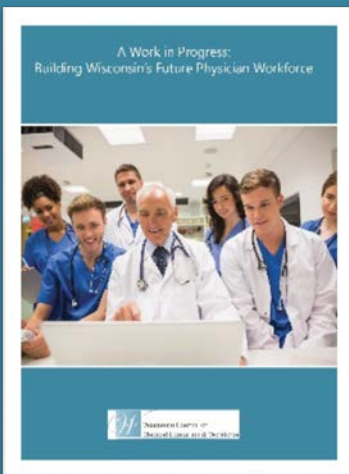


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For questions, contact George Quinn, WCMEW Executive Director, at 608-516-5189



## 2017 Statewide Workforce Summit: Building Bridges and Planning for the Future

Health care leaders from across Wisconsin were joined by community representatives and educators at this year's statewide workforce summit, held in Wisconsin Dells September 27. At the full-day event, organized by WCMEW, traditional industry competitors agreed there are opportunities for collaboration both within the health field, and across sectors. Attendees also agreed that tackling projected health care workforce shortages must begin now, recognizing the issue as a public health crisis. Recommendations from the day included addressing burnout for clinicians as both a cost-saving and outcome-improving strategy, leveraging team-based care to allow top-of-license work, and developing strong relationships with community members to facilitate pipelines.

The 2017 statewide workforce summit's successes also continue to reinforce the need for dialogue across traditional silos between policymakers, clinicians, educators, community members and administrators. The day's presentations included elected officials, health system leadership, clinicians and business liaisons recommended by WCMEW members. This newsletter will highlight key takeaways from each of the day's presentation blocks.

According to two attendees, Michelle Hartness of Ascension and Jose Franco of the Kern Institute, the event provided an opportunity to make valuable new connections. The day provided protected time to foster relationships, and a global perspective at the 30,000-foot level on important workforce issues from a variety of perspectives. Dr. Franco noted, "Too many conferences only bring together individuals with similar mindsets. It is important to bring together attendees with different viewpoints. This leads to robust discussions and results in everyone getting a better understanding of the specific issues. It is only by bringing all of the stakeholders together that real progress can be made." The WCMEW summit, as described below, was a



*Attendees preview an upcoming WCMEW publication that provides county-level physician data*

day for cross-sector discussion and planning. Slides from the day's presentations, along with the full list of panelists and speakers, are available [online](#).



*WCMEW Chair Chuck Shabino, MD describes WCMEW's role in addressing workforce shortages*

**Summit Welcome ([Video](#) begins at 0:00)** WCMEW Chair Chuck Shabino, MD kicked off the Summit by describing WCMEW's role in advancing Wisconsin's health care workforce by providing leadership in convening stakeholders, creating policy and informing the public. WCMEW Executive Director George Quinn, using WCMEW's 2016 [report](#) on physician supply and demand as a model for analysis of the entire health care workforce, stressed that leaders within and beyond health care must recognize current and projected shortages across the health care workforce as urgent, with rural Wisconsin communities facing the most extreme challenges. WCMEW's 2016 report projected that, when incorporating physician lifestyle

changes, the supply is expected to decrease by seven percent by 2035. To meet workforce needs, health systems need to expand their education and training infrastructures, while keeping an eye on care delivery transformation. Implementing interprofessional education across all members of the health care workforce (both in health systems and training institutions) may mitigate projected shortages and effectively prepare clinicians for a new environment of team-based care and collaboration.

**Public Policy that Bolsters the Wisconsin Health Care Workforce ([Video](#) begins at 39:27)** Panelists emphasized the need to retain today's current members of the workforce through policies that ensure a balanced regulatory environment, and update state scope of practice legislation to reflect practice today. Bruce Palzkill, deputy administrator, Department of Workforce Development (DWD), introduced a variety of DWD tools and programs designed to build health sector partnerships and respond to private sector needs for skilled workers. These include the [Wisconomy](#) data portal and the [Fast Forward](#) program, where over \$2 million in grant dollars have been provided for health care skills training. According to Palzkill, 62 percent of interns end up working with an employer when they finish school, therefore creating networks for internships can be valuable for both students and employers, along with apprenticeship programs. Robert Van Meeteren, CEO, Reedsburg Area Medical Center, described his relationships with collaborators, noting a local tech school's willingness to create a program specifically fitting his hospital's need for certified medication assistants, partially funded by the health system. Technology will also continue to change both delivery and workforce needs, for example, creating new roles in health care such as telemedical clinicians.



*Panelists discuss Policy, Program, and Practice as tools for workforce development*

**Designing and Implementing Workforce Models for the Future ([Video](#) begins at 1:39:04)** Peter Sanderson, MD, MBA, medical director, informatics and ambulatory regulation,

Ascension Wisconsin, urged summit attendees to be cautious with forecasting, noting the rapid pace of change in the health care environment today. Instead, he recommended that attendees strive to create



*Dr. Shishir Sheth shares his experience of incorporating a PA into his practice*

the future they want to see: integrating new models, virtual care, and assuming risk for patient care to support the best outcomes. More social and environmental factors should be considered for patient health, as individual behaviors contribute to health outcomes (estimated at 40 percent).

