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WISCONSIN 2018 HEALTH CARE WORKFORCE REPORT

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About This Report

As chief executive officer of a Wisconsin hospital and chair of the Wisconsin Hospital Association (WHA) Council on Workforce Development, I am often asked about the health care workforce issues that challenge Wisconsin's hospitals and health systems. 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 of electronic health records and technology, and as new models of care evolve.



Debra Rudquist

WHA has long been recognized as a leader in health care workforce analysis and advocacy. This 2018 Wisconsin Health Care Workforce Report is their 15th 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—to offer recommendations for action.

Health care leaders, in rural and urban settings, in large systems and independent hospitals and clinics are pushing for change. We know that status quo team roles and information technologies are not going to be adequate to meet the challenges we are facing. We must analyze workforce supply and demand to make 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 we must also better leverage the promise of electronic health records and technology, including telemedicine, to support both patients and providers. Health care experts and technology and business experts must join forces to accomplish truly wise use of technology to support and enhance our care.

High-quality care depends on a high-quality workforce. The challenges to the continuation of the high-quality, high-value health care that Wisconsin is nationally known for are great. However, I am confident my fellow health care leaders, along with dedicated elected officials and Wisconsin's fine educational institutions remain committed to preparing the workforce of tomorrow to uphold Wisconsin's reputation for high-quality health care.



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

Executive Summary

HEALTH CARE IS EXPERIENCING UNPRECEDENTED CHANGES AND PERHAPS THE PERFECT PROVERBIAL WORKFORCE STORM

By 2030, Wisconsin's population age 65 and older will double (1), creating an increasing demand for health care now and in the future. As our citizens age, so does the state's health care workforce, leading to future retirements and vacancies that must be filled to meet additional pressures on the health care system.

The labor market is tight with record low unemployment, and hospitals are grappling with implications for how, where, and by whom work gets done. The nature and pace of change have risen to the level of disruption. While disruption is a threat and a challenge, this rapid change also presents an immense opportunity to alleviate workforce shortages and professional burnout if health care leaders can be active participants—even leaders—of the disruption.

The Wisconsin Hospital Association's **2018 Wisconsin Health Care Workforce Report** draws on state and national health care data, as well as the incredible expertise and experience of WHA's members, to provide decision makers with data, analysis, and recommendations to promote safe and responsible change and ensure Wisconsin's health care workforce keeps pace with the demands for medical services in a rapidly shifting environment—now and in the years to come.

AN AGING POPULATION INCREASES DEMAND

By 2030, every county in Wisconsin will have more than 20% of their population over the age of 60 (2). An aging population requires more health care and more physician care, especially primary care (3).

By 2030, every county in Wisconsin will have more than 20% of their population over the age of 60.

The cost of chronic conditions is staggering, both to individuals and to our health care system. Management of chronic conditions requires care coordination and support for patients and caregivers—and is essential to improving quality of life and reducing the cost of health care in Wisconsin and nationally.

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 (3).

Wisconsin's health care workforce is aging right along with Wisconsin's population, especially in rural settings. WHA Information Center data from 2017's annual hospital survey shows the percentage of all employees 55 years and older has decreased slightly from 20% to 17%, perhaps due to rapid growth in employment and the churn of rapid turnover in entry-level positions. Wisconsin's rural health care workforce, though, is older in all segments of the workforce. This makes rural settings more vulnerable to shortages, especially in professions with a long pathway to practice, like advanced practice providers, pharmacists, physical therapists and physicians.

WHA'S HEALTH CARE CEO SURVEY

Workforce shortages top CEO concerns

At the end of 2017, health care executives across the state completed a survey for WHA. Executives identified workforce shortages as one of the top three biggest threats to continuing to provide high-quality health care. Physician shortages are a big concern. Only 8% of Wisconsin CEOs surveyed believe Wisconsin will have enough physicians in ten years to meet the health care demands of an aging population. State and national data support our CEO's concerns about workforce shortages:

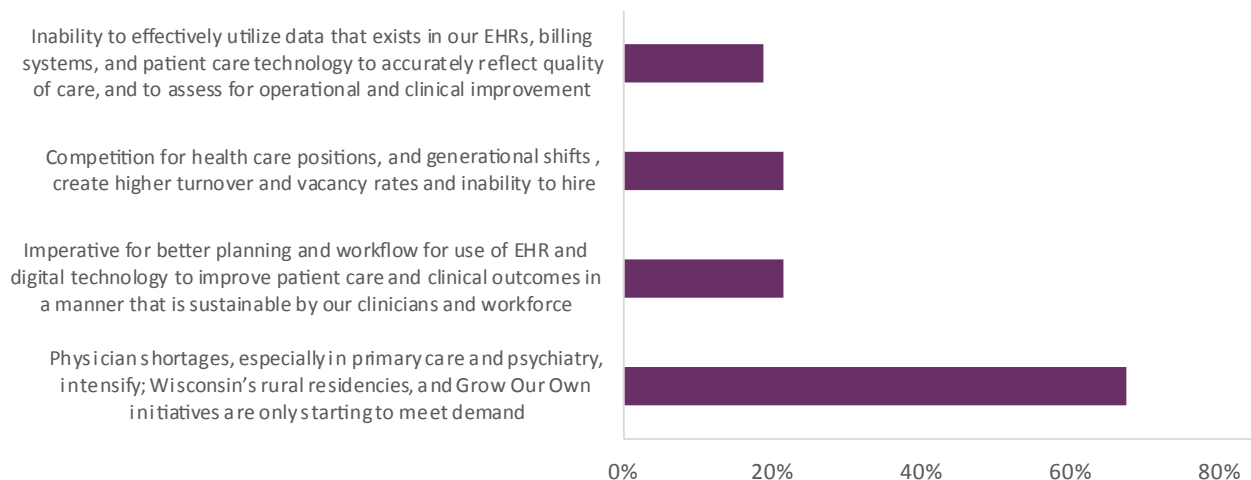
- Vacancy rates remain high for certified nursing assistants and advanced practice providers; and,
- Wisconsin's primary care physician workforce has grown only 7% in the last decade (4).

Only 8% of Wisconsin hospital CEOs believe Wisconsin will have enough physicians in ten years to meet the health care demands of an aging population.

CEOs identify top challenges

Greater than two-thirds of CEOs identified physician shortages as a top challenge in the next 3-5 years. Competition for health care positions and generational shifts; inability to effectively utilize data from electronic health records, billing, and patient monitoring systems; and the imperative for better planning and workflows to utilize technology were each identified by about a fifth of leaders as a top challenge.

CEOs Identify Top Challenges



Source: WHA 2017 CEO Survey

Career Pathways create opportunity but also bring high turnover and vacancy rates

“Entry level employee” was the role most health care leaders ranked as both their top recruitment challenge and their top retention challenge in WHA’s CEO survey. WHA Information Center data from 2017’s annual hospital survey supports WHA CEO survey findings. The certified nursing assistant vacancy rate remains the highest vacancy rate in the 2017 survey, with advanced practice providers (APPs) not far behind.

The opportunity a health care career path offers incumbent workers also creates additional pressure on the health care workforce: a high rate of turnover in entry-level positions as nursing assistants climb career ladders to nursing and advanced practice.

High turnover, high vacancy rates and increased demand increase the expense employers bear to maintain the workforce needed to meet Wisconsin’s health care needs.

THE WORRISOME EQUATION

Physician shortages, an aging population and workforce, and increased vacancy rates and turnover strain the health care workforce. Add in record low unemployment, stagnant labor force participation and lagging reimbursement, and health care in Wisconsin is faced with a worrisome equation.

This worrisome equation creates an urgency for solutions so access to high-quality health care for Wisconsin’s citizens is not jeopardized. Policymakers, health care leaders, health care educators, and other key stakeholders can address this worrisome equation by tackling key issues identified by health care experts and workforce data.

ISSUES IDENTIFIED AND SOLUTIONS RECOMMENDED

Wisconsin's physician supply needs to grow faster

In the second decade of the 21st century, Wisconsin has embarked on a journey to increase medical school enrollments to grow more physicians. Wisconsin is not alone in this endeavor, and we learned a lesson from the great state of Texas: increasing medical school enrollment without increasing state graduate medical education (GME) opportunity creates an educated workforce and assembly line of physicians for other states. In-state GME, in-state medical school, and Wisconsin citizenship add up to a powerful equation: a Wisconsin student attending a Wisconsin medical school and completing a Wisconsin GME residency creates an 86% likelihood of staying in Wisconsin to practice (5).

A WHA-crafted public policy solution builds on this 86% equation: matching grants administered by Wisconsin's Department of Health Services (DHS) provide funding for public-private partnerships to create and expand Wisconsin GME residency positions for the physicians Wisconsin most urgently needs: primary care physicians, especially in rural and underserved urban areas.



A GME residency is the vehicle to practice that most physicians pursue after graduating from medical school and obtaining their medical license.

By 2020, Wisconsin will have 133 more Wisconsin physician residents in the pipeline to practice in Wisconsin thanks to the GME matching grant legislation WHA helped pass with bipartisan support in 2013 (6). Primary care residencies take up to five years to complete, so it's too early to fully assess how much the 86% equation will accelerate the growth of Wisconsin's physician workforce. Initial results are encouraging. Wisconsin has improved its state rank from 25th to 18th for the number of GME residency spots compared to medical school enrollments (4).

RECOMMENDATION: Wisconsin policymakers must continue to sustain state funding to support GME creation and expansion.

Good health care policy attracts physicians to Wisconsin

Good health care policy leads to high-quality health care, and nowhere is that more apparent than the impact Wisconsin's positive practice environment has had on Wisconsin's physician supply. Analysis by WHA and by the Wisconsin Council on Medical Education and Workforce (WCMEW) in 2011 and 2016 showed that more physicians were leaving Wisconsin to practice in other states than were entering Wisconsin to practice. In 2018, Wisconsin reversed that trend. Current WCMEW projections show that more physicians will come from other states to practice in Wisconsin than will leave (7).

Physicians are choosing Wisconsin because our peer review protection encourages physicians and organizations to work on improving the quality of health care. Wisconsin's balanced medical liability environment ensures fair compensation and protects patients, physicians, and employers by capping non-economic damages and creating a compensation fund.

RECOMMENDATION: Lawmakers must ensure that Wisconsin's positive practice environment is protected.

Wisconsin is increasingly reliant on advanced practice providers

The demand for primary care created by an aging population and the pressure to support access to high-quality care with an insufficiently supplied physician workforce has led Wisconsin and the nation to increasingly rely on the advanced practice provider (APP) workforce.

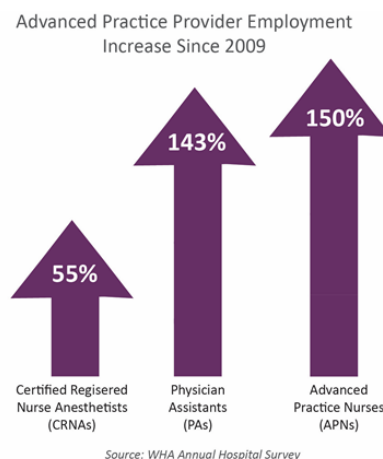
Hospital employment of advanced practice nurses and physician assistants has more than doubled in the last decade.

Hospital employment of advanced practice nurses and physician assistants has more than doubled in the last decade. Such rapid growth in employment could have resulted in severe shortages, but instead, educators, health care organizations providing clinical training sites and advanced practice professionals have risen to the challenge.

Advanced practice nurse and physician assistant positions are still among the top openings in the hospital workforce, but the vacancy rates for both these professions have declined each year since 2014, signaling that APP positions are being filled.

Not only have these professions responded by increasing in number, advanced practice education and training has expanded to new roles across the care continuum.

APPs working at the top of their skill, training, and experience are a vital part of Wisconsin's health care workforce. WHA and key stakeholders have been working with policymakers to break down barriers to top-of-skill practice, for example, by changing from a collaborative agreement to a collaborative relationship for advanced practice nurse prescribers and ensuring that state law makes it clear they have the ability to order services for Medicaid patients without a physician order or signature. Barriers remain and there is more work to be done to advance reforms that leverage all licensed clinicians' education, training, and experience within a team-based, integrated care delivery model of care.



RECOMMENDATION: Hospitals, health systems, and APP professionals must identify barriers to APPs practicing to the full extent of their education, training and skill, and policymakers must break these barriers down.

Entry-level vacancy rates remain high

Competition continues for entry-level workers, creating a worrisome equation for health care employers. Competition increases as workers leave for other industries or entry-level health care positions to climb a health care career pathway. This competition drives up turnover and wages, adding additional cost to health care's highest expense—wages.

Health care career pathways must be filled as Wisconsin's health care demand and employment continues to grow. WHA's Information Center annual hospital survey results show Wisconsin hospital employment has increased by 13% from 2014 to 2017.

Health care career pathways must be filled as Wisconsin's health care demand and employment continues to grow.

In just three short years, 12,477 additional full-time equivalents are employed by Wisconsin hospitals.

To fill this growing demand, health care employers must attract workers from all generations to enter and remain in health care professions. Career pathways have the power to attract entry-level workers who will fill the pipeline for needed professions, such as nurses, advanced practice providers (APPs) and physicians.

