



2019

**WISCONSIN 2019
HEALTH CARE WORKFORCE
REPORT**

Cover photo courtesy of HSHS Eastern Wisconsin Division

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About This Report

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. 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 burden, and the promise, of electronic health records and rapidly evolving technology.

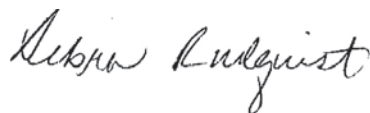


Debra Rudquist

WHA has long been recognized as a leader in health care workforce. This 2019 Wisconsin Health Care Workforce Report is their 16th annual report. WHA's workforce reports utilize national and state data and studies, reports from other associations and findings in the field to offer recommendations for action.

Health care leaders in rural and urban settings, large systems and independent hospitals and clinics are pushing for change, understanding that status quo team roles and information technologies are not going to be adequate to meet the challenges we are facing. Change needs to be driven by leaders and a workforce that understands the wealth of data and resources at our fingertips. We must harness the combination of claims and clinical and socioeconomic data to provide deeper insights into the population we care for so 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 and using the right technology.

High-quality health care depends on a high-quality workforce. This report will assist health care leaders and policymakers in reaching the important decisions that impact Wisconsin's health care workforce. The challenges to continue delivering the high-quality, high-value health care for which Wisconsin is nationally known are great. 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.



Debra Rudquist
CEO, Amery Hospital & Clinic, Amery
Chair, WHA Council on Workforce Development

Introduction

Health care is experiencing unprecedented change in this second decade of the 21st century. Sustaining top quality amid major change requires 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. Breaking down barriers for this workforce requires engaged health care leaders and policymakers, supported and informed by data, expertise and feasible recommendations.

WHA's annual workforce report will describe the

current state of Wisconsin's health care labor force and make projections for the future. The report will also analyze factors that potentiate or inhibit the workforce's ability to meet Wisconsin's health care needs. Analyzing this supply and demand equation will lead to recommendations to ensure the Wisconsin health care workforce and Wisconsin's hospitals and health systems continue to rise to the challenge of providing high-quality, high-value health care to every corner of our state. Stories included in the report from hospitals and health systems across the state make it very apparent that Wisconsin is up to the challenge.

Health Care Workforce Demand

Unlike other industries where demand is largely determined by economic forces, demographics are a primary driver of health care demand.

Aging continues to be top driver of increased health care demand

From 2017 to 2032 the population under age 18 is projected to grow by only 3.5%, the population aged 65 and over is projected to grow by 48% and the population aged 75 and older is projected to grow by a staggering 75%. (1) An aging population places greater demand on the health care system and requires a larger health care workforce. Eighty percent of older people have at least one chronic condition, and 50% have at least two chronic conditions. Chronic diseases account for 75% of health care expenditures in the U.S. every year, and 95% of health care spending for older people is attributed to chronic conditions. (2)

Other drivers of increased workforce demand

Population health goals – like curbing obesity, improving blood pressure control, cholesterol and blood glucose, and reducing smoking prevalence – are positive efforts that may reduce demand for chronic disease management and intense management of co-morbidities in the short term. But as population

health improves, so will longevity – again increasing volume and demand for services. Prevention efforts may also reduce demand for some specialties, such as endocrinology and cardiology, and increase demand for others, such as geriatric care. (1)

Strategies to encourage access to care will also increase demand. Increased insurance coverage, more accessible care in new settings and breaking down barriers to access will require a larger workforce to meet previously unmet needs.

Factors that could decrease demand

Patient-centered medical homes, team-based care and care coordination have the potential to decrease workforce demand by reducing hospitalizations and emergency department visits. Visits to these complex inpatient and emergency care settings require more staff and physician resources than care provided in clinics or via telemedicine.

The supply of advanced practice nurse practitioners (NPs) and physician assistants (PAs) is expected to double in size by 2032. (1) The availability of these advanced practice clinicians (APCs) to provide care that has historically been provided by physicians can slow the growth in demand for physician services in the face of increasing shortages.

Health Care Workforce Supply

Help wanted: Wisconsin needs 100 new physicians a year.

Wisconsin hospitals and health systems started experiencing the impact of physician shortages early in the 21st century. In 2003 WHA staff began to hear from member hospitals that were having increasing difficulties recruiting physicians. As noted in the 2004 WHA report *Who Will Care for Our Patients?*, “The statewide nature of these reports created a new urgency, and led the WHA Board to establish a Task Force on Wisconsin’s Future Physician Workforce, an advisory group composed of leaders from physician practice groups, the Wisconsin Medical Society, the Wisconsin Academy of Family Physicians, hospitals and health systems, the medical schools in Wisconsin and others.” (3)

Increasing medical school enrollment

WHA’s 2004 report set Wisconsin on a path to create solutions based on Wisconsin’s needs. As a result of the report, the Wisconsin Council on Medical Education and Workforce (WCMEW) was formed to raise public awareness and convene experts around Wisconsin’s physician workforce issues.

The advisory group also agreed that one of the first necessary steps was to expand medical school enrollment at Wisconsin’s two medical schools: the University of Wisconsin School of Medicine and Public Health (UWSMPH) and the Medical College of Wisconsin (MCW). A key component of the expansion was a focus on students from in-state or with ties to Wisconsin who are more likely to stay and practice in Wisconsin. The Wisconsin Academy of Rural Medicine (WARM) and the Training in Urban Medicine and Public Health (TRIUMPH) programs expanded UWSMPH enrollment by 17%. In 2011, MCW created two rural campuses and 50 additional spots targeting rural students with ties to Wisconsin.

Increasing GME residencies to keep pace with increased enrollments

WHA and WCMEW continued to analyze physician workforce issues with reports in 2008 and 2011. Recommendations from WHA’s 2011 report “100 New Physicians a Year: an Imperative for Wisconsin” led to a WHA-crafted public policy solution tailor-made to suit Wisconsin’s need to accelerate graduate medical education (GME) residency opportunities for physicians and produce 100 additional physicians per year targeted for the areas of greatest need: primary care, psychiatry and general surgery, especially in rural settings. (4)

WHA-inspired grants became law in 2013, helping to both establish new and expand existing GME programs. These additional residencies were needed to reflect additional enrollment in Wisconsin medical schools—taking advantage of the additive effect of the 86% equation. (4)

In 2019, WHA succeeded in obtaining an important update to this program in the state’s

biennial budget passed by the Wisconsin Legislature and signed into law by Gov. Tony Evers. Under the original 2013 law, only family medicine, pediatrics, psychiatry, general surgery and internal medicine programs were eligible for grant funding. The new law will allow Wisconsin’s Department of Health Services (DHS), the agency in charge of implementing the grants, to provide grant funding to any residency specialty with a demonstrated need.

WHA’s 86% equation:
Data show that if you take a Wisconsin student, put them through a Wisconsin medical school and place them in a Wisconsin residency, there’s an 86% chance that new physician will stay in Wisconsin to practice. And this “grow our own” strategy is working! As of December 2018, 91% of WARM graduates practice in Wisconsin. (5)

The “Grow Our Own” Equation



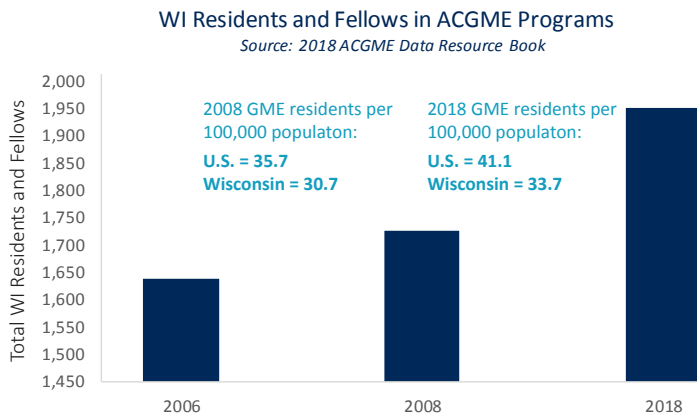
The public-private partnerships created to date by Wisconsin hospitals and clinics receiving WHA-crafted DHS GME grants to build nine new Wisconsin residency programs and expand nine existing programs, along with the expanded enrollments at our state’s medical colleges, will create an estimated 151 new physicians by 2024. This creates a solid foundation – a pipeline – that will continue to supply physicians for the future.

Accelerating pipeline expansion

Even with the new and expanded residency opportunities created by the DHS GME grants, demand for residency positions outweighs the supply.

Wisconsin GME programs received an average of 10 applicants for each open position. These include:

- One new matching grant-supported family medicine residency in the St. Croix Valley with five available positions receiving more than 1,000 applications;
- A new MCW Central Wisconsin psychiatry program created with the help of a DHS GME grant received more than 800 applications for three positions; and,
- The new MCW Northeast Wisconsin psychiatry program received more than 1,000 applications for the program’s four positions.



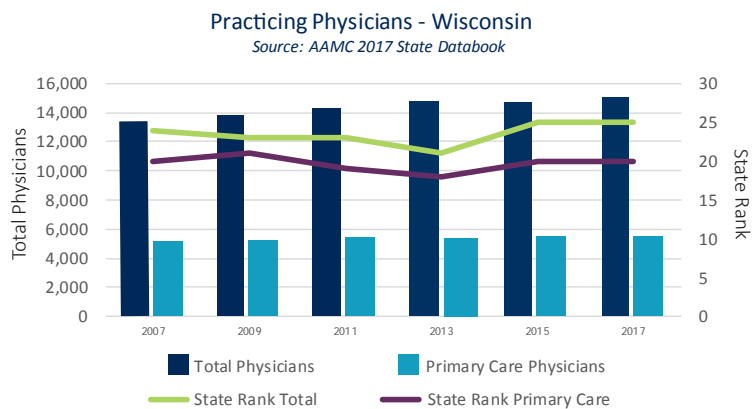
Wisconsin needs more GME residencies to accelerate the growth of Wisconsin’s physician workforce.

One way the Accreditation Council for Graduate Medical Education (ACGME) measures the adequacy of residency positions is to use the ratio of positions per 100,000 population. As Wisconsin has continued to expand residency programs, so too have other states. Wisconsin continues to lag the U.S. average. (6)

While lagging in population-based GME rates, Wisconsin is on the right track toward establishing the building blocks of the 86% equation. According to the American Association of Medical Colleges (AAMC), the state’s rank for GME residents per medical school enrollees improved from 25th in 2012 to 18th in 2016. (7)

Reports from AAMC also provide data to analyze the growth of Wisconsin’s physician workforce. AAMC’s state reports use data from the American Medical Association (AMA) Masterfile.

