

Wisconsin Health Care Workforce Report

2026



February 2026

Cover photo compliments of Noah Vernau and the Portage Daily Register.

Cover photo shows Rural Resident Dr. Laura McDowell (left) and Dr. Brenda Jenkin (right) reviewing a fetal monitoring strip in the Aspirus Divine Savior Healthcare Birthing Center during Dr. McDowell's first rotation with the Rural Residency Program.

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A MESSAGE FROM THE CHAIR OF THE WHA COUNCIL ON WORKFORCE DEVELOPMENT

A strong workforce continues to be integral in ensuring healthy outcomes for those we serve. The efforts to sustain our health care workforce are critical to the health and vitality of all Wisconsinites.

As an executive for a rural hospital, I have experienced firsthand how shrinking reimbursement, rising costs and continued workforce shortages can lead to service changes and even hospital closures. As the chair of the Wisconsin Hospital Association (WHA) Council on Workforce Development, I have had a front row seat in WHA's efforts to grow, recruit, support and sustain the health care workforce. Their work and the work of this council is essential to performing our shared mission of meeting the health care needs of the communities we serve.

I've been privileged to lead my organization to meet these challenges and expand the services needed by the region. I've been inspired by the can-do attitude of the care teams and dedicated professionals serving Wisconsin citizens.

I also know that continued support and investment by our state leaders, our partners in education and our hospitals and health systems is essential. Health care is contending with an aging population that needs more frequent and intense attention. At the same time, these demographic forces are shrinking the available workforce. Increasing health care needs, hospital bed shortages and nursing home bottlenecks, if unaddressed, can lead to delays in patient care and rising financial pressures. The situation is compounded by payer shifts from private insurance to Medicare reimbursement that falls short of covering the cost of providing care.

Yet, due to the work of my hospital colleagues and WHA, I have hope for the future. A career in health care is one of the most rewarding and impactful endeavors that exist. In my opinion, it is the greatest job in the world! I am confident my fellow health care leaders, along with our partners in education and government, will act based on WHA's recommendations to grow and sustain the health care workforce needed to meet the challenges that lie ahead.

Eilidh Pederson

EILIDH PEDERSON, MPH, FACHE
CEO, WESTERN WISCONSIN HEALTH IN BALDWIN

SUSTAINING WISCONSIN'S HEALTH CARE WORKFORCE

The aging of the large baby boom generation is shrinking the available workforce for every industry. The “Silver Tsunami,” as this shift has been termed, creates an added challenge for hospitals and health systems - rapidly increasing demand for health care as our population ages.

As waves of baby boomers retire, younger generations are reshaping workforce expectations, seeking meaningful work and balance that allows them to care for themselves and their loved ones. To serve their communities, hospitals and health systems are working hard to reshape the workplace to appeal to a multi-generational workforce. Health care leaders are listening to the voice of their workforce to create jobs that provide an opportunity for satisfying work alongside caring and trusted teammates in a safe, healthy environment.

This multi-generational workforce is taking a different approach to entry into educational and career pathways. They are challenging employers, educators and policymakers to support models of education that provide access for all those who aspire to pursue a health care career while safeguarding patients and professional standards without creating unnecessary barriers for entrants.

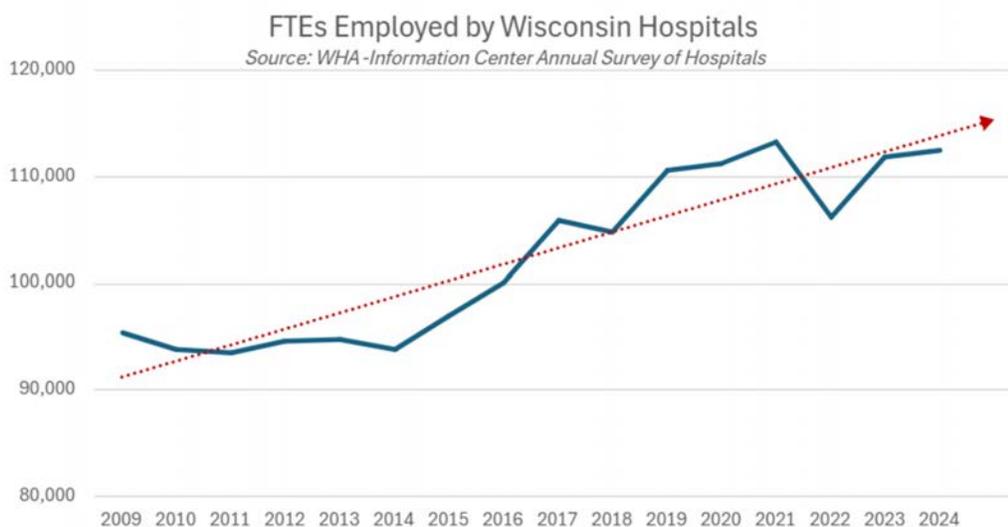
Wisconsin's Health Care Workforce Weathers the Storm

Hospital and Health System Employment Grows to Meet Rising Demand

An aging population requires a larger health care workforce. As of September 30, 2024, 112,526 full-time equivalents were filled by more than 145,000 individuals working in Wisconsin hospitals and health systems.

ABOUT THE DATA

Each year, every hospital in Wisconsin submits an annual survey to the Wisconsin Hospital Association Information Center. The data received includes utilization, service, staffing and finance information. The surveys elicit staffing information as of Sept. 30 of each year. This workforce data provides the foundation for WHA's annual Wisconsin Health Care Workforce Report. The graphs and data in this report are Wisconsin data at a hospital level unless otherwise specified.



FULL-TIME EQUIVALENT (FTE):
The total number of hours worked by part-time and full-time employees, divided by the number of hours in a full-time schedule.

Profession	Growth 2015-2024
Certified Registered Nurse Anesthetist	137.8%
Physician Assistant	128.3%
Advanced Practice Nurse/Nurse Practitioner	101.5%
Surgical Tech	56.9%
Certified Medical Assistant	55.7%
Lab Technician	54.5%
Pharmacy Tech	41.5%
Pharmacist	38.2%
Radiology Tech	25.6%
Registered Nurse	23.1%
Certified Nursing Assistant	21.6%
Occupational Therapist	19.9%
Lab Technologist	12.6%
Physical Therapist	12.0%
Respiratory Therapist	11.7%
Dietitian	5.9%
Licensed Practical Nurse	-12%
Medical Records Tech	-39.0%

In the past decade, employment in Wisconsin hospitals has grown by 23%, increasing in nearly every role trended in WHA’s annual Workforce Report.

Advanced practice clinicians, such as certified registered nurse anesthetists (CRNAs), physician assistants (PAs) and advanced practice nurses (also termed nurse practitioners or NPs), have led the way in growth over the past decade, doubling, tripling and in the case of CRNAs, nearly quadrupling their numbers in the hospital and health system workforce.

NP and PA Workforce Keeps Pace with Rapid Growth

Source: WHA Information Center annual hospital surveys



Accessible educational pathways and clinical preceptorships provided by clinicians at hospitals and clinics across the state have supported this rapid growth and kept vacancy rates below double digits for PAs and NPs.

