Past Event: 2022 NCSBN APRN Roundtable- Building a Robust APRN National Database Video Transcript

Event
2022 NCSBN APRN Roundtable

More info: https://www.ncsbn.org/16412.htm

Presenters
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Lori Scheidt, MBA-HCM, Executive Director, Missouri State Board of Nursing

Jeannie P. Cimiotti, PhD, RN, FAAN, Associate Professor, Nell Hodgson Woodruff School of Nursing, Emory University

- [Michelle] Welcome back from the lunch break. Our next session is entitled "Building a Robust APRN National Database." We'll have three short presentations followed by a Q&A session. We were meant to be joined live by NCSBN's chief information officer, Nur Rajwany, who manages the organization's information resources division, including cyber security initiatives, privacy of data, incident response, and disaster recovery plans.

He and his team also oversee systems and technology to help boards further their mission of public protection. Unfortunately, Nur is unavailable to join us today. In just a minute, I'll share his comments on the topic of an APRN database. We'll also pass your questions on to him.

Also joining us for this discussion will be Lori Scheidt, the executive director of the Missouri State Board of Nursing. She'll share her board's experiences with the Nursys database to collect workforce information. Lori has more than 30 years of regulatory experience and is the Area II director on NCSBN's board of directors.

She also has extensive experience in fraud detection and training and analyzing the nursing workforce. And finally, Dr. Jeannie Cimiotti will join us again to provide her expertise to the panel. A quick reminder, you can enter questions for Nur in the Q&A panel, and he will provide you with answers after the meeting.

Questions for the other two presenters will be answered after their presentations during our live discussion. I will now share nurse comments. First, we'll discuss nurses and APRN certifiers. Siloing

collected data provides limited understanding. Sharing data sets with proper security and governance can highlight important insights.

In this instance, we're talking about APRN nurse data sets. Currently, 32 boards of nursing use Nursys to share data. This data set tells us that about 10.5% of RNs are also APRNs. To know this for sure, we would need all boards to share their APRN data sets with Nursys.

Extracting APRN data from your systems could be challenging and NCSBN is ready to help and fund the initiative. National APRN certifiers have APRN certification data sets. Some certifiers are collaborating and exchanging data with the boards of nursing via Nursys. Both parties are able to get the needed data for their operational and important public protection work.

NCSBN is asking all national APRN certifiers to share and exchange their certification data sets. We have built stringent data security protocols and followed data privacy governance. With agreements in place, you can be rest assured that you are in control of your data.

Sharing and exchanging similar data sets increases public good as we can get better insights and benefit all involved parties. Next, we'll talk about the unique nurse identifier, which is also known as UNI. The Nursys NCSBN ID. UNI is an eight-digit identifier, which uniquely identifies a U.S. nurse. It's a way to identify a nurse without using protected personally identifiable information or PII, such as date of birth or social security number.

Exchanging data with individual's PII embedded is becoming increasingly difficult due to data cyber security and privacy governance and compliance requirements. Using UNI makes exchanging the data set more palatable from security and compliance perspectives. Institutions are encouraged to use the UNI, which can be retrieved from nurses in their data sets to make exchanging nurse data easier.

It also promotes better nurse research, which, in turn, will help with public protection and potentially better population health outcomes. National Provider Identifier or NPI is also used to uniquely identify a healthcare provider. NPI serves an important function within the healthcare-related claims data set.

Data collected in 2018 shows that about 100,000 APRNs have been assigned an NPI. That's just 2% of the total U.S. nurse population. So it's fair to say the NPI cannot be used as a unique nurse identifier for nurses in the U.S. The final topic I'm going to discuss is nurse workforce data.

Data is the lifeblood of our digital society. And it is important to be able to collect the data when there is a touchpoint by the individual. Nurses renew their licenses while interacting with the board's online licensing system. And thus it makes sense to be able to collect nurse workforce data at that time. Organizations need agile data analytics to informe vidence-based strategies in our current ever-changing world.

NCSBN introduced the Nursys e-Notify system to the boards of nursing that are not able to digitally capture nurse workforce data via their online licensing systems. The private Nursys system also provides boards of nursing, a self-service dashboard for collecting various preconfigured nurse workforce reports, as well as raw workforce data about nurses in their jurisdiction.

