility
 06 = hospital-outpatient department (OPD)
 07 = hospital-emergency room (ER)
 08 = hospital-other than ER or OPD
 09 = medical school or parent university
 00 = other
Primary location facility type (1994)
 01 = solo practitioner's office
 02 = free-standing clinic
 03 = group office
 04 = nursing home or extended care
 05 = hospital-outpatient department
 06 = hospital-emergency room
 07 = hospital-other
 08 = medical school or parent university
 09 = other

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<p>46. <i>Primary location hours per week-clinical care - excluding on-call hours</i> (1997-2008)</p> <p>47. <i>Primary location clinical care hours per week-primary care</i> (1997-2008)</p> <p>48. <i>Primary location number of weekday nights and weekend days on call</i> (1997-2008)</p> <p>49. <i>Hours per week involved in patient care</i> (2009-2014)</p> <p>50. <i>Number of patient care hours spent providing primary care services</i> (2009-2014)</p> <p>51. <i>Average number of days on call a week</i> (2009-2014)</p> <p>52. <i>Primary location number of patient visits/week</i> (1994)</p> <p>53. <i>Primary location hours/week in direct patient care</i> (1994)</p> <p>54. <i>Primary location hours/week on-call</i> (1994)</p> <p>55. <i>Primary location hours/week teaching, research, administration</i> (1994)</p> <p>56. <i>Primary location hours/week other</i> (1994)</p> <p>57. <i>Primary location hours/week in medicine</i> (1992-1993)</p> <p>58. <i>Primary location employment setting</i> (1992-1993)</p> <p>59. <i>Primary location percent prepaid</i> (1992-1993)</p> <p>60. <i>Secondary practice location</i> city (1992-1993) state (1992-1993, 2014) ZIP code (1992-2014) county (1992-2014)</p> <p>61. <i>Secondary location facility type</i> (1998-2014) 01 = locum tenens 02 = solo practitioner's office 03 = free-standing clinic 04 = group office 05 = staff or group model HMO 06 = hospital-outpatient dept 07 = hospital-emergency room 08 = hospital-other 09 = medical school or parent university 10 = nursing home/extended care facility 11 = telemedicine 12 = other . = unknown</p> <p><i>Secondary location facility type</i> (1997) 01 = locum tenens 02 = solo practitioner's office 03 = free-standing clinic 04 = group office 05 = staff or group model HMO 06 = hospital-outpatient dept 07 = hospital-emergency room 08 = hospital-other 09 = medical school or parent university 10 = nursing home/extended care facility 11 = other</p> <p><i>Secondary location facility type</i> (1995-1996) 01 = locum 02 = solo practitioner's office 03 = free-standing clinic (publicly supported)</p>	<p>04 = group office 05 = nursing home extended care facility 06 = hospital-outpatient department (OPD) 07 = hospital-emergency room (ER) 08 = hospital-other than ER or OPD 09 = medical school or parent university 10 = other</p> <p><i>Secondary location facility type</i> (1994) 01 = solo practitioner's office 02 = free-standing clinic 03 = group office 04 = nursing home or extended care 05 = hospital-outpatient department 06 = hospital-emergency room 07 = hospital-other 08 = medical school or parent university 09 = other</p> <p>62. <i>Secondary location hours per week-clinical care - excluding on-call hours</i> (1997-2008, 2014)</p> <p>63. <i>Secondary location clinical care hours per week-primary care</i> (1997-2008)</p> <p>64. <i>Secondary location number of weekday nights and weekend days on call</i> (1997-2008)</p> <p>61. <i>Secondary location number of patient visits/week</i> (1994)</p> <p>62. <i>Secondary location hours/week in direct patient care</i> (1994)</p> <p>63. <i>Secondary location hours/week on-call</i> (1994)</p> <p>64. <i>Secondary location hours/week teaching, research, administration</i> (1994)</p> <p>65. <i>Secondary location hours/week other</i> (1994)</p> <p>66. <i>Secondary location hours/week in medicine</i> (1992-1993)</p> <p>67. <i>Secondary location employment setting</i> (1992-1993)</p> <p>68. <i>Secondary location percent prepaid</i> (1992-1993)</p> <p>69. <i>Other practice location</i> city (1992-1993) state (1992-1993, 2014) ZIP code (1992-2014) county (1992-2014)</p> <p>70. <i>Other location facility type</i> (1998-2014) 01 = locum tenens 02 = solo practitioner's office 03 = free-standing clinic 04 = group office 05 = staff or group model HMO 06 = hospital-outpatient dept 07 = hospital-emergency room 08 = hospital-other 09 = medical school or parent university 10 = nursing home/extended care facility 11 = telemedicine 12 = other . = unknown</p> <p><i>Other location facility type</i> (1997) 01 = locum tenens 02 = solo practitioner's office 03 = free-standing clinic</p>
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04 = group office	89. <i>Has practice changed since last registration?</i> (1995-1996)
05 = staff or group model HMO	90. <i>Do you provide obstetric deliveries?</i> (1997-2014)
06 = hospital-outpatient dept	91. <i>Do you provide prenatal care?</i> (1997-2014)
07 = hospital-emergency room	92. <i>Do you provide obstetric care?</i> (1995-1996)
08 = hospital-other	93. <i>Are you engaged in direct patient care</i> (1995-2014)
09 = medical school or parent university	94. <i>Are you engaged in direct patient care: retired from active practice</i> (1995-2014)
10 = nursing home/extended care facility	95. <i>Are you engaged in direct patient care: temporarily not in practice (on leave)</i> (1995-2014)
11 = other	96. <i>Are you engaged in direct patient care: employed in a non-medical field</i> (1995-2014)
<i>Other location facility type</i> (1995-1996)	97. <i>Are you engaged in direct patient care: primarily doing research, teaching or administration</i> (1995-2014)
01 = locum	98. <i>Engaged in direct patient care 1-20 hrs/wk</i> (1995-1996)
02 = solo practitioner's office	99. <i>Engaged in direct patient care 1-20 hrs/wk: part-time medical practice</i> (1995-1996)
03 = free-standing clinic (publicly supported)	100. <i>Engaged in direct patient care 1-20 hrs/wk: research, teaching, or administration</i> (1995-1996)
04 = group office	101. <i>Engaged in direct patient care 1-20 hrs/wk: other</i> (1995-1996)
05 = nursing home extended care facility	102. <i>Engaged in direct patient care more than 20 hrs/wk</i> (1995-1996)
06 = hospital-outpatient department (OPD)	103. <i>Most of practice income from salary rather than service for fees</i> (1994)
07 = hospital-emergency room (ER)	104. <i>Percent patient care income from Medicare</i> (1994)
08 = hospital-other than ER or OPD	105. <i>Percent patient care income from Medicaid</i> (1994)
09 = medical school or parent university	106. <i>Percent patient care income from private insurance (including BC/BS)</i> (1994)
00 = other	107. <i>Percent patient care income from other sources (grants, worker's comp.)</i> (1994)
<i>Other location facility type</i> (1994)	108. <i>Percent patient care income from managed care (HMO/PPO)</i> (1994)
01 = solo practitioner's office	109. <i>Percent patient care income unreimbursed</i> (1994)
02 = free-standing clinic	110. <i>Percent patient care income from patient out of pocket</i> (1994)
03 = group office	111. <i>Only accepts new patients with insurance</i> (1994)
04 = nursing home or extended care	112. <i>Only accepts new patients on Medicaid</i> (1994)
05 = hospital-outpatient department	113. <i>Only accepts new patients on Medicare</i> (1994)
06 = hospital-emergency room	114. <i>Accepts all types of new patients, regardless of insurance</i> (1994)
07 = hospital-other	115. <i>Intend to retire or relocate outside of NC this year</i> (1994)
08 = medical school or parent university	116. <i>Number of weeks worked in clinical practice</i> (1994)
09 = other	117. <i>Number of weeks worked last year</i> (1979-1981, 1992-1993)
71. <i>Other location hours per week-clinical care -excluding on-call hours</i> (1997-2008, 2014)	
72. <i>Other location clinical care hours per week-primary care</i> (1997-2008)	
73. <i>Other location number of weekday nights and weekend days on call</i> (1997-2008)	
74. <i>Other location number of patient visits/week</i> (1994)	
75. <i>Other location hours/week in direct patient care</i> (1994)	
76. <i>Other location hours/week on-call</i> (1994)	
77. <i>Other location hours/week teaching, research, administration</i> (1994)	
78. <i>Other location hours/week other</i> (1994)	
79. <i>Other location hours/week in medicine</i> (1994)	
80. <i>Other location employment setting</i> (1992-1993)	
81. <i>Other location percent prepaid</i> (1992-1993)	
82. <i>Principally employed by federal government</i>	
83. <i>Add date</i> (1996-2014)	
84. <i>Basis code</i> (1996-2014)	
85. <i>License code</i> (1996-2014)	
86. <i>Cert. date</i> (1996-2014)	
87. <i>Public file</i> (1996-2014)	
88. <i>Principally employed by state or local government</i> (1995-1996)	

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Data Available for Physicians, 1979-2014*

(MDs and DOs not in residency training, licensed by the NC Medical Board)

<p>118. <i>Years active</i> (1979-1981)</p> <p>119. <i>Number of babies personally delivered in the past year</i> (1994)</p> <p>120. <i>Intend to deliver babies during the next calendar year</i> (1994)</p> <p>121. <i>Currently delivering babies</i> (1992-1993)</p> <p>122. <i>Form of employment</i> (1980-1991)</p> <p style="padding-left: 20px;">Self employed:</p> <p style="padding-left: 40px;">1 = solo</p> <p style="padding-left: 40px;">2 = partnership</p> <p style="padding-left: 40px;">3 = post graduate</p> <p style="padding-left: 20px;">Non-governmental employer:</p> <p style="padding-left: 40px;">4 = retail</p> <p style="padding-left: 40px;">5 = partnership</p> <p style="padding-left: 40px;">6 = group health plan</p> <p style="padding-left: 40px;">7 = medical school</p> <p style="padding-left: 40px;">8 = other - non-governmental</p> <p style="padding-left: 20px;">Governmental employer:</p> <p style="padding-left: 40px;">9 = local</p> <p style="padding-left: 40px;">10 = county</p> <p style="padding-left: 40px;">11 = state</p> <p style="padding-left: 40px;">12 = federal - non-military</p> <p style="padding-left: 40px;">13 = federal - military</p> <p style="padding-left: 40px;">14 = other</p> <p style="padding-left: 40px;">· = unknown</p> <p style="padding-left: 20px;"><i>Form of employment</i> (1979 only)</p> <p style="padding-left: 20px;">Self employed:</p> <p style="padding-left: 40px;">1 = solo</p> <p style="padding-left: 40px;">2 = partnership</p> <p style="padding-left: 40px;">3 = post graduate</p> <p style="padding-left: 40px;">4 = academic</p> <p style="padding-left: 20px;">Non-governmental employer:</p> <p style="padding-left: 40px;">5 = retail</p> <p style="padding-left: 40px;">6 = group</p> <p style="padding-left: 40px;">7 = group health plan</p> <p style="padding-left: 40px;">8 = medical school</p> <p style="padding-left: 40px;">9 = other</p> <p style="padding-left: 20px;">Governmental employer:</p> <p style="padding-left: 40px;">10 = local</p> <p style="padding-left: 40px;">11 = county</p> <p style="padding-left: 40px;">10 = state</p> <p style="padding-left: 40px;">11 = federal - non-military</p> <p style="padding-left: 40px;">12 = federal - military</p> <p>123. <i>National Health Service Corps</i> (1981-1982)</p> <p style="padding-left: 20px;">1 = yes</p> <p style="padding-left: 20px;">2 = no</p> <p style="padding-left: 20px;">· = unknown</p> <p>124. <i>Employment setting</i> (1992-1993)</p> <p style="padding-left: 20px;">Non-federal:</p> <p style="padding-left: 40px;">1 = practitioners office</p> <p style="padding-left: 40px;">2 = free standing clinic</p> <p style="padding-left: 40px;">3 = group health care facility</p> <p style="padding-left: 40px;">4 = hospital</p> <p style="padding-left: 40px;">5 = nursing home</p> <p style="padding-left: 20px;">Federal:</p> <p style="padding-left: 40px;">6 = health facility-military</p> <p style="padding-left: 40px;">7 = hospital-VA, public health, Indian health</p> <p style="padding-left: 40px;">8 = health facility-other</p> <p style="padding-left: 20px;">Miscellaneous:</p> <p style="padding-left: 40px;">9 = university or educational institution</p> <p style="padding-left: 40px;">10 = other</p>	<p><i>Employment setting</i> (1982-1991)</p> <p style="padding-left: 20px;">Non-federal:</p> <p style="padding-left: 40px;">1 = practitioners office</p> <p style="padding-left: 40px;">2 = free standing clinic</p> <p style="padding-left: 40px;">3 = group health care facility</p> <p style="padding-left: 40px;">4 = professional association</p> <p style="padding-left: 40px;">5 = hospital</p> <p style="padding-left: 40px;">6 = nursing home</p> <p style="padding-left: 40px;">7 = other non-federal</p> <p style="padding-left: 20px;">Federal:</p> <p style="padding-left: 40px;">8 = health facility-military</p> <p style="padding-left: 40px;">9 = hospital-VA, public health, Indian health</p> <p style="padding-left: 40px;">10 = health facility-other</p> <p style="padding-left: 20px;">Miscellaneous:</p> <p style="padding-left: 40px;">11 = educational institution</p> <p style="padding-left: 40px;">12 = other</p> <p style="padding-left: 40px;">· = unknown</p> <p><i>Employment setting</i> (1980-1981)</p> <p style="padding-left: 20px;">Non-federal:</p> <p style="padding-left: 40px;">1 = practitioners office</p> <p style="padding-left: 40px;">2 = free standing clinic</p> <p style="padding-left: 40px;">3 = group health care facility</p> <p style="padding-left: 40px;">4 = hospital</p> <p style="padding-left: 40px;">5 = nursing home</p> <p style="padding-left: 40px;">6 = other</p> <p style="padding-left: 20px;">Federal:</p> <p style="padding-left: 40px;">7 = health facility-military</p> <p style="padding-left: 40px;">8 = health facility-non-military</p> <p style="padding-left: 20px;">Miscellaneous:</p> <p style="padding-left: 40px;">9 = patient's homes</p> <p style="padding-left: 40px;">10 = medical research institute or establishment</p> <p style="padding-left: 40px;">11 = administrative or regulatory health agency</p> <p style="padding-left: 40px;">12 = professional association</p> <p style="padding-left: 20px;">Schools:</p> <p style="padding-left: 40px;">13 = school of medicine or dentistry</p> <p style="padding-left: 40px;">14 = school of nursing</p> <p style="padding-left: 40px;">15 = school of public health</p> <p style="padding-left: 40px;">16 = school for handicapped</p> <p style="padding-left: 40px;">17 = other school</p> <p style="padding-left: 40px;">18 = other setting</p> <p style="padding-left: 40px;">· = unknown</p> <p><i>Employment setting</i> (1979 only)</p> <p style="padding-left: 20px;">Non-federal:</p> <p style="padding-left: 40px;">1 = practitioners office</p> <p style="padding-left: 40px;">2 = free standing clinic</p> <p style="padding-left: 40px;">3 = group health care facility</p> <p style="padding-left: 40px;">4 = hospital</p> <p style="padding-left: 40px;">5 = nursing home</p> <p style="padding-left: 20px;">Federal:</p> <p style="padding-left: 40px;">6 = military health facility</p> <p style="padding-left: 40px;">7 = VA, public health</p> <p style="padding-left: 20px;">Miscellaneous:</p> <p style="padding-left: 40px;">8 = patients' homes</p> <p style="padding-left: 40px;">9 = medical research institution</p> <p style="padding-left: 40px;">10 = administrative health agency</p> <p style="padding-left: 20px;">Schools:</p> <p style="padding-left: 40px;">11 = medical or dental school</p> <p style="padding-left: 40px;">12 = nursing school</p> <p style="padding-left: 40px;">13 = public health school</p> <p style="padding-left: 40px;">14 = school for handicapped</p> <p style="padding-left: 40px;">15 = other school</p> <p style="padding-left: 40px;">16 = other setting</p> <p style="padding-left: 40px;">· = unknown</p>
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* If a variable is not available for all years, it will be noted in parentheses.

