Wisconsin Health Care Workforce 2017 Report
About This Report

October 2017

As chief executive officer of a Wisconsin hospital and chair of the Wisconsin Hospital Association Council on Workforce Development, I am often asked about the health care workforce issues that challenge leaders like me on a daily basis. Many of these issues are not new, such as the aging workforce, which is really a mere reflection of the aging population. Some issues are still emerging, as we begin to understand the promise, and the burden, of electronic health records. WHA has long been recognized as a leader in health care workforce analysis. This 2017 Wisconsin Health Care Workforce Report is the 14th annual report. WHA’s workforce reports utilize national and state data and studies, reports from other associations and findings in the field—yes, what they hear from Wisconsin’s health care leaders—and offer recommendations for action.

Innovations in health care delivery models, such as expanding team-based care and incorporation of emerging roles into existing models are just a few of the approaches creative and bold leaders are using. Health care leaders, in rural and urban settings, in large systems and independent hospitals and clinics, are pushing for change, understanding that status quo information technologies are not going to be adequate to the challenges we are facing, and that change needs to be driven by leaders and a workforce that understands the wealth of data at our fingertips—if we could just get to it. If we can harness the combination of claims and clinical and socioeconomic data to provide deeper insights into the population we care for, we can make better decisions to tailor the workforce for the care our patients and communities need, in the right place, at the right time, by the right team member, using the right technology.

High-quality care depends largely on a high-quality workforce. This report should assist you as a health care leader in making the important decisions that impact that workforce. The challenges to the continuation of delivering the high-quality, high-value health care Wisconsin is nationally known for are great. However, I am confident my fellow health care leaders, along with Wisconsin’s fine educational institutions, dedicated elected officials and policymakers, remain committed to upholding this quality.

Nicole Clapp, FACHE
President/CEO, Grant Regional Health Center, Lancaster
Chair, WHA Council on Workforce Development

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# Table of Contents

## Introduction ................................................................. 1

## Drivers of Health Care Workforce Supply and Demand  ......................................................... 2
  - Factors driving demand for health care ........................................ 2
  - Factors driving workforce supply .............................................. 2

## Age Matters ................................................................. 3
  - Wisconsin Population Aging .................................................... 3
  - Wisconsin Workforce Aging ..................................................... 4
    - Froedtert & the Medical College of Wisconsin Froedtert Hospital TechTerns Program ............................. 6
  - Generational shifts ................................................................ 7
    - UW Health’s 50 Improvement Champions Plan ......................... 7

## Environmental Matters .................................................. 8
  - Shift from inpatient to outpatient care continues ....................... 8
  - Patients and providers navigate complex pathways .................. 8
    - University Hospital keeping patients safe through video monitoring ....................................................... 9

## Technology Matters ....................................................... 9
  - Hospital Sisters Health System: Great care, right now – Anytime Care ................................................. 10

## Value Matters .............................................................. 10
  - Top jobs and jobs in demand .................................................. 11
    - Aurora Health Care: Data & analytics impact staffing levels and retention ........................................... 12

## Health Care Employment Matters .................................... 12
  - National matters .................................................................... 12
  - Nursing matters ..................................................................... 13
    - Nurse supply vulnerable to graduation rates ......................... 14
    - Nurses essential to future models of care .............................. 15
    - UW launches nation’s first rural residency program in ob-gyn ......................................................... 15
  - Wisconsin hospital matters .................................................... 16
    - Ascension, Aurora, Children’s Hospital of Wisconsin, Froedtert Health: Competitors come together to develop workforce solutions ......................................................... 16
    - Hospitals continue to be strong employers in Wisconsin ................................................................. 17
    - Holy Family Memorial provides opportunities for health care’s next generation .................................. 17
    - Vacancy rates drop below double digits ................................. 18
    - Career pathways attract entry-level workforce ....................... 19
    - Beaver Dam Community Hospitals invest in CNA student career path ................................................. 20
    - Increasing access to mental health care improves community health .................................................. 20

## WHA’s 3 P Model of Care Delivery .................................... 21
  - Practice ................................................................................ 21
  - Policy .................................................................................... 21
  - Payment ................................................................................ 21

## Planning Matters: Workforce Recommendations ......................... 22
  - Attract and retain entry-level workers to the health care workforce ......................................................... 22
  - Leverage team-based integrated care delivery models ................................................................. 22
  - Use technology to support workforce goals ........................................ 23
  - Grow and deploy nursing workforce strategically ........................................ 24

## Conclusion ........................................................................ 24

## References ........................................................................ 25
Wisconsin Health Care Workforce 2017 Report

Wisconsin Hospital Association’s Annual Workforce Report

Introduction

Health care is experiencing unprecedented change in this second decade of the 21st century. Organizations are rapidly changing views on the way care is provided, acknowledging that health care doesn’t stop at the doctor’s office or the hospital bed; health care extends to where people live, work, play and learn. Payers are beginning to reward quality outcomes rather than quantity. Care is a “team sport” rather than a solo endeavor, bridging physical and behavioral health, and clinical and non-clinical providers. Treatment is becoming more data driven and evidence based—tracking patient populations to identify risks and measuring results. Health care cannot be limited to a single episode of care for an individual; rather, it must manage care for populations and find “upstream” solutions that address the social determinants of health, such as housing, income, access to healthy food, and transportation.

In Wisconsin, and across the nation, 21st century health care is reaching for the “Triple Aim”: better care, smarter spending and healthier people. “Better care” is patient centered, accessible, culturally competent care, delivered by practitioners working at the top of their license or job description, focused on keeping people well. “Smarter spending” is the more efficient use of health resources to lower the per capita cost of care—by paying for value rather than volume of services, encouraging prevention, and rebalancing care from more costly hospital or nursing home stays to home and community-based care. “Healthier people” means enhancing the overall health of the population—including physical, oral, and behavioral health—while coordinating the care of specific populations with chronic disease or multiple conditions and addressing social determinants of health. These changes in health care are not possible without an engaged and supported workforce—the right workers, with the right skills and tools, in the right place, at the right time, supported by the right technology.

This report is intended to provide health care leaders and policymakers with data, analysis and recommendations to ensure the Wisconsin health care workforce keeps pace with the demand for medical services in a rapidly changing, increasingly complex environment, in a state where the population—and the workforce—is rapidly aging.
Drivers of Health Care Workforce Supply and Demand

Several driving factors continue to impact the demand for health care in Wisconsin and the supply of workers to meet this demand. It will be vital to match supply to demand by strategically planning workforce around these key drivers so Wisconsin can continue to lead the nation in health care quality.

Factors driving demand for health care

- Sicker patients and chronic, complex diseases;
- Increasing need for behavioral health services;
- Aging patient population;
- Increased need for access driven by a larger number of Wisconsinites with health insurance; and,
- Consumer demand for convenience and access enhanced by technology.

