



2024 | Wisconsin Health Care Workforce Report

March 2024

Cover photo and photos on pages 5, 8 and 12 are from WHA's So Many Options campaign.

Table of Contents

A Message from the WHA Council on Workforce Development Chair	1
Health Care Challenges Compounded by Demographic Change	2
Wisconsin’s demographic challenge	2
Silver Tsunami challenges workforce supply and increases health care demand	2
Hospital resources stretched to meet increasing demand	3
Health care employment leads the way	4
Seek root causes to take action on health care workforce shortages.....	4
Wisconsin’s Hospital and Health System Workforce	6
Workforce gaps critical but stable post-pandemic.....	6
The Silver Tsunami hits the nursing workforce	9
Wisconsin’s nursing workforce isn’t growing fast enough	10
Accessible and supported career pathways attract and retain employees.....	11
Growing health care workforce diversity builds the workforce	13
Provide clinical training in diverse settings to grow and retain the workforce	14
Meeting shifting expectations as five generations work together	15
Strengthening the workforce safety net	16
Physician shortages must be mitigated.....	17
Regulatory burden exacerbates shortages.....	18
Teams and technology can enhance experience, advance care and provide support	19
WHA’s Three Ps	20
Practice	20
Policy.....	20
Payment.....	20
WHA’s Wisconsin Health Care Workforce Recommendations	21
References.....	22

A Message from the WHA Council on Workforce Development Chair



Eilidh Pederson

As the chief executive for a growing hospital that serves rural Wisconsin and chair of the Wisconsin Hospital Association (WHA) Council on Workforce Development, I have been part of efforts to support, sustain and grow the health care workforce. These efforts are essential to performing our mission of meeting the health care needs of the communities we serve.

WHA's 2024 Wisconsin Health Care Workforce Report, their 20th, analyzes state and national data. Additionally, this report leverages the expertise of hospital leaders to analyze the current and projected workforce and offers recommendations for needed action.

Health care is contending with sustained workforce shortages as demand for care increases. Bottlenecks in access to care leave hospitals and patients stuck in the middle. Additionally, reimbursement continues to lag escalating expenses. Amidst these challenges, hospitals have had to make difficult decisions about which services they can offer with finite resources. In most cases, workforce shortages are at the center of these concerns.

Wisconsin's demographic makeup and access to care challenges in pre- and post-hospital settings mean that hospital leaders must continue to urgently find the workforce needed to meet growing demands. Short- and long-term strategies are needed in the priority areas of growing, recruiting, retaining and sustaining the health care workforce needed to provide the high-quality health care that our Wisconsin residents deserve. To answer the call, we must work with educational partners to grow the educational pipeline to expand the number of health care professionals graduating each year.

I am confident that my fellow health care leaders, along with Wisconsin's fine educational institutions, and dedicated elected officials and policymakers, will work together on urgent and midterm workforce development strategies to meet the challenges that lie ahead.

Eilidh Pederson

Eilidh Pederson
CEO, Western Wisconsin Health in Baldwin
Chair of the WHA Council on Workforce Development

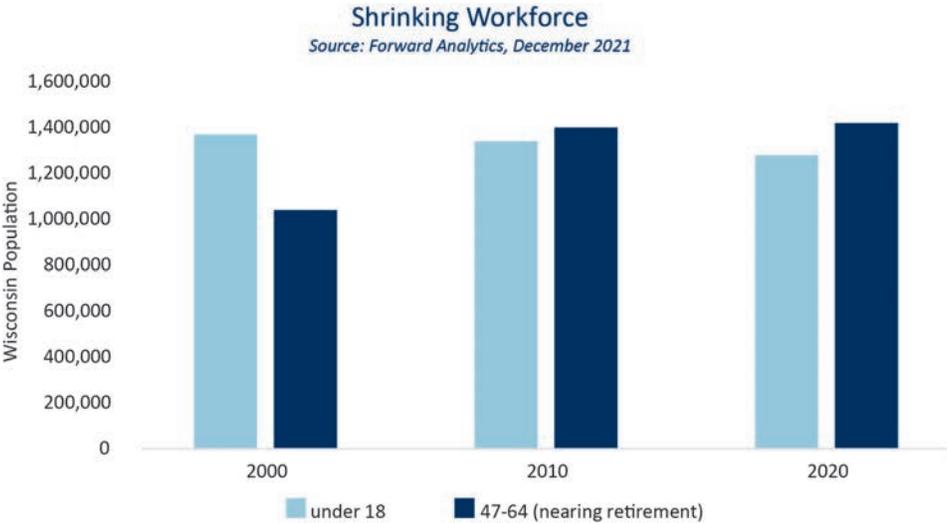
Health Care Challenges Compounded by Demographic Change

While all industries are challenged by the Silver Tsunami, as the aging of the large baby boom generation has been termed, 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, and largely beyond the industry’s ability to influence. As Wisconsin’s demographics change, health care will need to adapt to the dual forces of increasing demand and a workforce that is growing rapidly but can’t grow fast enough.

Wisconsin’s demographic challenge

2030 will be a watershed year for demographic shifts. Every baby boomer will be older than 65 by 2030. One out of five Americans will be at retirement age; in our state of Wisconsin that is nearer one in four. (1)

According to the U.S. Census Bureau, Wisconsin is among the nation’s 15 oldest states, with a median age in 2022 over 40. (2) Nearly 20% of Wisconsin’s population is 65 and older; in younger states that percentage is 12-15. In Wisconsin, young people are outnumbered by future retirees by about 10%, which means the state’s youth population is not large enough to replace retiring baby boomers over the next 20 years.



2030 is also the year that net international migration is projected to overtake natural increase as the primary driver of population growth for the first time ever in the United States. A rising number of deaths will increasingly offset how much births are able to contribute to population growth. (2)

Silver Tsunami challenges workforce supply and increases health care demand

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 more than halfway through this large demographic group’s workforce exodus.

Health care demand increases as age increases, so an older population requires a larger health care workforce. In 2021 U.S. citizens over the age of 65 made up less than 20% of the population but accounted for nearly 40% of health care spending. Conversely, those younger than 35 accounted for 44% of the population and just over 20% of health care spending. (3)

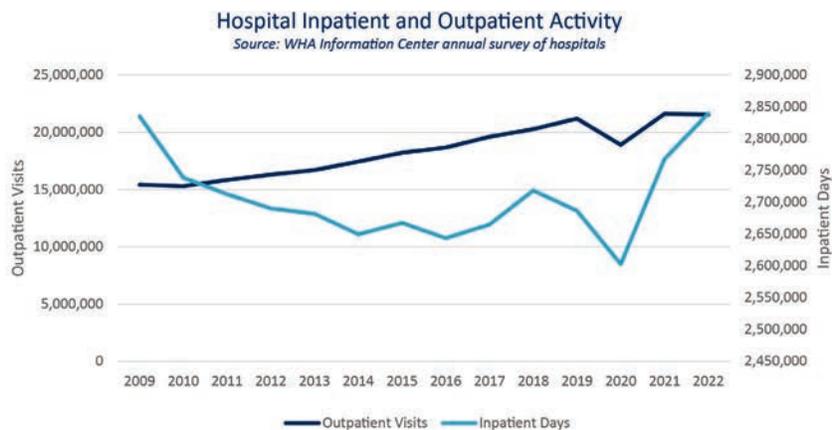
All industries will struggle for the next decade with an exodus of workers as baby boomers retire, but with average life expectancy in the U.S. now over age 79, the increased health care demand this large generation will create will persist for the next two decades or more, compounding the challenge for hospitals even as the surge of retirements subsides for other industries.