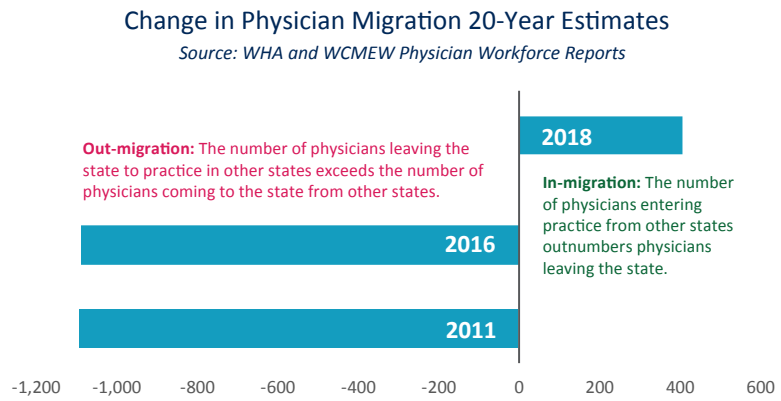
Wisconsin’s total physician workforce has increased by 13% in the last 10 years, while the primary care workforce has only increased by 7%.



With medical school taking 3-4 years to complete and residencies taking 3-5 years to complete, it is premature to gauge the impact of increased medical school enrollments and residency positions on physician supply, but Wisconsin's physician supply is growing. We are "growing our own" and keeping more physicians in the state. We must continue to do so, especially in primary care.

Wisconsin's positive practice environment stems the tide of physician migration

Increasing physician supply also relies on retaining and recruiting physicians to Wisconsin. WHA's 2011 report and WCMEW's 2016 and 2018 reports utilize physician migration averages for midwestern states to project physician migration patterns. In 2018 Wisconsin reversed the trend of physician migration projections. Wisconsin is now projected to have more physicians coming to Wisconsin to practice from other states than will leave Wisconsin. (8)



Training, retaining and attracting physicians for Wisconsin is essential. Training opportunities like WHA-created grants to create and expand GME residency programs are growing the number of physicians for Wisconsin. Wisconsin's peer review protection and stable medical liability environment attract physicians to the state and keep them here.

Physician shortages create bottlenecks across the care continuum

Growing and retaining more physicians is not keeping pace with increased demand; physician shortages persist across the state. WCMEW's 2018 report projects a physician shortage of 14% statewide, with rural and underserved metro areas faring the worst. (8)

The aging of the physician workforce is one of the key factors behind this projected shortfall. With a statewide average age of 50 or older, Wisconsin's family practitioners, internists and pediatricians will retire just at the time Wisconsin's aging population rapidly increases health care demand. (8)

Wisconsin has a well-documented and critical psychiatrist shortage. According to DHS, Wisconsin currently faces a shortage of 117 full-time psychiatrists (9), and a Kaiser study found that only six states – Texas, California,

Wisconsin's psychiatrist supply can meet only 19% of the need for services. Patients will probably not get help across state lines either, with Iowa's psychiatrist supply able to meet 39% of demand and Minnesota's psychiatrist supply able to meet only 33% of demand. (10)

Florida, Mississippi, New York and Tennessee – need a greater raw number of psychiatrists to remove federal shortage designations than does Wisconsin. (10) The physician recruitment firm Merritt Hawkins says that shortages of psychiatrists to meet patient demand has now led psychiatry to be the second-most recruited physician specialty nationwide. (11)

Wisconsin's shortage of psychiatrists has been and continues to be not only a constraint on timely access to outpatient mental health services but also has a direct impact on the availability of inpatient psychiatric services.

Inpatient psychiatry capacity is determined not just by the number of inpatient beds, but also by the availability of staff to care for patients needing inpatient admission. Wisconsin's critical shortage of psychiatrists and other mental health professionals makes it difficult for hospitals to fully staff those beds. This bottleneck in the hospital

psychiatric inpatient setting has ripple effects across Wisconsin, impacting patients and families, hospital emergency departments, law enforcement and county government with mental health crisis responsibilities, and other stakeholders in Wisconsin's mental health system.

Unless Wisconsin addresses this shortage of psychiatrists and other mental health professionals, Wisconsin faces a future of declining accessibility to mental health services caused by a lack of psychiatrists to meet the patient demand and the cascading impact of patients needing care that just isn't available.

WHA-crafted GME grants have led to three new psychiatry residency programs that are already producing more psychiatrists for Wisconsin. When these new pipelines are full in 2025, Wisconsin will have eight additional psychiatrists each year, but many more are needed.

Hospitals, health systems and the state's medical schools must work together to enroll more physicians and create more psychiatry GME residencies. Policymakers and state agencies must create sustainable state Medicaid reimbursement for psychiatrists, including an urgently-needed increase in Medicaid reimbursement for commonly used psychiatrist services that would match a similar increase provided to other mental health professionals in 2018.

It is essential to provide training opportunities in areas of greatest need to grow the right workforce for Wisconsin. The psychiatry shortage is creating bottlenecks in our care system, and the obstetrician-gynecologist (OB/GYN) shortage is creating long drives for women in rural Wisconsin. UWSMPH launched the nation's first rural residency program for OB/GYN residents in 2016 to address statewide shortages of obstetricians and gynecologists by recruiting and training physicians committed to rural women's health.

UWSMPH: revisiting the state's first rural OB/GYN residency program

In Wisconsin, 27 of 72 counties have no OB/GYN. This scarcity of providers disproportionately impacts women in rural communities. Fewer than half of rural women live within a 30-minute drive to a hospital with perinatal services in



Rural Resident Laura McDowell (left) and Dr. Brenda Jenkin (right) review a fetal monitor strip in Divine Savior Healthcare Birthing Center. Photo Credit: Noah Vernau and the Portage Daily Register

Wisconsin; more than 10% must drive 100 miles or more.

To practice as an OB/GYN, a newly graduated doctor must practice medicine under the supervision of attending OB/GYN physicians

for four years. In the University of Wisconsin's Rural Residency Program, residents' training is split among sites in Madison and rotations with rural site partners throughout the state.

In three short years, the Rural Residency Program has successfully attracted more than 300 competitive applications, recruited three residents to the program, supported five rural rotations in the communities of Portage, Waupun and Monroe and added a brand-new rural site in Baldwin, Wisconsin.

This academic year, the Rural Residency Program will recruit its fourth rural resident who will join the program and fill the pipeline with a class of four rural residents for the first time.

Following the motto of Wisconsin, the Rural Residency Program is looking forward intentionally as it grows. The program is in the process of developing a curriculum to complement the track and materials to support partners around the nation who have reached out with interest in beginning their own OB/GYN rural residency program.

"It is our mandate to increase the OB/GYN workforce in rural Wisconsin," said Rural Residency Program Director and Residency Program Director Dr. Ryan Spencer, "We are so excited and proud for our first three residents in the program and owe a great deal to our community partners. However, we also know that our work is not done, and we still have much to do to improve access to care for the women of Wisconsin."

Help wanted: employers compete over a shrinking labor pool

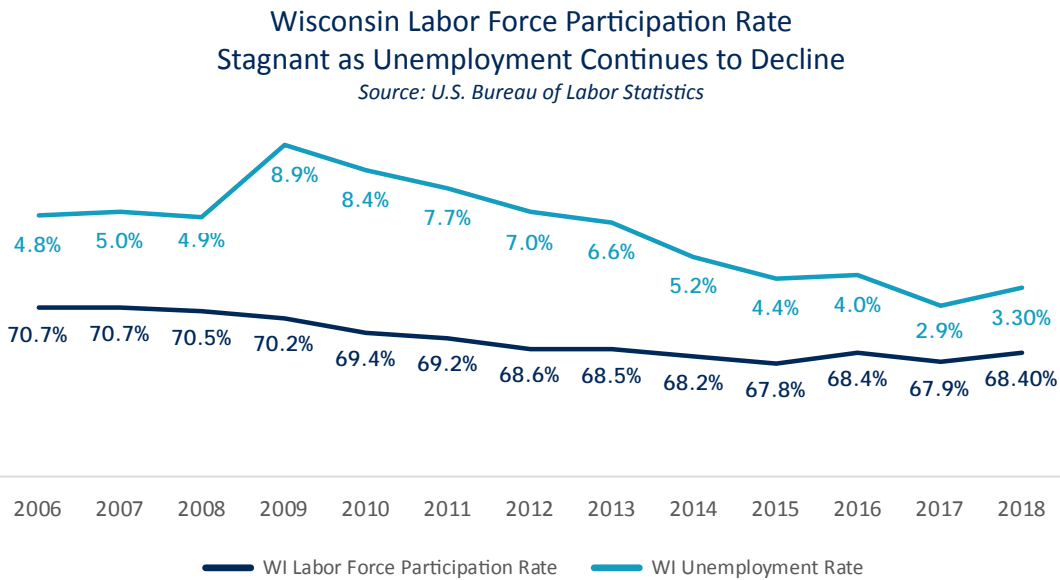
Physician shortages, the increased health care demands created by an aging population and the challenges presented by increasingly complex care pathways as care continues to move from inpatient to outpatient settings strain all sectors of the health care workforce. Add in the competition for workers presented by low unemployment rates and stagnant labor force participation, and it becomes incumbent for Wisconsin to wisely grow and utilize our health care workforce.

Low unemployment and low labor force participation a worrisome equation

Wisconsin's historically low unemployment rate is being felt as health care employers seek entry-level workers. Even more worrisome is the fact that the state's labor force participation rate is significantly lower than it was the last time unemployment was this low. (12)

Understanding the current state of Wisconsin's health care professions is a necessary start to identify growth priorities and determine how to best utilize the full potential of members of the health care team that exists today.

WHA Information Center conducts an annual personnel survey of Wisconsin hospitals, health systems and specialty hospitals. This survey provides a snapshot and year-over-year comparison of Wisconsin's health care workforce composition.

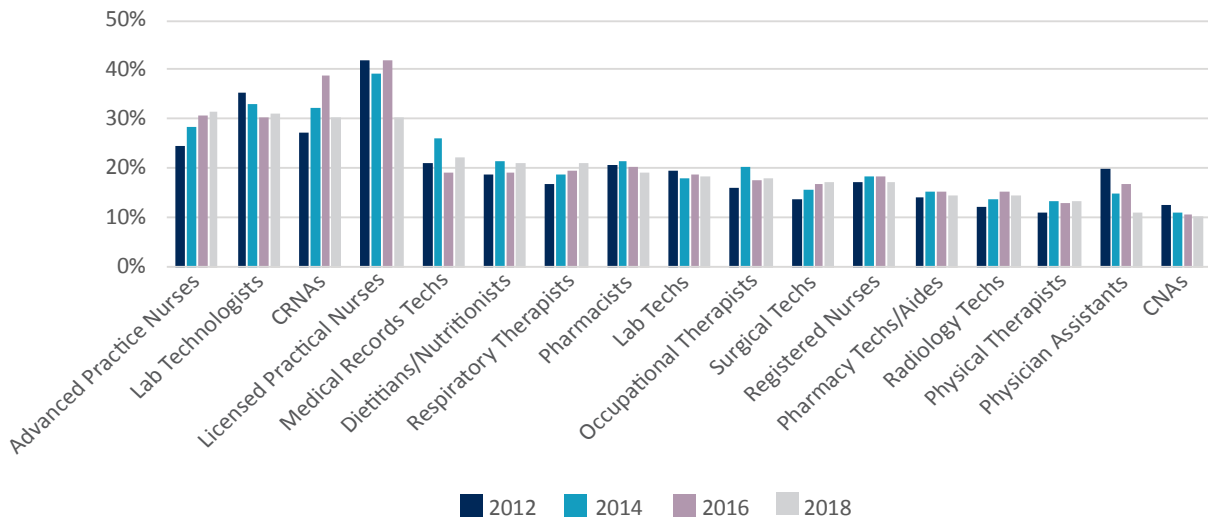


Workforce aging

Tracking workforce age helps identify which professions in the health care workforce should be targeted for growth. Individuals over age 55 may stay in the workforce for a decade or more, so this benchmark provides employers with lead time to prepare for retirements. Occupations with a higher percentage of health care professionals over age 55 will need more individuals entering the workforce to prepare for future retirements. A decline in the percentage of individuals over 55 can indicate successful recruitment to the profession.

