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2023 | Wisconsin Health Care Workforce Report

Cover photo courtesy of Westfields Hospital and Clinic:
New Grad Nurse Residents and seasoned staff work together at "Code Blue and You" Day.

March 2023

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A Message from the WHA Council on Workforce Development Chair

Allen Ericson

As an executive for a health system that spans rural and urban Wisconsin, and chair of the Wisconsin Hospital Association (WHA) Council on Workforce Development, I have been part of my organization's and WHA's efforts to support, sustain and grow the health care workforce essential to performing our mission of meeting the health care needs of the communities we serve.

WHA has long been recognized as a leader in health care workforce analysis and advocacy. This 2023 Wisconsin Health Care Workforce Report is WHA's 19th annual report. WHA's workforce reports utilize state and national data, expert reports, and the experience and expertise of hospital leaders to provide analysis and offer recommendations for action.

The last three years have challenged health care leaders like never before. COVID was just one of many disruptive influences on hospitals and health systems and the health care workforce. We're contending with sustained workforce shortages even as demand continues to rise, a nursing home bottleneck that has caused patient backups all the way to the emergency department, and rising costs to deliver care that are compounding reimbursement and financial pressures.

It's been a challenge, but I am not surprised that hospitals and health systems, and our valued partners in education and government, have also used this crisis as an opportunity to best support our workforce, rapidly pilot team-based care and technologic solutions within our organizations, and take advantage of pandemic-driven regulatory reform through state and federal waivers.

State and federal policymakers, educators and hospital and health system leaders created urgent solutions in a time of crisis. We must leverage this work, and the efforts we started before the pandemic, for long-term strategies that will grow, recruit, retain and sustain the health care workforce needed to create the high-quality health care so essential to keeping Wisconsin a great place to live and work.

I am confident my fellow health care leaders, along with Wisconsin's fine educational institutions and dedicated elected officials and policymakers, will take these urgent solutions and lessons learned to refine Wisconsin's long-range strategies to grow and sustain the health care workforce needed to meet the challenges that lie ahead.

Allen Ericson

President, Froedtert West Bend, Community Hospital Division, Froedtert Community Hospital
Chair, WHA Council on Workforce Development

Executive Summary

2020 and 2021 illuminated and exacerbated long-standing issues and heralded new issues that Wisconsin had previously been able to mitigate, such as widespread nursing shortages and a sudden and almost complete lack of access to post-acute placement for patients no longer requiring hospital care.

2022 brought on additional challenges: an early and intense surge in other seasonal illnesses like respiratory syncytial virus (RSV) and influenza that strained emergency department and pediatric bed capacity, and a worsening of supply chain shortages, including an IV contrast shortage that threatened the availability of radiologic diagnostics and treatments nationwide.

The Silver Tsunami, the aging of the large baby boom generation, also continues to surge through Wisconsin and the nation. The waves of retirements produced by the Silver Tsunami will persist for another decade. This is a challenge faced by all industries. The challenge is compounded for health care, though, as the aging of our population is also rapidly increasing health care demand, an impact health care will feel for decades after the last of the baby boom generation reaches retirement age and the impact on other industries eases.

As increasing numbers of baby boomers retire, younger generations of workers are reshaping workforce expectations. To ensure care for their communities, hospitals and health systems must appeal to a multigenerational workforce and meet expectations for a culture that provides meaningful work, caring and trusting teammates, opportunity for growth and a safe and healthy work environment.

The health care workforce must grow faster to meet the increased demand for health care created by an aging population. Health care employers will need to retain current employees while also attracting new talent to Wisconsin and to health care fields by making health care career pathways visible, achievable and meaningful. Even with the best efforts, it's unlikely the workforce will grow fast enough.

To keep pace, health care leaders, educators, policymakers and the health care workforce must pursue strategies to realize the full potential of health care teams, leverage innovative technologies to achieve greater efficiencies and create better connections with patients, and remove regulatory barriers and burnout that impede care delivery and consume precious workforce time, energy and expertise.

WHA's workforce analysis and recommendations focus on the targeted and sustained growth needed to address current and future challenges and on ways to increase capacity with a multigenerational workforce that cannot grow fast enough and is now falling behind demand.

