



**Department of Health
& Human Services**

Health Workforce
Information Center (HWIC)

Utah Cross-Profession Minimum Data Set (UCPMDS)



Developed by the Health Workforce Advisory Council ([HWAC](#)), with help from its Data Subcommittee and the Health Workforce Information Center ([HWIC](#)) in March 2023

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Utah's Health Workforce Advisory
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Utah's Health Workforce Advisory Council

On March 23, 2022, Gov. Spencer Cox signed House Bill 176, which created Utah's Health Workforce Advisory Council (HWAC). Tracy Gruber, the executive director of the Department of Health and Human Services, is the chair of the HWAC. The council has 14 additional members from across state, public, and private entities. The HWAC is charged with studying the trends and demands of the Utah health workforce, providing information, and making recommendations to various entities, including the state Legislature. This is done through data gathering initiatives, engaging in the legislative process, and reviewing and commenting on Utah legislation related to the health workforce. Members of the HWAC include:

Tracy Gruber, JD Chair <i>Executive director, Department of Health and Human Services</i>	Wayne Samuelson, MD <i>Dean of medical education, University of Utah School of Medicine</i> <i>Chair, Utah Medical Education Council</i>
Chris Williams, MPA <i>Division director of Workforce Research and Analysis, Utah Department of Workforce Services</i>	Rita Osborn, MBA <i>Executive director, Utah Center for Rural Health</i>
Jared Haines, MOB <i>Senior advisor for technical education, Utah System of Higher Education</i>	Sarah Woolsey, MD <i>Medical director, Association for Utah Community Health</i>
Kendra Muir, MHL, RN <i>School nursing/wellness specialist, Utah State Board of Education</i>	Greg Bell, JD <i>President, Utah Hospital Association</i>
Mark Steinagel, MPA <i>Director, Division of Occupational and Professional Licensing (DOPL), Utah Department of Commerce</i>	Cheryl Hanewicz, MS, Ed.D. <i>Dean, College of Health and Public Service, Utah Valley University</i>
Nubia Peña, JD <i>Director, Utah Division of Multicultural Affairs</i>	Teresa Garrett, DNP, RN, PHNA-BC <i>Director at-large, Utah Nursing Association associate professor (clinical), College of Nursing</i>
Tyler Goddard, LCSW, MSW <i>Health director, Paiute Indian Tribe of Utah</i>	Tiffany Lipscomb, MA-OM <i>Vice president of Human Resources, Intermountain Health</i>
Elizabeth Klc, MPA <i>Director, Utah Substance Use and Mental Health Advisory Council (USAAV+)</i>	

HWAC's Data Subcommittee

The Data Subcommittee was established during the inaugural meeting of the HWAC in September 2022. The subcommittee consists of members from the HWAC and the public. This group has diverse perspectives, and each individual participated in developing the Utah Cross-Profession Minimum Data Set. This subcommittee is committed to collecting updated health workforce data through licensure and supplemental surveys. With updated data, we will have a more accurate picture of health workforce trends, supply, and demands.

Mark Steinagel <i>Chair and HWAC member</i> <i>Director, Division of Professional Licensing</i>	Betty Sue Hinkson <i>School nurse consultant, Department of Health and Human Services</i>
Sydney Groesbeck <i>Lead, Health Workforce Information Center</i>	Carrie Mayne <i>Chief economist, Utah System of Higher Education</i>
Chris Williams <i>HWAC member</i> <i>Division director, Department of Workforce Services</i>	Dr. Sarah Woolsey <i>HWAC member</i> <i>Medical director, Association for Utah Community Health</i>
Michelle McOmber <i>CEO, Utah Medical Association</i>	David Taylor <i>Operations manager, Division of Professional Licensing</i>
Dr. Connie Kitchens <i>Public health policy manager, Division of Professional Licensing</i>	Alla Chernenko <i>Senior data engineer, Division of Professional Licensing</i>

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Hannah Maxey, Ph.D., MPH <i>Consultant, Veritas Health Solutions, LLC</i>	Courtney Medlock, MPH <i>Consultant, Veritas Health Solutions, LLC</i>

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About UCPMDS

Access to health workforce data is essential to inform various aspects of Utah state policy and programs, such as identifying health workforce shortage areas, planning for educational programs or regulatory policy changes, forecasting employment demands, and justifying funding requests. Data can also be used to evaluate the impact that policies may have on the workforce. Detailed information about Utah's health workforce is necessary to evaluate existing programs and plan for future needs.

During the 2022 legislative session, the Utah Legislature created Utah Code 58-1-112, which requires the Utah Department of Commerce (Division of Professional Licensing, DOPL) to capture certain information fields from health professionals during the licensing process. DOPL works with the Utah Health Workforce Information Center (HWIC) to identify relevant data sources. DOPL also works with the Utah Health Workforce Advisory Council (HWAC) to finalize the data elements captured from licensees.

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the HWAC's health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The intent of the UCPMDS is to standardize certain information captured from various health profession types to support within-profession and between-profession analyses. The UCPMDS is structured to allow standardization of data elements where possible, such as with demographic data fields, but also enables customization for each profession, such as with specialty and setting questions. The UCPMDS would serve as a foundational data system, upon which individual profession-specific tools may be developed. The profession-specific tools would include customized response options that are relevant to different professions.

To maximize comparability between professions, experts recommend that the text for each question field be standardized across all professions. However, the response options may vary by data element. Examples of the data element styles are presented below.

Data element style: Both question and response options are fully standardized across all professions.

- What:
 - These questions include standardized language for both the question text and response options. These questions and response options are applicable to any and all profession types.

- Why:
 - Any and all responses to these questions would be comparable.

Data element style: Question text is standardized; response options are semi-customized for each profession.

- What:
 - These questions include standardized language for the question and response option *categories* that are common across professions.
- Why:
 - Semi-customized implementation of response options aligning with common categories will enable cross-profession comparisons while providing profession-specific information.
- Examples:
 - Education level is an example of a data element that would have mappable responses. There are standardized categories of education level. However, not all categories would apply for all profession types. Additionally, profession types may desire to obtain an additional level of detail on certain education categories.

Examples:

- It would be inappropriate to include “high school diploma” as an option for “highest education” for professions whose minimum education for entry include postsecondary education.
- A profession may desire to track specific educational options within a given category. For example, medicine would be interested in collecting who has doctorate degrees in medicine or in osteopathic medicine, both of which fall under the common category of “Professional/doctorate degree.”

Data element style: Question text is standardized; response options are fully customized for each profession.

- What: These questions include standardized language for the question and fully customized response options by profession.
- Why: A common question format would ensure that future within-profession comparisons are supported, regardless of the various response options.
- Example:
 - Specialty is an area that would vary widely between profession types. It is important that specialty/field/area of practice is captured from all health profession types, but due to wide variations, it is not possible to standardize response options.

Profession-specific tools may be developed to determine appropriate response options for each data element.

Utah Cross-Profession Minimum Data Set (UCPMDS)

Note: Data elements highlighted in yellow would only be included if data are not available in another source or if deemed appropriate.

Sex

1. What is your sex?

[Single select]

- a. Male
- b. Female

Race/ethnicity

2. What is your race? Mark one or more boxes.

[Multi select]

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Middle Eastern or North African
- e. Native Hawaiian/Pacific Islander
- f. White
- g. Other race

3. Are you of Hispanic, Latina/o, or Spanish origin?

[Single select]

- a. No
- b. Yes

Qualifying education

4. What type of degree/credential first qualified you for this license?

[Single select]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree

- e. Bachelor's degree
- f. Master's degree
- g. Postgraduate training
- h. Professional/doctorate degree
- i. Postdoctoral training

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?

[Open field]

Qualifying education state

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)

[Single Select]

- a. [LIST OF U.S. STATES and territories]
- b. Another country (not the United States)

Note: This question would not be applicable to all profession types, but is included on the UCPMDS to support standardization and to determine if this question is relevant and therefore included.

Highest level of education

7. What is your highest level of education?

[Single select]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's degree
- g. Postgraduate training
- h. Professional/doctorate degree
- i. Postdoctoral training

Employment status

8. What is your employment status?
[Single select]
- a. Actively working in a position that requires this license
 - b. Actively working in a position in the field of [profession] that does not require this license
 - c. Actively working in a position in a field other than [profession]
 - d. Not currently working
 - e. Retired

Future employment plans

9. What best describes your employment plans for the next 2 years?
[Single select]
- a. Increase hours in a field related to this license
 - b. Decrease hours in a field related to this license
 - c. Seek employment in a field unrelated to this license
 - d. Retire
 - e. Continue as you are
 - f. Unknown

Employment hour change

10. If you indicated you plan to increase or decrease hours in a field related to this license in Question 9, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select "Not applicable."
[Single select]
- a. 0 hours per week
 - b. 1–4 hours per week
 - c. 5–8 hours per week
 - d. 9–12 hours per week
 - e. 13–16 hours per week
 - f. 17–20 hours per week
 - g. 21–24 hours per week
 - h. 25–28 hours per week
 - i. 29–32 hours per week
 - j. 33–36 hours per week

- k. 37-40 hours per week
- l. 41 or more hours per week
- m. Not applicable

Specialty

11. Which of the following best describes the specialty/field/area of practice in which you spend most of your professional time?.
- [Single select] [Flexible response options by profession]

Telehealth

Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.

12. Do you use telehealth to deliver services to patients?
- [Single select]
- a. No
 - b. Yes

Patient characteristics

13. Please indicate the population groups to which you provide clinical services. Please check all that apply.
- [Multi select]
- a. Newborns (0-12 months)
 - b. Children (ages 2 - 10)
 - c. Adolescents (ages 11-19)
 - d. Adults (ages 20-64)
 - e. Geriatrics (ages 65+)
 - f. Pregnant women
 - g. Veterans
 - h. Incarcerated individuals
 - i. Individuals with disabilities
 - j. Individuals experiencing homelessness
 - k. Individuals who speak a language other than English
 - l. Medicaid beneficiaries
 - m. Medicare beneficiaries
 - n. Sliding fee scale

- o. Privately insured individuals
- p. None of the above

Primary practice location

14. What is the address, city, state, and zip code of your primary practice location? If this does not apply, please enter "N/A".

- a. Address _____
- b. Address 2 _____
- c. City _____
- d. State _____
- e. Postal code _____
- f. Country/Region _____

Employment type/arrangement

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

[Single Select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Primary practice position role or title

16. Please identify the role or title(s) that most closely corresponds to your primary employment/practice type.

[Single Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Primary practice setting type

17. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “Not applicable.”

[Single select] [Flexible response options by profession]

- a. Telehealth
- b. Not applicable

Hours per week

18. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “Not applicable.”

[Single select]

- a. 0 hours per week
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Primary practice hours/week in direct patient care

19. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “Not applicable.”

[Single select]

- a. 0 hours per week
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week

- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Note: Questions 14-19 may be repeated for up to 3 practice locations, depending on profession type and the information required to support state policy and planning.

The End

Thank you for completing Utah's Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to "Activity" and select "your started renewal form" and continue from there.