-
1. *License/certification number*
 2. *Name*
 - first
 - middle initial
 - last
 3. *Business address*
 - business name
 - street
 - city
 - state
 - ZIP code
 - county
 - AHEC
 - HSA
 4. *Mailing address*
 - street
 - city
 - state
 - ZIP code
 5. *Name of residency program*
 6. *Residency specialty (see pages 222-223 for specialties.)*
 7. *Location codes (based on business address)*
 - county
 - state
 - 1 = in-state
 - 2 = out of state
 - 9 = state unknown
 - AHEC
 - HSA

<p>* If a variable is not available for all years, it will be noted in parentheses.</p>
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2014 N.C. Health Professions Data Book

Data Available for Physician Assistants, 1979-2014*

(Prior to 2008 available data for Nurse Practitioners and Physician Assistants were combined)

1. *License/certification number*
2. *Issue date*
 - month
 - year
3. *Name*
 - first
 - middle initial
 - last
4. *Home address (1979-1993)*
 - county
 - state
5. *Mailing address*
 - address line 1
 - address line 2
 - city
 - state
 - ZIP code
 - county
 - AHEC
 - HAS
6. *Business address*
 - address line 1
 - address line 2
 - city
 - state
 - ZIP code
 - county
 - AHEC
 - HAS
7. *Location codes (based on home address if the business address is unknown; otherwise based on the business address)*
 - county
 - state
 - 1 = in state
 - 2 = out of state
 - 9 = state unknown
 - AHEC
 - HSA
8. *Birth date (day, month, and year)*
9. *Gender (1994, 1999-2014)*
 - 1 = male
 - 2 = female
 - = unknown
10. *Race (1999-2014)*
 - 1 = White/Non-Hispanic
 - 2 = Black/Non-Hispanic
 - 3 = American Indian/Alaskan Native
 - 4 = Asian/Pacific Islander
 - 5 = Hispanic
 - 6 = Other
 - = unknown
- Race (1994)*
 - 1 = White
 - 2 = Black
 - 3 = American Indian
 - 4 = Asian
 - 5 = Other
 - 6 = Hispanic
 - = unknown
11. *Training program - school (1985-2014)*
12. *Training program - state (1995-2014)*
13. *Training program - year (1985-1993, 1995-2014)*
14. *Activity Status (1995-2014)*
 - 1 = active
 - 2 = inactive
 - = unknown
15. *Profession code (1992-2007)*
 - 1 = physician assistant
 - 2 = nurse practitioner
16. *Physician Extender Type (1996-1999)*
 - 0 = nurse practitioner, type unknown
 - 1 = physician assistant
 - 2 = family nurse practitioner
 - 3 = pediatric nurse practitioner
 - 4 = family planning nurse
 - 5 = women's health
 - 6 = geriatric nurse
 - 7 = emergency nurse practitioner
 - 8 = obstetrics nurse
 - 9 = adult nurse practitioner
 - 10 = acute care nurse practitioner
 - 11 = neonatal nurse practitioner
 - 12 = psychiatric mental health
 - = unknown
17. *Primary Specialty (1996-2014)*
 - (see pages 220-222 for specialty listing)
18. *Secondary Specialty (1996-2012)*
 - (see pages 220-222 for specialty listing)
19. *Supervising Physician License Number (1996-2014)*
20. *Backup Physician license number (1994-1995)*
21. *Profession code (1979-1991)*
 - 1 = physician assistant
 - 2 = family nurse practitioner
 - 3 = pediatric nurse practitioner
 - 4 = family planning nurse
 - 5 = nurse midwife
 - 6 = geriatric nurse
 - 7 = emergency nurse practitioner
 - 8 = ob/gyn nurse practitioner
 - 9 = adult nurse practitioner
 - 10 = nurse practitioner, type unknown
 - = unknown
22. *Basic professional education - school (1979-1984)*
23. *Basic professional education - state (1979-1984)*
24. *Basic professional education - year (1979-1984)*
25. *Primary practice location*
 - ZIP code (1997-2014)
 - county (1997-2014)
26. *Primary location facility type (1998-2014)*
 - 01 = locum tenens
 - 02 = solo practitioner's office
 - 03 = free-standing clinic
 - 04 = group office
 - 05 = staff or group model HMO
 - 06 = hospital-outpatient dept

2014 N.C. Health Professions Data Book

Data Available for Physician Assistants, 1979-2014*

(Prior to 2008 available data for Nurse Practitioners and Physician Assistants were combined)

- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/ extended care facility
- 11 = hospital other
- 12 = other
- 13 = federal government hospital
- 14 = federal/state/community health center(s)
- 15 = home health setting
- 16 = local health department
- 17 = telemedicine
- 18 = volunteer in a free clinic
- 19 = hospice care
- 20 = research laboratory
- = unknown

Primary location facility type (1997)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/ extended care facility
- 11 = other

- 27. *Primary location hours per week-clinical care - excluding on-call hours (1997-2014)*
- 28. *Primary location clinical care hours per week- primary care (1997-2014)*
- 29. *Primary location number of week-day nights and weekend days on call (1997-2014)*
- 30. *Secondary practice location*
ZIP code (1992-2014)
county (1992-2014)
- 31. *Secondary location facility type (1998-2014)*
01 = locum tenens
02 = solo practitioner's office
03 = free-standing clinic
04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/ extended care facility
11 = hospital other
12 = other
13 = federal government hospital
14 = federal/state/community health center(s)
15 = home health setting
16 = local health department
17 = telemedicine
18 = volunteer in a free clinic
19 = hospice care
20 = research laboratory
• = unknown

Secondary location facility type (1997)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic

- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/ extended care facility
- 11 = other

- 32. *Secondary location hours per week-clinical care - excluding on-call hours (1997-2014)*
- 33. *Secondary location clinical care hours per week- primary care (1997-2012)*
- 34. *Secondary location number of week-day nights and weekend days on call (1997-2012)*
- 35. *Other practice location*
ZIP code (1992-2014)
county (1992-2014)
- 36. *Other location facility type (1998-2014)*
01 = locum tenens
02 = solo practitioner's office
03 = free-standing clinic
04 = group office
05 = staff or group model HMO
06 = hospital-outpatient dept
07 = hospital-emergency room
08 = hospital-other
09 = medical school or parent university
10 = nursing home/ extended care facility
11 = hospital other
12 = other
13 = federal government hospital
14 = federal/state/comm health center(s)
15 = home health setting
16 = local health department
17 = telemedicine
18 = volunteer in a free clinic
19 = hospice care
20 = research laboratory
• = unknown

Other location facility type (1997)

- 01 = locum tenens
- 02 = solo practitioner's office
- 03 = free-standing clinic
- 04 = group office
- 05 = staff or group model HMO
- 06 = hospital-outpatient dept
- 07 = hospital-emergency room
- 08 = hospital-other
- 09 = medical school or parent university
- 10 = nursing home/ extended care facility
- 11 = other

- 37. *Other location hours per week-clinical care - excluding on-call hours (1997-2013)*
- 38. *Other location clinical care hours per week - primary care (1997-2005)*
- 39. *Other location number of weekday nights and weekend days on call (1997-2012)*

*** If a variable is not available for all years, it will be noted in parentheses.**

2014 N.C. Health Professions Data Book

Data Available for Podiatrists, 1979-2014*

-
- | | |
|--|---|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date (1979-1985)</i>
month
year</p> <p>3. <i>Name</i>
first
middle initial
last</p> <p>4. <i>Home address</i>
street
city
state
ZIP code
county
AHEC
HSA</p> <p>5. <i>Business address</i>
business name
street
city
state
ZIP code
county
AHEC
HSA</p> <p>6. <i>Preferred mailing address</i>
1 = home
2 = business
• = unknown</p> <p>7. <i>Location codes (based on home address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i>
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA</p> <p>8. <i>Birth year</i></p> <p>9. <i>Gender</i>
1 = male
2 = female
• = unknown</p> <p>10. <i>Race (1979-1985)</i>
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Other
• = Unknown</p> | <p>11. <i>Spanish origin (1979-1983)</i>
1 = yes
2 = no
• = unknown</p> <p>12. <i>Basic professional education - state</i></p> <p>13. <i>Basic professional education - school</i></p> <p>14. <i>Basic professional education - year</i></p> <p>15. <i>Activity status</i>
1 = active
2 = inactive
• = unknown</p> <p>16. <i>Reason inactive (1986-2014)</i>
3 = teaching
4 = retired
5 = in professional training
6 = other
• = unknown</p> <p><i>Reason inactive (1982-1985)</i>
1 = working in other field
2 = retired
3 = homemaker
4 = in professional training
5 = other
• = unknown</p> <p><i>Reason inactive (1979-1981)</i>
1 = other work - wants work in profession
2 = other work - doesn't want work in profession
3 = not working - want work in profession
4 = doesn't want work - retired
5 = doesn't want work - homemaker
6 = doesn't want work - training
7 = doesn't want work - other reason
• = reason unknown</p> <p>17. <i>Primary specialty</i>
1 = foot orthopedics/biomechanics
2 = general practice
3 = podiatric dermatology
4 = podogeriatrics
5 = podopediatrics
6 = roentgenology
7 = surgery
8 = other specialty
0 = none
• = unknown</p> <p>18. <i>Secondary specialty (1979-1981)</i></p> <p>19. <i>Tertiary specialty (1979-1981)</i></p> |
|--|---|

20. *Form of employment* (1982-2014)
 1 = solo - self employed
 2 = non-solo - self employed
 Employee of:
 3 = individual practitioner
 4 = partnership or group
 5 = local government
 6 = county government
 7 = State government
 8 = Federal government
 9 = other
 • = unknown
Form of employment (1979-1981)
 Self employed:
 11 = solo
 12 = partnership or group
 Non-governmental employer:
 21 = individual practice
 22 = retail or wholesale trade
 23 = partnership or group
 24 = group health plan facility
 25 = other
 Governmental employer:
 31 = local
 32 = county
 33 = state
 34 = federal-civilian
 35 = federal-military
 Miscellaneous:
 41 = unpaid worker
 44 = other
 • = unknown
21. *Employment setting* (1982-2014)
 Non-federal:
 11 = hospital
 12 = nursing home
 13 = free-standing clinic
 14 = group pre-paid health facility
 15 = practitioner's office
 16 = other
 Federal:
 21 = military
 22 = VA, public health, Indian health
 23 = other
 Miscellaneous:
 30 = school, college university or other educational institution
 71 = other type of setting
 • = unknown
- Employment setting* (1979-1981)
 Nonfederal:
 11 = hospital
 12 = nursing home
 13 = clinic
 14 = group health facility
 15 = practitioner's office
 16 = other
 Federal:
 21 = military
 22 = other
 Schools:
 31 = medicine, dentistry
 32 = nursing
 33 = other health profession
 34 = school, handicapped
 35 = elementary or high school
 36 = other
 Miscellaneous:
 41 = patient's home
 42 = medical research facility
 43 = professional or allied health association
 44 = administrative health agency
 Business establishments:
 51 = manufacturing or industrial
 52 = retail, wholesale, or other business
 Other settings:
 71 = other
 • = unknown
22. *Total hours practiced per average week* (1979-1986)
 23. *Percent time in patient care* (1979-1986)
 24. *Hours per week in retailing* (1979-1981)
 25. *Hours per week in teaching* (1979-1981)
 26. *Hours per week in research* (1979-1981)
 27. *Hours per week in administration* (1979-1981)
 28. *Hours per week in other activity* (1979-1981)
 29. *Number of weeks worked past 12 months* (1979-1981)

*** If a variable is not available for all years, it will be noted in parentheses.**

2014 N.C. Health Professions Data Book

Data Available for Practicing Psychologists and Psychological Associates, 1979-2014*

1. *License/certification number*
2. *Licensing date*
month
year
3. *Renewal date*
4. *Name*
first
middle initial
last
5. *Home address*
street
city
state
ZIP code
county
AHEC
HSA
6. *Business address*
business name
street
city
state
ZIP code
county
AHEC
HSA
7. *Preferred mailing address*
1 = home
2 = business
• = unknown
8. *Location codes (based on home address if individual is inactive or if business address is unknown; otherwise based on business address)*
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA
9. *Birth year*
10. *Gender*
1 = male
2 = female
• = unknown
11. *Race*
1 = White
2 = Black
3 = American Indian
4 = Asian
5 = Other
6 = Hispanic
• = Unknown
12. *Spanish origin (1979-1983)*
1 = yes
2 = no
• = unknown
13. *Basic professional education - state (1979-1984; 1986-2014)*
14. *Basic professional education - school (1979-1984; 1986-2014)*
15. *Basic professional education - year (1979-1984; 1986-2011)*
16. *Basic professional education - degree (1979-1984; 1986-2011)*
5 = baccalaureate
6 = master's
7 = doctorate required for licensure
(for practicing psychologists only)
• = unknown
17. *Activity status*
1 = active
2 = inactive
• = unknown
18. *Reason inactive (1982-2014)*
1 = working in other field
2 = retired
3 = unemployed
4 = student
5 = other
• = unknown
Reason inactive (1979-1981)
1 = other work - wants work in profession
2 = other work - doesn't want work in profession
3 = not working - wants work in profession
4 = doesn't want work - retired
5 = doesn't want work - homemaker
6 = doesn't want work - training
7 = doesn't want work - other reason
• = reason unknown
19. *Degree Specialty (2007-2014)*
1 = clinical
2 = counseling
3 = industrial/organizational
4 = schools
5 = other
• = unknown
20. *Primary specialty (2003-2006)*
1 = clinical
2 = counseling
3 = industrial and organizational
4 = school
5 = other
0 = no specialty
• = unknown
Primary specialty (1992-2002)
1 = clinical
2 = community
3 = counseling
4 = developmental
5 = educational
6 = evaluation and measurement
7 = experimental
8 = industrial and organizational
9 = personality
10 = physiological
11 = rehabilitation
12 = school
13 = social
14 = other
0 = no specialty
• = unknown

Primary specialty (1979-1991)

- 1 = behavior therapy
- 2 = clinical
- 3 = community
- 4 = comparative
- 5 = consulting
- 6 = counseling
- 7 = developmental
- 8 = educational
- 9 = evaluation and measurement
- 10 = experimental
- 11 = mental retardation
- 12 = military
- 13 = industrial and organizational
- 14 = rehabilitation
- 15 = personality
- 16 = physiological
- 17 = psychodiagnostics
- 18 = psychological hypnosis
- 19 = psychopharmacology
- 20 = psychotherapy
- 21 = school
- 22 = social
- 23 = other
- 24 = neuropsychology
- 0 = no specialty
- = unknown

21. *Secondary specialty (1979-1981)*22. *Tertiary specialty (1979-1981)*23. *Form of employment (1982-1985)*

- 1 = solo - self employed
- 2 = non-solo - self employed

Employee of:

- 3 = individual practitioner
- 4 = partnership or group
- 5 = local government
- 6 = county government
- 7 = State government
- 8 = Federal government
- 9 = other
- = unknown

Form of employment (1979-1981)

Self employed:

- 11 = solo
- 12 = partnership or group

Non-governmental employer:

- 21 = individual practice
- 22 = retail or wholesale trade
- 23 = partnership or group
- 24 = group health plan facility
- 25 = other

Governmental employer:

- 31 = local
- 32 = county
- 33 = state
- 34 = federal-civilian
- 35 = federal-military

Miscellaneous:

- 41 = unpaid worker
- 44 = other
- = unknown

24. *Employment setting (1991-2014)*

- 1 = State or local government
- 2 = Federal
- 3 = public school system
- 4 = non-governmental health care

5 = private or group practice

6 = educational institution

7 = business/industry

8 = other

• = unknown

Employment setting (1982-1990)

Nonfederal:

- 11 = hospital
- 12 = nursing home
- 13 = clinic
- 14 = group pre-paid health facility
- 15 = practitioner's office
- 16 = other

Federal:

- 21 = military
- 22 = VA, public health, Indian health
- 23 = other

Miscellaneous:

- 30 = school, college university or other educational institution
- 71 = other type of setting
- = unknown

Employment setting (1979-1981)

Nonfederal:

- 11 = hospital
- 12 = nursing home
- 13 = clinic
- 14 = group health facility
- 15 = practitioner's office
- 16 = other

Federal:

- 21 = military
- 22 = other

Schools:

- 31 = medicine, dentistry
- 32 = nursing
- 33 = other health profession
- 34 = school, handicapped
- 35 = elementary or high school
- 36 = other

Miscellaneous:

- 41 = patients' home
- 42 = medical research facility
- 43 = professional or allied health association
- 44 = administrative health agency

Business establishments:

- 51 = manufacturing or industrial
- 52 = retail, wholesale, or other business

Other settings:

- 71 = other
- = unknown

25. *Total hours practiced per average week (1979-1984)*26. *Percent time in patient care (1979-1984)*27. *Hours per week in retailing (1979-1981)*28. *Hours per week in teaching (1979-1981)*29. *Hours per week in research (1979-1981)*30. *Hours per week in administration (1979-1981)*31. *Hours per week in other activity (1979-1981)*32. *Number of weeks worked in past 12 months (1979-1981)*

<p>* If a variable is not available for all years, it will be noted in parentheses.</p>
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2014 N.C. Health Professions Data Book

Data Available for Registered Nurses, 1979-2014*

<p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i> month year</p> <p>3. <i>License expiration date</i></p> <p>4. <i>Name</i> first middle initial last</p> <p>5. <i>Home address</i> state county AHEC HSA</p> <p>6. <i>Business address</i> city state ZIP code county AHEC HSA</p> <p>7. <i>Mailing address</i> street city state ZIP</p> <p>8. <i>Location codes (based on mailing address if individual is inactive or if the business address is unknown; otherwise based on the business address)</i> county state 1 = in state 2 = out of state -9 = state unknown AHEC HSA</p> <p>9. <i>Birth year</i></p> <p>10. <i>Gender</i> 1 = male 2 = female • = unknown</p> <p>11. <i>Race (2014)</i> 1 = Caucasian 2 = Black/ African-American 3 = American Indian/ Alaska Native 4 = Hispanic 5 = Asian 6 = Hawaiian/ Pacific Islander 7 = Other • = Unknown</p> <p><i>Race (1992-2013)</i> 1 = White 2 = Black 3 = American Indian 4 = Hispanic 5 = Asian 6 = Other • = Unknown</p>	<p><i>Race (1979-1991)</i> 1 = White 2 = Black 3 = American Indian 4 = Asian 5 = Other • = Unknown</p> <p>12. <i>Spanish origin (1979-2012)</i> 1 = yes 2 = no • = unknown</p> <p>13. <i>Marital status (1979-1981)</i> 1 = never married 2 = married 3 = separated/divorced 4 = widowed • = unknown</p> <p>14. <i>Basic nursing education - degree for licensure (1979-2013)</i> 1 = diploma 2 = associate 3 = baccalaureate or higher 4 = other • = unknown</p> <p>15. <i>Basic professional education - school</i></p> <p>16. <i>Basic professional education - state</i></p> <p>17. <i>Basic professional education - year</i></p> <p>18. <i>Highest degree (2014)</i> doctoral master's degree baccalaureate degree associate degree diploma vocational/practical certificate</p> <p><i>Highest degree (1999-2013)</i> 1 = diploma 2 = associate 3 = baccalaureate in nursing 4 = baccalaureate in other field 5 = master's in nursing 6 = master's in other field 7 = doctorate in nursing 8 = doctorate in other field • = unknown</p> <p><i>Highest degree (1979-1998)</i> 1 = diploma 2 = associate 3 = baccalaureate in nursing 4 = baccalaureate in other field 5 = master's in nursing 6 = master's in other field 7 = doctorate • = unknown</p> <p>19. <i>Present employment status (2014)</i> A = Full-time in nursing B = Nursing volunteer C = Full-time employed, non-nursing H = Retired I = Part-time in nursing J = Per diem in nursing K = Part-time employed, not in nursing L = Per diem employed, not in nursing</p>
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Data Available for Registered Nurses, 1979-2014*