Hospital resources stretched to meet increasing demand

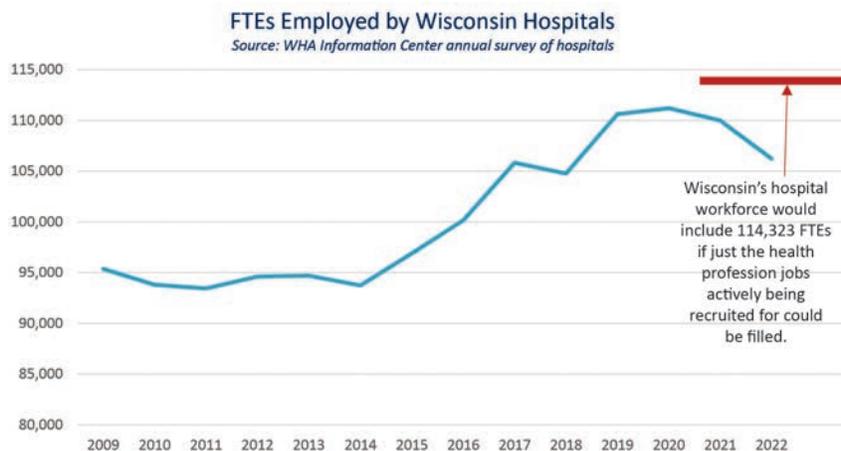
Inpatient and outpatient volumes dropped precipitously in 2020 as hospitals and health systems deferred care early in the pandemic at the U.S. Surgeon General’s request. Volumes rebounded in 2021 and remained high in 2022 and 2023. Hospital and health system leaders continue to report volumes even higher than expected in inpatient units and emergency departments across the state.

WHA Information Center annual hospital survey data show that inpatient days are now 6% higher than pre-pandemic (2019) levels. Outpatient visits are also diverging from expected trends.

For the first time in over a decade, except for the brief interruption in 2020, outpatient visits did not increase from the prior year. 2022 hospital outpatient volumes are just 1.7% higher than in 2019, lagging by two full percentage points behind the average annual increase of almost 4% between 2010 and 2019.



A drop in full-time equivalents (FTEs) at Wisconsin hospitals between September 30, 2021, and September 30, 2022, reflect continued critical workforce shortages and difficulty filling posted positions, especially in the large registered nurse (RN) workforce.



NSI Nursing Solutions 2023 National Health Care Retention and RN Staffing Report notes that hospitals hired 5.65% more nurses in 2022 than in 2021, but even with increased hiring, high vacancy rates remain. Wisconsin’s RN vacancy rate is at 10%. The national RN vacancy rate is near 16%. The national RN recruitment difficulty index reported by NSI was 95 days in 2022, eight days slower than in 2021. For Wisconsin, NSI measured the difficulty index at more than 100 days. (4)

Staff shortages are part of a cascade of challenges—a vicious cycle that includes rising workforce costs without concomitant reimbursement increases, workforce and financial limits on capacity and services, and even the unthinkable—the first hospital closures in Wisconsin in more than a decade. (5)

Hospitals and health systems must have help to break this treacherous feedback loop. Payers and policymakers must recognize rising costs and the need for workforce investment and help break down workforce barriers. Educators must help grow the health care workforce faster and partner on innovations to open career pathways for more individuals seeking to attain a career in health care where the demand for employment will continue to grow for decades to come.

Health care employment leads the way

A study reported by the *New England Journal of Medicine* (NEJM) Catalyst noted that physician offices and hospitals led the way in employment gains post-pandemic. (6) It took the rest of the economy two years for employment to return to pre-pandemic levels; physician’s offices and hospitals did it in less than a year. For the health care industry, nursing homes are the exception. Long-term care employment is still 6% below 2019 levels. Hospitals and community members are feeling this gap as they search for post-acute care.

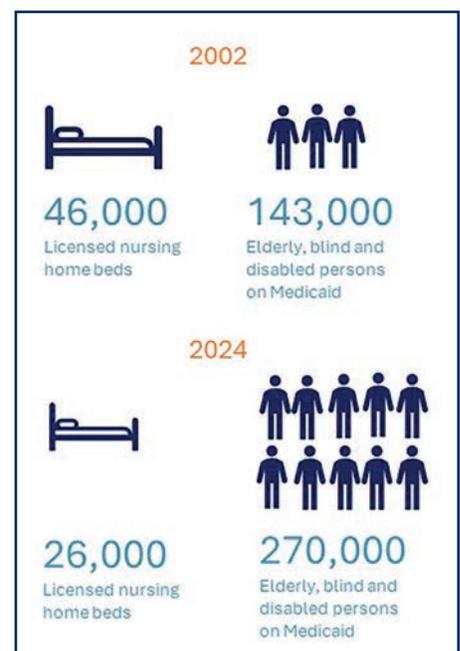
U.S. Bureau of Labor Statistics data show that health care created 653,000 new jobs in 2023, a 22% increase over the already sector-leading number of 557,000 in 2022. The health care industry is projected by the Bureau of Labor Statistics to account for roughly 45% of all employment gains in the next decade, with the primary driver being the country’s aging population. (6)

Seek root causes to take action on health care workforce shortages

In an industry striving to meet ever-increasing demand, it is essential to focus efforts on root causes and lasting solutions that will address both urgent needs and more long-standing issues. The aging of our population is a demographic force that is largely immovable, but other gaps can be corrected.

In 2002, Department of Health Services data showed 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 to meet the needs of almost 270,000 elderly, blind and disabled individuals. Nursing home bed closures have created a bottleneck in post-acute care access. Nursing home bed shortages that rose sharply during the pandemic have continued into 2024 with hundreds of community members ready to leave the hospital remaining under the care of hospital teams because a post-acute care placement is not available. This bottleneck is increasing workforce demand and inpatient length of stay with no increase in reimbursement, and backing up care in emergency departments, intensive care units and medical-surgical care areas, as patients wait for a needed bed that’s not there.

The safety net hospitals provide must be adequately resourced while government leaders, public health, long-term care and other key stakeholders concurrently work to reduce over-reliance on hospitals, health systems and the health care workforce to meet post-acute care and other community needs.



Access to and interest in educational pathways is also an important factor in growing an adequate workforce. According to the National Student Clearinghouse Research Center undergraduate enrollment in certificate degrees, associate degrees and bachelor's degrees grew by 4.4% in 2023, for the first time since the beginning of the pandemic. (7) The Student Clearinghouse also noted that students, especially those from Gen Z, increasingly gravitated toward shorter term credentials. Enrollment in health care professions in certificate and technical college programs, like surgical technician and radiography programs, jumped 10%.

Promoting interest in health professions, making sure classroom seats are available, expanding career pathway options and supporting student success are all actions that policymakers, health care leaders and their partners in education can take together to grow the health care workforce faster.



High turnover rates, the ability to retain workforce incumbents, and the exodus of many workers during the pandemic are factors that are still playing out. A study published in the *Journal of the American Medical Association (JAMA)* examined the impact of the COVID-19 pandemic on entries into and exits out of the health care workforce. Bureau of Labor Statistics data show an increase in health care workforce turnover and an increase in individuals leaving health care fields when comparing a 2018 baseline to 2020 and 2021 levels. (8)

The JAMA study showed the greatest increase in health care industry employee exits in 2020, and a slightly slower departure rate even late into 2021, which is somewhat encouraging, given that the health care workforce was coping with a second, larger and more prolonged surge in COVID hospitalizations in the last quarter of 2021 and the first quarter of 2022. More concerning, but perhaps not surprising given the stress of the pandemic, is that a higher proportion of health care workers left health care for another industry in 2021 than in 2020.

A focus on workplace mental health and well-being are actions employers and their workforce can take together to support recovery, recruitment and retention. Policymakers and payers can help by reducing regulatory burden wherever possible.

Local, regional, statewide and national analysis of health care worker entries and exits in 2022 and 2023 will be vital to determine if actions are helping and where to best direct further efforts.

Wisconsin's Hospital and Health System Workforce

Heightened demand and shrinking supply meant continued high vacancy rates for Wisconsin hospitals heading into 2023.

WHA Information Center annual personnel survey results present a yearly snapshot of Wisconsin's health care workforce. The most recent fiscal year 2022 survey is a snapshot of the hospital workforce in place September 30, 2022. The professions tracked in the annual personnel survey make up about 70% of the hospital workforce.

