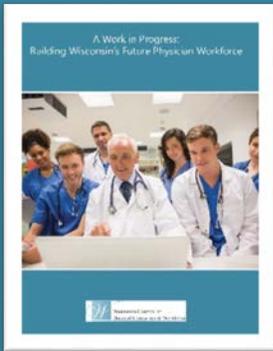


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For questions, contact George Quinn, WCMEW executive director, at 608-516-5189



Takeaways from "A Work in Progress" – #2: Demographic Disparity

One of the most striking results in "A Work in Progress" is the significant disparity between the increase for Wisconsin's projected 2035 working age population segment (18 to 64), and the 65 and over segment. The table below illustrates:

Age Band	2015	2035	Percent Change
0-17	1,469,500	1,575,405	7%
18-64	3,418,595	3,392,230	-1%
65+	894,920	1,508,635	69%
Totals	5,785,030	6,478,305	12%

The projections show a 69 percent increase for the 65 and over age segment, while the 18 to 64 age band is projected to **DECREASE 1 PERCENT**. Since the 65 and over population uses, on average, about four times the amount of health care as those under age 65, one can immediately see the large gap between anticipated increases in demand and the decrease in the workforce available to meet that demand.

The implications of this disparity are significant, with one possible outcome being inadequate access to care. Some potential solutions include:

- "Bending the demand curve" downward for all age groups by eliminating unneeded services and increasing efficiencies overall.
- Increasing the percentage of the working population involved in health care.
- Prolonging working years beyond typical retirement ages.
- Importing more skilled workers into Wisconsin.

While each of these potential solutions has some chance of success, the one that makes the system more efficient would provide the greatest impact with the least disruption. Fortunately, Wisconsin's health care system has a history of being proactive in looking for efficiencies and applying evidenced-based medicine. But those efforts need to be accelerated in order to avoid what appears to be a looming crisis.

WCMEW/AHEC IPE Conference

On November 10 and 11, WCMEW, along with Wisconsin Area Health Education Council (AHEC), sponsored "Interprofessional Collaborations: Advancing Wisconsin's Healthcare and Education." The conference highlighted the interface between inter-professional education and collaborative clinical practice.

Keynote speaker Dr. Susan Corbridge of the University of Illinois at Chicago started the conference with a presentation on "Workload, Quality, Burnout: Improving the Lives of Patients and Providers through Interprofessional Collaborative Practice."

Dr. Andy Anderson, chief medical officer, Aurora Health Care, moderated two panels: the first included a panel of educators from Concordia University, Wisconsin Technical College System, Medical College of Wisconsin, and the University of Wisconsin, discussing how they have incorporated interprofessional education (IPE) into their curricula. The second panel, including representatives from Aurora Health Care, Bellin Health, ThedaCare and Vibrant Health Family Clinics, dialogued on making collaborative clinical practice work in the clinical setting.

The afternoon breakout sessions included specific examples of both IPE and clinical collaboration. Topics included: "An Integral Approach to Rural Health Care," "Incorporation of IPE into Pharmacy Education," "Use of Human Patient Simulation to Promote IPE," "IPE – A Triad Approach," "Chronic Illness Management in Teams" and "IPE 1.0."

Friday's half-day session was entitled "Making Interprofessional Education Real: Developing Interprofessional Learning in Practice," with Sarah Shrader, PharmD, and Stephen Jernigan, PhD demonstrating the University of Kansas vision for Interprofessional Learning in practice.

The agenda is available at <https://ahec.wisc.edu/IP2016.htm>. Presentation materials will be available on the WCMEW website in the next several weeks.

In the News

[Medical schools tackle primary-care shortages](#)

[VA treats patients' impatience with clinical pharmacists](#)