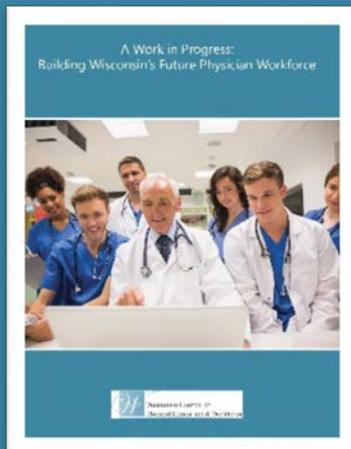


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For questions, contact George Quinn, WCMEW executive director, at 608-516-5189



WCMEW Discusses Legislative Initiatives, Other Workforce Issues

The Wisconsin Council on Medical Education & Workforce (WCMEW) met Tuesday, March 21 at the Wisconsin Hospital Association (WHA) headquarters in Madison. Topics discussed included:

2017-2018 Legislative Session Workforce Initiatives – Kyle O'Brien, WHA senior vice president, government relations, provided a summary of two health care workforce legislative proposals being introduced in the 2017 legislative budget session. Both proposals are meant to address shortages of health care workers in rural areas of Wisconsin. The first bill appropriates \$750,000 per year and *"requires the Department of Health Services to distribute grant moneys each fiscal biennium to hospitals and clinics that provide training opportunities for advanced practice clinicians. The department may distribute up to \$50,000 per hospital or clinic per fiscal year, with certain preferences and requirements applied, depending upon whether the grant is a first-time grant. In distributing first-time grants, the department must give preference to advanced practice clinician clinical training programs that include rural hospitals and rural clinics as clinical training locations."*

The second bill appropriates \$250,000 per year and *"requires the Department of Health Services to distribute grants to hospitals, health systems, and educational entities that form health care education and training consortia for allied health professionals. The bill limits the amount the Department may distribute each fiscal year per consortium to \$125,000, which may be used for curriculum and faculty development, tuition reimbursement, or clinical site or simulation expenses. The bill also requires a grant recipient to match through its own funding sources the amount of the grant awarded by the department."*

Both bills are have been introduced and have multiple sponsors. WCMEW will monitor their progress through the legislative process.

WHA Physician Engagement and Retention Toolkit – Chuck Shabino, MD, WCMEW chair and WHA chief medical officer, and Matthew Stanford, WHA general council, presented WHA's "Physician Engagement and Retention Toolkit," a publication for integrated health systems that includes checklists to help identify strategies for retaining physicians. The checklist was developed with the assistance of

WHA's Physician Leaders Council. Members commented that a similar toolkit could be developed for other health professionals.

WiNC Update/CMS Wisconsin Visit – Kara Traxler, Wisconsin Collaborative for Rural GME, provided several updates on recent activities, first on the Wisconsin Northern & Central Graduate Medical Education (WiNC GME) Collaborative. WiNC has held several planning meetings and has concluded that the consortium will have a dual purpose: 1) GME administration and sponsorship, and 2) regional workforce development.

The second area of activity involved a visit from representatives of the Centers for Medicare and Medicaid Services (CMS), who were invited to Wisconsin to hear about GME activities here, and to gain insights into challenges in developing rural GME.

GME Summit – George Quinn, WCMEW executive director, and Linda McCart, policy chief, Department of Health Services, provided a summary of the GME Summit held in November 2016. The Summit served as a forum where program administrators, medical schools and policymakers started a process to develop a statewide GME strategic plan. Ideas for moving forward included:

- Exploring funding outside traditional sources
- Increasing the number and types of collaborations among potential GME partners
- Removing or lowering barriers to successful GME development
- Increasing efforts to market and promote GME across the state
- Providing more research and analysis that focuses on additional areas of needed education and training

DHS GME Grant Activity – McCart gave an update on the GME grant program being administered by the Department of Health Services. She reported five new GME programs that had received grant funds were starting in July, and four programs had received funds for expanding or continuing their programs. McCart highlighted another recent success: a partnership with the Opioid Task Force that will result in funding fellowships that focus on opioid treatment. Next steps include: issuing requests for applications (RFA) in August for Residency grants; possibly issuing a special RFA for rural faculty recruitment and support in mid-April; and issuing an RFA in September for new GME programs.