Factors driving workforce supply

- An aging, multi-generational workforce, with baby boomers retiring in ever-greater numbers;
- Increased use of technology through telehealth, electronic health records, online education and online job boards, and the need to support such technology;
- Physician and provider shortages, especially in primary care and behavioral health, leading to new team roles and team models, and creative solutions;
- Fewer patients require inpatient care, more services delivered in outpatient settings;
- Availability of nursing faculty;
- Low unemployment rates drive competition for employees across industries, especially for entry-level workers;
- Health care reform aimed at continuing to move from volume to value continues and affects physician payment adjustments in 2017, with the implementation of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA); and,
- The need for data, care coordination and population health management create new roles in health care.
Age Matters
Wisconsin population aging

In 2015, Wisconsin had nine counties with less than 20 percent of their population aged 60 and older. By 2030, Wisconsin is projected to have no counties with less than 20 percent of their population 60 and older, and only three counties with less than 25 percent of their population over the age of 60 (1).

An aging population places greater demand on the health care system. Eighty percent of older people have at least one chronic condition, and 50 percent have at least two chronic conditions. The cost of chronic conditions is staggering, both to individuals and to the health care system. Management of chronic conditions requires care coordination and support for patients and caregivers, and it is essential to improving quality of life and reducing the cost of health care in Wisconsin and nationally. Chronic diseases account for 75 percent of health care expenditures in the U.S. every year, and 95 percent of health care spending for older people is attributed to chronic conditions (2).
Wisconsin workforce aging

The WHA Information Center annually conducts a personnel survey of Wisconsin hospitals, health systems and specialty hospitals. One of the metrics obtained is hospital-employed professionals over 55. Individuals over 55 may be in the workforce for a decade or more, but this benchmark provides employers with lead time to prepare for retirements. Occupations with a higher percentage of health care professions over 55 will need more individuals entering the workforce to prepare for future retirements.

In both the 2015 and the 2016 surveys, just over 20 percent of the hospital health care workforce were 55 or older. There is significant variation among professions. The number of LPNs, CRNAs, lab technologists and advance practice nurses older than 55 years is over 25 percent.

As demonstrated by the 2014 and 2016 registered nurse relicensure survey (3), the nursing profession in the state continues to age well, with about half of Wisconsin's working nurses less than 45 years old, and about half the workforce made up of individuals 45 and older. To "age well" a profession must both gain new members, and retain professionals in the workforce. Wisconsin schools of nursing must continue to work hard to increase enrollments and graduations, and employers must continue to make nursing a job that can and will be done at all ages.
Again utilizing relicensure survey data, a 2016 Wisconsin Center for Nursing (WCN) report notes that nursing school enrollments and graduations continue to keep pace with demand (4). Nursing workforce demand will be discussed in more detail later in this report. To sustain an ability to meet demand, Wisconsin nursing schools must align the number of nurses in academic positions to the growth needed in the nursing profession. Faculty age is one important consideration. Nurses in academic education remain the oldest of any setting, with nearly 50 percent age 55 or over in 2014, and 45 percent age 55 and over in 2016.

The decrease in faculty age from 2014 to 2016 may be reflective of more nurses entering the workforce with a bachelor's degree, making attainment of advanced degrees at a younger age more feasible. As WCN notes in the 2016 RN Workforce Survey Report, “While attaining graduate education at any age has benefits to the nurse and society, achieving advanced degrees at a younger age allows for a longer career in advanced nursing practice, research, or teaching.” (3)

Table 9. Mean Age at First Degree in Nursing and at Subsequent Degrees if Attained

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Vocational Nursing Certificate</th>
<th>Diploma</th>
<th>ADN</th>
<th>BSN</th>
<th>MSN</th>
<th>PhD</th>
<th>DNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical or vocational nursing diploma</td>
<td>7,554</td>
<td>27.6</td>
<td>31.4</td>
<td>32.7</td>
<td>36.7</td>
<td>42.4</td>
<td>49.3</td>
<td>44.4</td>
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<tr>
<td>Diploma</td>
<td>8,333</td>
<td>-</td>
<td>23.6</td>
<td>31.4</td>
<td>34.6</td>
<td>40.8</td>
<td>49.1</td>
<td>50.3</td>
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<tr>
<td>ADN</td>
<td>28,046</td>
<td>-</td>
<td>-</td>
<td>30.4</td>
<td>36.4</td>
<td>41.2</td>
<td>49.2</td>
<td>45.8</td>
</tr>
<tr>
<td>BSN</td>
<td>32,152</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>25.1</td>
<td>34.6</td>
<td>43.5</td>
<td>41.3</td>
</tr>
<tr>
<td>MSN</td>
<td>462</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>31.2</td>
<td>40.5</td>
<td>38.1</td>
</tr>
</tbody>
</table>

Most nurses (32,152) enter the workforce with a Bachelor of Science in Nursing (BSN), which allows advanced degree attainment at a younger age. More BSN-prepared nurses also open up clinical practice sites for nursing students; for a BSN student, a BSN-prepared RN is required to act as the preceptor at practice sites. Preceptorships drive future employment choice, not just in nursing but across all industries. According to the National Association of Colleges and Employers, the average offer rate to interns is 73 percent, the highest it has been since the peak of the pre-recession market. More importantly, with current low unemployment rates, the average acceptance rate is 85 percent, which is above pre-recession levels. The overall conversion rate is 62 percent, which is a 13-year high (5). Wisconsin health care leaders continue to note difficulty in recruitment of specialty
RNs. Knowing the power of converting internships to employment, it would serve organizations that struggle with recruitment of nurses to work in intensive care units, birthing centers, emergency departments, and operating rooms, to encourage and facilitate attainment of bachelor’s degrees for employed RNs, to increase the number of preceptorships their facility can absorb. Relicensure survey results demonstrate Wisconsin has made only modest gains between 2014 and 2016 in the percentage of nurses with a BSN (3).

For nursing, and other professions to “age well,” it is important to inspire interest in a health care career during high school, or even before. A program that Froedtert and Medical College of Wisconsin Froedtert Hospital Campus were a part of provides high school students exposure—and hopefully, inspiration—to health care careers.

**Froedtert & the Medical College of Wisconsin Froedtert Hospital TechTerns Program**

Students from Milwaukee Public School’s Bradley Tech High School participated in the TechTerns program at Froedtert & The Medical College of Wisconsin (MCW) Froedtert Hospital, bringing real-world learning into the classroom for the group of 18 students. The two-year TechTerns program is a curriculum-based and community benefit-focused program that combines hands-on learning from 100+ design, construction, and health care professionals and craftworkers from Froedtert & MCW Froedtert Hospital, CannonDesign and Mortenson Construction.

TechTerns students were exposed to a public-private-partnership collaboration for wide-lens career exploration using building projects—the Center for Advanced Care building and the Integrated Procedural Platform project at Froedtert & MCW Froedtert Hospital.

While participating in the program, the students met one-on-one with physicians and craft workers, toured operating rooms and spent time in the hospital’s Simulation Center participating in hands-on activities including sterile gown and gloving process, and matching the various jobs within the hospital to their job descriptions.