Workforce gaps critical but stable post-pandemic

Between September 2020 and September 2021, Wisconsin health care workforce vacancy rates skyrocketed. Every profession tracked in the WHA annual survey experienced increased vacancy rates, and the overall hospital vacancy rate increased to 9.9%, up from 5.3% just one year before.

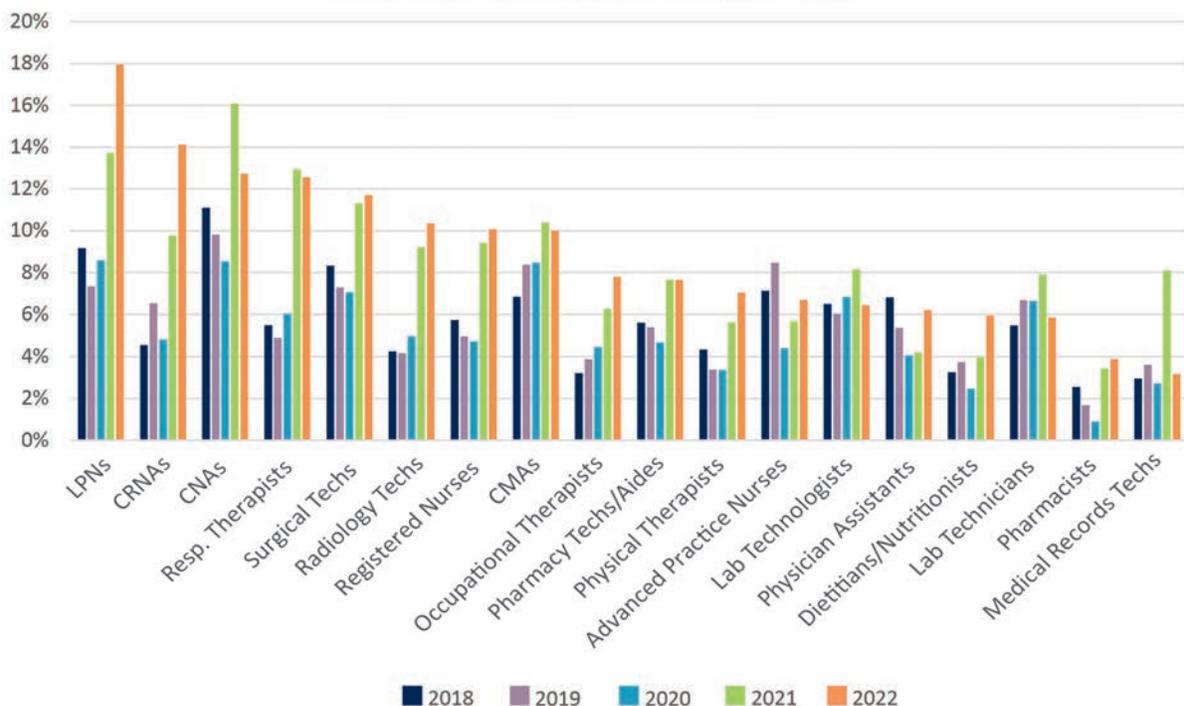
The condition of the Wisconsin health care workforce heading into 2023 might best be described as critical but stable. The overall hospital vacancy rate on September 30, 2022, remained very high at 9.9% but at least was unchanged over the course of a year.

Wisconsin hospitals have been able to make hiring gains, and vacancy rates decreased or stabilized in some segments of the workforce, most notably in certified nursing assistant (CNA), certified medical assistant (CMA), respiratory therapist and laboratory professions. CNAs ceded their top vacancy spot for the first time in almost a decade.

For other professions, vacancy rates showed only a modest increase between September 2021 and September 2022. Though stabilizing, vacancy rates are still critical at double-digits for 8 of the 18 professions tracked in this year's report. The state's RN vacancy rate crossed over to double digits in the course of a year, to 10.1%.

Vacancy Rates for Selected Hospital Professions

Source: WHA Information Center annual hospital survey

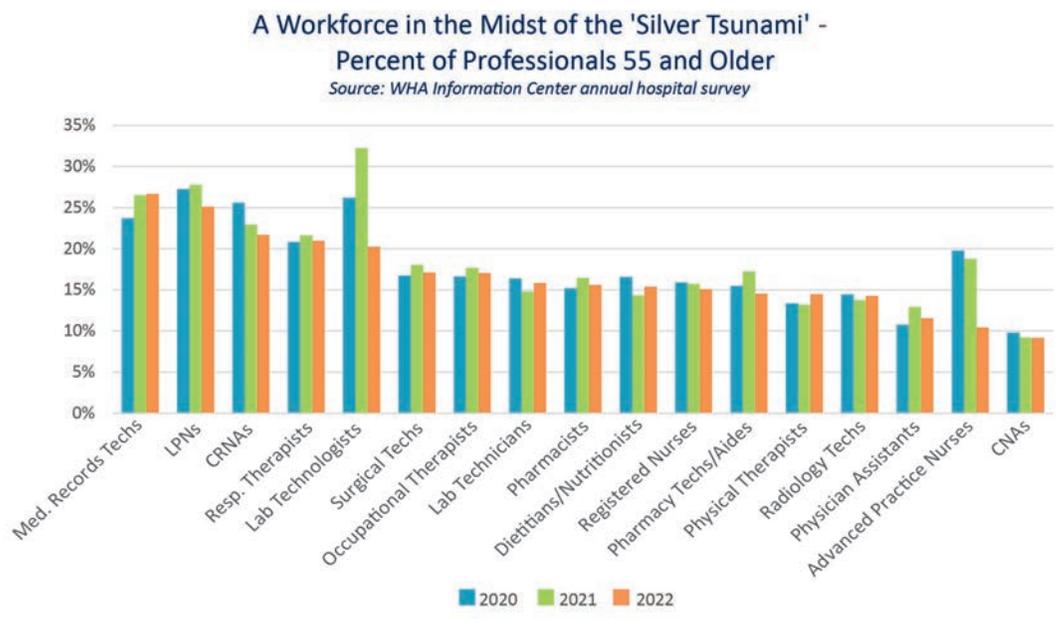


Frontline technical positions continue to dominate the top vacancy rates. Increasing vacancy rates in professions that require graduate or doctoral level degrees, like advanced practice nurse, physician assistant (PA) or pharmacist, are concerning. While not yet at double-digits, the length of the educational pathway means increasing vacancy rates will take longer to reverse.

Two troubling exceptions to the “critical but stable” condition report are professions with small numbers but important roles in the hospital and health system workforce. The vacancy rate for licensed practical nurse (LPN) topped all others at 18%, up over four percentage points in just one year. Certified registered nurse anesthetist (CRNA) vacancy rates also rose sharply, crossing into double digits by the end of 2022 at 14%.

On September 30, 2022 there were just over 1200 LPNs and almost 500 CRNAs in the Wisconsin hospital workforce. These small numbers make a big difference. LPNs are essential to many existing and emerging team models. CRNAs provide anesthesia care in operating rooms and procedure areas across the state, often as the sole anesthesia provider in rural areas. LPNs and CRNAs have the second and third highest percentage of their workforce 55 and older in the fiscal year 2022 WHAIC annual personnel survey.

1 in 4 LPNs and 1 in 5 CRNAs employed by hospitals are nearing retirement. Without an infusion of new entrants, LPN and CRNA vacancy rates will continue to rise. Educational pathways and clinical training sites must be accessible. Recruitment and retention will be increasingly important. Employers must create work environments that appeal to younger generations and retain older workers longer.

