POLICY BRIEF

Steps Toward Implementing a National Behavioral Health Workforce Minimum Data Set

Project Team Angela J. Beck, PhD, MPH Jessica Buche, MPH, MA Cory Page, MPH, MPP

Background

Enumerating the supply of the myriad occupations that comprise the behavioral health workforce is an important step in workforce planning. A 2011 Institute of Medicine report noted that “effective workforce planning and policy making require better data collection and an improved information infrastructure.”[1] Understanding each occupation’s supply, distribution, work status, education, experience, specialties, practice setting, services provided, payment forms, and demographics would allow policy makers to craft precision interventions to remedy behavioral health care access issues. Collecting such granular data is difficult, however - especially if those data are to be nationally-representative, current, and publicly available.

Adoption of a uniform set of data elements for purposes of improved data quality and comparability is referred to as a Minimum Data Set (MDS). Constructing an MDS requires feedback from numerous stakeholders. Not only does the taxonomy of the MDS need to include all viable titles by which an occupation can be practiced, but the MDS variables must also be occupation-specific. To this end, the Health Resources and Services Administration (HRSA) has collaborated with a number of national boards, councils, and associations to create MDSs for licensed professional counselors, psychologists, substance abuse/addiction counselors, and other occupations that make up the health care workforce.[2] After reviewing these MDSs and consulting with more interest groups, in 2016, the Behavioral Health Workforce Research Center (BHWRC), along with a Consortium of partners, refined what sets were already available, added more occupational categories, and assembled a single MDS for the entire behavioral health workforce.[3]

The purpose of this qualitative study is to determine whether the behavioral health workforce MDS is feasible for licensing boards, professional organizations, and employers to utilize in practice. Findings can inform a strategy for collecting comprehensive, standardized data on the workforce across the country to achieve the goal of efficient workforce planning.

Methods

A study was conducted during the summer of 2018 to elicit the challenges and opportunities associated with implementing a standardized MDS for the behavioral health workforce nationwide. A snowball sampling method was used to recruit key informants. Consortium members and other research partners to identified interviewees from the following groups: state licensing boards; national and state professional organizations collecting membership data; state and federal government agencies with workforce data collection responsibility; behavioral health workforce researchers; and behavioral health workforce employers.

The key informant interview and focus group guide included an introduction to the BHWRC, background of the behavioral health MDS instrument, and overview of the existing challenges in implementing a common data collection system on a national level. Question themes included: 1) familiarity with and current use of a workforce MDS; 2) usefulness of the five MDS topical themes; 3) barriers to MDS implementation; and 4) recommendations for the BHWRC and federal partners for national implementation of the MDS.

Key Findings

Sixteen key informants were interviewed over the course of the study, who primarily represented disciplines of psychology, social work, and counseling. All respondents had experience either using an MDS or collecting data on some or all of the five key MDS themes. Based on their experience with data collection, all respondents indicated that improving data quality through an MDS is important for the field. Each MDS theme received different feedback from respondents that collectively prompted concerns about ease of utility, the degree to which the data could be accurately collected, and information missing from the MDS.

Respondents requested that the MDS be more customizable, as all questions are not relevant to the various surveying organizations that would be using the tool across professions and states. They also suggested adding the following questions: whether providers offer specific services; whether providers work in an integrated care setting; and whether board certification was required for the provider's current position.

To address concerns about buy-in for using the instrument, respondents recommended federal grants be given to state or national entities (e.g. boards and associations) to support data collection. Respondents also suggested that the value of the MDS be better explained to participating organizations beforehand, and that technical support be available as they begin data collection. Regarding statutory backing, respondents recommended crafting laws mandating survey participation for licensees renewing their credential - similar to how New Mexico and Virginia collect data. According to respondents, federal partners could help improve data collection efforts by widely sharing lessons learned about workforce data collection from key states. The BHWRC was recommended to provide online trainings with the MDS and help popularize the MDS through marketing and informational campaigns.

Conclusions & Policy Implications

To further implementation of the behavioral health workforce MDS across the field, the BHWRC should work to develop the following:

- A web-based platform that houses an MDS question bank to customize questionnaires.
- A statement that better summarizes how the data will be of value to workers who provide the information and organizations that utilize the tool.
- A recommendation to federal partners that more technical assistance and resources are needed to implement the MDS and create a uniform data collection system.

The adoption of a national system for data collection has the potential to vastly improve the quality of the data that policy makers use for workforce planning decisions to ensure appropriate access to behavioral health services. However, such a system for implementation will take time, resources, coordination, and support from stakeholders across the field. If investment in an MDS is made, the findings of this study indicate that the resulting data would be valuable to the many disciplines comprising the behavioral health workforce.

References

1. Institute of Medicine. The future of nursing: Leading change, advancing health. Washington DC. National Academies Press; 2011.
2. Health Resources & Services Administration. Health workforce data; 2018. https://bhw.hrsa.gov/health-workforce-analysis/data. Accessed September 25, 2018.
3. Beck AJ, Singer PM, Buche J, Manderscheid RW, Buerhaus P. Improving data for behavioral health workforce planning: development of a minimum data set. *Am J Prev Med.* 2018;54(6Supp3):S192-S198.