The TechTerns program began when John Balzer, vice president, Froedtert & MCW Froedtert Hospital Facility Planning and Development, challenged CannonDesign and Mortenson Construction, the hospital’s Center for Advanced Care architect and construction management firms, respectively. As a former teacher, John wanted to incorporate a community-benefit-based student learning program into the project—and he asked that it be more than “just a field trip.”
The TechTerns program exposes students to careers in high demand professions and skilled trades, and helps them develop workforce readiness skills. Many of the participants chose health care-related studies in a two- or four-year school after completing the program.

**Generational shifts**

About 10,000 baby boomers, those born between 1946 and 1964, reach the traditional retirement age of 65 every day. With retirements, decades of health care experience are leaving the workforce. In 2017, millennials, those born between 1982 and 2004, surpassed baby boomers as the largest segment of the workforce.

Health care leaders need to think about how to recruit, develop, and retain millennials. Although millennials are the new majority in the workforce, they’re not filling leadership ranks at the pace of previous generations. Their tenure in a position is also shorter than those of previous generations. In health care, roles are so specialized that it can be hard to move up. However, in large health care organizations, there are nonclinical roles that offer more room for advancement. A lot of millennials with clinical backgrounds are taking on nonclinical jobs instead of traditional linear advancements to more quickly get into leadership. Health systems that form strong bonds with their millennial employees have a better chance of keeping them, or coaxing them back for the long haul after they’ve left the organization. Embracing millennials’ values, such as teamwork, work-life balance and social connection can also help hospitals attract and retain this group (6).

Employers will also need strategies, like flexible or shorter shifts, less physical work, and “as needed” positions, to keep those boomers, with all of their experience, working a few years longer. Human resources leaders will need to help each generation understand the other so they can take advantage of each other’s unique capabilities. One way of understanding each other is learning and serving together. UW Health’s 50 Improvement Champions Plan provides a way for multiple generations to be engaged together in meaningful work.

**UW Health’s 50 Improvement Champions Plan**

The opening of UW Health’s new hospital, The American Center on Madison’s east side, included all the operational, safety and patient-centered processes that had to be designed and implemented to get the new facility off to a good start. One element designed into the opening was developing the infrastructure needed for embedding continuous improvement into the new hospital.

Hospital leaders set an ambitious goal to have 50 “Improvement Champions” trained and decentralized in all departments within five years with the goal of having easy access to local expertise, so improvement teams could be quickly convened as department needs arose.

Over the past two years, a series of three Improvement Champion “waves” have been rolled out.
The annual “waves” result in another 7-10 Improvement Champions from every generation ready to serve their departments or lead intradepartmental teams. By the end of this year, 28 Improvement Champions will be trained and working on continuous improvement at UW Health at The American Center.

Environmental Matters

Shift from inpatient to outpatient care continues

The WHA Information Center’s Guide to Wisconsin Hospitals, Fiscal Year 2016, presents information on hospital finances, services, utilization and staffing. This year’s Guide demonstrates a continued decrease in inpatient revenue as a proportion of total gross patient and other revenue, and a corresponding increase in outpatient gross revenue as a proportion of total gross patient and other revenue. From 1993 to 2016, inpatient revenue decreased from 66.8 percent to 39.0 percent and outpatient revenue increased from 30.3 percent to 59.1 percent (7).

![Hospital Inpatient and Outpatient Activity](image)

Patients and providers navigate complex pathways

The continued shift to outpatient care creates the need for even better coordination between settings. Patients and their families are navigating an increasingly complex world, and must receive education and support to safely move between multiple settings, such as ambulatory surgery centers, outpatient infusion centers, primary care providers, specialty providers and home health.

The need for care coordination has created new settings and roles in health care, including patient medical homes, patient navigators and community health workers. Care coordination frequently requires up-front investment in additional staff and information technology. This up-front investment can be hard to come by for safety net providers, that by mandate or mission accept all patients, where capital resources can be scarce (8), and in rural facilities where staff resources are limited.

Care models are shifting as providers are faced with not only increased complexity, but also increased numbers of patients assigned to each provider. As the number of providers shrinks, and the patient population grows, the volume of patients each provider is assigned increases. This has led to the building of primary care teams that distribute the responsibility for patient care among an interdisciplinary team comprised of, for example, a physician, and a physical therapist, dietician, social worker, or pharmacist. Fundamental to this model is that all team members perform at the top of their skill level, and tasks currently
performed by primary care clinicians can be safely and effectively delegated to non-clinician members of the team, or are delivered using health information technology without requiring direct primary care physician involvement. Examples include an order algorithm for mammograms that can be acted on by medical assistants during visit intake, patients scheduling mammograms directly through an electronic patient portal, or non-clinical technologists keeping patients safe through remote monitoring (9). University of Wisconsin Hospital’s program is an example of freeing up a direct care worker’s time by delegating observation to non-clinical technologists through video technology.

University of Wisconsin Hospital keeping patients safe through video monitoring

It’s always nice to know that someone is looking out for you. Patients at the University of Wisconsin Hospital now have one more reason to feel that way, with UW Health’s Video Monitoring Program.

Developed to free up valued nursing assistants (NAs) from constant observation duties, the Video Monitoring Program is proving to be a cost-effective way to enhance patient care and further build trust with patients and their families.

According to Suzanne Purvis, DNP, RN, GCNS-BC, CNS, geriatrics, and part of the Nursing Practice Innovation group, the Video Monitoring Program is designed for patients whose conditions demand an extra level of attention from nursing staff.

“The patients we monitor are typically deemed ‘at risk’ because they might try to pull on a line or take off their oxygen because they’re confused and don’t know what it is,” Purvis says. Up until now, such a patient would need a patient safety attendant (PSA), or nursing assistant “sitter,” to stay in the room and provide constant 1:1 observation. Now with the help of state-of-the-art video screens, one nursing assistant can provide security and constant watch over four or five at-risk patients and make sure nursing staff are alerted whenever a patient needs attention.

“Some patients don’t need constant observation, but they need an occasional reminder not to pull on the line or get out of bed without assistance,” Purvis explains. “Maybe they just need the monitoring for a few days to get over this bad spell, but we need to keep them safe.”

It might seem strange that a video monitor can enhance patient care, but as Purvis explains it, the Video Monitoring Program is proving its effectiveness every day. The hospital has recently added three more monitors and will purchase more as the program expands.

“We want to make the patient/caregiver connection happen more,” Purvis says. So, now we have more staff to give care, which is what they’re there for.”

Technology Matters

Technology is an important tool that helps teams coordinate complex patient care and allows patients to monitor and manage the complexity of their own care. Telemedicine, that is, the use of technologies to remotely diagnose, monitor and treat patients, and telehealth, which is the application of technologies to help patients manage their own illnesses through improved self care and access to education and support systems, are being widely implemented across Wisconsin and the nation.

Continued expansion of broadband access is important to ensure access through telemedicine and telehealth to underserved areas. Wisconsin Governor Scott Walker created the Broadband Expansion Grant Program in the 2013-15 biennial budget and
increased funding for the grants in the 2015-17 biennial budget from $500,000 to $1.5 million annually. The Governor’s 2017-19 biennial budget provides $11 million more for the program over the next several years. As Gov. Walker points out in an August 2017 press release, “No corner of our state can be left behind.” Policymakers should give funding priority to underserved areas where technology can be used to maximize the available health care workforce.

