

WCMEW

Wisconsin Council on Medical Education and Workforce

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LEVERAGING WI'S LEADERSHIP IN CARE DELIVERY CHANGE: DEVELOPMENT OF A NEW WCMEW TASK FORCE

WCMEW is currently developing a task force related to care delivery reform, with a focus on workforce. The group, *Leveraging Wisconsin's Leadership in Care Delivery Change*, will seek to identify opportunities, challenges, and successes related to the effective, efficient utilization of clinicians in care delivery. WCMEW, as a neutral non-profit, is ideally positioned to lead this work – convening stakeholders to discuss the experiences of clinicians in an array of environments, and bringing creative solutions to the table. While logistics are still in development,

WCMEW is excited to share this initiative, and will provide updates on progress. Areas of exploration by the task force may include:

- Clinical training and/or licensure requirements;
- Policies related to practice;
- Preferences and/or culture of the healthcare team (clinicians, patients, leadership); and
- Use of technology.

The task force's activities will also be a continuation of WCMEW's role with the National Governor's Association (NGA) Healthcare Workforce Policy Academy, where WCMEW was tasked with continuing the statewide momentum on workforce strategic planning (see WCMEW's [2016 Report](#), pages 31-46 for more information on the NGA initiative). To further explore the workgroup's goals, WCMEW interviewed three Council members for their insights. Edited excerpts are below.

WCMEW: What do you see this group being able to accomplish, and why is WCMEW the right fit to further the discussion?

Charles Shabino, Chief Medical Officer, Wisconsin Hospital Association, and WCMEW Board Chair: Well first, we've got to acknowledge the progress that's been made regarding expanding training opportunities in Wisconsin for our healthcare providers. But, there's work to be done to keep the momentum moving forward. Let's not only review where we've been and where we're going, but take a deeper dive into areas of improvement to speed up the learning process, and make sure that the workforce remains contemporary, being responsive to today's patient needs. The way we're delivering care is changing so rapidly, the workforce needs to keep pace. We may be missing opportunities to share best practices, so we will take those opportunities, and identify potential areas of accelerated change to further enhance the workforce's ability to reach care delivery goals.

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When WCMEW was created a decade ago, the intention was to look at the physician workforce and coordinate among groups who impact that process, specifically educational, residency training, and others. But as the care delivery model has changed, WCMEW has adapted, and now includes voices from Advanced Practice Providers, Pharmacists, and others involved in team-based care. Now it's time for WCMEW to bring those various stakeholders together again and facilitate a discussion around challenges and opportunities that we observe as a collective.

What we're really trying to do is build consensus around the larger strategic issue of how we approach ensuring we have enough providers to meet the needs in Wisconsin, and ensure that we remain at the top in terms of quality of care. Our members from the Council and participants from the task force will then take findings and recommendations, share them widely, and work as a coordinated body to implement changes applied to our overarching workforce goals. We need to be flexible enough in this endeavor to bring in participants with unique contributions, but have an effective output, being focused and timely, since this matter is urgent and we need to keep the momentum moving forward.

WCMEW: What can this group do that would be novel in terms of workforce development?

Linda Syth, Chief Executive Officer – Holdings, Wisconsin Medical Society: This group really needs to challenge the status quo, and ask, *What do we need to be doing differently?* We absolutely need some out-of-the-box thinking on workforce issues. Healthcare insiders alone can't innovate our way out of our current challenges – instead we need fresh ideas and perspectives from other leaders in addition to voices from the inside. This is a real opportunity for health care professions to also come together, and think about what best practices look like, and especially to do so outside of a legislative agenda.

We need to start with our goals in mind, whether that's ensuring access or affordability, or a population health perspective, and then develop our strategies cooperatively to meet those goals. Care isn't delivered anymore by any one entity or type of provider, so it takes everyone's coordinated efforts to move the needle. Let's think about where different professions work best. What are the qualities of these successful environments? This workgroup can help identify those areas, and expand on the creative work that's being done.

WCMEW: Is this work more about finding consensus, or identifying what's working well?

Tim Size, Executive Director, Rural Wisconsin Health Cooperative: This group can be successful just by bringing people to the table as a first step. There may not be consensus around tactics by everyone who's involved, but we can develop some mutual understanding on the issues. Maybe we don't discover anything new right away, but this is a multi-sector process within a safe, neutral platform, where professions from different backgrounds can develop relationships and accelerate change. It's not about saying who's right or wrong, but about finding opportunities for overlap. And if we lack consensus, that's a learning moment. Our intent here is to identify clinical sites that enable clinicians to work at the maximum extent of their training. So what can we learn from those sites?