WHA recommends that health care organizations, educators and policymakers pursue forward-looking sustainable health care policy that will support the health care workforce and sustain the excellent health care Wisconsin is known for—specifically, organizational, public and payer policy that will:

- Highlight health care as an achievable and meaningful profession;
- Promote rapid innovations to retain and recruit workers to Wisconsin's health care workforce;
- Break down barriers to top-of-skill practice;
- Reduce regulatory burden and increase regulatory flexibility;
- Encourage innovative use of technology;
- Support care in the best setting—inpatient, outpatient, emergency or post-acute; and
- Adequately resource the safety net hospitals provide while working to reduce over-reliance on hospitals, health systems and the health care workforce to meet public health needs.

Health Care Challenges Compounded by Demographic Change

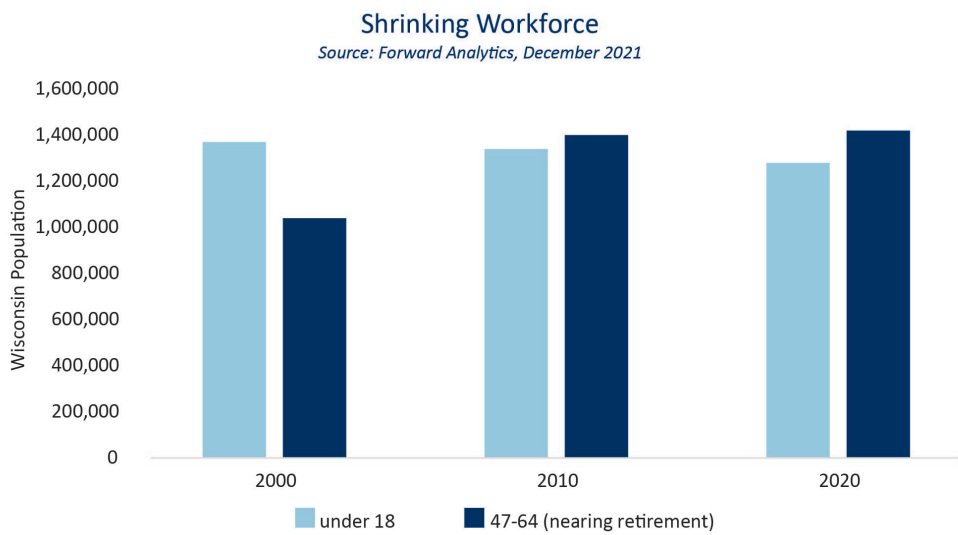
The hospital and health system workforce, from front-line staff to back-office personnel, has lived and worked through three years of a tortuous pandemic. While the most apparent disruptive force, COVID-19 is just one of many factors challenging hospitals and the hospital workforce. Surges in seasonal respiratory illnesses, nursing home bed shortages and the shifting expectations of a multi-generational workforce are all challenges that are on the table, all at the same time.

While all industries are challenged by rapidly increasing retirements and a shrinking workforce, health care faces an additional challenge. Unlike other sectors where demand is largely determined by economic forces, demographics are a primary driver of health care demand.

Health care will need to adapt to the dual forces of increasing demand and a shrinking available workforce. Health care employers, the health care workforce, and their partners in education and state government are rising to meet these challenges together.

Wisconsin's population growth challenge

Wisconsin's population growth continues to decline. A December 2021 Forward Analytics report notes Wisconsin's growth rate is 40% lower than the growth rate from 2000-2010 and 60% lower than the growth rate from 1990-2000. (1)



Wisconsin's population also continues to age, with those nearing retirement outnumbering those younger than 18 at an increasing pace in the last two decades.

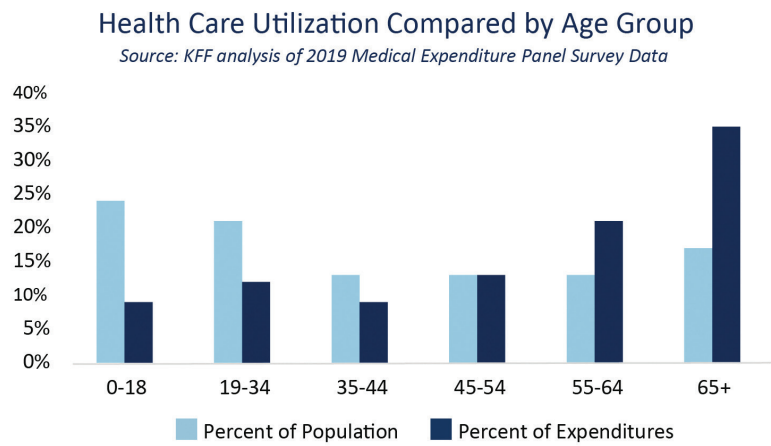
In Wisconsin, young people are outnumbered by future retirees by about 10%, which means the state's youth population is not large enough to replace retiring baby boomers over the next 20 years.