In the annual survey of Wisconsin hospitals, over 75 percent of Wisconsin hospitals reported implementation of telemedicine. Nationally, 70 percent of health systems are offering, or plan to offer, telemedicine and telehealth services to their workforce. In the example below, Hospital Sisters Health System (HSHS) is putting technology to work to serve colleagues 24/7.

**Hospital Sisters Health System: Great care, right now – Anytime Care**

During the hustle and bustle of the work week, in the middle of the night or on a holiday—having the flu, pink eye, a sore throat or other minor condition is never convenient, but the care received should be. HSHS colleagues and dependents covered under HSHS’ Healthy Plan can now visit a Virtual Care Provider for free, 24 hours a day, 7 days a week, from the comfort of their home.

HSHS Anytime Care is health care when and where HSHS colleagues need it most. Virtual care is on demand—there are no appointments and no sitting in waiting rooms—and eliminates the need to travel, bringing the care virtually to colleagues. The service is available online or colleagues can call to speak with a provider. Virtual care is delivered by HSHS Medical Group’s team of board-certified physicians and nurse practitioners. Their protected health information is safe, and the visits are completely confidential.

This is a new opportunity for colleagues to take a stake in their personal health needs. By better connecting colleagues to medical information and to physicians, and in turn connecting health care providers to key health data, the provider-patient relationship is enhanced, which can improve quality of life.

HSHS Anytime Care is one way HSHS is helping build the workforce for tomorrow as it continues to deliver quality care Wisconsin citizens deserve.

Telemedicine creates access for underserved areas, convenience for busy consumers, and more efficiently uses the skills of highly trained professionals. Smart use of technology enables patients to participate more directly in their own care, which is vital as the United States moves to a focus on health management and population health, and slowly progresses from payment for volume to payment for value.

**Value matters**

The Affordable Care Act (ACA) includes three programs that incentivize high-quality care through annual adjustments to Medicare reimbursement rates. Hospitals that perform well receive increases in their rates, and hospitals that do not perform as well receive rate cuts. The penalties for the programs have been increasing each year, and new quality measures are added within each program on a regular basis. In 2017, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) came into play for physician reimbursement.

The ACA’s Medicare payment reforms have had a profound impact on electronic health records (EHR) and the workflow of health professionals who are, as a recent study published in the Annals of Family Medicine noted, “tethered to the EHR.” This study reported, “Primary care physicians spend more than one-half of their workday, nearly six hours, interacting with the EHR during and after clinic hours.”

MACRA implementation introduces more demands on providers and the health record, and could further increase the time spent completing health records. Some of this time can be delegated to other personnel, like certified medical assistants and nurses, and some of it can be mitigated by better integration of health records and the use of scribing technology.
Reporting of data to government agencies, payers, and within and across health care organizations is just as vital. If health providers are tethered to inefficient EHRs, organizations and systems are “hobbled” by the inability to effectively access, transfer and utilize data to accurately demonstrate the quality of care, bill properly and seek opportunities for improvement.

To increase patient access to primary care and to ensure correct and complete data accurately reflects organizational performance, the health care workforce will need to be able to respond with new and expanded roles, and informatics expertise will be high on the list.

Wisconsin is ranked second in the nation in the use of EHR, with 92 percent of all office-based physicians in the state demonstrating meaningful use of EHR, compared to 60 percent nationwide (13). The state is well positioned to solve the challenges associated with EHR use.

Broad adoption of EHRs in Wisconsin has led to shifts in the health care workforce. Health care organizations have an opportunity to strategically plan for changes in the environment that reduce the need for workers in one area and redeploy this workforce to assume new roles or fill in-demand positions. For instance, with the move from paper to electronic medical records, employment of medical records clerks has decreased by over 30 percent from 2011 to 2014. Organizations that planned their move from paper to electronic strategically were able to offer other roles to these associates with a wealth of knowledge and history about the organization, a win-win for the organization and the worker. Organizations that did not plan around the expected decrease in demand for medical records techs missed an opportunity to redeploy these workers to in-demand positions in their workforce.

Health care organizations must monitor trends and changes in the environment and their operations, and include workforce planning in strategic planning, so as not to miss such opportunities to fill top jobs and jobs in demand. As EHRs mature, transcriptionists and coders will be positions to watch, with the potential for these roles to transition to those that support EHR technology and improve documentation.

**Top jobs and jobs in demand**

According to *U.S. News & World Report*, health care is not alone in needing informatics specialists and analysts. “Almost every type of company is hiring people to collect, analyze and provide insights on data to improve their operations,” said Brian Kelly, editor and chief content officer of *U.S. News and World Report’s 100 Best Jobs Report*. “These roles—along with technology positions—are going to be important to almost any business in the future.” (14)

*U.S. News & World Report* creates an annual list of the 100 best jobs, using data from the U.S. Bureau of Labor Statistics to identify jobs with the greatest hiring demand, and scores them using seven component measures: 10-year growth volume, 10-year growth percentage, median salary, employment rate, future job prospects, stress level and work-life balance (14).
The first 26 positions on the top 100 “best jobs” list relate to health care or informatics, demonstrating that such roles will continue to be in demand, well-paying jobs that will appeal to millennials, and hopefully, to job seekers from all generations that see the top 100 list. Aurora Health Care’s data-driven workforce planning practice is an example of both workforce strategic planning, and data and analytics in practice in Wisconsin hospitals and health systems.

Aurora Health Care: Data & analytics impact staffing levels and retention

With the evolving landscape of the health care delivery system coupled with the war for talent, proactive workforce planning has become imperative for organizations striving to deliver the best patient care and become destination places to work. Aurora Health Care (AHC) is not immune to these challenges. Therefore, AHC has transformed strategies to retain caregivers, to not only assess and ensure they have appropriate levels of staffing but also to ensure they attract, grow and develop caregivers in an inclusive environment—this is vital to the purpose of helping people live well.

This transformation was fueled by establishing a data-driven workforce planning practice. AHC is leveraging advanced analytics to generate staffing capacity forecasts to better understand and quantify gaps in key job functions, such as nursing. The models lend insights into workforce gaps in the future at a department and job function level—allowing HR business partners and talent acquisition to proactively partner with operations to devise strategies to ensure appropriate levels of staffing are maintained. This is crucial to deliver the best patient care and caregiver engagement. In addition to the mid- to long-term workforce planning, AHC is also leveraging analytics to understand fluctuations in patient volumes across all of sites to devise a variable staffing plan. This allows AHC to proactively plan and budget for core staff to be supplemented by contingency staff as demand fluctuates. The variable staffing plan ensures AHC hires to meet demand.

Aurora’s Chief Nursing Officer Mary Beth Kingston shares, “The data shows us the core staffing needed to create a very strong baseline of care and what is needed to supplement our staff to have a robust variable staffing pool. This supports the ability to meet fluctuating volumes, and we are seeing this making a difference to Aurora nurses and patients.”