Current statistics show that more than 780,000 nurses have provided nurse workforce data through the Nursys e-Notify system. NCSBN encourages all boards of nursing to take advantage of this service if they are not able to use their online systems to collect the nurse workforce data. Lori Scheidt will now

share a detailed case study of her board using the Nursys e-Notify system to boost its nurse workforce data collection.

- [Lori] My name is Lori Scheidt, and I'm the executive director of the Missouri State Board of Nursing. A little background is in order about the licensure model in Missouri. RNs expire April 30th of every odd-numbered year. And in Missouri, they are recognized not licensed. And the expiration date is either when the national certification expires or when the RN license expires, whichever is first.

This is because an APRN must have either an active RN license or an active RN multi-state license to obtain and retain APRN recognition. We quickly realized the power of Nursys and wanted to leverage this system for better customer service. We worked with the Nursys team and our association to host webinars focused on Nursys e-Notify. Then in 2010, we eliminated actual license cards for license renewal, and then stopped issuing license cards for initial licenses in 2015.

This was designed to push customers to Nursys. We wanted customers to only verify licenses through Nursys. After all, a license card is only good the day it's issued. Driving customers to Nursys is the only way to receive current information. Our quandary was we had one standard expiration date.

And employers would traditionally just verify a license on hire and not again until license renewal time. This was also true of most nurses. They would receive their license, really didn't give it much thought until it was time to renew. That really is not a safe practice. A license can change from multi-state to single state or vice versa, and the license can expire or discipline can be attached to that license at any time, not just during those dates .

Nursys e-Notify pushes those changes to the person who is enrolled instead of the customer having to pull that information. This ensures the customer has the most up-to-date information on the nurse. In addition to the Nursys educational campaign, we changed our messaging to applicants and licensees. That messaging was to register as a nurse in Nursys e-Notify.

This messaging was incorporated in all of our application instruction letters and an email when a license is issued, on our website and in our renewal portal. We want a nurse to enroll a Nursys e-Notify, which allows the nurse to receive license issuance and expiration reminders, changes in multi-state license status, and alerts if discipline is attached to the record.

The workforce questions are incorporated in Nursys e-Notify. So when the nurse enrolls the Nursys answering workforce questions. Then in 2018, we changed our license renewal rule to require enrollment in Nursys e-Notify. The actual language in our role says, "Information related to the Nursys practice and demographics for purpose of collecting workforce data is required."

So for license renewals, what a nurse does is they go to our online portal and they enter their license number in pen. And the behind the scenes seamlessly, there is an interface we're using called Application Programming Interface and it's also called API. And it calls out to the Nursys system to see, is that nurse enrolled in Nursys e-Notify?

If the nurse is, then the system is further checking to see if the record has been updated less than one year ago. And if it has, then the nurse can proceed with a license renewal. If the nurse has a Nursys e-Notify account, but it has not been updated for more than a year, then they have to go update that Nursys record before they can continue with a license renewal process.

And if there's no record at all in Nursys, then they must complete the Nursys e-Notify enrollment prior to renewing. Again, all this is done seamlessly to the user. Looking at our outcomes prior to this process, we had 273 employers that had institution accounts that accounted for 21,755 nurses enrolled under those employers.

Today, we are at 1437 institutions that account for almost 132,000 nurses. And on the Nursys self-enrollment side, we are at almost 135,000 nurses, which is nearly 96% of our active licensee account.

That is a tremendous accomplishment. We contract with the University of Missouri Center of Health Policy to produce an annual nursing workforce report and have produced a report every year since 2018. We joined the National Forum of State Nursing Workforce Centers which gives us access to best practices in nursing workforce, research, planning, development, and formulation of workforce policy.

This forum is very important because they also set the minimum data set. The minimum data set is included in slides that you can retrieve later, but it includes fields such as gender, race, educational degree level, work status, reason for unemployment, number of positions, average hours worked per week, primary and secondary employment settings, physicians and specialty.

