HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1075 Health Care Practitioner Workforce Database
SPONSOR(S): Sullivan
TIED BILLS: None. **IDEN./SIM. BILLS:** CS/SB 1154 (s)

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Standards (Sub)		Mitchell	Collins
2) Health Care			
3) Health Appropriations (Sub)			
4) Appropriations			
5)			

SUMMARY ANALYSIS

HB 1075 establishes the Florida Health Care Practitioner Workforce Database in the Department of Health (DOH) to collect and analyze data concerning Florida's health care workforce for use in planning and policy development.

Currently, the DOH Division of Medical Quality Assurance, which regulates 37 health professions, operates a licensing system that does not support data analysis. Health practitioner data is not collected from medical schools and graduate medical education programs and analyzed along with practitioner licensing data used by the Boards of Medicine and Osteopathic Medicine, and other licensing boards.

The data requested in this bill is largely available from a variety of entities that do not format the data in a manner useful for analyzing Florida's health care workforce. As a result, Florida's health care policy decision makers do not have access to accurate, objective, and continuously updated data regarding the supply, distribution, academic preparation, and utilization of the state's health care workforce.

The bill requires the department to collect and store additional specified data elements for 37 professions, giving the highest priority to allopathic and osteopathic physicians and the other three professions that already have professional profile data published on the internet, plus the remaining 32 non-profiled professions that will be included in phases.

The effective date of the bill is upon becoming law.

The Department of Health estimates the cost to establish and maintain the database will be over $1.8 million in the first two years.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

1. Reduce government?	Yes[]	No[X]	N/A[]
2. Lower taxes?	Yes[]	No[]	N/A[X]
3. Expand individual freedom?	Yes[]	No[]	N/A[X]
4. Increase personal responsibility?	Yes[]	No[]	N/A[X]
5. Empower families?	Yes[]	No[]	N/A[X]

For any principle that received a "no" above, please explain:

The bill requires the Department of Health to collect additional information and establish and maintain a new information system.

B. EFFECT OF PROPOSED CHANGES:

HB 1075 establishes the Florida Health Care Practitioner Workforce Database in the Department of Health (DOH). DOH will be responsible for collecting the data and maintaining the database. The department may employ or assign agency staff, or may contract, on a competitive-bid basis, with an appropriate entity to administer the database.

Legislative intent is expressed to minimize the cost of creating and operating the database and to avoid unwarranted duplication of existing data. The act shall not take effect unless sufficient funds are allocated in a specific appropriation, or in the General Appropriations Act, for the 2004-2005 fiscal year. The Medical Quality Assurance Trust Fund, used for health care practitioner regulation within DOH, may not be used to fund the administration of this act.

The bill specifies the basic data elements to be included in the database for licensed allopathic and osteopathic physicians, graduates of a Florida allopathic or osteopathic medical school, and allopathic and osteopathic physicians completing a graduate medical education program in Florida. It requires each medical school and each graduate medical education program in Florida to submit the required data annually. The medical school graduates, interns, or residents must provide written consent for release of the data to DOH for use in the database.

The department is required to develop an implementation plan that identifies the priority order by which health care professions, other than physicians, may be added. DOH may implement the workforce database in phases but must give the highest priority to the data elements for allopathic and osteopathic physicians.

The data entered into the database will, to the maximum extent possible, be derived from existing sources such as the Agency for Workforce Innovation (AWI), Department of Education (DOE) and other state agencies. In addition, medical schools and graduate medical education programs will provide data for inclusion in the database. The bill requires, to the maximum extent feasible, data elements must be collected and maintained using standardized definitions in order to allow for multi-state or national comparisons of this state's data. Data elements are to be maintained for as many years as necessary to allow for an analysis of longitudinal trends.

In deciding to include basic data elements for other health care practitioners, DOH must give priority to the health care practitioners who are subject to the practitioner profiling system.

The effective date of the bill is upon becoming law.

CURRENT SITUATION

Florida Health Workforce Data Collection
In Florida, there are several health care workforce data initiatives; however, there is no centralized repository for statewide health workforce data.