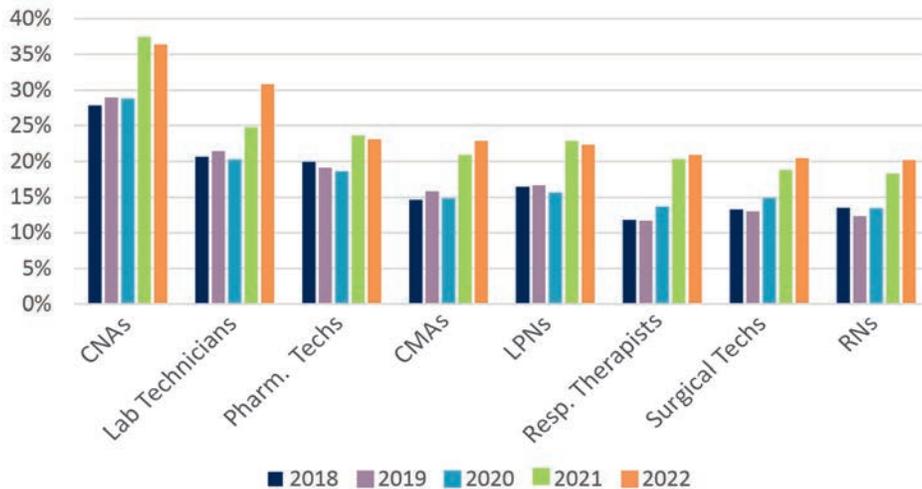


Medical records techs, respiratory therapists and lab technologists are the additional workforce segments with 20% or more of those employed age 55 and older. All other professions in the annual personnel survey, including RNs, are near or below 15%. Retirements are less likely to be a factor in vacancy rates as the percentage of those older than 55 trends down.

The CNA profession continues to occupy its long-held position of the profession with the least incumbents 55 and older, reflecting higher turnover rates, often because of individuals in the profession using the career as a springboard to other professions in health care. CNAs top the turnover chart, with more than 1 in 3 hospital CNAs changing jobs in 2022.

Turnover rates did not rise as sharply across the board as last year, but with eight hospital professions with 20% or more of the workforce changing jobs in 2022, turnover is still at critical levels. In addition to creating high vacancy rates, turnover results in loss of institutional knowledge, and a less experienced front line.

Turnover of 20% or More in 8 Professions



The continued increase in RN turnover, along with sustained high vacancy rates for RN jobs, is especially problematic. RNs make up 51% of the hospital workforce. By virtue of their education, training and experience, nurses are equipped to fill several roles on the health care team. When vacancy rates rise, nurses fill gaps created by shortages in other segments of the workforce.

The size of the nursing workforce, the many roles nurses fill and the ability of nurses to bridge other workforce gaps make a nursing shortage disproportionately impactful on hospitals and health care.



The Silver Tsunami hits the nursing workforce

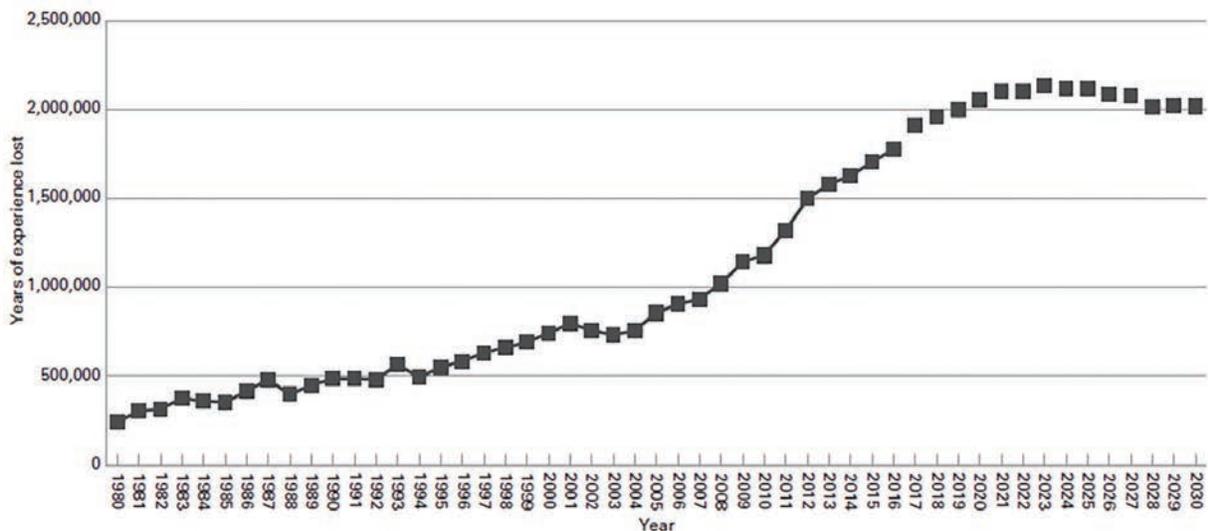
According to the U.S. Bureau of Labor Statistics (BLS), there are currently 3.1 million employed RNs in the nation with 61,000 employed in Wisconsin. Heading into 2023, two out of every three RNs employed in Wisconsin—39,797—worked in Wisconsin hospitals. This is consistent with pre-pandemic levels; of 61,000 RNs employed in Wisconsin in May 2019, just over 40,000 worked in Wisconsin hospitals.

As the Silver Tsunami creates waves of RN retirements, hospitals are experiencing not just a sustained shortage but also the loss of retirees' accumulated years of nursing experience.

A study published in the *Journal of Nursing Regulation* estimated that the number of years of experience lost from the nursing workforce doubled between 2005 and 2015. (9) This trend will continue through the 2020s as the largest groups of baby boom generation RNs reach their mid-to-late 60s.

FIGURE 2

Years of Experience Lost to the RN Workforce, 1980–2030^a



^a Years of experience is the product of the number of registered nurses (RNs) leaving the workforce and the average years of experience for each. The latter is approximated based on data from the *National Sample Survey of Registered Nurses*, conducted by the Health Resources and Services Administration, in which RNs were asked how many years they had worked as RNs. Source: Current Population Survey, 1980-2000, <https://www.census.gov/programs-surveys/cps.html>. American Community Survey, 2001-2015, <https://www.census.gov/programs-surveys/acs/>.

Hospitals and other settings that depend on RNs are implementing strategies like nurse residencies, flexible schedules for veteran nurses and virtual RN support to welcome new entrants to the field and to retain experienced professionals longer.

The increased demand for health care created by aging is creating demand for a larger nursing workforce. BLS Occupational Outlook Handbook Employment Projections 2021-2031 estimates 200,000 new nurses will be needed annually for the next decade; for Wisconsin that number is projected at 4,000. Immigration and nurses returning to the workforce make an important contribution, but most workforce growth in nursing comes from new graduates, providing a target for Wisconsin's nursing schools and clinical training sites to aim for.

Wisconsin's nursing workforce isn't growing fast enough

The most recent numbers from Wisconsin nursing schools indicate they more than held their own the last three years, exceeding the 3,061 graduations reported in the 2018-2019 school year. The Wisconsin Center for Nursing's 2022 Wisconsin Nursing Education and Nurse Faculty Survey Report finds 3,506 pre-licensure graduates from ADN, BSN and pre-MSN programs in the 2021-2022 school year, compared to 3,657 in 2020-2021. (10)

With the help of nursing schools and health care employers, the number of RN and advanced practice nurse prescriber (APNP) credentials in Wisconsin continues to grow, reflecting that nurses are staying in the field, new graduate RNs are successfully entering the workforce, and Wisconsin is attracting RNs from other states.

LPN numbers, already low in Wisconsin, took a downward trend in 2022, perhaps reflecting that LPNs are pursuing career pathways to RN and advanced practice degrees. The ability of Wisconsin nursing students to obtain an LPN license while they complete the remainder of their RN degree is an advantage not all states allow.

Active WI license	December 2020	December 2021	December 2022	+/- 2020 to 2022	% change 2020 to 2022
LPN	13,772	15,020	10,674	-3,098	- 22%
RN	103,939	110,974	118,993	+15,054	+14%
APNP	7,660	8,836	10,808	+3,148	+41%

Source: DSPS licensure data reported to Wisconsin Board of Nursing

Wisconsin licensure numbers also reflect nurses who maintain an active license beyond retirement, those not currently working, and those working in other states, thus licensure numbers over-estimate the size of the nursing workforce.

