



2025

Wisconsin Health Care
Workforce Report

March 2025

Cover photo from WHA's *So Many Options* hospital career exploration website
<https://www.wihealthcarecareers.com>

Table of Contents

A Message from the Chair of the WHA Council on Workforce Development	1
Executive Summary	2
Health Care Challenges Compounded by Demographic Change.....	3
Wisconsin’s demographic challenge.....	3
Wisconsin hospital workforce grows to meet rising demand	5
Bottlenecks hinder care and burdens weigh down the workforce.....	7
Hiring gains start to narrow employment gaps	12
Wisconsin Health Care Workforce Condition: Serious, But Stable.....	13
Wisconsin hospital employment continues to grow	13
Rapid growth still not bridging the gap	14
Wisconsin and the nation continue to experience a sustained nursing shortage	16
Improved retention stabilizes the hospital workforce.....	17
Wisconsin turnover rates compare favorably to national levels	18
Accessible and supported career pathways attract and retain employees	19
Growing health care workforce diversity	21
Accessible and attainable educational pathways are essential	23
Provide clinical training in diverse settings to grow and retain the workforce	25
Physician shortages must be mitigated	26
Meeting Wisconsin’s Health Care Needs with the Available Workforce	27
Allow health care professionals and teams to reach their full potential.....	27
Licensure processes must welcome providers to Wisconsin.....	28
WHA Wisconsin Health Care Workforce Recommendations.....	29
References	30

A Message from the Chair of the WHA Council on Workforce Development



Eilidh Pederson

Never has workforce been so integral to ensuring healthy outcomes for those we serve. Ensuring talented and expert health care professionals are available is paramount to patient safety. 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 witnessing WHA's efforts around supporting, sustaining and growing the health care workforce. Their work and the work of the council is essential to performing our shared mission of meeting the health care needs of the communities we serve.

I have also been privileged to lead my organization to meet these challenges and expand needed services to the region. This response has required innovation and teamwork, and, at times, a leap-before-you-look approach to meeting the needs of the communities we serve. I've been inspired by the can-do attitude of the care teams and dedicated professionals serving Wisconsin. I also know that continued support and investment by our state leaders, our partners in education and hospitals and health systems, will be essential to sustaining and protecting our health care workforce into the future.

WHA has long been recognized as a leader in health care workforce analysis and advocacy. The 2025 Wisconsin Health Care Workforce Report marks the 21st year WHA has produced this annual report. Used to drive policy and enable hospitals to make crucial decisions around staffing and supporting "grow from within" initiatives, this report utilizes state and national studies, reports from experts and the experience of hospital leaders to provide important data and offer recommendations for action.

Health care is contending with an aging population and workplace challenges that put the industry at risk of a shrinking workforce. This paired with increasing health care needs, hospital bed shortages and nursing home bottlenecks is a recipe for disaster. This trifecta leads to delays in patient care and rising costs, compounded with reimbursement pressures.

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 service lines that exist. In my opinion, it is the greatest job in the world (outside of being a mom)! I am confident in my fellow health care leaders, along with Wisconsin's fine educational institutions and dedicated elected officials and policymakers, that we will take action based on WHA's workforce 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
Chair of the WHA Council on Workforce Development

Executive Summary

Throughout 2023 and 2024, hospitals and health systems saw continued high demand, with very busy emergency departments and operating rooms and high inpatient census. Hospital employment grew and vacancy rates decreased slightly. Labor, supply and pharmaceutical costs continued to rise well above the pace of inflation. Payer tactics such as delays and denials of care absorbed more and more clinician time. The hurricane-induced closure of the nation's largest intravenous fluid supplier highlighted ongoing shortages and supply line disruptions that, in addition to increasing costs, require a frustrating amount of time and added steps for the health care workforce.

The Silver Tsunami continues to surge through Wisconsin and the nation as 10,000 members of the baby boomer generation reach the age of 65 each day, creating surges of retirements for every industry and a dual challenge for health care. Aging creates the need not just for more health care, but a higher intensity of health care. Care that could be provided in an outpatient setting for younger people often requires a hospital stay or a greater number of diagnostic services or clinical interventions for older individuals. The cost of this higher intensity care is often not recognized by payers or the algorithms or averages they utilize to approve care. Even as the demand for care increases, reimbursement is stagnant or even decreasing.

As baby boomers retire and younger generations replace them, a multi-generational workforce is asking for more flexibility in educational and career pathways, challenging employers, educators and policymakers to support new models of education and access for those who aspire to join the workforce. Additionally, every generation expects to be allowed to use the knowledge and skills they gain to care for patients, not tend to red tape.

Wisconsin's health care workforce must grow faster. Health care employers are working hard to retain current employees, re-recruit those who left for what they thought might be greener pastures and attract new talent to health care fields in Wisconsin. Hospitals and the health care workforce are seeing signs of improvement as vacancies lessen and turnover stabilizes and improves.

To sustain this comeback, hospitals, health care professionals and their partners in education and government must pursue strategies aimed at realizing the full potential of health care teams. They need to leverage innovative technologies to achieve greater efficiencies and create better connections with patients while removing regulatory barriers and constraints that inhibit entry into the workforce, impede care delivery and consume precious workforce time, energy and resources.

Wisconsin's health care workforce needs organizational, public and payer policy that will:

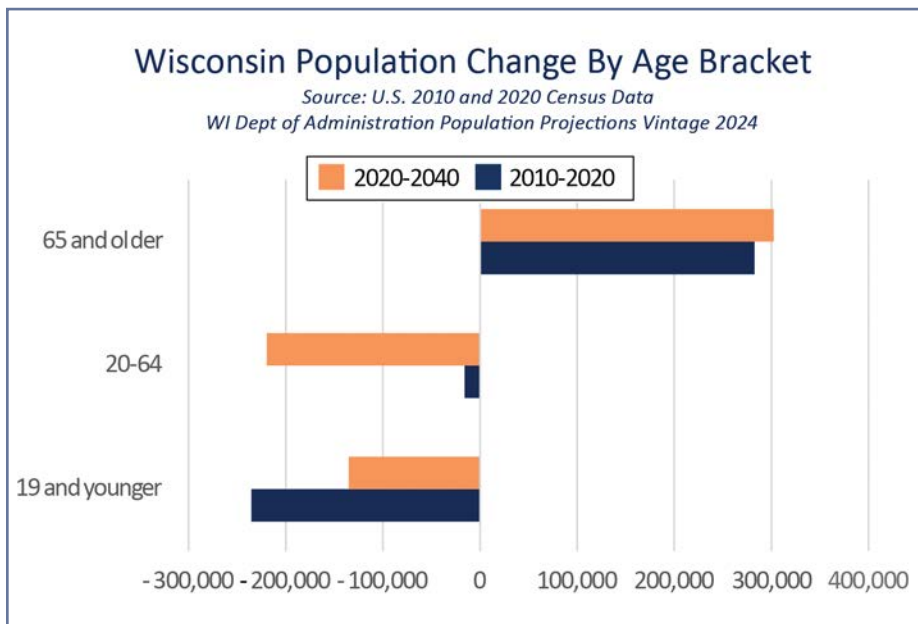
- Create, expand and support accessible and attainable educational and occupational pathways to attract new entrants to the health care workforce;
- Break down administrative and regulatory barriers to entering and remaining in Wisconsin's health care workforce; and,
- Encourage wise and innovative use of technology that benefits both patients and the health care workforce.

Health Care Challenges Compounded by Demographic Change

While all industries are challenged by rapidly increasing retirements and a shrinking available workforce, health care faces an additional challenge. Unlike other sectors where demand is largely determined by economic forces, demographics are a primary driver of health care demand. As Wisconsin's population ages, health care will need to adapt to the dual forces of increasing demand and a workforce that can't grow fast enough.

Wisconsin's demographic challenge

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



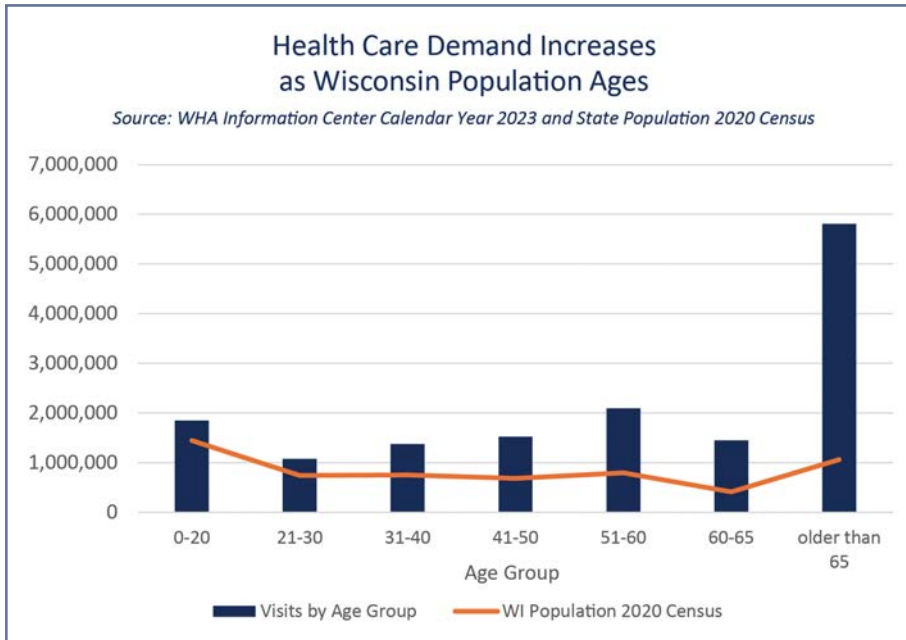
In fact, only Wisconsin's population older than age 65 has grown. Wisconsin's working age population (ages 20-64) started to decline in the decade between 2010 and 2020. With current life expectancy and declining birth rates, this trend is projected to continue through 2050.

The state's youth population (19 and younger) is not large enough to replace retiring baby boomers. Growing the health care workforce needed to respond to this demographic challenge will require increasing in-migration, ensuring access to career pathways and increasing interest in hospital careers.

The baby boomer 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, sometimes termed the "Silver Tsunami," will ease in the 2030s, but increased health care demand will persist for decades to come.

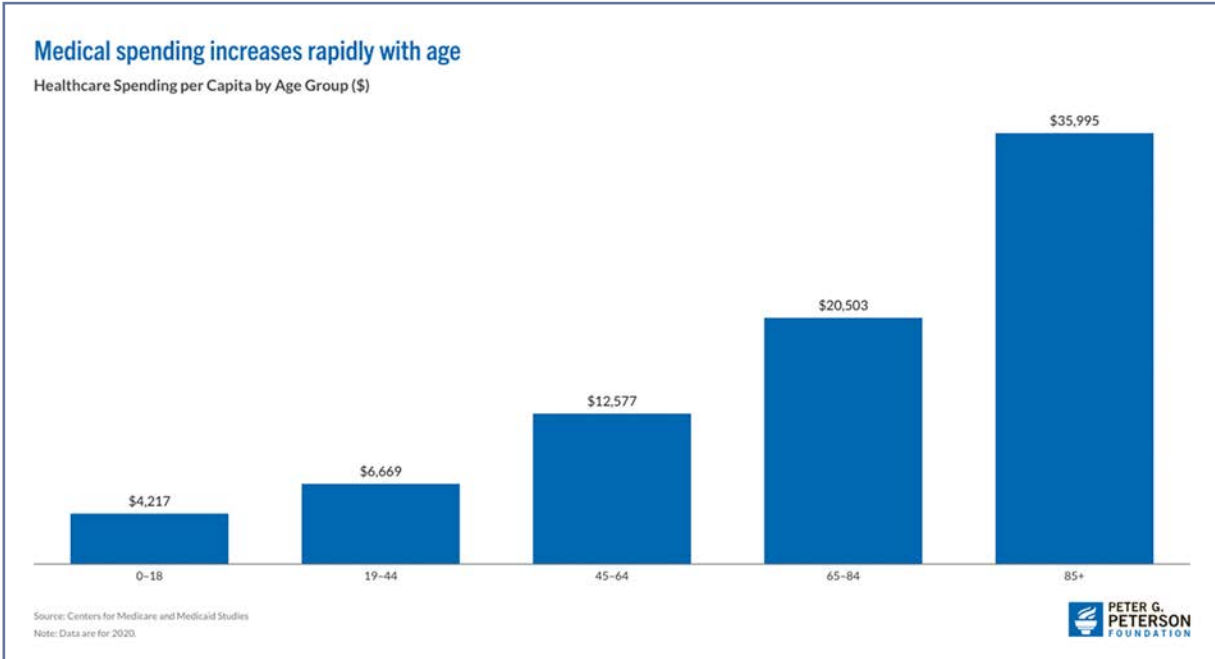
The "Silver Tsunami" continues to surge through Wisconsin and the nation as 10,000 members of the baby boomer generation reach the age of 65 each day, creating surges of retirement and increased demand for health care.