In 2017, WHA crafted a policy solution to support career pathways by creating more training opportunities for APPs and allied health professionals in Wisconsin. Building on the 86% equation and the success of GME matching grants to create and expand training opportunities, bipartisan legislation called the Rural Wisconsin Initiative provides \$500,000 per year in matching grants to grow more APP professionals in Wisconsin, as well as \$500,000 per year in matching grants to grow more allied health professionals.

Filling the pipeline for needed professions helps address one side of the worrisome equation. Providing reimbursement models that adjust to wage expenses are also needed to sustain access to needed services and high-quality health care in all of Wisconsin's communities.

RECOMMENDATION: Payers and policymakers must increase reimbursement commensurate with increases in health care's highest expense—wages. Employers and educators must take advantage of the opportunity allied health and advanced practice training grants provide to support career pathways.

Patients and providers must navigate complex care

Patients continue to get more and more of their care in outpatient settings, and patients and providers require information, support and coordination to navigate between different locations of care. Outpatient visits to hospitals and health systems have increased more than 30% in less than 10 years.

Prior to 2014, the intensity of care—as measured by needing hospitalization—was decreasing as outpatient care increased. Since 2014, not only has outpatient care increased, but inpatient days have stopped decreasing; navigating care is not only more complex, it is more intense.

Prior to 2014, the intensity of care—as measured by needing hospitalization—was decreasing as outpatient care increased. Since 2014, not only has outpatient care increased, but inpatient days have stopped decreasing; navigating care is not only more complex, it is more intense. Electronic health records, patient-centered medical homes, care coordinators and patient navigators are all strategies employed to guide patients and providers through this complexity.

Although electronic health records are essential as patients and providers navigate multiple settings of care, they also increase complexity, expense, and workforce requirements. Primary care physicians spend more than half their workday interacting with electronic health records before, during, and after clinic hours (8). Hospitals and health systems look for better technology or additional workers, like scribes, to reduce this burden, but at the same time, must meet increasing demands for data from state and federal agencies.

An average size hospital dedicates 59 full-time employees to regulatory compliance (9). Wisconsin hospitals spent almost \$1.5 billion on health information technology in the last year alone.

RECOMMENDATION: Educators, employers and technology experts must collaborate to develop long-term solutions to break down silos of care and better integrate electronic health records. Policymakers must reduce regulatory burdens, such as redundant or non-essential data entry and submission.

Telemedicine adoption must be supported and accelerated

As provider shortages worsen in many areas of Wisconsin, it is simply impossible to extend the physical presence of a physician. For instance, 55 of 72 Wisconsin counties have a psychiatrist shortage and 15% of Wisconsin's psychiatrists are 65 or older.(10) Psychiatry is a professional pathway that takes 12 years to complete, so many psychiatrists will retire before the supply can be replenished. Telemedicine can safely and efficiently create access to psychiatrists and other specialists and types of care if supported by regulation and reimbursement.

Seventy-two percent (72%) of Wisconsin's hospitals and health systems have implemented one or more forms of telemetry, but find themselves expending more workforce resources due to originating site regulations developed for technologies that have since advanced. Telehealth technology has progressed to be easy enough to be safely accessed for many types of care from homes, schools, community centers or churches, if rules and reimbursement allowed.

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RECOMMENDATION: Payers and policymakers must remove site limits to reflect the current capabilities of technology to support access to care wherever the patient is. Medicaid reimbursement for telemedicine should be treated the same as in-person care.

CONCLUSION

Policymakers, educators and health care leaders must work together to take the right and necessary action to grow and support the workforce necessary to sustain the high-quality high-value health care that Wisconsin has become accustomed to and deserves.

WHA 2018 Health Care Workforce Report

To remain a national leader in health care during change and disruption 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.

This report's data, analysis and recommendations to build an engaged and supported health care workforce for Wisconsin fall into three strategic categories:

- Invest in targeted workforce growth, recruitment, and retention,
- Leverage team-based integrated care delivery models, and
- Use technology wisely.

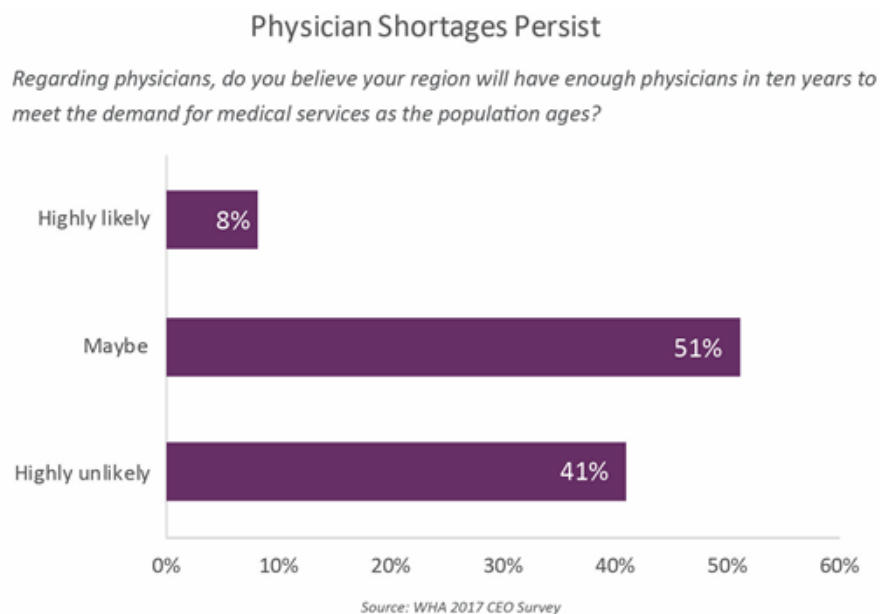
INVEST IN TARGETED GROWTH AND RETENTION

Voices from the field—workforce top concern of health care executives

At the end of 2017, health care executives across the state completed a survey for WHA. Workforce was one of the top three issues executives identified as the biggest threat to continuing to provide high-quality health care.

Executives foresee worsening physician shortage

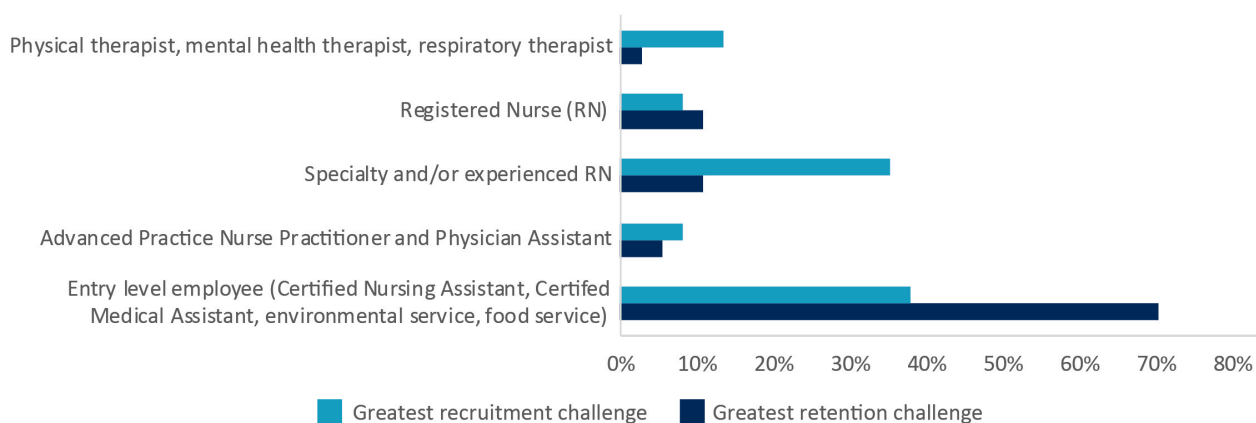
Hospital and health system executives remain concerned about physician supply. Only 8% believe Wisconsin will have enough physicians in 10 years to meet the health care demands of an aging population.



Recruitment and retention challenges

Physician shortages are not the only health care workforce concern health care leaders face. Executives ranked entry-level employees, advanced practice providers, specialty or experienced registered nurses, and rehab and respiratory therapists as the greatest workforce recruitment and retention challenges. 'Entry-level employee' was the role most health care leaders ranked as both their top recruitment challenge and their top retention challenge in WHA's CEO survey.

Greatest Workforce Recruitment and Retention Challenges



Source: WHA 2017 CEO Survey

An aging population requires more health care workers and more physicians

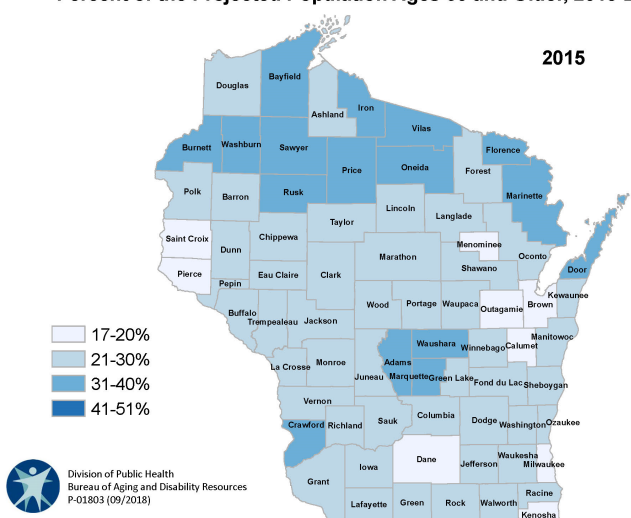
By 2030, every county in Wisconsin will have more than 20% of their population over the age of 60 (2). An aging population requires more physician care, especially primary care. Eighty percent (80%) of older people have at least one chronic condition, and 50% have at least two chronic conditions (3).

In 2015, Wisconsin had nine counties with less than 20% of their population aged 60 and older.

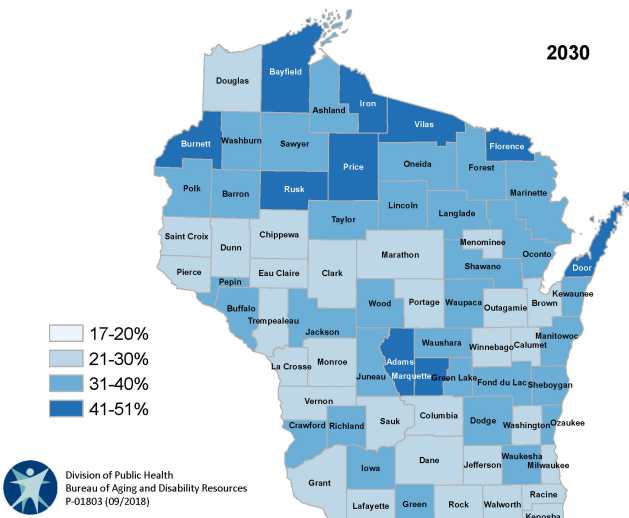
By 2030, every county in Wisconsin is projected to have at least 20% of their population age 60 and older (2).

Percent of the Projected Population Ages 60 and Older, 2015-2040

Percent of the Projected Population Ages 60 and Older, 2015-2040



Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013



Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

100 NEW PHYSICIANS A YEAR NEEDED

Wisconsin physicians are aging right along with Wisconsin's population. Almost 400 physicians per year leave the practice of medicine or reduce their hours in preparation for retirement (7). Wisconsin is faced with a shrinking physician supply as an aging population increases demand for primary care physician's services. In addition, a recent report by the Wisconsin Policy Forum notes 15% of Wisconsin's psychiatrists are age 65 or older, and 55 of 72 Wisconsin counties are designated as psychiatrist shortage areas. Attention must also be paid to Wisconsin's supply of psychiatrists (10).

Historical Background. In 2003, WHA staff began to hear of increasing difficulty recruiting physicians from member hospitals. As noted in the 2004 WHA and Wisconsin Medical Society (WMS) report *Who Will Care for Our Patients*:

"The statewide nature of these reports created a new urgency, and led the WHA Board of Directors to establish a Task Force on Wisconsin's Future Physician Workforce, an advisory group composed of leaders from physician practice groups, WMS, the Wisconsin Academy of Family Physicians, hospitals and health systems, the medical schools in Wisconsin and others." (11)

The report sets Wisconsin on a path to solutions based on Wisconsin's needs. In response to the report, the non-profit, multi-stakeholder organization Wisconsin Council on Medical Education and Workforce (WCMEW) was formed. WCMEW was formed to raise public awareness and convene experts about Wisconsin's physician workforce issues. This group of key stakeholders agreed that one of the first necessary steps was expanding medical school enrollment, particularly for students who will practice primary care in Wisconsin's rural and underserved urban areas (11).

The University of Wisconsin School of Medicine and Public Health (UWSMP) in Madison and the Medical College of Wisconsin (MCW) in Milwaukee are Wisconsin's two medical schools. Both expanded enrollment and implemented programs to encourage students to pursue primary care.

- In 2006, UWSMP formed the Wisconsin Academy of Rural Medicine (WARM) and the Training in Urban Medicine and Public Health (TRIUMPH) programs which increased the number of enrollments by 17%.
- In 2011, MCW created two rural campuses and 50 additional spots targeting rural students with ties to Wisconsin (7).

Making progress with WHA-spearheaded graduate medical education (GME) public policy

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 education and training opportunities. The policy was aimed at producing 100 additional physicians a year for the areas of greatest need: primary care, psychiatry, pediatrics, and general surgery, especially in rural settings (5).

