

WCMEW

Wisconsin Council on Medical Education and Workforce

EVENT BRIEF

2022 WISCONSIN HEALTHCARE WORKFORCE SUMMIT



WCMEW hosted its annual Summit on October 13 at the Chula Vista Resort in Wisconsin Dells, with over 100 attendees, including teachers, providers, leaders of healthcare organizations, and students from throughout the state for a full-day discussion about:

- +How clinicians, educators, and trainers can do to solve workforce issues.
- +Innovative approaches to solving training and care delivery.
- +Building education and training infrastructure.
- +Sharing opinions on a possible future workforce.

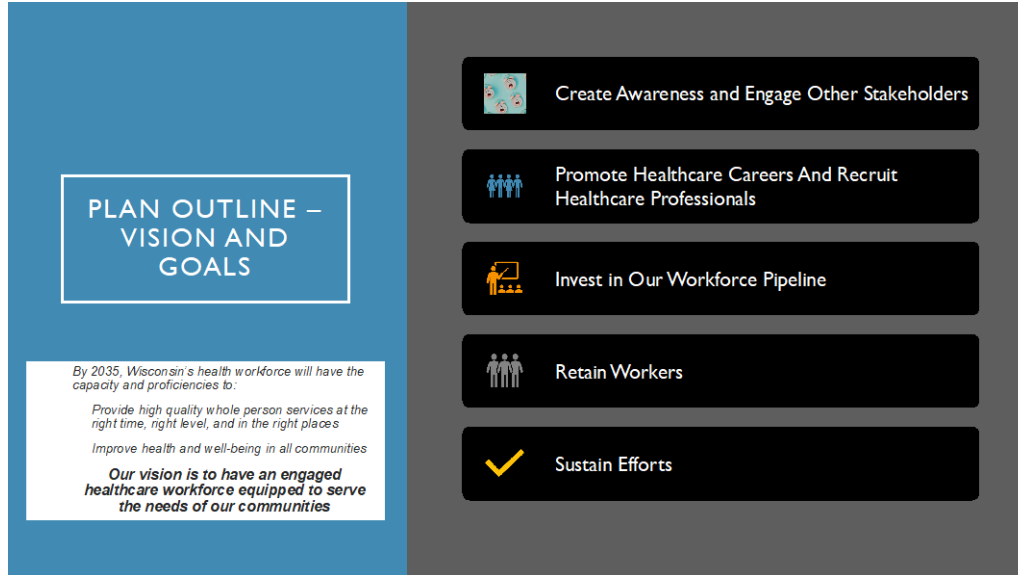
Kicking off the Summit was the “[2022 WCMEW Workforce Report](#)”, including WCMEW’s 2021 workforce report and its 2022 strategic planning initiative. WCMEW Executive Director presented an



update on efforts thus far and asked for feedback from a reactor panel moderated by Tim Size, Executive Director of the Rural Wisconsin Health Cooperative.

Mr. Quinn provided an overview of WCMEW’s 2021 Workforce Report, which forecasted a shortage of healthcare workers of 29,000 by the year 2035. Quinn then gave an overview of the plan, as shown below:

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Key 2023 initiatives include:

- Obtain broad buy-in to the plan and strengthen and expand collaborations.
- Encourage collaboration with AHEC and other similar programs to promote healthcare careers.
- Expand education capacity and enhance collaborations.
- Enhance healthcare work environments.
- Continue to study workforce and improve workforce data.

Panel members said that the plan was on track and added several suggestions/comments:

- Leaders and professionals in the healthcare field need to “champion” those careers to those evaluating career choices.
- Advancing health equity will further our goals.
- More emphasis should be placed on primary care.
- We should adopt team-based care in a more robust way.
- Need to acknowledge Wisconsin AHEC’s shared space in health professions workforce development.
- Our biggest opportunity is to set aside competing agendas and collaborate on implementing or scaling up promising workforce practices throughout the state.

The opening session was followed by three breakouts.

“Promoting Healthcare Careers” This panel presented ways in which healthcare can be promoted as a career choice. *Mark Bake, Chad Dall, Casey Rentmeester, **Bellin College***, provided an overview of [“Bellin College’s Healthcare Academy”](#) a program that gives middle school students exposure to healthcare working experiences.

*Liz Bush, State Director, and Laura Petterson, Scenic Rivers Director, **WI AHEC***, presented [“AHEC’s Critical Role in the Pipeline”](#), and summarized the many programs targeting high-school and college students that gives them insights into healthcare

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careers.