Nurses in Wisconsin complete a survey when they renew their license. These numbers provide an opportunity to refine licensure numbers to better assess the employed workforce.

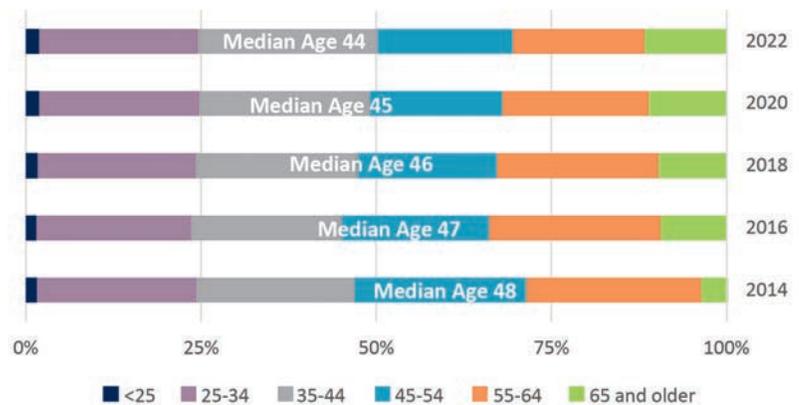
The Wisconsin Center for Nursing notes in its 2022 RN Survey Report that Wisconsin's working RN workforce grew by 6% between 2020 and 2022, and that 8.2% of registered nurses renewing their license were retired, which tallies up to the 14% growth rate in active RN licenses in the same timeframe. RN workforce aging also aligns, with about 10% of the RN workforce aged 65 and older.

Unlike the rest of the state's population, the median age of registered nurses in Wisconsin is decreasing, and Wisconsin's 2022 nursing workforce has a good mix of experienced RNs and new entrants to the field. Half of Wisconsin RNs renewing their license in 2022 were older than 45 and half were younger.

The downward shift in age may help Wisconsin's nursing workforce weather the Silver Tsunami in the decades to come, if Wisconsin can ramp up the pace at which Wisconsin new nurses graduate and the ability of Wisconsin to attract RNs from other states.

Wisconsin RN Age Distribution and Median Age

Source: Wisconsin Center for Nursing RN Survey Reports



Even with impressive growth and positive age trends, Wisconsin’s registered nurse workforce is far from the projected annual growth of 4,000 needed to meet demand in the coming decade. The last two RN Survey Reports show that Wisconsin renewals for nurses younger than age 65 grew by 5,331 between 2020 and 2022, an annualized increase of just 2,666 more nurses. Impressive graduation numbers are not able to keep pace with retirements or RNs advancing on career pathways to become advanced practice nurses or nurse educators.

Recruitment efforts, supported career pathways, training program flexibilities enacted during the pandemic, and hospitals that stood up their own new nursing assistant training programs narrowed the gap for CNAs, showing that turnarounds can be made in a short timeframe with intense effort in professions with shorter educational pathways and opportunities for on-the-job training.

The bridge a CNA or other entry level position provides to a nursing degree is an industry advantage employers, educators and nursing professions are leveraging to address the nursing shortage. The opportunity a nursing degree provides for career advancement to roles in advanced practice nursing doesn’t necessarily help with RN shortages, but is a satisfying, efficient and sustaining strategy to bridge shortages in other areas. In 2023 the nurse practitioner (NP) profession added 30,000 employees to the U.S. workforce. The Bureau of Labor Statistics projects NP employment will experience a 38% growth rate in the next decade with 30,000 additional jobs every year until 2032. A rising advanced practice nurse vacancy rate in the WHA Information Center annual survey shows even this impressive rate of growth isn’t fast enough.

Hospitals, the professionals they employ and their partners in education must work together to urgently grow the nursing workforce, along with the allied health professionals and support personnel that round out the teams needed to allow nurses, advanced practice clinicians and physicians to work to the top of their license. The workforce must grow faster if the state is to sustain access to the high-quality health care Wisconsin citizens have become accustomed to and deserve.

Accessible and supported career pathways attract and retain employees

The past three years have been challenging for hospitals, health systems and the health care workforce. A growing nursing workforce, the expansion of the hospital CNA workforce, and the ability of the NP professions to grow in numbers and capabilities offer hope that the stable but critical condition of the health care workforce is heading toward recovery.

Clearly defined, accessible and satisfying career pathways play an important role in growing the health care workforce and provide an advantage for health care over other industries. In February 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.

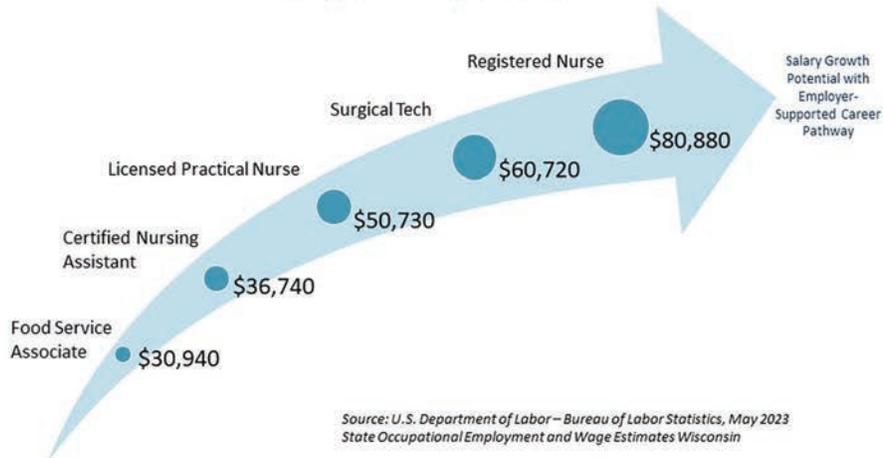


The campaign, called *So Many Options*, was developed at the urging of WHA member leaders and the WHA Board of Directors and is aimed at middle and high school students and their adult influencers, such as parents and teachers.

Hospitals and their employees can invest time, training and dollars and see their investment help double or triple that individual's earnings while addressing critical workforce shortages for patients, health care teams and employers. With competition increasing across all industries and vacancy rates climbing, leveraging this career pathway is more important than ever before.

THE POWER OF AN ENTRY-LEVEL HEALTH CARE ROLE

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



Gen Z is a generation wanting to join the workforce at a younger age, but their shift to shorter term credentials and ready jobs also has the potential to create strain in segments of the workforce with a longer runway to practice.

The applicant pool for Wisconsin pharmacy schools, where students gain the required doctorate in pharmacy, is down 15% over the past five years; nationally enrollments are down 30%. (11) Educators and the pharmacy profession are reacting to this troubling trend with innovations to attract new entrants, such as UW-Madison's fast track option that allows students to earn a milestone degree—a Bachelor of Science in pharmaceutical services—and shorten their educational pathway to practice.

The innovations enacted by pharmacy schools, and similar work being done for CRNAs, now also a doctoral degree, is intended to avoid shortages caused in part by the lengthening of the educational pathway for these professions.

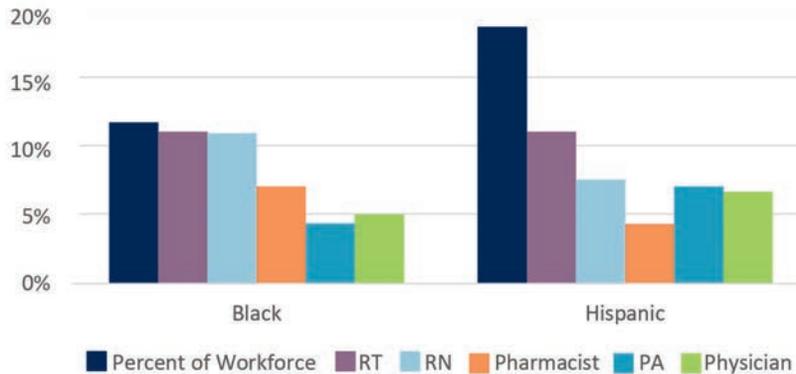
Health care professionals, national certifying bodies and policymakers must carefully weigh the necessity of adding requirements, cost, burden and time to health profession educational pathways in an environment of increasing demand for health care, a shrinking workforce and generational influences on educational preferences.