By 2030, one out of every five Americans will be of retirement age; in the state of Wisconsin that is nearer to one in four. (1) Increasing in-migration and making Wisconsin attractive to health care professionals and their families will be essential to solving health care workforce challenges. (2)

Silver Tsunami challenges workforce supply and health care demand

The large baby boom generation includes those born between 1946 and 1964. Ten thousand baby boomers turn age 65 every day. The oldest baby boomer turned 65 in 2011, and the youngest will turn 65 in 2030, putting the U.S. about two-thirds of the way through this large demographic group's workforce exodus.

Health care demand increases as age increases. The aging of the large baby boom generation requires a larger health care workforce.



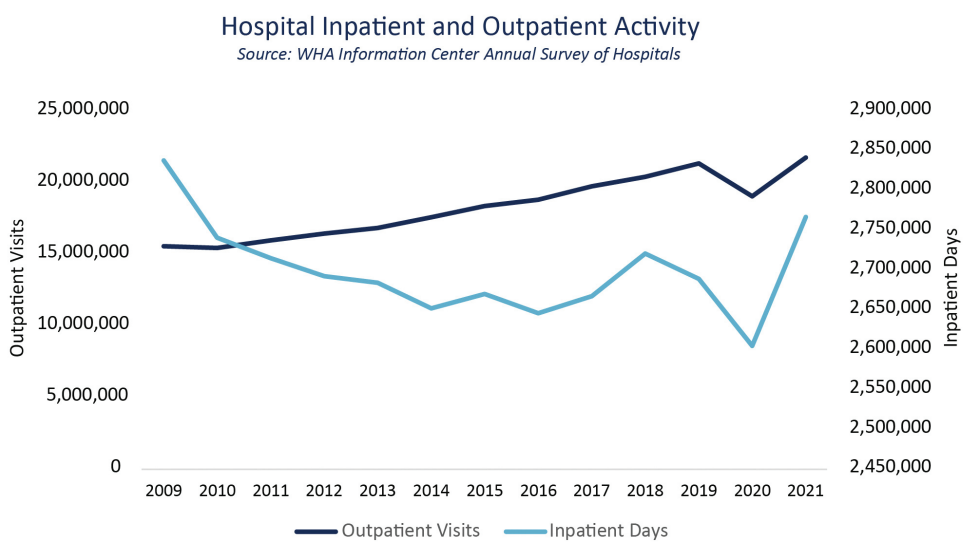
In 2019 U.S. citizens over the age of 65 made up less than 20% of the population but accounted for nearly 40% of health care spending. Conversely, those younger than 35 accounted for just over 40% of the population and just under 20% of health care spending. (3)

Average life expectancy in the U.S. is now at age 79, meaning increased health care demand driven by the aging of the baby boom generation will persist for decades to come.

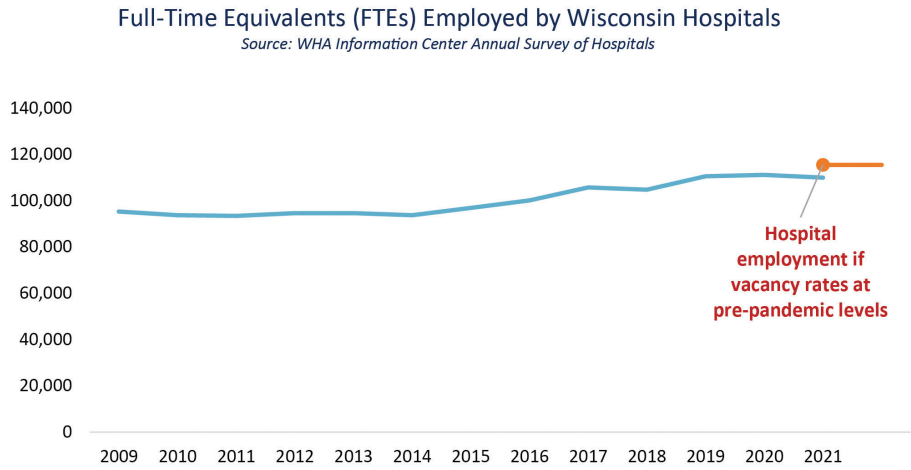
High occupancy, workforce gaps and nursing home bottlenecks persist

As hospitals and health systems deferred care early in the pandemic at the U.S. Surgeon General's request, inpatient and outpatient volumes dropped precipitously in 2020.