- DOH gathers data necessary for recommending federal designation of health professional shortage areas. It also gathers data in its efforts to increase access to primary care.
- The Department of Education gathers health workforce data related to enrollment and completion in health programs in Florida, and salaries and placement of graduates.
- The Agency for Workforce Innovation gathers data by surveying employers of selected health professionals.
- In 1982, the Legislature established local health councils to carry out regional health planning activities. The councils are authorized to collect and analyze health data to identify local health needs and have established a common set of data elements, including the number of licensed professionals.
- In 2001, the Legislature established the Florida Center for Nursing (FCN) in s. 464.0195, F.S., which conducts research on nursing issues and gathers data on nursing workforce shortages.

DEPARTMENT OF HEALTH PRACTITIONER PROFILE AND LICENSURE INFORMATION

Practitioner Profiles
Sections 456.039 and 456.0391, F.S., require each licensed medical physician, osteopathic physician, chiropractic physician, podiatric physician, and advanced registered nurse practitioner to submit specified information which is compiled into practitioner profiles and made available to the public. The information must include:

- Graduate medical education;
- Hospitals at which the physician has privileges;
- The address at which the physician will primarily conduct his or her practice;
- Specialty certification;
- Year the physician began practice;
- Faculty appointments;
- A description of any criminal offense committed;
- A description of any final disciplinary action taken within the most recent 10 years; and
- Professional liability closed claims reported to the office of insurance regulation.

In addition, the practitioner may submit:

- Professional awards and publications;
- Languages, other than English, used by the practitioner to communicate with patients;
- An indication of whether the practitioner participates in the Medicaid program; and
- Relevant professional qualifications, as defined by the applicable board.

Section 456.042, F.S., requires each person to update profile information in writing by notifying DOH within 15 days after the occurrence of an event or the attainment of a status that requires profile reporting.

Licensure Information Requirements
Although the Division of Medical Quality Assurance (MQA) has established a system of electronic initial licensure and renewal that has been in place since August, 2003, the initial licensure process for all health care practitioners, except registered nurses, is still primarily a paper-bound process. Electronic

licensure renewal (E-renewal) was developed and implemented in 2001, but for initial licensure, all applicants except registered nurses are required to submit written responses.

Currently, initial licensure approval by the Board of Medicine and the Board of Osteopathic Medicine requires specific data deemed necessary for the board to determine the qualifications of the applicant to practice in Florida, including:

- Medical education;
- All postgraduate medical training;
- National licensure examination history;
- Educational Commission on Foreign Medical Graduates (ECFMG) certification;
- Any current staff privileges;
- Any physician licenses held in other states;
- Disciplinary history; and
- Medical malpractice claims.

Public Inspection of Information Required from Applicants
Section 456.014(1), F.S., establishes public access to information obtained by DOH regarding licensure applicants, with specified exceptions. All information required by the department of any applicant shall be a public record and shall be open to public inspection pursuant to s. 119.07, F.S., except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1), F.S..

VERIFICATION OF PRACTITIONER PROFILE INFORMATION

Verification of profile licensure information: Some of the information in each practitioner profile is obtained from licensure records. When that information does not require any update and was verified for initial licensure it may be accurate.

For medical and osteopathic physicians, DOH verifies at the time of initial licensure: medical education; all postgraduate medical training; national licensure examination history; Educational Commission on Foreign Medical Graduates (ECFMG) certification; any current staff privileges; any physician licenses held in other states; disciplinary history; and medical malpractice claims.

The Board of Medicine encourages but does not require licensure applicants to use the Federation Credentials Verification Service (FCVS) to have the applicant's core credentials verified. The FCVS provides a permanent repository that is designed to provide primary-source verification of a physician applicant's core credentials, including identity, medical education, postgraduate training, examination history, ECFMG certification, and disciplinary history.

Verification of other profile information: Other information in the practitioner's profile is subject to change at any time, such as: staff privileges; disciplinary actions taken by hospitals; malpractice claims; practice locations; and criminal convictions. Keeping such information current is difficult, if not impossible. As such, the information published in the practitioner's profile can be characterized as an unverified public record.

In lieu of verifying every data element within the profile, DOH relies upon the practitioner to ensure that information contained in the profile is accurate. The practitioner who is the subject of the profile is given 30 days to correct any factual inaccuracies and is subject to administrative penalties for failure to update the profile with accurate information.

