



Wisconsin Council on  
Medical Education & Workforce

# The Future Landscape of Wisconsin's Healthcare Workforce

*WCMEW and Conference Objectives*

*Charles Shabino MD*

*WCMEW Chair*

*September 27, 2017*



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# *The Future Landscape of Wisconsin's Healthcare Workforce: Today's Objectives*

- Learn about approaches to address projected healthcare workforce issues
- Identify how **effective public policy** is created
- Appreciate the role of **community leadership**
- Understand how educational institutions and health systems are **preparing health professionals** for an evolving care system
- Develop an understanding of health care workforce issues as **interdisciplinary and time-sensitive** in Wisconsin
- **Forge connections** across stakeholder groups, developing the ability to frame workforce challenges as opportunities for collaboration and creativity

## *Continue the conversation over lunch, addressing issues such as:*

- How can we best harness the interest generated from this conference?
- What are key strategies that WCMEW and statewide stakeholders can pursue to support health workforce development?
- What is your sense of the future of our healthcare workforce?
- What are some of the key impediments to future success?
- Any other issue that your table decides upon.

*We have provided a place in your Evaluation Survey to give your key takeaways from the luncheon discussion.*

# WCMEW Mission, Vision, and Guiding Principles

**The mission of the Wisconsin Council on Medical Education and Workforce (WCMEW) is to ensure a healthcare workforce that meets the needs of Wisconsin citizens by convening a wide breadth of stakeholders to:**

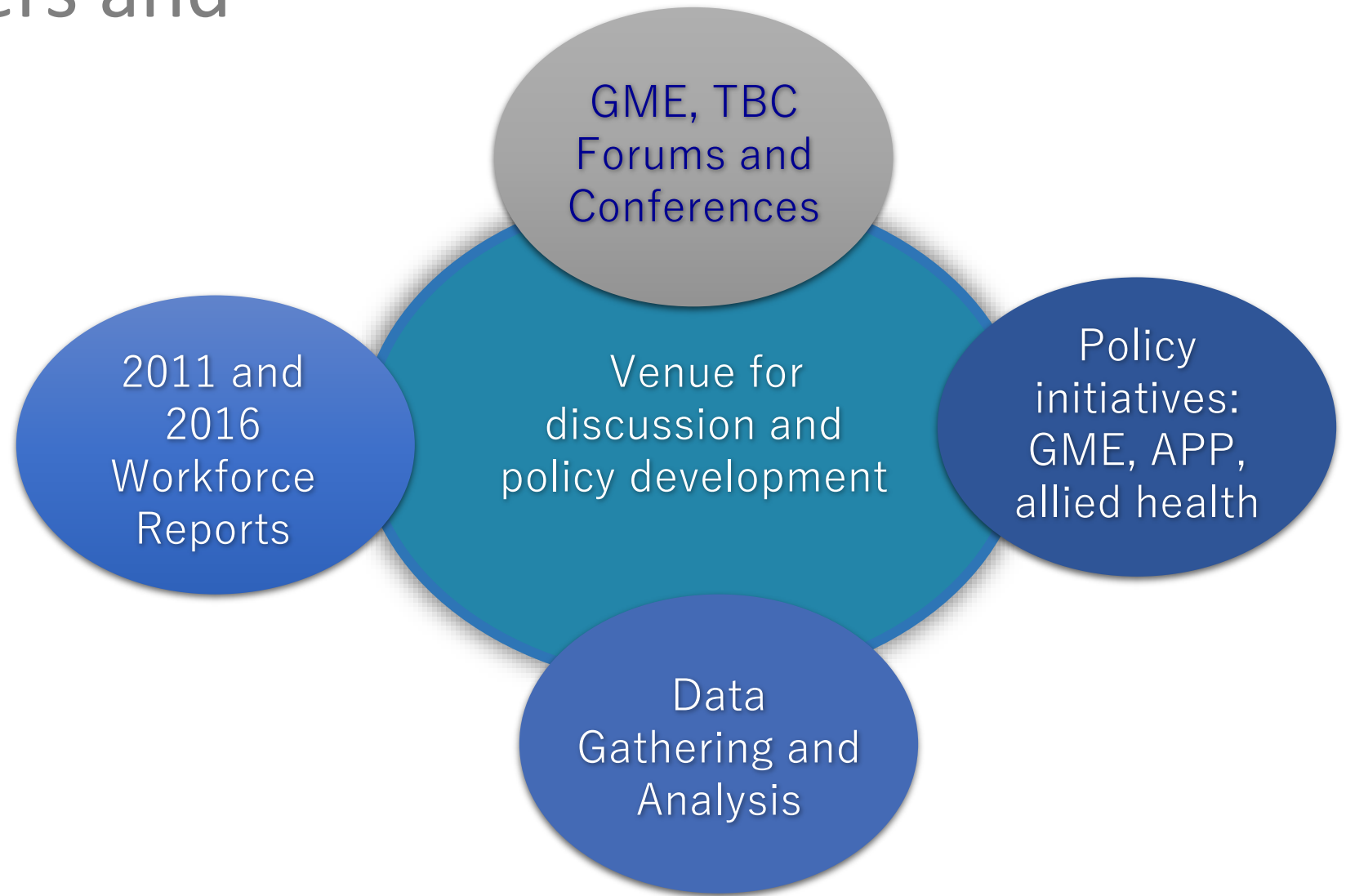
- Create a comprehensive statewide healthcare workforce strategic plan, and provide ongoing monitoring of progress towards plan objectives.
- Work with Wisconsin's education and training organizations to promote an appropriate supply of healthcare practitioners.
- Monitor changes in care delivery, and encourage incorporation of those changes into education and training, and expansion of best practices.
- Promote ongoing research, education and communication on workforce issues.