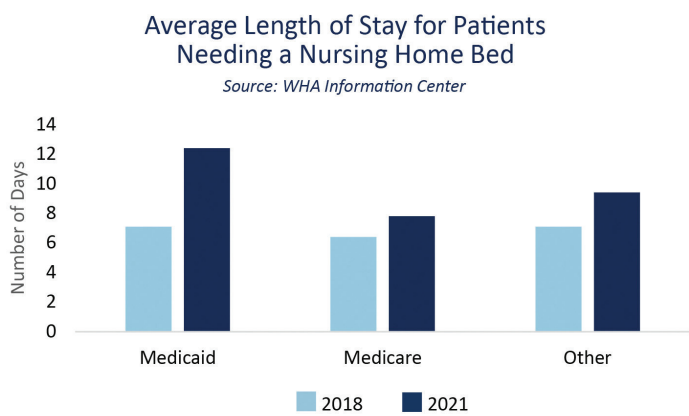
Hospital volumes rebounded in 2021. Reports from hospitals and health professionals across the state indicate that even when the surge of COVID subsided, volumes and hospital occupancy rates remained high in 2022.



The workforce trajectory in 2020 did not follow the drop in volumes, and the hospital workforce continued to grow through 2020 and 2021. If hospitals and health systems could fill the thousands of open positions they are actively recruiting for, FTEs would be close to 120,000.



Increased length of stay, or more days in the hospital, also drives hospital workforce demand. As Kaufman Hall notes in the January 2023 *Hospital Flash Report*, hospital average length of stay was up 11% over 2019 for calendar year 2022 as hospitals struggled to find post-acute care placement for patients ready to leave the hospital but unable to return home. (4)



This trend was echoed in Wisconsin. Hospital lengths of stay for patients needing a nursing home bed in 2021 were higher than 2018 by 22% for Medicare patients, 32% for patients with non-governmental payers and 75% for those patients who have the hardest time finding a nursing home bed—patients with Medicaid.

Medicare, Medicaid and other payers reimburse hospitals by stay, not by day, so increases in length of stay increase staffing demand and costs with no additional increase in reimbursement to the hospital. Increased length of stay can also limit the ability of a hospital to admit new patients needing hospital level care—new admissions a hospital would be reimbursed for.

Wisconsin hospitals responded to rising demand by increasing the number of beds available to care for patients as much as staffing allowed. Staffed beds rose by more than 20% in 2021 and remained about 10% higher than pre-pandemic levels throughout 2022.

Hospitals can only expand beds to the point staffing and resources support, and each day a patient's hospital stay is extended reduces the ability of the hospital to admit new patients. A 10-bed hospital unit with an average length of stay of five days can admit 60-65 new patients each month. Increase average length of stay by just one day, to six, and that same unit, with all 10 beds staffed and full, can only admit 45-50 patients per month. The hospital loses the ability to care for and be reimbursed for 10-15 patients while still providing care for a patient in each of those 10 hospital beds.

Nursing home bottlenecks, staffing shortages and unpredictable seasonal surges in demand create access issues and stress the workforce. Longer lengths of stay and inability to admit new patients hit a hospital's bottom line.