It is this minimum data set that forms the Nursys workforce module. Some key findings related to APRNs recognized in Missouri show underrepresentation in race. There is a low percent of RNs and APRNs working in rural areas. More than 17% of APRNs hold more than one position, 23% work more than 40 hours a week, and just over 20% work up to 35 hours a week.

We know a lot about where they work. The majority work in hospitals at 48%. And then, almost 19% work in ambulatory care, physician's offices, and primary care. Probably a really important metric is the number that are not employed in nursing. So almost 6% of APRNs are not employed in nursing.

And out of that 6%, 41% of those are not employed due to school. We have future plans to look at the commuting patterns, where do APRNs reside and work? Does the lower rate of APRNs employed in rural areas correlate to the location of collaborating physicians? It would be great to have additional similar analysis of additional healthcare professionals in order to get a better snapshot of healthcare professional access.

A web portal is scheduled to be launched this year so stakeholders can slice and dice data, which may help them look at program development and obtain data to support their initiatives. It is our hope that industry professionals will use data to inform strategies. In Missouri, we have a Nursing Education Incentive Program where we use board funds to grant awards to nursing education programs.

Some of the projects we have funded are the establishment of three new nurse practitioner nurse educator programs, scholarships for nurse educators, shared faculty consortium, graduate-level nurse educator apprenticeship program, and academic clinical partnerships. The bottom line is boards of nursing and policymakers are best positioned to fill their public protection mandates when they understand the dynamics of the nursing workforce.

Our workforce analysis indicates that shortages are in certain geographic areas of our state. And it provides valuable information on how to target solutions. Solutions will need to focus on several strategies, including a supply increase in certain geographic areas, addressing work-life balance issues and reducing regulatory barriers to practice.

Nursys has allowed user to obtain this valuable information on our workforce. And it should enable users to use that data to make well-informed decisions. I thank you for your time.

- [Dr. Cimiotti] So continuing with the data issue, and I think that's a big takeaway from today. If there's anything that we learned it's that there are many data sources, but nobody has a complete picture of what's going on with the nurse workforce including APRNs. The American Association of Nurse Practitioners has recently posted that they believe that there are slightly more than 350,000 APRNs in the country currently.

But where are the data on these advanced practice providers? Well, the board of nursing will have data on them. That's for sure. Any licensing board. But those data don't really provide us with much. I've worked with licensure lists and licensure data for many years now and the best that you can hope to get from those lists are name, address, zip code, original date of licensure, and maybe a renewal date.

And that's it. And we know nothing. We absolutely know nothing about the demographic characteristics, the workplace characteristics, if these nurses are mobile or if they're staying locally. And these are data we need now.

So there are sample surveys, as I mentioned, people are always surveying. We have several sources. I mean, you heard from Missouri, they do a great job of surveying nurses during licensure or the re-licensure process. That doesn't happen everywhere. A few states have mandated that type of survey, but many of them have not.

And, of course, NCSBN also would have information on nurses. Of course, everybody had to take the NCLEX at one point and hopefully, the respective states are submitting data through Nursys. But then we have federal government data and a lot of people rely on these data.

You've heard through presentations today and numerous times the American Community Survey, that's the U.S. Census Bureau. And they are providing data, yes, but it's not enough. Now I don't know if you remember one of the slides from my presentation, but it was on nurse practitioners.

That came from the American Community Survey on 59 respondents. There's almost 14,000 nurse practitioners in the state of Georgia. I don't want 59 to be providing a profile of what the workforce looks like in the state. And don't get me wrong.

We have some great analysts and statisticians, and they take these data and they use statistical waiting. But to be honest, I would want the data on everybody in my state. We also have the Bureau of Labor Statistics and they provide data on nurse practitioners or APRNs. And, of course, those data, if you remembered some of the slides, they're not very, how can I say it?

They're not broken down into what we would hope. They're not discreet. I mean, they're generalized by nurse practitioners or combined with nurse midwives, and CRNAs are in their own category, but others are grouped together. And how can we really determine what's happening with data such as those? In fact, somebody questioned the map that I had showed on one of the slides on Florida that had now had some full practice authority and primary care.