Growing health care workforce diversity builds the workforce

Progress and focus continue to build health care workforce diversity that is reflective of the diversity of the population. Communities benefit when cared for by health care teams that reflect the diversity of the people they serve. Diversity is also essential to competing for and retaining the younger workforce needed to care for an aging population.

Workforce Estimates of Health Diagnosing and Treating Practitioners as Compared to Total Percent of Workforce

Source: JAMA Network Open 2021



A study in 2021 comparing racial and ethnic diversity in five key health care professions found that the diversity gap increases as the length of the runway to practice increases. (12)

Analysis of the Wisconsin registered nurse workforce, the largest segment of the health care workforce, can provide an indication of broader Wisconsin health care workforce trends.

Wisconsin's RNs continued to grow in diversity in 2022, with more Black, Indigenous and People of Color (BIPOC) and Latinx joining the state's nursing workforce, but nursing's diversity doesn't yet match the diversity of Wisconsin.

Data from the U.S. Census Bureau and the 2022 Wisconsin Nursing Workforce Survey show:

- » 80% of Wisconsin's population is White. 91% of the state's 2022 RN workforce is White.
- » BIPOC and Latinx are nearly 20% of Wisconsin's population. Less than 10% of Wisconsin RNs are BIPOC or Latinx.

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.



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

Initiatives, such as preceptorships, internships and apprenticeships, can break down barriers for a diverse group of individuals who may want to join the health care workforce. Grant funding, scholarships and employer investments can make education and training more accessible.

The challenges created by the COVID pandemic and the Silver Tsunami up the ante to share with generations joining the workforce that health care careers are attractive, rewarding, meaningful and attainable.

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. The Wisconsin GME residency component alone creates a 40% increase in the likelihood of a physician remaining in Wisconsin to practice.



It works! As of December 2018, 91% of physician graduates from the Wisconsin Academy of Rural Medicine (WARM) practice in Wisconsin. (13)

Since the creation of GME "Grow Our Own" grants leveraging WHA's 86% equation through 2013 Act 20, closely followed by Advanced Practice Clinician (APC) and Allied Health training grants through 2017 Act 57, the Wisconsin Department of Health Services (DHS) has awarded 119 grants, spurring a \$65 million investment in new and expanded clinical training programs in Wisconsin.

- 29 APC grants have been awarded in the APC specialties of nurse practitioner, physician assistant and certified registered nurse anesthetist.
- 39 Allied Health grants have been awarded to create more training opportunities for in-demand professions such as certified nursing assistant, certified medical assistant, sonographer, lab professionals, surgical technician, mental health counselor, clinical social worker, psychologist, radiographer, substance abuse counselor, and, starting in 2023, registered nurse.
- 40 GME grants have been awarded for residencies and fellowships in family medicine, psychiatry, addiction medicine, general surgery, obstetrics-gynecology, emergency medicine, endocrinology, dermatologic oncology, hematology and internal medicine.

By the end of 2023, GME "Grow Our Own" grants had created 18 new GME programs and 153 additional GME residency positions in Wisconsin. Sixty new physicians will graduate each and every year from the clinical training pipeline supported by "Grow Our Own" funding.

Wisconsin policy makers underlined their belief in the WHA-crafted "Grow Our Own" grant program with an infusion of funding in the 2023-2025 biennial budget. An additional \$5 million in funding was made available for the allied health profession matching grant program, for a total of \$6 million in grant funds.

Twenty-three hospitals have already applied for and are using dollars from an additional round of applications quickly implemented by DHS, with allied health grants awarded in 2023 nearing the \$4 million mark. Since these are matching grants, the additional funding, matched by hospitals and health systems, has spurred an \$8 million investment in training programs for professions where vacancy rates are highest. With one more round of funding to go, that investment could increase by millions more.

The biennial budget also increased GME “Grow Our Own” grant funding by more than a million dollars, and an updated DHS funding policy has increased per physician resident funding for these grants to more than \$150,000 helping to close the gap between current funding and the actual investment required for a residency position.

State government and hospitals have partnered to successfully utilize increased funding to grow the health care workforce faster; sustained and increased funding for the “Grow Our Own” program is an effective strategy to take on the Silver Tsunami.

Meeting shifting expectations as five generations work together

Hospitals and health systems are acutely aware of the need to compete within health care and with other industries to recruit and retain the workforce needed to meet demand, provide health care access and, in many communities, provide a safety net for societal needs when gaps exist.



The 2020s heralded five generations at work for the first time ever, with many Americans from the baby boom and even from the silent generation working well into their 70s.

Generation	Born Between	Current Age
Silent Generation	1925-1945	78-98
Baby Boom	1945-1965	58-78
Gen X	1965-1980	43-58
Millennials	1980-1995	28-43
Gen Z	1995-2010	13-28

With baby boomers retiring at the staggering rate of 10,000 per day, millennials became the largest generation in the workforce in 2017.

Although each generation has their own work style and desires, two overwhelming themes span all age levels: an overwhelming call for flexibility in the workplace and a need to care for themselves and their loved ones, young and old, outside of work. (14)

Employers in all industries are investing in the workforce elements employees value most. For hospitals, that can mean altering or shortening shifts, using software applications to let staff sign up for needed shifts, and adding team members and technology to support workload.

For health care employers, that also often means sign-on and retention bonuses. Research released in January 2024 found that one in five health care and nursing jobs posted in December 2023 advertised a sign-on bonus. (15)

All employers are paying higher wages; for health care it's just at a higher and faster rate. The Bureau of Labor Statistics created an Employment Cost Index baseline of 100 in 2005. In the 18 years since, this cost index has risen to 160.7 for all civilian workers and to 161.4 for hospitals.

The last five years have seen the steepest increase. The Employment Cost Index for the hospital industry rose from 133.8 in September 2018 to 161.4 in September 2023, a 21% increase. (16)

Strengthening the workforce safety net

As financial, staffing and demand pressures increase on employers, societal pressures impact their community and their workforce as they try to find housing, childcare or elder care. Wisconsin health care leaders are working on innovative community efforts to increase childcare availability, elder care resources, transportation solutions and even housing development to attract and retain their health care workforce.



An unacceptable pressure continues to be felt by health care workers more than any other segment of the workforce—violence in the workplace. In Medscape’s 2023 survey of nurses 72% of respondents had experienced verbal abuse from patients, patient family members and visitors, and even from co-workers, in the past year. (17)

Wisconsin led the way in 2021 with a new law adding threats of violence to the higher penalty already in place for acts of violence against health care workers. Wisconsin’s new felony law aimed to make it very clear that violence against health care workers is unacceptable but is only a single component of reducing the violence and threats of violence that continue to occur.

Top Opportunities for Organizational Investment (14)	
Prior research	Today
Competitive salary	Competitive salary
Health insurance and coverage	Health insurance and coverage
Digital, technology, and analytics	Digital, technology, and analytics
DEI	DEI
Professional growth opportunities	Paid time off
Tranportation benefits	Workload
Feeling valued	Work-life balance
Leadership experience	Scheduling flexibility
Role alignment	Competitive annual bonus and financial incentives

Gray text = no longer highly important to staff
Bold = new factor highly important to staff

Concerted effort is needed to address this workforce burden. Health care workers must continue to be encouraged to report threats and acts of violence, and to serve on hospital teams dedicated to workplace safety. Their leaders must provide all necessary support and partner with community law enforcement on prevention and reporting efforts. Charging and enforcing enhanced penalties must be an option the justice system pursues.