- Present employment status* (2002-2013)
- 1 = employed in nursing full-time
 - 2 = employed in nursing part-time
 - 3 = employed in other field full-time
 - 4 = employed in other field part-time
 - 5 = unemployed
 - 6 = retired
 - 7 = disabled
 - = unknown
- Present employment status* (1980-2001)
- 1 = employed in nursing full-time
 - 2 = employed in nursing part-time
 - 3 = employed in other field full-time
 - 4 = employed in other field part-time
 - 5 = unemployed
 - = unknown
- Present employment status* (1979)
- 1 = employed in nursing full-time
 - 2 = employed in nursing part-time
 - 3 = employed in other field full-time
 - 4 = employed in other field part time
 - 5 = unemployed
 - 6 = employed in nursing, hours unknown
 - 7 = employed in other field, hours unkn.
 - = unknown
20. *Inactive status* (1980-1981)
- 1 = wants work in profession
 - 2 = other work - doesn't want work in profession
 - 3 = not working - wants work in profession
 - 4 = not working - doesn't want work in profession
 - 5 = other
 - = unknown
21. *Primary Employment Specialty* (2014)
- 1 = Acute Care/ Critical Care/ Emergency Care
 - 2 = Adult Health/ Family Health
 - 3 = Anesthesia
 - 4 = Community
 - 5 = Geriatric/ Gerontology
 - 6 = Home Health
 - 7 = Maternal Child Health
 - 8 = Medical Surgical
 - 9 = Occupational Health
 - 10 = Oncology
 - 11 = Palliative Care
 - 12 = Pediatrics/ Neonatal
 - 13 = Public health
 - 14 = Psychiatric/ Mental Health/ Substance Abuse
 - 15 = Rehabilitation
 - 16 = School Health
 - 17 = Trauma
 - 18 = Women's Health
 - 19 = Other
- Major clinical practice or training area* (2000-2013)
- 1 = public/community health
 - 2 = general practice
 - 3 = geriatrics
 - 4 = obstetrics-gynecology
 - 5 = medical-surgical
 - 6 = pediatrics
 - 7 = psychiatric mental health
 - 8 = AIDS
 - 9 = cardiology
 - 10 = critical care
 - 11 = dermatology
 - 12 = dialysis
 - 13 = drug/alcohol
 - 14 = EENT
 - 15 = emergency care
 - 16 = family health
 - 17 = neonatal
 - 18 = neurology
 - 19 = occupational health
 - 20 = oncology
 - 21 = orthopedics
 - 22 = peri-operative
 - 23 = rehabilitation
 - 24 = transplants
 - 25 = urology
 - 26 = other
 - = unknown
- Major clinical practice or training area* (1999)
- 1 = public/community health
 - 2 = general practice
 - 3 = geriatrics
 - 4 = obstetrics-gynecology
 - 5 = medical-surgical
 - 6 = pediatrics
 - 7 = psychiatric mental health
 - 8 = AIDS
 - 9 = cardiology
 - 10 = critical care
 - 11 = dermatology
 - 12 = dialysis
 - 13 = drug/alcohol
 - 14 = EENT
 - 15 = emergency care
 - 16 = family health
 - 17 = neonatal
 - 18 = occupational health
 - 19 = oncology
 - 20 = orthopedics
 - 21 = peri-operative
 - 22 = rehabilitation
 - 23 = transplants
 - 24 = urology
 - 25 = other
 - = unknown
- Major clinical practice or training area* (1979-1998)
- 1 = community/public health/home health
 - 2 = general practice
 - 3 = geriatric/gerontologic
 - 4 = OB/GYN
 - 5 = medical/surgical
 - 6 = pediatric
 - 7 = psychiatric/mental health
 - 8 = other
 - = unknown
22. *Secondary Employment Specialty* (2014)
23. *Primary Employment Setting* (2014)
- A = Hospital
 - B = Ambulatory Care Setting
 - C = Public Health
 - D = Occupational Health
 - E = Insurance Claims/Benefits
 - F = Nursing Home/ Extended Care/ Assisted Living Facility
 - G = Home Health/ Hospice
 - H = Academic Setting
 - I = Correctional Facility
 - J = School Health Service
 - K = Other
 - L = Community Health
 - M = Policy Planning/ Regulatory Licensing Agency

Data Available for Registered Nurses, 1979-2014*

Setting (1999-2013)

- 1 = hospital-in-patient
- 2 = hospital-out-patient
- 3 = long term care
- 4 = solo/group medical practice
- 5 = HMO/insurance company
- 6 = home care/hospice
- 7 = public clinic/ health department
- 8 = mental health facility
- 9 = student health site
- 10 = industry/ manufacturing site
- 11 = private duty
- 12 = school of nursing/medicine
- 13 = other
- = unknown

Setting (1993-1998)

- 1 = hospital
- 2 = nursing home
- 3 = school of nursing
- 4 = private duty
- 5 = school
- 6 = industry
- 7 = physician/dentist office nurse
- 8 = community based agency
- 9 = other
- 10 = self employment
- = unknown

Setting (1992)

- 1 = hospital
- 2 = nursing home
- 3 = school of nursing
- 4 = private duty
- 5 = school
- 6 = occupational health/industry
- 7 = physician/dentist office nurse
- 8 = community based agency
- 9 = other
- 10 = self employment
- = unknown

Setting (1979-1991)

- 1 = hospital
- 2 = nursing home
- 3 = school of nursing
- 4 = private duty
- 5 = school
- 6 = occupational health/industry
- 7 = physician/dentist office nurse
- 8 = community based agency
- 9 = self employment
- 10 = other
- = unknown

24. *Secondary Employment Setting* (2014)

25. *Primary Employment Position* (2014)

- A = Staff Nurse
- C = Nurse Manager
- D = Nurse Researcher
- E = Nurse Faculty
- G = Advanced Practice Nurse
- K = Other – Health Related
- L = Nursing Consultant
- M = Nurse Executive
- N = Other – Not health Related

Type of position (2002-2013)

- 1 = administrator or assistant
- 2 = consultant
- 3 = supervisor or assistant
- 4 = instructor
- 5 = head nurse or assistant
- 6 = staff/general duty
- 7 = nurse practitioner
- 8 = nurse midwife
- 9 = clinical specialist
- 10 = CRNA
- 11 = research
- 12 = other
- = unknown

Type of position (1999-2001)

- 1 = administrator or assistant
- 2 = consultant
- 3 = supervisor or assistant
- 4 = instructor
- 5 = head nurse or assistant
- 6 = staff/general duty
- 7 = nurse practitioner
- 8 = nurse midwife
- 9 = clinical specialist
- 10 = CRNA
- 11 = other
- = unknown

Type of position (1979-1998)

- 1 = administrator or assistant
- 2 = consultant
- 3 = supervisor or assistant
- 4 = instructor
- 5 = head nurse or assistant
- 6 = staff/general duty
- 7 = nurse practitioner/midwife
- 8 = clinical specialist
- 9 = CRNA
- 10 = other
- = unknown

26. *Average hours worked per week*

27. *Number of weeks worked last year* (1979-1981)

28. *Languages spoken other than English* (2009-2013)

- Spanish
- Korean
- French
- Vietnamese
- Chinese
- Other

29. *Regionally Increasing Baccalaureate Nurses (RIBN) Graduate* (2014)

- Y = Yes
- N = No

*** If a variable is not available for all years, it will be noted in parentheses**

2014 N.C. Health Professions Data Book

Data Available for Respiratory Therapists, 2004-2014*

- | | |
|---|--|
| <p>1. <i>License/certification number</i></p> <p>2. <i>Licensing date</i>
month
year</p> <p>3. <i>Name</i>
first & middle initial
last</p> <p>4. <i>Mailing address</i>
street
city
state
ZIP code
county
AHEC
HSA</p> <p>5. <i>Establishment address</i>
establishment name
city
state
county
AHEC
HSA</p> <p>6. <i>Location codes (based on home address if individual is inactive or if establishment address is unknown; otherwise based on establishment address)</i>
county
state
1 = in state
2 = out of state
-9 = state unknown
AHEC
HSA</p> <p>7. <i>Birth year</i></p> <p>8. <i>Basic professional education - state</i></p> <p>9. <i>Basic professional education - school</i></p> <p>10. <i>Basic professional education - graduation year</i></p> <p>11. <i>Activity status</i>
1 = active
2 = inactive</p> <p>12. <i>License renewal date</i></p> <p>13. <i>License expiration date</i></p> <p>14. <i>Degree</i>
1 = associate
2 = bachelor
3 = certificate
4 = master
5 = other
• = unknown</p> | <p>15. <i>Gender (2006-2014)</i>
1 = male
2 = female
• = unknown</p> <p>16. <i>Race (2006-2014)</i>
1 = White
2 = Black
3 = American Indian
4 = Asian/Pacific Islander
5 = Other
6 = Hispanic
• = unknown</p> <p>17. <i>Setting (2005-2014)</i>
1 = education
2 = home health
3 = hospital
4 = long term care facility
5 = nursing home
6 = physician practice/clinic
7 = research
8 = sleep center
9 = other</p> <p>18. <i>Specialty (Primary and Secondary) (2009-2011)</i>
1 = advanced care - ECMO
2 = advanced care - flight / ground transport
3 = cardiovascular
4 = critical care - adult
5 = critical care - neonatal
6 = critical care - pediatrics
7 = emergency department
8 = general care
9 = home health care
10 = pulmonary function
11 = respiratory care department management
12 = respiratory care education
13 = respiratory care research
14 = respiratory care sales
15 = other</p> |
|---|--|

*** If a variable is not available for all years, it will be noted in parentheses**

HWDC Methodology

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Overview

The Healthcare Workforce Data Center (HWDC) administers voluntary surveys to healthcare practitioners regulated by the Virginia Department of Health Professions (DHP). We administer the surveys through the DHP's online renewal system. New applicants, practitioners who did not renew and practitioners who request a paper ballot do not have access to our surveys.

Initially, the HWDC administered surveys developed by the DHP's regulatory boards or by advisory committees made up of professionals. Beginning in December of 2012 the HWDC began to use a standard survey template for all of its surveys. This template measures similar concepts with the same instrument while also providing flexibility to address the needs of each profession. In particular, we adjust the response sets to reflect differing educational, specialty, income, establishment types and work patterns of each profession. We may also incorporate additional questions if requested by our advisory committees, DHP's regulatory Boards, policy-makers or other stakeholders. Adjustments to the standard survey occur annually in the fall and are implemented beginning with the December surveys.

The standard survey template is processed using a standard coding system and methodology embodied in an SPSS Syntax program. This process produces standardized data sets but may also be adjusted to incorporate the needs of each profession. Our methodology creates a standard set of comparable indicators, called the HWDC CareForce Indicators, for each profession. These indicators are published in the "At a Glance" section of our Profession reports, which provide the foundation for HWDC findings, and are the basis of many other HWDC reports and analysis.

Renewal Cycles & the HWDC Survey Year

The HWDC administers its surveys during the renewal process. Renewal cycles vary by profession. Some licensees are required to renew every year, and some every two years. Some Boards require all licensees to renew in a single month, while others spread renewals over the course of the year. In the latter case, licensees are usually required to renew during the month of their birth.

The Healthcare Workforce Data Center uses the survey year as the basis for its reporting. Each survey year conforms to the calendar year. Thus the 2014 survey year begins with the March 2014 renewal cycles and ends with the December renewal cycles, or the last renewals collected in December. With the exception of Nursing, all data reported for a survey year are collected during the survey year.

Nursing uses a continuous, biennial renewal cycle, with nurses renewing every other year based on their birth dates. The HWDC uses a full year of data, from October to September each year. For example, the 2014 survey year will include all surveys submitted from October 2013 through September 2014. These dates were selected to spread the workload of processing the reports through the calendar year. While previously the HWDC waited to collect a full cycle of data, the HWDC began processing nursing data based on a single year of data in 2013.

Note that HWDC surveys are not traditional, scientifically valid snapshot surveys. We ask practitioners to report on both their current situation, and to give information about their activities in

the prior 12 months. So persons responding to March surveys are reporting on activities as far back as April of the prior year. Nurses completing an October survey are reporting on activities that will be almost two years old by the time we process the surveys.

Surveys are conducted during different times of the year, and the environment for health workers may change significantly throughout the HWDC survey year. This may include mundane changes such as the seasons or events such as recessions and changes in the law. These may lead to real changes in behavior, as well as influence mood, effort and recall. Continuous renewal cycles for some professions further complicates data interpretation. Users are encouraged to consider these complications when reviewing the results.

Surveys in current collection, grouped by renewal date, include:

<p>Every March: Assisted Living Facility Administrators Dental Hygienists Dentists Nursing Home Administrators</p> <p>Every June: Clinical Psychologists Licensed Professional Counselors</p> <p>June, Odd Years Licensed Clinical Social Workers</p>	<p>Every December Audiologists Optometrists Pharmacists Pharmacy Technicians Speech-Language Pathologists</p> <p>December, Odd Years† Physician Assistants† Radiologic Technologists† Respiratory Care Practitioners†</p>	<p>December, Even Years Doctors of Osteopathic Medicine† Medical Doctors† Occupational Therapists† Occupational Therapy Assistants† Physical Therapists Physical Therapy Assistants</p> <p>Every October Certified Nurse Aides* Licensed Practical Nurses* Nurse Practitioners** Registered Nurses*</p>
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†Renew every other year during their birth month.

*Nurses renew biennially during their birth month on an ongoing basis. Our data collection period for nurses runs from October to September. Each survey report and data release is based on a single year of data. The first Nurse Practitioner collection ran from March 2011 to February 2013. Subsequent collections will conform to the Nursing schedule.

Estimates

The HWDC’s voluntary surveys consistently achieve high response rates, usually above 75 percent but often around 90 percent. Nevertheless, the surveys are not a census. Rather, our sample is a convenience sample of regulated practitioners who renewed online.

The methodology excludes some, but not all, new applicants during the renewal cycle. Some new applicants are required to renew at the next opportunity, while others are covered by a grace period. This requirement varies by profession. It excludes practitioners who do not renew their licenses, but

who may have been active in Virginia for part of the survey period. Additionally, practitioners may request paper renewals.

The methodology also excludes practitioners who choose to renew using paper renewals. These practitioners may be older, less technologically savvy or lack access to high speed internet (e.g., rural practitioners). Using administrative data in our licensee files, we are able to determine response rates based on age and the metro status of the practitioner's mailing address with the Department.

To account for differences in response rates by key characteristics, this report uses weighted estimates. The HWDC assigns a weight to each response based on the overall response rate based on the age of the respondent in five year categories and the rural status of the respondent's mailing address. For the latter, the HWDC uses a measure of rurality developed by the US Department of Agriculture known as the Rural-Urban Continuum Code. More information on these codes is available on the USDA website: <http://www.ers.usda.gov/Briefing/Rurality/RuralUrbCon/>.

Response rates may vary on other important characteristics such as race/ethnicity, gender, specialty or worksite characteristics. However, the HWDC does not have population-wide data on these characteristics to generate response rates and weights.

Due to the rounding of weighted data in HWDC's statistical software, weighting may result in some minor anomalies in tables and other presented data (e.g., data may not add to totals in tables). Additionally, users of the data should be aware that these estimates are more robust for larger populations. Estimates for smaller populations are less robust, and the HWDC avoids publishing specific estimates for small populations.

Virginia's CareForce

The survey's population is all regulated practitioners in Virginia during each profession's renewal cycle. From this population, we are particularly interested in those who worked or were available to work in Virginia: Virginia's CareForce.

Not all of Virginia's licensed practitioners live or work in the state. Out-of-state practitioners maintain licenses in-state for a variety of reasons. Those serving in the military or working for the federal government may be required to hold a license, or may choose to do so, but they may do so in any state. Retired practitioners may maintain their licenses for prestige or occasional practice. Practitioners may occasionally travel to Virginia to work, particularly those practicing in Virginia's border jurisdictions. Others may provide remote services (e.g., telemedicine).

For HWDC's purposes, Virginia's workforce consists of respondents who reported having at least one practice or work location in a profession-related field AND who identified at least a primary or secondary practice location in Virginia during the survey period (Note: we do not collect location information for third or subsequent work locations). If a respondent indicated practicing but did not list a location, mailing address was used as a proxy to determine participation in Virginia's workforce. Virginia's workforce also includes those who reside in Virginia and did not work over the survey period, but who intend to return to practice at some point.

Those familiar with federal data should note that this is a broader measure than the Bureau of Labor Statistics' civilian labor force which includes only those who are employed or those who are actively seeking work and excludes those in the military. Users should also note our estimates are only for practitioners who hold or held a Virginia license, certification or registration for the specific profession during the survey period. Some practitioners may work in the state under compact rules or through certain profession-specific exceptions. Additionally, some practitioners in training roles may provide significant services under supervision. These practitioners may or may not be required to hold a license, registration or certificate, or may hold a separate license, registration or certificate (e.g., physician residents or interns). We do not account for these practitioners.

Data Products

Profession Reports

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following end of the data collection period. Profession reports include HWDC CareForce Indicators (see below), as well as more detailed information pertaining to the professions.

Virginia CareForce Snapshots

The Virginia CareForce Snapshot is a compilation of the CareForce indicators for all professions, statewide, in a given HWDC survey year. The Careforce Snapshot, published annually in spring, provides an easy tool to compare indicators across professions. The CareForce Snapshot also includes additional, statewide information including population estimates and projections from the Weldon Cooper Center, information on health and access from the Virginia Atlas of Community Health and the Virginia Department of Health. A map of statewide facilities is also included.

Regional Reports

Produced in collaboration with the Virginia Healthcare Workforce Development Authority, (VHWDA) our regional reports provide breakdowns of select CareForce indicators for Virginia's eight Area Health Education Center (AHEC) regions. Regional Reports are published each spring. The Regional Reports also include additional information for each AHEC region including population estimates and projections from the Weldon Cooper Center, information on health and access from the Virginia Atlas of Community Health and the Virginia Department of Health. A map of facilities within each AHEC is also included.

Glossary

HWDC CareForce Indicators

The following are brief definitions for our CareForce indicators, organized by sections found in our Profession Reports. Not all indicators are published for all professions in Profession Reports. Unless otherwise indicated, indicators refer to Virginia's Workforce. They also appear in our annual *Virginia CareForce Snapshot*.

Executive Summary

The Workforce

Licensees: The count of practitioners who held a Virginia license during the survey period.

Virginia's Workforce: Includes licensees with a primary or secondary work location in Virginia or licensees who are not currently working but who live in Virginia and who plan to work in Virginia in the future. (If work location is not provided, mailing address is used as a proxy for working practitioners)

FTEs: Full-time equivalency units. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of hour ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Survey Response Rates

All Licensees: The proportion of all Licensees who submitted a survey. This is the response rate used to calculate weights.

Renewing Practitioners: The proportion of renewing practitioners who submitted a survey. This is the proportion of the sample that submitted a survey.

Demographics

Female: The proportion who are female.

Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of different race or ethnicity (using the categories listed in the Demographics section of the report). It is calculated by squaring the percent for each group, summing the squares, and subtracting the sum from 1.00.

Median Age: The 50th percentile age. Half of the workforce is younger than the median age, and half is older.

Background

Rural Childhood: The proportion who self-identify as growing up in a rural area.

HS Diploma in VA: The proportion who completed high school in Virginia.

Prof Degree in VA: The proportion who completed their initial professional degree in Virginia.

Education

The proportion with the listed degrees.

Finances

Median Salary: The 50th percentile salary range. 50% earn more and 50% earn less.

Health Benefits: Proportion who receive health benefits from any employer.

Under 40 w/Ed Debt: The proportion of those under age 40 who carry any educational debt.

Current Employment

Employed in Prof: The proportion employed in a profession-related capacity at the time they completed the survey.

Hold 1 Full-time Job: The proportion who held only one full time job at the time they completed the survey.

Satisfied?: The proportion who indicated being somewhat satisfied or very satisfied with their current employment situation.

Job Turnover

Switched Jobs in prior year: The proportion who switched jobs in the year prior to taking the survey.

Employed over 2 yrs: The proportion employed at their primary work location from more than two years.

Time Allocation

Patient Care: The amount of time a typical (median) practitioner spends on patient care.

Administration: The amount of time a typical (median) practitioner spends on administration.

Primarily in PC: The proportion of practitioners who spend 60% or more of their time on patient care.