Hospitals are required by s. 395.0193, F.S., to report the identity of any disciplined medical or osteopathic physician, in writing to DOH, within 30 working days after the initial occurrence of any disciplinary action.

LIMITATIONS OF EXISTING LICENSURE AND PROFILE DATA FOR WORKFORCE ANALYSIS

Staff of the Council of Florida Medical School Deans, the Department of Health (DOH), and others, have reviewed existing DOH data, and its usefulness for a centralized, comprehensive source of data on Florida's health professions workforce. The review identified several limitations of the data for use in physician workforce research, including:

- The data identifying a physician's medical school and graduate medical education programs and their locations is provided by the physician in an open-ended questionnaire and application, which is not standardized for analysis.
- The information in the practitioner's profile for allopathic and osteopathic physicians, which is compiled from the paper-based licensure application, does not conform to the practitioner profile questionnaire which is mailed to an applicant for verification before it is published on the Internet.

Recommendations of the Council of Florida Medical School Deans
Staff of the Council of Florida Medical School Deans have proposed several revisions to both licensure and profiling requirements to improve the use of the data in the practitioner profiles for analysis of statewide, physician workforce, including:

- Use of a standard code to identify a medical school and its location;
- Revision of the classification of the kind of graduate medical education program attended;
- Require all applicants to indicate their principal areas of practice from a list of specialties and subspecialties and the date of initial board certification and most recent re-certification;
- Obtain secondary practice locations with their street address and the approximate percent of time spent and the type of primary practice from a list of practice settings;
- Obtain approximate date of expected retirement by having applicants for renewal indicate if the applicant anticipates retiring from or leaving medical practice during the license renewal period; and
- Obtain the percent of time spent in the active practice of medicine.

These suggested revisions imply the need for an electronic licensure and renewal process for physicians. The council suggested creation, by law, of a comprehensive, state-level health practitioner workforce database which would define data elements, authorize the use of data collected through licensure and practitioner profiling, provide procedures for collection of data, and provide for funding and administration of a health practitioner workforce database. The Council of Florida Medical School Deans, the Graduate Medical Education Committee, and the Community Hospital Education Council, have endorsed establishing such a comprehensive database within DOH to serve as an official repository for accurate and current health professions' workforce data.

NATIONAL CENTERS FOR HEALTH WORKFORCE DATA COLLECTION

There are five regional health workforce centers (University of California at San Francisco, State University of New York at Albany, University of Illinois at Chicago, University of Washington at Seattle, and University of Texas Health Science Center at San Antonio) supported through cooperative agreements with the federal Center for Health Workforce Analysis of the Health Resources and Services Administration (HRSA). The centers cover health workforce issues in the HRSA-designated southwest, northeast, northwest, north central, and south central regions. In September 2003, a regional center at the University of North Carolina (Chapel Hill) became the sixth center. It covers health workforce issues in the southeast region of the United States.

The HRSA-designated regional centers collect, analyze, and provide health workforce information and facilitate workforce planning efforts. Each regional center carries out projects that are funded through

the National Center for Workforce Analysis. These projects are generally related to health workforce issues of national importance. Supplemental projects are carried out by the regional centers through state, local, and private funding.

Over the past 20 years, the North Carolina Center has developed a Health Professions Data System to collect and provide data on selected licensed health professionals in North Carolina. The data system receives ongoing financial support from the North Carolina Area Health Education Centers program and the University of North Carolina (Chapel Hill). The Center maintains data that includes: name, home address, business address, birth year, sex, race, information on basic professional education, specialty, activity status, form of employment, practice setting, total hours worked in an average week, and percent of time in direct patient care. The data are provided by health professionals upon initial licensure or renewal to the respective licensing boards and the data remain the property of the boards. The data are confidential and any requests for names, addresses, or other information that would lead to the identification of any individual may not be granted without the prior written approval of the appropriate licensing board.

C. SECTION DIRECTORY:

Section 1. Creates s. 381.03015, F.S., to establish the Florida Health Care Practitioner Workforce Database with definitions, data elements and requirements.

Section 2. Provides that the act shall not take effect unless sufficient funds are appropriated and that the Medical Quality Assurance Trust Fund may not be used to fund administration of the act.

