New FSMB Policy Offers Framework for Physician Minimal Data Set

At the 2012 FSMB Annual Meeting, the House of Delegates adopted as policy a new framework for a physician minimal data set (MDS) based on the report of the Workgroup to Define a MDS. Created in 2011, the workgroup was charged with developing a minimum physician demographic and practice data set as well as a data collection tool and physician data repository.

“Collecting this data may be beyond what some folks think of as the duty of medical regulators, but state medical boards are in a unique position to capture it as part of the license renewal process,” said Richard Whitehouse, Esq., CMBE, Executive Director of the State Medical Board of Ohio and Chair of the MDS Workgroup.

“This data can reveal to policymakers the need for a new medical school as well as physician flight both generally and within underserved areas in certain specialties.”

— Richard Whitehouse, Esq., CMBE, Chair of the MDS Workgroup

medical boards, including three executive directors, the MDS Workgroup was a collaborative effort between state medical boards, the FSMB and the National Center for Health Workforce Analysis (NCHWA), a program of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. The NCHWA helps promote the supply and distribution of well-prepared health professionals and other workers to assure access to high-quality, efficient care for the nation.

“We’re very excited to receive FSMB and state medical board support on a minimal data set. Good information on the status of the physician workforce is critical for public and private decision-making,” said NCHWA Director Edward Salsberg.

According to Salsberg, creating a uniform data set is a shared interest for federal and state policymakers and the medical profession. The common goal is to have better information to inform workforce policies as well as physician education and training programs to ensure ready access to health care.

“States currently fund two-thirds of the medical schools, license medical professionals and operate regional facilities. We want to support the states’ capacity to assess and address their needs,” Salsberg said.

Importance of uniform, state-level data

With representatives from five state medical boards, including three executive directors, the MDS Workgroup was a collaborative effort between state medical boards, the FSMB and the National Center for Health Workforce Analysis (NCHWA), a program of the Health Resources and Services Administration in the U.S. Department of Health and Human Services. The NCHWA helps promote the supply and distribution of well-prepared health professionals and other workers to assure access to high-quality, efficient care for the nation.

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Framework for a MDS

After reviewing the information collected from member boards and applicable health workforce literature, the workgroup recommended the following...
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principles for a framework for a MDS:

- Workforce questions for a minimal physician data set should be added to a renewal application or be a separate questionnaire tied directly to the renewal process.
- Workforce questions should be standardized across all state boards and not found in other sources.
- State boards should share their methods for collecting physician data and the additional information they collect with the FSMB and other state boards to help establish best practices for collecting physician workforce data.
- The minimal physician data set is a shared responsibility, and the FSMB will assist state medical boards in building the database.
- Data for the minimal physician data set should be aggregated and stored in the FSMB’s Federation Physician Data Center.
- The FSMB should maintain a central repository of physician workforce data and create a confidential database for use by state boards, the NCHWA and other designated FSMB affiliates for research purposes.
- The FSMB should continue to collaborate with state boards and affiliate health care organizations to improve the collection and accuracy of physician workforce data.

In its report, the workgroup also presented a set of 12 questions that it recommended be added to state boards’ renewal applications or be included in a separate questionnaire tied to the renewal process.

The shift to uniform data collection

FSMB Chair Lance Talmage, MD, asked the MDS Workgroup to continue its work in 2012 with a somewhat modified charge to communicate the importance of a MDS to member boards and assist with the implementation of the MDS framework.

For boards already collecting some demographic and practice data at the time of license renewal, implementing the framework involves modification to existing questions. For boards not currently collecting any data, implementation requires some resources but should not be onerous, according to Whitehouse.

“In Ohio, we began collecting data in 2010 and didn’t skip a beat. It only took applicants seven to 10 extra minutes. This year, we will modify the questions slightly so that our data is consistent with other states,” Whitehouse said.

According to Aaron Young, PhD, Senior Director of Research and Analytics for the FSMB and staff member of the MDS Workgroup, the FSMB can provide assistance to state boards that face resource constraints in implementing the MDS framework.

“We’ll develop an implementation strategy this year and in three to five years, we should have a comprehensive database for workforce planning,” Dr. Young said.

To access the MDS report, visit the Advocacy and Policy section at www.fsmb.org.

Federation Credentials Verification Service Marks 150,000th Application

The Federation Credentials Verification Service (FCVS) recently achieved a major milestone – the processing of its 150,000th application. Established in 1996, FCVS allows physicians and physician assistants to establish a lifetime portfolio of primary-source verified credentials that may be used throughout the applicant’s career – helping facilitate licensure portability amongst the states.

During its 16-year-history, FCVS has grown into a major provider of credentials verification for U.S. and international medical school graduates. The service surpassed 100,000 applicants in 2009 and topped the 150,000 mark in early August 2012.