# WCMEW Council Members

- Wisconsin Academy of Family Physicians
- Wisconsin Nurses Association
- Medical College of Wisconsin
- Pharmacy Society of Wisconsin
- UW School of Medicine and Public Health
- Wisconsin Academy of Physician Assistants
- Wisconsin Hospital Association
- Rural Wisconsin Health Cooperative
- Wisconsin Medical Society
- Association of Nurse Educators of Wisconsin
- State of Wisconsin
- Wisconsin Center for Nursing

# WCMEW: Partners and Initiatives

WCMEW has been successful in bringing together a **wide range of health care workforce stakeholders** to **develop policies, inform the public, and create education programs.**



# Past and Current WCMEW Activities

## Educational Activities

- 2013 and 2016 Conferences on Graduate Medical Education
- 2014, 2015, and 2016 Team-Based Care Summits
- Monthly Newsletter Initiated in 2016

## Ongoing Collaborations

- Leadership Role in NGA Healthcare Workforce Policy Academy
- State of WI GME Grant Process
- Participating in advancing GME in Northern WI (WiNC)

## Reports & Publications

- “100 New Physicians a Year: an Imperative for Wisconsin” (a WHA publication)
- “A Work in Progress: Building Wisconsin’s Future Physician Workforce” (2016 WCMEW Report)



Available on the WCMEW website:  
**[www.wcmew.org](http://www.wcmew.org)**

## *Engage with WCMEW:*

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## Setting the Stage: **Planning for Wisconsin's Health Care Workforce**

*George Quinn*

*Executive Director*

*September 27, 2017*



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# “A Work in Progress” Purpose

Goals of the 2016 report:

- Make new projections on physician supply and demand
  - ✓ Using newly available data sets
  - ✓ Broaden the analysis to include lifestyle and technology implications
  - ✓ Projecting to the year 2035
- New set of recommendations
  - ✓ Continued focus on pipeline issues
  - ✓ Added emphasis on infrastructure