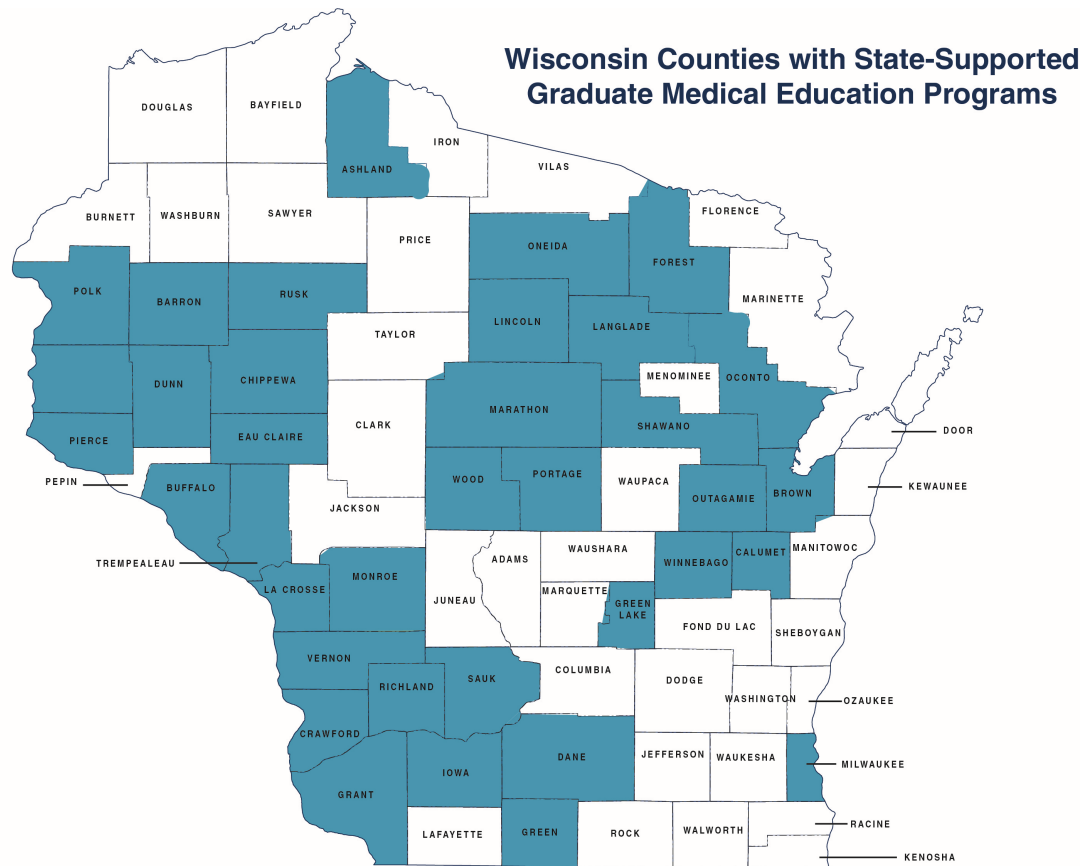
The result. 2013 Act 20 created graduate medical education (GME) matching grants administered by the Wisconsin Department of Health Services (DHS). This law facilitates expansion of Wisconsin GME residencies for the increased enrollment at Wisconsin medical schools so that Wisconsin takes advantage of the additive effect of the 86% equation (5).

The "Grow Our Own" Equation



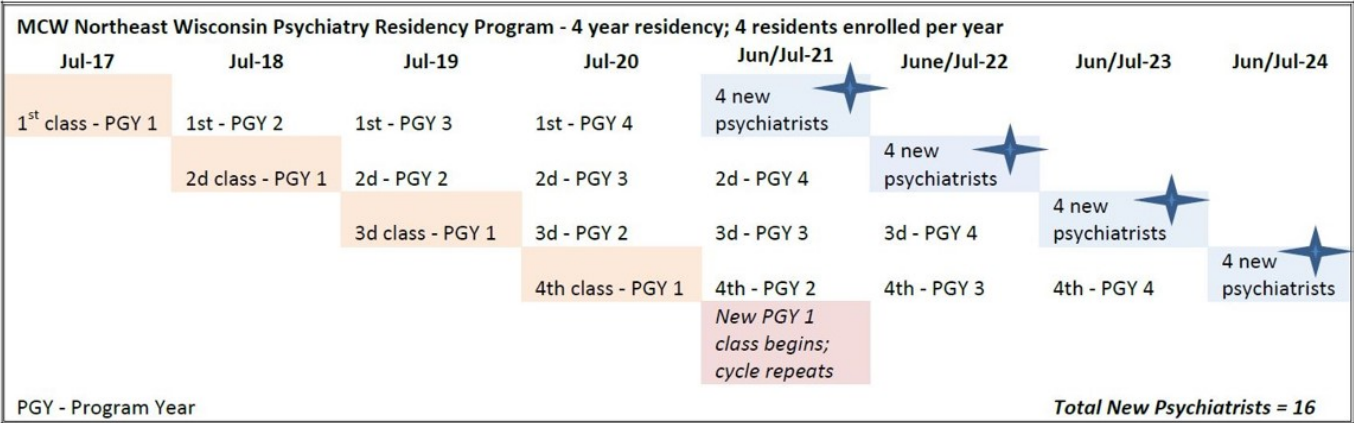
Wisconsin's Physician Supply Pipeline. The public private partnerships created by the WHA-crafted DHS GME grants are having a positive impact. Since the launch of the DHS GME matching grant program in 2013, 10 new Wisconsin GME programs have been created and nine existing programs have expanded in 36 counties across the state as a direct result of the WHA-spearheaded matching grant program (6).

The work undertaken to date by Wisconsin hospitals and clinics receiving DHS GME grants and our state’s medical colleges create a solid foundation—a pipeline—that will continue to supply physicians for the future.



Source: Wisconsin Hospital Association, based on Department of Health Services graduate medical education data

The example below shows how the pipeline works (6). MCW's Northeast Wisconsin Psychiatry Residency Program will take the first four years to fill the pipeline. Once the pipeline is full, the program will produce four new psychiatrists every year.



Obtaining a residency position in the pipeline is a competitive process. In 2017, all Wisconsin GME programs in the targeted high-demand specialties experienced a significant increase in the number of applicants with an average of 10 applicants for each open position (6).

Even knowing that medical students can apply to up to five residency programs, the demand for residency positions appears to outweigh the supply.

- One new matching grant-supported Family Medicine residency in the St. Croix Valley with five available positions received 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 in the pipeline example received more than 1,000 applications for the program's four positions.

Wisconsin must accelerate pipeline expansion

National and state experts continue to project a deficit in physician supply. For Wisconsin, WCMEW's 2018 report projects a shortage of 14% statewide with rural and underserved metro areas faring the worst (7).

Sustaining and accelerating the progress made through programs like the WHA-created GME grants is essential to increasing Wisconsin's supply of new physicians to keep pace with physician retirements and the demands of an aging population.

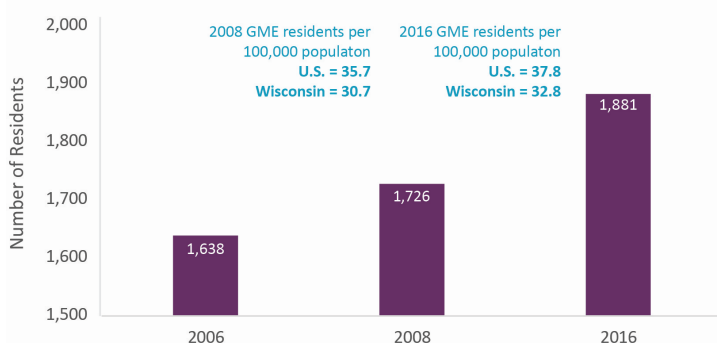
With a statewide age of 50 or older (and 52+ in rural areas), Wisconsin's family practitioners, internists, and pediatricians will be among the first to retire just at the time Wisconsin's aging population rapidly increases health care demand (7).

One way to measure adequacy is the ratio of GME positions to population. In 2016, the Wisconsin Council on Medical Education and Workforce (WCMEW) estimated Wisconsin would need to more than double the expansion currently underway:

"To bring the ratio to 2014 national level of 36.9 residency position per 100,000 population would require an additional 155 positions." (12)

With a statewide age of 50 or greater (and 52+ in rural areas), Wisconsin's family practitioners, internists and pediatricians will be among the first to retire just at the time Wisconsin's aging population rapidly increases health care demand.

Wisconsin Residents and Fellows in Accreditation Council for Graduate Medical Education (GME) Programs



Source: 2017 Association of American Medical Colleges State Physician Workforce Data Report

Wisconsin has increased the number of physicians serving in Wisconsin residencies and fellowships in the past decade from just over 1,600 to almost 1,900. More are needed. As Wisconsin has created and expanded residency positions, so have many other states. Even with new and expanded programs, Wisconsin needs an additional 291 positions to reach the 2016 national rate of 37.8 residents per 100,000 population (4).

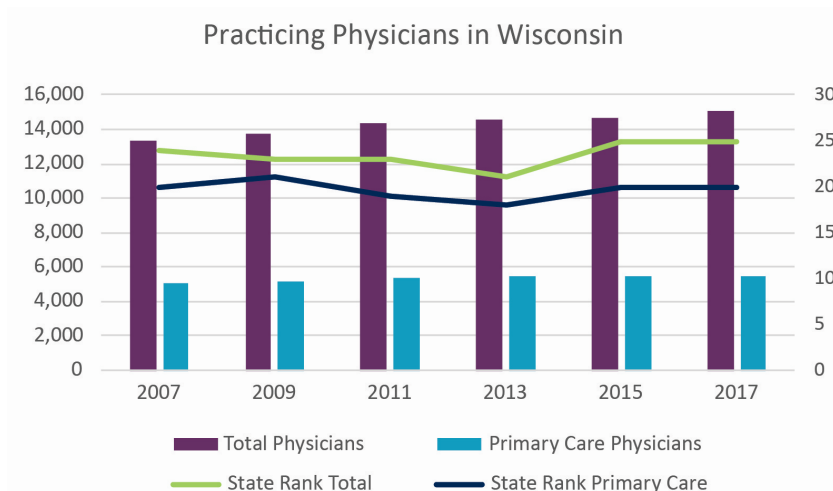
While lagging in population-based GME rates, Wisconsin is on the right track to building the components of the 86% equation. The state's rank for GME Residents per Med School enrollees has improved from 25th in 2012 to 18th in 2016 (4).

Keeping graduate medical education residents in Wisconsin

Reports from the Association of American Medical Colleges (AAMC) also provide data to analyze the growth of Wisconsin's physician workforce. AAMC's state reports, using data from the American Medical Association (AMA) Masterfile, include specialty and practice setting. AMA surveys one-quarter of its members annually to create the Masterfile.

With medical school taking 3-4 years to complete and residencies taking another 3-5 years, it is too early to tell how much increased enrollments and residencies are going to positively impact physician supply.

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

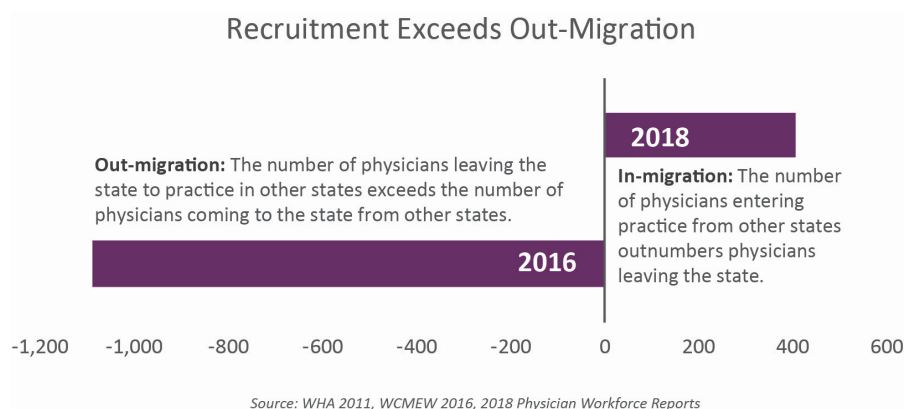


Source: 2017 Association of American Medical Colleges State Physician Workforce Data Report

WISCONSIN'S POSITIVE PRACTICE ENVIRONMENT STEMS THE TIDE OF PHYSICIAN MIGRATION

The Wisconsin Council on Medical Education and Workforce (WCMEW) and Wisconsin Hospital Association (WHA) physician workforce reports utilize physician migration averages for Midwestern states to project physician migration patterns.

- In 2016, WCMEW estimated that "the 20-year recruitment total falls short of the outmigration total by 1,086," which calculates to a loss of 54 physicians per year (12).
- WCMEW's 2018 report projected recruitment to exceed out-migration by 404 (or 20 physicians per year), a modest gain that reversed 2011 and 2016's projected trends (7).



