



Central Wisconsin

Addressing Wisconsin's physician workforce needs

WCMEW Workforce Summit

Wisconsin Dells, WI

October 13, 2022

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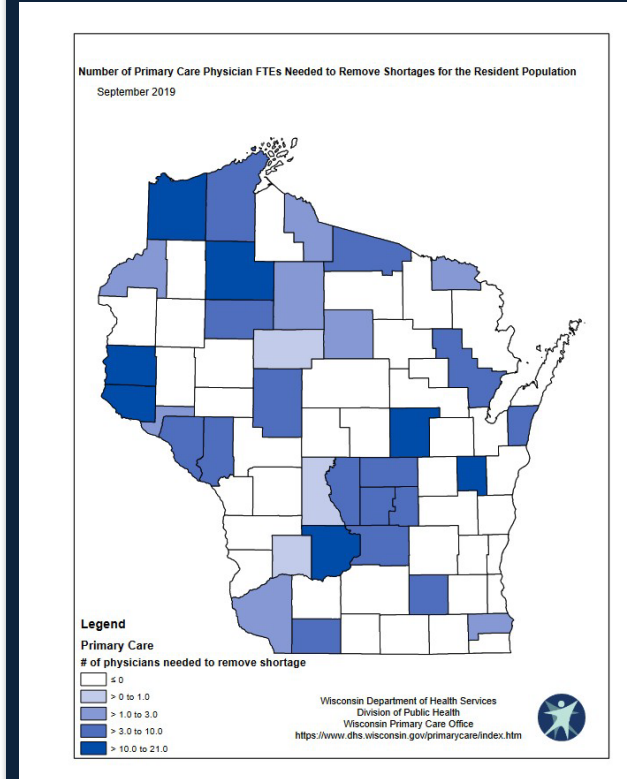
ONGOING PHYSICIAN SHORTAGES

National (AAMC data): shortage by 2034

- Primary care: 17,800 – 48,000
- Non-primary care: 21,000 - 77,000 (15-30k in surgical specialties)

Wisconsin 2022 (WCMEW data):

- projected shortage of nearly 1000 physicians
- 18% increased demand
- 2% decrease in number



DRIVERS OF SHORTAGE

- Population growth and aging (national, 2034)
 - 10.6% overall
 - 5.6% under 18
 - 42.4% over 65
 - 74% 75 and older
- Physician/practice/societal factors
 - More than 2/5 physicians will turn 65 by 2034 (WI)
 - Workforce exit (death, burnout, long COVID)
 - Burnout/moral injury
 - Economic uncertainty
 - Reimbursement disparities
 - Practice changes
 - Uninsured rate
 - Specialization issues
 - Maldistribution
 - COVID-19



SHORTAGE OR MALDISTRIBUTION?

- Maldistribution by:
 - Specialty
 - Geography
 - Reimbursement
 - Healthcare spending/resource allocation
 - Prestige
 - Practice models
 - Quality measures
 - Patient experience

Dartmouth Atlas www.dartmouthatlas.org

Wisconsin Physician Workforce Profile

2	State Population:	5,813,568	Total Female Physicians:	5,382
0	Population ≤ age 21	164,334	Total MD or DO Students:	1,770
1	Total Active Physicians:	15,399	Total Residents:	2,011
8	Primary Care Physicians:	5,497		

For additional data, including maps and tables, please see the 2019 State Physician Workforce Data Report online at www.aamc.org/workforce