Along with workforce planning, Aurora leverages predictive analytics to ensure retention and engagement of caregivers at risk of leaving the organization more proactively. The Flight Risk Model allows the HR business partners and operations leaders to proactively intervene when a caregiver may be at risk of leaving the organization. The model helps leaders identify areas of risk in their departments and to target intervention strategies to ensure they can retain our most important asset—the people. This particular methodology and process has been highlighted as one of the Best Practices to retain and engage employees by The Advisory Board.

Leveraging data analytics has become a cornerstone to Aurora Health Care’s HR function’s transformation from tactical to evolving into true business partners. Aurora looks to be a trendsetter in this space and not only share best practices but also ensure they are staying ahead of the curve in this war for talent.

Health Care Employment Matters

It is no surprise to those who provide health care and services in Wisconsin that roles from the health care workforce figure so prominently in the top quartile of the Top 100 list. Health care associates and leaders across Wisconsin say it is difficult to recruit and retain entry-level positions, advance practice clinicians, specialty RNs and physicians.

National matters

According to the U.S. Bureau of Labor Statistics, in 1990 the manufacturing industry was the leading employer in most U.S. states, followed by retail trade. In 2003, retail trade was the leading employer in a majority of states. By 2015, health care and social assistance was the dominant industry in more than half of the states in America, and is projected to lead the nation in employment by 2024 (15).
The health care industry, almost a million workers short in July 2017, currently has the largest gap between supply and demand. This gap must be addressed by removing educational, cultural and workplace barriers to attract and retain a vibrant health care workforce. A report by the U.S. Bureau of Labor Statistics points to the health care industry’s especially high demand for workers, with employment of over 18 million and an average monthly job openings rate of 3.9 percent (700,000 jobs). The report projects 5 million new jobs in health care between 2012 and 2022. The compound annual rate of change, 2.6 percent, is tied only with that of construction for highest of all industries (16).

**Big Gap Between Hiring and Job Openings in Health Care**

Nursing makes up the largest segment of the health care workforce, and it is important to understand the current and future supply of nurses. Forecasting nurse supply is dependent on many variables, and forecasts don’t always prove true, but projections are meaningful in that they allow us to think about the factors that most influence the stability of the nursing workforce and what must be done to prevent nursing shortages. Two projections, quite different but with the same conclusions and recommendations, will be included in this report—one from 2017, based on Health Resources and Services Administration (HRSA) modeling, and another well presented by the Wisconsin Center for Nursing in 2016.

HRSA projections of nurse supply show the nursing supply is capable of growing to address current and future health care needs for the nation if graduation rates keep pace with growing demand. According to a July 2017 study utilizing projections from the Health Workforce Simulation Model (HWSM), at the national level the projected growth in registered nurse (RN) supply (39 percent growth) is expected to exceed growth in demand (28 percent growth), resulting in a projected excess of about 293,800 RN full time equivalents in 2030. The simulation model uses graduation rates and work hour and retirement trends to calculate nurse supply. To calculate demand, such factors as growth in disease burden and insurance coverage projections are used (17). The HRSA study points out that projections at a state level highlight the unequal distribution of the nursing workforce across the United States. In the Midwest, utilizing HWSM, South Dakota is the only state currently projected to have a deficit in 2030 (17).
Nurse supply vulnerable to graduation rates

A forecast by the Wisconsin Center for Nursing (WCN) projects a shortage of 1,000 nurses annually (4). The WCN study uses nurse relicensure survey data, the “gold standard” in Wisconsin workforce data, and is updated every two years with license renewals. With the first two updates, a projected shortage was not realized, because nurses remained in the workforce longer than anticipated, and because nursing school graduation rates were able to keep up with retirements and demand (4).

Both studies agree that nursing supply and demand matched in 2014, and also that the nursing profession supply and demand balance is tenuous at best. As the HRSA study notes, nurse enrollment in training programs is very sensitive to job market and economic conditions (17).

Maintaining enrollment in nursing programs and graduation rates, and retaining nurses in the workforce, is essential to preventing shortages. Nursing job growth projections for Wisconsin translate to 20,000 new RN jobs by 2030. Graduations must also keep pace with retirements; 26,000 Wisconsin RNs will retire in the next 10 years (3). Wisconsin associate’s and bachelor’s degree nursing programs are currently producing about 3,000 graduates annually, and the Wisconsin nursing workforce has increased by 10,000 nurses from 2010 to 2016 (3).

Availability of nursing faculty must match demand for nursing graduates. According to a Special Survey on Vacant Faculty Positions released by the American Association of Colleges of Nursing (AACN) in October 2016, a total of 1,567 faculty vacancies were identified in a survey of 821 nursing schools with baccalaureate and/or graduate programs across the country (85.7 percent response rate). The data shows a national nurse faculty vacancy rate of 7.9 percent, which has been stable over the past five years. Most of the vacancies (92.8 percent) were faculty positions requiring or preferring a doctoral degree, pointing to the importance of maintaining at least current rates of enrollment in doctoral programs (20).

The AACN study also noted U.S. nursing schools turned away 64,067 qualified applicants from baccalaureate and graduate nursing programs in 2016. In 2012 this number was 79,659. The majority of nursing schools responding to the survey pointed to faculty shortages as a reason for not accepting all qualified candidates (20). The current faculty mix has been capable of meeting demand, but the length of time required to complete doctoral preparation for nursing faculty requires proactive assessment by nursing programs. Nursing schools must continually realign faculty supply to demand for nurses, and proactively implement plans that ensure faculty availability.
Nurses essential to future models of care

An adequately supplied nursing workforce is essential to the nation’s goal of reducing health care expenditures and improving the health of Americans. Health care reform has expanded the number of people with health insurance coverage and encouraged new value-based models of care. With an emphasis on disease management and prevention, and the need to redirect care from more expensive institutional to community- and home-based settings, these models are providing new opportunities and roles for nurses within the health care delivery system. The Health Workforce Simulation Model (HWSM) agrees with the WCN estimates that in value-based models of care the demand for RNs would be higher than the current RN demand projected in 2030, reducing the surplus from 8 percent to 5 percent with the current graduation rate; and if graduations cannot keep pace, supply and demand would be equal at a national level, Wisconsin would face a shortage, and in states like North Dakota, the nursing shortage would be even worse.

The nursing workforce has the ability to flex to demand, gaining new expertise to fill new roles in a complex health care environment, and gaining numbers to meet the increased health care demands of an aging population. Whichever forecast is believed, all agree that to meet health care demand, nursing workforce growth must be supported from a regulatory, educational and organizational perspective.

Rural areas can be particularly hard hit by shortages, and the “grow our own” approach Wisconsin is now implementing to address the shortage of primary care physicians, is being replicated for advanced practice clinicians and allied health professions, through the Rural Initiative in the 2017-2019 Wisconsin biennial budget. The University of Wisconsin School of Medicine and Public Health’s rural residency program is a great example of using rural training to attract clinicians to rural practice.

UW launches nation’s first rural residency program in ob-gyn

Faced with a nationwide shortage of obstetricians and gynecologists, especially in rural areas, the department of obstetrics and gynecology at the University of Wisconsin School of Medicine and Public Health has started the nation’s first rural-residency program to train and provide care to women in rural Wisconsin.