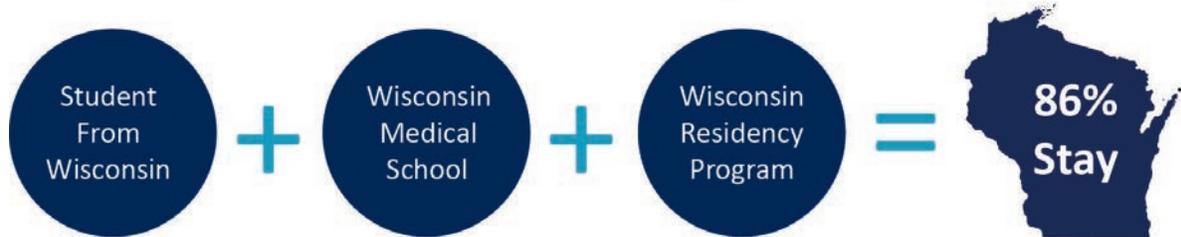
Wisconsin Training Opportunities Grow the Physician Workforce Faster

The nation’s physician workforce is also growing at a pace faster than forecast. In 2019, the Association of American Medical Colleges (AAMC) predicted a shortfall of up to 124,000 physicians in the U.S. by 2033. AAMC adjusted that prediction in 2024 to a shortage of up to 86,000 physicians by 2036. The new estimate hinges on continued growth in the number of physician graduate medical education (GME) opportunities nationwide, acknowledging the importance of expanding GME residency slots to keep pace with growing medical school enrollments. ⁽¹⁾

For more than a decade Wisconsin has been preparing for the Silver Tsunami by intensely focusing on expanding training opportunities for physicians.

WHA's 2011 landmark study of the physician workforce, *100 New Physicians a Year: An Imperative for Wisconsin*, established the link between where you're from, where you train and where you work. The 86% equation presents a data-driven policy solution to grow Wisconsin's physician workforce.⁽²⁾

The "Grow Our Own" Equation



The 2011 study pointed out that a Wisconsin GME residency alone increases the odds by 40% that a physician will stay and work in Wisconsin. The other two factors in the equation increase the likelihood to 86%, creating a compelling argument to "Grow Our Own."

Current AAMC data shows the in-state GME advantage still holds true for Wisconsin, with 45.9% of physicians who complete a Wisconsin GME staying in the state to practice.

To leverage this data-driven solution, "Grow Our Own" grants were established by bipartisan legislation signed into law as Wisconsin 2013 Act 20, increasing GME training opportunities in Wisconsin, especially in rural areas. Each grant-supported program must include a rural training track, not only increasing the odds that physicians will remain in Wisconsin to practice, but also choose to practice in rural settings.

To date, "Grow Our Own" GME grants have helped to create 25 new Wisconsin physician residency training programs and provided funding to expand 18 existing programs. This has created 193 new residency training opportunities for physicians who would have otherwise trained in another state, giving that 40% Wisconsin advantage away. These additional grant-supported residency opportunities graduate 86 new physicians for Wisconsin each year.



Photo courtesy of the Medical College of Wisconsin

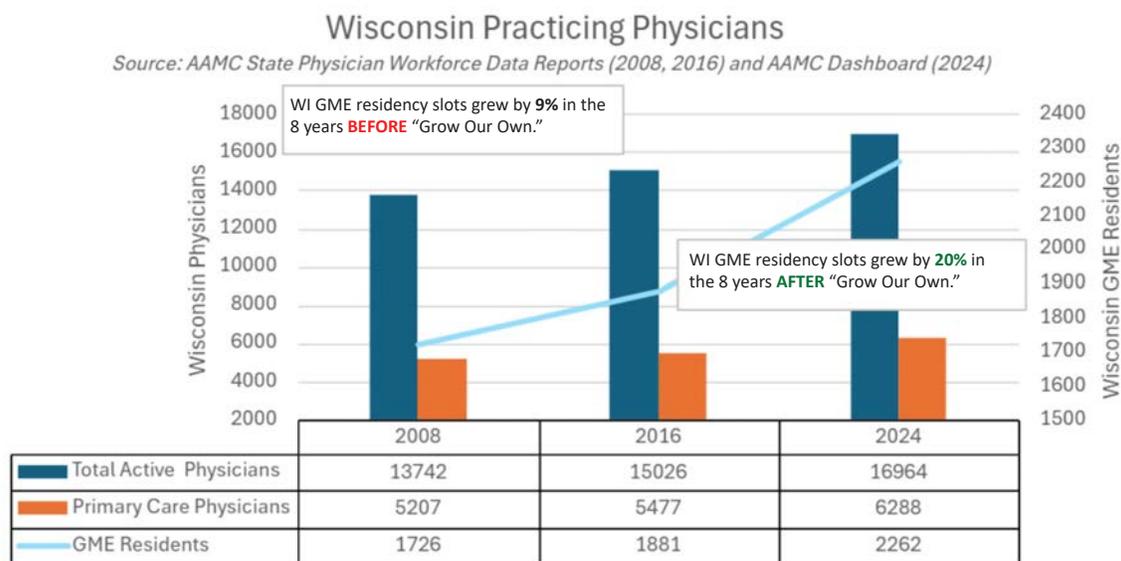
Wisconsin physician training opportunities are growing, but there is still work to be done to keep pace with the Silver Tsunami. The Wisconsin Collaborative for Rural GME (WCRGME) utilized Accreditation Council for GME-approved positions and 2024 population estimates to benchmark per-capita training capacity for seven states (in population rank order from largest to smallest): Missouri, Wisconsin, Minnesota, Louisiana, Oregon, Oklahoma and Arkansas. Their analysis noted:

Wisconsin demonstrates strength in primary care, with Family Medicine (294 slots) and Internal Medicine (330 slots) forming the largest share of its training positions. However, compared to states like Louisiana and Missouri, Wisconsin’s surgical and subspecialty depth is more modest, particularly in Orthopedic Surgery and Dermatology, where it ranks near the bottom per capita.

Despite these gaps, Wisconsin performs well in Anesthesiology, Cardiovascular Disease, and Urology, ranking in the top three per capita for these specialties among peers. These areas of relative strength suggest Wisconsin is well-positioned in certain high-demand specialties but faces opportunities to expand capacity in Emergency Medicine, Psychiatry and complex surgical disciplines to meet future workforce needs.

Wisconsin’s Position Among Peer States - Wisconsin State GME Analysis, WCRGME, December 2025

“Grow Our Own” grants, collaborations like WCRGME and the Wisconsin Academy for Rural Medicine (WARM), and other efforts to increase physician training opportunities are helping to grow Wisconsin’s physician workforce faster. Wisconsin’s total physician workforce showed moderate growth of 9% between 2008 and 2016, and a bit faster pace of 13% growth between 2016 and 2024. In comparison, the strength of Wisconsin’s primary care GME supported triple that rate of growth in practicing primary care physicians. The number of primary care physicians practicing in Wisconsin grew by just 5% between 2008 and 2016. That growth increased to 15% between 2016 and 2024. The pace of GME residency growth more than doubled after the advent of “Grow Our Own,” and the increase paid off in more practicing physicians for Wisconsin.

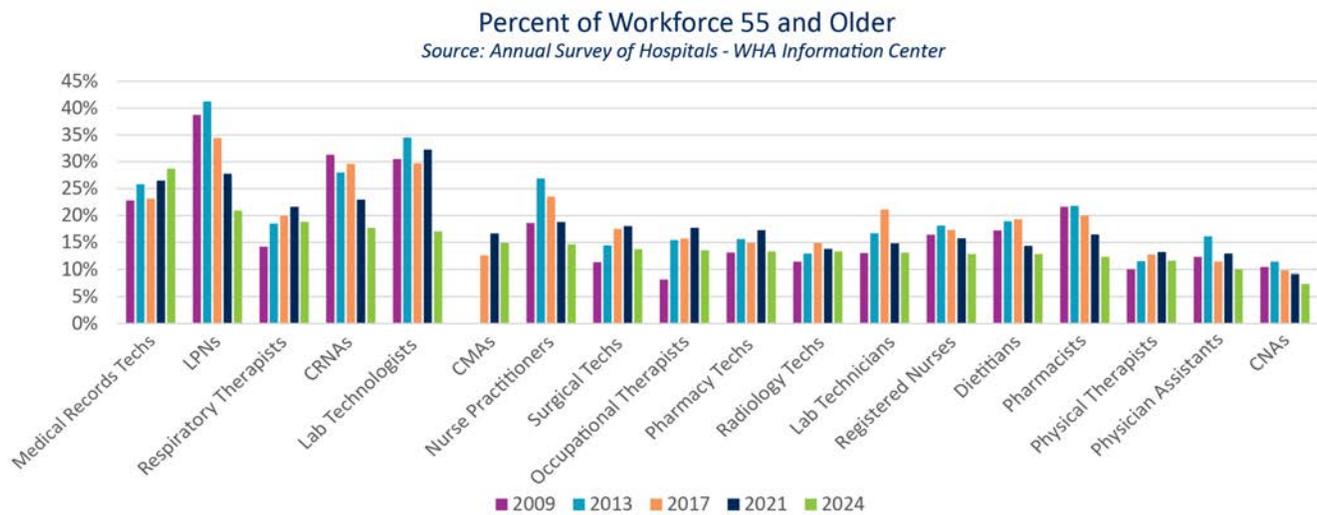


“Grow Our Own” is spurring much needed growth in Wisconsin’s physician workforce, but with the Silver Tsunami creating waves of retirements and surges in demand, it is unlikely the workforce can grow fast enough.