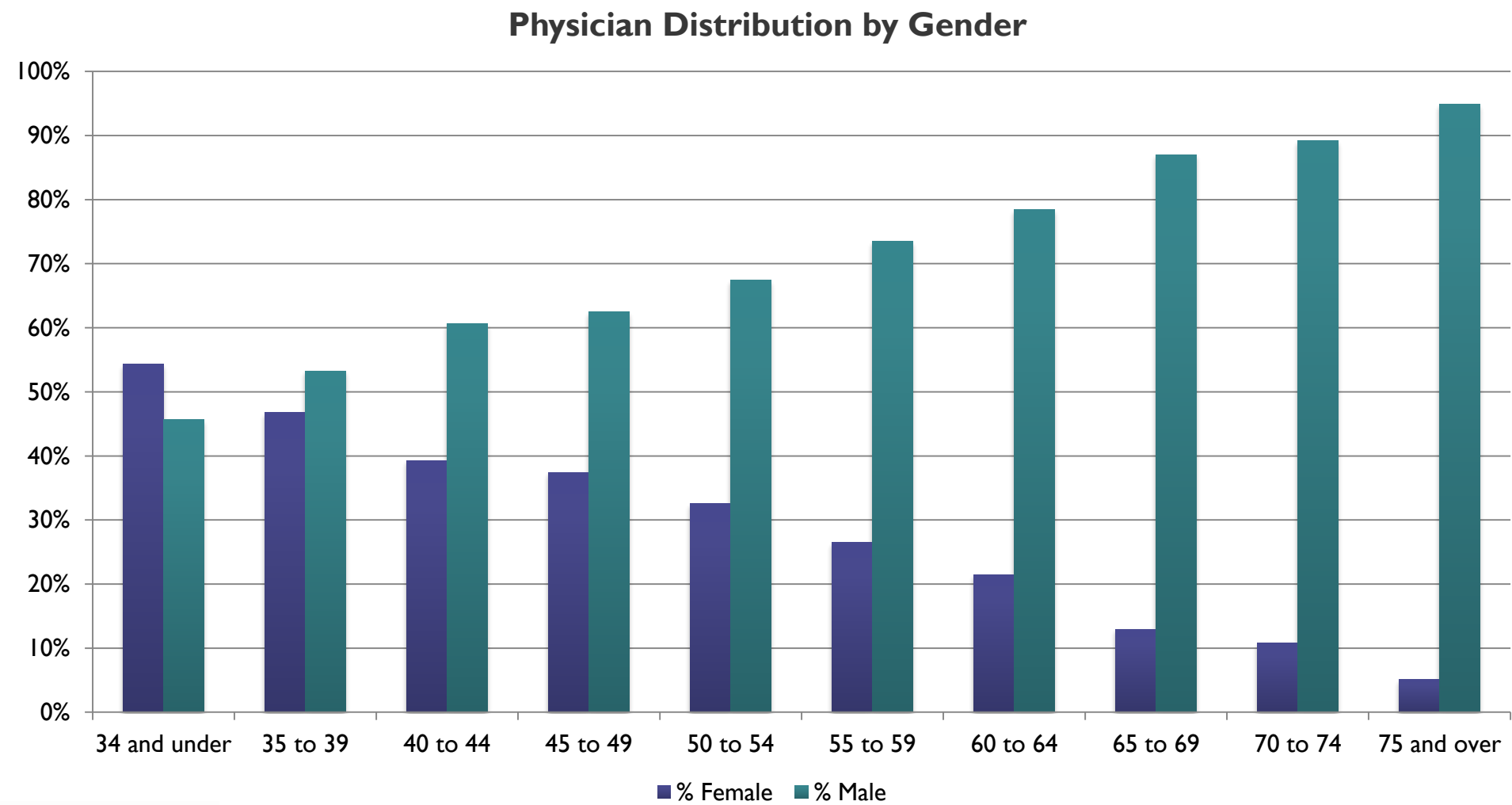
# New Projections to 2035: Method for Projecting Supply



1. What is the **total number of physicians** practicing in Wisconsin? What are the **demographics** (age, gender, employment status)?
2. What are the **factors that would increase supply**? How will increasing the number of medical school slots impact supply? The number of GME slots? How much continued success will Wisconsin have in recruiting physicians from other states?
3. What are the **factors that would decrease supply, or slow supply trend rate**? How will the number of physicians retiring or otherwise leaving practice affect the total?
4. How will **changes in lifestyle and demographics** impact on the number of patients seen by the average physician?

The baseline estimate for 2035 is 13,900 FTE physicians, or an increase of 8%, while the estimate that includes lifestyle changes is 11,974, **or a decrease of 7%.**

