



WCMEW
WI COUNCIL ON MEDICAL
EDUCATION AND WORKFORCE

Healthcare Workforce in Wisconsin:
WCMEW's Role and Actions

WCMEW MISSION

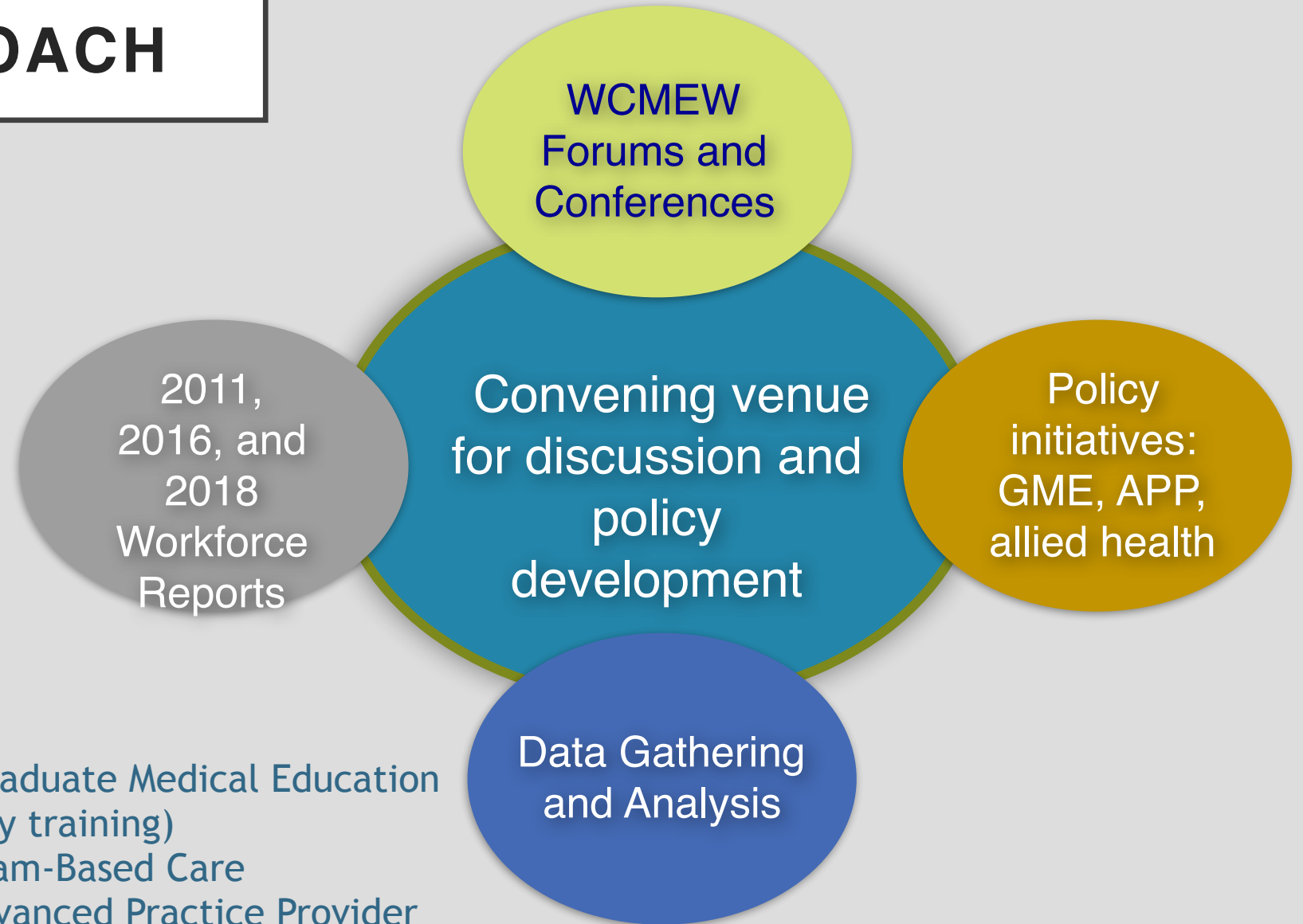
The mission of the Wisconsin Council on Medical Education and Workforce (WCMEW) is to **ensure a healthcare workforce that meets the needs of Wisconsin citizens** by convening a wide breadth of stakeholders to:

- Help to create a comprehensive statewide healthcare workforce **strategic plan**, and provide ongoing monitoring of progress towards plan objectives.
- Work with Wisconsin's education and **training organizations** to promote an appropriate supply of healthcare practitioners.
- **Monitor changes** in care delivery, and encourage incorporation of those changes into education and training, and expansion of best practices.
- Promote ongoing **research, education, and communication** on workforce issues.