Wisconsin Hospital Professionals At Least 55 Years Old

Source: Wisconsin Hospital Personnel Surveys



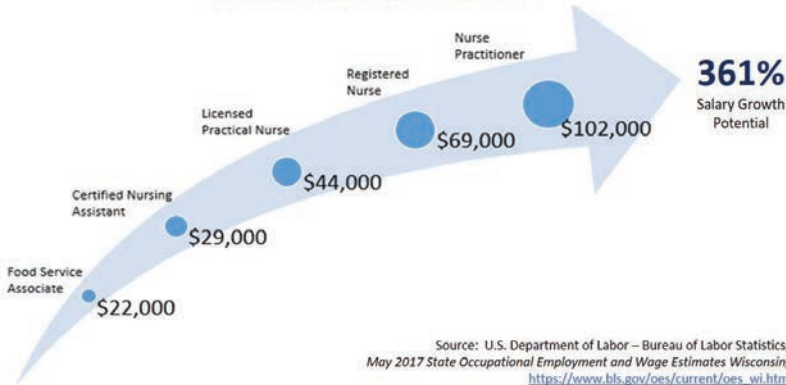
There is significant aging variation among professions. Licensed practical nurses (LPNs), certified registered nurse anesthetists (CRNAs), lab technologists and advanced practice nurses are the four professions with the highest percentage of individuals age 55 or older for the last decade.

Advanced practice nurses, respiratory therapists and surgical techs are trending older in the percentage of the profession's Wisconsin workforce at least 55 years old. Lab techs, licensed practical nurses, physician assistants (PAs) and certified nursing assistants (CNAAs) are trending younger.

Rapid turnover and rapid employment growth drive down workforce age

THE POWER OF AN ENTRY LEVEL HEALTH CARE ROLE

Supported Career Pathways Attractive to Entry-Level Workforce:
Average Salaries by Career Role



A declining percentage of older individuals can indicate rapid growth in a segment of the workforce, like PAs, or high turnover, like CNAs. Nursing assistants have had the lowest percentage of individuals 55 and older since 2013. LPN, CNA and PA average percentages have decreased the most over the past five years. Both LPNs and CNAs can climb career pathways in nursing, leaving entry-level roles at a younger age to pursue a registered nurse or advanced practice degree.

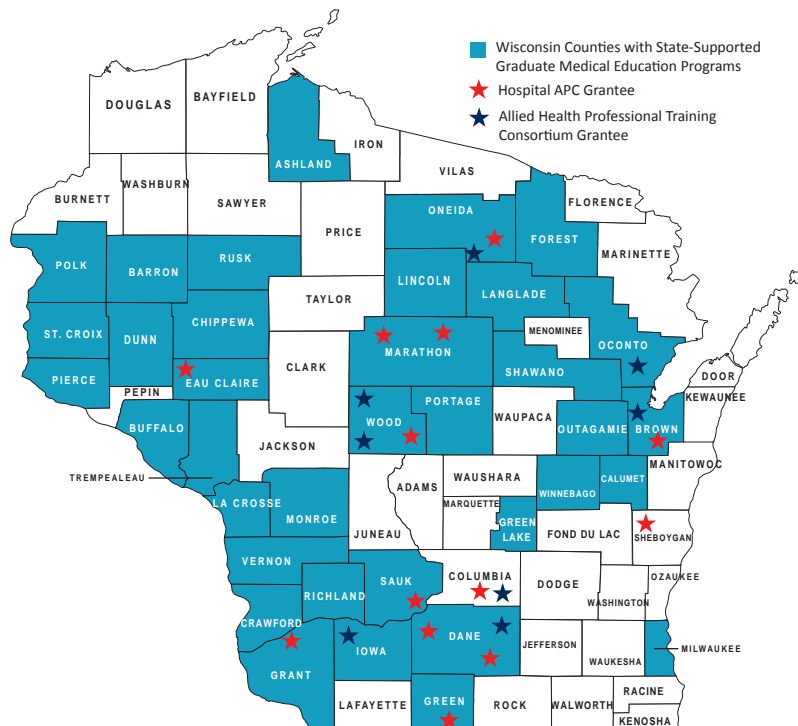
Expanded employment opportunities can create a younger profession. Renewed interest in utilizing LPNs in the health care workforce may be guiding more individuals to obtain their LPN license and seek employment as they pursue a nursing career path. Effectively utilizing our nursing workforce across this pathway to the top of education, training and experience is important in ensuring the workforce necessary to sustain high-quality, high-value health care for Wisconsin.

Aging professions need an infusion of new workers

An upward trend in percent of professionals age 55 and older indicates an aging profession and the need to gain an infusion of younger workers to prepare for future retirements. With reports from Wisconsin hospitals of increasing difficulty in recruiting surgical techs and respiratory therapists, these are professions that may benefit from new and expanded training programs in Wisconsin. Organizations that find it difficult to find allied health professionals have a resource at hand thanks to grants available as part of the Rural Wisconsin Initiative.

In 2017 WHA crafted a policy solution to support career pathways by creating more training opportunities for APCs and allied health professionals in Wisconsin. This solution, modeled after the successful “grow our own” DHS GME grants, was advanced as bipartisan legislation and provides \$1 million per year in matching grants to grow more APC and allied health professionals in Wisconsin.

DHS GME, allied health, and advanced practice clinician grant funding has created and expanded training opportunities so that the 86% equation can “grow our own” in every corner of Wisconsin.



The story of one grant recipient, Hospital Sisters Health System-Eastern Wisconsin Division, provides a great example of a public-private partnership – state dollars matched by hospital dollars – formed as a result of the WHA-created matching grants.

HSHS-Eastern Wisconsin Division: allied health training grant supports in-depth onboarding and improves retention

In January 2019, the HSHS-Eastern Wisconsin Division hospitals began an in-depth onboarding curriculum for newly hired assistive personnel (AP) with the help of DHS grant dollars for training of allied health professionals. The program is set up to give the new AP colleagues additional time for onboarding aside from the traditional department orientation.

The class, specifically tailored for APs, is named *AP Orientation: Path to Proficiency*. It is held monthly for five hours. The curriculum combines classroom content with skill and simulation-based learning. Topics include: patient experience and team communication techniques, specimen labeling and collection, fall prevention, telemetry management, manual blood pressure measurement and suicide prevention sitter responsibilities.



Colleagues complete a pre-test prior to the monthly class. At the end of class, prior to leaving, colleagues complete a post-test. The overall pre-test score for APs from January 1 to August 1 was 76%. Overall, post-test score for that same time frame increased by 10 percentage points to 86%.

After the completion of the class, AP colleagues are sent an evaluation through Survey Monkey. There is a 38% completion rate. On a four-point Likert Scale, 43% of the respondents said they are extremely satisfied, 50% said they were mostly satisfied and 7% said they were somewhat satisfied with the *AP Orientation: Path to Proficiency* class.

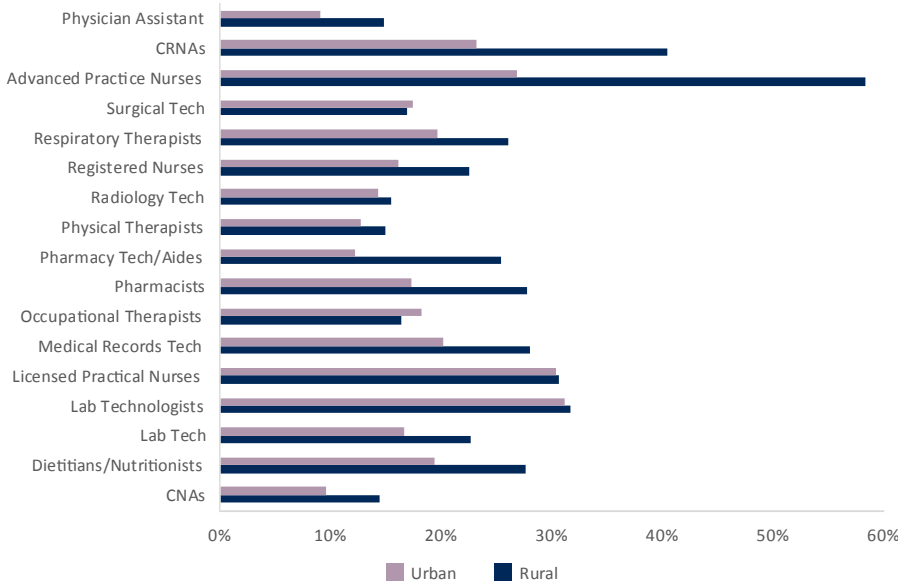
As of August 1, a total of 78 AP colleagues were trained. There is an 83% retention rate for those who have completed this acute care training.

An older rural workforce can put continuation of services at risk

Workforce age also varies between rural and non-rural settings. Except for surgical techs and occupational therapists, all professions have a higher percentage of individuals 55 and older in rural settings.

Statewide Staff Age 55 and Older - By Profession
(Urban vs. Rural)

Source: 2018 WHA Hospital Personnel Survey



With a smaller number of individuals employed in rural hospitals and clinics, the loss of a single physician, pharmacist, tech or CRNA can mean the loss of an entire service or can reduce the department to a single individual.

Providing rural training opportunities is essential to recruiting new members to in-demand professions in the rural workforce.