	WI	WI Rank	State Median	
Physician Supply	Active Physicians per 100,000 Population, 2018	264.9	24	257.6
	Total Active Patient Care Physicians per 100,000 Population, 2018	238.3	23	227.2
	Active Primary Care Physicians per 100,000 Population, 2018	94.6	22	90.8
	Active Patient Care Primary Care Physicians per 100,000 Population, 2018	86.4	23	82.5
	Active General Surgeons per 100,000 Population, 2018	7.9	23	7.7
	Active Patient Care General Surgeons per 100,000 Population, 2018	7.1	24	6.9
	Percentage of Active Physicians Who Are Female, 2018	35.0%	25	33.8%
	Percentage of Active Physicians Who Are International Medical Graduates (IMGs), 2018	19.3%	27	19.1%
Undergraduate Medical Education (UME)	Percentage of Active Physicians Who Are Age 60 or Older, 2018	29.2%	42	30.3%
	MD and DO Student Enrollment per 100,000 Population, AY 2018-2019	30.4	32	32.7
	Student Enrollment at Public MD and DO Schools per 100,000 Population, AY 2018-2019	13.1	35	21.2
	Percentage Change in Student Enrollment at MD and DO Schools, 2008-2018	14.8%	37	24.6%
Graduate Medical Education (GME)	Percentage of MD Students Matriculating In-State, AY 2018-2019	70.4%	19	65.6%
	Total Residents/Fellows in ACGME Programs per 100,000 Population as of December 31, 2018	34.6	20	28.1
	Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of Dec. 31, 2018	12.0	25	10.6
	Percentage of Residents in ACGME Programs Who Are IMGs as of December 31, 2018	16.3%	36	20.5%
	Ratio of Residents and Fellows (GME) to Medical Students (UME), AY 2017-2018	1.1	20	1.0
Retention	Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2008-2018	17.9%	33	17.6%
	Percentage of Physicians Retained in State from Undergraduate Medical Education (UME), 2018	36.5%	27	38.5%
	Percentage of Physicians Retained in State from Public UME, 2018	42.4%	25	44.1%
	Percentage of Physicians Retained in State from Graduate Medical Education (GME), 2018	45.3%	23	44.9%
	Percentage of Physicians Retained in State from UME and GME Combined, 2018	70.4%	18	69.0%

State Rank: How the state ranks compared to the other 49. Rank of 1 goes to the state with the highest value for the category.

State Median: The value in the middle of the 50 states, with 25 states above the median and 25 states below (excludes the District of Columbia and Puerto Rico).

Source: 2019 State Physician Workforce Data Report

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- Wisconsin rankings
 - 42nd in physicians over age 60

-70% of Wisconsin med students matriculate in Wisconsin (rank 19th)

- 70% retention UME+GME (rank 18th)

“Learning primary care medicine in a university hospital is like trying to learn forestry in a lumberyard”

- Verby JE, JAMA 1981



MCW-CENTRAL WISCONSIN REGIONAL CAMPUS

- Small, non-urban
- Mission for community-based primary care, psychiatry (and other needed specialties)
- Community engaged admissions
- Accelerated curriculum (70%)
 - \$3.3 million in tuition savings for students
- Community-engaged education and scholarship
 - < 4 dozen community mentored projects
- Longitudinal integrated clerkship



Admissions MCW-CW

2021-22 Admissions Cycle:

- 2,053 applications completed
- 236 applicants from Wisconsin
- 10 Interview Days (virtual)
- 79 interviews conducted (37 WI)
- 20 students matriculating
- 12 Wisconsin residents (60%)



Incoming Class:

- 15% Underrepresented in Medicine
- 50% women / 50% men
- 8 Languages: English, Korean, Spanish, Telugu, Chinese, Tamil, German, Miao (Hmong)
- 9 States represented: WI, MN, MI, SD, IN, IA, CT, NH, GA