Well, the data I had were from the Bureau of Labor Statistics. So if our own government can't give a good estimate, that means that we have to do something as a profession to make sure that the data that we have are accurate. There's also the Health Resources and Services Administration, HRSA. Everyone

knows about HRSA if you're all interested in the workforce because they always every few years do the National Sample Survey of Registered Nurses.

Once they did the National Sample Survey of Nurse Practitioners. But again, the key it's a sample survey. And there might only be a handful of nurses in your state that have answered that. In fact, a colleague of mine recently was putting a grant together to look at midwifery in the state of Georgia, and she wanted some preliminary data to include in the application.

And when she went into one of these databases, I think it was the ACS, but I could be wrong, she said, "There's nobody there." She said, "Don't we have any midwives in Georgia?" And, you know, she was, well, guess what? If they weren't among that handful of nurses to answer that survey, then we know nothing about them and midwifery.

And there were a few comments about midwives today. That's, you know, it's a small cohort of advanced practice providers and we need data on them. There are, of course, organizational surveys also, the American Association of Nurse Practitioners. They do surveys every couple of years.

The National Forum of State Nursing Workforce Centers collect ongoing data through their surveys. But again, this is all voluntary and not all states belong to the forum. And, of course, NCSBN does a survey also. But again, they're sample surveys.

And to be honest, it's financially a burden at a minimum to try to survey everybody in the country amd then get a response rate from everybody. Because even though there's waiting procedures, we have to always consider that there is some potential bias.

And that's what happens with sample surveys. You have bias, and, of course, we statistically account for those potential bias, but you do. And the reason is that these sample surveys, the responses are so poor. I mean, the last time I did a large, I was involved with a large survey of nurses, oof, probably at least 10 years ago or so.

And it was difficult to get a 25% response rate from nurses. Now, post COVID, I'm not sure we could get 10%, and what's 10% of the nurses have to say about the entire population of nurses? So when you have these small samples, there's great variability and responses and variability introduces bias.

There's also what we call non-response bias. My God, the survey, I don't have time to answer it, you know? And often that happens. I would probably think that's one of the most common types of bias. We don't have time to do it. And especially now during and still ongoing pandemic, there isn't time for nurses to stop and do surveys. And then there's voluntary response bias.

So, I mean, there's just too much that goes on in sample surveys for me to feel confident with what I'm reading in reports. But that's all we have at the current time. Now recently, and this goes back to the presentation that was presented before lunch by Margo. We compared data in Georgia.

It's been recently published in nursing outlook. And we compared the state data that we have here in Georgia from the board of nursing with the National Sample Survey from HRSA, the NCSBN survey, and the American Community Survey. And we found quite a bit of difference in those responses.

We found dramatic differences in race and ethnicity. Hispanics were in Georgia, from the board of nursing data, we saw less than 1% of nurses reporting that they were Hispanic. And yet, I think it was HRSA said that there was 6%.

So that's a dramatic difference to have one day the source saying 6% and another says less than 1%, especially in a population that we're really trying to attract into the profession as we are Hispanics or our Latino colleagues.

And which is most disturbing, and you can look up this publication in nursing outlook, we had no data in Georgia to report race and ethnicity. The numbers were so small that we couldn't report anything. So how are we going to increase the diversity of the workforce when we don't have the data?

And you can go look that up. Yin Lee is the first author in that nursing research and it's on the Georgia workforce. Look at that table of evidence that's in there. And if you look under race, white, black, Asian, other, there's no data in there. There's no data because it's a voluntary survey in the state of Georgia.

You know, those responses we had were from 59,000 or so nurses when we have close to 140,000 in the state. And they chose not to answer that question on race and ethnicity. So, you can see where it's a problem. Also, I think what we have to realize is a problem and why we need to know more about the APRN workforce are the people that we serve, the patient populations.

In this country, almost half of the people that reside in the United States, and it's a sad state of affairs for our country, close to half are uninsured or underinsured. And if they're uninsured or underinsured, there's a twofold problem. That means access and cost.

Because they're not going to access services if they think there's going to be a huge amount of debt that's associated with that care. And we all know what healthcare can be like in the United States. Hospitalization even for a few days could be thousands of dollars. So, you know, bring in the nurse practitioners.