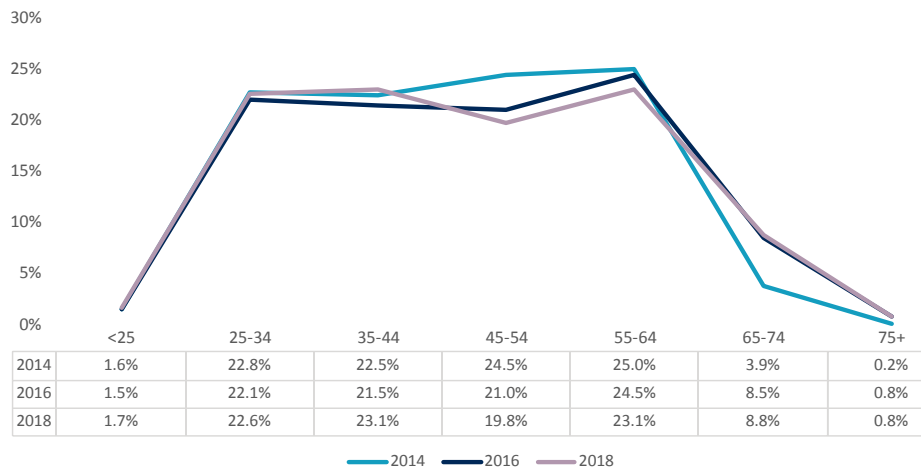
Nurses continue to “age well”

As demonstrated by the 2014, 2016 and 2018 registered nurse (RN) re-licensure survey the nursing profession in the state continues to “age well.” About half of Wisconsin’s working nurses are younger than 45 years old, and about half are 45 and older.

Percent of Wisconsin Registered Nurses by Age

Source: Wisconsin Nursing Workforce Survey

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 match enrollments and graduations to demand, and employers must continue to make nursing a job that can and will be done at all ages.

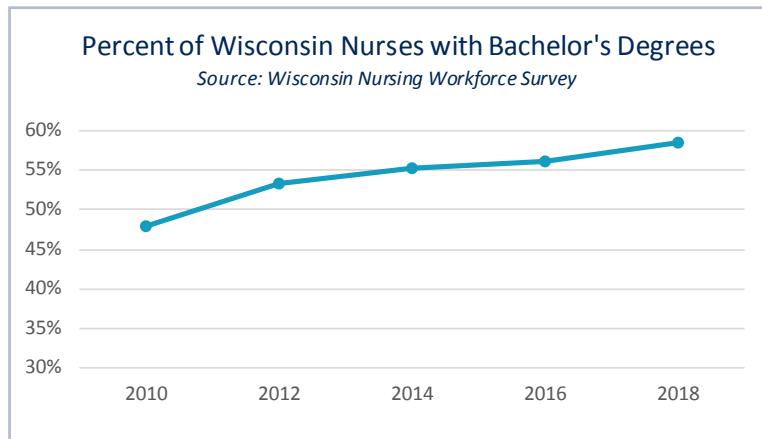
Interest in the nursing profession and the ability of nursing schools to expand enrollments has kept a nursing shortage at bay for the past decade or more. Wisconsin nursing schools graduate 3,500 RNs each year, up from 3,000 in 2016. (13) Most nurses now enter the workforce with a bachelor's degree, making attainment of advanced degrees at a younger age more feasible. (13)

As the Wisconsin Center for Nursing notes in their 2018 RN Workforce Survey report, "Given the substantial length of time it takes to complete advanced degrees, entry into these programs through BSN and direct entry master's programs and at younger ages could contribute to longer careers in advanced practice, research, or teaching." (13)

BSN attainment provides greater access to training opportunities

According to re-licensure survey results, Wisconsin has increased the percentage of nurses with a Bachelor of Science in Nursing by only 10% since 2010. (13) More BSN-prepared nurses 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 and health care, but across all industries. According to the National Association of Colleges and Employers, the average offer rate to interns is 73%, 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%, which is above pre-recession levels. The overall conversion rate is 62 percent, which is a 13-year high. (14)



Wisconsin health care leaders continue to note difficulty in recruiting 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 which will increase the number of preceptorships their facility can absorb.

UW Health understands the power of converting internships to employment and is using a new Medical Assistant (MA) Registered Apprenticeship approved by the Wisconsin Department of Workforce Development (DWD), along with DWD grant funding, to address a critical workforce shortage.

UW Health: addressing workforce challenges and building diversity through apprenticeship programs

To address workforce shortages in critical-need positions such as medical and nursing assistants, and increase diversity in the clinical workforce, UW Health is leveraging an apprenticeship program model – where employees are paid while receiving education and training – to engage their current employees in moving into high-need areas.

In November 2018, UW Health announced they were the first organization in the state to be approved by the Wisconsin Department of Workforce Development, Bureau of Apprenticeship Standards to offer the classroom and clinical instruction for a Medical Assistant (MA) Registered Apprenticeship. Fast Forward and WAGE\$ grant funding were secured by UW Health, the Workforce Development Board of South-Central Wisconsin, UnityPoint Health-Meriter and SSM Health to support instruction for the first two cohorts of MA apprentices.



In December 2018, the first MA Apprenticeship cohort of 20 students began instruction at UW Health. The students in the first cohort consisted of incumbent UW Health employees, UnityPoint Health-Meriter

employees and graduates of the Middle College Program, supported by the Workforce Development Board of South-Central Wisconsin. All apprentices come from underrepresented backgrounds and are paid while receiving instruction, as well as having the cost of instruction fully supported by their respective employers or programs.



To date, all 20 apprentices have successfully completed nine months of the 12-month program, started clinical rotations in April 2019 and are slated to sit for either the CCMA or RMA board examination and move into open MA positions in November 2019. On September 4, 2019, MA Cohort No. 2, consisting of 41 apprentices, began classroom instruction at UW Health.

Since the launch and continued success of the MA Program, UW Health has continued to invest in the creation of new apprenticeship programs, with a Maintenance Technician Apprenticeship program that began in August 2019 and a Nursing Assistant Apprenticeship program slated to launch in early November 2019. Other apprenticeship programs currently in the design phase include Phlebotomy, Revenue Cycle and Appointment Center.

A diverse, multi-generational workforce that “ages well” is essential to serving the wide array of communities that make up the great state of Wisconsin. Educators and employers must think about how to recruit, develop and retain workers from all generations: from baby boomers, who are reaching the traditional retirement age of 65 at a staggering rate of 10,000 per day, to millennials, who surpassed baby boomers as the largest segment of the workforce in 2017, to generation Z – just starting to finish high school and choose career paths. (15)

The silver tsunami hits the nursing workforce

The nursing workforce is currently experiencing a wave of retiring nurses from the baby-boom generation. Beginning in the early 1970s, career-oriented and largely female baby boomers joined the nursing profession in unprecedented numbers as demand and access increased with the introduction of the Medicare and Medicaid programs. By 1990, registered nurses from the baby-boom generation numbered nearly one million and comprised about two-thirds of the nation’s RN workforce. As these RNs aged over the next two decades, they accumulated substantial knowledge and clinical experience. (16)

The number of boomer RNs peaked at 1.26 million in 2008. This number has declined as the baby-boomer RN cohort began retiring in large numbers over the past decade. Since 2012, roughly 60,000 RNs have exited the workforce each year, and by 2020 more than 70,000 RNs will be retiring annually. The baby-boom RN group will be at roughly half their 2008 peak by the end of the decade with only 660,000 left from a workforce that was 1.25 million strong. (16)

The oldest RNs from the baby-boom generation will be 84 years old in 2020, the youngest will be 56, so the impact of the “silver tsunami” (as the surge of baby boomer retirements has been referred to), will be felt for the next decade or more.

The retirement of one million RNs from the nursing workforce between now and 2030 means their accumulated years of nursing experience leave with them. Buerhaus, Auerbach and Staiger estimated that the number of experience-years lost from the nursing workforce doubled between 2005 and 2015. (16) This trend will continue to accelerate through the 2020s as the largest groups of baby-boomer RNs reach their mid-to-late 60s. The departure of such a large cohort of experienced RNs from the workforce means that patient care settings and other organizations depending on RNs will face a significant loss of nursing knowledge and expertise.

Number of Years of Experience Lost to the Registered Nurse Workforce, 1979-2030

Source: Health Affairs Blog, May 3, 2017



Note: Years of experience is the product of the number of RNs leaving the workforce and the average years of experience for each. The latter is approximated based on data from the National Sample Survey of Registered Nurses, conducted by the Health Resources and Services Administration, in which RNs were asked how many years they had worked as a registered nurse.

The retirement of so many experienced RNs will occur commensurate with the aging of the country's nearly 80 million baby boomers. Not only will growing numbers of elders increase the demand for RNs, but because three in four people older than age 65 have multiple chronic diseases, the intensity of nursing care required to manage this medically-complicated population will also increase. Aging baby boomers will especially benefit from care provided by the most experienced nurses—the very nurses who are retiring from the workforce.

Relative to novice RNs, experienced RNs are likely to be more adept at identifying complications and unexpected changes in patient conditions sooner and responding appropriately. They are also more likely to know how to work within the organization's culture to "get things done," make clinical assignments that better match the knowledge and skills of nurses with the needs of the patient, serve as role models and mentors, and deal effectively with physicians, administrators and others to ensure the well-being of patients and their families. (16) Retaining experienced professionals in the workforce increases workforce effectiveness.

Attracting and retaining a multi-generational workforce

Health care employers can work with boomers on strategies to keep experienced professionals in the workforce longer. Employers will need to consider decreasing hours and number of workdays, modifying responsibilities, improving the ergonomic environment to minimize injuries, or revising organizational policies and clinical conditions that hinder and dissatisfy health care professionals. Older and more experienced professionals could be offered opportunities to fill new roles in community engagement, patient navigation, or education and prevention.

Health care leaders also need to consider how to recruit, develop, and retain millennials and the post-millennials, "Gen Z," just entering the workforce. Millennials and their younger "Gen Z" counterparts are used to facing sweeping criticism over their commitment to the workplace. Health care, though, has been well-served by this generation. Millennials' attraction to teamwork and social connection has brought increasing numbers to nursing and other health care careers and is believed by many to be a key factor in avoiding a nursing shortage. (17)



Photo courtesy of UW Health

In addition, the post-1980s cohort of employees are more comfortable with technology and more committed to learning new skills as technology and workplaces change. A recent study from human resources firm Inavaro showed that just one in 10 baby boomers feel they are personally responsible for reskilling as technology changes impact their career; three times as many millennials believe the onus is on them, rather than their employer, to develop new skills. Millennials are also more likely to proactively seek out self-development and training opportunities. (17)

Health care needs a workforce that includes seasoned baby boomers who can help millennials navigate health care organizations and millennials who can help boomers negotiate the new skills needed in a rapidly-evolving health care environment.