# 2015 Wisconsin Physician Demographics



# 2035 Projections: Basis for Estimates on Lifestyle Changes

# 13%

**fewer  
hours worked**

## Millennials

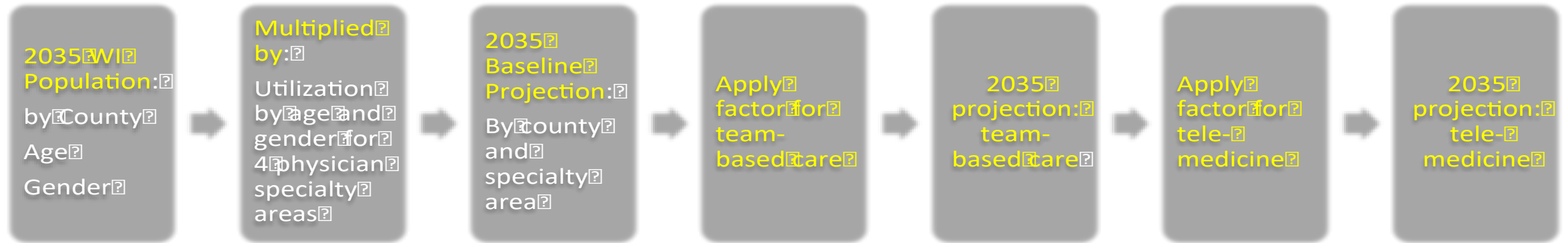
Association of American Medical Colleges (AAMC): 13% fewer hours worked weekly, comparing 1980 census data to 2012-2014 American Community Survey.

## Female Physicians

AAMC: “Female physicians worked about 5 fewer hours per week than their male counterparts through age 54.”

Medscape: 12% of male physicians work part time and 25% of female physicians work part time.

# New Projections to 2035: Method for Projecting Demand



1. What is the **projected population** of Wisconsin in 2035 by age and gender?
2. Can we use current **utilization patterns** by age, gender, and physician specialty area to project demand?
3. How will **ongoing changes in care delivery** affect the projections? What impact will the continuing movement in team-based care have? Telemedicine?

Services Per Member Per Year by Age and Gender	Age Band	Gender	Average Services PMPY
	0-17	F	3.76
		M	3.84
	18-24	F	4.46
		M	2.32
	25-44	F	6.08
		M	3.35
	45-64	F	7.50
		M	6.04
	65-74	F	<b>9.03</b>
		M	<b>9.07</b>
	>=75	F	<b>12.44</b>
		M	<b>13.47</b>
	Total		4.82



Age Band	Gender	2015	2035	Percent Change
0-17	F	11,18,045	11,69,320	7%
	M	11,51,455	11,806,085	7%
18-24	F	11,86,270	11,85,860	0%
	M	11,94,615	11,95,560	0%
25-44	F	11,05,445	11,45,110	6%
	M	11,26,500	11,83,180	8%
45-64	F	11,804,080	11,30,060	-9%
	M	11,801,685	11,52,460	-6%
65-74	F	11,59,920	11,65,835	41%
	M	11,42,665	11,48,010	43%
75+	F	11,34,885	11,47,545	91%
	M	11,57,450	11,47,245	121%
Totals		5,785,030	6,478,305	12%



Overall Population Change	Projected Increase in Services				
	Primary Care	Other Medical	Surgical	All Other	All Physicians
12%	20%	32%	24%	20%	23%