Generational Changes Shrink the Available Workforce

Every industry is experiencing a shifting workforce. Daily, 10,000 members of the baby boomer generation reach the age of 65. Prior to 2011, when the first baby boomer reached retirement age, the percentage of the workforce older than age 55 was trending up. As the surge in retirements began, the workforce age started to decrease.

In 2013, 15 of 18 segments of the health care workforce had 15% or more of their workforce in the 55-plus age range approaching retirement. In 2024, only 5 of 18 professions tracked had 15% or more of their workforce at the 55-plus age benchmark.



This trend will bring relief from surges of retirement for many professions. Unfortunately, a higher percentage of employees over the age of 55 indicates a continuing storm of retirements still ahead for five professions, including four with some of the highest vacancy rates in the health care workforce: LPNs, respiratory therapists, CRNAs and lab technologists.

Physicians Enter the Storm

With a later start in earning, physicians often work longer than the average age of retirement across all industries, which may have delayed the onset of the Silver Tsunami for the physician workforce. The average age of physicians in 2025 is 54.4—more than 10 years older than the U.S. workforce median age of 41.8. Some of the specialties most in demand for an aging population, such as orthopedics, cardiology and cardiac surgery, have an average age of 62, putting many of these specialists within a decade or less of retirement. ⁽³⁾

A 2016 *Annals of Family Medicine* study of primary care physicians found that 85% of male physicians and 75% of female physicians age 65 were still in active practice. That percentage didn't drop below 50% until the age of 75. The study found no difference between rural and urban physician age in active practice. Median retirement ages were comparable across all major specialties to the overall median, with cardiologists having the latest median retirement age and physicians in obstetrics and gynecology the earliest. ⁽⁴⁾

The same study analyzed the impact of extending or decreasing the period of clinical practice. Shifting retirement age down to 64 instead of 66 resulted in a 16% increase in projected physician shortages. Strategies aimed at keeping clinicians practicing longer, such as reduction in weekend work or on-call requirements, put hospitals at a competitive disadvantage to workplace settings that can provide Monday through Friday daytime hours.

Elimination of burdensome administrative, regulatory and payer requirements also lighten the load for practicing physicians and are solutions health care leaders, policymakers and payers can work together to attain. Because hospitals are among the most heavily regulated industries, there is great opportunity to remove burden from the workforce and level the playing field with other, less regulated settings.

From: **FSMB Census of Licensed Physicians in the United States, 2024**

Journal of Medical Regulation. 2025; 111(2): 7-17. doi:10.30770/2572-1852-111.2.7

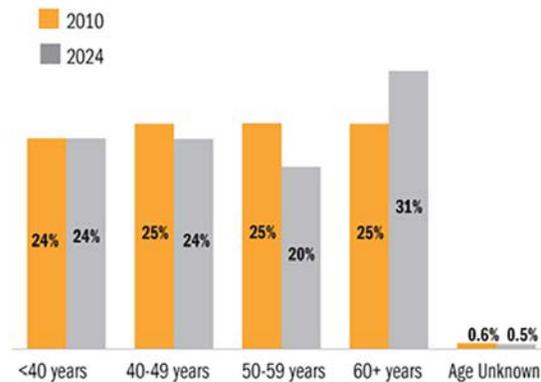


Figure Legend:

Licensed Physicians in the United States and the District of Columbia by Age, 2010 and 2024

A later retirement age may have delayed the onset of the Silver Tsunami for the physician workforce, but data from the 2024 FSMB Physician Census indicates the U.S. clinician workforce is now in the eye of the storm.

The segment of physicians 60 years and older has grown by 57% since 2010, while the segment aged 49 and younger has grown by only 25%.⁽⁵⁾

If we cannot grow Wisconsin’s workforce fast enough, the fragile state of stability Wisconsin is returning to will be disrupted, and in turn will disrupt access to needed care.

Accessible Career Pathways Stabilize Wisconsin’s Health Care Workforce

Based on the success of the “Grow Our Own” GME grants, and at the urging of WHA, bipartisan legislation enacted as Wisconsin 2017 Act 57 created Advanced Practice Clinician (APC) and Allied Health training grants. As of November 2025, the Wisconsin Department of Health Services had awarded a total of 144 “Grow Our Own” matching grants to hospitals, health systems and GME programs, creating a \$98 million public-private investment to grow Wisconsin’s health care workforce.

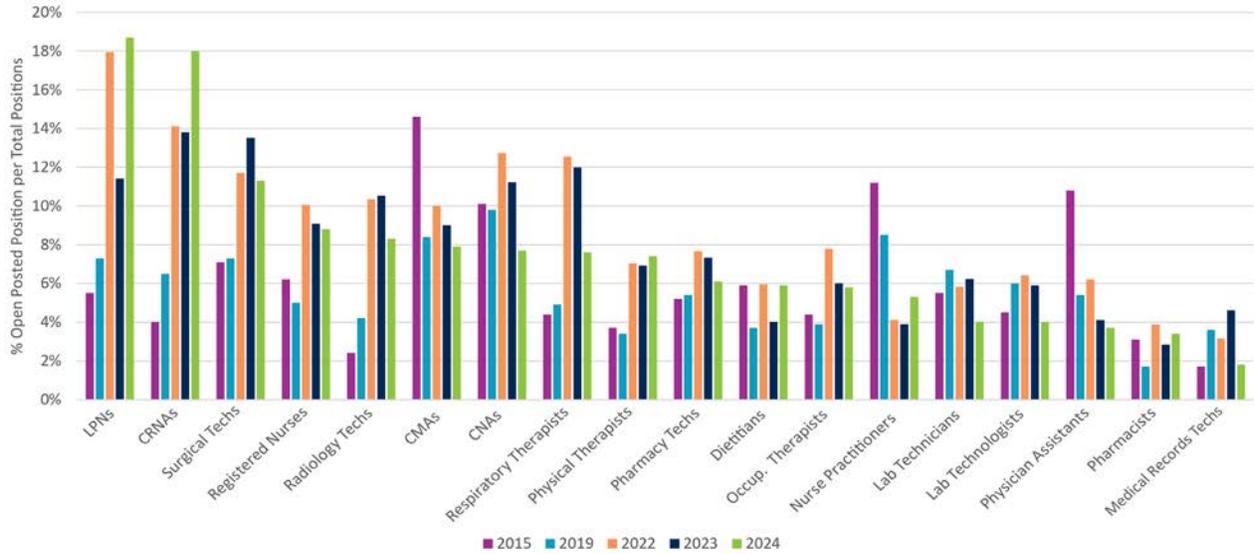
Training coalitions of hospitals, Wisconsin technical colleges and universities, apprenticeships, hospital-based programs and other training entities use grant dollars and matching funds from hospitals to provide growth opportunities for hospital staff and community members that build teams and foster improved retention.