WCMEW APPROACH

WCMEW has been successful in bringing together a wide range of health care workforce stakeholders to **develop policies, inform the public, and create education programs.**

GME = Graduate Medical Education (residency training)
TBC = Team-Based Care
APP = Advanced Practice Provider



WCMEW COUNCIL MEMBERS

- Wisconsin Academy of Family Physicians
- Wisconsin AHEC
- UW School of Medicine and Public Health
- Wisconsin Academy of Physician Assistants
- Wisconsin Hospital Association
- Rural Wisconsin Health Cooperative
- Wisconsin Medical Society
- State of Wisconsin
- Wisconsin AHEC



WCMEW ACTIVITIES

Ongoing Collaborations

- Leadership Role in UW Center for Interprofessional Practice and Education
- State of WI GME Grant Process
- Participating in advancing GME in Northern WI (WiNC)

Reports & Publications

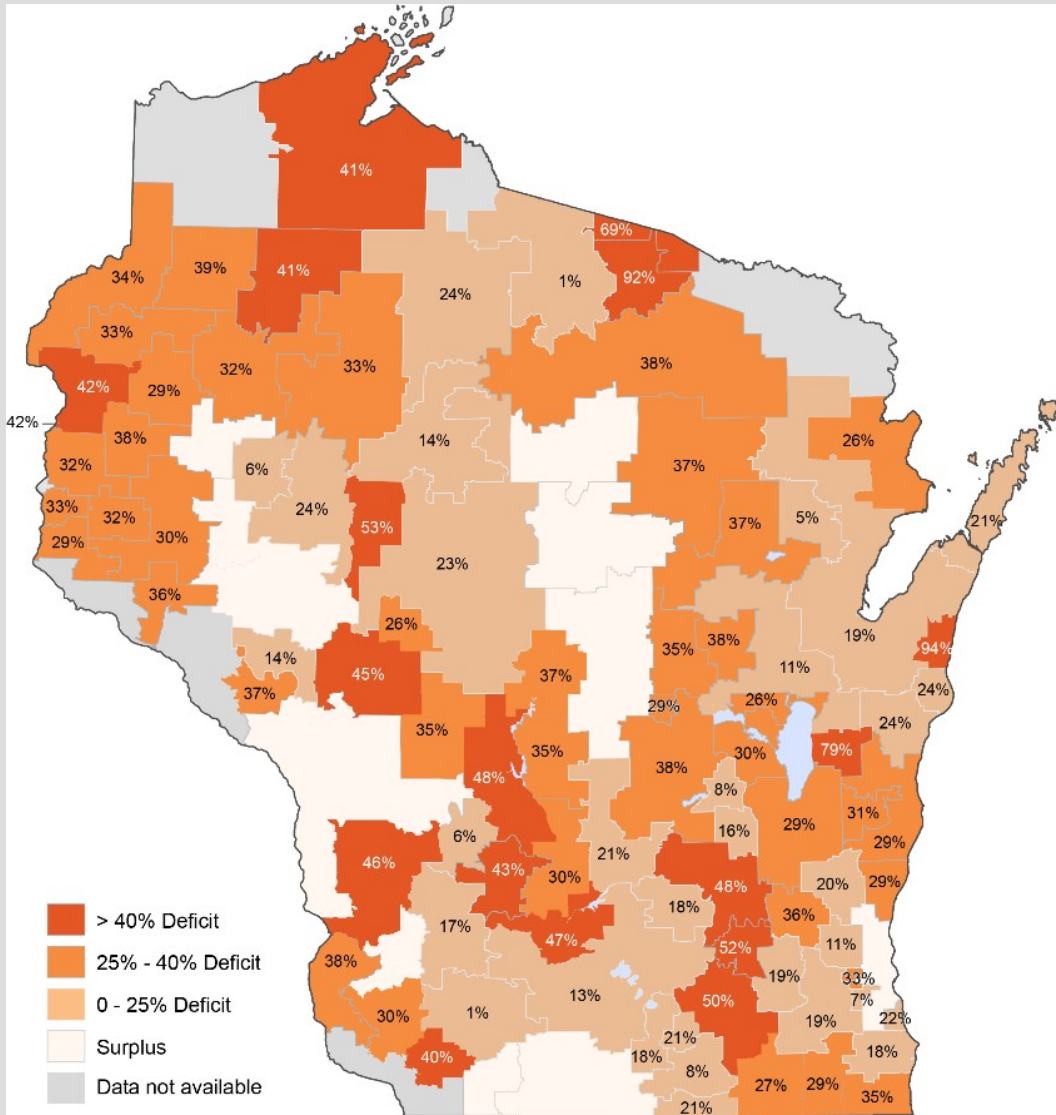
- “100 New Physicians a Year: an Imperative for Wisconsin” (a WHA publication)
- “A Work in Progress: Building Wisconsin’s Future Physician Workforce” 2016 WCMEW
- “Mapping Our Way to Success” 2018 WCMEW