[“Creating and Expanding Clinical Training Sites”](#) A three-member panel, moderated by George Quinn, reported on their organizations’ experience in creating clinical training sites using grant funding from the Department of Health Services Advanced Practice Clinician grant program. *Lori Rodefeld, **Monroe Clinic**; Hannah Young, **Prairie Ridge Clinic**; Kevin O’Connell, **Aspirus Health***, each provided summaries of how they each approached the issues in creating their training programs.

[“Innovations in Training and Care Delivery”](#) This panel, which included *Matthew Swedlund MD and Kasa Riley, **UWHealth**; Meghan Liebzeit, Michelle Stringer, **Bellin College***, described how they used creativity and innovative approaches to solve challenges they encountered in training and care delivery.



Closing out the morning was a session on “Addressing the Nurse Shortage Crisis”. *Barbara Pinekenstein and Susan Zahner, **UW-Madison School of Nursing**; Thomas Veaser, CNO, **Froedtert Holy Family Memorial**; Susan Poppele, Assistant Professors, Bellin*

College, and Barbara Nichols, Wisconsin Center for Nursing.

Barb Pinekenstein and Susan Zahner presented **“Hopes and Concerns: A Snapshot of the Nursing Workforce in Wisconsin”**, which highlighted the results of the latest nurse faculty survey in Wisconsin and challenges they present, and outlined several suggested solutions.

Tom Veaser presented [“The Great Pandemic Attrition”](#) and suggested that the healthcare field must take a different approach to addressing workforce needs given the current population of workers. His key points included:

- The frontline health care workforce will be a multi-year challenge for Healthcare Leaders.
- We will need to develop a multi-tactic approach to optimize a sufficient workforce to provide our services.
- Our care delivery will need to adapt to be less dependent on the number of traditional roles to deliver the care. This will include technology in every setting.

Sherri Hanrahan and Susan Poppele presented [“Use of Nurse Externships Towards Senior Level Clinical Experiences at Bellin College”](#), where Students were allowed to apply their externship hours up to 3 clinicals if clinical hours and objectives were met and assignments completed.

The afternoon started with two concurrent sessions. A panel of three presented **“Perspectives on Workforce Issues”** showed how three different organizations view current workforce challenges in Wisconsin, the varying ways that they address them.

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Richelle Andrae, Wisconsin Primary Health Care Association, outlined the organization's "[Community Health Center Workforce Data & Strategies](#)". Tina Bettin, Thedacare, presented the [role of the impact of providers in their communities and the effect of health systems on practice](#). Robbi Bos, Sauk Prairie Health, presented "[Excellence in People](#)". Each presented the perspective of their organization's unique perspective of the healthcare workforce in Wisconsin.

The second concurrent session feature Dr. Kevin O'Connell, *Aspirus Health*. Dr. O'Connell presented "[Enhancing the Workforce in North Central Wisconsin](#)" and outlined the various programs that are used to attract, train, and retain their workforce.



The Summit closed with an extended discussion on "**Building and Retaining the Physician Workforce in Wisconsin**". The session opened with presentations by Dr. Lou Sanner, UW Department of Family Medicine, who gave the "[National Perspective](#)". Highlights included:

- A number of organizations project future shortages of physicians
- One of the main causes is a lack of sufficient GME programs, felt most acutely in underserved areas
- Inadequate GME funding is the main culprit
- There are increasing numbers of applicants from diverse backgrounds; however, few from rural areas
- Funding increases and changes in funding are necessary to overcome the inadequate number of GME programs

Dr. Sanner was followed by Dr. Lisa Dodson, Dean, Medical College of Wisconsin, North Central Wisconsin. Her presentation, "[Addressing Wisconsin's Physician Workforce Needs](#)", outlined the current situation and the numerous programs that have been implemented to address Wisconsin's workforce challenges:

- Wisconsin is projected to have a future shortage of physicians
- The shortage is driven by a combination of demographic changes and practice/societal factors
- Wisconsin ranks 42nd in percent of physicians retained, 19th in Wisconsin students matriculating to WI medical schools, and 18th in retaining residents from WI GME programs