FCVS’s centralized repository of medical credentials for physicians and physician assistants includes medical education, postgraduate training, examination history, history of medical board actions, board certification and identifying information. A physician or PA can request the FCVS to send their profile to any medical board, hospital, managed care organization or other interested party.

“Because FCVS maintains key medical credentials for a physician’s entire career, users of the service don’t have to go through the laborious process of assembling and forwarding this information every time they need to be licensed or credentialed,” said Mike Dugan, MBA, Chief Information Officer for the FSMB. “This allows FCVS to make a significant contribution toward facilitating physician mobility from state to state.”

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AAPA and the FSMB will explore the benefits and feasibility of a uniform application for physician assistants. Additionally, the FSMB will continue to work with technology providers to simplify the adoption of the UA through efficient and standardized data integration.

**Goal 2: Reduce credentialing redundancies amongst licensure jurisdictions**

The FCVS was launched in 1996 to facilitate licensure portability amongst the states by enabling physicians to establish a lifetime portfolio of verified credentials that can be forwarded to any licensing authority at the physician’s request. The FCVS recently surpassed 150,000 physicians who have used the service (see related article, page two).

The recent major redesign of FCVS enabled the integration of the UA and FCVS. For physicians who use FCVS, approximately 70 percent of the UA is auto-populated with data residing in FCVS. UA users receive the same benefit when they submit an application to FCVS with applicable UA data auto-populating their FCVS application.

**Goal 3: Develop licensure models to facilitate multi-state practice**

While the expanding use of the UA and FCVS helps facilitate multi-state practice, statutory and regulatory barriers remain. Addressing these barriers and promoting best practices is essential to the continued use of telemedicine to address the shortage of health care services in remote areas.

Under the 2012 grant, the FSMB will utilize its physician licensure data to identify geographic and demographic health care needs, convene representatives from state medical boards to gain consensus on alternative licensing models and guidelines, confer with other regulatory boards to evaluate their multi-state practice models, and utilize FSMB products and services to support the implementation of new models and approaches.

For more information on the Uniform Application, please contact Ingo Hagemann, MBA, Director, Uniform Application, at ihagemann@fsmb.org or (817) 868-5030.

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**Benefits of the Uniform Application**

State boards benefit from:
- The ability to receive applicant data automatically
- A secure, secondary repository of applicant data
- Shorter application times
- The ability to integrate the UA with existing state board licensing systems
- The potential availability of grant funds to offset implementation costs

Applicants benefit from:
- Links with the FCVS which prepopulates 70 percent of UA data
- No longer needing to reenter data when applying for licenses in multiple states
- A secure, long-term data repository
- A one-time data transfer to populate FCVS with UA data

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**Medical Licensing and Discipline in America: A History of the Federation of State Medical Boards**

*Medical Licensing and Discipline in America* picks up the story of the FSMB and its role in the major issue of licensing and discipline in the 20th century: uniformity in medical statute, evaluation of international medical graduates, nationally administered examinations for licensure, and much more.

The narrative shifts between micro- and macro-level developments in the evolution of America’s medical licensing system, blending national context with state-specific and Federation initiatives. For example, the book documents such milestones as the national shift toward greater public accountability by state medical boards as evidenced by California’s inclusion of public members on its medical board, New Mexico’s requirement for continuing medical education by physicians as a condition for license renewal and the FSMB’s policy development work advocating for both initiatives among all state medical boards.

To order *Medical Licensing and Discipline in America*, please visit Lexington Books at rowman.com/isbn/9780739174388 or Amazon.com. Scheduled for release in September 2012, the book is available in hard and soft cover and ebook format.
As it has grown, FCVS has sought to continually enhance its services with new technologies and collaborative agreements, including:

- **Integration with Uniform Application.** The recent major redesign of FCVS enabled the integration of the Uniform Application for Physician State Licensure (UA) with FCVS. When an FCVS user utilizes the UA, FCVS data autopopulates more than 70 percent of the core UA application, saving physicians significant time during the application process (see related article on page one).

- **Records from closed residency training programs can be accessed.** FCVS offers all Accreditation Council for Graduate Medical Education-approved programs which have closed, the opportunity to permanently store their records. More than 90 ACGME-approved closed programs have sent their records to FCVS. The National Committee for Quality Assurance (NCQA) has recognized FCVS as a source of primary source verification of residency for closed programs.

- **Collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG) continues to expedite verification of credentials for international medical graduates.** The ECFMG is able to provide verified documents within a few days for any international medical graduates who have had their credentials verified since the collaborative agreement went into effect in 2004.

Currently, 64 of the 70 state medical boards accept FCVS as a verified primary source record of core credentials. Fourteen boards require applicants for licensure to register with FCVS. Thirty-three state medical boards accept FCVS for physician assistants while two boards require physician assistant applicants to register with FCVS.

For more information, please contact Kevin Caldwell, Senior Director, at k_caldwell@fsmb.org or (817) 868-5001.

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