Help wanted: the health care workforce can't grow fast enough

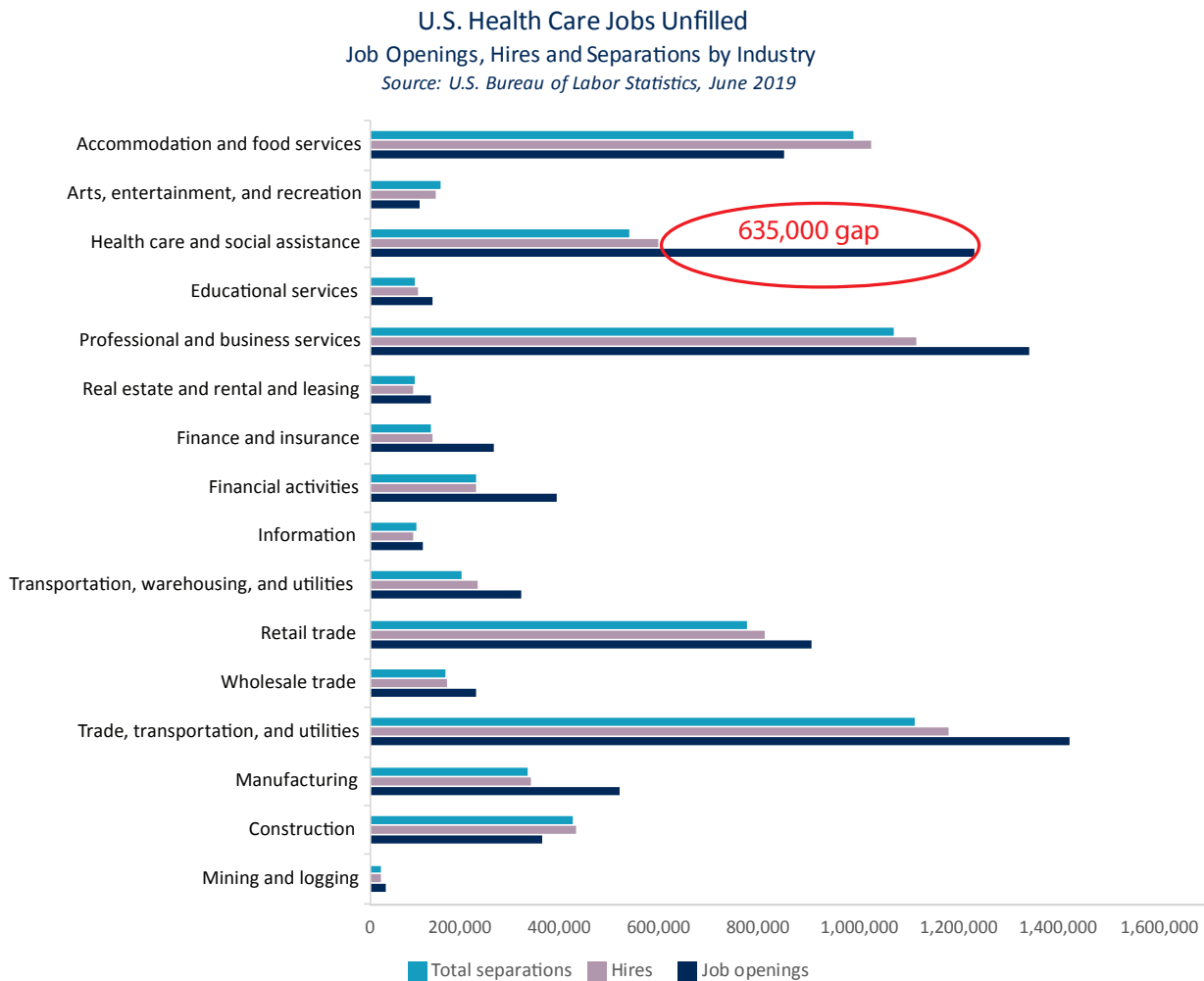
Health care became the U.S.' leading employer in the last quarter of 2017. (18) Health care added 284,000 jobs in 2017 and topped that total with gains of 346,000 jobs in 2018. This is a trend that is not expected to reverse as the impact of the silver tsunami continues.

The U.S. Bureau of Labor Statistics (BLS) estimates the health care workforce must increase by 1.26 million workers annually for the next decade. According to workforce projections from the Health Resources and Services Administration (HRSA) this workforce growth will include an annual addition of 446,300 home health aides, 95,000 nursing assistants, 153,700 lab and medical technologists/technicians, and 29,400 nurse practitioners over the next decade. (19)

This increase in demand coincides with a shrinking labor pool as the baby-boom retirement surge peaks

over the next decade. As health care employers compete in a tight labor market, supply is not keeping up with demand, and the already large gap between hiring and openings is growing even larger. In 2017 the gap between health care job openings was 535,000; 2018 saw a 539,000 gap. In 2019 that gap has grown to 635,000 more job openings than hires. Health care workforce supply can replace existing jobs but is falling behind job growth.

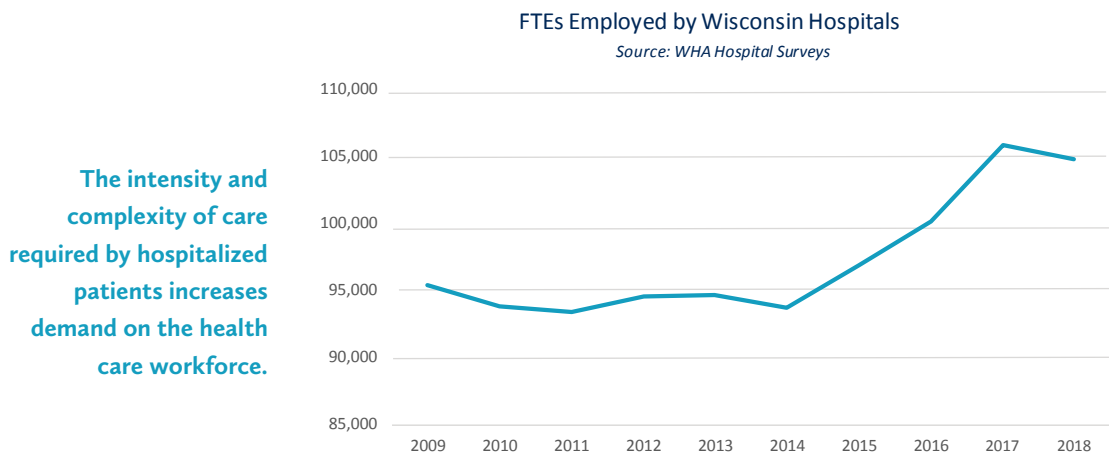
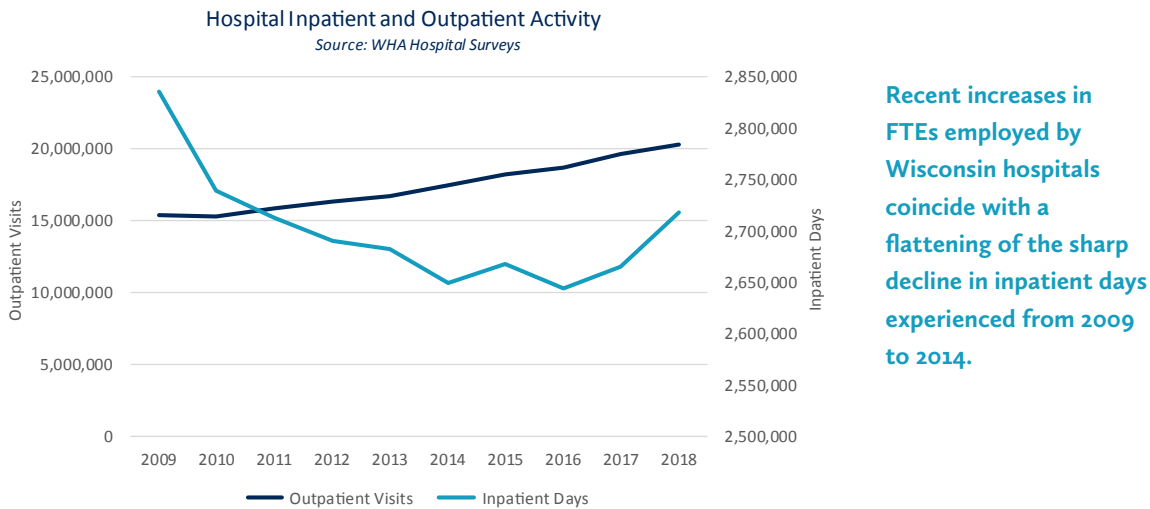
Robust and targeted workforce growth is unlikely to close this gap. The health care industry must also close the gap through best utilization of the available workforce. Health care employers are relying on teams and technology for best utilization. Policymakers must also reduce regulatory burden to reverse an ever-widening job gap.



Wisconsin hospital and health system employment

Jobs data from the WHA Information Center annual survey of Wisconsin hospitals provide insight into how Wisconsin hospitals and health systems are faring in closing the employment gap. As health care's largest employer, hospital trends are reflective of trends elsewhere in the industry.

The full-time equivalent (FTE) count in the annual survey 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 registration, housekeeping and nutrition services. The annual personnel survey collects more detailed information for a group of selected clinical professions.

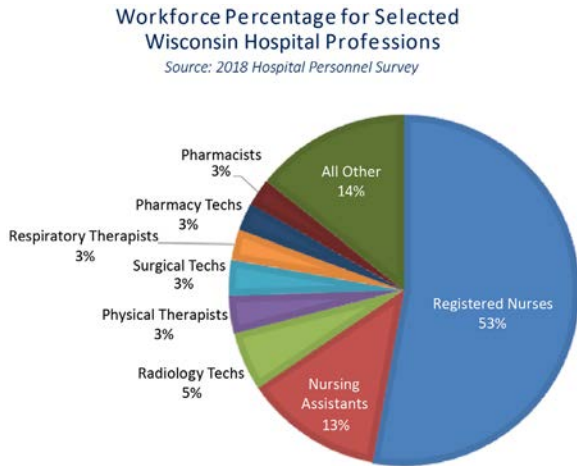


Hospital and health system workforce size is also impacted by services offered to meet the needs of their communities that are not directly related to hospital or clinic care. Other demands include electronic health records bloated by regulatory requirements, billing requirements and public reporting mandates. Reducing these demands can increase the supply of health care professionals available to provide clinical care.

Analysis of jobs growth and gaps in employment helps demonstrate where professions can meet demand, and where further efforts are needed to address or prevent shortages.

APC employment growth tops all others

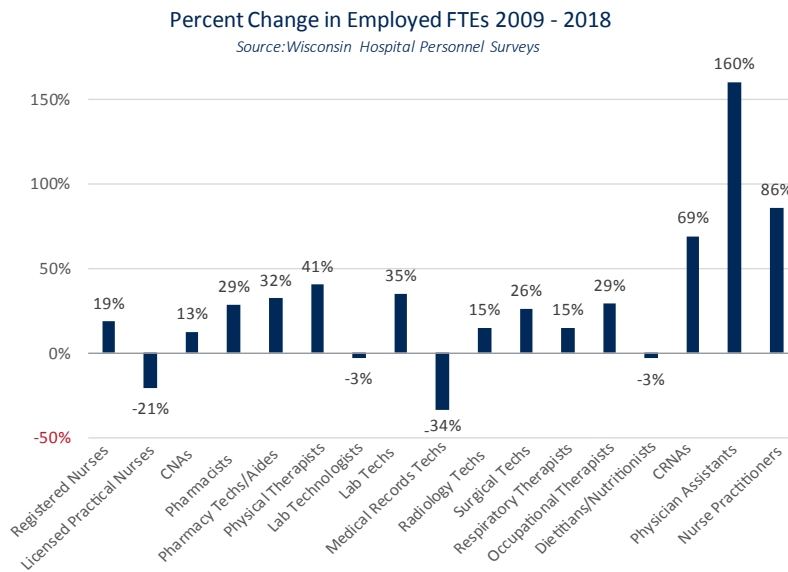
In 2018 Wisconsin hospitals and health systems employed over 100,000 FTEs. Clinical professionals tracked in WHA's annual personnel survey make up 70% of the hospital and health care workforce.