Residency is medical training where newly graduated doctors practice medicine under supervision of an attending physician. The ob-gyn residency program lasts four years.

“Residents who train in certain settings are more likely to locate their practices in similar settings. We want to give them experience in these underserved areas,” said Ellen Hartenbach, MD, residency program director and professor of ob-gyn at UW. “Since we started the program, we’ve already heard from other medical schools in the country interested in starting a similar program. We see a need that has to be addressed.”

Hartenbach adds, “Some women need to drive more than an hour to see an ob-gyn. This program plans to train doctors to practice in the rural areas.”

According to the American College of Nurse-Midwives, nearly half the counties in the U.S. do not have an obstetrician/gynecologist. The American Congress of Obstetricians and Gynecologists estimate there will be between 6,000 and 8,800 fewer ob-gyns than needed in the United States by the year 2020 and a shortage of possibly 22,000 by the year 2050.

The recruitment for the first rural-track resident is underway. A new rural-track resident will join the program each year.

“We are specifically looking for doctors who want to practice in these rural communities. We train them and hopefully they will stay in Wisconsin,” said John Street, educational program manager for the rural residency program. “This is the perfect example of the Wisconsin idea: work being done at the University going beyond Dane County.”
The 2021 Ob-Gyn residency class has one member dedicated to hospitals outside of Madison. The training for the resident will began in July 2017 and the first year will be spent in Madison.

Starting in 2018, the resident will complete rotations in hospitals and clinics in Monroe, Portage, Ripon, Waupun and Watertown. The goal will be to expand to more rural areas in Wisconsin eventually.

Wisconsin hospital matters

The data from the Wisconsin Hospital Association Information Center Annual Survey of Wisconsin Hospitals provides a snapshot and year-over-year comparisons of an important segment of Wisconsin’s health care workforce. Although this data focuses on the hospital workforce in Wisconsin, it is important to note Wisconsin has a highly-integrated health care environment that includes outpatient facilities, medical clinics, long-term care, home health, palliative care and hospice. A patient may receive care at several health care settings concurrently (for instance, a hospitalized patient visiting a specialist’s office via telemedicine) or sequentially. Workforce planning and collaboration must take into account the patient’s needs across the health care continuum and geography. Four Wisconsin health systems have put competition aside in southeast Wisconsin to do just that.

Ascension, Aurora, Children’s Hospital of Wisconsin, Froedtert Health: Competitors come together to develop workforce solutions

Typically, health care systems within the same geography compete—for patients and for their most precious resource—their people. In 2016, four competitors—Ascension Wisconsin, Aurora Health Care, Children’s Hospital of Wisconsin, and Froedtert Health—came together to help solve workforce shortages. The Center for Healthcare Careers of Southeastern Wisconsin was founded on the idea that building and maintaining a robust workforce is in the best interest of health care systems and the communities they serve. Employ Milwaukee has served as the integration organization. The center partners with government agencies, community agencies, education and funders to work together to build a robust and diverse health care workforce.

A primary part of The Center for Healthcare Careers of Southeastern Wisconsin mission is to locate and educate the health care workforce of tomorrow. To achieve that, this collaborative effort has:

- Added clinical rotations for nurses to support United Health Foundation’s grant to Milwaukee Area Technical College to support the addition of 100 nursing students program.

- Collaborated with Milwaukee Public Schools to form a Health Care Steering Committee, which helps guide classroom health care curriculums, resulting in more practitioners in classrooms and more students in summer health care internships.

- Visited high schools in Michigan to learn about the Early College program, which allows students to graduate with a health sciences associate’s degree.

“The work with Milwaukee Area Technical College is a collaboration that is needed both in education and health care,” said Mary Beth Kingston, chief nursing officer of Aurora Health Care. “Our efforts will result in a diverse, well-trained workforce for Aurora and other health care providers, and a solid career in a vital, ever-growing field.”

Another part of the mission is to support today’s workforce by developing career pathways that help staff feel engaged and committed to their health care career. To achieve that, The Center for Healthcare Careers of Southeastern Wisconsin has:

- Offered entry-level employees a School at Work program, providing two hours of education a week, building capabilities and confidence.

- Supported system-specific training to help current employees advance in their careers.
The center also works with community-based organizations to connect employers with potential employees who face barriers to employment, such as transportation and child care. A career fair is planned for October 2017.

Working with schools, advancing internal employees and partnering with the community to improve the workforce will be the levers needed to meet the workforce demands and to build healthier communities.

**Hospitals continue to be strong employers in Wisconsin**

The most recent Survey of Wisconsin Hospitals shows that in 2016, over 100,000 FTEs were employed by Wisconsin hospitals.

The FTE count includes employees in all job classifications, ranging from professionals with long career pathways, such as physicians, to positions that may be obtained with a high school education (or even by high school students) in departments such as housekeeping and nutrition services. Hospitals are seen as strong employers with full benefits, tuition support and meaningful work. Wisconsin is no different from the nation in having more openings than applicants, and it will be important for hospitals and health systems to promote the benefits of health care employment and the availability of career pathways to meet the demands of an aging population and a complex health care system. Hospitals such as Holy Family in Manitowoc are finding ways to promote health careers in their community.

**Holy Family Memorial provides opportunities for health care’s next generation**

Holy Family Memorial (HFM) welcomes the opportunity to serve as a clinical site for students pursuing careers in health care. As an organization committed to its community, HFM supports students in a variety of ways.

HFM hosts a high school experience once a semester for about 50 area students to visit HFM. During this experience, they hear from five different employees from throughout the network on various health care careers. With this program, they get current information, hands-on experience and answers to specific questions they may have.

Job shadows are another wonderful opportunity for students to experience what health care is all about. HFM typically hosts 35 to 50 high school students, college students and adults for a four-hour shadow with an employee. Some college students in specific programs need to complete observation hours to meet course requirements.
HFM provides clinical experiences for a variety of students allowing them some real-world, hands-on opportunities to learn. Over 140 students were provided clinical experiences during 2016. The majority of students come from registered nurse programs, medical assistant programs and medical students from area technical and four-year colleges. The students may be under the supervision of HFM employees or school preceptors. HFM recently partnered with Silver Lake College of the Holy Family to provide clinical experience for their new BSN program students.

The goal of all their programs is to generate interest and provide experience for the future health care workforce.

**Vacancy rates drop below double digits**

The WHA personnel survey tracks employment and vacancy rates for a group of clinical professions to determine the current state of recruitment and retention efforts, and assesses and reports serious and ongoing shortages of hospital-based health care professionals. As a large segment of health care employment, shortages in hospitals will impact shortages in other sectors of the health care industry. As will be noted later in the report, there may also be professions that are under-represented in the hospital data.