Survey Response Rates

Licensed Practitioners

Number: The count of practitioners who held a Virginia license during the survey period.

New: The proportion of licensees who acquired their license during the survey period.

Not Renewed: The proportion of licensees who did not renew their license at their renewal date and who did not reinstate it before the survey period ended.

Response Rates

All Licensees: The proportion of all Licensees who submitted a survey. This is the response rate used to calculate weights.

Renewing Practitioners: The proportion of renewing practitioners who submitted a survey. This is the proportion of the sample that submitted a survey.

The Workforce

Workforce

Virginia's Workforce: Includes licensees with a primary or secondary work location in Virginia or licensees who are not currently working but who live in Virginia and who plan to work in Virginia in the future. (If work location is not provided, mailing address is used as a proxy for working practitioners).

FTEs: Full-time equivalency units. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of hour ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Utilization Ratios

Licensees in VA Workforce: The proportion of licensees in Virginia's Workforce.

Licensees per FTE: The number of licensees per FTE. This can be thought of as the number of licensees required to produce one FTE.

Workers per FTE: The number of participants in Virginia's workforce per FTE. This can be thought of as the number of workers required to produce one FTE. (NOTE: The inverse of Workers per FTE is not the same as Average FTEs as calculated in the Full-Time Equivalency Units section, which includes only employed workers.)

Demographics

Gender

% Female: The proportion who are female.

% Under 40 Female: The proportion under age 40 who are female.

Age

Median Age: The 50th percentile age. Half of the workforce is younger than the median age, and half is older.

% Under 40: The proportion under age 40.

%55+: The proportion age 55 and over.

Diversity

Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of different race or ethnicity (using the categories listed in the Demographics section of the report). It is calculated by squaring the percent (as a decimal) for each group, summing the squares, and subtracting the sum from 1.00.

Under 40 Div. Index: The Diversity Index for those under 40 years of age.

Background

Childhood

Urban Childhood: The proportion who self-identify as having spent their childhood in an urban area.

Rural Childhood: The proportion who self-identify as having spent their childhood in a rural area.

Virginia Background

HS in Virginia: The proportion who completed high school in Virginia.

Prof. Ed. In Virginia: The proportion who completed their initial professional education in Virginia.

HS or Prof. Ed. In VA: The proportion who completed either high school or their initial professional education in Virginia.

Location Choice

% Rural to Non-Metro: The proportion who had a rural childhood whose primary practice location is in a non-Metro area, using USDA Rural-Urban Continuum Codes.

% Urban/Suburban to Non-Metro: The proportion who had an urban or suburban childhood whose primary practice location is in a non-Metro area, using USDA Rural-Urban Continuum Codes.

Not in VA Workforce:

Total: The number of licensees who did not participate in Virginia's Workforce.

% of Licensees: The proportion of licensees who did not participate in Virginia's Workforce.

Federal/Military: The proportion of licensees NOT in Virginia's Workforce who worked for the Military or other areas of the Federal government.

Va. Border State/DC: The proportion of licensees NOT in Virginia's Workforce who had a primary work location in a state bordering Virginia or in Washington D.C.

Education

Education

The proportion with the listed degrees.

Educational Debt

Carry Debt: The proportion who carry any educational debt related to their profession.

Under age 40 w/ debt: The proportion under age 40 who carry debt related to their profession.

Median debt: The median amount of profession-related educational debt still owed by those who carry educational debt.

Current Employment Situation

This part of the survey asks participants to report their circumstances *at the time they complete the survey*. Renewal cycles vary among the professions resulting in a different time frame for these questions among the professions.

Employment

Employed in Profession: The proportion who are employed in their profession.

Involuntarily Unemployed: The proportion who are involuntarily unemployed.

Positions Held:

1 Full-time: The proportion who hold one full-time position.

2 or more positions: The proportion who held two or more positions.

Weekly Hours

40 to 49: The proportion who worked, on average, 40 to 49 hours per week.

60 or more: The proportion who worked, on average, 60 or more hours per week.

Less than 30: The proportion who worked, on average, fewer than 30 hours per week.

Employment Quality

Earnings

Median Income: The 50th percentile salary range.

Middle 50%: Roughly, the 25th percentile salary range to the 75th percentile salary range. The lower bound, rounded, of the salary range containing the 25th percentile earner to the upper bound of the 75th percentile salary range.

Benefits

Employer Health Insurance: The proportion who have employer-sponsored health insurance from any employer. Note: Professions in which private practice is common may have lower employer-sponsored benefits figures.

Employer Retirement: The proportion who have employer-sponsored retirement from any employer. Note: Professions in which private practice is common may have lower employer-sponsored benefits figures.

Satisfaction

Satisfied: The proportion who indicated being somewhat satisfied or very satisfied with their *current* employment situation.

Very Satisfied: The proportion who indicated being very satisfied with their *current* employment situation.

2012 Labor Market

Unemployment Experience

Involuntarily Unemployed: The proportion who were involuntarily unemployed at any time in the twelve months prior to taking the survey.

Underemployed: The proportion who worked part-time or temporary positions, but who would have preferred a full-time and/or permanent position at any time in the twelve months prior to taking the survey.

Turnover & Tenure

Switched Jobs: The proportion who switched employers or practices in the twelve months prior to taking the survey.

New Location: The proportion who switched work locations (though not necessarily employer or practice) in the 12 months prior to taking the survey.

Over 2 years: The proportion who have worked for three or more years at their primary work location.

Over 2 years, 2nd location: The proportion who have a secondary work location and who have worked for three or more years at their secondary work location.

Employment Type

Salary or Wage: The proportion who are salary or wage employees at their primary work location.

Work Site Distribution

Concentration

Top Region: The proportion of the workforce in the Council on Virginia's Future Regions with the largest number of primary work locations.

Top 3 Regions: The proportion of the workforce in the three Council on Virginia's Future Regions with the largest number of primary work locations.

Lowest Region: The proportion of the workforce in the Council on Virginia's Future Regions with the lowest number of primary work locations.

Locations

2 or more (prior year): The proportion of the workforce who worked at more than one work location over the prior year.

2 or more (now): The proportion of the workforce which has more than one work location now.

Establishment Type

Sector

For Profit: The proportion of the workforce whose primary work location is in the for-profit sector (e.g, corporate or private practice).

Federal: The proportion of the workforce whose primary work location is part of the Federal government, including the military or the Veterans Administration.

Top Establishments

Lists the three top establishment types and provides the proportion of the workforce in each type.

Time Allocation

Typical Time Allocation

The median amount of time members of the workforce spent on the specified roles (Patient Care, Administration, Education and Research) at their primary work location.

Roles:

The proportion of the workforce who spent 60% or more of their time on the specified roles (Patient Care, Administration, Education and Research) at their primary work location. The remainder split their time between multiple roles.

Administration Time

Median Administration Time: The median proportion of time spent on administrative tasks.

Ave. Administration Time: The average proportion of time spent on administrative tasks. The average is calculated using the mid-points of the ranges.

Retirement and Future Plans

Retirement Expectations

All, Under 65: The proportion of the workforce which expects to retire prior to age 65.

All, Under 60: The proportion of the workforce which expects to retire prior to age 60.

50 and Over, Under 65: The proportion of the workforce age 50 and over which expects to retire prior to age 65.

50 and Over, Under 60: The proportion of the workforce age 50 and over which expects to retire prior to age 60.

Time until Retirement

Within 2 years: The proportion of the workforce that expects to retire within the next two years.

Within 10 years: The proportion of the workforce that expects to retire within the next ten years.

Half the Workforce: The year by which half the workforce expects to retire. Note: Due to the response choices offered, this occurs in 5 year increments.

Full-Time Equivalency Units

CareForce FTEs

Total: The total sum of Full-time equivalency units produced by Virginia's CareForce. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of weekly hours worked ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Note that some of these FTE's may have been provided outside of Virginia. For a measure of FTEs provided in Virginia only, see HWDC's Annual CareForce Snapshot and HWDC's Regional Reports.

Average: Full-Time Equivalency Units per member of the workforce who worked at least some hours in Virginia in the twelve months prior to completing the survey.

Age & Gender Effect

Age, Partial Eta²: Partial Eta² is a statistical measure of the magnitude or size of an effect, in this case the magnitude of the effect of age on FTEs. Since HWDC surveys often deal with large numbers of respondents, the statistical power of standard tests is increased, making it more likely those tests will find a statistically significant difference. In these cases, the magnitude or size of the effect may be more

meaningful. A Partial Eta² of .01 means age has only a small effect on FTEs, a .06 is a medium effect and .138 is a large effect.

The statistical tests used compare averages. There is often wide variation among FTEs per individual within age groups even if statistical differences of medium or large effect are found.

Gender, Partial Eta²: Partial Eta² is a statistical measure of the magnitude or size of an effect, in this case the magnitude of the effect of gender on FTEs. Since HWDC surveys often deal with large numbers of respondents, the statistical power of standard tests is increased, making it more likely those tests will find a statistically significant difference. In these cases, the magnitude or size of the effect may be more meaningful. A Partial Eta² of .01 means gender has only a small effect on FTEs, a .06 is a medium effect and .138 is a large effect.

The statistical tests used compare averages. There is often wide variation among FTEs of either gender even if statistical differences of medium or large effect are found.

HWDC Regional Reports & CareForce Snapshot Map

HWDC Regional Reports include some non-HWDC data, some additional indicators, and a different definition for FTEs. Some of this information is included in the CareForce Snapshot Map.

Map Pages

Population & Projections

Population: The population and projected population, calculated by the HWDC using the latest population estimates and projections from the University of Virginia's Weldon Cooper Center for Public Service, Demographics Research Group. <http://www.coopercenter.org/demographics/virginia-population-projections>

% 65 and over: The proportion of the population estimated or projected to be age 65 and over, calculated by the HWDC using the latest population estimates and projections from the University of Virginia's Weldon Cooper Center for Public Service, Demographics Research Group. <http://www.coopercenter.org/demographics/virginia-population-projections>

% under 15: The proportion of the population estimated or projected to be under age 15, calculated by the HWDC using the latest population estimates and projections from the University of Virginia's Weldon Cooper Center for Public Service, Demographics Research Group. <http://www.coopercenter.org/demographics/virginia-population-projections>

Dependency Ratio: Conceptually, the proportion of the population which is "dependent" on the working age population to provide goods and services. Operationally, the HWDC uses the World Bank definition for a dependent, which are those under age 15 and over age 64. The HWDC aggregates to the regional level using the latest population estimates and projections from the University of Virginia's Weldon Cooper Center for Public Service, Demographics Research Group. <http://www.coopercenter.org/demographics/virginia-population-projections>

Health Risk

% in Poverty: The proportion of the population in poverty. HWDC aggregates to the regional level using data from the Virginia Atlas of Community Health. <http://atlasva.org/>.

Per Capita Income: Income per person. HWDC aggregates to the regional level using data from the Virginia Atlas of Community Health. <http://atlasva.org/>.

% of Adults Fair or Poor Health: The estimated proportion of persons 18+ who reported Fair or Poor Health, using the Behavioral Risk Factor Surveillance System (BRFSS 2006-2010) as the data source. Estimates are formulated by Community Health Solutions. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. <http://atlasva.org/>.

% of Adults Overweight or Obese: The estimated proportion of persons 18+ whose reported information results in an overweight ($25 \leq \text{BMI} < 30$) or obese ($30 \leq \text{BMI}$) body mass index, using the Behavioral Risk Factor Surveillance System (BRFSS 2006-2010) as the data source. Certain categories of persons (e.g., pregnant women) are excluded. Estimates are formulated by Community Health Solutions. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. <http://atlasva.org/>.

% of High School Age Overweight or Obese: The estimated proportion of persons age 14-19 whose reported information results in an overweight or obese body mass index, using the Youth Risk Factor Surveillance System (YRFSS 2010) as the data source. BMI used to determine overweight and obese varies by age and gender. Estimates are formulated by Community Health Solutions. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. <http://atlasva.org/>.

Access

Uninsured Non-Elderly: The estimated proportion of persons age 0-64 without health insurance. Estimates are formulated by Community Health Solutions using data from the US Census Bureau, Kaiser Family Foundation, Virginia Department of Social Services and Alteryx, Inc. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. <http://atlasva.org/>.

Medicaid Enrollees: The estimated proportion of persons enrolled in Medicaid. Estimates are formulated by Community Health Solutions using data from the US Census Bureau, Kaiser Family Foundation, Virginia Department of Social Services and Alteryx, Inc. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. <http://atlasva.org/>.

Medicare Enrollees: The estimated proportion of persons enrolled in Medicare. Estimates are formulated by Community Health Solutions using data from the US Census Bureau, Kaiser Family Foundation, Virginia Department of Social Services and Alteryx, Inc. The HWDC aggregates to the regional level using data available from the Virginia Atlas of Community Health. <http://atlasva.org/>.

Hospital Beds: The number of hospital beds, calculated by HWDC using data from Virginia Health Information (VHI): www.vhi.org.

LTC Beds: The number of long-term care beds, calculated by HWDC using facility listing from the Virginia Department of Health, Office of Licensure and Certification, Facility Directories:

<http://www.vdh.virginia.gov/OLC/Facilities/>.

Workforce (FTEs)

The total sum of Full-Time Equivalency units (FTEs) produced by each profession within the region. Note that this is slightly different than CareForce FTEs, which includes **all** FTES provided by persons with an in-state work location, including those provided out of state at second locations. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of weekly hours worked ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Regional Indicators

Full-Time Equivalency Units: The total sum of Full-time equivalency units produced within each region. The HWDC uses a 2,000 hour year as one FTE. Hours worked are calculated by taking the midpoint of weekly hours worked ranges and multiplying by weeks worked for each location. If either variable is missing, we use the average value to impute each variable, controlling for age range and rural location.

Note that this definition is slightly different than CareForce FTEs reported in our profession reports as it only includes FTEs provided in each defined region. If the region is all of Virginia, it only includes FTEs provided in Virginia. For a measure of FTEs provided by all members of Virginia’s Careforce, see the Profession Reports.

Employment Instability, past year: Similar to turnover rates for businesses, employment instability is a measure of churn and underemployment in the labor market from the perspective of employees. In other words, we are examining how successful members of the workforce are at maintaining one, stable position that meets their employment needs at the time. Operationally, we define it as anyone who has experienced any of the circumstances listed in the following table at any point in the twelve months prior to taking the survey (example from Licensed Clinical Psychologists, 2013). Employment Instability, past year is equivalent to the final row “Experienced at least 1”.

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	18	1%
Experience Voluntary Unemployment?	102	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	52	2%
Work two or more positions at the same time?	660	28%
Switch employers or practices?	128	6%
Experienced at least 1	825	35%

Source: Va. Healthcare Workforce

Utah Medical Education Council
230 South 500 East, Suite 210
Salt Lake City, Utah 84102



«FULL_NAME»
«ADDR_LINE_1» «ADDR_LINE_2»
«CITY», «STATE», «ZIP»

Utah Medical Education Council 2015 Physician Workforce Survey

Dear «Prefix» «LAST_NAME»

The Utah Medical Education Council, in conjunction with the Utah Division of Occupational and Professional Licensing and the Utah Medical Association requests your continued support and partnership in updating the status of Utah's physician workforce by completing the attached survey. Your participation in previous surveys has generated critical data for physician workforce development and planning to meet the healthcare needs of Utah. For a free copy of the report, please visit our website www.utahmec.org.

We are committed to maintaining your privacy. Only de-identified, aggregate data will be published. For any further questions regarding this survey, please contact us at (801) 526-4550. Please return the completed survey in the envelope provided.

For any questions regarding this survey please contact the UMEC at 801-526-4564.

Please return the completed survey to the UMEC within 30 days in the enclosed postage paid envelope.

Sincerely,

Richard Campbell
Executive Director
Utah Medical Education Council

Grant Cannon, M.D.
Associate Chief of Staff
George E. Wahlen VAMC

B. Dee Allred, M.D.
President
Utah Medical Association

Marc E. Babitz, M.D.
Family Health and Preparedness Director,
Utah Department of Health

Michelle McOmber
Chief Executive Officer
Utah Medical Association

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Members

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Dr. Alan Smith

Dr. Marc Babitz

Dr. Brent Wallace

Dr. Jennifer Leiser

Utah's Physician Workforce Survey 2015

SECTION 1: GENERAL INFORMATION, BACKGROUND AND EDUCATION

1. Are you practicing medicine in Utah? Yes No

a. If **NO**, please specify why you maintain a Utah license.

b. If **NO**, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:

Family _____ Wage/Pay scale _____ Climate _____
Lifestyle _____ Work Environment _____ Other (specify) _____

IF YOU DO NOT PRACTICE MEDICINE IN THE STATE OF UTAH, PLEASE STOP HERE AND RETURN THE SURVEY IN THE INCLUDED PRE-PAID ENVELOPE, THANK YOU FOR YOUR TIME.