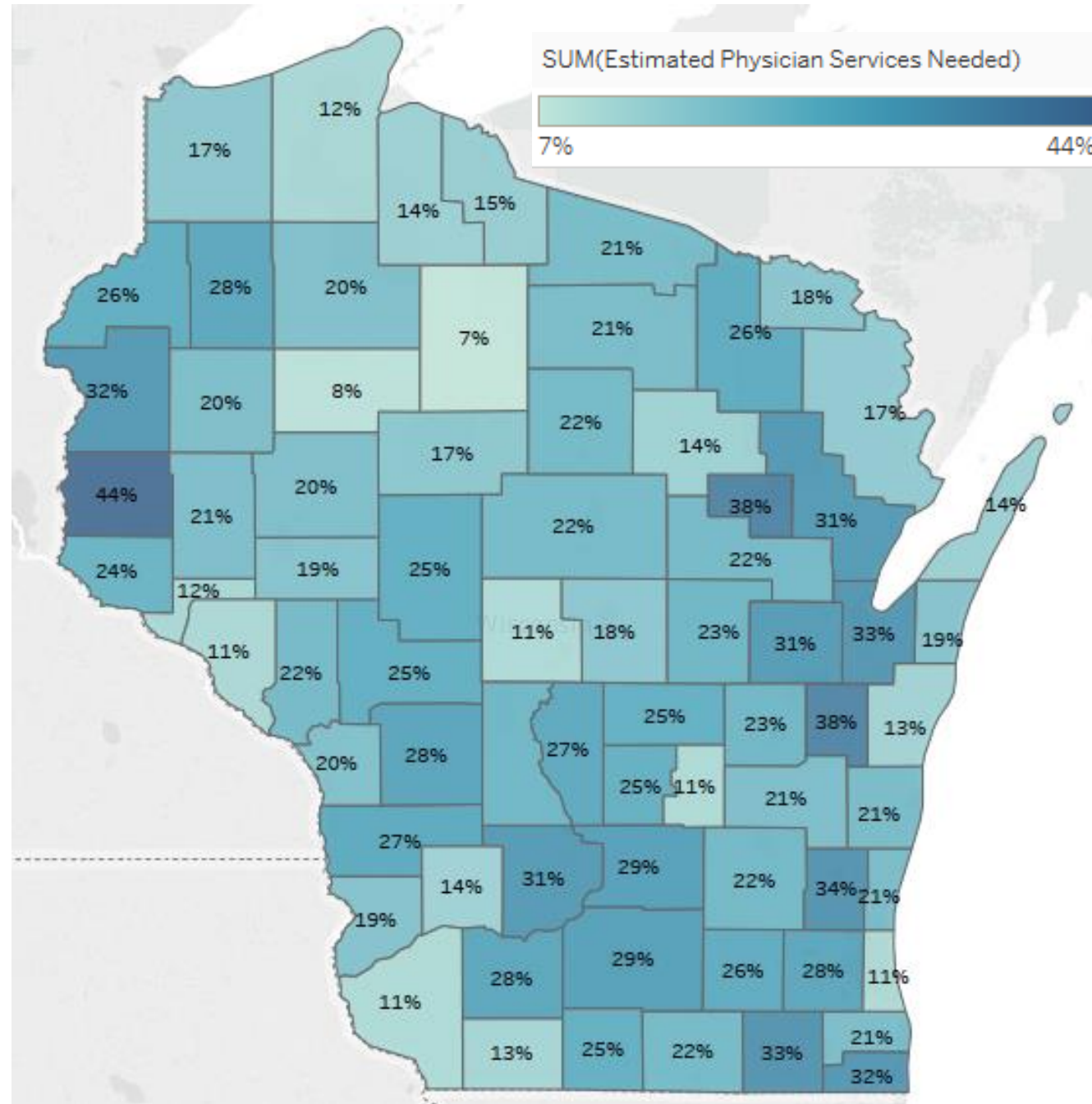


## Projection of Physician Services Needed in 2035, by County

### Driven by:

- Population changes
- Differences in the % change in the over-65 populations

**Rural counties** are expected to show a higher proportion of those over the age of 65 in their populations, but **outmigration** is also projected for those counties.