Vacancy rates for health professionals are all back below double digits again in 2016, with vacancy rates for advanced practice nurses, certified nursing assistants and physician assistants decreasing from 2015 rates in 2016. The registered nurse vacancy rate was less than 5 percent from 2009 through 2014, just over 6 percent in 2015, and is back down in 2016. Advance practice nurses, certified nursing assistants, physician assistants, and surgical technicians continue in the group of top five vacancy rates from 2015, with respiratory therapists joining in 2016, tied for a top five spot with licensed practical nurses. Of note, vacancy rates for surgical technicians, respiratory therapists and physical therapists have increased all three years, and doubled since 2014. Reports from the field indicate these are positions that are increasingly hard to fill. Pharmacist vacancy rates have increased each of the past two years.

The percent represented in employment by profession is closely matched to percent represented by profession in vacancy, except for certified nursing assistants (CNAs). CNAs represent only 13 percent of hospital employment, but account for 21 percent of vacancies. This is of note because CNA employment is a “blind spot” of the hospital survey; hospitals rely more heavily on registered nurses, whereas skilled nursing facilities rely more heavily on licensed practical nurses and CNAs. Nursing homes, hospitals and home health agencies are reporting critical levels of vacancies in caregiver positions. A 2016 study conducted by Leading Age, Wisconsin Healthcare Association, Wisconsin Assisted Living Association and Residential Services Association of Wisconsin, reported vacancies of 14.5 percent in the caregiver category (21).
<table>
<thead>
<tr>
<th>Professional</th>
<th>percent of employed</th>
<th>percent of vacancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>CNAs</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>Radiology Tech</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>3%</td>
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</tr>
<tr>
<td>Surgical Tech</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
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<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Pharmacy Tech/Aides</td>
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<td>2%</td>
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<tr>
<td>Medical Records Tech</td>
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<tr>
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<tr>
<td>Lab Technologists</td>
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<tr>
<td>Pharmacists</td>
<td>2%</td>
<td>1%</td>
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<tr>
<td>Advanced Practice Nurses</td>
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<tr>
<td>Physician Assistant</td>
<td>1%</td>
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<td>CRNAs</td>
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</tbody>
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**Career pathways attract entry-level workforce**

With low unemployment rates and competition from manufacturing and retail, health care must utilize every strategy at hand to recruit into entry-level health care positions like CNAs. One advantage hospitals have in recruitment of nursing assistants is a career pathway that is very apparent to CNAs as they work side by side with nurses and other health professionals. Beaver Dam Community Hospitals is investing in this pathway.

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**THE OPPORTUNITIES WITH AN ENTRY-LEVEL HEALTH CARE ROLE**

*Supported career pathways are attractive to entry-level workforce*

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**Average Wisconsin Salaries by Career Role**

- **Unit Secretary or Scheduler**: $21,000
- **Food Service Associate**: $28,000
- **Certified Nursing Assistant**: $33,000
- **Registered Nurse**: $68,000
- **Nurse Practitioner**: $98,000

**Salary Growth Potential**: 367%

Beaver Dam Community Hospitals invest in CNA student career path

Over the last several years, Beaver Dam Community Hospitals, Inc. (BDCH), like many other health care organizations, has needed to demonstrate ingenuity with recruitment efforts for hard-to-fill roles such as certified nursing assistants (CNAs). As the unemployment rate in Wisconsin steadily decreases, simply posting a position on the website is not an effective way to recruit long-term employees. BDCH has taken the initiative to invest in career growth of applicants with a passion for caregiving by instituting a CNA student program.

The BDCH CNA student career path began through a partnership between BDCH and Moraine Park Technical College (MPTC). Together with the college, BDCH hires individuals and then enrolls them in CNA courses throughout the year. All courses are completed at the college and clinicals are held at BDCH within the Hillside Manor Nursing Home, which provides a jump start to their orientation. Individuals are hired as employees of BDCH and paid a wage throughout their coursework and clinicals. Following completion of their CNA certification, all team members are transferred into a position at either the long-term care facility or one of two community-based residential facilities. BDCH covers the entire cost of the class and materials as well as the exam following completion of the course. Individuals have the assistance of our recruitment team to support them through every step, including enrollment in the MPTC program and signing up for the exam. It is through this partnership with MPTC that residents of Beaver Dam and surrounding communities can realize their dream to begin a fulfilling career in health care. Starting as a CNA often leads to continued career growth of team members. Through the generous tuition reimbursement program, BDCH has helped many team members realize dreams of continued career progression into degreed roles such as registered nurse or nurse practitioner. This approach has enabled BDCH to counterbalance staffing challenges and support the mission to deliver excellence across the continuum of services. The possibilities are endless when applicants take that first step and apply with BDCH!

The CNA career pathway addresses multiple issues, including recruitment of CNAs to the health care workforce and the need for advanced practice nurses to fill the access gap as physician shortages continue. With doubling vacancy rates, professions like physical and respiratory therapy would do well to fill vacancies with physical therapy aids or assistants and respiratory therapy assistants or sleep lab techs to better highlight their career pathways to individuals willing and able to join the health care workforce as future therapists.

Increasing access to mental health care improves community health

Behavioral health is another “blind spot” of the hospital survey, but those familiar with the health care industry are well aware of access issues for patients to mental health treatment, and difficulty in recruitment of mental health providers. Wisconsin ranks 20th in the United States for access to mental health care for adults, and 44th for youth. States with the lowest prevalence of mental illness and highest rates of access to care also have the best rates for positive socioeconomic indicators, such as low child maltreatment, low homelessness and low obesity rates (22).

Integrating behavioral health into the care continuum doesn’t just offer more holistic care to individual patients. It also creates opportunities for improved value, and promotes overall health throughout their entire community. Entry into pathways for behavioral health careers can start with certified medical assistants working in medical homes, or with community health workers who help citizens with mental illness navigate the health care system. Strengthening the behavioral health workforce and providing access to mental health care wherever the patient enters the care system, rather than making patients separately seek mental health services may be a pathway to achieve better care, smarter spending and healthier people in Wisconsin.
WHA’s 3 P Model of Care Delivery

The Wisconsin Hospital Association’s 3Ps framework, aligning practice, policy and payment, creates a pathway for health care organizations and their trustees, educational institutions, policymakers, community leaders and other key stakeholders to assess recommendations and determine priorities, evaluate feasibility and foresee barriers, and choose next steps to translate recommendations into policy, practice and payment changes.

The WHA conceptual model outlines three major elements that impact, influence, and ultimately determine what specific patient care is delivered in many settings. The 3 Ps, practice, policy and payment, are meant to be understood from the top down, progressively narrowing conditions that can limit the amount of patient care delivery associated with various health care professions. All three elements of the model apply to all health care occupations and professions that have recognized and agreed upon scopes of practice, and can bill for their services, regardless of payer source. The first two Ps apply to all licensed health care occupations and professions.

Practice

The first “P” is practice, and pertains to scope of practice. Scope of practice describes the procedures, actions and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. This “education, experience and training” model is generally accepted as defining scope of practice for providers in Wisconsin, and language mirroring this definition is evident in several key Wisconsin rules and regulations such as Chapter N8, the Wisconsin rule that defines and regulates the practice of advanced practice nurse prescribers.

Policy

The second “P” is policy, and pertains to all policy that further defines, clarifies or restricts the first P, practice. These policies may be statute, rules, regulations imposed by lawmakers or policymakers, or may include policies instituted and maintained by employers (hospitals or other health care settings).