2. Are you of Hispanic ethnicity? Yes No

3. What is your race? (please mark only one)

American Indian/Alaska Native African American Asian
 Native Hawaiian/Pacific Islander White/Caucasian Other (specify) _____

4. Please describe the area where you spent the majority of your upbringing (when you lived there):

Rural Suburban Urban/Metropolitan Area State: _____

5. The county, state and country where you attended high school:

County (if in Utah): _____ State: _____ Country: _____

6. The institution from which you received your MD or DO degree (please check the degree that applies):

Institution: _____ Year: _____
City: _____ State: _____ Country: _____

7. Please check the program(s) you have completed (or are currently in), list the specialties in which you have trained (or are training), name of the institution, state, and the year (or expected year) of completion: (please fill in details for all programs you have attended/are attending)

a. Internship Residency Fellowship Specialty: _____
Institution: _____ State: _____ Year of Completion: _____

b. Internship Residency Fellowship Specialty: _____
Institution: _____ State: _____ Year of Completion: _____

c. Internship Residency Fellowship Specialty: _____
Institution: _____ State: _____ Year of Completion: _____

8. Please enter a code from the list below indicating the amount of educational debt you **CURRENTLY** have from your medical training. Also, please enter a code indicating the **TOTAL** educational debt you had for your medical training **at the time of your graduation from medical school**. (exclude any premedical and non-education debt including residency relocation loans, cars and credit cards) Current: _____ Total: _____

01= \$0.00	04= \$75,000 to \$99,999	07= \$150,000 to \$174,999	10= \$250,000 to \$274,999
02= > \$0.00 to \$49,999	05= \$100,000 to \$124,999	08= \$175,000 to \$199,999	11= \$275,000 to \$299,999
03= \$50,000 to \$74,999	06= \$125,000 to \$149,999	09= \$200,000 to \$249,999	12= \$300,000 or more

9. Please enter a code indicating your **average annual gross compensation?** (before taxes AND excluding benefits)
Compensation: _____

01= \$49,999 or less	04= \$100,000 to \$124,999	07= \$175,000 to \$199,999	10= \$250,000 to \$274,999
02= \$50,000 to \$74,999	05= \$125,000 to \$149,999	08= \$200,000 to \$224,999	11= \$275,000 to \$299,999
03= \$75,000 to \$99,999	06= \$150,000 to \$174,999	09= \$225,000 to \$249,999	12= \$300,000 or more

SECTION 2: YOUR WORK SETTING/ SPECIALTY

10. What is your primary work status? (please check **ONE** of the following)

- Actively working in a position that requires a medical license Actively working in a field other than medicine Not currently working Retired

11. Please enter a code from the list below to describe your Primary _____ and Secondary _____ practice settings:

- | | | |
|---|---|--|
| 01= Office/Clinic- Solo Practice | 08= Federal Hospital (VA) | 15= Local Health Department |
| 02= Office/Clinic- Single Specialty Group | 09= Research Laboratory | 16= Academic Faculty |
| 03= Office/Clinic- Multi Specialty Group | 10= Medical School | 17= Volunteer in a Free Clinic |
| 04= Hospital- Inpatient | 11= Nursing Home/ Ext. Care Fac. | 18= Correctional Facility |
| 05= Hospital- Outpatient | 12= Home Health Setting | 19= University/College Student Health Fac. |
| 06= Hospital- Emergency Department | 13= Hospice Care | 20= Other (specify): _____ |
| 07= Hospital- Ambulatory Care Center | 14= Federally Qualified Community Health Center | |

12. Excluding residency/ fellowship, have you voluntarily switched employers/practices within the past five years?

- YES NO

a. If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to: Setting Code Left: _____ Setting Code Moved To: _____

b. If YES please check the reason(s) for this change of work setting

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Better Work/Education Fit | <input type="checkbox"/> Desire for Change | <input type="checkbox"/> Higher Pay | <input type="checkbox"/> More Challenging |
| <input type="checkbox"/> Moved Residence | <input type="checkbox"/> Personal/Family Reasons | <input type="checkbox"/> Preferred hours | <input type="checkbox"/> Professional Advancement |
| <input type="checkbox"/> Work Responsibilities | <input type="checkbox"/> Other _____ | | |

13. Please enter the code from the list below which most closely resembles your:

Primary specialty: _____ **Secondary specialty:** _____

- | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| 01= Allergy and Immunology | 18= Internal Medicine (General) | 35= Psychiatry |
| 02= Anesthesiology (General) | 19= Internal Medicine and Pediatrics | 36= Psychiatry-Child and Adolescent |
| 03= Anesth.-Pain Management | 20= Other IM Subspecialties | 37= Other Psychiatry Subspecialties |
| 04= Other Anesth. Subspecialties | 21= Nephrology | 38= Pulmonary Disease/CCM |
| 05= Cardio-Thoracic Surgery | 22= Neurology | 39= Radiology (Diagnostic) |
| 06= Cardiology | 23= Nuclear Medicine | 40= Radiology (Therapeutic) |
| 07= Critical Care Medicine | 24= OB/GYN (General) | 41= Rheumatology |
| 08= Dermatology | 25= OB/GYN Subspecialties | 42= Sleep Medicine |
| 09= Emergency Care | 26= Ophthalmology | 43= Sports Medicine |
| 10= Endocrinology and Metabolism | 27= Otolaryngology | 44= Surgery (General) |
| 11= Family Practice | 28= Pathology (General) | 45= Surgery-Cardio-Thoracic |
| 12= Gastroenterology | 29= Pathology Subspecialties | 46= Surgery-Orthopedic |
| 13= Geriatrics | 30= Pediatrics (General) | 47= Surgery-Plastic |
| 14= Hematology/Oncology | 31= Pediatrics Subspecialties | 48= Other Surgical Subspecialties |
| 15= Hospice and Palliative Medicine | 32= Physical Med. and Rehab. | 49= Urology |
| 16= Hospitalist | 33= Plastic Surgery | 50= Other Specialty |
| 17= Infectious Diseases | 34= Prev. Med./Public or Occ. Health | |

a. If you indicated a Subspecialty or Other above, please indicate the specific specialty. _____

14. Are you currently board certified in the specialties you indicated in question 13:

- a. Primary specialty** Yes No **b. Secondary specialty** Yes No

15. At what age do you plan to retire? _____

16. Prior to retirement, do you plan to reduce the number of hours you practice per week? Yes No

If yes, please specify:

- a. How many years from now do you plan to reduce your hours? _____ Yrs
- b. How many hours per week will you practice after reducing your hours? _____ Hrs/Wk

SECTION 3: YOUR PRACTICE

17. Please indicate **Zip Code**, of your primary practice setting and secondary practice setting (if applicable) Also, please estimate the **total hours worked per week** (not including on-call) at each practice location AND the number of hours you spend in **DIRECT PATIENT CARE** each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other medical professionals: (unless all of the hours you work each week are spent in direct patient care without any teaching or training of other medical professionals, the total hours worked should be less than the number of direct patient care hours reported.)

Primary Practice Zip: _____ Total Hours/ wk: _____ Direct Patient Care Hours/ wk: _____
Secondary Practice Zip: _____ Total Hours/ wk: _____ Direct Patient Care Hours/ wk: _____

a. If you DO provide **direct patient care**, please indicate what PERCENT of the hours you spend with patients is dedicated to the following types of care:

	<u>Preventative Care</u>	<u>Acute Care</u>	<u>Chronic Care</u>	<u>Total</u>
Primary Practice:	_____	_____	_____	(100%)
Secondary Practice:	_____	_____	_____	(100%)

a. If you DO NOT provide direct patient care, how many years has it been since you did? _____ years.

18. Please indicate the average hours per week you spend in the following **NON-PATIENT CARE** activities: (The total number of hours distributed between non-patient care activities should not exceed the number of hours left over after the hours reported being spent in direct patient care per week are subtracted from the total number of hours worked per week reported above).

<u>NON-PATIENT ACTIVITY</u>	<u>Hrs./Wk.</u> <u>PRIMARY</u> <u>SITE</u>	<u>Hrs./Wk.</u> <u>SECONDARY</u> <u>SITE</u>
a. Classroom Training of other Professionals (Clinical and/or classroom teaching of students without patient care)	_____	_____
b. Combined Patient Care with Teaching/Training other Physicians (Supervising/training of residents/ students while delivering patient care)	_____	_____
c. Administration/ Management (budgeting, personnel management, NOT in support of patient care)	_____	_____
d. Practice Management (budgeting, planning, activities to maintain operation of a practice)	_____	_____
e. Consulting/ Research (Reports, applications, surveys, etc., NOT in support of patient care)	_____	_____
f. Other: _____ (NOT in support of patient care)	_____	_____

19. In a typical day, how many Out-patients do you see per hour? Office: _____ Urgent Care: _____ ER: _____

20. In a typical day, how many In-patients do you see per hour? Hospital: _____ Extended Care Facilities: _____

**21. Please estimate the percentage (%) of patients you see from each of the following age groups
(Total of all practice locations. Sum for each patient category should equal 100%)**

Outpatients: 0-19 _____ 20-64 _____ 65-84 _____ 85+ _____ (total 100%)
 Inpatients: 0-19 _____ 20-64 _____ 65-84 _____ 85+ _____ (total 100%)

22. What percentage of your patients are insured by: (please make sure the percentages add up to a 100%)

Medicaid _____ % Self-Pay/Uninsured _____ % Charity Care _____ %
 Medicare _____ % Private Ins./Managed Care _____ % VA/Tri-Care (CHAMPUS) _____ %

23. Do you limit the number of new patients in the following categories: (please check all that apply)

Medicaid Medicare Self Pay/Uninsured Other New Insured Not Limiting

24. On average, how many days must patients wait for an appointment?

Primary Practice: New Patients: _____ days Established Patients: _____ days
 Secondary Practice: New Patients: _____ days Established Patients: _____ days

25. Please indicate a code for the status of your primary _____ and secondary _____ practice location(s).

01= Full (cannot accept additional patients) 03= Unfilled (can accept many new patients, far from full)
 02= Nearly Full (can accept a limited number of new patients) 04= N/A (practice site is VA, military, or corrections)

26. Please check the technology(s) that you currently use in your practice (please check all that apply):

Electronic (patient) Medical Record (EMR) system Electronic Patient Panel
 e-Prescribing system Health Information Exchange Telemedicine None of the above

SECTION 4: Healthcare Team Interaction

27. In providing direct patient care, what percent of your time is spent working in a team with each the following medical professionals?

	Care	Mental			Primary	Sub-	
APRN	Coordinator	Health	PA	Pharmacist	Care	Specialist	RN
		Professional			Physician	Physician	
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

28. Would you say that the team works to establish shared goals that reflect patient and family priorities and can be clearly articulated, understood and supported by all team members?

Strongly Disagree Disagree Neutral Agree Strongly Agree

29. Would you say that there are clear expectations for each team member's functions, responsibilities and accountabilities, which often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts?

Strongly Disagree Disagree Neutral Agree Strongly Agree

30. Would you say that team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement?

Strongly Disagree Disagree Neutral Agree Strongly Agree

31. Would you say that the team prioritizes and continuously refines its communication skills and has consistent channels for candid and complete communication, which are accessed and used by all team members across the setting?

Strongly Disagree Disagree Neutral Agree Strongly Agree

32. Would you say that the team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals, and that these are used to track and improve performance immediately and over time?

Strongly Disagree Disagree Neutral Agree Strongly Agree

Thank you for your participation. Please return the survey in the enclosed envelope.



2014 Utah Medical Education Council Physician Assistant Workforce Survey



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Karl Torgerson, PA-C

Dear Physician Assistant,

This survey is a collaborative effort of the Utah Medical Education Council, the Utah Department of Health and The Utah Academy of Physician Assistants with the cooperation of the Division of Occupational and Professional Licensing.

The purpose of this survey is to measure the adequacy of Utah's PA workforce and to make projections of capacity and future need. The data will be compared to survey data the UMEC has collected on Utah's Physicians and APRNs to evaluate the mix of health care professionals in the state.

We recognize that some of the information requested is private or proprietary in nature. The information collected will remain strictly confidential. Only de-identified, aggregate data will be published. For any questions regarding this survey please contact the UMEC at 801-526-4564.

Please return the completed survey to the UMEC within 30 days of receipt in the enclosed postage paid envelope.

Thank you for your valuable time and participation.

Richard Campbell
Executive Director
Utah Medical
Education Council

Vicki Berger PA-C
President
Utah Association of
Physician Assistants

Utah Medical Education Council • 230 S. 500 E. Ste. 210, Salt Lake City, Utah, 84102
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Utah Medical Education Council Physician Assistant Workforce Survey, 2014

- 24. If your practice is not full, from which payer types are you accepting additional patients?**
 Primary Location: N/A Medicaid Medicare Self-Pay/Uninsured Other Insured Not accepting
 Secondary Location: N/A Medicaid Medicare Self-Pay/Uninsured Other Insured Not accepting
- 25. On average, how many days must patients wait for an appointment?**
 Primary Practice: **New Patients:** _____ days **Established Patients:** _____ days
 Secondary Practice: **New Patients:** _____ days **Established Patients:** _____ days
- 26. Do you provide charity care?** YES NO (charity does not include write-offs)
 a. **If YES, In Utah:** \$ _____ per year **Outside Utah:** \$ _____ per year
 b. **If In Utah, for whom do you provide charity care?**
 Children only Senior Citizens only Any person in need Other : _____

SECTION 5: FINANCIAL OUTLOOK/ JOB SATISFACTION

- 27. What is your average gross compensation? (before taxes AND excluding benefits)**
 Less than \$50,000 \$70,000-\$79,999 \$100,000-\$109,999 \$130,000-\$139,999
 \$50,000-\$59,999 \$80,000-\$89,999 \$110,000-\$119,999 \$140,000-\$149,999
 \$60,000-\$69,999 \$90,000-\$99,999 \$120,000-\$129,999 \$150,000 or more
- 28. Compared to five years ago, your gross income has:**
 Increased by _____% Decreased by _____% Remained the same
- 29. Within the past two years, have you experienced any of the following:** (check all that apply)
 Voluntary unemployment Involuntary unemployment
 Switched employers/practices Worked two or more positions at the same time
 Worked part-time or temporary positions, but would have preferred a full-time or permanent position Switched practice specialty
- 30. At what age are you planning to retire completely from practicing?** _____ yrs. old
- 31. Are you planning to reduce the number of hours you work before you retire?** YES NO
 a. **If YES,** how many hours per week will you work after this reduction in hours? _____ hrs. /wk.
 b. **If YES,** How many years from now do you intend to reduce your hours? _____ yrs.
- 32. Compared to last year at this time, how has your workload changed?**
 Increased by _____% Decreased by _____% Remained the same
- 33. Overall, and taking into account all positions you fill, how satisfied are you with your current employment or work situation?**
 Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

SECTION 5: PRODUCTIVITY

If necessary, please work with administrative staff to answer these questions.
 Efforts made to provide complete information will be invaluable in providing new insight into how PAs actually contribute to providing for the healthcare needs of Utah's population.

- 34. Please indicate (if known) how many of the following medical professionals are employed at your primary work setting.**
 Physicians: _____ APRNs: _____ Other PAs: _____
- 35. In your primary work setting, what percent of your practice's total RVUs do you generate annually? (indicate if n/a)** _____
- 36. In your primary work setting, what is your patient panel size? (indicate if n/a)** _____
 (Panel size is defined as the total number of individual patients assigned to your care).
 a. **Over what time frame is your patient panel size calculated?** Over 12 months Over 18 months
 b. **What percentage of your patient panel is** (please total to 100%):
 Shared with another provider _____ Assigned solely to you _____ Referred to you from another provider _____

Thank You for Your Time. Please Return the Survey Using the Enclosed Prepaid Return Envelope

- 1. Do you provide any health care services in Utah?** YES NO
 a. **If NO, please specify why you maintain a Utah license:** _____
 b. **If NO, on a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the individual factors that have influenced your choice to work outside of Utah:**
 Family _____ Wage/Pay scale _____ Climate _____
 Lifestyle _____ Work Environment _____ Other (specify) _____

IF YOU DO NOT PROVIDE PROFESSIONAL SERVICES IN UTAH, PLEASE STOP NOW AND RETURN THIS SURVEY

SECTION 1: GENERAL INFORMATION, BACKGROUND AND EDUCATION

- 2. What is your primary work status?** (please check one of the following)
 Active Full Time Retired
 Active Part Time Other (specify) _____
- 3. On a scale of 1-5 (1 being the most influential and 5 being the least influential), please rank the following factors that have influenced your choice to practice in Utah:**
 Family in Utah: _____ Practice Environment: _____ Lifestyle: _____ Utah Graduate _____
 Military: _____ Practice Opportunities: _____ Other : _____ (Specify other): _____
- 4. What is your gender?** Male Female **(a) Age:** _____ years
- 5. Please describe the city/town where you spent the majority of your upbringing:**
 Rural Suburban Urban State: _____ Zip Code: _____
- 6. Are you of Hispanic ethnicity?** YES NO
 a. **What is your race?**
 Caucasian American Indian Asian
 African American Pacific Islander Other (please specify) _____
- 7. What is your highest Physician Assistant degree attained?**
 Associate degree Master's degree
 Bachelor's degree Doctoral degree Other _____
 a. **In what state was the degree conferred?**
 State: _____ Year of degree: _____ Check one that applies: State School Private School
 b. **What was your total educational debt for your PA schooling at the time of graduation?** \$ _____

SECTION 3: YOUR WORK SETTING/ SPECIALTY

- 8. Please indicate the practice Name, City, and Zip Code,** of your primary practice setting and secondary practice setting (if applicable) Also, please estimate the **total hours worked per week** (not including on-call) at each practice location.
 Primary Practice Name: _____ City _____ Zip: _____ Total Hours/wk: _____
 Secondary Practice Name: _____ City _____ Zip: _____ Total Hours/wk: _____
- 9. Please enter a code from the list below to describe your Primary _____ and Secondary _____ practice settings:**
 01= Critical access hospital 10= Multi-specialty physician group practice 19= Correctional facility
 02= Hospital emergency room 11= Community Health Center/Facility 20= HMO facility
 03= Hospital operating room 12= Certified Rural Health Clinic 21= Industrial facility/work site
 04= Inpatient unit of hospital (not ICU/CCU) 13= Federally Qualified Health Center 22= Mobile health unit
 05= ICU/CCU of hospital 14= Freestanding surgical facility 23= Nursing home or LTC facility
 06= Outpatient unit of hospital 15= Freestanding urgent care facility 24= Patients' homes
 07= Other unit of hospital 16= Other freestanding outpatient facility 25= Retail outlet (e.g. MinuteClinic)
 08= Solo practice physician office 17= School-based health facility 26= Other _____
 09= Single-specialty physician group practice 18= University/college student health facility
- 10. Have you voluntarily switched employers/practices within the past two years?** YES NO
 a. **If YES, please use the list of settings above to indicate the work setting you left and the work setting you moved to:**
 Setting Code Left: _____ Setting Code Moved To: _____

10. b. If you have changed work settings within the past two years, please check the reason(s) for this change of work setting.

(select all that apply):

- Higher Pay Preferred hours Moved More Challenging Personal/Family Reasons
 Professional Advancement Work Responsibilities Better Work/Education Fit Desire for Change Other _____

11. What percentage of time during a typical clinic week do you interface with a supervising physician? _____

12. What is the primary supervisory relationship tool used between you and your supervising physician?

- Face to Face Telephone Text Message Email Other _____

13. Please enter the code from the list below which most closely resembles your:

Primary specialty: _____ Secondary specialty: _____

- | | | |
|---------------------------------------|--|------------------------------|
| 1 = Addiction Medicine | 25 = Surg: General | 49 = Ped: Infectious Disease |
| 2 = Allergy | 26 = Surg: Cardiovascular/Cardiothoracic | 50 = Ped: Neonatal-Perinatal |
| 3 = Anesthesiology | 27 = Surg: Colon & Rectal | 51 = Ped: Nephrology |
| 4 = Dermatology | 28 = Surg: Hand | 52 = Ped: Neurology |
| 5 = Emergency Medicine | 29 = Surg: Neurological | 53 = Ped: Pulmonology |
| 6 = Family Medicine | 30 = Surg: Oncology | 54 = Ped: Rheumatology |
| 7 = Family Medicine with Urgent Care | 31 = Surg: Otolaryngology | 55 = Ped: Oncology |
| 8 = Genetics | 32 = Surg: Pediatric | 56 = Ped: Emergency medicine |
| 9 = Geriatrics | 33 = Surg: Plastic | 57 = Ped: Other |
| 10 = Hospice & Palliative Care | 34 = Surg: Thoracic | 58 = IM: General |
| 11 = Obstetrics/Gynecology | 35 = Surg: Transplant | 59 = IM: Cardiology |
| 12 = Occupational Medicine | 36 = Surg: Trauma | 60 = IM: Critical Care |
| 13 = Orthopedics | 37 = Surg: Urology | 61 = IM: Endocrinology |
| 14 = Ophthalmology | 38 = Surg: Vascular | 62 = IM: Gastroenterology |
| 15 = Pain Management | 39 = Surg: Bariatric | 63 = IM: Hematology |
| 16 = Pathology | 40 = Surg: Other | 64 = IM: Immunology |
| 17 = Physical Medicine/Rehabilitation | 41 = Ped: General | 65 = IM: Infectious Disease |
| 18 = Psychiatry | 42 = Ped: Adolescent Medicine | 66 = IM: Nephrology |
| 19 = Public Health | 43 = Ped: Allergy | 67 = IM: Neurology |
| 20 = Radiation Oncology | 44 = Ped: Cardiology | 68 = IM: Pulmonology |
| 21 = Diagnostic Radiology | 45 = Ped: Critical Care | 69 = IM: Rheumatology |
| 22 = Interventional Cardiology | 46 = Ped: Endocrinology | 70 = IM: Oncology |
| 23 = Interventional Radiology | 47 = Ped: Gastroenterology | 71 = IM: Other |
| 24 = Hospital Medicine | 48 = Ped: Hematology | |

SECTION 4: YOUR PRACTICE

14. In a typical day, how many patients do you see per hour?

Primary Practice: _____ pts./hr. Secondary Practice: _____ pts./hr.