Source: WHA 2011, WCMEW 2016, 2018 Physician Workforce Reports

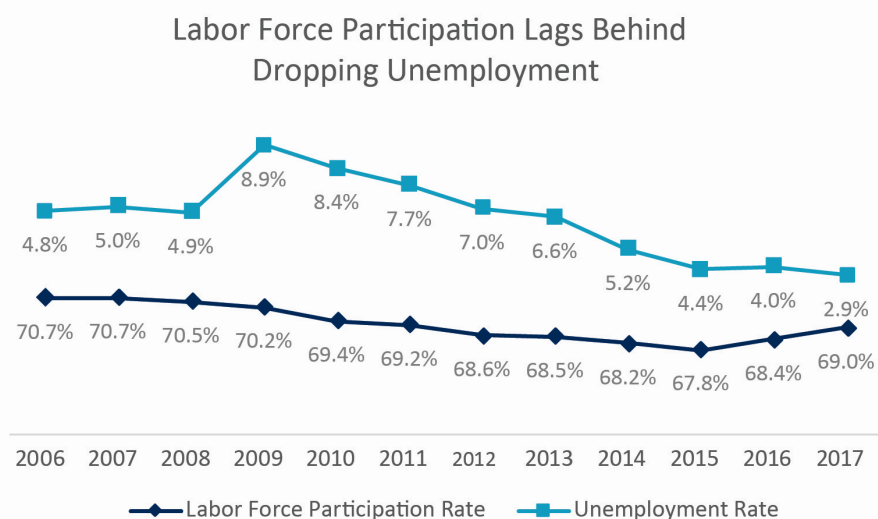
Retaining and attracting physicians to Wisconsin is important to grow Wisconsin's physician workforce. Maintaining Wisconsin's peer review protection and balanced medical liability environment is working to attract physicians to Wisconsin and keep them practicing in the state.

COMPETING FOR WORKERS TO JOIN THE 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 (13).

Wisconsin must make it easy for people to find gainful employment and remove as many barriers as possible to holding a job, and health care employers must do the same. In their 2018 report, *"Wisconsin: A Blueprint for More Workers,"* the Badger Institute notes Wisconsin must encourage experienced workers to remain in the workforce, decisively deal with the opioid epidemic and high rates of incarceration, further examine workforce impediments to move workers back into the workforce, and enhance strategies like tax credits to encourage entry-level workers to seek employment and remain on the job, not on the sidelines (13).



Source: Ike Brannon, Andrew Hanson. *Wisconsin: A Blueprint For More Workers*. Badger Institute. 2018, Vol. 31, 1.

Baby boomers retire, millennials take over, and a new generation gets ready to enter the workforce

About 10,000 baby boomers born between 1946-1964 reach the traditional retirement age of 65 every day, meaning decades of health care experience are leaving the workforce. Employers will need strategies, like flexible or shorter shifts, less physical work, and "as-needed" positions to keep those boomers, with all their experience, working a few years longer.

In 2017, millennials (born between 1982-2000) surpassed baby boomers as the largest segment of the workforce. Human resources leaders will need to help each generation understand the other to take advantage of each other's unique capabilities.

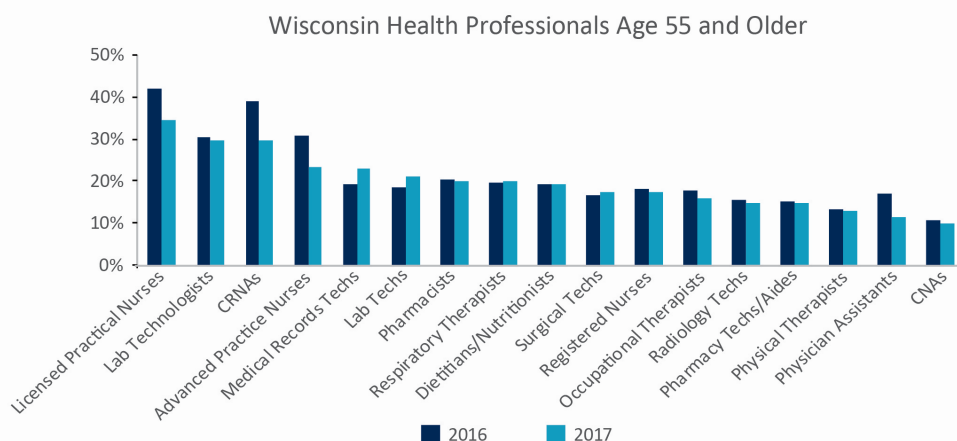
Millennials. Health care leaders need to think about how to recruit, develop, and retain millennials. Although millennials are the new majority in the workforce, they're not filling leadership ranks at the pace of previous generations. Their tenure in a position is also shorter.

Health systems that form strong bonds with their millennial employees have a better chance of retaining 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 to attract and retain this group (14).

In 2018, post-millennials (the generation not yet named) are beginning to choose their career paths (15). Wisconsin health care employers would be wise to participate in opportunities, such as advanced career planning that starts in sixth grade, to attract this youngest workforce generation to health care careers.

WORKFORCE AGING AND PENDING RETIREMENTS HELP TARGET GROWTH

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 professions over 55 will need more individuals entering the workforce to prepare for future retirements.



The WHA Information Center annually conducts a personnel survey of Wisconsin hospitals, health systems and specialty hospitals.

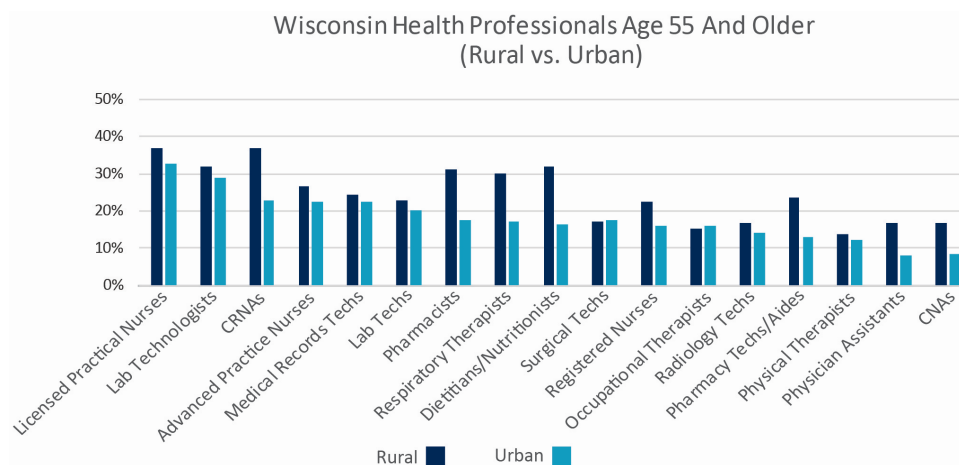
- In both the 2015 and 2016 personnel surveys, just over 20% of the hospital health care workforce was 55 or older.
- The 2017 survey shows a younger workforce with 17% age 55 and over.

There is significant variation among professions.

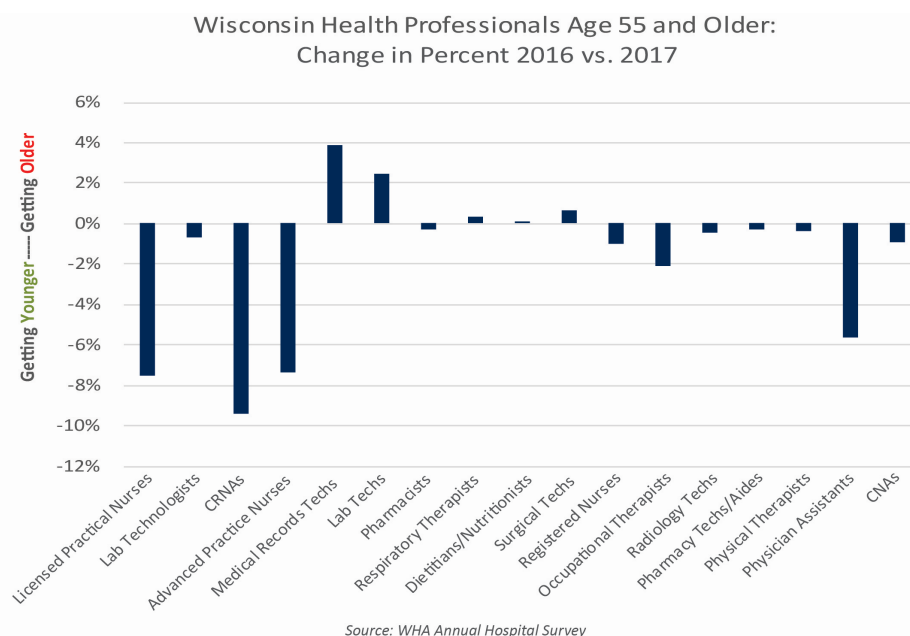
- LPNs, Certified Registered Nurse Anesthetists (CRNAs), lab technologists, and advance practice nurses are professions in 2016 and 2017 with greater than 20% age 55 or older. Lab and medical records technicians joined this group in 2017.
- Pharmacists and respiratory therapists stayed right at 20%.

An older rural workforce

Comparing workforce age by rural and urban settings highlights the importance of attracting younger workers to rural settings. All professions, except for surgical techs and occupational therapists, have a higher percentage of individuals 55 and older in rural settings. With a smaller number of individuals employed in rural hospitals and clinics, the loss of a single pharmacist, tech or CRNA can mean the loss of an entire service or reduce the department to a single individual. Providing rural training opportunities is essential to recruiting new workers to in-demand professions.



Change in the percentage of professionals age 55 and older from 2016 and 2017 reflects younger individuals entering the profession with the rapid growth of advanced practice provider (APP) professions in Wisconsin.



The percentage of professionals 55 and older decreased by more than 5% for Advanced Practice Nurses, CRNAs and Physician Assistants (PAs). Licensed Practical Nurses (LPNs) are also in the group with the biggest decrease in percent of health professionals 55 and older. Nursing career pathways attract certified nursing assistants (CNAs) to the workforce and may be attracting LPNs back to the Wisconsin workforce and creating a younger LPN profession.

Supporting career pathways with WHA-created public policy

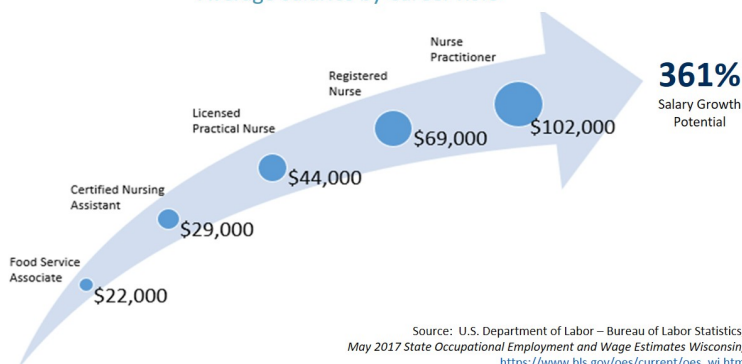
With low unemployment rates and competition from manufacturing and retail, health care must utilize every strategy at hand to recruit workers into entry-level health care positions. One advantage hospitals have in recruiting entry-level workers is a career pathway that is very apparent to CNAs as they work side by side with nurses and other health professionals.

WHA's policy solution to support career pathways creates matching grants for APPs and allied health clinical training programs in Wisconsin. Bipartisan legislation called the Rural Wisconsin Initiative builds on the "Grow Our Own 86% Equation" and provides \$500,000 per year in matching grants to grow more APP professionals in Wisconsin. It also provides \$500,000 each year in matching grants to grow more CNAs and other allied health professionals in the state.

The CNA career pathway addresses multiple issues including recruitment of entry level employees to the health care workforce, and the need for APPs to provide high-quality care and fill the access gap as physician shortages continue.

THE POWER OF AN ENTRY LEVEL HEALTH CARE ROLE

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



WISCONSIN'S NURSING WORKFORCE

Nurses comprise the largest segment of the state and national health care workforce, working in roles across the nursing pathway and bridging the continuum of care. Individuals with an aspiration for nursing fill vital entry-level positions in our health care workforce. More than 90,000 licensed practical nurses (LPNs) and registered nurses (RNs) have attained a license to practice in all sectors of the Wisconsin health care system.

Wisconsin's RN workforce is growing. Almost 80,000 RNs renewed their Wisconsin license in 2018—3,000 more renewals than in 2016 (16).

Thousands of advanced practice nurses have been added to the hospital health care workforce and more are needed. It is important to understand the current and future supply of nurses in order to think about and act on the factors that most influence the nursing workforce.

Thousands of advanced practice nurses have been added to the hospital health care workforce and more are needed.