WCMEW Strategic Plan – Shabino and Quinn led the Council through a high-level review of WCMEW's three-year strategic plan, highlighting the mission and vision, as developed by the WCMEW Board. Council members provided constructive reaction and suggestions. Quinn will determine action steps from the vision statements outlined in the plan and refined by the Council. He also reported he would be adding an additional staff person to assist in carrying out the plan.

WNA Team-Based Care Grant – Gina Dennik-Champion, executive director of the Wisconsin Nurses Association (WNA), updated members on the WNA team-based care grant. Activities thus far include:

- Publishing "*Patient-Centered Team-Based Care in Wisconsin: A Working Conceptual Model*"
- Conducting and reporting on the findings of a qualitative survey of nine health system leader interviews regarding the status of their patient-centered team-based care delivery model
- Launching an on-demand educational offering, "Beyond the 50%: It Starts with Blood Pressure Measurement"
- Convening a Hypertension Expert Panel consisting of interdisciplinary clinical experts to provide assistance in validating portions of the conceptual model
- Sponsoring an educational offering held October 20, 2016, "Clinical and interprofessional education considerations for patient-centered team-based care"
- Launching WNA's "Healthy Nurses for Wisconsin" Mutual Interest Group (MIG)

The next meeting of the WCMEW Council is scheduled June 7. If you have any comments or questions, please contact George Quinn at gquinn@wcmew.org.

Guest Column: News from the DHS GME Initiative

By Linda McCart, Policy Chief, Wisconsin Department of Health Services

New GME Programs – It is not too early to begin thinking about establishing a new GME program in one of the targeted specialties—family medicine, general internal medicine, general surgery, pediatrics and psychiatry. The Wisconsin Department of Health Services' (DHS) tentative timeline is to issue a Request for Applications (RFA) in August with applications due in early October. Successful applicants would begin work on January 1, 2018. Grants are limited to \$750,000 over three (3) years and require a 50 percent match.

In addition to supporting the development of new GME programs, DHS also supports creating rural tracks within an existing program. For example, an urban-based psychiatry program might consider developing curriculum for a new rural track, including significant clinical training in rural hospitals and clinics, as well as adding new positions (which may be supported by the DHS Residency Grant).

For the 2017 round of funding, DHS is also considering supporting innovative approaches to the recruitment and support of rural faculty to facilitate the ability of programs to meet ACGME accreditation requirements. While final decisions have not been made, criteria for such initiatives might include: the extent of collaborative partnerships, clear description of the approach/strategy and why it might be effective (what is the evidence base), target population, anticipated results and how the impact will be measured. Should DHS elect to move forward with such initiatives, a separate RFA may be issued with grants to begin July 1, 2017.

Hospitals and sponsoring institutions are reminded that DHS New GME Program grants may also support development of new fellowship programs that draw physicians from the five targeted specialties. Of special interest for 2017 is the creation of addiction medicine or addiction psychiatry programs. Emergency medicine fellowship programs may also be considered.

GME Residency Grants – The Request for Applications for the DHS GME Residency grants to add new positions to existing programs is tentatively scheduled to be released in early June with applications due late July. The target specialties are family medicine, general internal medicine, general surgery, pediatrics and psychiatry. Grants cover the length of the residency and are capped at \$75,000 per position per year with a maximum of three new positions per program or \$225,000 per year. The grant effective date will be July 2018.

If you have questions regarding DHS' GME initiatives, contact McCart at Linda.McCart@dhs.wisconsin.gov.

In the News

[Putting the Four Pillars for Primary Care Physician Workforce into Practice Locally](#)
[Storefront clinics, expanded telehealth gaining ground](#)

Wisconsin Council on Medical Education & Workforce

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