Photo courtesy of Gunderson Moundview Hospital

Vacancy Rates for Selected Hospital Professions

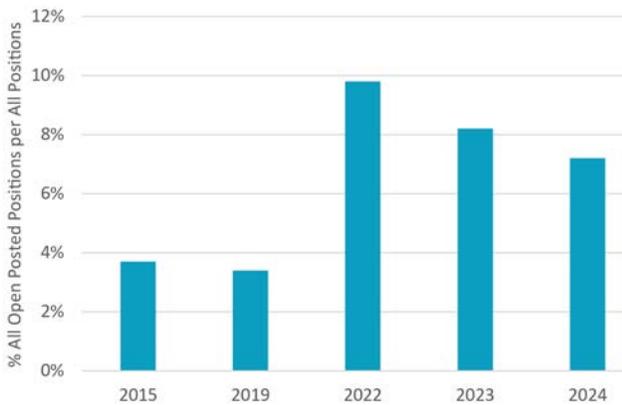
Source: Annual Survey of Hospitals - WHA Information Center



These efforts have succeeded in stabilizing the hospital workforce. Only 3 of the 18 vacancy rates followed by WHA’s annual Workforce Report are in double digits, less than half the number reported just two years ago.

Overall Vacancy Rate

Source: Annual Survey of Hospitals - WHA Information Center



The overall vacancy rate in Wisconsin hospitals peaked in 2022, with 1 in 10 hospital positions vacant as of September 30, 2022. Job openings have continued to fall as hospitals make strides in recruiting and retaining staff. The overall vacancy rate as of September 30, 2024 stood at 7.2%. Progress is being made, but that vacancy rate is still more than double the overall rate of 3.4% in 2019.

The three professions with the highest vacancy rates, licensed practical nurses (LPNs), certified registered nurse anesthetists (CRNAs), and surgical technicians and technologists (surg techs) have all felt the impact of recent change.

With a sustained nursing shortage in Wisconsin and across the nation, the LPN workforce is seeing a resurgence in demand by hospitals, providing competition to the more traditional LPN work settings of clinics and nursing homes.

Policies enacted to leverage career pathways also have an impact. In Wisconsin, a nursing student may take their LPN board exam when they have completed the required coursework and clinicals, and become licensed as an LPN, even as they continue nursing school to prepare for their registered nurse (RN) exam and licensure. This helps address the need for more registered nurses and nurse practitioners (NPs), but creates increased turnover and a rising LPN vacancy rate.

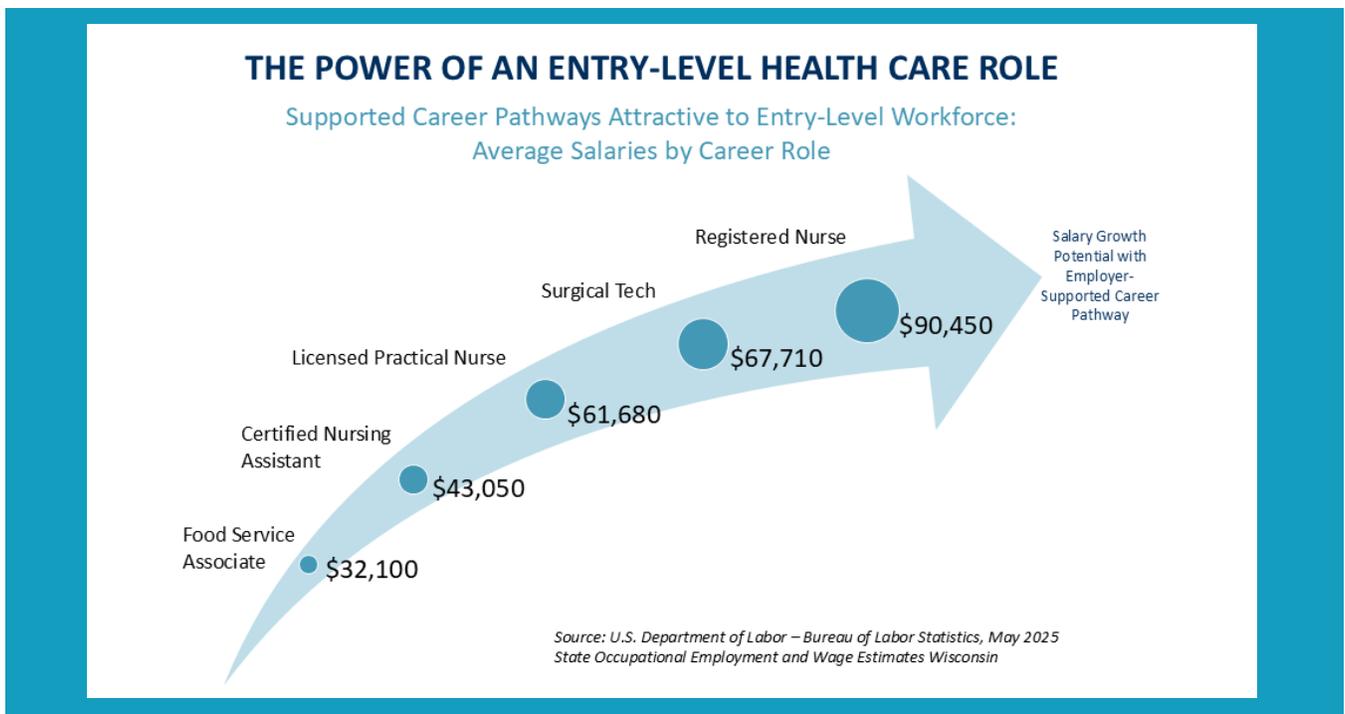
The nursing career pathway, despite repeated efforts by professional and educational bodies, including the American Nurses Association and the American Association of Colleges of Nursing, to make a bachelor’s degree the minimum point of entry for RNs and a doctorate a requirement for NP practice, continues to provide flexibility and multiple educational pathways to practice. This allows interim entry points to practice and earn. It also provides an opportunity for new entrants to pursue a career in nursing at whatever level best suits ambitions, needs and circumstances. This flexibility is especially appealing to younger generations entering the workforce. ⁽⁶⁾

While nursing pathways have retained broad accessibility, surg techs and CRNAs have experienced increased requirements in their educational pathways in recent years. Surg techs pursuing a technical college educational pathway now take two years, rather than one, to be eligible for national certification, lengthening entry into the workforce and doubling the faculty and space requirements for schools. CRNAs are now required to complete a doctoral degree rather than a masters to be eligible for national certification, narrowing what is already a very competitive pathway to the profession; only 24% of applicants to CRNA programs gain admission.⁽⁷⁾

Policy changes recently proposed in Wisconsin would further narrow the surg tech pathway to practice, and threaten apprenticeships, employer-based training programs and, in fact, any training program not based at a technical college.

WHA, our members, the Rural Wisconsin Health Cooperative (RWHC) and Wisconsin Technical College System (WTCS) are encouraged by the interest shown in health care career programs at WTCS, but are also aware that programs aren't always able to keep up with interest in the profession or demand in the industry. Data shared by WTCS show nearly 1,000 individuals are already waiting for a seat in the WTCS surg tech programs. Making this the only pathway to this in-demand profession is ill-advised, as is narrowing any health care career pathway in an environment of rising demand and a shrinking available workforce.

Lengthening duration, narrowing access or creating other barriers to entry also threatens a benefit that health care offers over other industries—easily identifiable and accessible career pathways for several segments of the workforce.



Hospitals and their employees can invest time, training and dollars and see their investment double or triple an individual's earnings while addressing critical workforce shortages for patients, health care teams and employers. With the health care workforce striving to gain on the Silver Tsunami, leveraging supported career pathways, and keeping those pathways accessible and flexible, is more important than ever.

Hospitals and health systems are not just relying on their partners in education and government to fix the problem; they're devoting time and resources to supporting the growth of their workforce. In 2024, WHA and the WHA Foundation launched a digital media campaign and a hospital career exploration website highlighting the many career options hospitals and health systems provide.