Nursing workforce survey guides nursing workforce growth

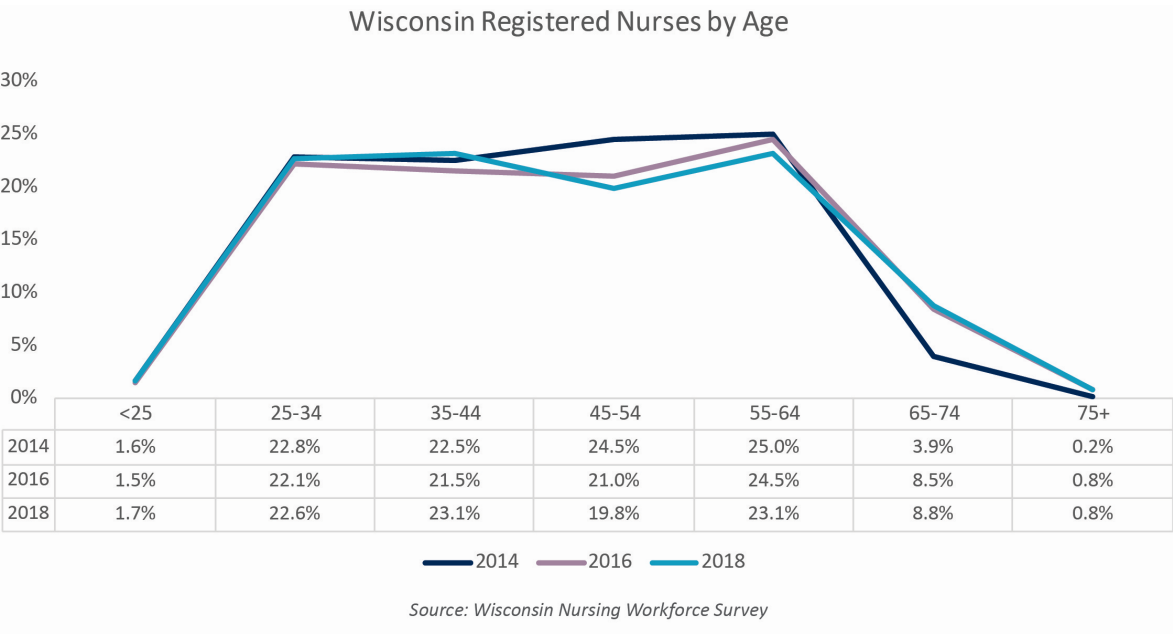
Wisconsin is fortunate to have at hand nursing workforce data to forecast supply and guide efforts to prevent shortages in this vital segment of the health care workforce. Nurses in Wisconsin are required to renew their nursing license every two years, and part of this renewal process includes a survey that collects information from RNs and LPNs about the state's nursing workforce.

The most recent analysis of the nursing workforce survey data by the Wisconsin Center for Nursing (WCN) identified Wisconsin as at risk for a shortage of 1,000 nurses annually (17). Action planning based on the survey data helps Wisconsin stabilize and grow the nursing workforce and prevent nursing shortages. So far, Wisconsin has been able to keep up with retirements and demand as millennials enter at a faster rate than prior generations and nurses from the baby boom generation work longer than anticipated.

Nursing workforce continues to age well

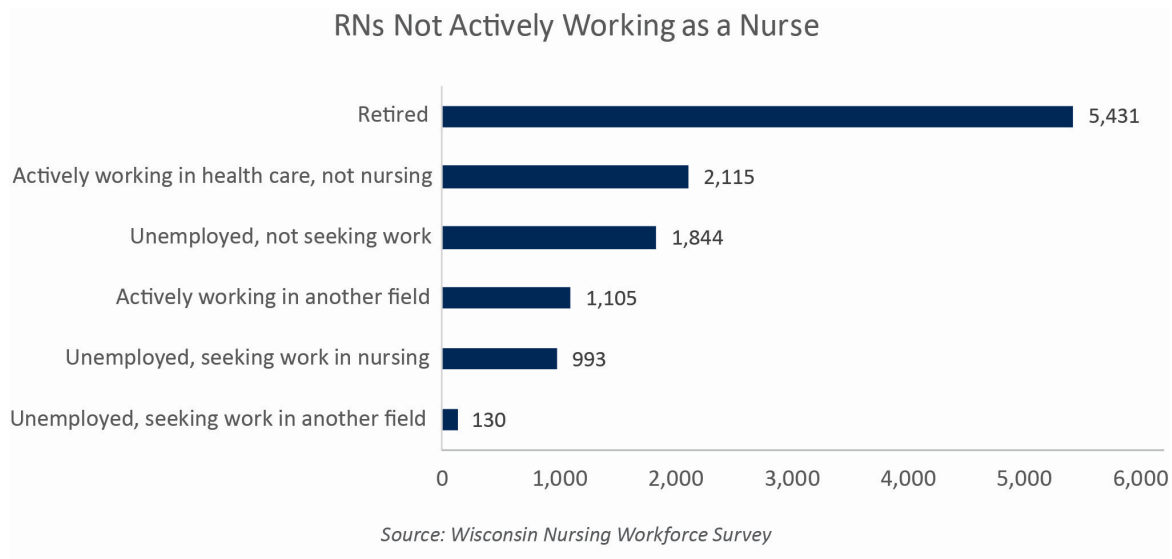
The nursing workforce continues to age well with about half of Wisconsin's working registered nurses less than 45 years old, and the other half 45 and older. To "age well," a profession must both gain new members and retain experienced members in the workforce.

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.

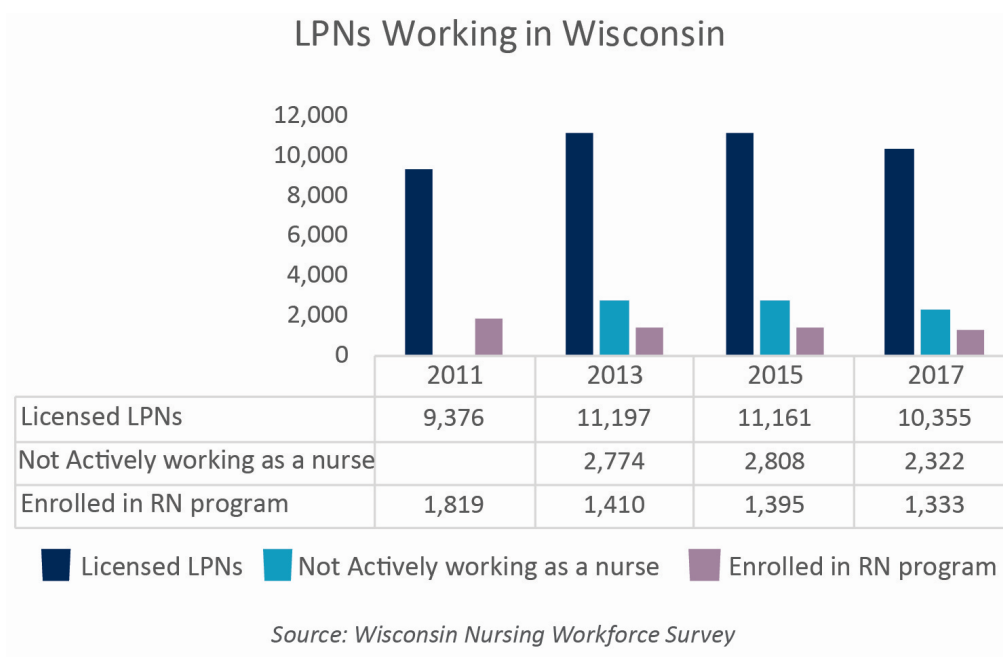


Retaining and re-recruiting nurses to the workforce

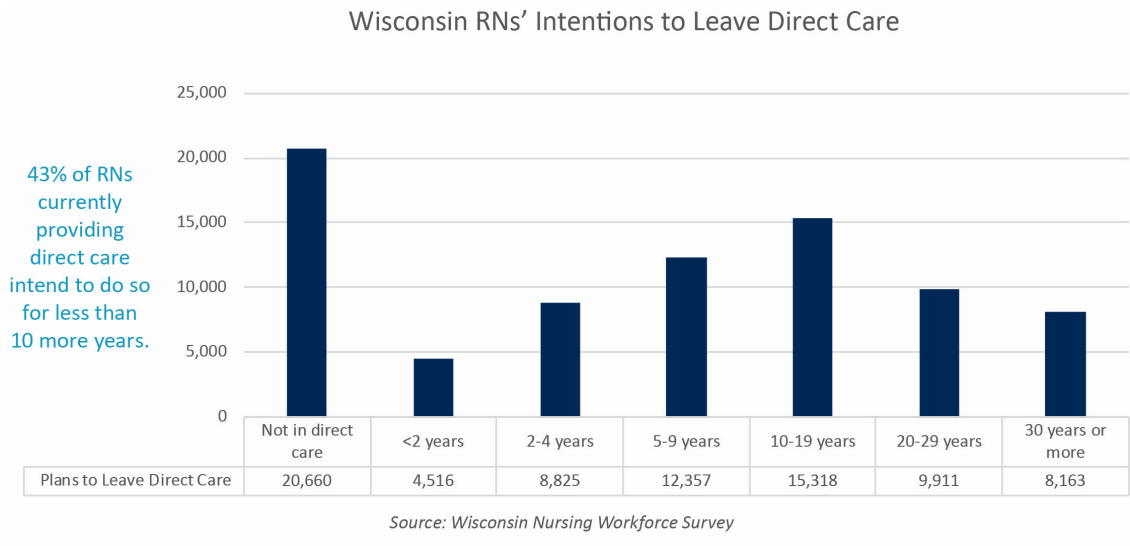
Although the vast majority of RNs in Wisconsin are currently employed in work that requires education and licensure as a nurse, more than 3,000 RNs are not actively working in health care and over 5,000 are retired. The percent of RNs age 65 to 74 has doubled between 2014 and 2018, reflecting baby boomers reaching retirement age (16).



10,356 LPNs live or work in Wisconsin, making the LPN workforce much smaller than the RN workforce. This segment of the nursing workforce is even smaller with about 1 in 4 LPNs on the sidelines, not actively working as a nurse (18). This high rate may indicate a lack of employment opportunities for LPNs in Wisconsin. Employers may want to consider how LPNs can be better utilized to the top of education, training and experience in their health care setting.



Almost 60,000 RNs who renewed their licenses in 2018 reported working in direct patient care, but 25,000 of those nurses said they plan to leave direct care in less than 10 years (16). As nurses leave direct care, it will be essential to keep every nurse possible off the sidelines and in the workforce.

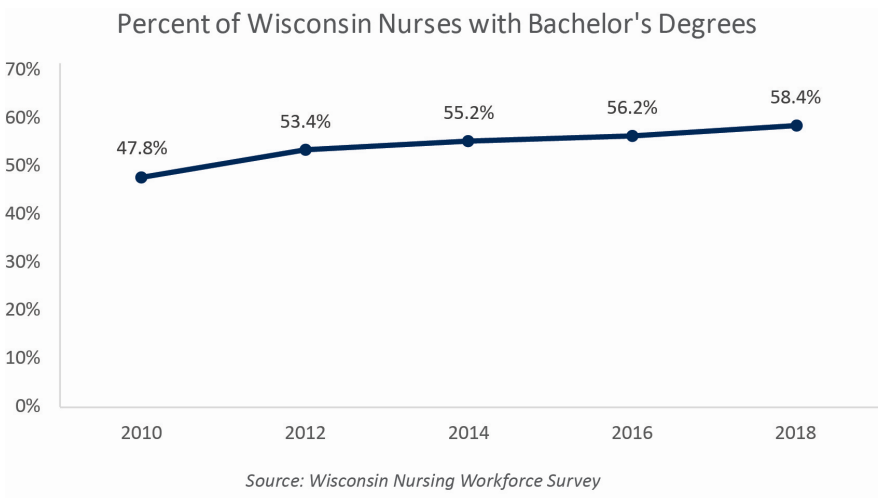


New nurses most often enter the workforce in direct care areas, so it will also be important to sustain and grow current graduation rates. Nursing schools in Wisconsin currently graduate about 3,000 nurses annually (17).

Preceptorships grow professions and translate to employment

Efforts underway have resulted in modest gains in the percentage of currently licensed RNs with a BSN. Such efforts include employer tuition investment, expansion and new models of Associates Degree in Nursing to Bachelor of Science in Nursing (BSN) programs, and BSN attainment as a condition of employment for several Wisconsin hospitals and health systems.

When Wisconsin has more BSN-prepared nurses, we can offer more clinical practice sites for nursing students as they pursue their degree. A BSN-prepared RN is required to act as the preceptor at the practice site for a BSN student. Preceptorships drive future employment choices, 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%—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%, which is a 13-year high (19).

Wisconsin health care leaders continue to note difficulty in recruitment of specialty RNs. Knowing the power of converting preceptorships to employment, organizations that struggle with recruiting nurses to work in their intensive care units, birthing centers, emergency departments, and operating rooms, should encourage and facilitate attainment of bachelor's degrees for employed RNs to increase the number of preceptorships their facility can absorb.

Breaking down barriers to pursuing further education

Fortunately, nurses are not stopping at a BSN degree. The nurse re-licensure survey gathers information about nurses' intentions to pursue higher education. Eight percent (8%) of nurses responding to the survey are currently enrolled in further education with the majority in master's degree programs (16).