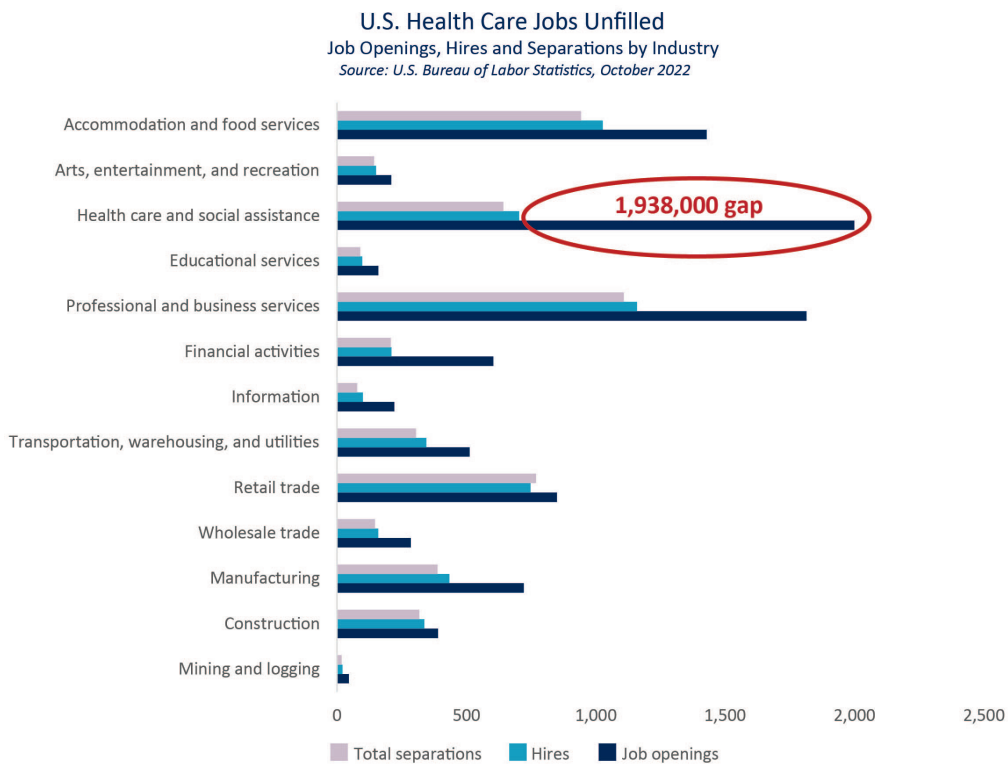
Kaufman Hall's January 2023 *Hospital Flash Report* noted 2022 was the worst financial year since the start of the pandemic. The key drivers Kaufman Hall identified in its analysis were increased labor expenses and increased length of stay. Labor expenses for hospitals rose due to a competitive wage environment and increased reliance on expensive contract labor to meet staffing demands.

Boosting the workforce through temporary agency staffing, especially when these staff are caring for patients who need a nursing home bed and staff, not a hospital bed and staff, is an unsustainable short-term solution. Hospitals and health systems, post-acute care providers, policymakers and payers must work together to support workforce recruitment and retention and strengthen the continuum of care to meet current and future needs of a Wisconsin population that is rapidly aging.

National hiring gap widens

Health care became the nation's largest employer in 2018. (5) The Silver Tsunami and a shrinking available workforce mean the gap between job openings and hires continues to grow across all industries. Rising health care demand creates a wider gap for health care and more diverse opportunities for health care professionals.

The gap between hires and openings doubled from 578,000 in 2019 to over a million by the end of 2021, and in 2022 doubled again to almost two million, despite hires outnumbering separations. These gaps between hiring and openings are widening in many sectors, creating heightened competition for a shrinking workforce.



Health care is a 24/7/365 business, and hospitals must fill workforce gaps to meet the needs of the communities they serve. In 2021 and 2022, Wisconsin's health care workforce worked overtime, extra shifts and beside temporary agency staff to meet emergency and acute care needs and keep hospital beds staffed and open for patient care.

In 2022 hospitals and health systems felt the financial impact of these urgently needed short-term solutions. Health care leaders, their partners in education, and elected officials must all work together to create work environments, educational pathways and public policy that supports the health care workforce in a challenging environment now and in the decades to come.