To recruit and retain at the pace needed to meet growing demand hospital and health system leaders, health care professionals, industry experts, educators, elected officials and policy makers must work together to provide the flexibility, predictability and time off that are becoming increasingly important workforce expectations; to find solutions to help the workforce care for themselves and their loved ones; and to address issues threatening workforce well-being to ensure a safe and satisfying workplace.

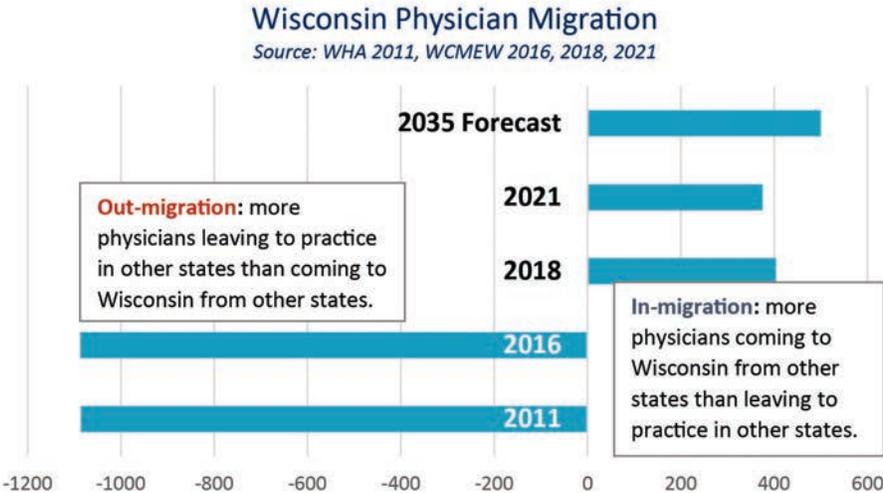
Physician shortages must be mitigated

Wisconsin has been working hard over the past two decades to grow the physician workforce, with medical school expansions in central and northeast Wisconsin and with new and expanded GME programs across the state.

Even with intense efforts, physician shortages now hinder the ability of hospitals and health systems to provide access and services and leave patients waiting longer to see a provider. Kaufman Hall’s October 2023 State of Healthcare Performance Improvement national study reports 63% of clinics and health systems struggling to meet demand for patient access to their physician enterprise and patients waiting 25% longer to see a primary care provider. (18)

Wisconsin’s physician workforce must grow faster. Wisconsin is working hard to grow our own physicians, but with shortages already apparent and a long runway to practice, it is increasingly important to retain those providers Wisconsin trains and to attract physicians from other states.

Wisconsin’s balanced medical liability environment and peer review protection are examples of a practice environment that creates a state of in-migration for Wisconsin. More physicians are coming to Wisconsin from other states than are leaving Wisconsin for other states.

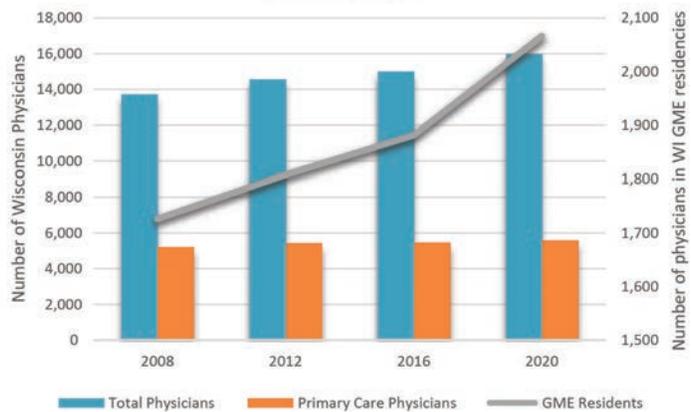


The Wisconsin Council on Medical Education and Workforce (WCMEW) first calculated a state of in-migration in their 2018 report *Mapping Our Way to Success: Wisconsin’s Physician Workforce*. This welcome trend continued in their 2021 report. To meet rising demand WCMEW estimates that in-migration will need to be at 500 physicians by 2035.

The American Association of Medical Colleges (AAMC) Wisconsin profile shows that a practice environment that attracts physicians, along with more Wisconsin graduate medical education opportunities, is having a positive impact on the number of physicians practicing in Wisconsin.

Even with these growth trends, WCMEW predicts the physician shortfall in the state to increase over the next 15 years. Considering the impact of retirements (one in five practicing Wisconsin physicians is older than 65) and practice changes, along with an increase in demand that is 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.

Practicing Physicians - Wisconsin
AAMC Wisconsin Physician Workforce Profiles
AMA Physician Masterfile



Regulatory burden exacerbates shortages

As demand for clinical services increases, time spent meeting regulatory and documentation requirements increasingly frustrates and pulls providers away from patients.

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 electronic health record (EHR) during and after clinic hours. (19) 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%. (20)

Health care professionals, health systems, hospitals and post-acute care providers confront the daunting task of complying with a growing number of regulations, and evidence of compliance is often through expanding documentation in electronic health records.

Regulation is intended to ensure that patients receive safe, high-quality care. Not all the rules improve care or safety, and all of them require time and action by our health care workforce. Patients have less time with their caregivers and sometimes must navigate unnecessary hurdles to receive care.

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 one in four of those engaged in regulatory compliance is a doctor or nurse, making these clinicians unavailable to patients. (21)

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.

There has also been a revival of payer practices that consume precious workforce time and energy and unnecessarily derail, delay or deny care—practices such as backend denials of emergency care, white bagging and mid-contract changes in provider and patient requirements. (22)

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

Teams and technology can enhance experience, advance care and provide support

Hospitals and health systems facing the dual challenge of increasing demand and a shrinking workforce must continue to grow the workforce while at the same time addressing barriers and implementing innovations to allow teams 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.

Clinical workforce technology can improve care quality and coordination, support clinicians and teams, and directly impact physical work. Life-sized robots can take on chores that unnecessarily absorb so much of a nurse’s time; 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. (23)

As surges of baby boom retirements continue, and millions of years of institutional knowledge and clinical experience leave the workforce, virtual nurse programs leverage technology to share experience and support across a greater number of new entrants to the field, and to provide more physical breaks for in-person nurses from what is a physically demanding job.

Technology holds promise but takes time and investment. That time and investment is often crowded out by financial pressures and by the urgency of rising staffing demands. In Kaufman Hall’s 2023 State of Healthcare Performance Improvement, 84% of respondents described the level of investment their organization was able to make in automation technologies as “negligible” or “modest,” while only 16% noted the investment as “significant” or “robust.” For those investments already made, none of the respondents believed that their organization had fully optimized the automation technologies it had invested in.



Health care has some catching up to do, including wisely utilizing the promise that artificial intelligence (AI) may hold. An October 6, 2023, Wall Street Journal article notes, “Young people starting out in medicine today are going to be on the front row and very much involved in the most radical and what could be the most positive transformation in health care since the introduction of antibiotics—AI.” (24)

Optimization of technology and transformational use of AI is going to require the investment and partnership of health care experts, employers, health professionals and policymakers if technology and AI in health care is going to have a positive trajectory and not be yet another force that distracts, distances and burdens the health care workforce.

WHA's Three Ps

The Wisconsin Hospital Association's Three Ps framework—aligning Practice, Policy and Payment—creates a pathway for health care organizations, educational institutions, policymakers, community leaders and other key stakeholders to assess recommendations and determine priorities, evaluate feasibility, foresee barriers, and take steps to translate recommendations into policy, practice and payment changes.

The WHA conceptual model outlines three major elements that impact, influence and ultimately determine what specific patient care is delivered in many settings. The Three Ps—Practice, Policy and Payment—are meant to be understood from the top down, progressively narrowing conditions that can limit or enhance the amount of patient care delivery associated with various health care professions. All three elements of the model apply to all health care occupations and professions that have recognized and agreed-upon scopes of practice and are allowed to bill for their services. The first two Ps apply to all health care occupations and professions, regardless of whether or not they are allowed to bill for their services. The third P, Payment, applies to all health care occupations where the provider bills for their services, and how and where that payment occurs.