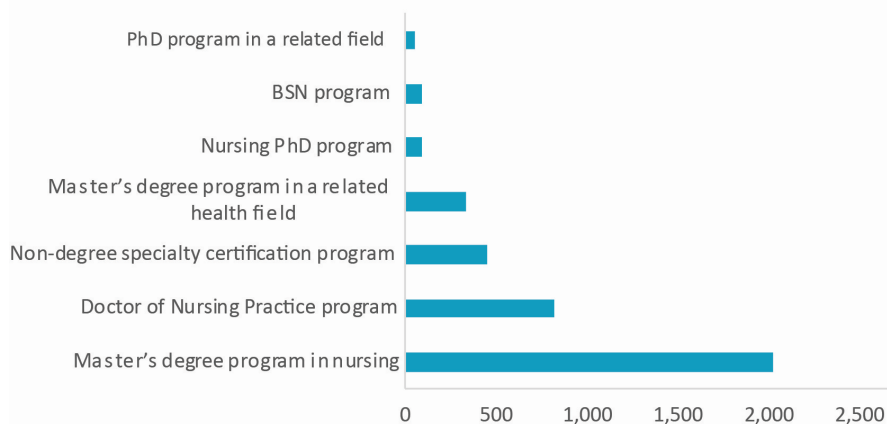
There are 8,444 nurses who plan to pursue further education in nursing in the next two years. Breaking down barriers for these nurses will increase the chances of growing more nurses, nurse practitioners, and nursing faculty for Wisconsin.

Completing further education on a nursing career pathway is one way to re-recruit licenced practical nurses (LPNs) to the nursing workforce. In the last four surveys, about 20% of LPNs indicate they are pursuing a registered nurse (RN) career path. With an increasing demand for nurse educators and advanced practice nurses, more LPNs should be encouraged to pursue higher education (18).

Institutions of learning, policymakers, and employers can address three of the top four barriers to education identified by RN survey participants, as well as two of the top three barriers to education identified by LPN survey participants.

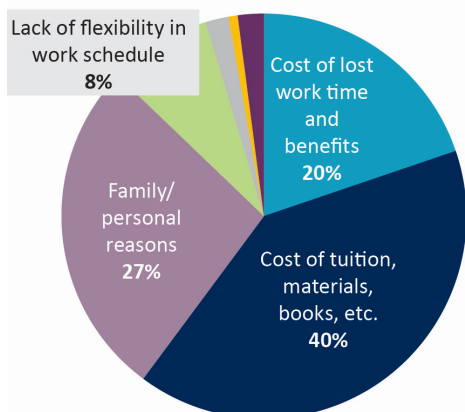
Breaking down barriers to pursuing higher education, sustaining graduation rates, and keeping nurses in the workforce—not on the sidelines—will help ensure Wisconsin has enough nurses, nursing faculty, nursing preceptors, and advanced practice nurses to meet the increasing demands of an aging Wisconsin population.

RNs Currently Enrolled by Program Type



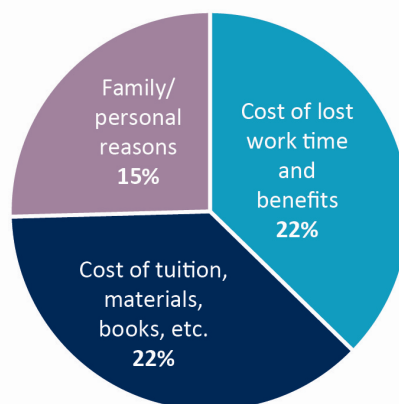
Source: Wisconsin Nursing Workforce Survey

Wisconsin RNs Identify Top Barriers to Further Education



Source: Wisconsin Nursing Workforce Survey

Wisconsin LPNs Identify Top Barriers to Further Education



Source: Wisconsin Nursing Workforce Survey

NATIONAL EMPLOYMENT: TOP JOBS AND TOP EMPLOYMENT CREATE WORKFORCE GAPS

Health care jobs continue to dominate national "best job" ranking

U.S. News & World Report creates an annual list of the 100 best jobs using data from the U.S. Bureau of Labor Statistics. They identify jobs with the greatest hiring demand and score them using seven component measures (20):

- 1. 10-year growth volume
- 2. 10-year growth percentage
- 3. Median salary
- 4. Employment rate
- 5. Future job prospects
- 6. Stress level
- 7. Work-life balance

For the first time since 2015, a health care job did not top the list. Software Developer was the #1 job in 2018, but health care continued to dominate the rankings, taking 17 of the top 20 best jobs (20).

"Health care jobs are prominent on our list year after year and are predicted to continue growing rapidly within the job market by 2026. Health care goes beyond doctors and nursing professions – there is high demand for people to fill positions available in health care technology, at hospitals and elsewhere within the industry that tap into a variety of the categories we rank and that offer a low unemployment rate, a high median salary and robust job growth." (20)
- U.S. News & World Report

It is no surprise to those who provide health care services that professions from the health care workforce figure so prominently in the Top 100 list. Health care leaders across Wisconsin say it is especially difficult to recruit and retain advanced practice clinicians, specialty RNs, and physicians (21).

Health care becomes the nation’s leading employer

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 took the top spot as leading employer in a majority of states.

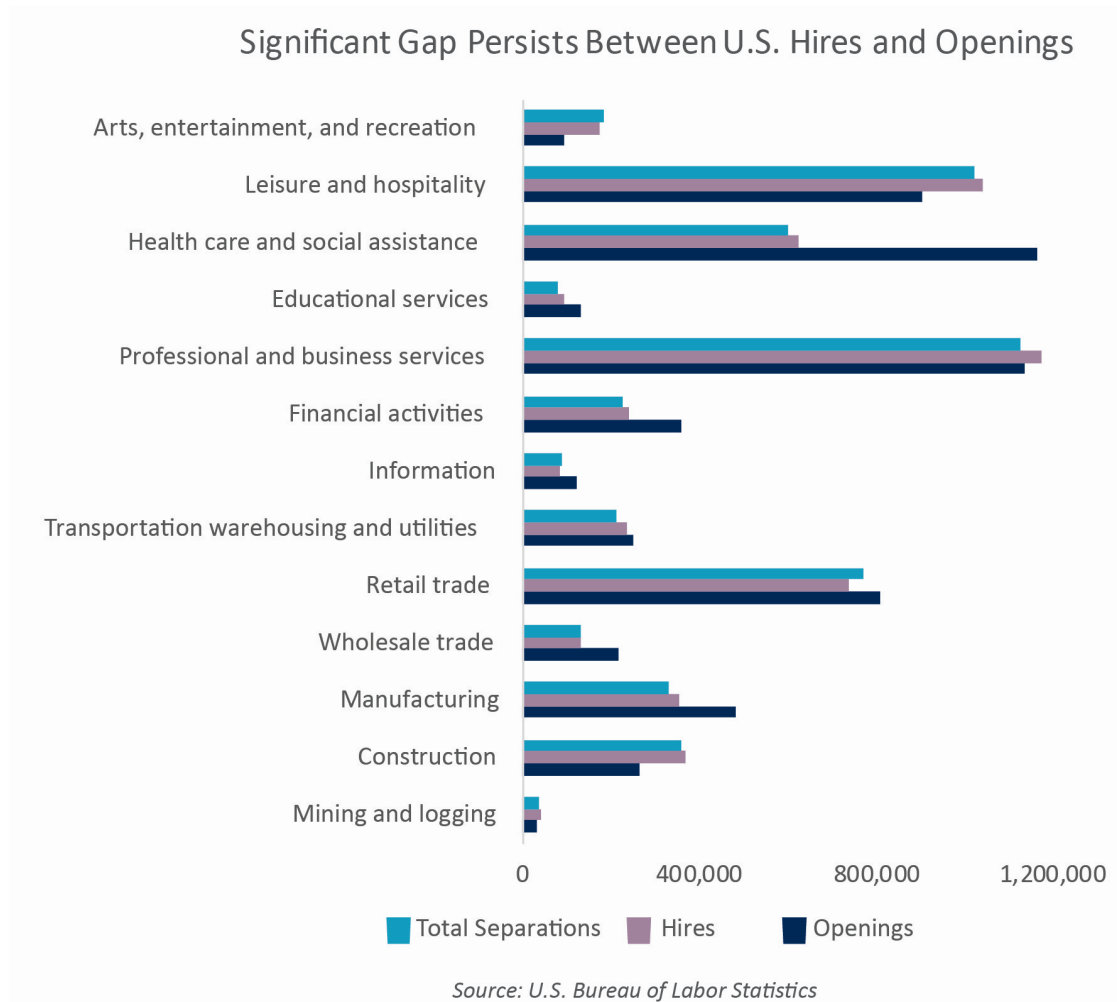
By 2015, health care and social assistance was the dominant industry in more than half of the states and was projected to lead the nation in employment by 2024.

Health care and social assistance beat that projection by seven years—becoming the nation’s leading employer in the last quarter of 2017 (22).

U.S. News and World Report 2018 Best Jobs Rankings Health care roles dominate Top 20	
#1	Software Developer
#2	Dentist
#3	Physician Assistant
#4	Nurse Practitioner
#5	Orthodontist
#6	Statistician
#7	Pediatrician
#8	Obstetrician and Gynecologist (tie)
#8	Oral and Maxillofacial Surgeon (tie)
#8	Physician (tie)
#11	Occupational Therapist
#12	Physical Therapist
#13	Anesthesiologist (tie)
#13	Surgeon (tie)
#15	Psychiatrist
#16	Prosthodontist
#17	Dental Hygienist
#18	Registered Nurse
#19	Marketing Manager
#20	Physical Therapist Assistant
Source: https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs	

Hiring lags job openings in health care

With hires more than half a million short of job openings, health care and social assistance had the largest gap between supply and demand of any industry in 2018 (22). Health care hires outpaced separations by only 26,000, just 4% of separations, leaving a national gap of 539,000 between hires and job openings.



Openings out-number available hires in the U.S. job market for the first time ever

A historic occurrence in job openings makes addressing the gap between hires and job openings in health care even more of a challenge. In 2018, for the first time ever, the Bureau of Labor Statistics reported more vacancies than available hires in the U.S. job market (23) just when the health care workforce is trying to grow much faster to meet demand and close the gap between hiring and job openings.

Educators, policymakers and employers must remove educational, regulatory, cultural, and workplace barriers to attract and retain a vibrant health care workforce in an environment where there are more jobs than workers.

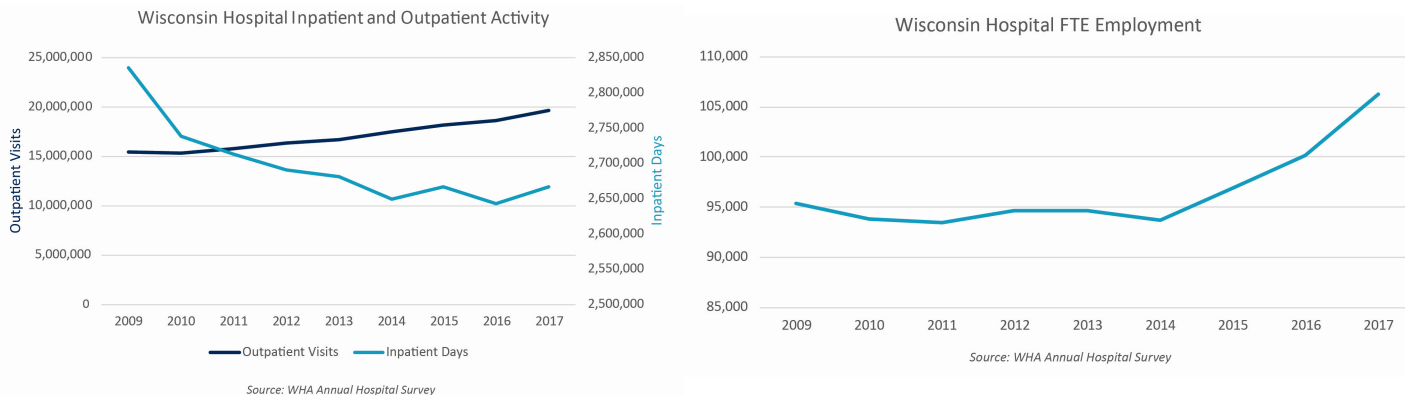
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WISCONSIN HEALTH CARE EMPLOYMENT TRENDS

The data from the Wisconsin Hospital Association Information Center (WHAIC) annual survey of Wisconsin hospitals provides a snapshot and year-over-year comparisons for a large segment of Wisconsin's health care workforce, focusing on the hospital labor force. As health care's largest employer, hospital trends are reflective of trends elsewhere in the industry.

Workforce demand grows as complexity and intensity increases

The WHAIC annual hospital survey includes hospital volumes and counts full-time equivalents (FTEs) for employees in many clinical job classifications, ranging from professionals with long career pathways, such as physicians, pharmacists and physical therapists, to entry-level positions such as certified nursing assistants.



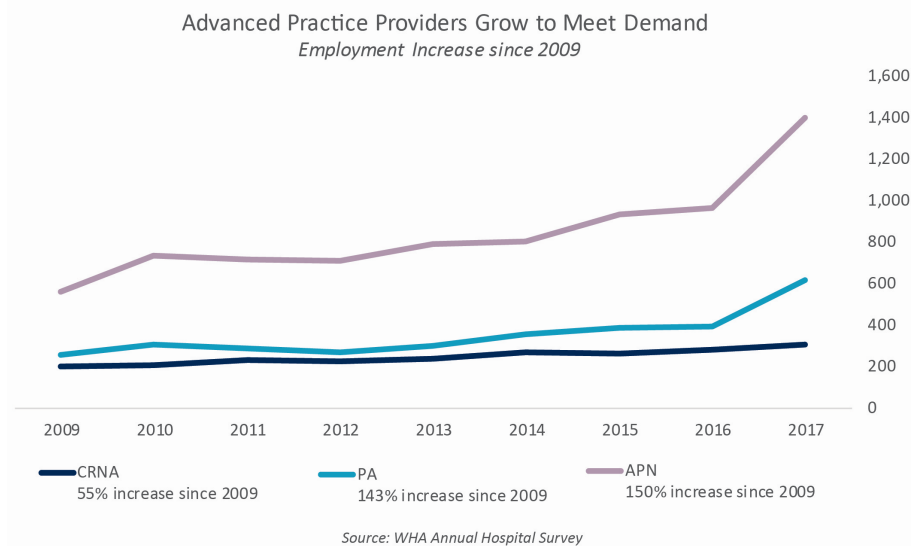
- The FTE count was flat from 2009 to 2014, reflecting the trend in increased outpatient visits and decreased inpatient days.
- In 2014, outpatient visits continued to rise, and inpatient days stopped declining; the FTE count began to climb again.