Nontraditional health care services such as housing support or care coordination are often limited by fee-for-service systems that stifle innovation, according to Sanderson. However, reforms in these areas could deliver savings for systems, by investing on the front end of patient health through prevention. Sanderson concluded, "You've got to believe you can actually

change the cost curve... that there's actually data and mechanisms there that you can use to improve what you're doing, and then you have to actively work toward it."

**Leveraging All Team Members to Support Patient Care** Speakers argued that there's both a patient health outcome and a financial rationale for utilizing teams for patient care. More face-to-face communication between providers, and making best use of the physical environment through strategies like team co-location are associated with fewer acute care visits for cardiovascular disease. Leveraging teams through increased face-to-face interaction also improved blood pressure, led to cholesterol control and resulted in fewer urgent care, ER and hospital visits with an average savings of \$556 per patient, according to research presented by Matthew Swedlund, MD, clinical assistant professor, University of Wisconsin School of Medicine and Public Health, who has incorporated teams into his practice. Physician assistants (PAs) can also contribute to such improved health outcomes and a health system's bottom line, generating up to 400 percent of their income. PAs practice in the medical model, with up to 2,500 hours of clinical experience when they enter the workforce. Further, PAs can increase physician productivity, enabling providers to work at the top of their license, and can be trained faster than physicians, though they are not substitutes. Shishir Sheth, MD, clinical vice president, specialty care, Ascension Medical Group-Wisconsin, experienced incorporating a PA into his practice that led to improved patient satisfaction due to better access, improved provider satisfaction due to shared burden



*attendees take notes during an afternoon breakout session.*

of care, and overall reeducation in provider costs. However, current Wisconsin laws limit the ability of PAs to practice, including supervision requirements and independent prescriber restrictions, among others.

**Be Bold III: Accelerate Wisconsin—Health Care** ([Video begins at 2:38:10](#)) "We do not have the luxury of not addressing workforce shortages now," commented James Wood, chair, Wood Communications Group and Strategic Counsel to Competitive Wisconsin, in the afternoon keynote. Aging, rural populations experience both increased demand for services and a reduction in the total working age population due to outmigration. Wood pointed to an estimated 5.1 percent decline in the 25-54 age workforce by 2040, which also results in a decrease in the tax base and lost tax revenue. Shortages not only in pure population,



but also distribution and skill type are changing. Most jobs gained after the recession require a college degree or more, implying that education must be reimagined to meet the needs of Wisconsin residents. Limited access to faculty, training sites and other barriers to entry unfortunately keep interested workers out of needed industries. Be Bold III tasks WCMEW with creating a health care industry. Wood also recommends that Wisconsin take creative steps, such as financing nursing education through local taxes, later earned by the additionally trained health professionals. Such a "systemic bang" that reaches beyond a county or pilot program is needed to make real, sustainable changes for Wisconsin residents.



*Jim Wood emphasizes the need for statewide strategies and cross-sector collaboration to solve workforce challenges.*

**Burnout and Sustainability Sessions ([Video of Dr. Schmidt begins at 3:16:56](#))** Through three breakout sessions, experts discussed the impacts of burnout for physicians, nurses, patients, and the business case for health systems to intervene. Burnout is more than stress, rather, it includes emotional exhaustion, depersonalization and reduced sense of work-related personal accomplishment. For health care professionals, burnout is most often caused by low autonomy, regulatory burdens, decreased efficiency and feeling distanced from patient care through barriers like technology. Impacts can range from increased turnover rates to poor patient safety outcomes, early retirement and cynicism. More than half of physicians experience burnout, which can increase medical errors by 200 percent. Forty-one percent of nurses have considered changing hospitals in the past year due to burnout, and an estimated 80 percent of burnout can be attributed to organizational factors such as environment and administrative burden. Experts pointed to team-based care, top-of-license practice, and reducing the stigma of seeking help as possible approaches to decreasing burnout. Measuring burnout (such as using the Mini Z tool) in a uniform way across Wisconsin will also allow leaders to understand the magnitude and effects of burnout across providers and systems.

**Preparing Health Care Professionals for a Changing Delivery Landscape ([Video begins at 4:13:42](#))** While approaches to patient care have changed drastically over the last 80 years, how we prepare students to provide care largely has not, according to Jose Franco, MD, associate director and professor of medicine and pediatrics, Kern Institute for the Transformation of Medical Education, Medical College of Wisconsin. Today's learners have different skill sets, preferences and expectations, and patients have different needs. An emphasis on initial identification of students with skills in empathy and professionalism may prove more important than MCAT scores, according to some panelists. Some of today's advances in training clinicians includes less reliance on rote learning and textbooks, emphasis on problem-solving, incorporating service learning, recruiting students from the communities of populations served (such as rural areas and students of color) and creating accelerated pipelines for professionals who are interested in career changes. Students today are primarily still educated in the