Hospitals and health systems provide employment for more than:

- 37,000 RNs
- 13,000 pharmacy, surgery, radiology and lab techs
- 9,000 nursing assistants
- 6,000 respiratory, physical & occupational therapists
- 2,000 advanced practice clinicians
- 3,000 other clinical health care workers

Employment of advanced practice clinicians (APCs) like certified registered nurse anesthetists (CRNAs), physician assistants (PAs) and nurse practitioners (NPs) has more than doubled since 2009 when the hospital personnel survey began tracking this segment of the workforce.



WHA's 2008 workforce report cited an editorial comment in *Academic Medicine* from Dr. Richard Cooper that commends the APC professions' response to escalating demand. This commendation rings as true today as it did in 2008: "It is hard not to be impressed by the vigor and creativity of both the NP and PA professions in responding to the need for practitioners with advanced skills. Each has raised the standard for training and lifted the bar for credentialing." (20)

In fact, the APC professions are an exception in that supply may be growing faster than demand. Forecasters have considered to what extent the health care system can continue to absorb the rapidly growing supply. Market saturation and displacement of these occupations are deemed the least likely scenarios. Two more likely outcomes are predicted:

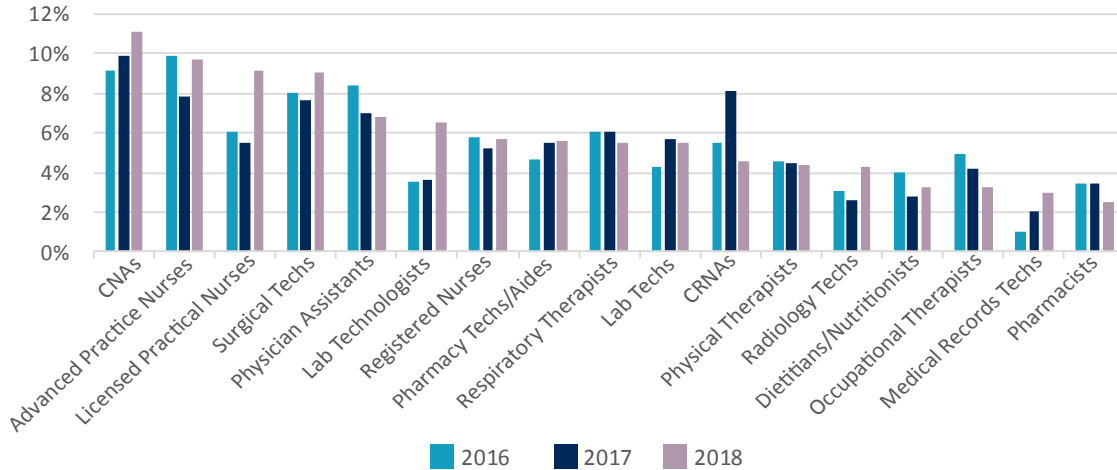
- APCs will continue to slow the growth in demand for physician services by continuing to provide access to care that was historically provided by physicians; and,
- APCs will provide previously unfilled services and expand access to care. (1)

Vacancy rates continue to climb for entry-level positions

As a large segment of health care employment, shortages in hospitals will impact shortages in other sectors of the health care industry. There are also professions that are underrepresented in the hospital data. Nursing homes, for example, employ a far greater percentage of certified nursing assistants (CNAs) than do hospitals, so skilled nursing facilities may be more sensitive to CNA shortages than hospitals.

Vacancy Rates for Selected Wisconsin Hospital Professions

Source: Wisconsin Hospital Personnel Surveys



Hospital reports of continued difficulty in filling entry-level positions are supported by continued increases in entry-level vacancy rates reported in 2018's personnel survey.

Vacancy rates for CNAs returned to double digits in 2018, and these rates are even higher in post-acute care settings. A study conducted by Leading Age, Wisconsin Healthcare Association, Wisconsin Assisted Living Association and Residential Services Association of Wisconsin reported a caregiver vacancy rate of 19% in 2018, a 5% increase since their last study two years prior. (21)

The LPN segment of the workforce almost doubled last year's vacancy rate. Coupled with a decline in employed LPN FTEs this may indicate LPN supply is falling behind demand. Nursing schools are beginning to apply to the Board of Nursing to re-open their LPN programs, substantiating their applications with requests for a program from employers and future students.

Vacancy rates for APCs remain below 2016 rates, which is encouraging considering the rapid growth these professions have experienced. CRNA vacancy rates have returned to pre-2017 levels.

Entry-level and advanced practice positions continue to be of top concern, with CNAs, NPs, PAs and surgical techs dominating the top five vacancy rates for the past five years.

Top 5 Vacancy Rates by Year					
	2014	2015	2016	2017	2018
1	NP	NP	NP	CNA	CNA
2	LPN	PA	CNA	CRNA	NP
3	CNA	CNA	PA	NP	LPN
4	OT	Surg Tech	Surg Tech	Surg Tech	Surg Tech
5	RN	RN	LPN	PA	PA

A Wisconsin health system's story shows how health care organizations can grow their entry-level workforce through participation in a national program and partnerships with community members.

Mercyhealth's Project SEARCH prepares young adults with disabilities for future employment

"I'm going to try not to cry," said Lisa Graves, after her son, Ashton, graduated from Project SEARCH, a one-year, school-to-work program for young adults with disabilities. "I'm proud, very proud of what Ashton's done, what he's accomplished in the past year in his internship at Mercyhealth."

Project SEARCH is a unique, business-led, one-year school-to-work program that takes place entirely in the workplace. The program started in 1996 at Cincinnati Children's Hospital and has since expanded to over 600 sites globally. The selected students work in three internships at Mercyhealth Hospital and Trauma Center-Janesville, supervised by a Mercyhealth manager and program skills trainer, over the course of the year in combination with classroom instruction, goal setting, career exploration, and hands-on training through worksite rotations. Each student works with a team that includes their family, an instructor, a department mentor, vocational rehabilitation counselor and skills trainers to create their employment goal and support the student during their transition from school to work.



"Mercyhealth was excited to be the first local health care organization in Janesville to spearhead Project SEARCH as a host site," said Javon R. Bea, president/CEO of Mercyhealth. "In fact, our Project SEARCH program in Rockford has proven its success for its first class of 11 students, placing eight in permanent jobs after graduation. We are thankful for our partnering local organizations and schools to provide workplace training for the students with disabilities through this program."

Project SEARCH at Mercyhealth is made possible by its school district partners including Beloit, Beloit Turner, Brodhead, Clinton Community, Delavan-Darien, Edgerton, Janesville, Milton and Parkview. Other important partners include Aptiv, Aging and Disability Resource Center, CESA2, Inclusa, Inc., My Choice Family Care, the Wisconsin Department of Workforce Development's Division of Vocational Rehabilitation, TMG Wisconsin, Wisconsin Statewide Parent-Educator Initiative and the Wisconsin Department of Health Services.

Across Wisconsin and Janesville specifically, filling entry-level positions with a high-quality, sustainable workforce is always a challenge. Project SEARCH at Mercyhealth has been a driving force in helping to bridge that gap for years to come. In fact, current national hiring rates are 74.9%; Mercyhealth's program was 80%, hiring three interns by graduation.

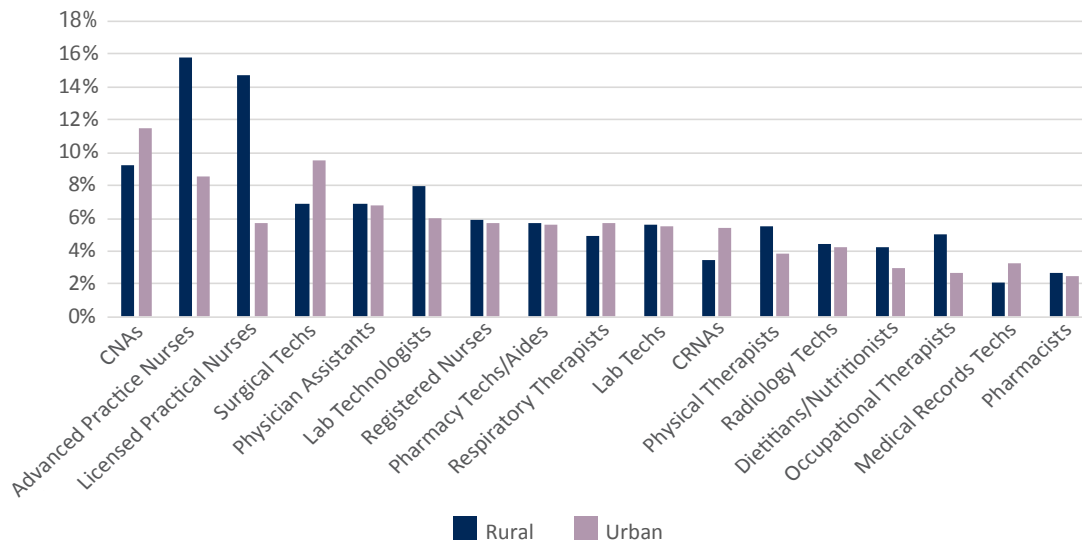
Ashton, 18, works full time at Mercyhealth Hospital and Trauma Center-Janesville in the environmental services department. Ashton remembers when he was offered the job. His first call was to mom. "It was pretty exciting," he said. "I just said, 'Mom, they called, they want me to work and I got the job!' I made my mom really proud."

Workforce growth must reflect local needs

Rates of job openings vary between urban and rural settings. Personnel survey data shows higher CNA and surgical tech vacancy rates in urban settings and higher APRN and LPN vacancy rates in rural settings, perhaps reflective of greater reliance on entry-level and advanced practice nurses in rural settings and more difficulty retaining entry-level associates in urban settings.