Comparing the annual number of inpatient and outpatient visits to Wisconsin hospitals by each age group demonstrates the impact of age on health care demand.



Wisconsin citizens older than 65 make up 18% of the state’s population but account for 38% of the visits reported to the WHA Information Center for fiscal year 2023.

That trend is also true for the nation. 2020 CMS data shows that per-capita medical spending increases exponentially from younger to older age brackets. (1)



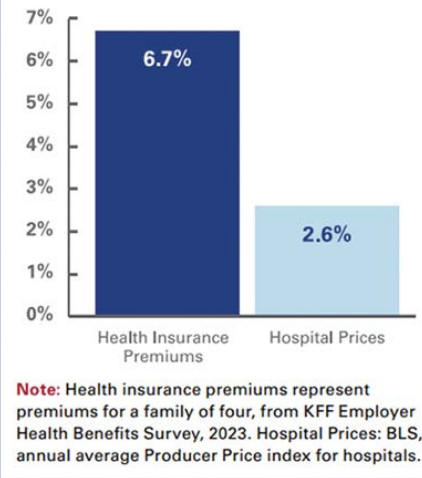
Demographic shifts drive demand for care and increase intensity of service. An aging population also drives payer shifts. In Wisconsin, government payers, Medicare and Medicaid, already account for close to two-thirds of hospital revenues and this will only increase as our population ages.

These payer shifts create an increasing gap between reimbursement and cost. In Wisconsin in 2023, Medicaid reimbursed hospitals 37% below their actual cost to provide care; Medicare was 26% short. Demographic forces that are largely immovable will continue to exert pressure on the health care workforce, service availability and patient access unless reimbursement catches up to the cost of providing care.

In the past, private health insurance reimbursement helped bridge the shortfall, but with rapidly rising supply, drug and labor costs and multi-year agreements between hospitals and insurance companies, insurance reimbursement is lagging, despite health insurance premiums growing twice as fast as hospital prices.

This mismatch creates a confusing picture for employers who purchase health insurance for their workforce and for patients paying higher out-of-pocket costs, who attribute rising costs to hospitals, not to rising insurance premiums, co-pays and deductibles.

Figure 6. Premiums grew twice as fast as hospital prices in 2023

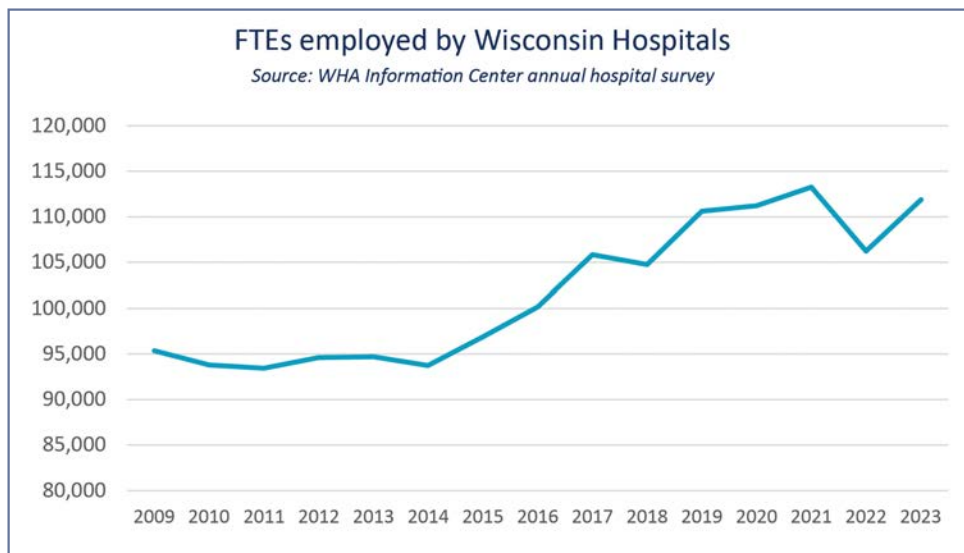


The shifting payer landscape produced by demographic change will persist for the next two decades or more. (1) Shifting resources to acknowledge the increasing demand for more care and more intense treatment for an aging population must be prioritized by policymakers and payers.

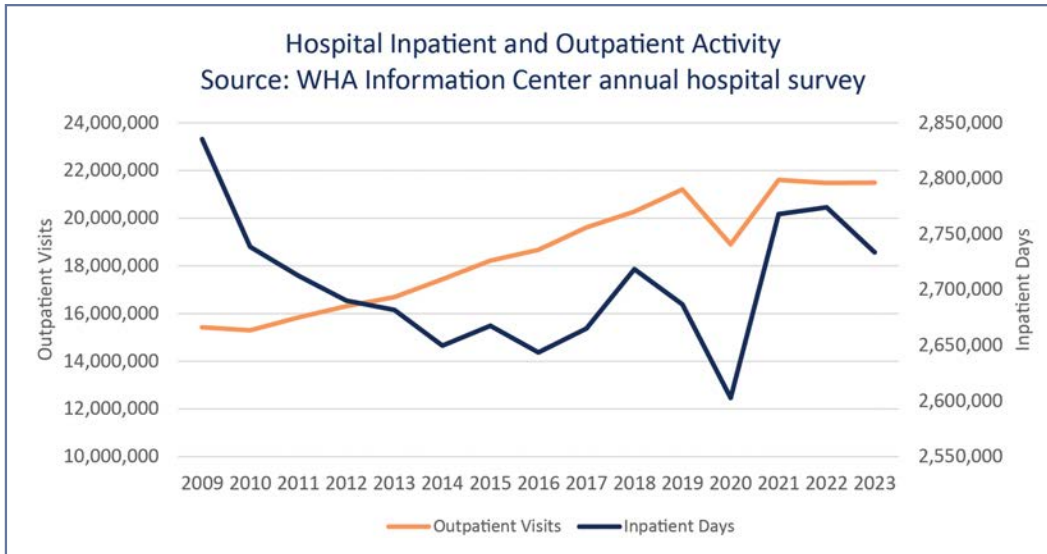
Wisconsin hospital workforce grows to meet rising demand

Wisconsin’s health care workforce has continued to grow as hospitals have remained very busy in the 2020s.

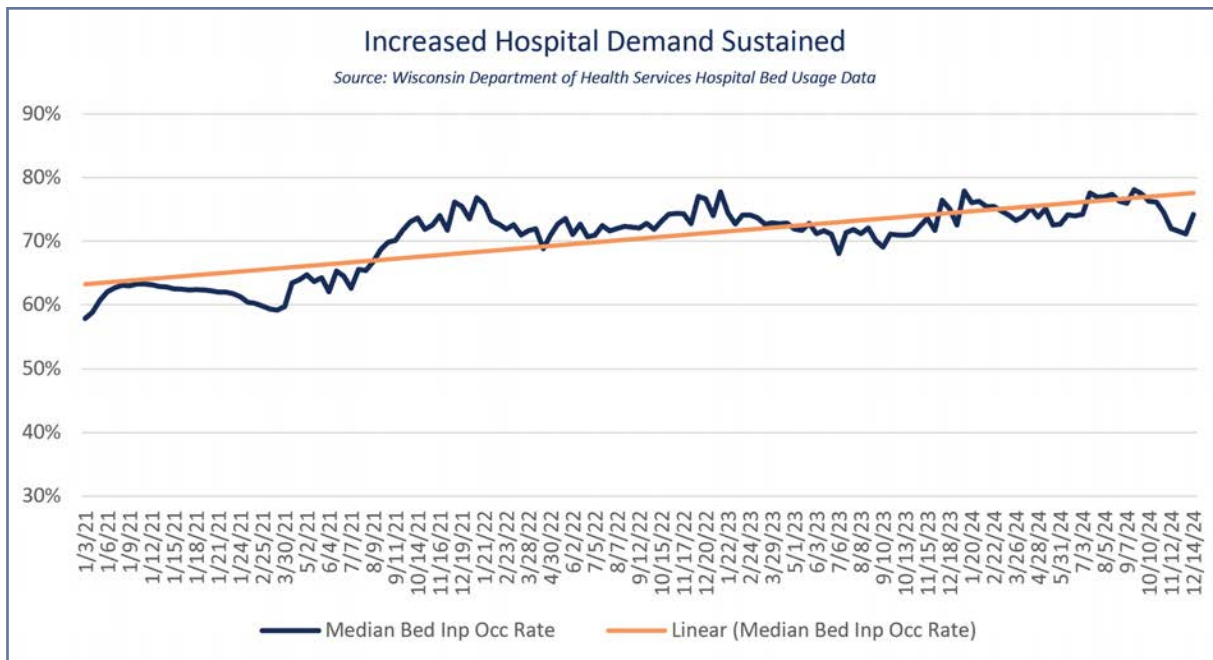
Wisconsin hospitals employ more than 110,000 individuals. Sudden and drastic shortages challenged the health care workforce between 2021 and 2022, but as employers began to gain traction in filling posted positions, full-time equivalents (FTEs) took an upward turn.



As hospitals deferred care at the request of the U.S. Surgeon General early in 2020, hospital inpatient and outpatient volumes plummeted but rebounded in 2021 and beyond. Inpatient days remain higher than pre-pandemic levels, reversing a decline over the previous decade as our state’s population ages and requires more inpatient care.



Occupancy rates in the state’s 12,000 staffed hospital beds are about 10% higher than pre-pandemic levels according to data reported annually in the Wisconsin Hospital Association Information Center’s annual *Guide to Wisconsin Hospitals*.



State agency data further illustrates this increased demand. The Wisconsin Department of Health Services (DHS) began tracking hospital bed occupancy rates during the worst of the surge in hospitalizations secondary to COVID-19. DHS data shows occupancy rates have remained more than 10% higher even as the surge in COVID-19 requiring hospitalization has subsided and pent-up demand has been met.

Higher occupancy rates create a challenge for bed placement and staffing as health care teams prepare patients and their families for discharge to home or post-acute care, even as these same teams complete needed assessments, diagnostic testing and initial treatments for newly arrived patients needing hospital care. The higher amount and intensity of care at admission and discharge requires careful planning to provide staffing that matches patient need.

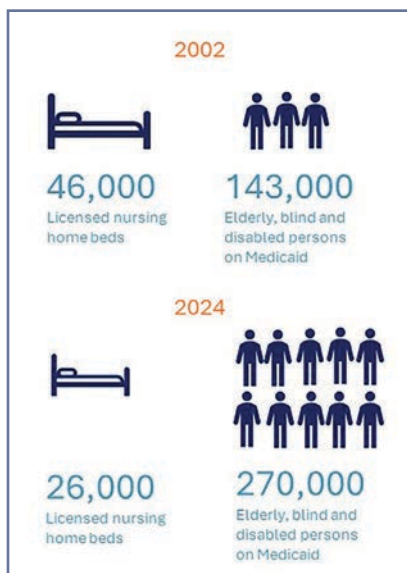
Wisconsin hospitals rise to this challenge, and patients and their families appreciate the high quality of care they receive. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys show that Wisconsin hospital patients consistently rate the discharge information provided by health care teams higher than any other state. In addition, Wisconsin ranks as one of the top states for patient satisfaction among 5-star hospitals with 96% of patients saying they would recommend their hospital to friends and family.