We want Wisconsin to be a leader in this area moving forward, it's what we're doing now, but also taking it to the next level. Through the workgroup we can have a discussion about issues that aren't already brought up, and avoid the public policy issues that can be contentious. Instead we're looking at finding attributes of organizations that are meeting our workforce goals, and leading with what's working well. Then the next step is expanding that across the state.

PLANNING UNDERWAY FOR NEW ADVANCED PRACTICE CLINICIAN TRAINING

From the WI Department of Health Services (DHS) The Department of Health Services is in the process of developing a Request for Applications (RFA) for new advanced practice clinician training grants. The new grant program, proposed by the Rural Wisconsin Initiative and included in the state's 2017-2019 biennium budget, is designed to increase the number of physician assistants and advanced practice registered nurses practicing in Wisconsin's rural communities by supporting new training sites in rural hospitals and clinics. As currently envisioned, the grants will encourage partnerships among small rural hospitals and clinics, education providers and health systems. Hospitals and clinics in communities with populations of less than 20,000 will receive priority for funding.

Year one funding is designed for developing the infrastructure to facilitate quality training. The grants are capped at \$50,000 per applicant per year and require a dollar for dollar match. The release of the RFA is tentatively scheduled for mid-March.

WCMEW STAFF AND COUNCIL MEMBERS HIGHLIGHT WORKFORCE ISSUES



WCMEW Executive Director, George Quinn, speaks at WisEye's taping for the Be Bold III initiative. Richelle Andrae, WCMEW Program Analyst, addresses attendees at a Capitol Briefing with the Evidence-Based Health Policy Project.

This month, WCMEW's Executive Director, George Quinn, along with several WCMEW Council members (Ann Zenk, WHA; Bud Chumbley, WMS; Tim Size, RWHC) participated in panels and executive discussion with Wisconsin Eye's Senior Producer Steve Walters as part of the [Be Bold III Initiative](#). Be Bold III seeks to draw resources and strategy to Wisconsin's currently thriving industrial clusters, including healthcare. Mr. Quinn addressed the need to match training opportunities for clinical education with the demand for care across Wisconsin and continue supporting programs such as rural Graduate Medical Education (GME). Workforce was presented as an urgent need, but also as an opportunity to forge synergies across traditional silos and share best practices.

Program analyst Richelle Andrae also spoke at the [Evidence-Based Health Policy Project](#), highlighting WCMEW's workforce activities and opportunities for policymakers to advance a workforce agenda. Considerations for policymakers included:

1. Research to understand use and impacts of team-based care and other care delivery reforms;
2. Continue to expand funding of programs like GME, WRPRAP, and new Allied Health / APC grants;

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3. Exploration of how workforce is considered in health care strategy and decision-making;
4. Sharing best practices across systems;
5. Incentivizing appropriate regional and specialty distribution; and
6. Seeking opportunities to turn competitors into collaborators for workforce development.

Ms. Andrae was joined by Council members Ann Zenk (WHA) and Bill Hueston (MCW) at the State Capitol for a briefing attended by over 100 legislative and programmatic staff. Find event resources, including presentations, online [here](#). Video for both the Be Bold III and EBHPP briefings are projected to be available in March.

WORKFORCE IN THE NEWS

How can we remedy the shortage of health providers? STAT

Researchers Investigate Primary Care Professional Burnout American Academy of Family Physicians

WI Office of Rural Health Releases New Workforce Maps Wisconsin Office of Rural Health

Taking Stock: Policy Opportunities for Advancing Rural Health Rural Policy Research Institute

Is It Time for a New Medical Specialty? The Medical Virtualist JAMA

Does Your Hospital Reflect the Community It Serves? American Hospital Association

International Medical Graduates – A Critical Component of the Global Health Workforce JAMA

The US Health Provider Workforce, Determinants and Potential Paths to Enhancement Mercantus

Reassessing the Data on Whether a Physician Shortage Exists JAMA

How EHRs, telemedicine slash barriers to team learning in med ed AMA Wire

Preventative Care Saves Money? Sorry, It's too Good to Be True The New York Times

Expanding the National Health Service Corps Scholarship Program to General Surgery, A Proposal to Address the National Shortage of General Surgeons in the United States JAMA

Recruiting Rural Healthcare Providers Today: A Systematic Review of Training Program Success and Determinants of Geographic Choices Journal of General Internal Medicine

Workforce Survey 2018 Behavioral Health Executive

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