You know, we know we can provide more access, we can do it more cost-efficiently. And by doing so, we're serving many of our underrepresented populations. Because in the same token, we find that those that are uninsured are primarily Hispanic.

In fact, some of the numbers are showing that it's close to 40% of the uninsured in this country are Hispanic. And 25% of the uninsured are black. So, if we're going to help eliminate any kind of disparities in the workforce, disparities in our communities, or in the healthcare system, we have to be able to provide care to these individuals.

And the same thing with the poor. It's the poor who aren't receiving the care that they need. They're uninsured, which one might expect. They can't afford, you know, to be insured. So where does that leave us? Well, I think I mentioned earlier that the nursing workforce is in turmoil.

It's a really bad situation right now. And we need to bring more APRNs in the workforce, especially into acute care. I think our hospitals are in a very fragile state. We need to bring in nurse practitioners.

We need data on all APRNs. If we don't have the data, we don't know where they are, we don't know their race and ethnicity. We don't, we're trying. If we don't have a complete data set, everything we're

trying to accomplish with diversity and equity isn't going to happen. We need the data to be able to accomplish those goals.

The licensing boards. Every state in this country should be requiring a survey. I mean, it only takes a few minutes. It only takes 5 or 10 minutes during your re-licensure process to complete a survey that could provide some demographic and workplace characteristics, especially at this time when nurses are so mobile.

And why not data in real-time? And this is where I come back to NCSBN because I really think, and I know NCSBN is a non-profit and we get into all those little probably issues of one sort of another, between state boards and nursing and a non-profit.

But I really think that NCSBN has to be the repository. Let nurses be the repository for the data on the workforce, not only the APRN workforce, but the nursing workforce, registered nurses, license, all the data. We don't just want name and address, and when their license expires, we need more. We know because of how mobile workforce is now, we have to know.

And why not in real-time? Real-time? Why can't there be, you know, somebody have a huge whiteboard somewhere or an electronic board that's saying, "Okay." Or maybe each hospital health system could have some kind of electronic system set up and you could see where these nurses are migrating to and from.

And how can we really get a handle on the situation while it's still manageable? If it is manageable. So, at the end of the day, I honestly believe, and I'm not saying it because I'm here at the APRN roundtable, that's hosted by NCSBN. But I think NCSBN is the only organization that I know that has the system in place to possibly collect data on all nurses across the country.

Comprehensive data. And I think we have to use nurses for this. And by doing so, and allowing your users to be able to download their appropriate data, it'll give not only our healthcare systems, but our legislators or anybody else who might be interested in what's happening in this workforce, really know what's happening in their respective states.

And if nurses are traveling with, you know, outside of the state to practice, or as I mentioned earlier, with this whole issue with the agency nurses and the traveling nurses, I'm getting that word of mouth from nurses that I know that they're traveling just around Metro Atlanta. It would be fantastic if we had some real-time data that would just show that they're with this agency they're going to be there that long.

And are they going to, you know, do we think they're going to go to another agency or will they come back to their primary positions? These are all data that we really need to know. And like I said, we need them in real-time. Because the workforce, the nursing workforce is in turmoil. And if we don't do something to rectify the situation in the near future, I'm fearful of what it will look like.

I really am. I am fearful. And I'm hoping that there are people that are still on that have a lot of questions because I'm passionate about this. I don't want to see any more pieces on social media that say, "Nurses are driving trucks." They're leaving their profession and becoming truck drivers.

Or just leaving because of the turmoil within their systems. And, you know, or being criminally charged for errors like, you know, like RaDonda Vaught in Tennessee being charged for homicide for a system failure.

So I think I could probably close with that saying, you know, I'm passionate about data, we need the data, we need to repair the healthcare system so that we know that we have nurses available 24/7 and, you know, that we would protect our nurses and protect our patients.

And at the end of the day, that's what data should provide us. It should provide us not only on the demographic and workplace characteristics of our nurses, all nurses, but we need to know about nurse and patient outcomes. They're burnout.

Nurse burnout. Their intent is to leave. Because if the system, if the healthcare workforce continues to bleed at the rate that it is, I'm fearful that it could be decades before its incomplete repair. Thank you.