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- The MCW North Central Campus in Wausau received over 200 applications from Wisconsin residents in 2021-22; of the total of 20 students matriculation, 60% were from Wisconsin
- Of the four graduating classes thus far, 35% have stayed in WI
- MCW Central Wisconsin is currently involved in a number of programs to “grow our own”, including growing the pipeline, modifying admissions policies, training opportunities in non-urban settings, and enhancing student and residency experiences in health systems as way
- Other recommendations included
 - Work together to maximize current efforts and create new
 - Incentives to delay retirement by 2-5 years
 - Increase speed toward adopting meaningful team-based care
 - Increased flexible practice options, including Direct Primary Care
 - Reduce “one-size-fits-all” contracting (production)
 - Increase community preceptor availability in order to increase class size at both medical schools

Following the presentations, a reactor panel, consisting of *Carl Chan, MD – MCW Dept. of Psychiatry*, *Larry Pheifer – Wisconsin Academy of Family Physicians*, *Ann O’Rourke, MD – UW Dept. of Surgery*, *Tom Hahn, MD – UW Dept. of Family Medicine*, and *Alexis Meyer – MCW Admissions*, provided their views on what they heard. Highlights included:

- While family physicians are the second-lowest paid, they have the 3rd highest job satisfaction of all physician specialties
- The reasons identified by the American Academy of Family Physicians (AAFP) for family physician shortages are burnout and fewer medical students selecting primary care due to low salary
- Some of the reasons for FP shortages in WI are overwhelming workloads; increase demands of electronic health records; and short appointment times
- Change the use of the word pipeline to pathways when referring to strategies to increase selection of family medicine. The word pipeline is not reflective of what we are trying to do.
- Increasing the number of rural psychiatry residents from MCW’s two programs is necessary but insufficient to replace the current numbers of Wisconsin’s retiring and relocating rural psychiatrists. Additional measures include:
 - Collaborative Care programs to increase primary care physicians’ comfort in treating routine more psychiatric and substance abuse conditions
 - Expansion of the MCW Child Psychiatry Consultation Program and the Periscope Project to psychiatry in general to provide consultation to all clinical practitioners who encounter psychiatric conditions
 - More prescribers such as *Psychiatric Advanced Practice Nurses*

Following the reactor panel, Dr. Dodson led a Q & A period. The assembled group gave their answers to the following five questions:

Question 1: Pre-Medical School: How do we interest more young people in becoming physicians?

- Earlier identification & encouragement (middle school and earlier)
- Partner with middle school teachers and others in STEM
- Provide opportunities to shadow
- More shadowing
- Shadow with (happy) docs
- Physicians should come into schools

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- Create a job or a work study in a residency program for high schoolers
- “Plant seeds” in technical schools

Question 2: Medical School – how can our medical schools’ admission policies maximize Wisconsin’s potential?

- Holistic admissions which would include, for example, experience in addition to MCAT
- Medical schools shouldn’t focus less on competing
- Looking at the holistic students
- More people on admissions committees who want the outcome we want (better doctors, etc.)
- School recruitment role has changed to include more advising

Question 3: GME support and expansion – what can be done to improve and expand our GME system? Describe any barriers that may contribute to “Brain Drain” or medical students leaving for residency.

- Money: more grant funding
- Large hospitals could create more programs
- Residents leave because there aren’t enough spots in Wisconsin
- Need more rotations and preceptors
- How can we support physicians into becoming preceptors?
- Update criteria for funding existing programs
- How much does it cost to train a resident? Does that number match the current funding?
- Transform some GME funding into Medicaid: New Mexico is an example

Question 4: Physician recruitment and retention – what can we do to recruit more physicians from out of state? How do we retain more physicians, and longer? How do we attract physicians to areas of the state where we have significant shortages?

- Use regional connections: programs should look for connections in WI, MN, ILL, Iowa
- Adjust older physician schedule/workload. Provide physicians a different path to retirement, adjust scheduling times, adjusting RVUs – create conditions for physicians to stay, provide a scribe so they don’t need to use HER
- More flexible – keep a retired doc on staff just to teach a few days
- Real and robust team-based care
- More emphasis on behavioral health, etc.
- What is the role of healthcare organizations for childcare, housing, spouses, etc.
- Debt reduction
- How we move to value-based care.
- Hospitals shouldn’t prioritize how much money other specialties make the hospital money. Family Medicine makes a difference.
- Retired physicians = coaches/mentors

Question 5: Funding and finances – how do we support UME, GME, and post-residency programs in a way that maximizes outcomes?

- Convince policy makers that there is a problem, and they need to help
- Change policy to enable more flexibility in funding

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Find this event brief online at: <https://www.wcmew.org/summit/>

Questions about content, or recommendations for a future speaker? Email
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