The campaign, *So Many Options*, was developed at the urging of WHA member leaders and the WHA Board of Directors. It is aimed at middle and high school students and their adult influencers, such as parents and teachers.

In addition to providing resources like printed materials directing students and their influencers to the hospital career exploration website, the *So Many Options* campaign strengthened the partnerships between hospitals, school systems and HOSA-Future Health Professionals, a school-based student organization that provides members with opportunities to explore health care career options and experiences.

The number of school systems in Wisconsin with a HOSA Chapter has almost doubled in the past five years. *So Many Options*, WHA and WHA members are proud to have played a role in that growth. In collaboration with local hospitals, the WHA Foundation is providing grants to support HOSA-Future Health Professionals chapters in middle and high schools. Since beginning this program in 2024, the WHA Foundation grants, with matching funds provided by hospitals and health systems, provided \$59,500 to 44 schools in Wisconsin.

Health care leaders and their partners in education and government must continue to look for opportunities to support access to training for professions where current educational pathways are not able to support demand.

Technical college, university and hospital partnerships, along with hospital-sponsored programs, apprenticeships and other innovative approaches offer opportunities to create broader pathways to profession and break down barriers for new entrants.

In addition, it is vital that the impact of sustained shortages on patient access and on the current workforce are part of the risk-benefit evaluation when changes to career pathways are considered.

Improved Retention Increases Workforce Stability

New entrants to the health care workforce are essential to resolving shortages. Retention is just as vital. 2021 and 2022 saw unprecedented levels of turnover as health care workers changed jobs or left the field altogether.

Lower rates of turnover across many of the professions tracked in WHA's annual survey of hospitals are another sign of increasing workforce stability.

Two years ago, turnover rates were reported at or above 20% for half of the workforce segments followed in WHA's annual Workforce Report. In this year's report, only three professions—nursing assistant, lab technician and LPN—are at or above a 20% turnover rate.



The flyer features a photograph of five healthcare professionals (three men and two women) in clinical attire, smiling. Below the photo is a colorful circular graphic with segments in yellow, green, blue, and red. The text on the flyer includes: 'There are SO Many OPTIONS to thrive after high school in a Wisconsin hospital.'; 'Do you want a career:' followed by a bulleted list: '• With room to grow?', '• Where you can serve your community and find your people?', and '• With flexibility that fits your schedule?'; 'To explore your options, visit:' followed by a QR code and the URL 'www.wihealthcarecareers.com'; and 'The sky's the limit for you in a Wisconsin hospital.'

So Many Options Student-Focused Flyer

Retention rates are improving but the three professions with the highest vacancy rates - LPN, CRNA and surg tech - are three of the five segments of the workforce where turnover rates are increasing.

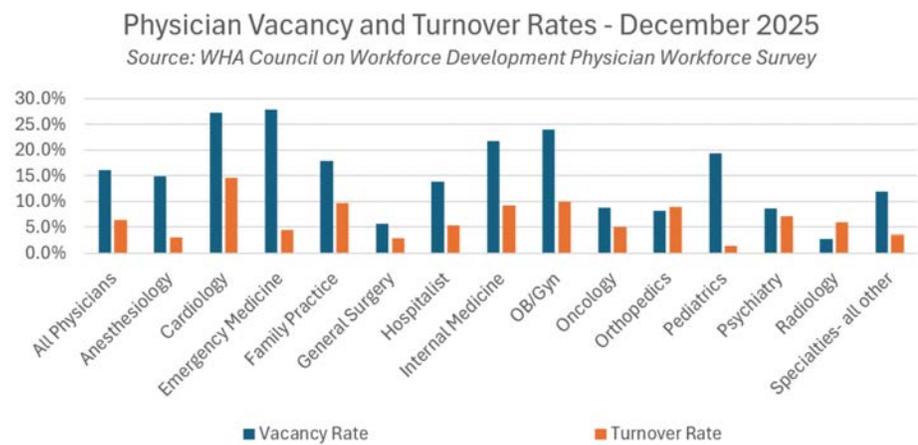
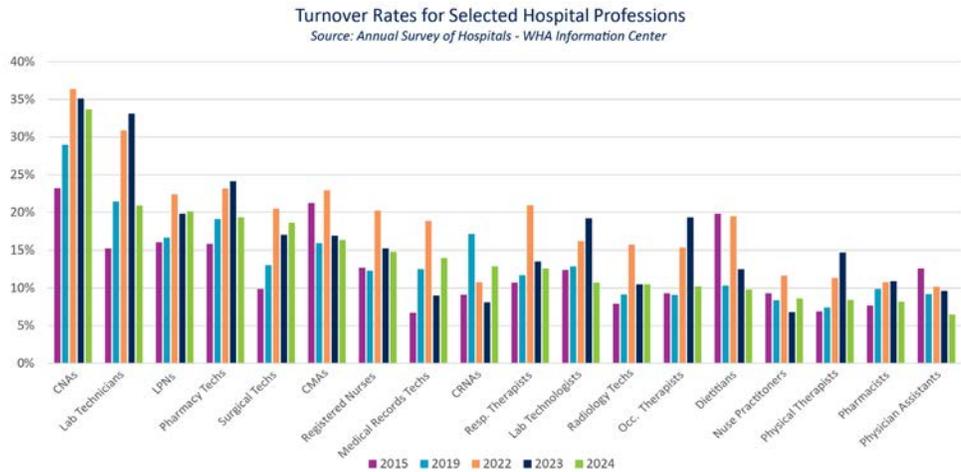
Increased competition during times of shortage creates the opportunity for health care workers to seek higher pay and benefits, a schedule that fits their personal preferences or an appealing team environment. Hospital and health system leaders are offering bonuses, increased pay and benefits and flexible scheduling to reduce turnover. They are also working to create and sustain positive work environments to improve retention.

Workforce demographics play a role in turnover. CRNAs are only able to enter their education program after sufficient critical care experience as a registered nurse, making CRNAs one of the segments of the health care workforce with the highest percentage of incumbents over the age of 55. Amidst surges of retirements, the CRNA workforce vacancy rates will take longer to make a turnaround as new entrants to the field must gain critical care experience and then pursue a degree pathway that ranges from 36 to 51 months.

Leveraging team models can be a key strategy to withstand the storm. The anesthesia workforce is made up of physician anesthesiologists, CRNAs, and a relatively new profession, anesthesia assistants. With a physician workforce rapidly reaching retirement age and double-digit shortages of CRNAs, hospitals and health systems are focused on growing the anesthesia workforce faster while looking to leverage team models to keep their operating rooms and surgery centers available to the communities they serve.

Wisconsin's Physician Workforce Lagging Demand

Wisconsin's physician workforce is growing, but a Physician Workforce Survey completed in December 2025 by the WHA Council on Workforce Development suggests that even with an intense focus on growth, and a turnover rate lower than their allied health and nursing teammates for most specialties, the pace of growth is not fast enough.



Survey responses included specialty information for 1,947 employed physicians and 373 posted physician positions being recruited. The overall turnover rate was just above 5%. The overall vacancy rate was just above 15% and all but five of the specialties tracked had double-digit vacancy rates with Emergency Medicine, OB/Gyn and Cardiology with the highest rates in this survey.

The WHA Council on Workforce Development Physician Workforce Survey provides similar data to the WHA-Information Center (WHAIC) annual Personnel Survey but with a key difference that must be accounted for when looking at the data. Turnover rates in both surveys are a retrospective measure, looking back at how many physicians or personnel retired or changed employment during the prior year.

Vacancy rates for the nursing and allied health professions, assessed in the WHAIC annual Personnel Survey, are a concurrent look; a single-day snapshot of posted positions. Physician vacancy rates can include both current and projected need. Because physician recruitment is an intense and lengthy process, and gaps in the physician workforce can jeopardize care access and service lines, hospitals and health systems may post positions a year or more in advance of anticipated retirements, turnover, growth in demand or other factors that increase the need for physicians.