Practice

“Practice” pertains to scope of practice. Scope of practice describes the procedures, actions and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education, experience and demonstrated competency. This “education, experience and training” model is generally accepted as defining scope of practice for providers in Wisconsin, and language mirroring this definition is evident in several key Wisconsin rules and regulations such as Chapter N8, the Wisconsin rule that defines and regulates the practice of advanced practice nurses, and PA1-4, the administrative rules drafted in 2022 by Wisconsin's newly formed Physician Assistant Affiliated Credentialing Board.

Policy

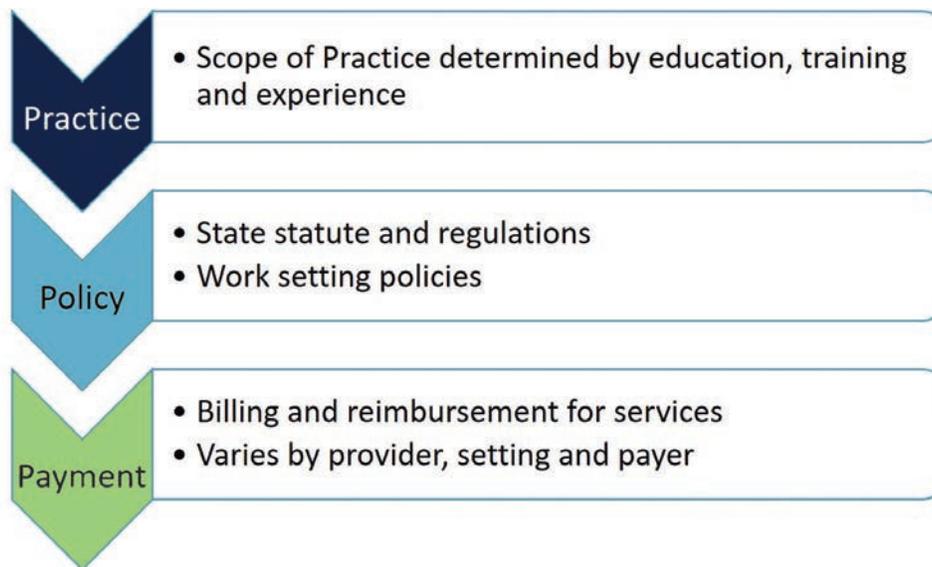
“Policy” pertains to all policy that further defines, clarifies or restricts the first P, Practice. These policies may be statutes, rules or regulations imposed by lawmakers or policymakers or may include policies instituted and maintained by hospitals, health systems and other health care employers. For instance, state statute may allow a clinician to continue to provide care while his or her Wisconsin licensure or renewal is pending, but employer policy or payer limitation may set time limits or other restrictions on when this state policy can or cannot be followed.

Payment

“Payment” in the Three P model may be the final determination of how actual patient care is delivered. If a particular service or treatment is allowed by the professional's scope of practice and allowed by related statutes, rules, regulations and organizational policies, but is not a service in which payment will be received, this particular treatment or service may be provided by a clinician able to receive payment rather than other professionals allowed by scope and policy to provide the care but not be reimbursed.

The use of surgeons and advanced practice clinicians, instead of surgical assistants as “first assists” is driven by clinician preference and clinical need but may also be impacted by the third P, since surgeons and advanced practice clinicians can bill for these services, and surgical assistants cannot.

Payment also recognizes the expected site of care. Hospitals, clinics, nursing homes and home health are reimbursed for “allowable” services. When the continuum of care is disrupted, this can result in hospitals providing care they cannot and will not be reimbursed for when that care cannot be obtained elsewhere.



WHA's Wisconsin Health Care Workforce Recommendations

Workplace culture and leadership, state and federal policy, payer practices and reimbursement must keep pace to support and sustain the workforce needed to provide the high-quality health care necessary and expected in Wisconsin. 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 to attract new entrants to in-demand frontline technical and clinical positions in the health care workforce.
- Break down obstacles to entering and remaining in the health care workforce, including legal, regulatory and payer barriers, burden and burnout.
- Identify practice, policy and payment reforms to allow health care professionals and teams to reach their full potential.
- Support the use of technology for the benefit of patients and the health care workforce.

References

1. Forward Analytics. *Slowing Down, Wisconsin's Waning Population Growth*. December 2021.
2. U.S. Census Bureau. *2030 Marks Important Milestones for U.S. Population*. October 2019.
3. McGough, M., Claxton, G., Krutika, A, and Cox, C.. *How do health expenditures vary across the population?* Peterson-KFF Health System Tracker. January 2024.
4. NSI Nursing Solutions. *2023 NSI National Health Care Retention and RN Staffing Report*. March 2023.
5. Hospital Sisters Health System. *HSHS and Prevea Health to exit Western Wisconsin Market*. January 2024.
6. Commins, J. *Healthcare Accounts for 24% of All New U.S. Jobs in 2023*. HealthLeaders, January 2024.
7. National Student Clearinghouse. *Fall 2023 Highlights*. October 26, 2023
8. Shen, K, Eddelbuettel, B., and Eisenberg, M. *Job Flows Into an Out of Health Care Before and After the COVID-19 Pandemic*. JAMA Health Forum, January 24, 2024.
9. Buerhaus, P., Skinner, L., Auerbach, D., and Staiger, D. *Four challenges facing the nursing workforce in the United States*. Journal of Nursing Regulation. 2017;8(2):40–46.
10. Young, L. et al. *2021-2022 Wisconsin Nursing Education and Nurse Faculty Survey Report*. Wisconsin Center for Nursing. 2023.
11. Hansen, A. *Amid a Decline in Applicants, UW-Madison Ramps Up Pharmacy School Recruitment*. Wisconsin State Journal. November 5, 2023.
12. Salsbert, E. Richwine, C., Westergaard, S., et al. *Estimation and Comparison of Current and Future Racial/Ethnic Representation in the U.S. Health Care Workforce*. JAMA Network Open. March 31, 2021.
13. Schrage, Sarina. *Rural Health in Wisconsin – Looking to the Future*. Wisconsin Medical Journal, 2018;117(5).
14. Huron Consulting Group. *Healthcare Talent Research. What workers want, why it matters and what's working*. 2023.
15. Gooch, K. *Advertised signing bonuses for 13 healthcare jobs*. Becker's Hospital Review. January 2024.
16. U.S. Department of Labor Bureau of Labor Statistics. *News Releases Employment Cost Index*. September 2018 and September 2023.
17. Nelson, J. *Fulfillment and Frustration: Medscape Nurse Career Satisfaction Report*. Medscape. December, 2023.
18. Kaufman Hall. *2023 State of Healthcare Performance Improvement: Signs of Stabilization Emerge*. October, 2023.
19. Arndt, B. et al. *Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations*. The Annals of Family Medicine. 2017;15(5).
20. Arndt, B. et al. *More Tethered to the EHR: EHR Workload Trends Among Academic Primary Care Physicians, 2019-2023*. Annals of Family Medicine. 2024;22(1):12-18.
21. U.S. Ways and Means Committee. *Medicare Red Tape Relief Project*. [Online] June 2018. https://waysandmeansforms.house.gov/uploadedfiles/red_tape_relief_final_-_v4.pdf.
22. Vizient. *Survey on the Patient Care Impact and Additional Expense of White/Brown Bagging*. 2021.
23. Wicklund, E. *Using RTLS Tech to Improve Workflows, Patient Care*. Health Leaders, November 2023
24. McGinty, J. *Why AI is Medicine's Biggest Moment Since Antibiotics*. The Wall Street Journal. October 6, 2023.



Wisconsin Hospital Association, 5510 Research Park Dr., Fitchburg, WI 53711 | (608) 274-1820 | www.wha.org