State Rankings for Number of 5-Star Hospitals that Patients “Definitely Recommend” <i>*States with >100 hospitals</i>		
Ranking	State	% of State Hospitals
1	Wisconsin	23%
2	North Carolina	15%
3	Pennsylvania	14%
4	Iowa	13%
5	Michigan	13%

The challenge to sustain this high quality can be exacerbated when patients and the health care workforce are faced with bottlenecks and burdens.

Bottlenecks hinder care and burdens weigh down the workforce

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.



The need for post-acute care is going to grow as our state’s elderly population grows. The current trajectory in nursing home bed supply is cause for concern. Data from DHS shows 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. Today there are just over 26,000 licensed beds in Wisconsin for almost 270,000 elderly, blind and disabled individuals.

This has created a bottleneck for patients, families, hospitals and the health care workforce. Each day, hundreds of community members cannot leave the hospital because the post-acute care they need is not available. 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.

Higher occupancy rates create a challenge for bed placement and staffing.

To help break up this bottleneck, laws must support patients and families as they seek care in the best setting for their loved one. For instance, 46 states and the District of Columbia, but not Wisconsin, allow an incapacitated patient's spouse or next closest relative to help with health care decisions. (2) Wisconsin law does not permit next-of-kin to help when an incapacitated family member needs care in a nursing home or assisted living center. Instead, an individual who no longer needs hospital care may wait two months or more for the courts to approve a guardian who can help the individual get the post-acute care they need.

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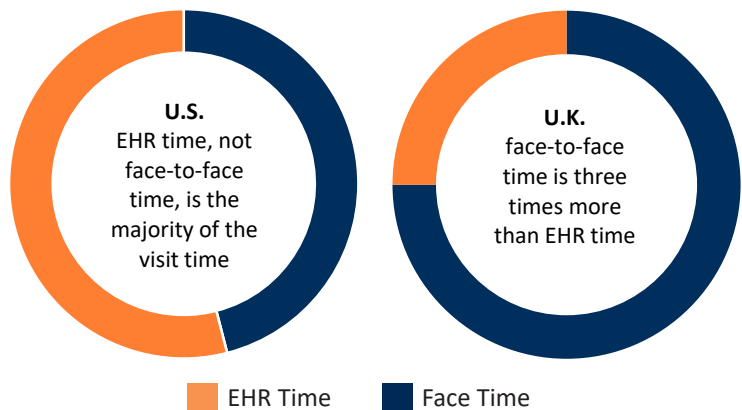
New models of care, aided by technology, such as telehealth monitoring, recovery care at home and hospital at home, can be utilized to relieve the post-acute care bottleneck. The ability of hospitals and health systems to triage patients to and from community hospitals, critical access hospitals and tertiary care centers, and into hospital swing beds, can help too, along with policymakers. More flexible reimbursement and regulation can support unique patient and family needs within the bounds of available community resources and systems of care. (3)

State and federal policymakers must continue to break down barriers to technology that can benefit patients in many ways, like technology that is beginning to gain ground in reducing the work of care teams. Clinical workforce technology can now directly impact physical work, like automating delivery and physical tasks or utilizing ambient listening to support documentation and clinical workflows. Health care is just beginning to truly leverage technology. The next frontier will be wisely utilizing the promise that artificial intelligence (AI) holds.

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

State and national policymakers and agencies, health care employers and industry electronic health record (EHR) experts must also reduce the increasing documentation burden frustrating clinicians.

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. (4) 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%. (5)



Health care professionals and hospitals confront the daunting task of complying with a growing number of government, payer and data requirements. Evidence of compliance is often through expanding documentation in clinical records.

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, outdated, duplicative or overly burdensome they threaten workforce well-being and hinder care and access.

These regulatory challenges are particularly acute for Wisconsin's mental health and substance use disorder workforce. Mental health and substance use disorder services have significantly evolved, yet too often state and federal policies have not been comprehensively updated. Mental health and substance use disorder professionals have expressed frustration that inconsistent and unaligned standards between professional regulations, facility regulations and payment regulations, across both state and federal laws, are adding to the complexity and burden that stymie their ability to provide the most appropriate care to their patients.

Discussions with Wisconsin behavioral health units and providers note several such examples. Despite a 2003 Act recognizing electronic signatures, DHS mental health treatment forms indicate written consent is required, taking time to perform a clerical task that could be done electronically.

Such regulatory complexity also makes Wisconsin less competitive from a workforce perspective. For example, the advent of online mental health services has enabled mental health professionals residing in Wisconsin to instead provide services to patients in other states and settings where regulatory and payment issues are less challenging. At a time when the demand for mental health and substance abuse treatment services is high, it is imperative that Wisconsin accelerate its work to decrease the regulatory complexity that is particularly unique to mental health and substance abuse treatment services.

Regulatory compliance is a major drain on the health care workforce. An average size 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. (6)

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.

Payer practices also consume precious workforce time and energy. Practices such as backend denials of emergency care, pre-authorization of care, denials of payment for care that has been pre-authorized and mid-contract changes in provider and patient requirements are increasing in frequency and intensity. (7)

To meet increased requirements, providers work more hours, but clinician time is a finite resource; reducing the number of patients seen or the services offered may be the outcome when the added hours aren't there.

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

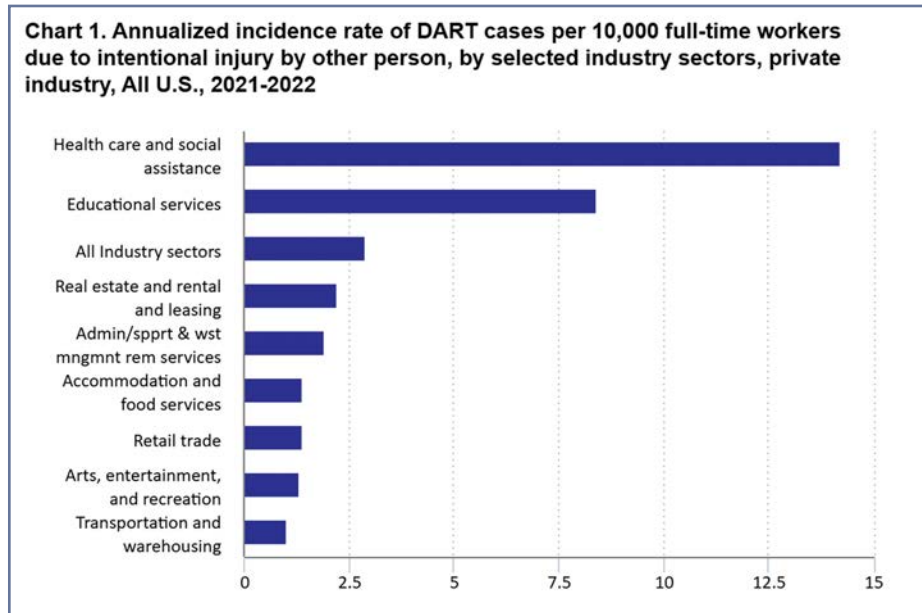
A mental health provider notes, "Patients ask why mandated tasks, like doing an annual evaluation and signing treatment plans every 90 days, are necessary. Patients would rather time be spent on direct care."



Photo courtesy of HSHS Eastern Wisconsin Division, 2019

Another unacceptable burden is the workplace violence that confronts health care workers. Already high before the stress of a prolonged pandemic, experiences reported by WHA members suggest continued or even increased levels of verbal and physical aggression directed at hospital staff. This doesn't only happen in the emergency department, but in clinics, birthing centers, intensive care units, medical and surgical units and at entrances and registration desks.

Recently released national data from the U.S. Bureau of Labor Statistics highlights the need for continued assertive and focused efforts to protect the health care workforce.



Source: U.S. Bureau of Labor Statistics

Health care employers and health care teams must continue working together to meet this challenge. Their efforts must be supported by policymakers, law enforcement and the judicial system.



From Left to Right, UW Health's Rudy Jackson, WHA's Ann Zenk and Gundersen Health System's Clark Draxler testify in a Senate Committee about legislation to deter threats of violence against the health care workforce.


State and federal agencies and accrediting organizations require hospitals to maintain a safe care environment, including violence prevention and response policies and practices. The Joint Commission's (TJC's) 2018 Sentinel Event Alert 59 provides an overview of TJC and Medicare Conditions of Participation expectations and recommendations for preventing violence in hospitals.

Hospitals and health systems implement their own internal strategies to prevent workplace violence and professional associations advocate for and educate their members about workplace violence reporting and prevention. Just as there is not a one-size-fits-all hospital or health system in Wisconsin, there is not a one-size-fits-all solution to eliminating violence in the health care workplace. In 2021, WHA and the WHA Council on Workforce Development created a portal for WHA members to access regulatory and subject matter expert resources and to share their own strategies.

There are also legal protections for staff that experience violence in health care settings. Individuals who are victims of violence should be encouraged by their employers and other health care professionals to report these occurrences to law enforcement. Enhanced penalties can help encourage reporting and are a signal of employers' and the state's support of health care workforce protection.

Enhanced penalties for violence against health care workers already in state statute were strengthened by Wisconsin legislation championed by WHA and signed into law by Governor Tony Evers as 2019 Wisconsin Act 97. These protections were further expanded by 2021 Wisconsin Act 209 when, at WHA's urging, Wisconsin became the first state to include serious threats of violence against health care workers and their family members as a felony.

To further deter threats of violence and actual violence against health care workers, the Wisconsin Department of Justice, as specified by Act 209, has created model language that health care facilities may post at entrances alerting persons to the penalties under this section. (8)



STATE OF WISCONSIN (DIVISION OF LEGAL SERVICES/CRIMINAL LITIGATION UNIT)

Charlotte Gibson, DLS Administrator
Susan V. Happ/DLS Director, Criminal Litigation Unit

Pursuant to Section 940.204 of the Wisconsin Statutes, whoever intentionally causes bodily harm or threatens to cause bodily harm to a health care provider or to a family member of a health care provider can be found GUILTY of a Class H felony, which means a person who harms or threatens to harm a health care provider, or their family member, could be:

- fined up to \$10,000, and
- imprisoned for up to 6 years.

AND, if the person causing the injury or making the threat uses a weapon or has prior convictions, the potential imprisonment may be increased by as much as an additional 4 years.

State policymakers, law enforcement, the judiciary, employers and professional organizations must continue to encourage reporting and seek other means to reduce violence in the health care workplace.

The dual challenge of increasing health care demand and a shrinking available workforce leads experts to warn that this is a Category 5 storm for the health care industry. (9) This creates an imperative to break up post-acute care bottlenecks, truly leverage technology for the benefit of both patients and workers, reduce regulatory and payer burden and reduce barriers and eliminate threats to Wisconsin's health care workforce.