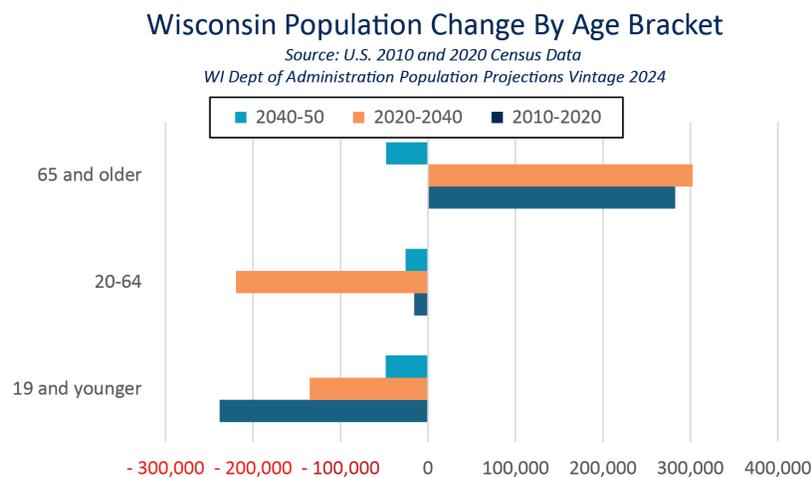
Wisconsin’s health care workforce is growing faster, but it is unlikely to grow fast enough to keep pace with Wisconsin’s dual demographic challenge: increased demand for health care and a shrinking available workforce.

WISCONSIN’S DEMOGRAPHIC CHALLENGE

The Available Workforce is Shrinking

Wisconsin’s population growth continues to decline in the 21st century. The 2020 census showed just a 3.6% increase in state population over the decade prior. That growth rate is 40% lower than the growth rate from 2000-2010 and 60% lower than the growth rate from 1990-2000.

Further compounding the challenge, only Wisconsin’s population older than 65 has grown since 2010. Wisconsin’s working age population started to decline in the decade between 2010 and 2020. With current life expectancy and declining birth rates, the working age and youth population is expected to continue to decline through 2050. Between 2040 and 2050, even the age bracket 65 and older is not projected to grow.



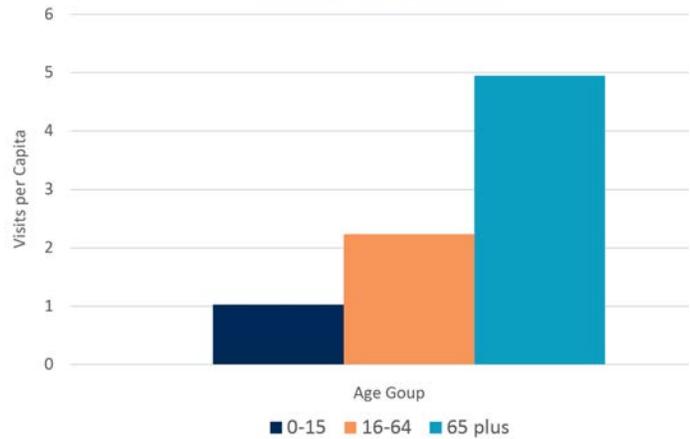
Health Care Demand is Rising

The baby boom generation includes those born between 1946 and 1964. The oldest baby boomer turned 65 in 2011, and the youngest will turn 65 in 2030, putting the nation three-quarters of the way through this large demographic group's workforce exodus. The surge of retirements will ease in the 2030's, but increased health care demand will persist for decades to come.

Every industry is facing surges of retirement, but health care is facing an additional challenge as chronic conditions and health care demand increase as we age. Data on health care encounters from the WHAIC demonstrates this increase, with those 65 and older having five times more visits per capita than those younger than age 15 and more than twice as many visits as those age 16 to 64.

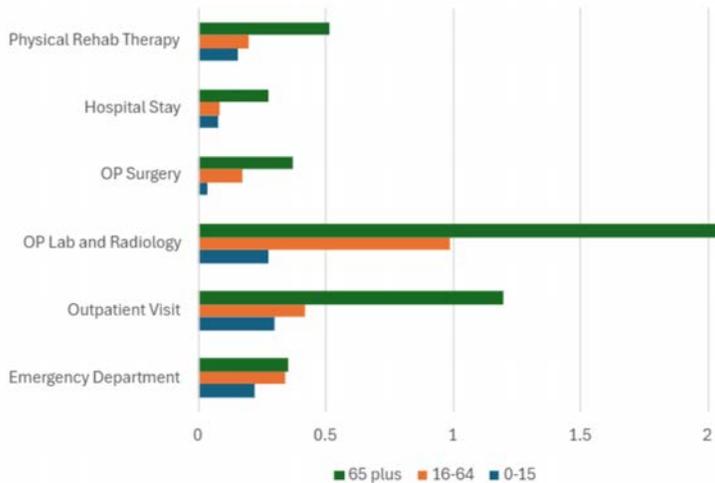
Annual Visits per Wisconsin Population, 2024

Source: WHA Information Center Discharge Data Set and 2020 U.S. Census - WI Population



Visits per Wisconsin Population by Age Group and Setting

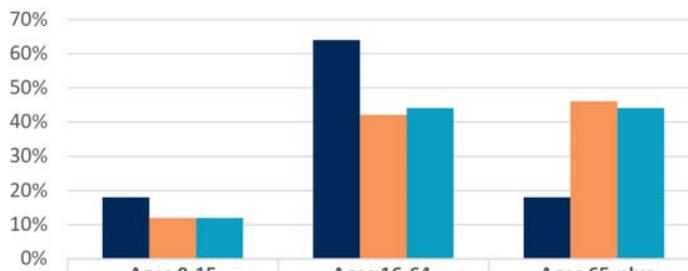
Source: 2024 WHA Information Center Discharge Data Set and 2020 U.S. Census - WI Population



Emergency Department utilization shows the least difference in demand between age groups.

Health Care's Demand Challenge

Source: WHA Information Center Discharge Data and 2020 U.S. Census 2020 Population



For those 65 and older, the proportion of health care visits is two and a half times greater than the proportion of that age group in the state's population.

According to the National Council on Aging, citing research published in 2025, 93% of adults age 65 and older have at least one chronic condition, while 79% have two or more. ⁽⁸⁾

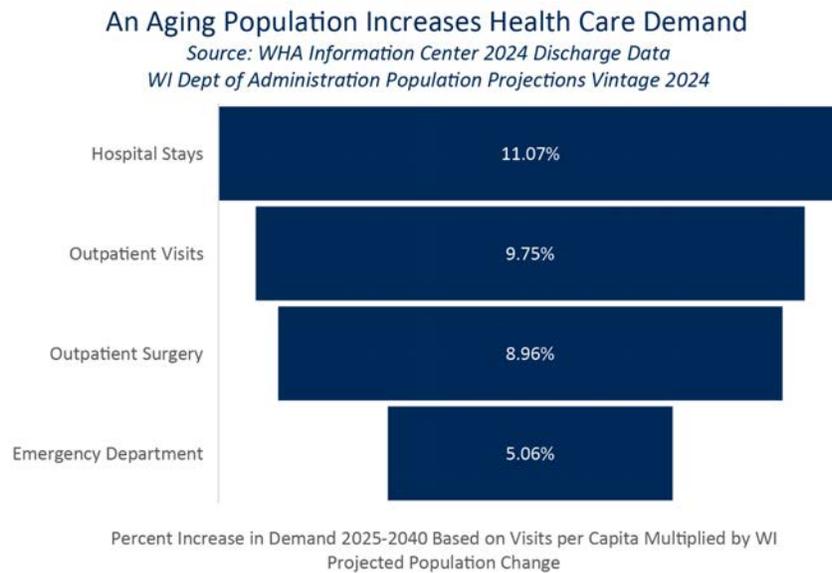
	Ages 0-15	Ages 16-64	Ages 65-plus
■ % of Wisconsin Population	18%	64%	18%
■ % of Hospital Stays	12%	42%	46%
■ % Outpatient Visits	12%	44%	44%

Advances in care and improvements in population health can mitigate increases in demand, but with many Wisconsinites already experiencing chronic conditions, especially in the fastest growing age group in the state, those over 65, an increase in health care demand is unavoidable.

