

WCMEW WORKFORCE REPORT AND STRATEGIC PLAN

Dane County Health Care
and Public Health
Subcommittee Meeting
June 14, 2022

George Quinn
Executive Director
Wisconsin Council on
Medical Education and
Workforce

THE FUTURE OF WISCONSIN'S HEALTHCARE WORKFORCE

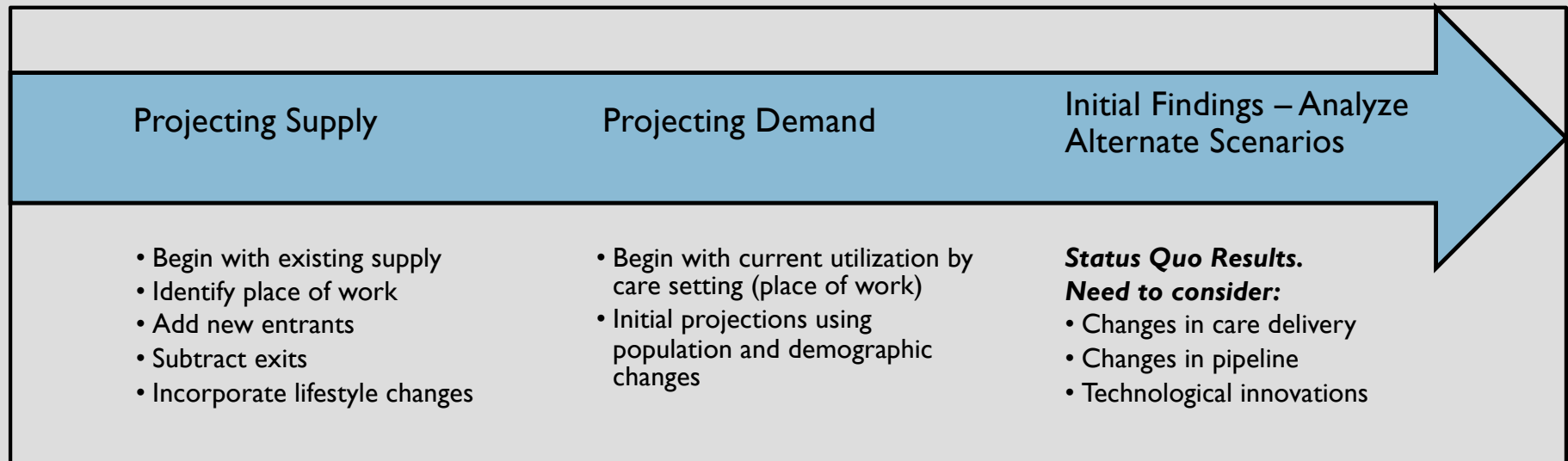
The goal of this report was to:

- Understand the total numbers of professionals and their distribution across the state of Wisconsin.
- Develop a comprehensive model for forecasting supply and demand a broad range of health clinicians
- Analyze scenarios that address potential changes in healthcare in Wisconsin.
- Arrive at a final set of workforce supply and demand projections.
- Report on the findings of the project, together with recommendations.

[Link to full report](#)



SUPPLY – DEMAND – ANALYSIS



The basic construct of the **status quo model** includes the following components and assumptions:

1. Population and demographics drive utilization
2. All services and practice sites (place of work) classified into a limited number of categories
3. Each profession's FTEs are apportioned/attribution to defined practice sites
4. All utilization is apportioned/attribution to service types
5. Education and training pipelines are identified for each profession and remain constant
6. Existing staffing/workforce practices remain the same

A KEY MODEL
COMPONENT –
PROJECTED
POPULATION AND
DEMOGRAPHICS

Age Group	Male			Female		
	2020	2035	% Change	2020	2035	% Change
0-19	772,770	806,085	4%	735,770	769,320	5%
20-44	950,905	978,740	3%	915,060	930,970	2%
45-64	783,095	752,460	-4%	783,550	730,060	-7%
65-74	304,185	348,010	14%	320,845	365,835	14%
75+	180,845	347,245	92%	258,055	447,545	73%
	2,993,820	3,234,575	8%	3,015,300	3,245,765	8%

Source: WI Dept of Administration; WCMEW Analysis

WORKFORCE PROJECTIONS

1. Licensed professionals as of June 30, 2020. FTEs in direct patient care calculated for each profession.
2. New entrants: using 90% of the latest five-year trend projected to 2035.
3. Retirements and other attrition.
4. Using trends shown in the last decade.
5. Using care setting utilization projections and place of work. Physician projections: population utilization by specialty.