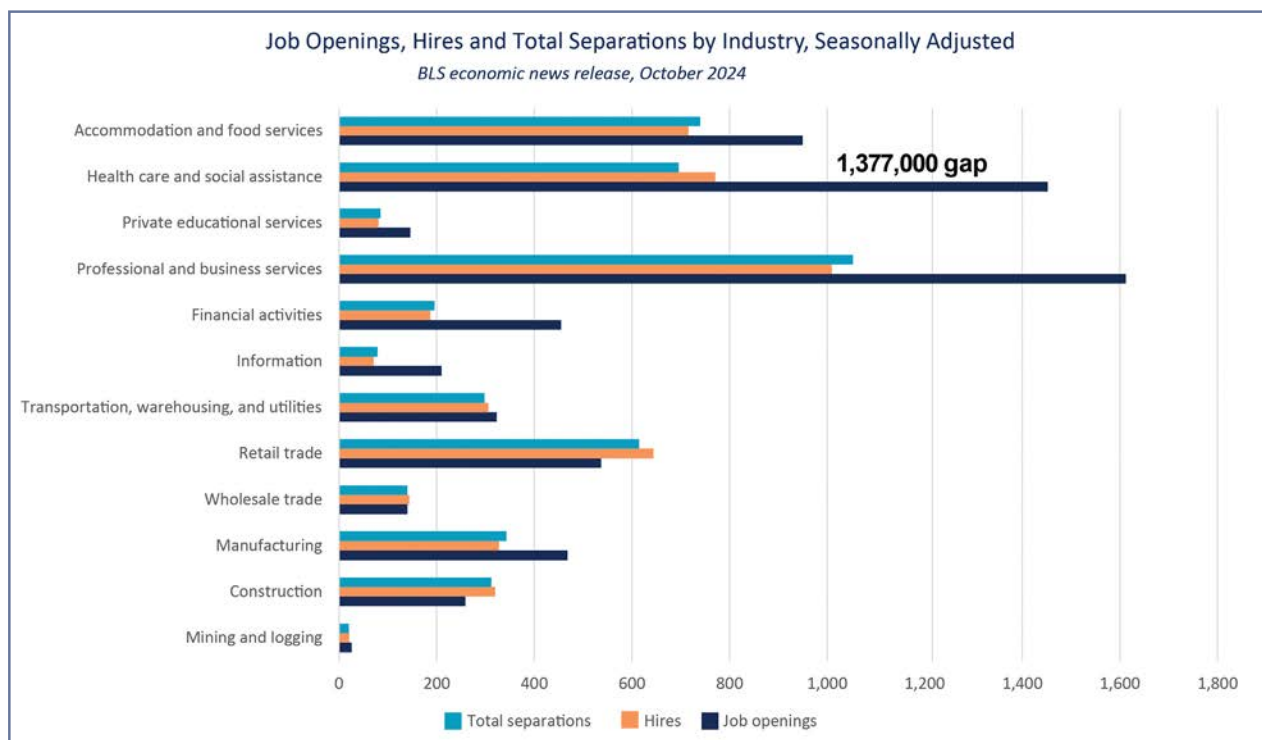
Hiring gains start to narrow employment gaps

The health care industry is projected to account for roughly 45% of all employment gains in the next decade, with the primary driver being the country’s aging population. (10) The BLS reported in December 2024 that health care led all industries, adding an average of 59,000 jobs per month over the prior 12 months. (11)

As the last of the baby boomer generation reaches retirement age in 2030, the pressure may ease up for other industries. The Wisconsin Manufacturers and Commerce (WMC) Winter 2025 Wisconsin Employer Survey report notes, “The number of Wisconsin businesses having trouble finding workers dropped to its lowest level in a decade.” WMC is the combined manufacturers’ association and the state chamber of commerce, representing businesses of all sizes and from every sector of the economy. While other businesses are able to use strategies like shifting services or shortening hours in response to workforce pressures or may even see demand shrink when needs can’t be met due to workforce constraint, that is not true of health care. Hospitals are a 24/7/365 business. Inpatient and emergency care hours can’t be shortened, nor will the increased need for health care of an increasingly elderly population subside if the workforce isn’t there to meet it.

BLS data shows that health care, like most industries, has been able to keep up with attrition but not with increased demand. There are more hires than separations in 2024, but a significant gap remains between U.S. hires and job openings. The gap between health care hires and openings doubled from 578,000 in 2019 to over a million by the end of 2021. In 2022 that gap doubled again to almost two million, although hires began outnumbering separations, reversing a concerning trend. In 2023 and 2024 health care began to make hiring gains and closed the gap to 1,377,000 by October 2024.

BLS data also demonstrates shortages and competition for workers among all industries, with openings exceeding hires in almost every segment of the economy.



It will be important to speed up health care’s hiring momentum. Hospitals must fill workforce gaps to meet the needs of the communities they serve and to care for their own workforce. Health care leaders, their partners in education and elected officials must all work together to create work environments, educational pathways and public policy that support the health care industry and the health care workforce to meet demand that will continue to grow for decades to come.

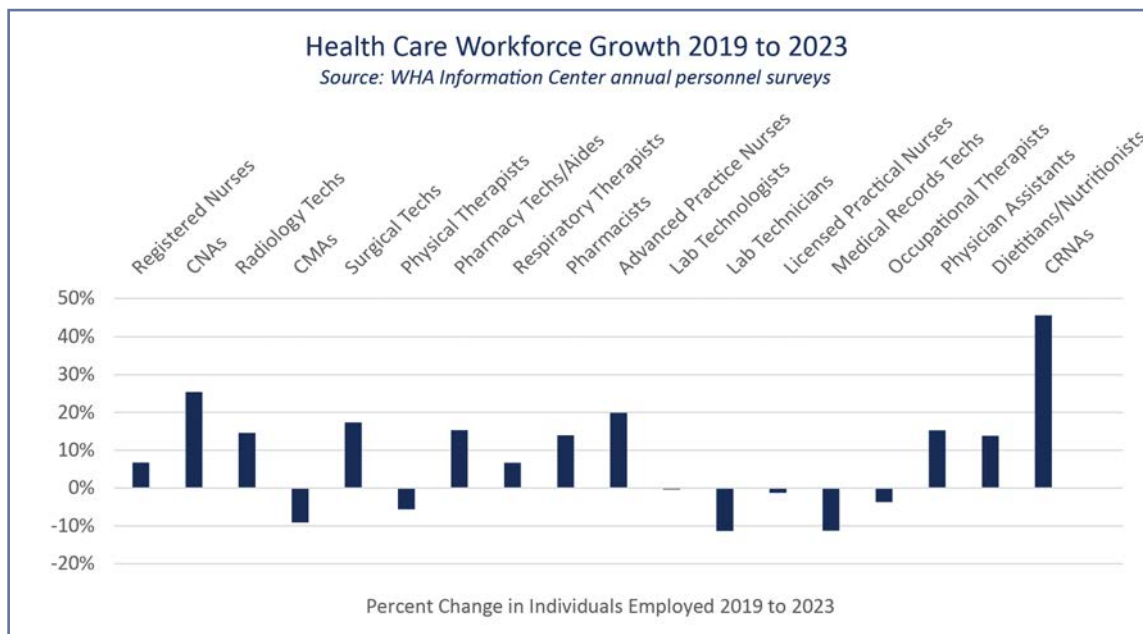
Wisconsin Health Care Workforce Condition: Serious, But Stable

Heightened demand and shrinking supply carried the soaring vacancy rates of 2021 and 2022 into 2023. Workforce shortages were noted to be “critical but stable” in the *WHA 2024 Wisconsin Health Care Workforce Report*. The health care workforce continues to stabilize, but significant shortages remain—a status upgrade that could be reported this year as “serious, but stable.”

Wisconsin hospital employment continues to grow

Every hospital in Wisconsin submits an annual personnel survey to the Wisconsin Hospital Association Information Center (WHAIC). The survey tracks employment, vacancy rates, percentage of workforce 55 years and older and turnover for 18 patient care professions.

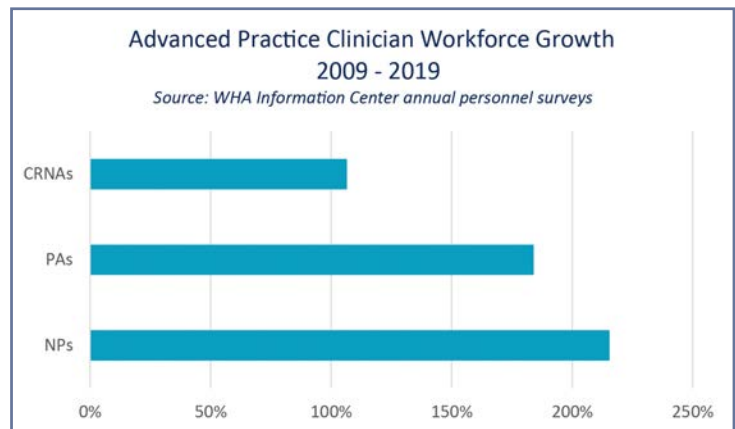
In the latest survey, hospitals employed 88,221 individuals in the 18 professions tracked, representing about three-quarters of total hospital employment.



Wisconsin hospital employment in the workforce segments tracked has grown by 8% since 2019, with employment increasing in 13 of 18 professions.

Certified registered nurse anesthetists (CRNAs) topped the growth percentage list, followed by certified nursing assistants (CNAs) and surgical technicians.

Expanding that look to the past decade, Wisconsin hospital employment grew by 30%. Advanced practice clinicians again topped that growth, with physician assistants (PAs), advanced practice nurses (NPs) and CRNAs more than tripling their hospital numbers in the second decade of the 21st century.

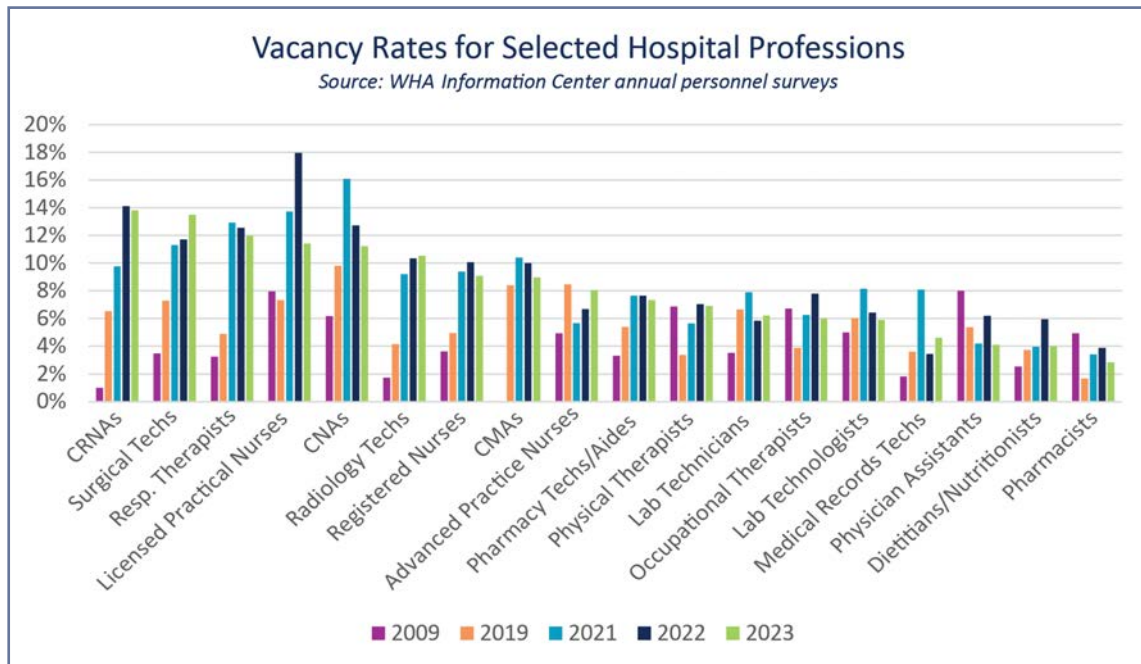


Rapid growth still not bridging the gap

Despite impressive and sustained growth, WHA began hearing hospital and health system reports of greater and greater difficulty filling gaps in health care teams in 2021, with WHAIC data confirming that the growth in health care employment was not keeping up with demand. One in 10 hospital jobs posted remained unfilled.

Current vacancy rates have declined from the historic highs in 2021 and 2022, but still remain significantly higher than those seen in 2009 for nursing, frontline technical and entry-level positions. As the Silver Tsunami shrinks the available workforce and creates increasing demand for health care, double digit vacancy rates remain in 6 of 18 professions.

Signs of improvement are emerging with rates coming down in 15 of 18 professions and the overall vacancy rate at 9%, unlike the prior year when the rates increased across the board and the overall vacancy rate was 10%.



Attention needs to be paid to segments of the workforce that still have a high percentage of members approaching retirement age, especially those with longer educational pathways.