Vacancy Rates for Selected Wisconsin Hospital Professions Rural vs. Urban

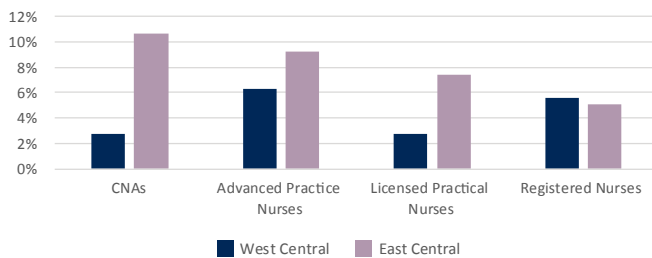
Source: 2018 WHA Hospital Personnel Survey



Vacancy rates can vary widely by region, as demonstrated by a comparison of vacancy rates of WHA regions in the western and eastern areas of the state.

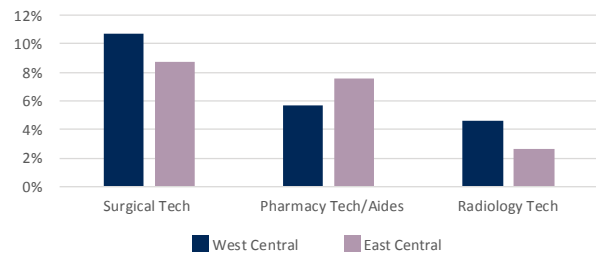
Vacancy Rates for Nursing Pathway Professions West Central and East Central Regions

Source: 2018 WHA Hospital Personnel Survey



Vacancy Rates for Tech Professions West Central and East Central Regions

Source: 2018 WHA Hospital Personnel Survey



Across the nursing career pathway in the central part of Wisconsin, vacancy rates are lower in the western side of the state, while East Central Wisconsin fares better in tech professions.

Statewide trends can help identify statewide priorities, but health care employers and educators also need to assess information about their local workforce to ensure they are taking the right actions to tailor their workforce to their community's need.

Flambeau Hospital's story demonstrates that workforce development begins with an understanding of the community served in order to best support that community, including the workforce that resides there.

Flambeau Hospital: building and supporting a community workforce to ensure we deliver top-quality care

At Flambeau Hospital in Park Falls, workforce development begins with an investment in the surrounding community. In any arena, the best employees arrive at work ready to perform, focused on their task. As health care professionals increasingly understand that a majority of personal health outcomes stem from economic factors, the environment and health behaviors, it follows that addressing employee socio-emotional needs reduces barriers to peak production. While a hospital cannot address all these issues singlehandedly, as an economic engine in the community the hospital can champion initiatives that make a difference, supporting the general workforce toward the ultimate goal of delivering top-quality health care.

For Flambeau Hospital and its affiliates, Ascension Wisconsin and Marshfield Clinic Health System, one key partner in this endeavor is Price County Public Health. Every three years these entities collaboratively conduct a community health needs assessment, pulling together shareholders from across their service area to offer insight on the localized successes and roadblocks of community health. The third and latest assessment occurred in fall 2018 and outlines three important considerations: mental health, alcohol and other drug abuse, and chronic disease. Founded in this analysis of health gaps, shareholders develop a second document that describes a strategic plan for change. This community health improvement plan coordinates the efforts of many partners, pairing scientifically-proven strategies with local health needs and attributing leadership responsibilities to each of the entities involved.



In Price County these efforts result in myriad successes that support employees. All examples affect community quality of life and include a vibrant farmer's market, increased exercise options for an aging population, an effort to reduce the number of prescription medications available in the community for possible misuse or abuse, and an investment in public transportation. Further benefits include an annual Music in the Park program, intergenerational technology classes, and mental health resiliency and health careers programs for high school students.

According to Flambeau Hospital's Chief Administrative Officer, Jim Braun, "When employees enjoy a safe community, enhanced with opportunities to know their neighbors through programs that nourish their mind, body and soul, they intrinsically deliver the quality care we expect."

How to Best Utilize Wisconsin's Health Care Workforce

Shrinking margins and financial pressures, growing regulatory requirements and rapid major change like the almost total conversion from paper to electronic records in less than a decade must be overcome if a shrinking workforce is going to keep up with growing demand.

Wisconsin's hospitals and health systems envision a workforce of highly skilled professionals serving patients as coordinated teams working across the continuum of care to the top of their training and experience supported by effective technology.

Needed: teams communicating, coordinating and operating at top skill

The continued shift to outpatient care creates the need for even better coordination among settings. Providers are faced with not only increased complexity, but also growing numbers of patients assigned to each provider amid an environment of ever-growing clinical recommendations for best practice care to meet. (19) This has led to the building of primary care teams that distribute the responsibility for patient care among an interdisciplinary team.

Teams operate in traditional and new settings of care

Patients and their families are also navigating an increasingly complex health care environment and must receive support to safely move between multiple settings, such as ambulatory surgery centers, outpatient infusion centers, primary care providers, specialty providers and home health. Patients who otherwise may not seek care are even venturing into retail clinics or seeking care via their smart device. (1)

The need for care coordination has created new models and roles in health care, including patient-centered medical homes, patient navigators and community health workers. Breaking down silos of care to take advantage of opportunities across the care continuum 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, and in rural facilities, where staff resources are limited. (22) Without the ability to make this up-front investment, siloed care will continue to create barriers for patients and providers, especially those in underserved areas.

Team-based care at top of skill

As the number of providers shrinks and the needs of an aging population increase, the volume of patients each provider is assigned grows. Key to creating a model that enhances, not burdens, patients and the workforce is that all team members perform at the top of their skill level. Tasks historically performed by primary care clinicians are now being performed by APCs. Entry-level team members safely and effectively deliver services delegated to them by the primary care provider – services like blood draws or scheduling necessary tests through an order algorithm.

Current rules can limit providers, like APCs, from delegating to other professionals or providing care for which their license, education, training and experience has prepared them. Certification and training requirements can prohibit individuals from seeking caregiver opportunities. State laws and agency rules must facilitate entry into health care professions and must be modernized to reflect the current practice and capabilities of health care teams.

Teams, top-of-license and technology are essential strategies to support a workforce that can't grow fast enough to meet demand. Hospitals in the eastern part of the state are leveraging all three to collaborate and improve stroke care for their region.

HSHS St. Nicholas and St. Clare: team training to improve stroke response

Thanks to a grant received from the Wisconsin Hospital Association, stroke simulations were held August 13, 2019 in the simulation labs at Bellin College in Green Bay.

Teams from HSHS St. Nicholas Hospital in Sheboygan and HSHS St. Clare Memorial Hospital in Oconto Falls provided multidisciplinary participation in these sessions. Representation included physicians, CT imaging technicians as well as nursing. In addition, two of HSHS-Eastern Wisconsin Division clinical educators shared in the experience.



Three different stroke scenarios were presented to the teams with mock patients exhibiting various stroke symptoms and timing. Each team worked through their stroke protocol, including completion of NIH stroke scales, IV access, hanging medications, utilizing tele-neurology technology and staging a patient in the ED transferring to radiology for a CT scan.

Primary takeaways included strategies to improve communication among disciplines – having open dialog and safe discussion as needed; priorities regarding recognition of symptoms, especially timely blood pressure management; initiating use of tele-neurology, and timing of each item in stroke treatment protocol – such as when imaging should occur.

Next steps include taking these findings to plan for mock stroke alerts at each of the HSHS-Eastern Wisconsin Division hospitals in upcoming months.

Needed: technology molded to patient need and clinical workflows, not regulatory demands

Technology is an important tool. It can help teams coordinate complex patient care and even allow patients to monitor and manage the complexity of their own care. Technology though, especially electronic health records, is being hindered by a growing burden of regulatory requirements.

Electronic health records demand more work from the workforce

The switch from paper to electronic health records has left hospitals, health systems and clinicians, as Nirav Shah, chief operating officer for clinical operations at Kaiser Permanente Southern California puts it, “desperately in need of technology and solutions that can lower the cost of great care, that can improve quality, and that can also decrease the burden on clinicians.” (23)

Electronic health records (EHRs) and billing and data submission requirements have had a profound impact on the workflow of health professionals who are, as a 2017 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.” (24)

A 2018 study published in *Family Medicine* tracked components of patient visits with their primary care physicians and found that family physicians in direct ambulatory patient care spent more time working in the EHR than they spent in face-to-face time with their patients. This study noted, “the majority of family physicians worked through lunch, stayed late at clinic, or took their work home to complete the day’s EHR work.” (25)

Contrast this with a recent study in the UK, where the face-to-face time general practitioners spent with patients was three times as much as EHR time, and where the entire UK visit time was less than the time their U.S. counterparts spend in the EHR. (25)



Pre-EHR era time studies done by the Centers for Medicare & Medicaid Services (CMS) with the introduction of Evaluation and Management (E&M) rules provide another comparison. In the CMS studies, non-face time was estimated to be 29% of the total visit time for primary care E&M visits. The 2018 study above found non-face time to nearly double at 54% of the total visit time. (24) CMS still bases the Resource-Based Relative Value Units (RVU) Scale used to weight reimbursement on data nearly two decades old and conducted at a time when there was less work performed between and outside of visits. Payment methodologies have not kept up with the demands of EHRs.

Acknowledging the demands of electronic health records and recalibrating reimbursement is a short-term and unsustainable solution. Long-term solutions must be identified and implemented. EHR developers are already working on one solution by creating interfaces to make information more accessible

and easier to share. Policymakers must also help by reversing the trend of ever-growing regulation that adds an unnecessary burden on the health care workforce.

Regulatory requirements add to EHR burden

Every day health care professionals, health systems, hospitals and post-acute care providers confront the daunting task of complying with a growing number of regulations. Regulation is intended to ensure that patients receive safe, high-quality care. Not all the rules improve care, and all of them require time and action by our health care workforce. Patients have less time with their caregivers and must navigate unnecessary hurdles to receive care amid a growing regulatory morass.

Regulatory compliance is a major drain on the health care workforce. An average size hospital dedicates 59

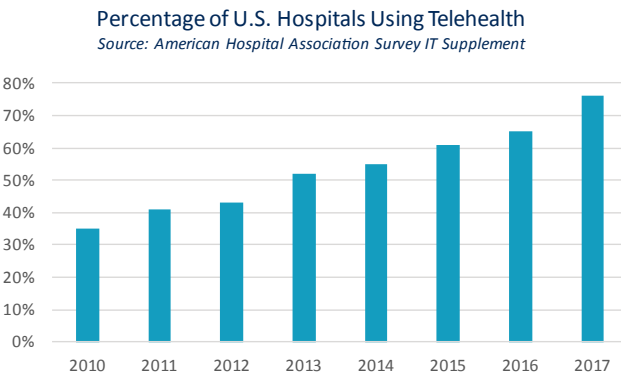
FTEs to regulatory compliance, and 1 in 4 of those engaged in regulatory compliance is a doctor or nurse, making these clinicians unavailable to patients. (26) Perhaps the promise of EHRs to make data more accessible and of technology to lighten the load has made it seem even more

acceptable to add regulatory requirements, but the reality is that unnecessary regulation carries a time commitment our health care workforce cannot afford.