	Registered Nurses	All Others	Totals
Supply			
2020 Supply (1)	60,822	39,869	100,691
New entrants, 2020-2035 (2)	36,539	26,591	63,130
Attrition, 2020-2035 (3)	-37,115	-21,289	-58,404
Change in work patterns (4)	-3,602	-3,203	-6,805
Projected supply, 2035	56,644	41,969	98,613
Total Change, 2020-2035	-4,178	2,100	-2,078
% change, 2020-2035	-7%	5%	-2%
Demand			
2020 Demand	60,822	40,061	100,883
Projected demand, 2035 (5)	72,575	51,480	124,055
Total change, 2020-2035	11,753	11,419	23,172
% change, 2020-2035	19%	29%	23%
Adequacy of Supply, 2035			
Total Projected Supply minus Demand	-15,931	-9,511	-25,442

PIPELINE VERSUS NEEDED

- *Annual entrants needed includes increases in demand, lifestyle changes, and attrition.*
- *Annual graduates: information from schools and programs. Physicians include GME grads.*
- *Percent retained: obtained from schools, programs, AAMC. Additional physician retention from GME grant program.*

Comparing 2020 with 2035	New Entrants per Year	Graduates from WI Schools/ Programs	Percent Retained	Number Retained	Need to Import or Expand in WI
2035 Projected Totals	6,211	4,402	61%	2,683	3,528
2020 Estimated Totals	4,672	4,327	61%	2,627	2,045
Difference	1,539	75	0	56	1,483

- We will need an additional 1,539 entrants per year by 2035
- We graduate about 4,400 per year, and retain about 61% of grads from our programs – we import about 2,000 per year
- If no changes in our programs, we will need to import about 3,500 per year, or just under 1,500 additional
- It is unlikely that we can import that many additional workers – therefore a need to expand programs across the board

RECOMMENDATIONS

1. Education and training resources for all of the professions in our study need to be expanded or modified, including the number of available openings, faculty, and clinical sites.
2. Continue to expand the Department of Health Services grants for Graduate Medical Education, Advanced Practice Providers, and Allied Health training programs in rural Wisconsin.
3. Inventory the number and capacity of clinical training sites; identify and help disseminate best practices in clinical experiences, including, for example, enhancing partnerships with communities.
4. Explore in greater depth the impact that telemedicine is having on care delivery; ensure incorporation of telemedicine in healthcare education and training.
5. Gain a better understanding of the nature and extent of care delivery changes.
6. Carry out a retrospective study of the long-term effects of the pandemic.
7. Evaluate the feasibility of gathering workforce data on a more consistent and timelier basis.

WCMEW WORKFORCE STRATEGIC PLANNING TASK FORCE

MAY 12, 2022

George Quinn
Executive Director

By 2035, Wisconsin's health workforce will have the capacity and proficiencies to:

Provide high quality whole person services at the right time, right level, and in the right places

Improve health and well-being in all communities

Our vision is to have an engaged healthcare workforce equipped to serve the needs of our communities



Wisconsin Council on Medical Education & Workforce (WCMEW)
Workforce Strategic Planning Task Force
Thursday, May 12, 2022 – 2 PM to 4 PM

2:00	Welcome and Introductions	Tim Size
2:05	Review of Charge to the TF	George, Members
2:20	Today's Meeting <ul style="list-style-type: none">• Process• Output/expectations	George, Members
2:30	Discussion Members evaluate, modify, approve.	All
3:30	Next Steps	All
4:00	Adjournment	Tim

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:

- *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.*

THE WCMEW COUNCIL SEEKS TO FIND COMMON GROUND ON THE CHANGES WE BELIEVE NEED TO BE PROMOTED, AND LOOKS TO COUNCIL MEMBER ORGANIZATIONS TO REALIZE THAT VISION



WCMEW | P.O. Box 259038, Madison WI 53725 | wcmeow.org | (608) 333-4335

PROBLEM STATEMENT

1. Workforce shortages are projected across a range of healthcare professions – worsening disparities in rural and underserved areas.
2. Need for greater urgency regarding impending workforce shortages.
3. Need for greater emphasis on workforce retention, highlighting best practices and continuing education opportunities.
4. Lack of diversity in our workforce.
5. Insufficient resources devoted to education and training. Need for innovation in education and training.
6. Need for a more comprehensive view of the pipeline.
7. Lack of coordination between all participants in the process. Incomplete understanding of all potential partners.
8. Insufficient data on our workforce in general.
9. Uncertainty about the long-term effects of the pandemic.

PLAN OUTLINE - GOALS



Promote Healthcare Careers And Recruit
Healthcare Professionals



Invest in Our Workforce Pipeline



Retain Workers



Create Awareness and Engage Other Stakeholders



Sustain Efforts

Promote Healthcare
Careers And Recruit
Healthcare
Professionals

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graph LR; A[Promote Healthcare Careers And Recruit Healthcare Professionals] --- B[Encourage Collaborations With AHEC And Expand Other Programs Promoting HC Careers]; A --- C[Actively Seek Diverse Backgrounds]; A --- D[Strengthen Apprenticeship And Work-based Learning Programs]; A --- E[Examine Existing And Potential New Funding Programs];
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Encourage Collaborations With AHEC
And Expand Other Programs
Promoting HC Careers

Actively Seek Diverse Backgrounds

Strengthen Apprenticeship And Work-
based Learning Programs

Examine Existing And Potential New
Funding Programs

Invest In Our Healthcare Pipeline

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graph LR; A[Invest In Our Healthcare Pipeline] --- B[Expand Education Capacity and Enhance Collaboration]; A --- C[Expand Current GME, APC, and Allied Health Funding Programs]; A --- D[Optimize Educator and Clinical Site Resources]; A --- E[Prepare Our Workforce for New Care Delivery Models]; A --- F[Prepare Our Workforce to Meet Societal Needs]; A --- G[Explore New and Innovative Education and Training Models];
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Expand Education Capacity and Enhance Collaboration

Expand Current GME, APC, and Allied Health Funding Programs

Optimize Educator and Clinical Site Resources

Prepare Our Workforce for New Care Delivery Models

Prepare Our Workforce to Meet Societal Needs

Explore New and Innovative Education and Training Models

Retain Workers

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graph LR; A[Retain Workers] --- B[Enhance Work Environments]; A --- C[Expand Loan Repayment Programs and Explore Other Financial Incentives]; A --- D[Increase Career Learning Opportunities]; A --- E[Increase mentoring and onboarding activities]; A --- F[Encourage Expansion of Team Based/Collaborative Care];
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Enhance Work Environments

Expand Loan Repayment Programs and
Explore Other Financial Incentives

Increase Career Learning Opportunities

Increase mentoring and onboarding
activities

Encourage Expansion of Team
Based/Collaborative Care

Create
Awareness and
Engage Other
Stakeholders

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graph LR; A[Create Awareness and Engage Other Stakeholders] --- B[Obtain Broad Buy-in to the Plan]; A --- C[Strengthen and Expand Collaborations];
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Obtain Broad Buy-in to the Plan

Strengthen and Expand Collaborations

Sustain Efforts Over the Long Term

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graph LR; A[Sustain Efforts Over the Long Term] --- B[Continue to Study and Report on Workforce Issues]; A --- C[Seek Ways to Enhance Workforce Data]; A --- D[Examine Community Infrastructure Issues Impacting the Workforce]; A --- E[Create Resources (Website?) for All Stakeholders];
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Continue to Study and Report on Workforce Issues

Seek Ways to Enhance Workforce Data

Examine Community Infrastructure Issues Impacting
the Workforce

Create Resources (Website?) for All Stakeholders

DISCUSSION