The intensity and complexity of care required by hospitalized patients increases FTE requirements. Analysis of employment and gaps in employment (vacancy rates) helps demonstrate where professions are able to meet demand, and where further efforts are needed to address or stave off shortages.

APP employment growth tops all others

No segment of the hospital and health system workforce has increased employment more than advanced practice providers (APPs). WHA first included APPs in the 2008 annual health care workforce report, noting, *"Positions for APPs are becoming more difficult to fill, making this an emerging health care workforce shortage."* (24)

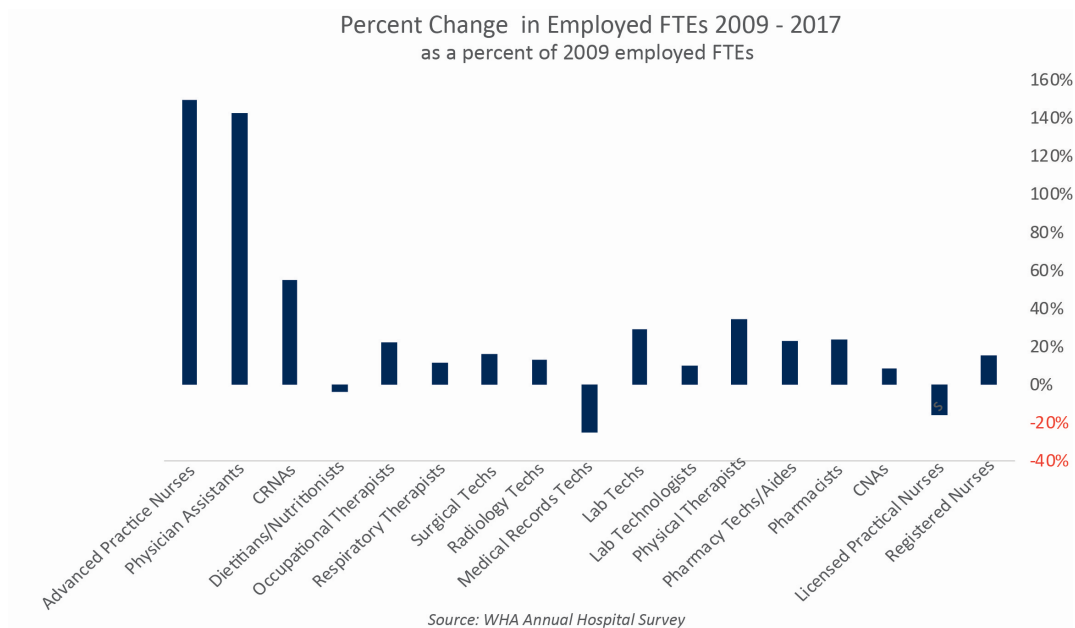
The APP workforce includes physician assistants (PAs) and advanced practice nurses. In Wisconsin, advanced practice nurses are licensed as RNs and credentialed by their certifying body in one of four professional roles: nurse practitioner (NP), certified nurse midwife (CNM), certified registered nurse anesthetist (CRNA) or clinical nurse specialist (CNS).



WHAIC's annual survey of Wisconsin hospitals began tracking NP, PA and CRNA employment, age and vacancy rates in 2009.

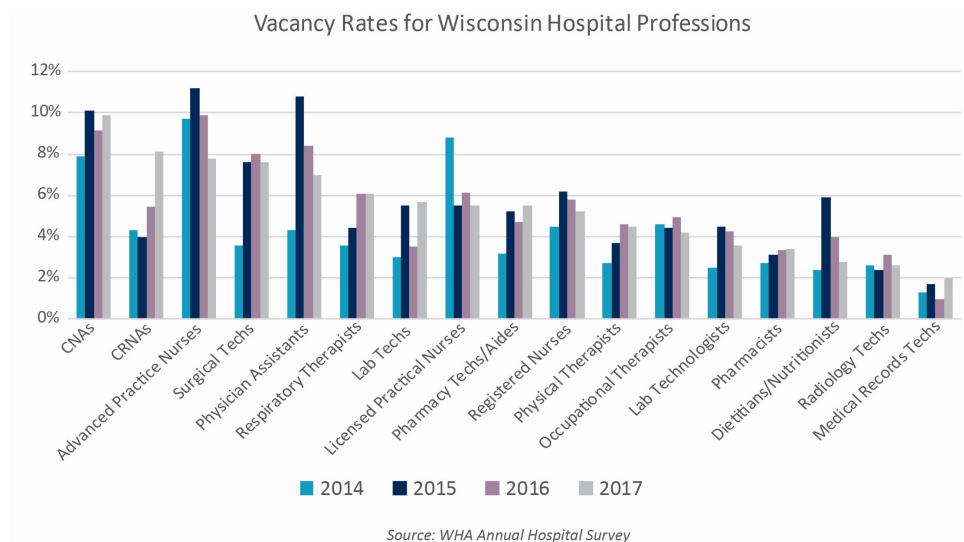
In 2009, there were just over 1,000 CRNA, PA and NP FTEs employed by Wisconsin hospitals. This number has more than doubled in less than a decade with almost 2,500 APP FTEs reported in the most recent hospital survey. In the past year alone, the size of the APP hospital workforce has grown by 57% for PAs and 45% for NPs.

Physical therapists at 35% growth and lab technicians at almost 30% growth are the professions next closest in growth from 2009 to 2017. Dietitians, medical records techs and LPNs are the only groups tracked that experienced a decrease in FTEs employed by hospitals in the past eight years.



Workforce vacancy rates reveal recruitment and retention gaps

The WHA hospital survey tracks vacancy rates for a group of clinical professions to determine the current state of recruitment and retention efforts. It is important to assess and report 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.



- Vacancy rates for all health professionals remain below double digits for the second year in a row.
- Vacancy rates for advanced practice nurses, physician assistants, registered nurses, lab technologists and dietitians continue to decrease from 2015 rates.
- Advanced practice nurses, certified nursing assistants, physician assistants, and surgical technicians continue in the group of top five vacancy rates from 2015 to 2017.
- In 2017, CRNA replaced respiratory therapist in the top five vacancy rates.

CRNA aging, doubled vacancy rate and lengthened career path add up to increased risk for shortage

The certified registered nurse anesthetist (CRNA) vacancy rate has more than doubled since 2015. CRNAs also have greater than 30% of their hospital workforce older than age 55. The profession's move to doctoral level preparation by 2022 creates a longer runway to employment.(25)

These combined factors make CRNAs one of the top areas of concern in Wisconsin's health care workforce. If Wisconsin is to head off a CRNA shortage, it is essential to expand enrollments and clinical placements through programs like the WHA-created rural advanced practice training grants, and maintain a positive practice environment for CRNAs, including preserving peer review protection, protecting Wisconsin's malpractice cap on non-economic damages, and maintaining Wisconsin's status as a state opting-out from the federal requirement for physician supervision of CRNAs.

NP and PA vacancy rates decline despite greatly increased demand

Of note, and unlike CRNAs, nurse practitioner (NP) and physician assistant (PA) vacancy rates are three percentage points lower than in 2015, testament to the ability of the education and training systems to increase the number of APPs and the scope of education and training in response to demand for these professions.

WHA's 2008 workforce report cited an editorial comment made by Dr. Richard Cooper in Academic Medicine that commends the APP profession's response to escalating demand and physician shortages. Dr. Cooper's sentiment rings true today as we find decreasing APP vacancy rates despite exponential growth in APP employment.(24)

"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 of training and lifted the bar for credentialing."

~Dr. Richard Cooper

Leverage Team-Based Integrated Care Delivery Models

The expansion of medical school enrollments and residencies, the growth of the nursing and APP workforce, and the growth in hospital employment to meet the health care needs in communities across Wisconsin is impressive, but with physician shortages here to stay and intensity and complexity increasing, targeted growth and retention must be combined with wise utilization of our workforce.

TEAM-BASED CARE AT TOP OF SKILL

Care models are shifting as providers are faced with not only increased complexity, but also growing numbers of patients assigned to each provider (26). This has led to the building of primary care teams that distribute the responsibility for patient care among an interdisciplinary team.

Fundamental to team-based care is that all team members perform at the top of their education, training and experience. Tasks currently performed by primary care clinicians can be safely and effectively delegated to other members of the team or delivered using health information technology and electronic health records (EHRs) without requiring direct clinician involvement.

Examples already in place 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 (26). All of these allow licensed providers to devote more time at the top of their skill level with patients.

BREAKING DOWN BARRIERS TO TEAM-BASED CARE

Outdated rules and regulations can create barriers to professionals practicing at the top of their skill level. For instance, Wisconsin Board of Nursing rules constrain registered nurses from accepting delegation from other registered nurses, including advanced practice nurses, even when that delegation is well within the advanced practice nurse's education, training and experience.

Health care employers and professionals must identify barriers to team-based care and top-of-skill practice and break these down in the workplace and profession. Lawmakers must ensure that rules and regulations are updated consistent with education, training and experience.

Use Technology Wisely

TECHNOLOGY CAN BE AN ASSET AND A BURDEN

Technology has been advancing rapidly and is an important tool to support care and the workforce. When used optimally, technology can help teams coordinate complex patient care and allow patients to monitor and manage the complexity of their own care. The entry of disruptors into the health care industry accelerates the rate of change and increases the risk that technology becomes a burden, not an asset. It will be important for health care leaders to be actively involved as technology evolves.

EHR inefficiencies create workforce burden

With Apple and Epic offering phone apps proposed to let users easily access personal medical information, patients may have easier access to their health care information than their provider (27). In addition, the ACA's Medicare payment reforms have had a profound impact on EHRs and the workflow of health professionals who are, as a 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 6 hours, interacting with the EHR during and after clinic hours."* (8)

Some of the time primary care providers spend in EHRs can be delegated to other personnel, like certified medical assistants and nurses. Some providers are adding scribes, which creates opportunities for employment and eases the burden on providers, but also adds expense and requires more workers in an environment where workers are already hard to find.

Regulatory requirements compound the burden

If clinicians are tethered to 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. The need to configure, "clean" and submit data for quality, compliance and billing purposes has burdened hospitals and health systems with the need to maintain increased numbers of employees to manage these processes.

In their *Medicare Red Tape Relief Project* report, the U.S. Ways and Means Committee cites American Hospital Association findings that an average size hospital dedicates 59 full-time employees to regulatory compliance, and that more than one quarter of these employees are doctors and nurses, making their expertise unavailable to patients (9).

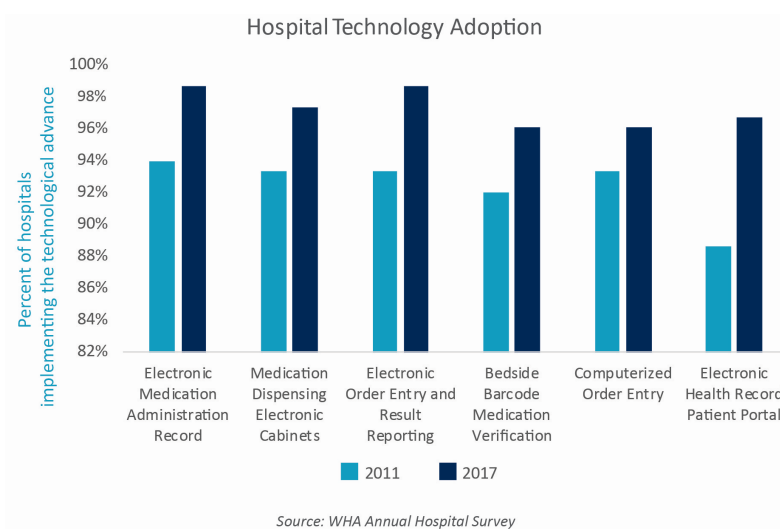
Rapid adoption of technology aims to make care safer and better

Since 2011, WHA has been gathering information about the adoption of new technology in the annual hospital survey. Adoption of technology has advanced greatly in the past six years.

Hospitals adopt technologies such as electronic health records (EHRs), computerized medication administration records, and barcode medication verification to make care safer and more efficient. They best accomplish this purpose when workflow and technology are designed together in ways that support patient care and the workforce.

Efficient technology can also extend the capacity of the workforce to provide patient care.

Inefficient processes and technology encourage workarounds that can exhaust nurses, pharmacists and physicians as they take extra steps to ensure safe and effective care.