Health care professionals and health care organizations must be active participants in discussions of changes needed to fulfill the promise of an EHR molded to the needs of the patient and the clinical work, not an industry workforce reacting to the needs of health records and required reporting. Policymakers, proponents of care improvement initiatives and clinicians themselves must not only ensure that the benefit outweighs the additional work required whenever additional regulations or documentation requirements are contemplated, they must also actively seek to reduce regulatory burden on health care teams.

Telemedicine works to extend access

Telemedicine is a technology that is meeting the promise of extending access to care where the physical presence of a health care professional is not possible or necessary. Telemedicine—the use of technologies to remotely diagnose, monitor and treat patients—is being widely implemented across Wisconsin and the nation.



One of the most frequent reasons hospitals use telehealth is to extend access to specialty care. Other reasons for embracing telehealth are efficient post-surgery follow-up, lower hospital readmission rates, better medication adherence and positive care outcomes. By increasing access points and redistributing expertise where it's needed, telehealth can address disparities and improve health outcomes from pediatric health services to senior care.

Telemedicine has proven ability to extend access, but its use has been hindered by lagging policy. In Wisconsin's 2019-21 biennial budget, Gov. Tony Evers, the Joint Finance Committee and Wisconsin's Legislature broke down some barriers to telehealth by passing WHA-proposed health care policy allowing for remote patient monitoring and provider-to-provider consultation.

Particularly in rural areas, telemedicine is emerging as a way to improve access to mental health professionals and to streamline county emergency detention responsibilities. A new collaboration among county human services departments and hospitals in Polk, St. Croix and Pierce counties in western Wisconsin utilizes telemedicine to standardize and streamline emergency detention assessments.

This opens the door to more effective use of telemedicine, but there is more work to be done. Ensuring that reimbursement recognizes the value of telemedicine, changing site-of-care restrictions to allow patients to receive telehealth services outside of hospitals and clinics and taking away unnecessary requirements such as separate certification requirements for telehealth mental health services will allow telehealth to be utilized to full potential.

Broadband access is crucial

Continued expansion of broadband access is important to assuring access through telemedicine and telehealth to underserved areas. Gov. 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 state's 2017-19 biennial budget provided \$11 million more for the program over the next several years. In July 2019 Gov. Evers signed the state's current biennial budget and increased expenditure authority for the commission's broadband expansion grant program to \$44 million in the biennium.

Policymakers should give funding priority to underserved areas where technology can be used to maximize the available health care workforce, and hospitals and health systems should work with their communities to access the grant funds.

St. Croix Valley Behavioral Health Services for Health Partners Emergency Dept. Behavioral Health Tele-Video Program: A public-private collaboration to address crisis response across three counties and seven hospitals



Gov. Evers looks in on one of St. Croix Valley Behavioral Health's tele-video workers, Jeremy Davis, in the hub office at Hudson Hospital.

Wisconsin state law (Chapter 51) dictates that when assessing and determining the need for 72-hour hold or involuntary inpatient admission to a secure psychiatric hospital, law enforcement and local county Department of Human Services (DHS) staff (or designee) must authorize each case. These practices are all external to hospital services. The Emergency Department Behavioral Health Tele-Video Program (EDBHTV Program) was developed as a public-private collaboration among three counties' mental health crisis assessment staff and six Wisconsin hospitals to utilize telehealth technology in providing a comprehensive and unified behavioral health

assessment and referral service in hospital emergency departments.

The EDBHTV Program provides two distinct services simultaneously: 1) a clinical intervention to assess, diagnose, make treatment recommendations to the ED clinical team, assist with discharge recommendations and help coordinate follow-up services, and 2) completion of a crisis assessment to determine if an inpatient admission for psychiatric placement is appropriate; and when an involuntary placement is needed, to act as a representative of the county human services to approve an "emergency detention" along with law enforcement, in accordance with the pertaining laws.

The EDBHTV Program clinical assessment includes a standardized suicide risk tool, provides a full DSM-V diagnosis, a full psych-social history including collateral contact information, and written and signed safety plans when inpatient hospitalization is not warranted.

This program is bringing skilled and licensed behavioral health professionals to each patient in the emergency department at the time of crisis. Other benefits include significantly impacting hospital emergency department overall services by addressing mental health presentations which otherwise consume vast amounts of time and resources of hospital emergency department teams.

The EDBHTV Program also standardizes and brings consistency across this region of western Wisconsin which previously had various differing approaches at each county DHS, each law enforcement jurisdiction and each hospital. By partnering with an existing crisis response hub, a portal system is used to track and communicate crisis response information among all entities for each case.

This effort required unprecedented public-private collaboration among the local hospitals, county health services, the crisis portal hub and the Wisconsin state DHS. The to-do list was long – formal contracts, licensing certification, clinical team recruitment, credentialing and training, ED site staff training, EHR builds, billing model coordination, workflow designs, grant and other fundraising efforts, public and private board approvals and community awareness campaigns – but the benefits far outweighed the effort.

EDBHTV Hospitals

- Amery Hospital & Clinic (HealthPartners)
- Hudson Hospital and Clinics (HealthPartners)
- Osceola Medical Center
- River Falls Area Hospital (Allina)
- St. Croix Regional Medical Center
- Western Wisconsin Health - Baldwin

Needed: access to care in the best setting

Hospitals and hospital emergency rooms are open for business 24/7/365 and provide an important safety net for Wisconsin's citizens. This safety net is unnecessarily stretched when lack of access to care forces patients to seek care where they know it is always available. For example, lack of access to dental and post-hospitalization care creates avoidable hospital days and unnecessary emergency department visits.

Dental issues unresolved as primary care and emergency providers fill the gap

Lack of access to dental care forces patients in crisis to visit primary care and emergency providers who can provide treatment of infections and pain relief but cannot resolve an underlying dental issue. Data from the WHA Information Center show that in 2018 there were 29,614 visits to hospital emergency departments (EDs) for patients with a primary diagnosis of non-traumatic dental conditions. Over 13,000 of these dental-related ED visits were paid for by Medicaid. Low Medicaid reimbursement necessitates health care cost shifting to private payers – the “hidden health care tax.” The large volume of dental patients seeking care in EDs not only increases the hidden health care tax, it strains the health care workforce.

Medicaid patients may be forced into hospital EDs because they cannot access regular dental care. In 2014, only 37% of dentists in Wisconsin were Medicaid certified. Of those who were certified, only 47% were considered active participants in the Medicaid program (serving 26 or more Medicaid members).

One strategy to increase dental access is to enable other dental professionals to provide basic dental care in more settings. In 2018, WHA-supported legislation was passed to allow dental hygienists to practice in a number of additional settings, including medical clinics and nursing homes.

Another public policy solution to create more access to dental services has been proposed in the 2019-2020 legislative session. Bills have been introduced to allow licensure of dental therapists in the state of Wisconsin. Dental therapists are dental providers that can provide preventive and some restorative care

under a collaborative management agreement with a dentist. Depending on the terms of the management agreement, dental therapists would be able to travel to dental shortage areas and provide care to underserved populations, in addition to practicing within dental offices.

Hospital stays lengthen when post-acute care can't be found

Many Wisconsin hospital patients, especially those with complex medical needs, experience excessively long inpatient stays because of a lack of access to post-acute care. Many of these “avoidable days” – a hospital day in which the patient is medically stable for discharge but there is a barrier that prolongs the patient's hospital stay – are out of the hospital's control if post-acute facilities can't or won't care for these patients. Hospitals must continue to provide medically necessary care because patients are not medically stable to go home without support. Hospitals are not reimbursed for these avoidable days, the beds occupied by these patients cannot be used for patients who need acute care, and a greater number of health care professionals are required to provide continued care in the hospital setting.

Post-acute care beds are unavailable for many reasons: nursing homes may not have sufficient workforce to keep all beds open or lack the needed expertise to admit complex patients. In 2018, WHA surveyed its members to determine the scope of this problem. Based on the responses received, the WHA Information Center estimated that patients spent 38,000 “avoidable days” at Wisconsin hospitals in 2017.

Addressing caregiver shortages, allowing hospitals to create transitional care units able to provide complex care, or allocating a part of nursing home funding increases for a “complex care rate” – all have the potential of creating more access to post-acute care.

Ensuring access to behavioral health, dental health and post-acute care will help Wisconsin citizens obtain the right care in the right setting and will allow for best utilization of the health care workforce.

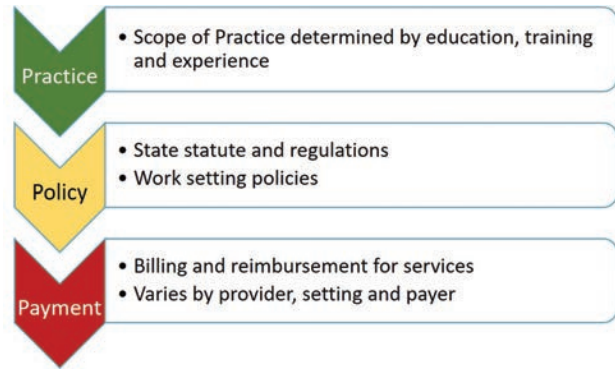
WHA's 3 Ps

The Wisconsin Hospital Association's 3Ps framework, aligning practice, policy and payment, create 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 are allowed to bill for their services. The first two Ps apply to all licensed health care occupations and professions. The second P, policy, applies to all health care occupations.

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 administrative rule that defines and regulates the practice of advanced practice nurses.



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 hospitals, health systems and other health care employers.

Payment

The third P is payment, and in the 3P 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, since surgeons and advance practice clinicians can bill for these services, and surgical assistants cannot.

Good health care policy supports high-quality health care. As health care organization 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.

Good Health Care Policy - WHA Health Care Workforce Recommendations

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

Invest in targeted workforce recruitment and retention

- Provide clear pathways to jobs and careers offering increased wages and responsibility for in-demand professions and ensure that reimbursement keeps pace with the necessary investment.
- Utilize existing data and information from educators, employers, professional organizations and payers to tailor workforce supply to health care demand.

Leverage team-based integrated care delivery models

- Continue to advance innovative solutions that make the best and most productive use of talent, training, and competency.
- Identify Practice, Policy and Payment reforms that will advance team-based, longitudinally-coordinated care.
- Expand interprofessional education to ensure the future and current workforce is prepared to work within new health care models with more flexible roles and with team members who have varying skills and competencies.

Use technology wisely

- Improve patient access to high-quality, high-value health care while overcoming workforce gaps through more effective and efficient use of technologies like electronic health records and telemedicine.
- Identify and resolve burdensome regulations and documentation requirements that drain the health care workforce and create barriers to recruitment and retention.

Wisconsin's residents will always require a corps of well-trained physicians, nurses and allied health professionals. The work they do, where they perform it and with whom, and the technology employed is rapidly changing and must be supported by tailored workforce growth, wise use of technology, and reduction in regulatory burden if Wisconsin is to sustain high-quality, high-value health care.

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