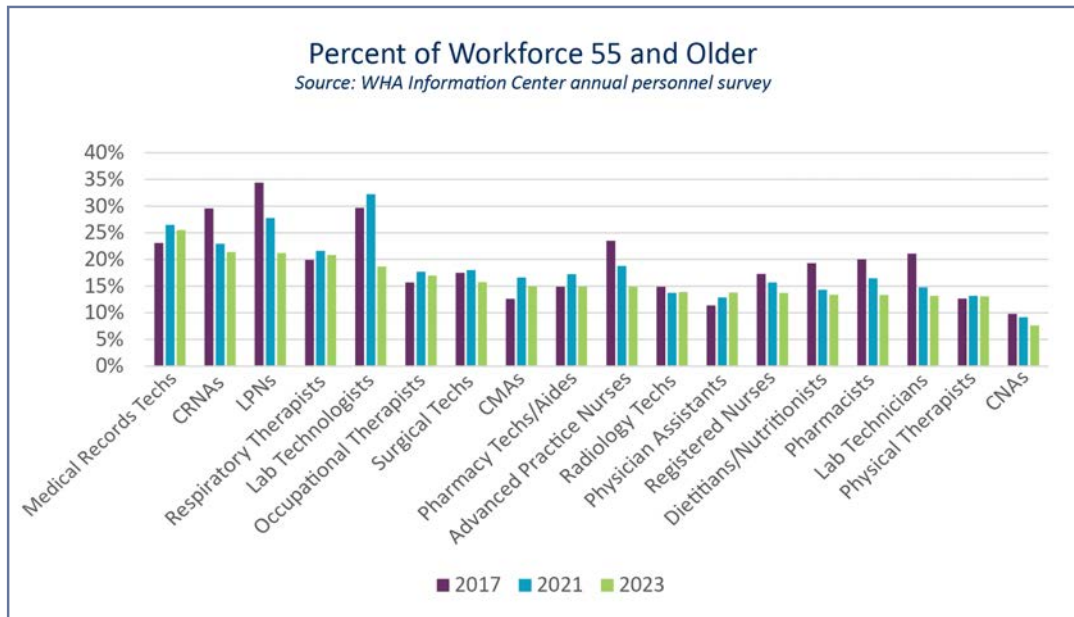
Except for CRNA, which now requires a doctorate, and NP, which requires a master’s degree, the top 10 vacancy rates are in front-line technical positions that can be achieved with certification, or with a degree path of two years or less. This is a reversal from a decade ago when professions requiring a master’s degree or doctorate predominated the top vacancy rates. A shorter educational pathway can help grow the health care workforce faster and may also be more appealing to the largest generation now entering the workforce, Gen Z. This pragmatic generation

focuses on gaining employment and a career. A 2024 Gallup poll indicates Gen Z is less tied to college educational pathways as their initial career entry than earlier generations, although younger members of the generation, whose educational pathways were disrupted by COVID-19, are starting to return to higher learning at increasing rates. (12)

An aging workforce has driven growth and vacancy for the past decade. In just five years, many segments of the hospital workforce have seen the percentage of workers age 55 and older shrink dramatically as older workers retire and younger workers join the ranks. Employers in all industries are adjusting to a workforce that could include five generations and is no longer predominated by the baby boomer generation.

Attention needs to be paid to segments that still have a high percentage of workers 55 and older, especially those with longer educational pathways.

Five years ago, 1 in 3 CRNAs were age 55 and older. That has translated to higher vacancy rates as CRNAs retire. With that number still at 1 in 5 and a post-high school runway to practice of eight years or more, it will be challenging to meet rising demand for nurse anesthetists.



Medical records tech, LPN and respiratory therapist are front-line technical professions that still have a higher percentage of incumbents older than 55, and may see rising vacancy rates attributable to a surge of retirements, like those the lab professions are currently experiencing. Increasing interest and enrollment in these professions is essential to keep pace with retirements.

Lengthening the surgical tech educational path from one year to two, driven by tech college programming and requirements for national certification, will create an additional challenge for this in-demand profession. Another profession in the top 10 vacancy list, respiratory therapist, can still enter the field with a two-year associate degree, but the American Association for Respiratory Care notes, "...many programs and employers are moving to a new standard of bachelor's degree. Some schools have even started master's degree programs." (13)

Lengthening degree requirements slows the growth rate of the profession and doubles the time and financial commitment for new entrants. Longer educational pathways may be a daunting prospect for individuals entering a job market where opportunities abound without any degree or certification required. As degree requirements creep up, so does the time, resources and workforce investments hospitals and other practice sites must make.

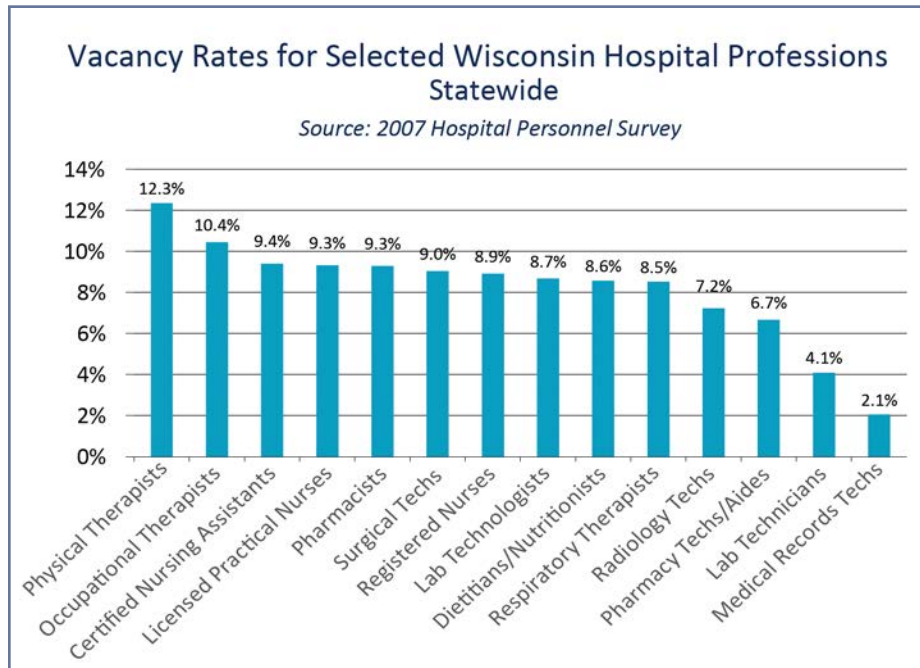
Sustained shortages and longer pathways to practice increase workforce pressures. Health care leaders, professionals, educators and professional associations must rigorously debate the risks and benefits before lengthening runways to practice.

Wisconsin and the nation continue to experience a sustained nursing shortage

When shortages hit multiple segments of the workforce all at the same time, this cascades to impact the entire care team and patient access. When a shortage hits the largest segment of the health care workforce, registered nurses (RNs), the shortage is especially impactful.

2021 heralded a nursing shortage in Wisconsin for the first time since the early 2000s.

The last time Wisconsin nurse vacancies approached double digit rates was in 2007. Top vacancy rates in 2007 were predominantly in professions with a longer runway to practice. Physical therapist, occupational therapist and pharmacist held three of the top five vacancy rates in 2007, the reverse of the current trend in which those professions have among the lowest vacancy rates.



Nurse vacancy rates have a disproportionate impact on hospitals and health care teams. Not only do RNs make up a majority of the hospital workforce, an RN's experience and training allows them to step in and fill a broad range of roles when other positions can't be filled.

The Wisconsin employed nursing workforce is growing, just not fast enough. In the 2020 registered nurse renewal survey 69,838 respondents were employed as nurses. In just two years, with 2022 renewals, that number increased to 76,566. (14) Continued high vacancy rates demonstrate that even a 10% growth rate was not fast enough to keep up with increased demand, growth in competition for nurses in patient care and non-patient care settings, an increasingly mobile workforce, changing work patterns and the continued surge of retirements produced by the Silver Tsunami.

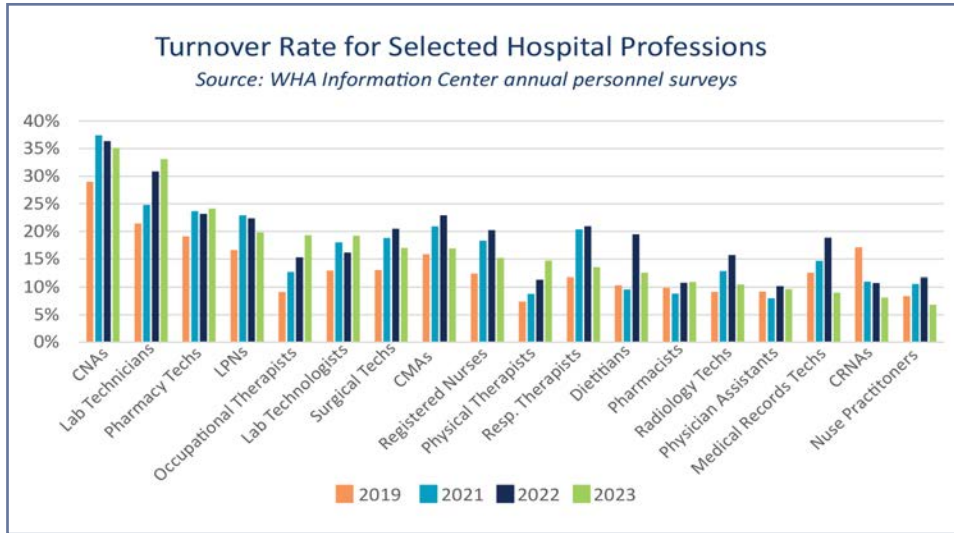
Comparison of the 2020 and 2022 registered nurse survey responses show that retirement continues to account for the largest exodus from employment among registered nurses: 8% in 2020 and 2022. The next highest reason for no longer working as a nurse was identified by 2.5% of Wisconsin nurses renewing their licenses as "actively working in health care not as a nurse." (14)

Although small in numbers, nurses seeking work in another field may present an opportunity for health care employers to re-recruit, as are unemployed nurses seeking work. In 2022, 2.8% of registered nurses—2,356 individuals—were seeking employment. (14)

Improved retention stabilizes the hospital workforce

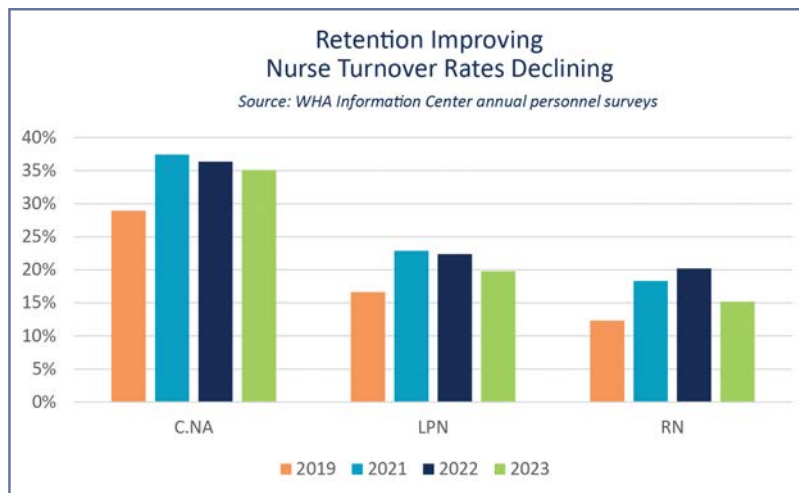
Retention plays an important role in overcoming workforce shortages. Hospital leaders are acutely aware of the cost of turnover and the strain that frequent substitutions, losses and gaps in staffing can cause in health care teams. Increasing retention is a key strategy for workplace, workforce and employer well-being.

Wisconsin hospital data shows that turnover peaked in 2022, with turnover rates of 20% or more in eight of the professions tracked in the annual survey. In 2023, only half that number had turnover rates of 20% or more. The turnover rate is decreasing in 13 of the 18 professions tracked as the health care workforce gains traction on the Silver Tsunami.



Turnover rates are still climbing for segments of the hospital workforce with a higher percentage of incumbents 55 and older, such as lab professions, occupational therapists and physical therapists.

Certified nursing assistant (CNA), licensed practical nurse (LPN) and registered nurse (RN) turnover rates are coming down but are still higher than pre-pandemic levels. High CNA and LPN turnover is viewed by hospital and nursing leaders as an investment in the nursing workforce. These roles often support an individual as they pursue a pathway to registered nursing or advanced practice.