Wisconsin hospitals and health systems bear substantial expense for health information

technology year over year. Financial reporting in the 2017 WHA annual hospital survey showed an average capital investment of \$1 million dollars per hospital, and an average annual hospital operational spend of \$4.8 million.

Technology can better support health care and the workforce

Health care professionals and health care organizations must be active participants in creating the change needed to fulfill the promise of an EHR molded to the needs of the patient, the community and the industry—not an industry workforce reacting to the needs of health records and regulatory requirements.

EHRs have been shaped by regulatory requirements and the availability of this technology has also potentiated ever-increasing regulatory reporting expectations and compliance scrutiny. It is time for national and state policymakers, EHR vendors and developers, and health care organizations and professionals to work together to reverse this trend.

TELEMEDICINE CAN CREATE ACCESS

Telemedicine—the use of technologies to remotely diagnose, monitor and treat patients—is being widely implemented across Wisconsin and the nation. Examples of telemedicine include remote consultation between physicians and advanced practice clinicians (APCs), telemedicine consultation to allow specialists to see patients in multiple settings from one location, and remote patient monitoring to free up more direct care at each patient’s bedside.

Telemedicine can create access to mental health care

“There is considerable appetite for expanding the use of telemedicine and telehealth services, especially for behavioral health.” (28) ~ Wisconsin Medicaid eHealth Project’s 2017 Health IT Landscape Assessment

Wisconsin’s 2018 state rank for mental health care based on 15 prevalence and access measures was 25th nationwide, as well as 43rd for access to mental health care for youth (36). 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 (29).

Just as growing the overall health care workforce is not enough, simply adding more behavioral health professionals will not be sufficient to address the behavioral health needs of Wisconsin. Tools like telemedicine can and must provide more access to mental health care.

The requirement for telemedicine certification for behavioral health providers creates an additional barrier to utilizing telemedicine to create better access to mental health care (28). Wisconsin health care payers can expand access to care for Wisconsin citizens through telehealth services by simplifying or removing state Medicaid policies that limit access to telehealth behavioral services.

Reimbursement and originating site requirements create barriers

Telemedicine creates access for under-served areas and in-demand specialties, and more efficiently uses the skills of highly trained professionals to provide care. Government regulations and reimbursement currently require, for the most part, patients to receive care in a health care brick and mortar setting with a nurse or other provider using technology to assist with the examination. This coordination can be time consuming and create wait time for the patient and the assisting clinician. Site requirements also add transportation costs to get Medicaid enrollees from their home to a clinic or hospital originating site.

Providing payment for in-home services for certain conditions and remote patient monitoring will allow health care providers and patients to fully utilize the advancements of telemedicine and more efficiently use Wisconsin's health care provider workforce.

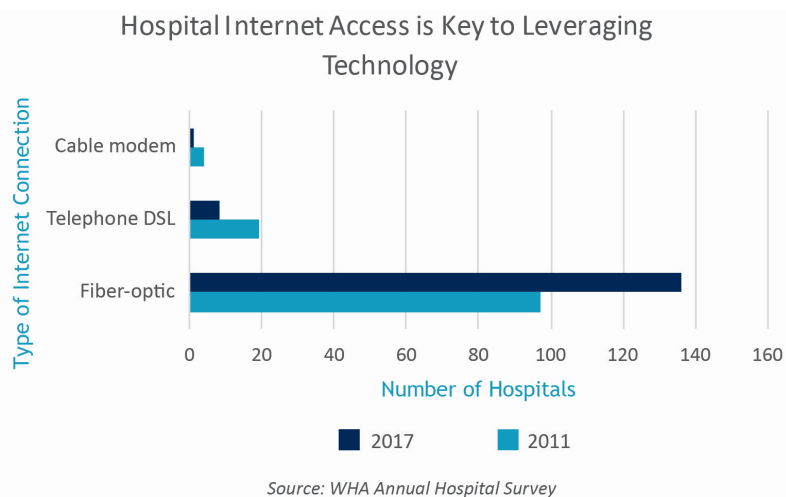
Internet access is crucial

Providers and patients need internet service to extend access to health care through telemedicine.

Hospital internet access has improved since 2011, but some rural hospitals continue to rely on slower modes of connection and there are broad swaths of Wisconsin where residents have non-existent or limited access.

Continued expansion of broadband access is important to ensuring access to underserved areas through telemedicine. In 2013-2015, the Governor and state Legislature created the Broadband Expansion Grant Program and increased funding for the program during the 2015-17 biennial budget from \$500,000 to \$1.5 million annually. Wisconsin's 2017-19 biennial budget provides \$11 million more for the program over the next several years (30). Policymakers should give funding priority to underserved areas where technology can be used to maximize the available health care workforce.

Continued expansion of broadband access is important to ensuring access to underserved areas through telemedicine.



Telemedicine can better support access to health care

Telemedicine is a safe tool for the delivery of high-quality, cost-effective health care services—not a separate category of services that should be subject to different or additional limitations or requirements. Technology has advanced and is more reliable and easier to use with equipment such as smart phones and laptops that can be managed by patients, family and friends, and made accessible in schools, community centers and patient homes (31). Regulations must continue to evolve to make telemedicine better for consumers and reduce, not increase, health care workforce demand.

CONCLUSION

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.

2018 Workforce Recommendations

Current trends in workforce and the health care environment, and our best projections for the future, lead to three recommendation categories to ensure Wisconsin has a health care workforce made up of the right workers, with the right skills and tools, 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.

- Health care organizations and educators can foster interest in health careers by being a part of middle school career planning, involving health care professionals in high school career courses, and offering students experiential learning opportunities in health care settings.
- Health care employers and policymakers must break down barriers that keep employees on the sidelines or prevent career advancement.
- Wisconsin lawmakers must preserve peer review protection and a balanced medical liability environment to provide a positive practice environment for providers.
- Health care competes with other industries for workers and must cope with internal competition across the health career continuum that creates high levels of turnover in entry level positions in order to feed the needed growth of advanced practice providers and physicians. Policymakers must recognize the investment necessary to build and sustain a health care workforce for an aging population in an increasingly complex environment. All of these factors create a worrisome equation of added labor costs without increased reimbursement.
 - » State and federal policymakers must address the significant underpayment Wisconsin hospitals receive from the Medicaid program, the second worst reimbursement rate in the nation. Hospitals' largest expenses are labor costs and their most significant payers are government. Increased labor costs without increases in government payment make the worrisome equation even more troubling for health care organizations and force discussions about the viability of continuing service lines for populations in need of care.
 - » WHA-crafted graduate medical education (GME) and Rural Wisconsin Initiative grants are essential to building Wisconsin's health care workforce. Policymakers and state agencies must continue to tailor these grants to areas of demand to sustain and accelerate progress. Health care employers and educational organizations must identify barriers to best utilizing the grants for the Wisconsin Hospital Association (WHA) and the Department of Health Services to break down.

Utilize existing data and information from educators, employers, professional organizations, and payers to tailor workforce supply to health care demand.

- Health care associations, like WHA, should continue to facilitate access to robust state, regional and local data in a format that supports analysis and action by health care organizations in partnership with educators and state agencies to respond to changing circumstances to prevent or mitigate workforce shortages in time.
- Professional organizations, educators and employers should share expertise and expectations to fully understand the impact of decisions, such as changing the certified registered nurse anesthetist (CRNA) educational pathway, that could impact workforce availability and access to care.

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, as well as identify practice, policy and payment reforms that will advance team-based, longitudinally coordinated care.

- Health care organizations should ensure that internal practices and policies have kept pace with regulatory changes made to support team-based coordinated care at top of license across the continuum of care. Examples: the change from a collaborative agreement to a collaborative relationship for advanced practice nurse prescribers, and the state law that clarified the ability for providers to order services for Medicaid patients without physician order or signature.
- The state Legislature should advance practice, policy, and payment reforms that leverage all licensed clinicians' education, training and experience within a team-based, integrated care delivery model of care. For example, state lawmakers should address outdated references to “physicians” for care that physicians, nurse practitioners and physician assistants are all well-prepared to provide.

USE TECHNOLOGY WISELY

Improve patient access to high-quality, high-value health care through more effective and efficient use of technologies, such as electronic health records and telemedicine, to help address workforce gaps.

- Reimbursement should not differentiate between in-person and remote care when telemedicine can safely provide access to high-quality care and extend care beyond the limits of a provider's physical presence. Creating reimbursement for remote patient monitoring and removing originating site restrictions will encourage the extension of telemedicine to the home.
- Policymakers must recognize the cumulative effect regulatory burden and documentation has on clinicians' time, on the workforce's capacity to provide care to a community, and on the additional cost of providing care. Lawmakers should seek to reduce regulatory burden and avoid adding new regulatory requirements whenever possible.
- Health care and technology stakeholders should work together to ensure health care information can safely and seamlessly flow across the continuum of care so that provider and patient accessed information match; the effort required to obtain that information should also match.

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APPENDIX 1: WHA'S 3 P's

The Wisconsin Hospital Association's "3 Ps" 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.

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 nurses.

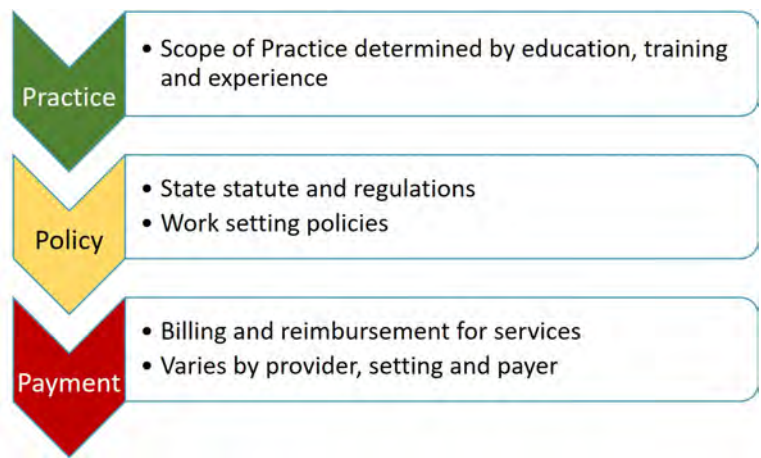
Policy

The second "P" is policy and pertains to all policy that further defines, clarifies, or restricts the first "P", practice. These policies may be statutes, rules, or regulations imposed by lawmakers 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 how actual patient care is delivered. If a 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 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 advanced 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 advanced practice clinicians can bill for these services, and surgical assistants cannot. Changing reimbursement policies to better reflect education, training and experience can better support top-of-license practice.

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.



APPENDIX 2: WHA 2017 Workforce Accomplishments

WHA workforce analysis, along with hospital and health system expertise, drive workforce recommendations for enacting, revising or preventing legislation to protect and promote Wisconsin's health care workforce—recommendations that are heard and respected by lawmakers.

Policy matters—and good health care policy translates to the highest quality health care. WHA's *2017 Wisconsin Health Care Workforce Report* recommendations advanced relevant, impactful policy changes to protect and promote our health care workforce.

2017 Recommendation: Wisconsin must attract and retain new health care workers in a competitive workforce environment.

- ✓ WHA worked with lawmakers and the Wisconsin Board of Nursing to safeguard Wisconsin's participation in the nurse licensure compact, ensuring our state can continue to attract high-quality nurses.
- ✓ WHA opposed legislation mandating hospitals provide for audio-visual recordings of a patient's surgical procedure and make these recordings admissible in civil proceedings against a health care provider. Wisconsin is known as one of the best states in the country for quality, and this policy would have caused significant distraction to health care providers working in the operating room and pierced Wisconsin's peer review protection.

2017 Recommendation: Wisconsin must reduce workforce regulatory burden – and harmonize state and federal rules and regulations.

- ✓ WHA advanced legislation that clarified practices allowed—but not explicitly recognized in statute—such as delegation of Prescription Drug Monitoring Program review and Medicaid coverage of services ordered by non-physicians without a physician co-signature.
- ✓ WHA crafted legislation to reconcile Wisconsin's Emergency Detention law with federal EMTALA requirements for the appropriate transfer of patients during a mental health crisis. This law also provided safeguards for health care providers who fulfilled a duty they may have to warn others when the provider believes a patient is a threat to themselves or others.

2017 Recommendation: Legislation must keep pace with workforce demand and advance team-based integrated care delivery.

- ✓ WHA spearheaded 2013 legislation that both expanded the state's graduate medical education (GME) matching grant program and, in 2017, created new rural training programs for advanced practice clinicians and allied health professionals through bipartisan legislation called the Rural Wisconsin Initiative.
- ✓ WHA and its members advanced legislation to allow dental hygienists to practice without a dentist in additional settings such as hospitals, nursing homes and clinics – taking preventive dental care to patients.

2017 Recommendation: Reimbursement policies must recognize hospital and health system workforce investment and contributions.

- ✓ WHA passed legislation to begin recognizing the intensive care coordination that several emergency departments provide to some of Wisconsin's most vulnerable citizens, with the hope the legislation creates a mechanism to encourage more adoption of care coordination statewide for Medicaid patients.
- ✓ WHA successfully advocated to increase the Disproportionate Share Hospital (DSH) program by 83%, as well as create a new Rural Critical Care supplement recognizing the workforce investment necessary for hospitals to maintain a safety net 24/7.



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