More Capacity is Needed

Utilizing the visits per age group and the projections for Wisconsin’s population change, hospitals and health systems will likely face an increase in overall demand of almost 10% above current levels by 2040.

Meeting demand will require investment in infrastructure and in workforce—investment that will be harder to come by as an aging demographic shrinks the available workforce and, at the same time, shifts reimbursement.



Generational Shifts Mean Reimbursement Shifts

Demographic shifts increase health care demand and shrink the available workforce. The aging of the population is also creating a shift in health insurance coverage as 10,000 baby boomers a day reach retirement age and eligibility for Medicare. Data from the WHAIC shows this shift in hospital payer mix; between fiscal year 2016 and fiscal year 2024, Medicare increased by 5.3% and commercial insurance decreased by 4.9%.

Medicare reimbursement falls short of the expense of providing care by 26 cents on every dollar. Using fiscal year 2024 data, a 1% shift from commercial insurance to Medicare could reduce hospital revenue across the state by \$286.7 million.

Even the most stringent efforts to cut costs or utilization cannot bridge the gap between reimbursement and the cost of providing care, much less provide the investment necessary to grow the infrastructure and workforce to keep pace with increasing health care demand.

MEETING HEALTH CARE DEMAND WITH THE AVAILABLE WORKFORCE

To keep pace with rising health care demand with a workforce that cannot grow fast enough, Wisconsin must also leverage teams, top-of-license and technology to increase capacity while reducing administrative, regulatory and payer burden for those we rely on to provide care.

Help Clinicians and Teams Reach Their Full Potential

Inability to fill or retain frontline technical positions impacts top-of-license practice. Physicians, nurses, pharmacists, physical therapists and other highly trained professionals must perform support-level tasks because of unfilled gaps or team turnover.

Hospitals, health systems and their partners in education must wisely grow and train the segments of the workforce needed to build high-functioning teams. Policymakers must help break down barriers to education, training and top-of-skill practice.

Internal and external policy can impact the ability of team members to perform at the top of their skill level. Tasks historically performed by primary care physicians are now being performed by advanced practice clinicians. Front-line team members safely and effectively deliver services delegated to them by a physician, advanced practice clinician or registered nurse. Outdated state statutes, crafted before health professions such as physician assistants or advanced practice nurses were prevalent, must be identified and updated to reflect the education, training and experience of health care professionals.

Leverage Technology to Reduce Workload and Support Patient Care

Clinical workforce technology can improve care quality and coordination, support clinicians and teams and directly impact physical work. Life-size robots can take on chores that unnecessarily absorb a significant amount of a nurse's time, or ambient listening can help clinicians document office visits and streamline workflows for health care teams. The best innovations improve both patient experience and streamline workflows, like the utilization of real-time location system technology to map and coordinate team workflows and guide patient journeys.

New models of care, such as telehealth monitoring, recovery care at home and hospital at home are aided by technology. Policymakers can help here, too. More flexible reimbursement and regulation can support unique patient and family needs within the bounds of available community resources and enhance the continuum of care.

Optimization of technology and transformational use of artificial intelligence will require investment and the partnership of health care experts, employers, health professionals and policymakers to enhance care for patients and work for clinicians, with needed guardrails but not unnecessary barriers.

In addition, both government and private payers must recognize that gaining and sustaining advanced technologies comes at a cost.

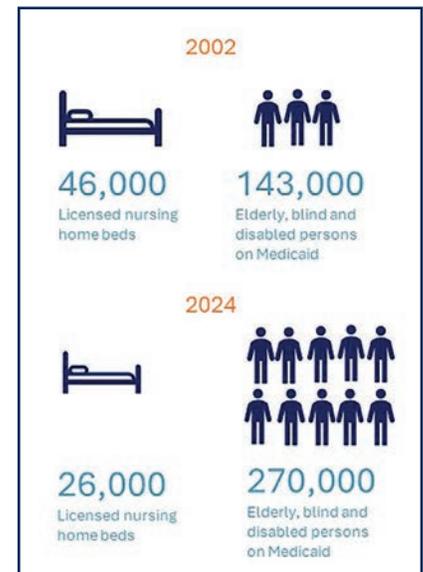
Support the Continuum of Care

The age of our population is a demographic force that is largely immovable, but other gaps can and must be corrected if Wisconsin is to weather the Silver Tsunami.

Technology can be utilized to support the continuum of care, as can the ability of hospitals and health systems to triage patients to and from community hospitals, critical access hospitals and tertiary care centers, and into hospital swing beds. This is essential as bottlenecks already exist that are creating longer waits for patients and their families.

The need for post-acute care is going to continue to grow as our state's elderly population grows. The current trajectory in nursing home bed supply is exacerbating the issue. Data from the Department of Health Services shows that in 2002, there were more than 46,000 nursing home beds licensed in Wisconsin, available for the needs of about 143,000 elderly, blind and disabled individuals enrolled in Medicaid. In 2024, that number was 26,000 licensed nursing home beds in Wisconsin for almost 270,000 elderly, blind and disabled individuals.

This has created a bottleneck for patients and families and for hospitals and their workforce. Each day, hundreds of community members ready to leave the hospital cannot because either the post-acute care they need is not available or they are waiting for lengthy guardianship processes to take place. Unnecessary days spent waiting increase inpatient length of stay and hospital workforce demand with no increase in reimbursement. As beds remain full, so do emergency departments as patients wait for a needed inpatient bed, further straining the hospital workforce.



To help break up this bottleneck, laws must support patients and families as they seek care in the best setting for their loved one. Wisconsin law places restrictions on the ability of next-of-kin to help when an incapacitated family member needs care in a nursing home or assisted living center. Due to these restrictions, an individual who no longer needs hospital care may wait two to three months or more for the courts to approve a guardian who can help the individual get the post-acute care they need.

Relieve Workforce Burden

State and national policymakers and agencies, health care employers and industry electronic health record (EHR) experts must also reduce regulatory burden that is increasing, not decreasing, and frustrating clinicians young and old.

A 2017 study published in the *Annals of Family Medicine* found that physicians spend more than one-half of their workday, nearly six hours, interacting with the EHR during and after clinic hours. A 2024 update to this study notes that physicians are “more tethered to the EHR than ever.” The time family practice physicians spent in the EHR was 20% higher than just three years before; inbox time was up 24%.⁽⁹⁾

A key driver of burden and burnout faced by health care professionals and hospitals is compliance with a growing number of regulations and requirements. Evidence of compliance is often through expanding documentation in EHRs. This impact is compounded when state and federal requirements overlap but require different efforts to comply; even more frustrating are requirements that are confusing, overly complex or conflict with other rules or regulations.

Regulatory compliance is a major drain on the health care workforce. An average sized hospital dedicates 59 full-time equivalent workers (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.⁽¹⁰⁾

Regulation is intended to ensure that patients receive safe, high-quality care. Not all the rules improve care or safety, but all of them require time and action by our health care workforce. Time spent meeting regulatory, payer and documentation requirements pulls providers away from patients. When these requirements are viewed as unnecessary, confusing or overly burdensome, they threaten workforce well-being and unnecessarily hinder care and access.

Perhaps the promise of EHRs to make data more accessible and of technology to lighten the load has even made it seem more acceptable to add regulatory requirements, but the reality is that unnecessary regulation carries a time commitment our health care workforce cannot afford.