Educational Activities

- **Statewide workforce Summits 2017, 2018, 2019**
- 2013 and 2016 Conferences on Graduate Medical Education
- 2014, 2015, and 2016 Team-Based Care Summits
- Monthly Newsletters
- State and national resource database

All available on the WCMEW website: www.wcmew.org

WHY IS THIS WORK IMPORTANT?



Projected Primary Care Physician Deficits, (Year 2035), by Hospital Service Area

Driven by:

- Population changes (12% increase by 2035)
- Over-65 populations projected to increase by over 60%
- Over-65 population utilizes healthcare services four times as much as rest of population
- Leads to a projected increase in utilization of healthcare services of over 20%
- Number of primary care physicians projected to increase by less than 4%

Rural HSAs are expected to show a higher proportion of those over the age of 65 in their populations, and at the same time, **outmigration** of working age adults is projected for those HSAs.

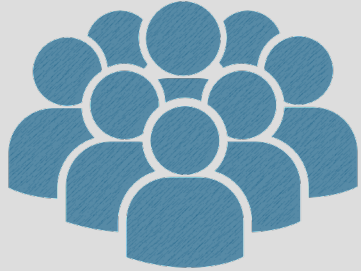
RECOMMENDATIONS FROM 2018 REPORT

- 1. Continue to fund programs that invest in infrastructure development and training.** Target current and projected underserved geographic areas to prioritize workforce development. Infrastructure programs must also be flexible to emerging demands for financing of housing, travel, and other needs.
- 2. Expand and increase coordination of clinical training sites.** Efforts must be made to ensure an adequate number of clinical training sites, including the necessary resources such as faculty and preceptors. In addition, systems and procedures should be implemented to better coordinate clinical placements to ensure that these limited resources are appropriately utilized.
- 3. Expand rural and underserved programs by recruiting students likely to stay.** Programs with a rural or underserved focus should continue to prioritize recruiting students likely to dedicate their practice to underserved areas. Educational institutions must commit resources to assessment of application and admissions processes to ensure policies support desired outcomes.
- 4. Build workforce into strategic planning processes.** Workforce priorities should be integrated into all elements of strategic planning to enable long-term workforce viability and investment. Share best practices regarding what is working well regarding planning, and where improvement is needed.

RECOMMENDATIONS FROM 2018 REPORT - CONTINUED

- 5. Develop comprehensive APC workforce data.** Understanding the current demographics and geographic distribution of APCs is critical to assessing care models and implications. WCMEW should create a database to facilitate the modeling of future supply and demand, assessing distribution trends.
- 6. Best practices and outcomes for team-based care must be identified.** Outcomes may include patient health, cost-saving, provider burnout level, and other indicators. Effective models must be shared across care settings, geographic regions, and specialties to ensure that all members of the workforce are being most effectively utilized.
- 7. Track data longitudinally to ensure accurate analysis of program reforms and expansions.** New medical school expansions and GME funding have contributed to significant advances of provider training across Wisconsin. However, sufficient data is not available to track long-term outcomes. Assessing rationales for relocating or leaving practice must also be tracked to evaluate decision-making processes and ensure incentives align with desired outcomes.
- 8. Develop methods to assess distributions of populations and providers across regions that most accurately reflect patient access to care, given current imperfect current geographic units.** This report utilizes Health Service Areas for patient and provider data, but using transportation patterns or other methods may more accurately reflect real care delivery trends.
- 9. Explore and identify which providers in Wisconsin will be most needed for the state's aging population.** Today, priority for grant funding and other development projects is given for primary care, but tomorrow's patient population may require providers such as gerontologists to meet the needs of an aging population.

WHAT'S NEXT FOR WCMEW AND WORKFORCE INITIATIVES?



Continue to serve as a **convener** of diverse stakeholders



Analyze the changes in workforce supply and demand across WI at a **regional level**



Continue to monitor **care delivery** and clinician **demographic** changes



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