Wisconsin turnover rates compare favorably to national levels

Wisconsin's RN turnover rate of 15.2% is lower than the national rate of 20.7% reported in the *2024 NSI National Health Care Retention and RN Staffing Report*. NSI also reports the overall national hospital turnover rate, which stands at 20.7%, a 2.0% decrease from 2022. The overall turnover rate for Wisconsin hospitals in the professions tracked in the annual survey is 16.5%, putting Wisconsin hospitals just over the 90th percentile of 16.2%. (15)

High nursing turnover and high nurse vacancy rates have a disproportionate impact on hospitals and health care teams, not just because nurses make up more than half of the hospital workforce, but also because the education, training and experience of registered nurses allows them to step in and fill a broad range of roles when other open positions cannot be filled.

An operating room nurse often has the skills, training and experience to step in when a surgical technician is not available. Acute care and emergency department nurses are asked to work as nursing assistants, health unit coordinators or emergency room techs when those positions can't be filled. Clinic RNs can shift duties when a medical assistant can't be found. Pulling nurses to other roles raises salary costs and alters team dynamics. Nurses, techs and coordinators want to work in the roles they sought and trained for.

The turnover rate is decreasing as the hospital workforce gains traction on the Silver Tsunami.

Vacancy and turnover rates are coming down, but not enough. It continues to take extra efforts by workers and employers. Patient care staff work extra to cover open shifts or serve in expanded or substitute roles on teams or in other departments. Employers pay overtime or higher salaries and at the same time invest more time and resources into rapidly growing, recruiting and retaining the workforce they need.

These extra efforts are aimed at making sure hospitals can provide continued 24/7/365 access to Wisconsin's high-quality care to all those who seek it. Broader actions are essential to providing longer term workforce stability to cope with the growing demand for health care and the aging Wisconsin population.

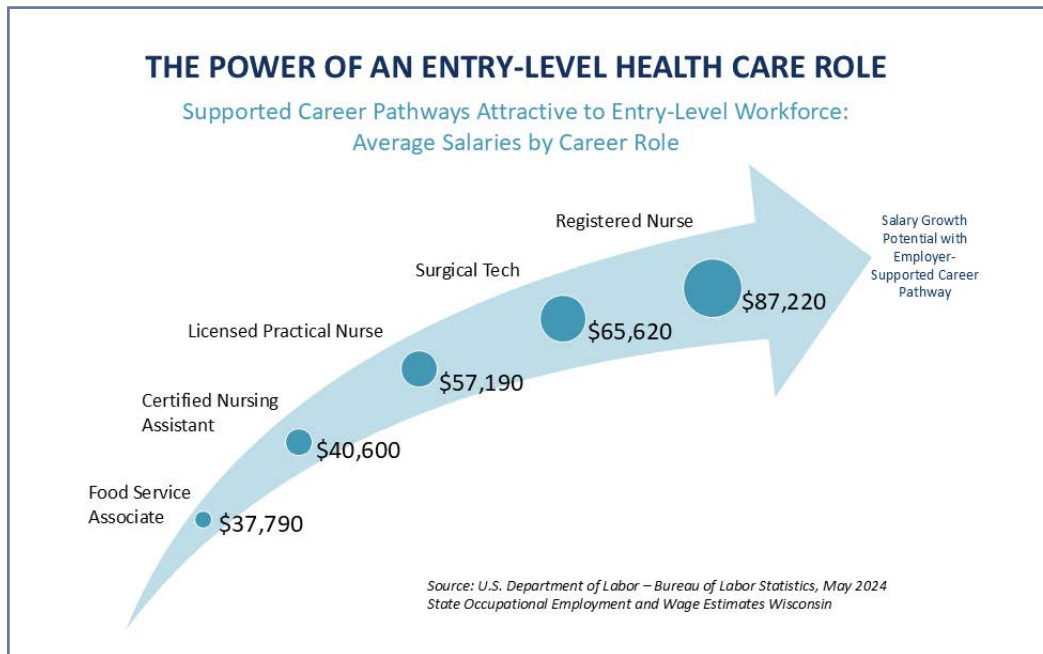
Educators, policymakers, health care employers and the health care workforce must make health care career and educational pathways accessible and attainable.

Employers must protect, support and sustain the current workforce, and policymakers and payers must join that effort by reducing unnecessary red tape and regulatory burdens.

Reimbursement must recognize the investment needed to address immediate gaps and create lasting solutions for demographic forces that will continue to impact health care demand for decades to come.

Accessible and supported career pathways attract and retain employees

The benefit health care offers over other industries is an easily identifiable and accessible career pathway 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 is more important than ever before.



Wisconsin schools and their health care partners host career camps for students to explore potential career paths. Health care professionals and settings are a critical part of these camps. (Source: Southwest Wisconsin Technical College)

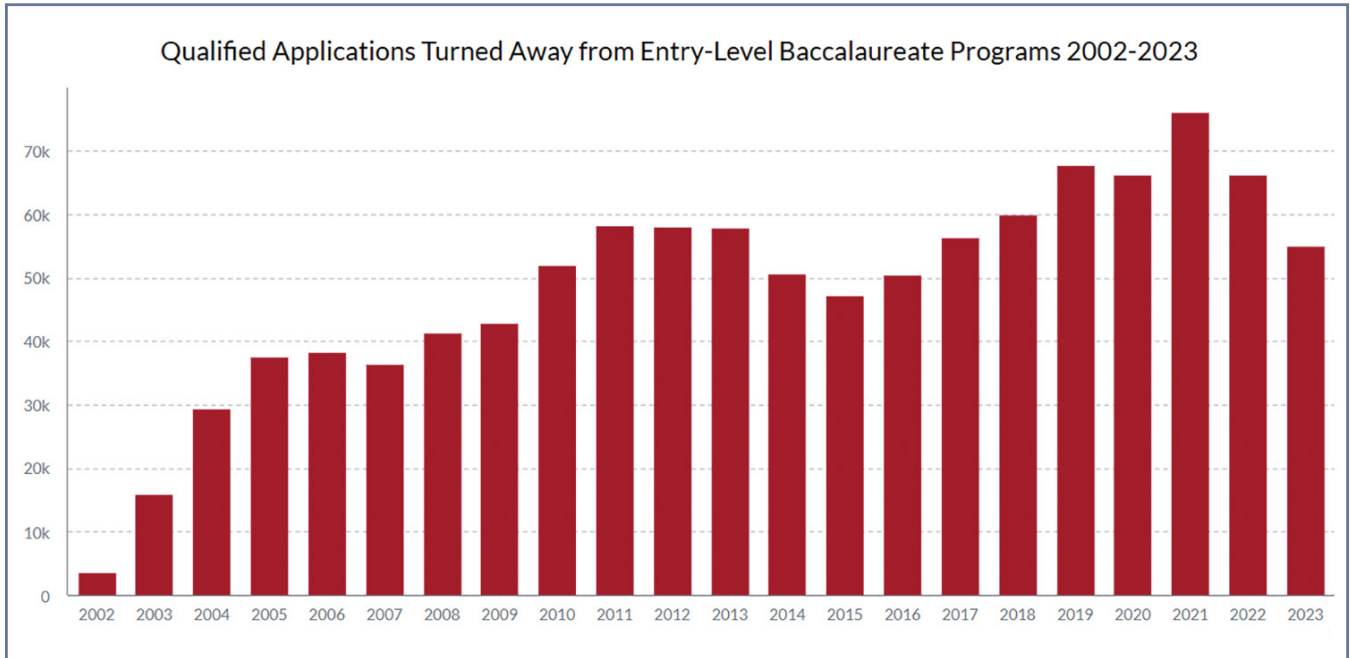
recruitment and retention programs, while also considering new models and roles on health care teams to cope with increased demand. As more advanced degree nurses pursue clinical careers, nursing schools must do the same to grow enrollments with a diminishing available faculty workforce.

High vacancy rates don't just impact the ability of the hospital to provide care to the communities they serve, they also make it more difficult to host the student clinical experiences required to complete educational pathways.

Access to a clinic appointment or to a hospital bed relies on the staffing of that exam room or hospital bed. Access to a student clinical experience relies on an available and experienced health care professional willing to share their experience.

Imbalance in pathways or distribution of the workforce can impact recruitment and retention efforts. For instance, as nurses pursue advanced practice degrees, or Monday through Friday roles in ambulatory settings or residential care, hospitals may need to implement more intense growth,

A sustained nursing shortage and increasing demand that will persist for decades to come creates an urgency to make sure there is a nursing school opportunity for every qualified individual seeking a nursing career. Even with enrollment numbers down, tens of thousands of qualified applicants are turned away by nursing schools across the U.S. each year. (16)



Access is the supply side of the education pathway:
Are there enough seats for all of the students who wish to be enrolled?

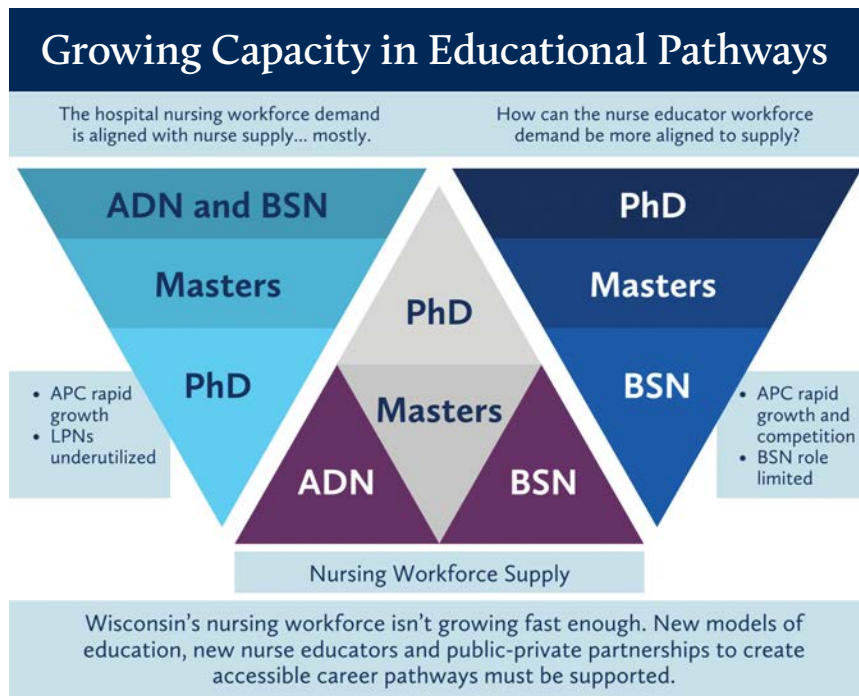
The American Association of Colleges of Nursing (AACN) identifies the primary barriers to accepting all qualified students at nursing schools to be insufficient clinical placement sites, faculty, preceptors and classroom space. (16) The spike in applicants turned away in 2021 demonstrates the impact of hospitals filled to capacity or more, and staff being unable to devote the extra time needed for student clinicals during the worst of the surge of COVID-19 hospitalizations. This is an indicator of the important role hospitals and experienced nurses play in providing clinical sites for nursing students.

Faculty also play a critically important role, and just like the overall workforce, the nurse faculty workforce is impacted by the aging and retirement of the large baby boomer population. Like the health care workforce, the nurse faculty workforce is unlikely to grow fast enough to keep pace with continued high interest in nursing careers and the increased demand for nurses that comes with an aging population.

Interest is the demand side of the equation:
Are there enough interested individuals to fill the available seats?

While intense efforts to replace retiring nurse faculty continue, consideration must also be given to a supply and demand mismatch between nursing schools and the nursing workforce.

Hospital employment aligns closely to RN supply, with many roles for two- and four-year RNs, fewer hospital roles requiring graduate-level degrees and the fewest roles requiring a doctorate. Conversely, Wisconsin nursing schools are pulling faculty almost exclusively from the smallest segments of the nursing workforce.



Expanding the role of experienced bachelors-prepared registered nurses could increase capacity at nursing schools and help relieve workforce pressures on existing nurse faculty.

A sustained nursing shortage creates burden on the available workforce and on hospitals and health systems and threatens access to care as demand continues to rise. Nursing shortages can also harm the reputation of the profession and cause hesitance for those interested in a nursing career, further exacerbating shortages.