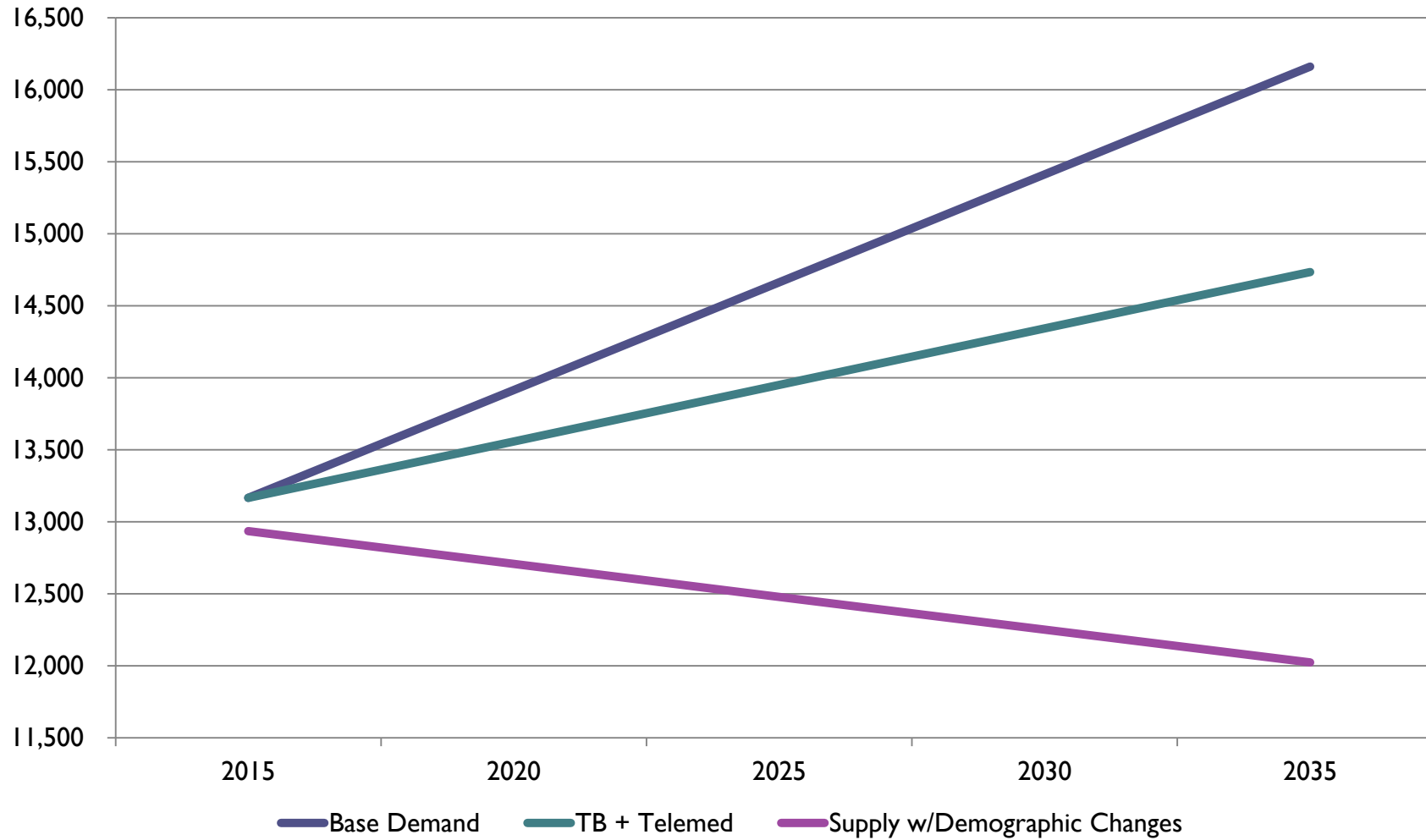


....while these rates reflect projected increases in demand for physician services, they could also be considered as **proxies for healthcare services** – and therefore workforce needs – overall because:

1. Analysis included services in **all care settings**, not only clinics.
2. Virtually every healthcare service involves a **wide spectrum** of the workforce.



# Supply and Demand with Physician Demographic Changes



Assumes physician demographic changes result in supply **DECREASE** of 7% .

Deficit of 4,138 physicians without care transformation calculation; 2,711 when transformation is included.

# Recommendations from “A Work in Progress”

**GME and Medical Schools:** Increase state and federal funding for GME; increase health system involvement in GME; monitor GME program capacity in Wisconsin.

**Education and Training Infrastructure:** Increase state funding and allow for creation of additional education infrastructure, including clinical training sites and faculty development; identify barriers to health care professional training; create additional regional or statewide training consortia.

**Pipeline/Recruitment/Retention:** Expose and encourage potential workers to the health care field; engage medical schools and residency programs on how to increase recruitment of those with Wisconsin backgrounds; examine the root causes of physician dissatisfaction with the profession and drivers of burnout; maintain policies that preserve Wisconsin’s balanced malpractice environment.

**Care Transformation:** Continue to monitor changes in care delivery in Wisconsin; engage healthcare educators in Wisconsin to facilitate the inclusion innovative care delivery models in their curricula.

# Healthcare Workforce Current and Future Challenges

- Patient Population Changes
- Clinician Workforce Demographic Changes
- Changes in Care Delivery
- Impact of Technology Development
- Government/Regulatory Impact

# What's Next for WCMEW and Workforce Initiatives?



Continue to serve  
as a **convener** of  
diverse  
stakeholders



Analyze the  
changes in  
workforce supply  
and demand  
across WI at a  
**regional level**



Continue to  
monitor **care  
delivery** and  
clinician  
**demographic**  
changes

***“When we're looking out 20 years, we need to think about policy actions we need to take now. There are some significant things we have done, but there are other things we need to do.”***

George Quinn, Executive Director  
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