Payment

The third “P” is payment, and in the 3 P model may be the final determination of what actual patient care is delivered. If a particular service or treatment is allowed by the professional’s scope of practice and allowed by related statutes, rules, regulations and organizational policies, but is not a service in which payment will be received, this particular treatment or service may be provided by a clinician able to receive payment rather than other professionals allowed by scope and policy to provide the care. The use of surgeons and advance practice clinicians, instead of surgical assistants, as “first assists” is driven by clinician preference and clinical need, but may also be impacted by the third “P.”

Planning matters, and as health care organizations’ leaders and trustees, health care professionals, health care educators, policymakers, community leaders and other key stakeholders make important decisions about the health care workforce, the 3 Ps provide a pathway to good health care policy.
Planning Matters: Workforce Recommendations

Current trends in workforce and the health care environment, and our best projections for the future, lead to four major categories of recommendations to ensure a health care workforce made up of the right workers, with the right skills and tools, in the right place, at the right time.

Attract and retain entry-level workers to the health care workforce

Provide clear pathways to jobs and careers offering increased wages and responsibility for entry-level in-demand professions.

- Health care organizations should expand the use of entry-level positions for in-demand professions like respiratory therapy and physical therapy to attract respiratory therapy assistants and physical therapy aides to those pathways.
- Health care organizations and educators can foster interest in health careers by involving health care professionals in high school career courses, and by offering students experiential learning opportunities in health care settings.

Ensure funding is available and utilized to support entry into the workforce.

- Health care organizations and educational entities must collaborate to take advantage of available grant opportunities, such as Wisconsin Department of Workforce Development Fast Forward grants and the Rural Wisconsin Initiative, to develop career pathways for certified nursing assistants, certified medical assistants and other allied health professions.
- Policymakers must hear success stories and support sustained funding.

Strategically assess and plan for changes in the environment that reduce the need for workers in one area and redeploy this workforce to assume new roles or to fill in-demand positions.

- Health care organizations should include workforce planning in strategic planning and utilize factors like workforce age, retirement trends and changes in technology and the health care environment, to plan for workforce needs.
- Educators, health care administrators and professional organizations, such as WHA and the Wisconsin Organization of Nurse Executives (WONE), should be included in workforce strategic planning so organizational efforts, educational efforts and advocacy efforts are aligned with projections for employment and health care demand.

Break down barriers to increasing the number of CNAs that enter the health care workforce.

- Health care organizations and educational settings should assess for factors that inhibit individuals from pursuing a CNA pathway, such as tuition, transportation, child care, the certification exam and unpaid time while pursuing certification; recruitment efforts should include strategies that break down these barriers.
- Policymakers and state agencies must be informed by health care organizations, educators and health care associations, like WHA, of opportunities to reduce regulatory burden to support growth of Wisconsin’s CNA workforce.

Leverage team-based integrated care delivery models

Continue to trial innovative solutions that make the best and most productive use of talent, training and competency; use these trials as one mechanism to identify practice, policy and payment reforms that will advance team-based, longitudinally coordinated care.

- Health care organizations should implement identified internal practice and policy changes to support team-based coordinated care across the continuum of care.
• WHA and health care organizations should champion practice, policy, and payment reforms that leverage all licensed clinicians’ training and experience within a team-based, integrated care delivery model of care.

• Health care organizations should identify and share metrics of success of team-based care innovations to advance learnings, so investment and efforts can be better focused on efforts that demonstrate intended results.

• Health care leaders should foster relationships with their local legislators and share workforce successes in order to support legislative change, and continued funding of innovation.

Promote flexibility in workforce policy in recognition of differing organizational and community needs and resources.

• As educators plan degree and professional programs, efforts that would create more silos of degrees, specialties, or role inflexibility should be viewed cautiously.

• As health care organizations create new team roles and job descriptions, candidate criteria should focus on competencies needed, and broadly include professional qualifications that meet needed competencies.

• Organizations should approach models and team composition in consideration of patient need, for example, embed geriatric specialists and long-term care social workers in emergency departments that see a high percentage of vulnerable elderly patients.

• Policymakers should advance reimbursement changes that consider the investment and resources required to perform care coordination, especially for rural and safety net organizations who care for vulnerable populations with complex care coordination needs.

Use technology to support workforce goals

Develop opportunities to improve patient access, and address workforce gaps, through more effective and efficient use of technology.

• WHA, the Wisconsin Medical Society, WONE, and other key stakeholders from health care organizations, educational entities and IT developers should collaborate to share and develop best practices utilizing technology to support workforce effectiveness and efficiency.

• Policymakers should ensure reimbursement supports the use of technology that focuses on the needs of the patient, family and community, and enhances access, quality and efficiency.

• Policymakers must recognize the cumulative effect regulatory burden and documentation has on clinicians’ time and the aggregate impacts on the workforce’s capacity to provide care to a community; a clinician’s workday is a finite resource.

• Stakeholders should work to ensure that care information can more seamlessly flow across the continuum of care to improve care and reduce clinician time spent on locating information.

Ensure expansion of broadband access matches areas of most need; policymakers should give funding priority to underserved areas where technology can be used to maximize the available health care workforce.

Utilize existing data from hospitals, health systems and payers to tailor workforce supply to health care demand.

• Agencies can enhance data retrieval capabilities for key stakeholders, in platforms like the Department of Workforce Development’s Wisconomy website.

• Health care organizations must continue to refine data mining capabilities to plan for future care models and workforce roles and teams, around patient populations and community health care needs.
Grow and deploy nursing workforce strategically

Utilize creative approaches to ensure the growth of the nursing profession needed to care for an aging population in an increasingly complex health care environment.

- Nursing schools at all levels should collaborate with each other, and with key stakeholders, like WONE, WNA, WHA, and others, to ensure that faculty supply is aligned to demand for nurses in the workforce.

- Educators should continue to explore and utilize innovative educational solutions, such as online, accelerated, and early entry programs, to support a nursing career pathway to advanced degrees for clinical practice, education, and informatics.

Tailor investment in career pathways to support high-need areas.

- Rural hospitals must increase BSN-prepared nurses to support preceptorships.

- Health systems and health care suppliers, like hospital bed and nurse call manufacturers, and electronic health record developers, need nurses with degrees in advanced informatics, and should provide financial incentives for this career path.

- Health care organizations can use internal leadership development programs, tuition investment, specialty internships and fellowships to challenge, support and retain millennials and baby boomers by providing pathways to specialty practice, leadership, and to advanced practice in clinical and educational settings.

- Policymakers should continue investment in programs like Wisconsin Fast Forward and the Rural Wisconsin Initiative.

Conclusion

Wisconsin’s residents will always require a corps of well-trained physicians, nurses, pharmacists, physical therapists, nutritionists and nursing assistants—along with many other health care practitioners. But the work they do, where they perform it, and with whom, and the technology employed, could look very different in the coming years as the health system evolves to provide value-based, coordinated care that is patient centered rather than provider centered, with the aim of better care, smarter spending and healthier people in Wisconsin.
References