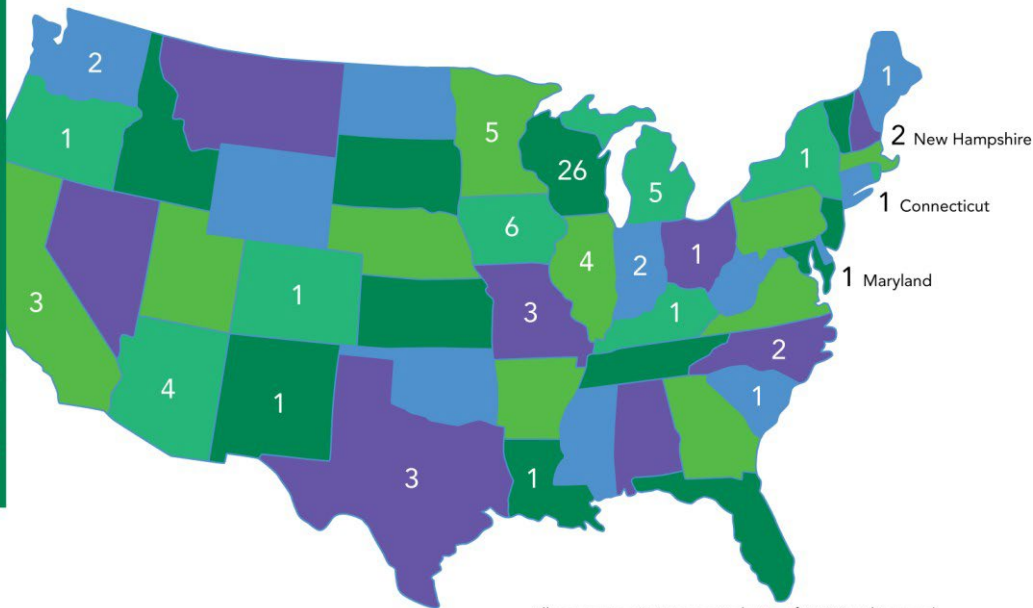
AY23 MCW-CW Students: 71	
M1	20
M2	21
M3	20
M4	10

Cumulative Match Data (4 classes)

2019-2022 MCW-CENTRAL WISCONSIN RESIDENCY DISTRIBUTION

35% stay in Wisconsin

Summary of PGY1 Programs	
Anesthesiology	4
Emergency Medicine	5
Family Medicine	26
Internal Medicine (IM)	17
IM/Pediatrics	1
Interventional Radiology (Integrated)	1
Military Match	1
Neurology	1
Obstetrics & Gynecology	1
Ophthalmology	1
Otolaryngology	1
Pediatrics	7
Psychiatry	2
Surgery-General	6
Transitional Year	3
Urology	1



All aggregate statistics are inclusive of NRMP, military and specialty matches in the U.S.

Class	Graduates
2019	13
2020	25
2021	24
2022	16

100% Match rate
 66% Primary Care
 35% FM
 Aspirus Scholars: 16
 - 2022 graduates: 2
 - In residency: 6
 3 NRMP exemption

2022 MCW Match Day Results

Match Results by State

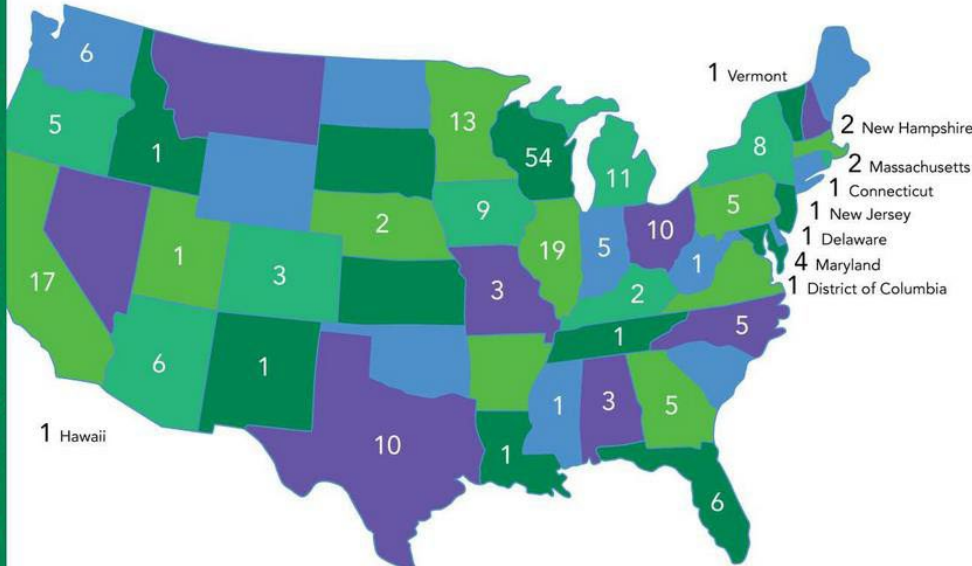
54/232 (23%) in WI
 25/232 (11%) FM
 96/232 (41%) primary care