Insurance practices also consume precious workforce time and energy. Practices such as backend denials of emergency care, pre-authorization of care, denials of payment and mid-contract changes in provider and patient requirements are increasing in frequency and intensity, burdening and burning out our health care workforce.

Prior authorization creates well-documented delays in treatment and is one of the most frustrating administrative tasks for health care professionals. In the 2024 *American Medical Association Prior Authorization Physician Survey*, 9 in 10 physicians reported that prior authorization “somewhat or significantly” increased physician burnout. Ninety-three percent of physicians said the process delays care and 82% of physicians reported that prior authorization leads to treatment abandonment.

According to that same survey, physicians and their staff spend nearly two full days a week completing prior authorization requests for insurance companies. Prior authorization is just one example of insurance processes that pull providers away from patients. With rising demand and a shrinking available workforce, this is time health care can’t afford.

Policymakers, payers, proponents of care improvement initiatives, along with hospitals and clinicians, must set reasonable requirements and ensure that the added benefit outweighs the additional work or the barriers to access, before creating new regulations or requirements. They must also actively seek to reduce regulatory burden on teams needed to care for patients.

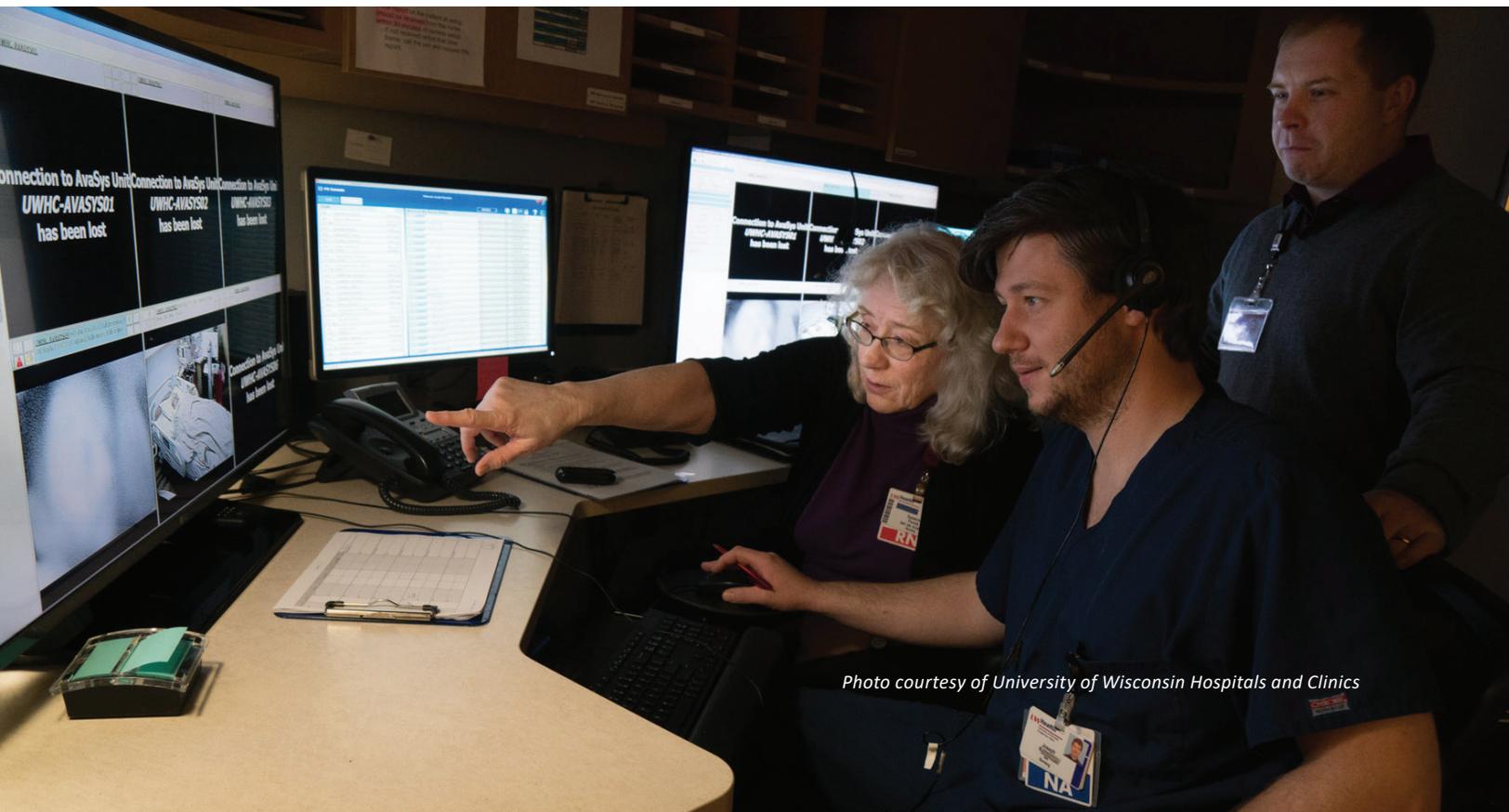


Photo courtesy of University of Wisconsin Hospitals and Clinics

WHA WISCONSIN HEALTH CARE WORKFORCE RECOMMENDATIONS

More than a decade ago, WHA's annual Workforce Report first drew attention to the impact that the Silver Tsunami had pending for health care and the health care workforce. WHA emphasized the need to grow the workforce faster while increasing the capacity of the available workforce to meet the rising health care needs of an aging population. Increasing capacity could be achieved by leveraging teams, technology and top-of-skill while eliminating unnecessary demands on health care teams.

Wisconsin has done a great job of growing the healthcare workforce since WHA began raising the alarm. Advancements have been made in building team models and technology that support patients and providers, and new Wisconsin policies are helping health care professionals work to their full potential. Unfortunately, burdensome payer requirements and unnecessary or overly complex regulations are such that, even with the progress made, the health care workforce is falling behind.

The payer and regulatory burden getting between health care teams and the patients they care for is a correctable cause that must be addressed with greater urgency and, very intentionally, tops the list of this year's WHA Wisconsin Health Care Workforce recommendations.

2026 Recommendations

Policymakers, educators, employers and health care professionals should act to:

- 1. Break down barriers to entering and remaining in the health care workforce, including legal, regulatory and payer barriers, and mitigate internal and external factors that hinder workplace culture and workforce well-being.**
 - » Make reimbursement models and regulation more flexible to support unique patient and family needs within the bounds of available community resources and systems of care.
 - » Set reasonable requirements and ensure the added benefit outweighs the additional work required, or the barriers to access created, before adopting new regulations or requirements.
 - » Mitigate insurance company policies and practices that unnecessarily delay and deny care at hospitals and get between providers and their patients.
- 2. Create, expand and support accessible and achievable educational and occupational pathways.**
 - » Provide potential entrants with career exposure, experience and support.
 - » Partner to increase capacity at technical colleges and universities and to leverage apprenticeships and other employer-based training opportunities.
 - » Ensure that the impact of sustained shortages on patient access and on the workforce in place are part of the risk-benefit evaluation when changes to career pathways are considered.
 - » Increase funding to "Grow Our Own."
- 3. Identify practice, policy and payment reforms that allow health care professionals and teams to reach their full potential, encourage innovative use of teams and technology, and support the continuum of care.**
 - » Recognize the potential of new models of care aided by technology, such as telehealth monitoring, recovery care at home and hospital at home through updated reimbursement and regulation.
 - » Identify opportunities to optimize the use of technology, simulation and artificial intelligence to enhance educational pathways, care for patients and work for clinicians with needed guardrails, but not unnecessary regulation.
 - » Update state law to support patient and family decision-making as they seek post-acute care to relieve bottlenecks in the continuum of care.



Photo courtesy of Westfields Hospital & Clinic

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