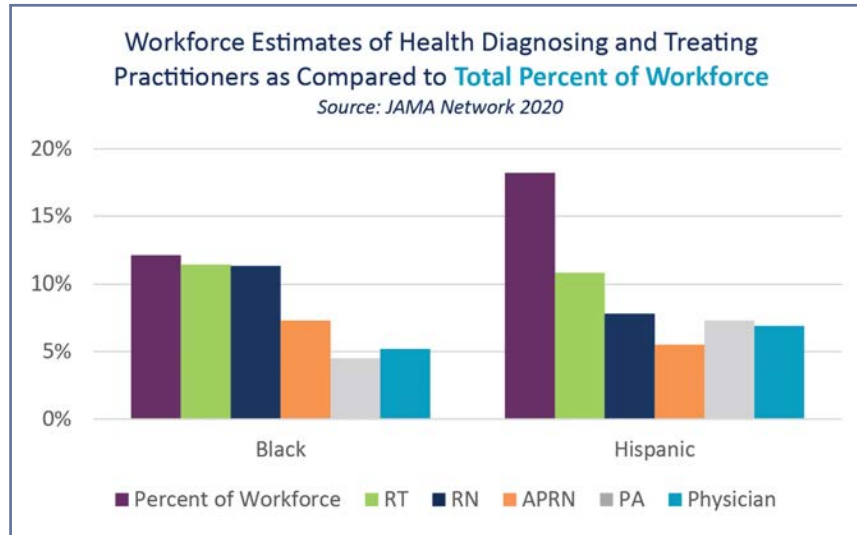
Nursing schools, employers, state policymakers and the nursing profession must work together to provide accessible and attainable career pathways. Employers and their workforce must work together to create learning and work environments that welcome new entrants and provide diverse opportunities for incumbent members.

Recruitment and retention strategies must also appeal to a multi-generational and inclusive workforce. Not only is this key to competing for and retaining the younger workforce needed to care for an aging population, but communities also benefit when cared for by health care teams that reflect the populations they serve.

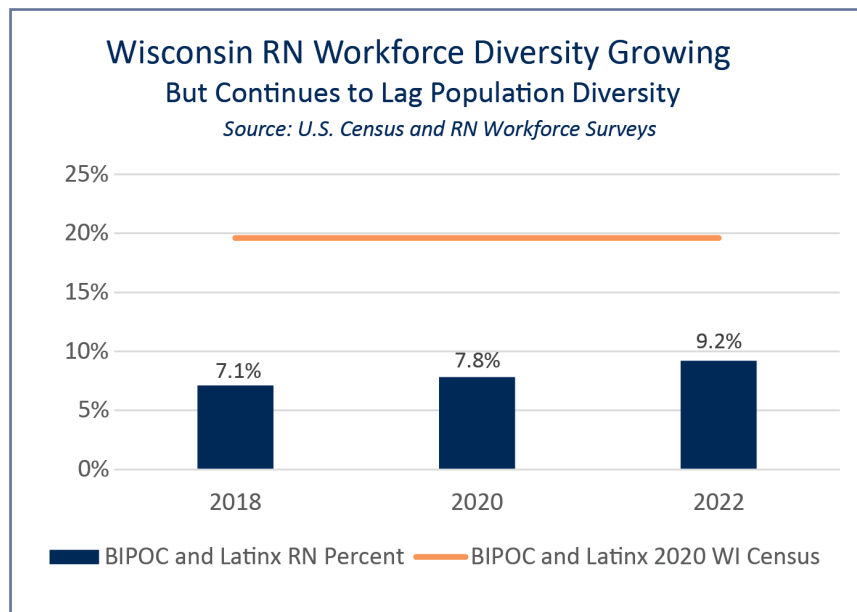
Growing health care workforce diversity

Progress continues on creating health care workforce diversity that reflects the diversity of the population. Communities benefit when cared for by health care teams that reflect the diversity of the people they serve. (17) Diversity is also essential to competing for and retaining the younger workforce needed to care for an aging population.

A study published in the *Journal of the American Medical Association* comparing the race and ethnicity of the national workforce to the race and ethnicity of five key health care professions shows that the diversity of the health care workforce lags behind that of the overall workforce, and that gap increases as the length of the runway to practice increases. (18)



The diversity of the Wisconsin registered nurse workforce, the largest segment of the health care workforce, may provide an indication of the diversity of Wisconsin’s health care workforce overall. While the Wisconsin RN workforce diversity continues to increase, it does not yet reflect the diversity of Wisconsin’s population.



Growing a more diverse workforce in health professions targeted to the needs of Wisconsin citizens will benefit the health of the state’s overall population. Tapping into a talent pool that includes underrepresented groups will help grow Wisconsin’s health care workforce faster.

Initiatives such as preceptorships, internships and apprenticeships can break down barriers for a diverse group of individuals who want to join the health care workforce. Hospitals and health systems, educational institutions and state policymakers need to continue working together to break down barriers for new entrants to meet the challenge of growing a younger and more diverse Wisconsin health care workforce. The rising and persistent demand of the Silver Tsunami ups the ante to provide exposure to attractive, rewarding and meaningful health care careers; break down barriers to entry; and create the environment needed for retention.

Accessible and attainable educational pathways are essential

Access to and interest in educational pathways are important factors in growing a workforce that is adequate in numbers and reflective of the population served. These factors require closer analysis because the solutions for each differ. Access is the supply side of the educational pathway: *are there enough seats for all of the students who wish to be enrolled?* Interest is the demand side of the equation: *are there enough interested individuals to fill the available seats?*

On the demand side, promising indicators of interest continue to rise. National Student Clearinghouse Research Center data showed declining enrollments from 2019 through 2022. Health care enrollments began their turnaround in technical colleges in 2023, and 2024 continues that trend, especially in two-year allied health programs and in four-year baccalaureate nursing programs, a great match to segments of the hospital workforce that are in highest demand. (19)



Surg tech students earn while they learn as part of the Baldwin Health and Northwoods Technical College apprenticeship program.

In their analysis of May 2024 enrollments, the Clearinghouse notes, “In a promising shift, enrollment in undergraduate health professions programs grew across all institution types this spring, marking the first increase for four-year health enrollments in three years.” The Clearinghouse national report adds, “However, the specific health majors driving increases in enrollment varied by institution type: Registered Nursing majors at four-year institutions; General Health Services at two-year institutions; and Allied Health, Diagnostic, Intervention and Treatment majors at primarily associate degree granting baccalaureate (PAB) institutions.” (19)

The emergence of PABs is reflective of the upward trend in degree requirements to enter professions like respiratory therapist and surgical technician. The duration of schooling for these in-demand professions has doubled even as vacancy rates remain high. The extra time and cost, even if absorbed by employers, apprenticeships, grants or scholarships, creates a longer wait and could be a disincentive for individuals who don’t have the resources or inclination to wait to earn, especially when low unemployment rates continue and there are jobs with similar or greater earning potential to be found without the investment of tuition or time.

Certifying bodies, educators, health care professional organizations, health care employers and state agencies must collaborate and actively debate the pros and cons of adding requirements and costs to career pathways, especially in the context of increasing demand and a shrinking available workforce in the decades to come.

As noted earlier, even with enrollments (supply) down, thousands of applicants (demand) are turned away from nursing schools each year. This is true for physician education as well. Interest in medical school has remained high. In fact, applications so far exceed enrollment that some medical schools are beginning to utilize artificial intelligence (AI) to manage the work.

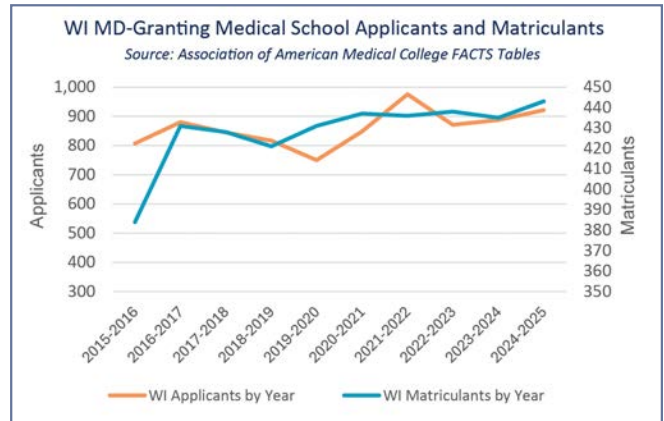
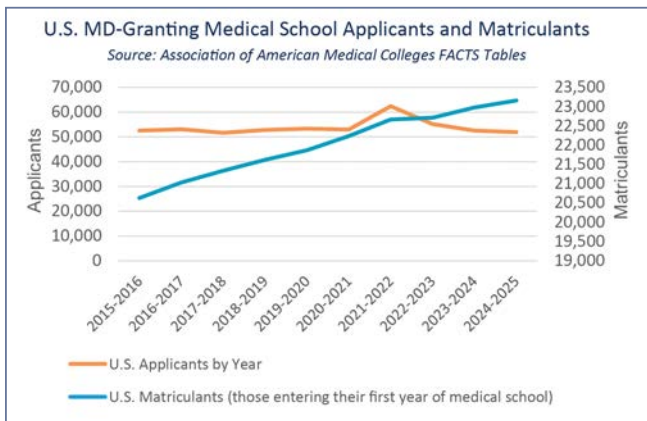
An Association of American Medical Colleges (AAMC) January 2025 article titled *AI will now read your medical school application* describes how some schools are using AI to shrink a pool of applications that far exceed capacity down to a manageable level. For instance, the New York Zucker School of Medicine received 5,000 applications and utilized AI to help determine the 2,000 applicants who will be invited to interview for the 180 seats in the incoming class. (20)

Even considering that medical school applicants submitted applications to an average of 18 different schools in 2024, interest is double the capacity across the nation and at Wisconsin's two medical schools. For the 2024-2025 school year, 52,000 individuals applied for 23,000 seats at U.S. medical colleges; for Wisconsin it was 900 applicants for 450 seats.

Nationally, the number of applicants (demand) has stayed flat, while enrollment (supply) has increased by 12% over the past decade.

The good news for Wisconsin is the demand and supply picture have both grown at the same rate of 15%, validating school and state investment in growing capacity at campuses in Madison, Milwaukee, Green Bay and Wausau starting in 2015, and perhaps providing an advantage to Wisconsin as the state continues the important work of securing the physician workforce necessary now and in the future.

Educational pathways must remain achievable and classroom seats must remain accessible. Employers and educators must work together to provide interested individuals with health care career exposure, experience and support.



The unprecedented challenges faced by hospitals and the health care workforce during the pandemic, the disruption to models of employment and education, along with the changes and challenges that accompany a multi-generational workforce and the competition for workers that Wisconsin demographics and low unemployment rate create, carry the potential to inhibit entry into health care fields, reduce retention and speed up retirement plans.

Educational pathways must remain achievable, and classroom seats must remain accessible. Employers and educators must work together to provide interested individuals with health care career exposure, experience and support.

Provide clinical training in diverse settings to grow and retain the workforce

Just as a diverse workforce better serves a diverse population, diverse clinical training opportunities have an impact on recruitment and retention to diverse settings. Clinical training opportunities also provide an opportunity for the workplace and the future health care professional to shine.

WHA's "Grow Our Own" equation, a data-based workforce solution from WHA's 2011 study of the physician workforce, acknowledges the link between where you are from, where you train and where you work. (21)



WHA-crafted graduate medical education (GME) "Grow Our Own" grants leveraging WHA's 86% equation were created by 2013 Act 20. GME is the medical training that occurs after receiving a medical degree. Commonly known as a "residency," GME takes place over three to seven years at teaching hospitals and their associated ambulatory settings. Based on the success of the GME grants to create and expand physician training opportunities, 2017 Act 57 created Advanced Practice Clinician (APC) and Allied Health training grants. As of November 2024, the Wisconsin Department of Health Services (DHS) awarded over \$61 million in the form of 144 "Grow Our Own" grants. Since the GME, Allied Health and APC programs are matching grants, the result is a \$98 million investment in Wisconsin training to grow Wisconsin's health care workforce.

