

# WCMEW

Wisconsin Council on Medical Education and Workforce

SEPTEMBER 2018

## WCMEW's 2018 Workforce Summit

**Creating the Clinical Workforce We Need:  
Policies, Strategies, and Innovations in Wisconsin**

Friday, November 2, 2018 (8:30am – 4pm)

Glacier Canyon Lodge, Wisconsin Dells

**[Register today](#)**

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### ADVANCED PRACTICE CLINICIAN GRANTEE JOINS WCMEW AT SEPTEMBER MEETING

**Over a dozen member organizations were represented at WCMEW's most recent quarterly Council meeting.** The September meeting was held in Madison and featured a guest presentation from one of the Department of Health Services' new Advanced Practice Clinician training grantees. Staff provided updates on WCMEW activities, and Council members shared their legislative priorities for the upcoming session.

WCMEW's Clinical Site Coordination work group is comprised of over 15 stakeholders from both schools and sites. The work group is currently seeking to identify challenges related to inefficiencies, disruptions, and/or delays in coordination of clinical sites, with a focus on PA, NP, medical, and pharmacy students. Site coordination challenges may result in loss of time and resources, potential for suboptimal educational outcomes for students, and suboptimal total level (number, location, and specialty) of clerkship opportunities. WCMEW staff began conducting structured interviews with site-side education coordinators in August, and will continue to do so throughout winter 2018-2019. The work group is currently working to establish priority areas including:

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- Remuneration / compensation;
- Organizational culture and productivity expectations;
- Recruiting and training preceptors;
- Scheduling students;
- Documentation standards for immunization and other required paperwork; and
- Hospital / system policy regarding prioritization of students (type, own staff, locality, preferred schools), among other issues.

In 2019, the work group plans to evaluate interview results and seek further data around trends and impacts of increased competition for learning opportunities. If you work in site coordination or would like to refer a colleague for an interview, please contact [randrae@wcmew.org](mailto:randrae@wcmew.org).

**WCMEW Care Delivery Task Force** WCMEW's Care Delivery Task Force, with members nominated by the WCMEW Council, has met twice and identified five priority areas. These areas include:

- I. Inform Provide education to organizations/institutions, providers, and/or patients regarding skills and services (knowledge, training, skills, top-of-license practice, current regulatory practices, billing practices) of today's healthcare workforce.
- II. Promote Access Identify current and projected geographic disparities in access to care. What care delivery transformations can be leveraged to increase access?
- III. Assess Supply Holistically Develop comprehensive, interdisciplinary workforce supply projections for Wisconsin, including various team models.
- IV. Share Best Practices Identify current models with a novel or non-traditional approach to interdisciplinary practice (especially those leveraging top-of-scope / knowledge / skills practice); develop a strategy to share lessons learned.
- V. Train Acknowledge that the skills and aptitudes of today/tomorrow's clinicians are different from those in traditional healthcare training. Identify and spread new skills that will be needed for patient care, for both today's students and today's providers. These may include training to leverage emerging technologies, but also skills such as engaging with diverse patient populations.

The Task Force is seeking to maintain a balanced group of invested stakeholders to focus not only on on-person care delivery but various other aspects of care delivery systems. Members from team-based care and telehealth initiatives presented their programs for the Task Force's review in August, which led to discussions around establishing operational assumptions and developing priority areas for future work. The group will meet next in December 2018 and March 2019.

**WCMEW Legislative Participation** This summer, WCMEW contributed at two legislative events. The first was testimony at the [Direct Primary Care Study Committee](#), which has met several times this summer and is considering a proposal for a DPC Medicaid pilot program. WCMEW provided workforce-related questions for the Committee's consideration. Second, WCMEW held a legislative briefing on its 2018 physician projection report. The briefing was attended by staff and a state legislator, who are all engaged in health and/or workforce activities. WCMEW aims to be a resource for policymakers when considering workforce proposals.

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**Guest Speaker: Monroe Clinic, APC Training Grant Recipient** For September's Council meeting, WCMEW invited recipients of DHS's Advanced Practice Clinician grants to share their plans to improve rural APC training. Ms. Lori Rodefeld from Monroe Clinic presented the clinic's grant proposal and highlighted their commitment to teaching. Monroe Clinic has expanded from approximately 20 rotations to over 100, and 90% of providers provide opportunities for student learning – and grant money will be used in preceptor development, among other areas. Monroe Clinic also aims to ensure proper training for both students and current staff so that all are prepared for rural practice. Ms. Rodefeld noted that 25% of their APC staff were students at the clinic within the last three years, demonstrating student learning as a powerful recruitment tool. Please contact [lori.rodefeld@ssmhealth.com](mailto:lori.rodefeld@ssmhealth.com) with further questions. Three additional grantees will present their plans at the November Council meeting.



**Legislative Priorities** Council members also shared their workforce-related legislative plans for the upcoming session. Many organizations are focusing on clinician well-being and burnout as priority areas. Contact WCMEW staff for more information on legislative initiatives.

The Wisconsin Academy of Family Physicians highlighted the desire to expand Child Psychiatry Consultation programming statewide, and emphasized the impact of WRPRAP, which has helped expand from 11 to 16 statewide family medicine training programs.

The Wisconsin Academy of Physician Assistants reviewed their plans to advocate for modernizing PA practice laws, with an emphasis on collaboration and bringing policies up to speed with the realities of practice today.