*Community Leadership Panelists (left to right): Rep. Mike Rohrkaste, Gina Dennik-Champion, Charisse Oland, and Ted Neitzke.*

particular disciplines of medicine, nursing, etc., but "educating people in towers and then expecting them to work in teams is probably not the best way to do it," according to Marilyn Frenn, PhD, RN, director, PhD nursing program, Marquette University. Buying faculty development time, teaching skills for effectively sharing knowledge with students and reforming admission processes are necessary steps in adequately preparing tomorrow's health care professionals. Franco concluded, "We should embrace change as it makes us all better providers. If you settle for the status quo, you settle for mediocrity. Medicine and health care like anything else is a continuous quality improvement project."

### **The Role of Community Leadership in Supporting a Health Care Workforce ([Video](#) begins at 5:12:24)**

Panelists discussed the powerful relationships between community partners and health care in local and regional contexts. Charisse Oland, CEO, Rusk County Memorial Hospital, recalled a recent challenge for the rural hospital under her leadership, where several physicians left or retired in a short period of time. Faced with a crisis for a small community, she worked closely with Chambers of Commerce, the County Board and others to revision the area in terms of assets, not deficits. Connectivity and relationships were critical in that process. Rep. Mike Rohrkaste (R-Neenah) emphasized that developing a healthy and effective workforce can raise the talent level of a whole community, as individuals will also bring spouses and families to reinvigorate an area. In this way and others, health care and economic development are closely joined. Education and health care also have opportunities for synergies, as youth can be exposed early to career ladders in health care. If health systems would compensate for transportation, students could easily see that hospitals employ a wide range of professions. Summer coursework could further be redesigned to fit the needs of local communities with increased communication, according to Ted Neitzke, EdD, MS, agency administrator/CEO, CESA 6.

## **Spotlight: Fall Council Meeting**

At the fall WCMEW meeting held October 11 in Madison, Council members discussed the recent statewide workforce summit and addressed the need to balance a continued focus on physician education with an expanded view of overall health care workforce challenges across the state. The group shared updates on legislative and programmatic initiatives for stakeholder feedback. WCMEW is one of a select few state coalitions seeking to address projected health care workforce shortages from a cross-sector, multi-disciplinary perspective. The Council agreed WCMEW must continue to serve as a bridge across collaborators and keep its focus on the future.

The Council also discussed a forthcoming WCMEW publication that presents county-level projections for physician demand and population demographic changes. Members see the publication as a means to use evidence as a basis for presenting further questions and assessing the future implications for Wisconsin residents. The final report will be produced in winter 2018.

Specific proposals presented for discussion by members included the APRN Modernization Act, Enhanced Nurse Licensure Compact, and reforms to current physician cosignatory requirements. Additional areas of focus for partners include: augmented intelligence and telehealth; surveying the current rates of burnout and mental health for physicians in Wisconsin; rural residency consortia planning; available grants for graduate medical education along with upcoming funding for PAs, APRNs, and allied health professionals; and continued emphasis on team-based care, particularly for pharmacists.

## In the News

[Why Best Practices Fail to Spread](#) Family Practice Management, 2017

[In Rural Kansas, Telemedicine Boosts Nurse Practitioners and Physician Assistants](#) Healthcare Analytics News, October 2017

[Tapping Non-Physician Clinicians to Address Patient Care Access](#) Patient Engagement HIT, October 2017

[The mental health workforce is 'reaching a cliff edge'. What can be done?](#) The Guardian, October 2017

[Study: States' Private Payer Laws Are Harming Telehealth Growth](#) mHealth Intelligence, September 2017

[Team-Based Model Key to Achieving the Quadruple Aim at Reliant](#) EHR Intelligence, October 2017

[Telehealth in The Nation's Capital: DC Board Mulls Regulations](#) mHealth Intelligence, October 2017

[AAPA Kicks off National PA Week during Profession's 50th Anniversary](#) American Academy of PAs, October 2017

[Customizing Health IT to Support Physician Workflow and Reduce Burden](#) Agency for Healthcare Research and Quality, October 2017

[Wisconsin faces home care workforce challenge, report says](#) Wisconsin State Journal, September 2017

[Telehealth Will Only Benefit Seniors if They Know It's Available](#) mHealth Intelligence, September 2017

[New doctor recruiting on the verge of a 'feeding frenzy'](#) Fierce Healthcare, September 2017

[Military medics and corpsmen could help fill the shortage of primary care providers](#) STAT, September 2017

[Telehealth Bills Get Senate Approval, Good News from CBO](#) mHealth Intelligence, September 2017

[Burned Out: Is Your State Full of Overworked Doctors and Nurses?](#) Medicare Health Plans, August 2017

[Review of Physician and Advanced Practitioner Recruiting Incentives](#) Merrit Hawkins, September 2017

[Health IT Week highlights how technology improves quality of health care delivery for patients](#) WI Department of Health Services, October 2017

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