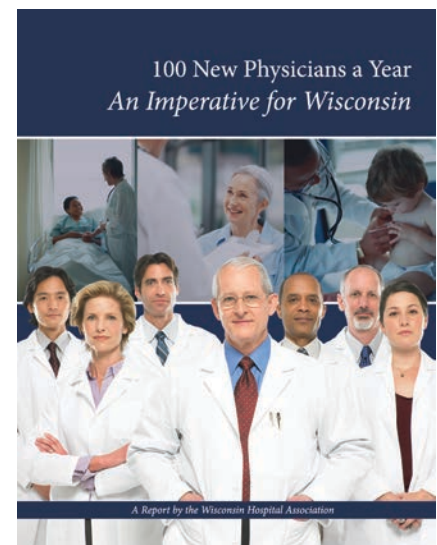
These results were spurred on by a Wisconsin 2023-2025 biennial state budget which added \$5 million more for allied health training grants, removed the exclusion of RN training from the allied health grants, and established an additional \$1.8 million for the GME training grant funding.

By the end of 2024, the allied health and APC "Grow Our Own" grants created new or expanded training opportunities tailored to local needs for nurse practitioners, physician assistants, certified registered nurse anesthetists, medical assistants, nursing assistants, mental health counselors, lab techs, surgical techs, social workers, sonographers, respiratory therapists, radiology techs and registered nurses at hospitals in partnership with Wisconsin technical colleges and universities.

In addition, DHS rapidly implemented GME training grant updates championed by WHA in 2024, enacted by the Legislature and signed into law by the governor in 2023. Wisconsin 2023 Act 185 lifts the limit on per-hospital funding, allowing hospitals to add more GME slots and programs if they have the resources and capacity. This new law also provides the assurance of sustained funding for successful grant-funded new and expanded GME programs.

To date, the GME grant program has created 23 brand new Wisconsin residency programs and provided funding to expand 17 existing residency programs, creating 193 new residency training opportunities for physicians in Wisconsin who would have otherwise likely trained in another state. These additional residency opportunities will graduate 86 new physicians for Wisconsin each and every year.

Growing our own is essential to meet the demands of Wisconsin's aging population and to keep pace with the retirements of increasing numbers of Baby Boomers from the Wisconsin health care workforce.



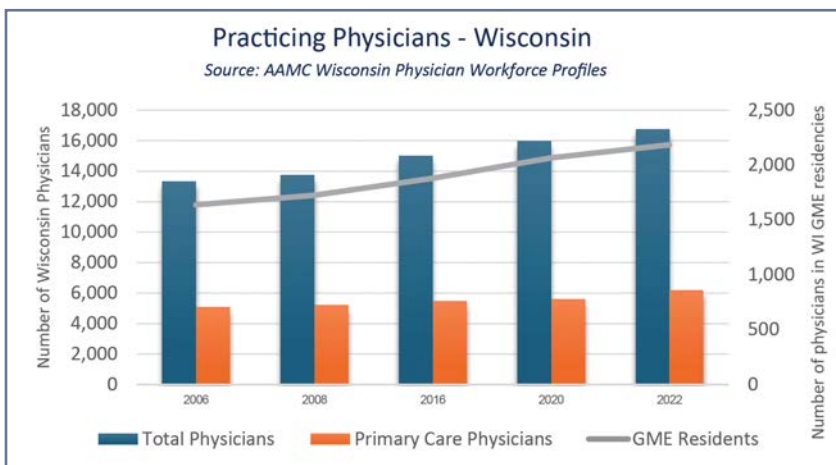
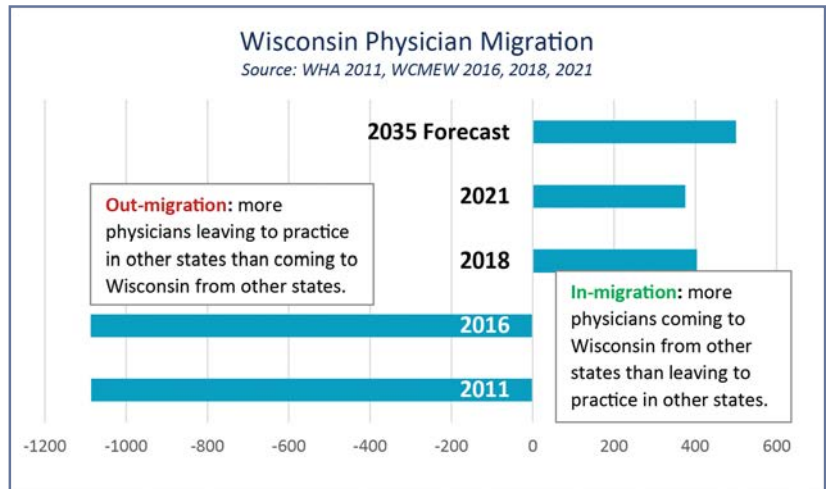
WHA's 2011 Physician Report

Physician shortages must be mitigated

Even with intense efforts to grow our physician workforce faster, and impressive gains in demand and supply in Wisconsin, the Wisconsin Council on Medical Education and Workforce (WCMEW) predicts a physician shortfall in the state over the next 15 years. (22)

Wisconsin’s balanced medical liability environment and peer review protection provide a practice environment that attracts physicians to Wisconsin.

WCMEW first calculated a state of immigration—more physicians coming to Wisconsin than leaving Wisconsin for other states—in their 2018 physician workforce report. This welcomed trend continued in WCMEW’s 2021 report. To meet rising demand and changing practice patterns, WCMEW estimates that immigration will need to be at 500 physicians annually by 2035, making maintaining Wisconsin’s positive practice environment a must.



A practice environment that attracts physicians, growing interest in Wisconsin medical schools matched by increased Wisconsin medical school capacity, and more Wisconsin graduate medical education opportunities, are already having a positive impact on the number of physicians practicing in Wisconsin.

Even with positive growth trends, physician supply is falling short of demand. Kaufman Hall’s October 2023 *State of Healthcare Performance Improvement* national study reports 64% of clinics and health systems are struggling to meet demand for patient access to their physician enterprise and patients are waiting 25% longer to see a primary care provider. (23) With 1 in 5 of Wisconsin’s practicing physicians older than 65 and increased demand for health care expected to require 2,500 more physicians than the current state, WCMEW predicts Wisconsin could face a shortfall of more than 3,000 physicians by 2035. (22)

Health care employers, health care professionals, along with educators and policymakers, must continue to invest in growing our workforce faster, creating programs that attract new participants to the workforce and policies that foster recruitment and retention to health care employment and to health care educational pathways.

Meeting Wisconsin's Health Care Needs with the Available Workforce

Even with concerted and targeted effort by employers, educators, policymakers and health care professions, it is unlikely that a shrinking workforce will be able to grow fast enough to bridge current shortages and to meet the rising demand of a rapidly aging population. Hospital and health system teams must be able to work to their full potential, providing care at the top of their skill level for patients in the best setting, enabled by technology and relieved of unnecessary regulatory burden.

Allow health care professionals and teams to reach their full potential

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

New models of care and education also support health care professionals in reaching their full potential.

Wisconsin's Department of Workforce Development, UW Health and Madison College led the nation in advancing the first registered nurse apprenticeship.



The first cohort of UW Health and Madison College registered nurse apprentices began in Summer 2023.

Inability to fill or retain frontline technical positions inhibits teams from reaching their full potential with highly trained professionals performing support-level tasks.

This new model provided nurses working in clinical settings with an opportunity to utilize their education, training and experience to serve as nursing instructors. The apprenticeship program was possible in part because hospital-employed master's-prepared registered nurses were able to combine clinical work and a teaching role, career enhancement welcomed by many of these advanced practice nurses and the added satisfaction of helping their colleagues pursue a nursing career.

Changing Wisconsin policy may provide a similar opportunity for experienced baccalaureate-prepared registered nurses (BSNs) to work to the top of their education, training and experience to grow the pool of available nursing faculty and support expanded pathways to licensure for the thousands of qualified applicants turned away by nursing schools every year. In the current

Chapter N1 "Approval for Schools of Nursing," Wisconsin's Board of Nursing limits the role of BSNs as nurse faculty to exceptional circumstances.

In 2024, Wisconsin convened a Governor’s Task Force on the Health Care Workforce. WHA member leaders served on the task force, and along with WHA, urged the group to expand the role of experienced baccalaureate nurses as nurse faculty. The final report from the task force advanced WHA’s recommendation to Governor Tony Evers.

Policymakers and health care leaders must continue to partner on changes that can be enacted to support members of the health care workforce working to their full potential to increase access to care and educational opportunities with the available workforce.

Licensure processes must welcome providers to Wisconsin

The Wisconsin Department of Safety and Professional Services (DSPS) and the professional boards, like the Medical Examining Board and the Board of Nursing, provide oversight to licensed health care professionals. As health care demand increases, the demands on DSPS and professional boards also increases. Just as the health care workforce and the faculty workforce are unlikely to grow fast enough to keep pace, DSPS cannot rely on growth alone to meet increased demand.

DSPS has made key improvements in licensure processes with the implementation of a new licensing platform, LicenseE, and with internal policy changes such as changes in delegation from boards to DSPS staff. Even with these much-appreciated

To successfully compete with other states, Wisconsin laws, agency rules and licensure processes must facilitate entry into health care professions.

improvements and continued purposeful and focused efforts, licensure bottlenecks continue to delay employment for new entrants to Wisconsin, especially at peak times, such as graduation season, the start of graduate medical education residencies every July, and the renewal timeframes for high volume professions like registered nursing, or labor-intensive renewal processes like those for the state’s physician workforce.

Strategies such as lengthening renewal timeframes and the effective period of graduate medical education licenses, or providing greater flexibility for DSPS to determine if legal findings are related to practice for remote and isolated convictions, could take work off DSPS’s plate and streamline licensure for health care professionals. Similarly, a proposal to recognize

national certification exams and employer validation would leverage the work employers, certifying bodies and educational institutions already do to allow DSPS to issue a preliminary license while the agency completes processing of the new graduate’s Wisconsin license.

An example of utilizing rulemaking to break down workforce barriers occurred when the Board of Nursing, with the support of DSPS leadership, changed their review process for approval of new graduate nurses to take their national licensure examinations. This change took the process from a turnaround time of several weeks or more, as demonstrated by large numbers of May 2022 graduates waiting well into July for their approval, down to just days with December 2022 graduates receiving prompt approval. DSPS is currently implementing a process for qualified nursing students, with their school’s approval, to take their national board exam prior to graduation to spread the work of licensing the thousands of new graduate nurses over a longer period of time. Initial results are promising, with early test-takers meeting or exceeding the pass rates of their peers.

If Wisconsin is going to successfully compete with other states, and health care is going to have a level playing field with other industries to attract talent, then state laws, agency rules and licensure processes must facilitate safe and efficient entry into health care professions and must be modernized to reflect the current practice and capabilities of health care professionals and health care teams.

Licensure, education and employer policy and process must help, not hinder, health care teams to work to the top of their education, training and experience.

WHA Wisconsin Health Care Workforce Recommendations

The Silver Tsunami's impact will persist for at least another decade, requiring a workforce that can flex to demand in new ways, and innovation in recruitment, retention, education, regulation and reimbursement for a new generation of workers.

To meet growing demand, with a workforce that can't grow fast enough, both urgent action and long-term sustainable strategies are needed.

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

Create, expand and support educational and occupational pathways

- Provide interested individuals with health care career exposure, experience and support.
- Actively debate the pros and cons of adding time, requirements and costs to educational pathways.
- Create expanded faculty roles for experienced nurses to increase capacity at nursing schools.
- Sustain funding to "Grow Our Own" Wisconsin physicians, advanced practice clinicians and allied health professionals.

Break down barriers to entering and remaining in Wisconsin's health care workforce

- 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.
- Update state law to support patient and family decision-making as they seek post-acute care to relieve bottlenecks in the continuum of care.
- Set reasonable requirements and ensure the added benefit outweighs the additional work required, or the barriers to access created, before creating new regulations or requirements.

Support the use of technology for the benefit of patients and the health care workforce

- 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 barriers.



Photo courtesy of University of Wisconsin Hospitals & Clinics, 2017

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