WHA will continue to refine their legislative agenda, but is focused on top of license practice, and demystifying rules and regulations around APC practice. WHA is also working with DWD to develop a nurse residency apprenticeship program, similar to a model in New York.

DHS will support continued funding of current programs at their current level of investment. Allied Health grant recipients will be announced by the end of October.

The Rural Wisconsin Health Cooperative plans to support the proposals of others who seek to advance rural health care priorities, but is also concerned with broader policy priorities such as expanding access to broadband and child care. Rural members have commented that opioid-specific grants do not address all substance use and abuse issues, and hope to see opportunities expanded to include addressing meth and alcohol use and abuse.

AHEC seeks to develop legislation that will formalize community-based health workers, a critical group in the provision of care across the state not currently recognized in statute.

WMS will continue to follow Direct Primary Care and PA Modernization Act proposals. WMS will collaborate with WHA to deliver physician wellness programming, some of which will be open to a

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broader group of healthcare providers. WMS aims to secure a DSPS physician health program that will offer wellness services to physicians across Wisconsin.

PSW's workforce legislative priorities include developing Pharmacy Technician pilots into permanent legislation, expanding access to Pharmacist services. PSW is also collaborating with the Wisconsin Nurses Association on a hypertension-focused community pharmacist grant, and will continue to partner on both inpatient and outpatient opioid use and abuse issues.

### SUMMIT: INTERDISCIPLINARY FOCUS AT UPCOMING NOVEMBER 2 WORKFORCE CONFERENCE

WCMEW's 2018 Summit, *Creating the Clinical Workforce We Need: Policies, Strategies, and Innovations in Wisconsin*, is looking forward to hosting healthcare leaders from across Wisconsin on November 2. The summit is an ideal venue for connecting across professions and traditional industry silos. Policymakers, healthcare leadership, educators, and clinicians are invited to attend. The summit will take an interdisciplinary, forward-focused approach to workforce issues. Sessions will cover topics including:

- Clinical Site Coordination (Featuring education coordinators from both schools and sites)
- Engagement and Retention Trends (Moderated by Sandy Anderson, Hospital President, Ascension Far North Region)
- Workforce Strategic Planning (Speaker: Sunshine Balistreri, Provider Workforce Planning Manager, Aurora Health Care)
- Data-Informed Decision-Making (Moderated by Tim Size, Rural Wisconsin Health Cooperative)
- Program Development (Speaker: Lisa Dodson, Campus Dean, MCW-Central Wisconsin)

Contact Richelle Andrae at [randrae@wcmew.org](mailto:randrae@wcmew.org) with any questions. Registration information is available [online](#) for the WCMEW Summit.

### FUNDING OPPORTUNITIES

**The deadline to apply for Wisconsin Rural Physician Residency Assistance Program (WRPRAP) grant funding is Monday, October 1<sup>st</sup>, 2018.** WRPRAP promotes collaboration among Wisconsin health systems, residency and fellowship programs and state agencies that aim to enhance rural graduate medical education (GME) and make rural Wisconsin a healthier place to live, work and play. The goal of WRPRAP's grant program is to enhance and expand rural residency experiences to prepare new physicians to meet Wisconsin's rural medical workforce needs.

There are two types of grants available to qualified applicants: Rural GME Operational Grants support quality improvement and continuation of current rural GME programs. Activities may include rural rotations, curriculum development, technical assistance for rural residency programs, and more. Rural GME Transformation Grants support innovation and planning for future rural GME initiatives. These activities may include developing a new rural residency program, developing a new rural track to enhance an urban residency program, and other pilot studies associated with rural GME

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training positions in eligible residency program specialties. Further details regarding this solicitation including a list of documents for submission can be found under “Funding Opportunities” at <http://www.fammed.wisc.edu/rural/>. Contact WRPRAP at [jcrubel@rwhc.com](mailto:jcrubel@rwhc.com) with any questions.

**The Wisconsin Medical Society is offering \$2,500 – \$5,000 of seed funding around the reduction or mitigation of Adverse Childhood Effects (ACEs), mental health, and addiction and disease prevention.** Funding for research dissemination is also available. The deadline to apply is September 28<sup>th</sup>, with application available [here](#). Contact Elizabeth Ringle, Program Coordinator, WMS Foundation, at 608.442.3789 with any questions.

### WORKFORCE IN THE NEWS

**Addressing the Nation’s Primary Care Shortage: Advanced Practice Clinicians and Innovative Care Delivery Models** *UnitedHealth Group* – 13% of Americans live in a county with a PCP shortage, defined as less than one primary care physician per 2,000 people, according to a September report. Americans in rural areas are nearly five times as likely to live in a county with a primary care physician shortage compared to urban and suburban Americans — 38 percent compared to 8 percent. But almost as many urban and suburban residents live in a county with a PCP shortage as rural residents (21 million vs. 23 million).

**3 keys to prep your staff for success with team-based care** *AMA Wire* – The AMA lauds Bellin Health in Green Bay for its work developing team-based care initiatives, and lays out steps to sustainable team integration.

**The U.S. needs more doctors. Is free medical school the answer?** *PBS* – While free medical school may be a boon for students scared off by high debt, researchers caution that the U.S. does not have a shortage of medical school applicants, and that free tuition isn’t a silver bullet to addressing the needs for primary care and practice in underserved regions.

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Questions about content, or have a resource to share? Email [randrae@wcmew.org](mailto:randrae@wcmew.org).