1 / 4

2022 MCW RESIDENCY DISTRIBUTION

Summary of PGY1 Programs

Anesthesiology	13
Child Neurology	1
Emergency Medicine	20
Family Medicine	25
Internal Medicine (IM)	45
IM/MIDOCs	1
IM/Pediatrics	6
Interventional Radiology (Integrated)	1
Neurological Surgery	1
Neurology	4
Obstetrics & Gynecology	14
Ophthalmology	1
Orthopaedic Surgery	10
Otolaryngology	2
Pathology	2
Pediatrics (Peds)	26
Peds/Anesthesiology	2
Plastic Surgery (Integrated)	3
Psychiatry	13
Radiology-Diagnostic	2
Surgery-General	20
Surgery-Preliminary	3
Transitional Year	10
Urology	3



All aggregate statistics are inclusive of NRMP, military and specialty matches in the U.S.

HIDE CAPTION ▾

Overall MCW Match

2022



Successful liftoff!

Melanie Hellrood M.D. returned to Wausau in 2022 to take over the Family Medicine practice of her preceptor, Michele Montgomery.

Increasing our physician workforce

- Out-recruit everyone else?
- Increase retention
- Grow our own: Invest in
 - Pipeline
 - Admissions changes
 - Student support
 - Training opportunities (UME, GME) in nonurban, community settings
 - Enhance student and resident experience in health systems
 - Decrease or offset cost of attendance



Wisconsin medical education innovations

- Curriculum innovation/revision (UW and MCW)
- Pipeline work
 - MCW Advocates in Medicine Pathway (AMP) for rural and Hmong
 - AHEC
- MCW Regional campuses and UW WARM
- Accelerated (3 year) regional campuses reduce cost and time
- Aspirus Scholars program
- NRMP Exception program (Aspirus FM/MCW-CW)
- WiNC GME (FM and psychiatry in North Central WI)
- WRPRAP (Wisconsin Rural Physician Residency Assistance Program)



PHYSICIAN WORKFORCE: WHO'S JOB IS THIS ANYWAY?

- Medical Schools and residencies
- Health Systems
- Workforce groups and agencies
- Medical organizations
- Federal, State and local government
- Insurers
- Industry/business community



WHAT ELSE CAN WE DO?

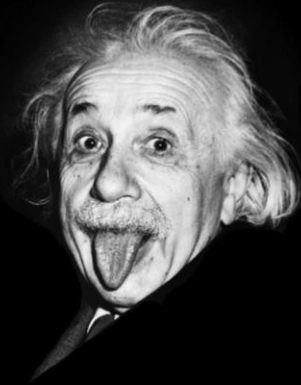


- Work together to maximize current efforts and create new
- Incentives to delay retirement by 2-5 years
- Increase speed toward adopting meaningful team-based care
- Increased flexible practice options, including Direct Primary Care
- Reduce “one-size-fits-all” contracting (production)
- Increase community preceptor availability in order to increase class size at both medical schools
 - More cost effective to expand size than increase number of medical schools
 - MUST find a way to fund expanded community and core faculty to increase class size
- Establish a Wisconsin-wide education ALL PAYER, “pay or play” system (UME and GME)
- Fund GME program and experiences expansion, especially rural and underserved areas
- Expand to address unmet health care needs preferentially, especially Mental Health
- Increased exposure to students to WI residencies/incentivize WI residency selection
- Recruit and retain Wisconsin students (UME and GME)
- Develop UME and GME leaders

WHAT'S NEXT ?

"Insanity is doing the same thing over and over again and expecting different results"

Albert Einstein



Join our
taskforce!