15. Do you use telemedicine in your practice? YES NO

- a. If YES, How many times have you been referred _____ / referred _____ a patient for a telemedicine consultation in the last six months? (please check and indicate all that apply)
- b. If YES, What types of things do you most commonly use Telemedicine for? (check all that apply):
 Second Opinion Diagnosis Follow-up Emergency Chronic Disease Management
- c. Which healthcare professionals (excluding your supervising physician) do you consult for/ receive consultation from using telemedicine? (check all that apply):
 Primary Care Physician Specialty Care Physician Other PA APRN Other _____

16. Please indicate the approximate number of hours you spend providing DIRECT PATIENT CARE each week, including charting, but excluding the hours spent providing patient care combined with teaching or training of other PAs: (unless all of the hours you work each week are spent in direct patient care without any teaching or training of other PAs, this should be less than the number of hours reported previously in question 8). Primary Practice _____ hrs./wk Secondary Practice _____ hrs./wk

a. If you provide direct patient care, please indicate what PERCENT of the hours you spend with patients is dedicated to the following types of care:

	Preventative Care	Acute Care	Chronic Care
Primary Practice:	_____	_____	_____
Secondary Practice:	_____	_____	_____

17. In providing direct patient care, do you work in a multidisciplinary care team? YES NO

a. If YES, which health care professionals (not including your supervisory physician) do you work with in providing different types of care? (Check all that apply)

	Primary Care Physician	Specialist Physician	Other PA	APRN	Other
Diagnosis/ Treatment of: - Acute Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disease Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health Promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Routine Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Undifferentiated Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

18. Please indicate the average hours per week you spend in the following NON-PATIENT CARE activities:

(The total number of hours distributed between non-patient care activities should not exceed the number of hours left over after the hours reported being spent in direct patient care per week in question 15 are subtracted from the total number of hours worked per week reported in question 8).

NON-PATIENT ACTIVITY	Hrs./Wk. PRIMARY SITE	Hrs./Wk. SECONDARY SITE
a. Classroom Training of PAs or other Professionals (Clinical and/or classroom teaching of students without patient care)	_____	_____
b. Combined Patient Care with Teaching or Training of other PAs (Supervising or training of residents/ students while delivering patient care)	_____	_____
c. Administration/ Management (planning, budgeting, personnel management, NOT in support of patient care)	_____	_____
d. Practice Management (budgeting, personnel management in order to maintain operation of a practice)	_____	_____
e. Consulting/ Research (Reports, applications, surveys, etc., NOT in support of patient care)	_____	_____
f. Other: _____ (NOT in support of patient care)	_____	_____

19. Please indicate the percentage of your patients who fall within the following age groups: (total should equal 100%)

Primary Practice: 0-19 yrs. _____% 20-64 yrs. _____% 65-84 yrs. _____% 85+ yrs. _____% Total (100%)
 Secondary Practice: 0-19 yrs. _____% 20-64 yrs. _____% 65-84 yrs. _____% 85+ yrs. _____% Total (100%)

20. What percentage of your patients are: Male _____ %, Female _____ %

21. Please indicate the percentage of your patients that fall within each payer group: (total should equal 100%)

	Primary Loc.	Secondary Loc.	Primary Loc.	Secondary Loc.
Medicaid	_____%	_____%	TriCare (Champus)	_____%
Medicare	_____%	_____%	Workers Comp	_____%
Managed Care	_____%	_____%	Charity	_____%
Private Ins.	_____%	_____%	Self-Pay/Uninsured	_____%

22. Do you (or your staff) provide services in any languages OTHER than English? YES NO

a. If YES, please specify the language(s): _____

23. Please indicate the status of your primary and secondary practice location(s).

	Primary Practice	Secondary Practice
Full (practice cannot accept additional patients)	<input type="checkbox"/>	<input type="checkbox"/>
Nearly Full (practice can accept a limited number of new patients)	<input type="checkbox"/>	<input type="checkbox"/>
Unfilled (practice can accept many new patients – practice far from full)	<input type="checkbox"/>	<input type="checkbox"/>
N/A (practice site is VA, military, or corrections)	<input type="checkbox"/>	<input type="checkbox"/>

[Profession Name] Minnesota Department of Health Workforce Questionnaire

The Minnesota Department of Health (MDH) collects the data below to inform state and national healthcare workforce policy, to understand emerging trends in healthcare, to learn more about the work that you do, and to ensure that all Minnesotans can access physical, oral, and behavioral healthcare.

[You are required by law to provide this information](#), but your responses do not affect your licensure in any way. The information you provide is classified as public. We appreciate the time you take to respond to the questions as accurately as possible. It takes most people 5 to 10 minutes to complete this questionnaire. Please note: if you take longer than 20 minutes to complete this questionnaire, you will be logged out of the renewal process. Your responses will be saved. Please open a new browser and log back in to finish your renewal.

For any assistance or questions about this questionnaire, please call MDH at (651) 201-3838 or toll free at (800) 366-5424. You may also email us at health.orhpc@state.mn.us.

[Minnesota Statutes 144.051 and 144.052 and Minnesota Rules 4695.0100-4695.0300](#) require licensed health care providers to provide the information to MDH. You may request that MDH classifies your practice address as private if this is required for your safety. To do so, please submit your request to health.orhpc@state.mn.us (include your license type and number). You will receive confirmation from an MDH staff member.

SECTION 1: Your Work Status

1) Which of these best represents your **current** work status?

- Working in a paid or unpaid position related to my license
- Not working in a position that is related to my professional license**
 - Seeking a position related to my license [\[skip to Education questions\]](#)
 - Not seeking a position related to my license (e.g., retired or working in another field) [\[skip to Education questions\]](#)
 - Temporarily not working due to medical, family, seasonal, or other reasons. [\[skip to Education questions\]](#)

*When answering the remaining questions, please consider only the **current** position(s) you hold that are related to your license.*

2) [\[Asked only of Physicians, Dentists, APRNs, LICSWs, LMFTs, LPCCs, Psychologists\]](#) Do you own (or co-own) an individual or group private practice?

- Yes
- No

3) Approximately how many **hours** do you work in a typical week?
(Please include all hours worked on all activities. Your best estimate is fine.)

_____ hours per week

4) Approximately how many **weeks** did you work in the last 12 months, including any paid leave?

_____ weeks

5) Regardless of the number of hours you work per week, do you consider your schedule full-time or part-time?

- Full-time
- Part-time

6) About how many more years do you plan to work in this profession?

- 5 years or less
- 6 to 10 years
- More than 10 years

7) [If Q6= "5 years or less"] What is the main reason you plan to leave the profession within the next five years?
(If more than one of these reasons applies, select the one that **best** applies to you.)

- To retire
- To leave the profession because of burnout or dissatisfaction
- To pursue a different career
- To pursue training in order to advance in my current or a related profession
- For family or other personal reasons
- For some other reason: _____

8) In a typical week, how much time do you spend providing direct patient or client care?
(Different providers define "direct patient/client care" in different ways. Some include time spent on paperwork, care coordination, or appointment scheduling, while others include only face-to-face time. Please use **your own definition** of direct patient/client care when answering this question.)

- None—I do not hold a position that involves direct patient/client care
- Up to a quarter of my time
- Between a quarter and a half of my time
- Between a half and three-quarters of my time
- More than three-quarters of my time

SECTION 2: Where You Work

Reminder: When answering the following questions, please consider only the **current** position(s) you hold that are related to your license.

9) At how many different physical locations do you work?

- 1
- 2
- 3 or more

10) [If Q9 = "3 or more"] Do you have a primary work location (that is, a physical work site where you spend the largest share of your time)?

- Yes
- No

[If Q9 = 1, 2, or Missing or (Q9= "3 or more" and Q10 = "Yes")]

Your Primary Work Location

(Choose the location where you spend most of your time. If you split your time evenly between two or more locations, choose any as your "primary" location.)

[Why does the Minnesota Department of Health need information on where I work? \(mouseover/link. When respondents click or mouseover, a box opens up with the following text\):](#)

MDH collects information on your work location so that we can understand where care is being provided. We combine data from all respondents to estimate the number of providers in all areas of Minnesota. This data informs state policies (such as loan forgiveness and similar policies) to ensure that all Minnesotans have access to care. You may request that MDH treat your practice address as private if this is required for your safety. If you wish to do so, please submit your request in writing to health.orhpc@state.mn.us (include your license type and number). You will receive confirmation from an MDH staff member.

Name of organization

Street address of the **place where you work** (do not include PO boxes or building names)

City

State

Zip Code

11) [If Q9 ne 1] Approximately how many hours per week do you work here?

_____ hours per week worked at this location

12) Which of these *best* describes this work site?

(If your work site falls into more than one category, please choose the category you think best applies.)

- Academic** (Teaching / Research)
- Clinic / Professional Office / Health Center / Ambulatory Care** (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization** (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility**
- Home Health Care** (including any medical or behavioral health care that is provided in patients' or clients' homes)
- Hospital** (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization**
- Long-Term Care Facility** (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
- Public Health Agency** (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory**
- School (K-12)**
- State, County, or City Agency**
- Other:** _____

[If (Q9 = Missing or "2") or (Q9= "3 or more" and Q10 = "Yes")]

Your Secondary Work Location

(Choose the location where you spend the second-highest number of hours. If you split your time evenly between two or more locations, choose any as your "secondary" location.)

Name of organization

Street address of the **place where you work** (do not include PO boxes or building names)

City

State

Zip Code

13) Approximately how many hours per week do you work here?

_____ **hours per week worked at this location**

14) Which of these *best* describes this work site?

(If your work site falls into more than one category, please choose the category you think best applies.)

- Academic (Teaching / Research)**
- Clinic / Professional Office / Health Center / Ambulatory Care** (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization** (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility**
- Home Health Care** (including any medical or behavioral health care that is provided in patients' or clients' homes)
- Hospital** (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization**
- Long-Term Care Facility** (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
- Public Health Agency** (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory**
- School (K-12)**
- State, County, or City Agency**
- Other:** _____

[if Q9= "3 or more" and Q10 = "No"]

Your Work Location

When answering the following questions, think of the general region where you serve the **most** patients or clients.

15) In which region do you serve the **most** clients or patients?

- Twin Cities Metro area**
- Central Minnesota**
- Northwest Minnesota**
- Northeast Minnesota**
- Southwest Minnesota**
- Southeast Minnesota**
- Outside Minnesota (please specify):** _____

16) Approximately how many hours per week do you work in this region?

_____ hours per week worked in this region

17) Which of these *best* describes the work site where you spend the most time?

(If your work site falls into more than one category, please choose the category you think best applies.)

- Academic (Teaching / Research)**
- Clinic / Professional Office / Health Center / Ambulatory Care** (including behavioral health or substance abuse clinics, community health centers, FQHCs, surgery centers, dental offices, private practice, health and wellness facilities, urgent care, or walk-in, retail, or convenience clinics)
- Community / Faith-Based Organization** (including community collaboratives, non-profit organizations, or social service agencies)
- Correctional Facility**
- Home Health Care** (including any medical or behavioral health care that is provided in patients' or clients' homes)
- Hospital** (including day surgery, emergency department, behavioral health/psychiatric, specialty, transitional/rehabilitation unit)
- Insurance / Benefits Management Organization**
- Long-Term Care Facility** (including assisted living, hospice, rehabilitation, group homes, residential care, skilled nursing, or transitional/sub-acute care)
- Pharmacy** (including hospitals/clinics/nursing facilities, independent community pharmacies, mail service pharmacy, or chain pharmacies)
- Public Health Agency** (including city/county health board, or city/county/state public health entity)
- Commercial or Private Research Laboratory**
- School (K-12)**
- State, County, or City Agency**
- Other:** _____

[(Q1 = Missing or "Working in a paid or unpaid position that requires my license") and (Q8 NE "None")]

SECTION 3: Caring for Patients or Clients

If you work in more than one setting, or location, consider all of your work settings when answering the next set of questions.

How often do you do the following when providing patient/client care?

- 18) [PY only] Provide care that a different specialist might otherwise provide if they were available/accessible.
- Never
 - Occasionally
 - Frequently
 - All the time
- 19) [If Q18 eq 'Occasionally', 'Frequently,' or 'All the time'] [If you are not a psychiatrist] Provide mental/behavioral health services.
- Never
 - Occasionally
 - Frequently
 - All the time
- 20) [If Q18 eq 'Occasionally', 'Frequently,' or 'All the time'] Provide oral health care.
- Never
 - Occasionally
 - Frequently
 - All the time
- 21) [If Q18 eq 'Occasionally', 'Frequently,' or 'All the time'] [If you are not an OB/GYN] Provide obstetric or gynecological care.
- Never
 - Occasionally
 - Frequently
 - All the time

22) [If Q18 eq 'Occasionally', 'Frequently,' or 'All the time'] [If you are not a pediatrician] Provide pediatric care.

- Never
- Occasionally
- Frequently
- All the time

23) [If Q18 eq 'Occasionally', 'Frequently,' or 'All the time'] Fill other gaps in care.

- Never
- Occasionally
- Frequently
- All the time

24) [If Q23 eq 'Occasionally', 'Frequently,' or 'All the time'] What type of care? _____

25) Provide clinical training, precepting, or supervision to students, interns, or residents.

- Never
- Occasionally
- Frequently
- All the time

26) Use electronic health records or similar patient/client electronic records.

- Never
- Occasionally
- Frequently
- All the time

27) Diagnose or consult with patients or clients in real-time using dedicated telemedicine equipment or software.

- Never
- Occasionally
- Frequently
- All the time

The final set of questions in this section are for dentists only.

Please tell us about your staff. Do you employ any of the following?

Licensed dental assistants?

- Yes
- No
- Exploring

[If Yes] Do any of your dental assistants perform restorative procedures? (Procedures may include place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns (Minnesota Statute 150A.10, Subd. 4)).

- Yes
- No
- Exploring
- Don't know

Licensed dental hygienists?

- Yes
- No
- Exploring

[If yes] Do any of your dental hygienists perform restorative procedures? (Procedures may include place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns (Minnesota Statute 150A.10, Subd. 4)).

- Yes
- No
- Exploring
- Don't know

[If yes] Do any of your dental hygienists have collaborative agreements with you (allowing service outside the dental office or in a non-traditional setting (Minnesota Statute 150A.10, Subd. 1a))?

- Yes
- No
- Exploring
- Don't know

Licensed dental therapists?

- Yes
- No
- Exploring

Advanced dental therapists?

- Yes**
- No**
- Exploring**

SECTION 4: Your Education, Training, and Preparation

28) [Not physicians or dentists] What is the *highest* degree you have completed?

- Diploma or certificate (no college)
- Some college, no degree
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor's degree
- Certificate, certification or other credential (post Bachelor's degree)
- Master's degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree

29) [Not physicians or dentists] Where did you complete this degree?

Dropdown box with each state, plus Canada, plus "Another country" at the bottom.

30) [LPNs, RNs, APRNs, LSW, LGSW, LISW, LICSW, LPCS, LPCCS, LADCs, LMFTS, Psychologists] Was this degree in nursing / social work / marriage and family therapy / behavioral health / psychology?

- Yes
- No

31) [LPNs, RNs, APRNs, LSW, LGSW, LISW, LICSW, LPCS, LPCCS, LADCs, LMFTS, Psychologists] What was the *initial* degree you completed that qualified you to work as a[n] nurse / social worker / licensed counselor / marriage and family therapist / psychologist?

- Same as my highest degree
- Diploma or certificate (no college)
- Associate degree
- Certificate, certification or other credential (post Associate degree)
- Bachelor's degree
- Certificate, certification or other credential (post Bachelor's degree)
- Master's degree
- Certificate, certification or other credential (post Master's degree)
- Doctorate or professional degree

32) [If Q29 NE "Same as my highest degree?"] Was this degree in nursing / social work / marriage and family therapy / behavioral health / psychology?

- Yes
- No

33) How likely are you to pursue more education or credentials to advance in your field (not including mandatory continuing education units)?

- Not at all likely
- Somewhat likely
- Very likely
- I am currently enrolled in a training or education program

34) [If Q31 = "Very likely" or "Currently enrolled"] What type of education or credentials?

Specialty Questions—customized by profession

[Dentists only] Do you hold a certification from a dental specialty board? (Check all that apply or "No certification.")

- No certification
- Dental public health
- Endodontics
- Oral and maxillofacial pathology
- Oral and maxillofacial radiology
- Oral and maxillofacial surgery
- Orthodontics and dentofacial orthopedics
- Pediatric dentistry
- Periodontics
- Prosthodontics

[LPCs/LPCCs] What is your specialty area/primary focus area? (Check all that apply.)

- Addiction counseling
- Career counseling
- EAP—Employee Assistance Program
- Marriage and family counseling
- Mental health counseling
- Rehabilitation counseling
- School counseling
- Testing/assessment

[LPNs / RNs] What is your specialty area(s)? (Check all that apply.)

- Acute care/Critical care
- Adult Health/Family Health
- Anesthesia/Anesthesiology
- Community Health
- Emergency Care/Trauma
- Geriatric/Gerontology
- Home Health
- Hospice/Palliative Care
- Intensive Care
- Maternal – Child Health
- Medical/Surgical
- Neonatal/Perinatal
- Obstetrics/Gynecology (Women’s Health)
- Occupational Health
- Oncology
- Operating Room/Recovery
- Pediatrics
- Psychiatric/Mental/Behavioral Health/Substance Abuse
- Public Health
- Rehabilitation
- School Health
- Other _____

[APRNs] What is your specialty area(s)? (Check all that apply.)