Section 3. Provides the act shall take effect upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   Estimated by the Department of Health:

Estimated Expenditures	1st Year	2nd Year (Annualized/Recurring)
Salaries and Benefits		
1 FSU Contract Employee (Management Review Specialist)	$60,361	$60,361
2 - Government Analyst II, pay grade 22	$74,030	$98,706
1 - Regulatory Supervisor, pay grade 20	$33,187	$44,249
2 - Regulatory Specialists II, pay grade 17	$56,690	$75,588

Expense		
1 - Modified Std DOH professional pkg.	$4,479	$4,479
Standard expense package for 5 - professional positions	$15,305	
Recurring expenses - 5 professional positions (no travel)	$34,270	$34,270
Maintenance (Equipment/Software)		$5,000
System Support Services	$550,000	$550,000
Statistical Software	$20,000	
Operating Capital Outlay		
Standard OCO package for 5 -professional positions	$7,500	
2 - Servers (production & development)	$40,000	
Disk Storage	$40,000	
Total Estimated Expenditures	$935,822	$872,653

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Florida medical schools and graduate medical education programs will incur some costs to furnish data to DOH on allopathic and osteopathic physicians attending their schools or programs.

Improved health care planning data may promote some increased cost efficiencies for public and private health care policymakers.

D. FISCAL COMMENTS:

The fiscal impact estimate by DOH is based on the costs of acquiring the data elements specified in the bill for all 37 of the health professions regulated by the department's Division of Medical Quality Assurance (MQA). DOH reports that to implement the bill, it will need $935,822 for fiscal year 2004-2005 and $872,653 in fiscal year 2005-2006. This includes 5 non-contracted professional positions and costs associated with equipment, software, system support services, and statistical software, plus an FSU contract employee.

The department reports that the current MQA licensing system would support some of the basic data collection functions of the required fields, but that additional technical support is required for data collection from state universities for new required data elements that are not collected through the licensing processes. Analysis of the data for workforce projections will require statistical analysis that is not currently done on existing department data. Technical support is required to build and maintain additional web applications.

According to the department, the cost to add the new data elements to the department's licensing system and to implement and monitor collection of the new elements would be the same whatever the

number of professions. The department maintains that if the database initially targeted the five professions that are already in the practitioner profile database, the costs could be greatly reduced. The five professions are:

- Allopathic physicians;
- Osteopathic physicians;
- Chiropractic physicians;
- Podiatric physicians; and
- Advanced Registered Nurse Practitioners.

Additional data elements that are required but not currently collected include:

- Each medical specialty or subspecialty "practiced."
- The physician's secondary practice location, if any, including the street address, municipality, county and zip code.
- The approximate number of hours per week spent in each practice location.
- Each practice setting, by major category of practice setting, including but not limited to, office-based practice, hospital-based practice, nursing home, health maintenance organization, and county health department.
- Whether the physician is a full-time member of a medical school faculty.
- Whether the physician plans to reduce his/her practice volume by a significant percentage within the effective period of the currently held license.

According to the department, MQA will be able to do the following with existing resources:

- Provide data extracts as needed for the twelve data elements currently collected.
- Include an insert with information regarding the Health Care Practitioner Workforce Database with renewals (MQA will not be responsible for developing or printing insert).
- Provide information on board websites that will aid in collecting needed data.

According to the department, implementation of the bill will require the use of the MQA Trust Fund to support the collection of the data elements as part of the initial licensure and licensure renewal process. The bill does not contain appropriations language or provide for trust fund authorization. The bill specifically states that the Medical Quality Assurance Trust Fund may not be used for administration of the bill. Additionally, the bill states in Section 2, that the bill shall not take effect unless sufficient funds are allocated in a specific appropriation.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenues.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides rulemaking authority to the Department of Health to administer the provisions.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill provides that some of the data will be gathered from state agencies other than DOH. Much of the data collected by other agencies is confidential and exempt from the provisions of Chapter 119, Florida Statutes. Some of the data elements identified (i.e., social security numbers) are exempt from Chapter 119, Florida Statutes, therefore, there may be the need for reference to the public records law.

DOH has expressed concern that the department has no regulatory authority over medical schools, therefore, there is no mechanism to enforce compliance with the bill.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES