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State Data Spotlight:

The North Carolina Health Professions Data System

The North Carolina Health Professions Data System (HPDS), housed within the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, exists in close partnership with the North Carolina Area Health Education Centers (AHEC) Program, and in collaboration with the North Carolina health professional licensing boards.



The HPDS (http://www.shepscenter.unc.edu/hp) contains licensure files for 19 health professions (listed below), with annual files on most professions dating back to 1979. This system represents one of the most comprehensive health professions databases in the country, as well as one of the few that is continuously maintained. Every year in October, the HPDS publishes data on the supply and distribution of health professionals in North Carolina. The HPDS also regularly produces other profession-specific reports and analyses using these data, and these analyses are used to shape health workforce policy and planning in the State.

North Carolina Health Professions Data System Professions

certified nurse midwives chiropractors dental hygienists dentists licensed practical nurses nurse practitioners occupational therapists occupational therapy assistants optometrists
pharmacists
physical therapists
physical therapist assistants
physician assistants registered
with the NC Medical Board
respiratory therapists
physicians (MDs and DOs)

physicians in residency training podiatrists practicing psychologists psychological associates registered nurses

Unlike workforce data centers in other states that use surveys to collect this information, the HPDS collects data that are required for licensure and thus has data on every health professional licensed to practice in the state. Because the HPDS data are voluntarily provided by North Carolina's licensing boards, the data remain the property of the boards and require permission for additional uses or dissemination.





Policy-makers in North Carolina have long recognized the value of the HPDS for its ability to inform a variety of issues related to the health workforce and provide accurate and unbiased evidence to shape public policy. Issues that have been informed by HPDS data include (King and Holmes 2008):

- The justification of funding requests for new schools of pharmacy, dentistry, and optometry.
- The supply of psychiatrists in the context of state mental health reform.
- The retention of medical students and residents trained in North Carolina.
- Changes in health professionals' scopes of practice.
- The effect of malpractice rates on the supply and distribution of obstetric care providers.
- The designation of health professional shortage areas.
- The supply of health professionals from underrepresented minority groups.

Several states, including North Dakota, Florida, California and Missouri, have utilized HPDS expertise in their efforts to develop similar systems. Further information on technical assistance is available by contacting HPDS staff. A comprehensive list of organizations and data sources for health workforce data available in states can be found at the Health Workforce Information Center (http://www.hwic.org/states/).

Federal Reform Implications

North Carolina's experience and expertise at the state level identifying trends in the supplies of health care providers will prove useful in the context of federal health reform. In anticipation of coverage expansions included in the Patient Protection and Affordable Care Act, there is an imminent need to identify and forecast health professional shortages and shifts. This need is particularly acute with respect to primary care, and North Carolina is well-positioned to begin analyzing its professional capacity in this area.

The HPDS utilizes licensure data to determine activity status, practice location, and demographic (e.g., race, age, gender), education (training location) and practice (e.g., specialty, employment setting, hours worked) characteristics. Defining what professions and specialties are included in primary care is an ongoing discussion, but this definition will be important in assessing whether there is adequate access to health care for a growing number of insured in the United States.

Legislative History

There is no legislation that requires the State's independent licensing boards to report data to the Sheps Center, and there is no state funding appropriated for reporting. The result is a data system that is independent of government and health care professionals. Funding to support this system comes largely from the North Carolina AHEC Program Office and the cross-subsidization of personnel through other research projects within the Sheps Center, with a small amount generated through data request fees.





About the Data Spotlight Series

State Data Spotlight is a SHADAC series highlighting states' unique data tools, datasets, and uses of existing data systems. The series aims to provide information and insight on innovations that can be applied across states. State Data Spotlights that have been released can be found at http://www.shadac.org/content/state-data-spotlight.

States pursuing strategies highlighted in this series can contact SHADAC for technical assistance and support in developing these types of innovations.

Sources

HPDS. 2010. User's Guide to the NC Health Professions Data System. Accessed at http://www.shepscenter.unc.edu/hp/usersguide.pdf.

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