- Acute care/Critical care
- Adult Health/Family Health
- Anesthesia/Anesthesiology
- Cardiology/Pulmonology
- Community Health
- Dermatology
- Emergency Care/Trauma
- Endocrinology
- Gastroenterology
- Geriatric/Gerontology
- Home Health
- Hospice/Palliative Care
- Maternal – Child Health
- Medical/Surgical
- Nephrology
- Neonatal/Perinatal
- Neurology
- Obstetrics/Gynecology (Women’s Health)
- Occupational Health
- Oncology
- Orthopedics
- Pain Management
- Pediatrics
- Psychiatric/Mental/Behavioral Health/Substance Abuse
- Public Health

- Rehabilitation
- School Health
- Transplant
- Urology
- Vascular
- Other (Please specify) _____

[Psychologists—not yet to be programmed in to Java] Which do you consider your primary areas(s) of practice?
(Check all that apply.)

- Behavioral and Cognitive Psychology
- Clinical Child Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Counseling Psychology
- Family Psychology
- Forensic Psychology
- Industrial/Organization Psychology
- Police and Public Safety Psychology
- Professional Geropsychology
- Psychoanalysis in Psychology
- School Psychology
- Sleep Psychology
- Other _____

[All social workers] What is your specialty area/primary focus area(s)? (Check all that apply.)

- Addictions
- Adolescents
- Aging
- Child Welfare/Families
- Community Organization
- Diversity, Discrimination, Poverty
- Developmental Disorders, Disabilities
- Medical Health
- International
- Mental/Behavioral Health
- Research, Education, Policy
- School Social Work
- Other _____

[Dental Hygienists] Do you have a collaborative agreement with a dentist allowing you to provide services outside the dental office or in a non-traditional setting (MN Statute 150A.10, Subd. 1a)?

- Yes
- No
- Don't know



[IF Yes] How often do you use your collaborative agreement in your current job?

- Never
- Occasionally
- Frequently
- All the time

[Dental Hygienists and Dental Assistants] Do you have a restorative procedures credential? (Procedures may include: place, contour, and adjust amalgam restorations, glass ionomers, class I and V supragingival composite restorations, or adapt and cement stainless steel crowns.)

- Yes
- No
- Don't know

[If Yes] How often do you perform restorative procedures in your job?

- Never
- Occasionally
- Frequently
- All the time

[Physician Assistants] Which do you consider your primary area of practice? (*Select all that apply.*)

- Family Medicine
- Internal Medicine
- Pediatrics
- OB/GYN
- Dermatology
- General Surgery
- Other Surgery
- Psychiatry
- Other: _____

35) [Physical therapists] What is your specialty area/primary focus area? (*Select all that apply.*)

- None
- Pediatrics
- Geriatrics
- Orthopedics
- Sports
- Neurology
- Cardiovascular and Pulmonary
- Clinical Electrophysiology
- Women's Health

36) Which of the following work or educational experiences **best prepared you** to work with people from a variety of backgrounds when providing care (sometimes referred to as "culturally competent" care)?

- None
- Informal learning on the job
- Formal on-the-job training (e.g., seminars, preceptorship or mentorship)
- Course work or training in my formal educational program
- Continuing education or professional development coursework
- Does not apply—culturally competent care is not part of my job

37) Which of the following work or educational experiences **best prepared you** to work with a multi-disciplinary team when providing care?

- None
- Informal learning on the job
- Formal on-the-job training (e.g., seminars, preceptorship or mentorship)
- Course work or training in my formal educational program
- Continuing education or professional development coursework
- Does not apply—working with multi-disciplinary teams is not part of my job

[If Q1 = “Working in a paid or unpaid position that requires my license” or Q1 is Missing]

SECTION 5: Your Work Satisfaction

38) How satisfied have you been with your career **in the last 12 months**?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

39) How satisfied are you with your career **overall**?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

40) What is the greatest source of your professional satisfaction?

(Please be aware that detailed answers are helpful and may inform state policy planning.)

41) What is the greatest source of your professional dissatisfaction?

(Please be aware that detailed answers are helpful and may inform state policy planning.)

SECTION 6: Demographics

42) Which racial/ethnic categories apply to you? (Check all that apply.)

- African
- African American
- American Indian or Alaskan Native
- Asian—South Asian
- Asian—Southeast Asian
- Asian—Other: _____
- Hispanic/Latino
- Middle Eastern/North African (MENA)
- White/Caucasian
- Other (specify: _____)

43) [If Q8 is not “None”] Other than English, what languages do you speak in your practice?
(Check all that apply. Do not include languages spoken only through a medical interpreter.)

- None—English only
- Amharic
- Arabic
- French
- Hmong
- Karen
- Khmer
- Lao
- Oromo
- Russian
- Serbo-Croatian
- Sign Language
- Somali
- Spanish
- Swahili
- Vietnamese
- Other: _____

List of professions

Profession Name	Abbreviation
Counselors—Licensed Alcohol and Drug Counselors	LADC
Counselors—Licensed Professional Clinical Counselors	LPCC
Counselors—Licensed Professional Counselors	LPC
Dental Assistants	DA
Dental Hygienists	DH
Dental Therapists	DT
Dentists	D
Licensed Marriage and Family Therapists	LMFT
Nurses—Advanced Practice Registered Nurses	APRN
Nurses—Licensed Practical Nurses	LPN
Nurses—Registered Nurses	RN
Pharmacists	
Pharmacy Technicians	
Physical Therapist Assistants	PTA
Physical Therapists	PT
Physician Assistants	PA
Physicians	PY
Psychologists	
Respiratory Therapists	RT
Social Workers—Licensed Graduate Social Workers	LGSW
Social Workers—Licensed Independent Clinical Social Workers	LICSW
Social Workers—Licensed Independent Social Workers	LISW
Social Workers—Licensed Social Workers	LSW

Utah Medical Education Council
Registered Nurse Workforce Survey 2014

Demographics

1. Please indicate your gender and age: Gender: Female Male ___Age
2. What is your ethnic/racial background? (please mark only one)
 American Indian/Alaska Native African American Asian Hispanic/Latino
 Native Hawaiian/Pacific Islander White/Caucasian Other (please specify) _____
3. Please describe the area where you spent the majority of your upbringing (when you lived there):
 Rural Suburban Urban/Metropolitan Area State: _____

Licensure/Education Information

4. Did you work any of the following health related jobs before completing your initial RN education?
 No Health Related Position Before RN Education Medical Assistant
 Nursing Aide or Nursing Assistant Laboratory Technician
 Home Health Aide or Assistant Radiological Technician
 Licensed Practical or Vocational Nurse Manager in Health Care Setting
 Emergency Medical Technician (EMT) or paramedic Military Medical Corps
 Other Type of Health Related Position: (please specify) _____
5. What type of nursing degree/credential qualified you for your first U.S. nursing license?
 Vocational/Practical Certificate-Nursing Baccalaureate Degree-Nursing
 Diploma -Nursing Master's Degree-Nursing
 Associate Degree-Nursing Doctorate Degree-Nursing
6. In what state did you receive your nursing degree/credential that qualified you for your initial RN License?
State: _____
7. What year did you obtain your first U.S. RN License? Year: _____
a. Please specify any other country where you have obtained an RN license: Country: _____
8. How did you finance your initial RN education? Please mark all that apply
 Earnings From Your Health-Care-Related Employment Employer Tuition Reimbursement Plan
 Earnings From Your Non-Health-Care-Related Employment Federally Assisted Loan
 Earnings From Other Household Members Other Type of Loan
 State or Local Government Scholarship or Grant Personal Household Savings
 Other Family Resources (Parents or Other Relatives) Non-Government Scholarship or Grant
 Other Resources Educational Institution Scholarship
9. What is your highest level of education?
 Diploma-Nursing Master's Degree-Nursing
 Associate-Nursing Master's Degree-Non-Nursing
 Associate Degree-Non-Nursing Doctoral Degree-Nursing (PhD)
 Baccalaureate Degree-Nursing Doctoral Degree- Nursing practice (DNP)
 Baccalaureate Degree-Non-Nursing Doctoral Degree-Nursing Other
 Doctoral Degree- Non-Nursing

Employment Information

10. Please indicate your average number of work hours per week: *(please mark N/A if It doesn't apply)*

In Utah: _____ *(if no out of state hours, skip a. & b. below)* Out of Utah: _____ *(continue to a. below)*

a. **If you indicated Out of State hours, please list the one state where you provide the majority of services outside of Utah:** _____

b. **If you do not provide any health care services in Utah...**

i. **Please list the reason(s) you maintain a Utah license:**

ii. **Please indicate the ONE main reason why you no longer practice in Utah:**

(please provide only one reason) _____

11. Please indicate the type(s) of position(s) you hold: *(please mark all that apply)*

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Full Time Nursing | <input type="checkbox"/> Full Time Non-Nursing | <input type="checkbox"/> Faculty-Nursing | <input type="checkbox"/> Single Employment Position |
| <input type="checkbox"/> Part Time Nursing | <input type="checkbox"/> Part Time Non-Nursing | <input type="checkbox"/> Retired | <input type="checkbox"/> Multiple Employment Positions |
| <input type="checkbox"/> Contractor-Nursing | <input type="checkbox"/> Temporary-Nursing | <input type="checkbox"/> Volunteer in Nursing | |
| <input type="checkbox"/> Unemployed-Seeking Work as Nurse | <input type="checkbox"/> Unemployed-Not Seeking Work as a Nurse | | |

b. **If you marked above that you are a contractor, on average, how many contracts do you provide services for per month?** _____

c. **If you marked you were unemployed in the previous question, please indicate your reason for being unemployed** *(please mark all that apply):*

- | | | |
|--|--|--|
| <input type="checkbox"/> Taking Care of Home | <input type="checkbox"/> Taking Care of Family | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Inadequate Salary | <input type="checkbox"/> Attending School | <input type="checkbox"/> Difficulty Finding Nursing Position |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ | | |

12. Please indicate the practice Name, Zip Code of your primary practice/contracting location as well as that of any other location(s) *(if applicable)*. **Also, Please estimate the total hours worked per week** *(not including on call)* **at each practice location.**

Primary Practice/Contract	Name: _____	Zip: _____	Total hrs/wk: _____
Secondary Practice/Contract	Name: _____	Zip: _____	Total hrs/wk: _____
Other Practice/Contract	Name: _____	Zip: _____	Total hrs/wk: _____

13. Please identify the type of setting that most closely corresponds to your nursing practice position

(P-Primary Setting, S- Secondary Setting)

- | P | S | | P | S | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital | <input type="checkbox"/> | <input type="checkbox"/> | School Health Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Home Health | <input type="checkbox"/> | <input type="checkbox"/> | Occupational Health |
| <input type="checkbox"/> | <input type="checkbox"/> | Correctional Facility | <input type="checkbox"/> | <input type="checkbox"/> | Ambulatory Care Setting |
| <input type="checkbox"/> | <input type="checkbox"/> | Academic Setting | <input type="checkbox"/> | <input type="checkbox"/> | Insurance Claims/Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Health | <input type="checkbox"/> | <input type="checkbox"/> | Policy/Planning/Regulatory/Licensing |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Health | <input type="checkbox"/> | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | Nursing Home/Extended Care/
Assisted Living Facility | | | Specify _____ |

14. Have you changed your primary work setting within the last year?

Yes *(answer a. below)* No *(proceed to next question)*

a. **Please indicate the work setting you moved FROM based on the setting categories from the previous question:** _____

19. Please indicate the patient population you spend at least 50% of your patient care time with.

- | P | S | | P | S | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | No Patient Care | <input type="checkbox"/> | <input type="checkbox"/> | Newborn or Neonatal |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult | <input type="checkbox"/> | <input type="checkbox"/> | Pediatric and/or Adolescent |
| <input type="checkbox"/> | <input type="checkbox"/> | Geriatric | <input type="checkbox"/> | <input type="checkbox"/> | Pre-natal |
| <input type="checkbox"/> | <input type="checkbox"/> | Multiple Age Groups(<i>less than 50%
time spent with any of the above</i>) | <input type="checkbox"/> | <input type="checkbox"/> | Other: Specify: _____ |

20. Please identify the primary position title that most closely corresponds to your nursing position:

- | | | |
|---|--|---|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Nurse Researcher | <input type="checkbox"/> Nurse Educator-Clinical Setting | <input type="checkbox"/> Other-Health Related |
| <input type="checkbox"/> Nurse Executive-Clinical | <input type="checkbox"/> Nurse Educator-Academic Setting | <input type="checkbox"/> Other-Not Health Related |
| <input type="checkbox"/> Nurse Executive-Academic | <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Nurse Care Manager |

21. What is your average annual gross (before tax) income excluding benefits?

- | | | |
|--|--|--|
| <input type="checkbox"/> <\$20,000 | <input type="checkbox"/> \$50,000-\$59,999 | <input type="checkbox"/> \$90,000-\$99,999 |
| <input type="checkbox"/> \$20,000-\$29,999 | <input type="checkbox"/> \$60,000-\$69,999 | <input type="checkbox"/> \$100,000-\$109,999 |
| <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$70,000-\$79,999 | <input type="checkbox"/> \$110,000-\$200,000 |
| <input type="checkbox"/> \$40,000-\$49,999 | <input type="checkbox"/> \$80,000-\$89,999 | <input type="checkbox"/> >\$200,000 |

22. How many years have you been with your current primary employer? _____

23. In how many years do you plan on retiring? _____

24. Do you plan to leave your primary work setting?

- Yes, within 1 year
- Yes, in 1 to 3 years
- No plans to leave within the next 3 years
- Undecided

25. If you plan to leave your primary work position within 3 year, do you:

- Plan to move to another nursing position
- Plan to leave the nursing field temporarily but return in the future (*see a. and b. below*)
- Plan to leave the nursing field permanently (*see c. below*)

a. If you plan to leave the nursing field temporality, what is your reason for planning to leave?

b. When do you plan to return to nursing? _____

c. If you plan to leave the nursing field permanently, what is your primary reason?

- | | |
|--|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Skills Are Out of Date |
| <input type="checkbox"/> Taking Care of Home and Family | <input type="checkbox"/> Liability Concerns |
| <input type="checkbox"/> Salaries Too Low/Better Pay Elsewhere | <input type="checkbox"/> Inability to Practice Nursing on a Professional Level |
| <input type="checkbox"/> Stressful Work Environment | <input type="checkbox"/> Lack of Advancement Opportunities |
| <input type="checkbox"/> Scheduling/Inconvenient Hours | <input type="checkbox"/> Lack of Good Management or Leadership |
| <input type="checkbox"/> Physical Demands of the Job | <input type="checkbox"/> Career Change |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Illness | <input type="checkbox"/> To Seek More Education |
| <input type="checkbox"/> Inadequate Staffing | <input type="checkbox"/> Lack of Collaboration/Communication Between
Health Care Professionals |
| <input type="checkbox"/> Burnout | |
| <input type="checkbox"/> Other:(please specify)_____ | |

THANK YOU VERY MUCH FOR YOUR PARTICIPATION. PLEASE RETURN THE SURVEY IN THE PROVIDED POSTAGE PAID ENVELOPE.

§ 54.1-2506.1. Submission of required information

A. The Department is authorized to require individuals applying for initial licensure, certification, or registration, and individuals who are licensed, certified, or registered by a health regulatory board to provide information in addition to that which is required to determine the individual's qualifications. Such additional information shall include identification of the individual's self-designated specialties and subspecialties; credentials and certifications issued by professional associations, institutions and boards; and locations of each practice site, number of hours spent practicing at each practice site location, and demographic information. The Department, in consultation with the health regulatory boards, may establish criteria to identify additional data elements deemed necessary for workforce and health planning purposes. Such information shall be collected and maintained by the Department for workforce and health planning purposes in cooperation with agencies and institutions of the Commonwealth and shall be released by the Department only in the aggregate without reference to any person's name or other individual identifiers; however, the Department may release any information that identifies specific individuals for the purpose of determining shortage designations and to qualified personnel if pertinent to an investigation, research, or study, provided a written agreement between such qualified personnel and the Department, which ensures that any person to whom such identities are divulged shall preserve the confidentiality of those identities, is executed. Prior to collecting any information described in this section from individuals, the Department shall first attempt to obtain from other sources information sufficient for workforce planning purposes.

B. For the purpose of expediting the dissemination of public health information, including notice about a public health emergency, the Department is authorized to require certain licensed, certified or registered persons to report any email address, telephone number and facsimile number that may be used to contact such person in the event of a public health emergency or to provide information related to serving during a public health emergency. In the event of an animal health emergency, the Department shall provide to the State Veterinarian the email addresses, telephone numbers and facsimile numbers that may be used to contact licensed veterinarians.

Such email addresses, telephone numbers and facsimile numbers shall not be published, released or made available for any other purpose by the Department, the Department of Health, or the State Veterinarian.

The Director, in consultation with the Department of Health and the Department of Emergency Management, shall adopt regulations that identify those licensed, certified or registered persons to which the requirement to report shall apply and the procedures for reporting.

1994, c. [853](#);1997, c. [806](#);2003, c. [602](#);2005, c. [55](#);2009, c. [382](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

§ 54.1-2400.02. Information concerning health professionals; posting of addresses on the Internet; providing personal information under certain circumstances prohibited; collection of address information from health professionals

A. In order to protect the privacy and security of health professionals, the posting of addresses to the on-line licensure lookup or any successor in interest thereof shall only disclose the city or county provided to the Department and shall not include any street, rural delivery route, or post office address. However, the street address of facilities regulated by the Boards of Funeral Directors and Embalmers, Nursing, Pharmacy, and Veterinary Medicine shall be posted.

B. The Department shall collect an official address of record from each health professional licensed, registered, or certified by a health regulatory board within the Department, to be used by the Department and relevant health regulatory boards for agency purposes, including workforce planning and emergency contact pursuant to § 54.1-2506.1. Such official address of record shall otherwise remain confidential, shall not be provided to any private entity for resale to another private entity or to the public, and shall be exempt from disclosure under the Freedom of Information Act (§ 2.2-3700 et seq.).

C. In addition, the Department shall provide an opportunity for the health professional to provide a second address, for the purpose of public dissemination. Health professionals may choose to provide a work address, a post office box, or a home address as the public address. In collecting such public address information, the Department shall notify health professionals that this address may be publicly disclosed, and is subject to the Freedom of Information Act (§ 2.2-3700 et seq.). Notwithstanding the provisions of subsection B, if a health professional does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

D. The Department shall develop a procedure for health professionals to update their address information at regular intervals, and may charge a fee sufficient to cover the costs for such updates.

2003, c. 310;2009, c. 687.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

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AN ACT

RELATING TO HEALTH CARE; ENACTING THE HEALTH CARE WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT; DIRECTING THE DEPARTMENT OF HEALTH TO COLLECT DATA REGARDING DEMOGRAPHICS, SPECIALTIES AND PROFESSIONS IN THE STATE'S HEALTH CARE WORK FORCE; DIRECTING HEALTH CARE WORK FORCE REGULATORY BOARDS TO COLLECT DATA FROM APPLICANTS FOR LICENSURE OR RENEWAL OF LICENSURE; DIRECTING THE SECRETARY OF HEALTH TO CONVENE A WORK GROUP OF HEALTH CARE WORK FORCE EXPERTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. SHORT TITLE.--This act may be cited as the "Health Care Work Force Data Collection, Analysis and Policy Act".

SECTION 2. DEFINITIONS.--As used in the Health Care Work Force Data Collection, Analysis and Policy Act:

A. "board" means any state health care work force licensing or regulatory board, including the New Mexico medical board; the board of osteopathic medical examiners; the New Mexico board of dental health care; the board of nursing; the board of pharmacy; any other licensing or regulatory board that the secretary of health designates; any other health professional licensing board listed in Chapter 61 NMSA 1978; and the department;

B. "database" means the health care work force

1 database created pursuant to the Health Care Work Force Data
2 Collection, Analysis and Policy Act;

3 C. "department" means the department of health;

4 D. "ethnicity" means an individual's self-
5 identification or affiliation as either "Hispanic or Latino"
6 or "not Hispanic or Latino" according to cultural,
7 historical, linguistic or religious ties;

8 E. "New Mexico center for health care workforce
9 analysis" means a state entity that collects, analyzes and
10 reports data regarding the state's health care work force and
11 collaborates with the federal national center for health care
12 workforce analysis pursuant to Section 5103 of the federal
13 Patient Protection and Affordable Care Act; and

14 F. "race" means an individual's self-
15 identification or affiliation with one of the following
16 categories used to identify individuals according to
17 historical or phenotypical characteristics:

18 (1) American Indian or Alaska Native;

19 (2) Asian;

20 (3) Black or African American;

21 (4) Native Hawaiian or other Pacific

22 Islander;

23 (5) White; or

24 (6) a mixture of any of the categories

25 listed in Paragraphs (1) through (5) of this subsection.

1 SECTION 3. HEALTH CARE WORK FORCE DATABASE--COLLECTION
2 OF DATA--HOUSING OF DATA--ANALYSIS AND REPORTING.--

3 A. Subject to the availability of state, federal
4 or private foundation funding or other sources of funding,
5 the secretary of health shall create and maintain the "health
6 care work force database". The secretary of health shall:

7 (1) enter into agreements with entities to
8 create, house and provide information to state agencies, the
9 legislature and the governor and, as the legislature or
10 governor deems appropriate, any others regarding the state's
11 health care work force; and

12 (2) seek federal or other sources of funding
13 to create a New Mexico center for health care workforce
14 analysis and to ensure the additional funding and staffing
15 needed to achieve the anticipated outcomes.

16 B. A board shall supply the department with data
17 pertaining to licensed health care providers for inclusion in
18 the database. A board shall collect a core essential data
19 set at the time of new licensure or licensure renewal,
20 including, but not limited to, a provider's:

21 (1) demographics, including race, ethnicity
22 and primary and other languages spoken;

23 (2) practice status, including, but not
24 limited to:

25 (a) active practices in New Mexico and

1 other locations;

2 (b) practice type; and

3 (c) practice settings, such as
4 hospitals, public schools, higher education institutions,
5 clinics and other clinical settings;

6 (3) education, training and primary and
7 secondary specialties for all health professions as
8 appropriate;

9 (4) average hours worked per week and the
10 average number of weeks worked per year in the licensed
11 profession over the past twelve months;

12 (5) percentage of practice engaged in direct
13 patient care and in other activities, such as teaching,
14 research and administration, in the licensed profession;

15 (6) practice plans for the next five years,
16 including retiring from a health care profession, moving out
17 of state or changing health care work hours; and

18 (7) professional liability insurance costs
19 and availability as they relate to barriers to practice.

20 SECTION 4. DATABASE ESTABLISHMENT AND MAINTENANCE--
21 DELEGATION.--The secretary of health may contract and
22 collaborate with a private or public entity to establish and
23 maintain the database, to analyze data collected, to develop
24 reports for the legislature or the executive branch or to
25 perform other duties to carry out the provisions of the

1 Health Care Work Force Data Collection, Analysis and Policy
2 Act.

3 SECTION 5. HEALTH CARE WORK FORCE DATA COLLECTION BY
4 BOARDS--MANDATORY COMPLIANCE FOR APPLICANTS--REPORTING BY
5 BOARDS--CONFIDENTIALITY OF DATA--RULEMAKING.--

6 A. An applicant for a license from a board or
7 renewal of a license by a board shall provide the information
8 prescribed by the secretary of health pursuant to Subsection
9 C of this section. This section applies to applicants for
10 health professional licensure or renewal of health
11 professional licensure pursuant to Chapter 61 NMSA 1978.

12 B. A board shall not approve a subsequent
13 application for a license or renewal of a license until the
14 applicant provides the information pursuant to Subsection C
15 of this section.

16 C. A board shall adopt rules regarding the manner,
17 form and content of reporting data; the consistency of data
18 entry fields used; and the information that an applicant,
19 pursuant to Subsection A of this section, shall provide to a
20 board. At a minimum, the rules shall provide for a core
21 essential data set, including the applicant's:

22 (1) demographics, including race, ethnicity
23 and primary and other languages spoken;

24 (2) practice status, including, but not
25 limited to:

1 (a) active practices in New Mexico and
2 other locations;

3 (b) practice type; and

4 (c) practice settings, such as
5 hospital, clinic or other clinical settings;

6 (3) education, training and primary and
7 secondary specialties;

8 (4) average hours worked per week and the
9 average number of weeks worked per year in the licensed
10 profession;

11 (5) percentage of practice engaged in direct
12 patient care and in other activities, such as teaching,
13 research and administration, in the licensed profession; and

14 (6) practice plans for the next five years,
15 including retiring from the health care profession, moving
16 out of state or changing health care work hours.

17 D. A board shall report health care work force
18 information collected pursuant to this section to the
19 secretary of health.

20 E. A board shall keep confidential and not release
21 personally identifiable data collected under this section for
22 any person licensed, registered or certified by the board.

23 The provisions of this subsection do not apply to the release
24 of information to a law enforcement agency for investigative
25 purposes or to the release to the secretary of health for

1 state health planning purposes. A person with whom the
2 department contracts to perform data collection, storage and
3 analysis shall protect the privacy of that data. The
4 secretary of health shall ensure that the responses of
5 applicants shall be kept confidential, including taking
6 special precautions when the identity of an applicant may be
7 ascertained due to the applicant's location or occupation.

8 F. A board shall promulgate rules as necessary to
9 perform the board's duties pursuant to this section,
10 including rules for collecting, storing and analyzing data in
11 addition to the information required to be collected by the
12 Health Care Work Force Data Collection, Analysis and Policy
13 Act.

14 SECTION 6. HEALTH CARE WORK FORCE WORK GROUP--WORK
15 FORCE DATA ANALYSIS--RECRUITMENT PLANNING--STRATEGIC PLAN FOR
16 IMPROVING HEALTH CARE ACCESS--WORK FORCE SURVEY.--The
17 secretary of health shall convene a health care work force
18 work group that includes representatives of health care
19 consumers; health care providers; organized groups
20 representing physicians, physician assistants, nurses, nurse
21 practitioners, dentists, dental hygienists and pharmacists;
22 health care work force training institutions; the New Mexico
23 health policy commission; the public education department;
24 the higher education department; and the boards. The work
25 group shall:

1 A. analyze and make recommendations to the
2 legislature regarding incentives to attract qualified
3 individuals, including those from minority groups
4 underrepresented among health care professions, to pursue
5 health care education and practice in New Mexico;

6 B. develop a short-term plan and a five-year plan
7 to improve health care access, with a draft report on the
8 plans to be submitted to the interim legislative health and
9 human services committee by November 1, 2011. Beginning
10 October 1, 2012, the work group shall make detailed annual
11 reports to the legislative health and human services
12 committee by October 1 of each year;

13 C. analyze the collected data and make
14 recommendations to the legislature for building healthier
15 communities and improving health outcomes; and

16 D. devise an electronic survey, designed to be
17 completed by applicants within fifteen minutes, for boards to
18 provide to applicants for licensure or renewal of licensure,
19 which includes questions regarding the information required
20 pursuant to Subsection C of Section 5 of the Health Care Work
21 Force Data Collection, Analysis and Policy Act and any other
22 survey questions that the secretary of health and the work
23 group deem appropriate.

24 SECTION 7. TEMPORARY PROVISION--APPLICATION FOR GRANTS
25 PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE

1 CARE ACT.--In order to carry out the provisions set forth in
2 the Health Care Work Force Data Collection, Analysis and
3 Policy Act, the secretary of health shall seek funding
4 pursuant to Section 5102 of the federal Patient Protection
5 and Affordable Care Act, as well as funding from any other
6 source, public or private, that the secretary of health deems
7 appropriate.

8 SECTION 8. EFFECTIVE DATE.--The effective date of the
9 provisions of this act is July 1, 2011. _____

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AN ACT

RELATING TO HEALTH CARE; AMENDING SECTIONS OF THE HEALTH CARE WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT TO DIRECT THAT THE UNIVERSITY OF NEW MEXICO ASSUME DATA-RELATED DUTIES PURSUANT TO THAT ACT; PROVIDING THE DEPARTMENT OF HEALTH ACCESS TO DATA; TRANSFERRING ALL DATA, APPROPRIATIONS, PROPERTY, PERSONNEL, RECORDS AND CONTRACTS RELATED TO DATA COLLECTION, ANALYSIS, STORAGE OR USE UNDER THE HEALTH CARE WORK FORCE DATA COLLECTION, ANALYSIS AND POLICY ACT FROM THE DEPARTMENT OF HEALTH TO THE UNIVERSITY OF NEW MEXICO.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-14C-1 NMSA 1978 (being Laws 2011, Chapter 152, Section 1) is amended to read:

"24-14C-1. SHORT TITLE.--Chapter 24, Article 14C NMSA 1978 may be cited as the "Health Care Work Force Data Collection, Analysis and Policy Act"."

SECTION 2. Section 24-14C-2 NMSA 1978 (being Laws 2011, Chapter 152, Section 2) is amended to read:

"24-14C-2. DEFINITIONS.--As used in the Health Care Work Force Data Collection, Analysis and Policy Act:

A. "board" means any state health care work force licensing or regulatory board, including the New Mexico medical board; the board of osteopathic medical examiners; the New Mexico board of dental health care; the board of nursing;

the board of pharmacy; any other licensing or regulatory board that the chancellor designates; any other health professional licensing board listed in Chapter 61 NMSA 1978; and the university;

B. "chancellor" means the chancellor for health sciences of the university of New Mexico;

C. "database" means the health care work force database created pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act;

D. "ethnicity" means an individual's self-identification or affiliation as either "Hispanic or Latino" or "not Hispanic or Latino" according to cultural, historical, linguistic or religious ties;

E. "New Mexico center for health care workforce analysis" means a state entity that collects, analyzes and reports data regarding the state's health care work force and collaborates with the federal national center for health care workforce analysis pursuant to Section 5103 of the federal Patient Protection and Affordable Care Act;

F. "race" means an individual's self-identification or affiliation with one of the following categories used to identify individuals according to historical or phenotypical characteristics:

- (1) American Indian or Alaska Native;
- (2) Asian;

(3) Black or African American;

(4) Native Hawaiian or other Pacific Islander;

(5) White; or

(6) a mixture of any of the categories listed in Paragraphs (1) through (5) of this subsection; and

G. "university" means the university of New Mexico."

SECTION 3. Section 24-14C-3 NMSA 1978 (being Laws 2011, Chapter 152, Section 3) is amended to read:

"24-14C-3. HEALTH CARE WORK FORCE DATABASE--COLLECTION OF DATA--HOUSING OF DATA--ANALYSIS AND REPORTING.--

A. Subject to the availability of state, federal or private foundation funding or other sources of funding, the chancellor shall create and maintain the "health care work force database". The chancellor shall:

(1) enter into agreements with entities to create, house and provide information to state agencies, the legislature and the governor and, as the legislature or governor deems appropriate, any others regarding the state's health care work force; and

(2) seek federal or other sources of funding to create a New Mexico center for health care workforce analysis and to ensure the additional funding and staffing needed to achieve the anticipated outcomes.

B. A board shall supply the university with data pertaining to licensed health care providers for inclusion in the database. A board shall collect a core essential data set at the time of new licensure or licensure renewal, including, but not limited to, a provider's:

(1) demographics, including race, ethnicity and primary and other languages spoken;

(2) practice status, including, but not limited to:

(a) active practices in New Mexico and other locations;

(b) practice type; and

(c) practice settings, such as hospitals, public schools, higher education institutions, clinics and other clinical settings;

(3) education, training and primary and secondary specialties for all health professions as appropriate;

(4) average hours worked per week and the average number of weeks worked per year in the licensed profession over the past twelve months;

(5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession;

(6) practice plans for the next five years,

including retiring from a health care profession, moving out of state or changing health care work hours; and

(7) professional liability insurance costs and availability as they relate to barriers to practice.

C. The chancellor shall provide to the department of health, in a manner that conforms to department of health rules, access to health care work force data that the university administers pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act."

SECTION 4. Section 24-14C-4 NMSA 1978 (being Laws 2011, Chapter 152, Section 4) is amended to read:

"24-14C-4. DATABASE ESTABLISHMENT AND MAINTENANCE--
DELEGATION.--

A. The chancellor may contract and collaborate with a private or public entity to establish and maintain the database, to analyze data collected, to develop reports for the legislature or the executive branch or to perform other duties to carry out the provisions of the Health Care Work Force Data Collection, Analysis and Policy Act.

B. An entity that establishes, maintains or analyzes data or develops reports by contract pursuant to Subsection A of this section shall provide to the department of health, in a manner that conforms to department of health rules, access to any health care work force data that the entity establishes, maintains, analyzes or reports."

SECTION 5. Section 24-14C-5 NMSA 1978 (being Laws 2011, Chapter 152, Section 5) is amended to read:

"24-14C-5. HEALTH CARE WORK FORCE DATA COLLECTION BY BOARDS--MANDATORY COMPLIANCE FOR APPLICANTS--REPORTING BY BOARDS--CONFIDENTIALITY OF DATA--RULEMAKING.--

A. An applicant for a license from a board or renewal of a license by a board shall provide the information prescribed by the chancellor pursuant to Subsection C of this section. This section applies to applicants for health professional licensure or renewal of health professional licensure pursuant to Chapter 61 NMSA 1978.

B. A board shall not approve a subsequent application for a license or renewal of a license until the applicant provides the information pursuant to Subsection C of this section.

C. A board shall adopt rules regarding the manner, form and content of reporting data; the consistency of data entry fields used; and the information that an applicant, pursuant to Subsection A of this section, shall provide to a board. At a minimum, the rules shall provide for a core essential data set, including the applicant's:

(1) demographics, including race, ethnicity and primary and other languages spoken;

(2) practice status, including, but not limited to:

(a) active practices in New Mexico and other locations;

(b) practice type; and

(c) practice settings, such as hospital, clinic or other clinical settings;

(3) education, training and primary and secondary specialties;

(4) average hours worked per week and the average number of weeks worked per year in the licensed profession;

(5) percentage of practice engaged in direct patient care and in other activities, such as teaching, research and administration, in the licensed profession; and

(6) practice plans for the next five years, including retiring from the health care profession, moving out of state or changing health care work hours.

D. A board shall report health care work force information collected pursuant to this section to the chancellor.

E. A board shall keep confidential and not release personally identifiable data collected under this section for any person licensed, registered or certified by the board. The provisions of this subsection do not apply to the release of information to a law enforcement agency for investigative purposes or to the release to the chancellor for state health

planning purposes. A person with whom the university contracts to perform data collection, storage and analysis shall protect the privacy of that data. The chancellor shall ensure that the responses of applicants shall be kept confidential, including taking special precautions when the identity of an applicant may be ascertained due to the applicant's location or occupation.

F. A board shall promulgate rules as necessary to perform the board's duties pursuant to this section, including rules for collecting, storing and analyzing data in addition to the information required to be collected by the Health Care Work Force Data Collection, Analysis and Policy Act."

SECTION 6. Section 24-14C-6 NMSA 1978 (being Laws 2011, Chapter 152, Section 6) is amended to read:

"24-14C-6. HEALTH CARE WORK FORCE WORK GROUP--WORK FORCE DATA ANALYSIS--RECRUITMENT PLANNING--STRATEGIC PLAN FOR IMPROVING HEALTH CARE ACCESS--WORK FORCE SURVEY.--The chancellor for health sciences of the university of New Mexico shall convene a healthcare work force work group that includes representatives of health care consumers; health care providers; organized groups representing physicians, physician assistants, nurses, nurse practitioners, dentists, dental hygienists and pharmacists; health care work force training institutions; the department of health; the public education department; the higher education department; and the boards.

The work group shall:

A. analyze and make recommendations to the legislature regarding incentives to attract qualified individuals, including those from minority groups underrepresented among health care professions, to pursue health care education and practice in New Mexico;

B. develop a short-term plan and a five-year plan to improve health care access, with a draft report on the plans to be submitted to the interim legislative health and human services committee by November 1, 2011. Beginning October 1, 2012, the work group shall make detailed annual reports to the legislative health and human services committee by October 1 of each year;

C. analyze the collected data and make recommendations to the legislature for building healthier communities and improving health outcomes; and

D. devise an electronic survey, designed to be completed by applicants within fifteen minutes, for boards to provide to applicants for licensure or renewal of licensure, which includes questions regarding the information required pursuant to Subsection C of Section 24-14C-5 NMSA 1978 and any other survey questions that the chancellor and the work group deem appropriate."

SECTION 7. Laws 2011, Chapter 152, Section 7 is amended to read:

"SECTION 7. TEMPORARY PROVISION--APPLICATION FOR GRANTS PURSUANT TO THE FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT.--In order to carry out the provisions set forth in the Health Care Work Force Data Collection, Analysis and Policy Act, the chancellor for health sciences of the university of New Mexico shall seek funding pursuant to Section 5102 of the federal Patient Protection and Affordable Care Act, as well as funding from any other source, public or private, that the chancellor deems appropriate."

SECTION 8. TEMPORARY PROVISION--TRANSFER OF DATA, APPROPRIATIONS, PROPERTY, PERSONNEL, RECORDS AND CONTRACTS TO THE BOARD OF REGENTS OF THE UNIVERSITY OF NEW MEXICO.--On July 1, 2012:

A. all data, appropriations, property, personnel and records related to data collection, analysis, storage or use pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act shall be transferred from the department of health to the university of New Mexico; and

B. any contracts related to data collection, analysis, storage or use that are binding on the department of health pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act shall be binding on the board of regents of the university of New Mexico.