Wisconsin's Health Care Workforce Can't Grow Fast Enough

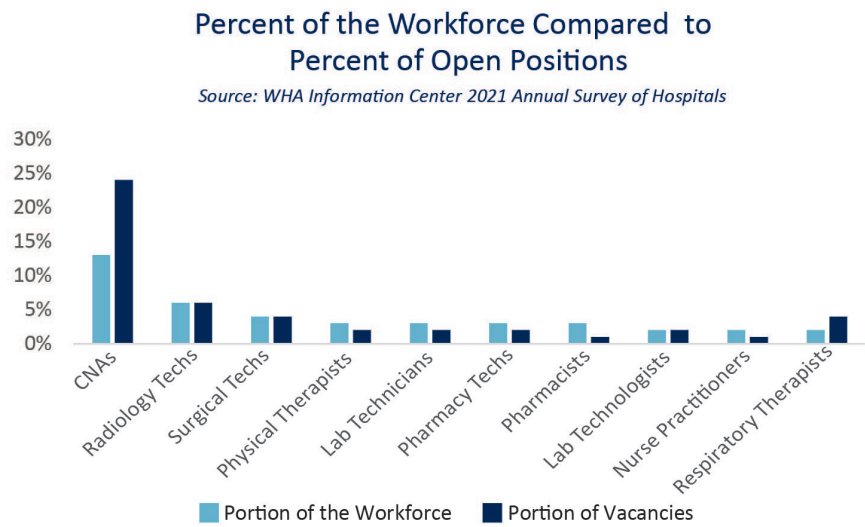
Heightened demand and shrinking supply carried the soaring vacancy rates that rapidly descended on Wisconsin's health care workforce in 2021 into 2022.

Frontline technical positions the biggest challenge

Each year hospitals are asked to submit survey metrics for September 30 of that year. Personnel survey results therefore present a yearly snapshot of Wisconsin's health care workforce. The most recent survey is a snapshot of the hospital workforce in place heading into 2022.

The annual survey tracks vacancy rates, percentage of workforce 55 years and older and separations for 17 professions that make up 70% of the Wisconsin hospital workforce. These professions encompass 75,988 individuals employed by Wisconsin hospitals as of September 30, 2021.

The percentage of vacancies mirrors the percentage of the workforce for most professions. For instance, RNs make up 51% of the workforce and 52% of vacancies.



Certified nursing assistants (CNAs) are the exception. CNA vacancies comprise almost twice the portion (24%) of workforce vacancies than their profession comprises of the workforce (13%), reflecting the high turnover in this segment of the hospital workforce.

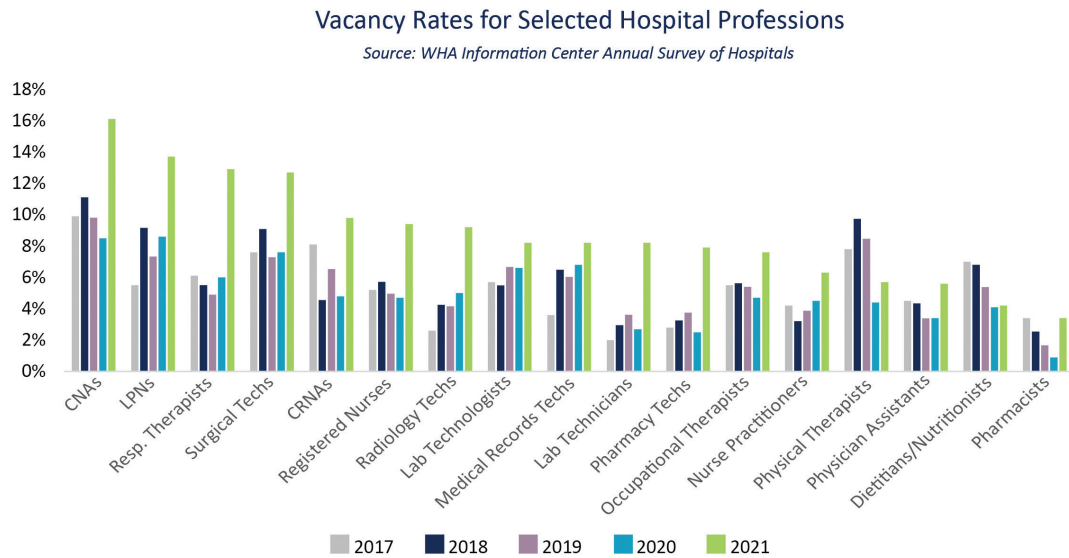
While this creates a challenge for health care employers, it is also a reflection of the career pathways available for CNAs and their pursuit of in-demand health care professions with their employer's assistance and support.

Registered nurses continue to comprise more than half of the hospital workforce. By virtue of their education, training and experience, nurses are also equipped to fill several roles on the health care team. When vacancy rates rise, an adequately supplied nursing workforce can fill gaps created by shortages in other segments of the workforce.

The size of the nursing workforce, the many roles nurses fill and the ability of nurses to bridge other workforce gaps makes a nursing shortage disproportionately impactful on hospitals and health care.

Nursing shortage compounds challenges

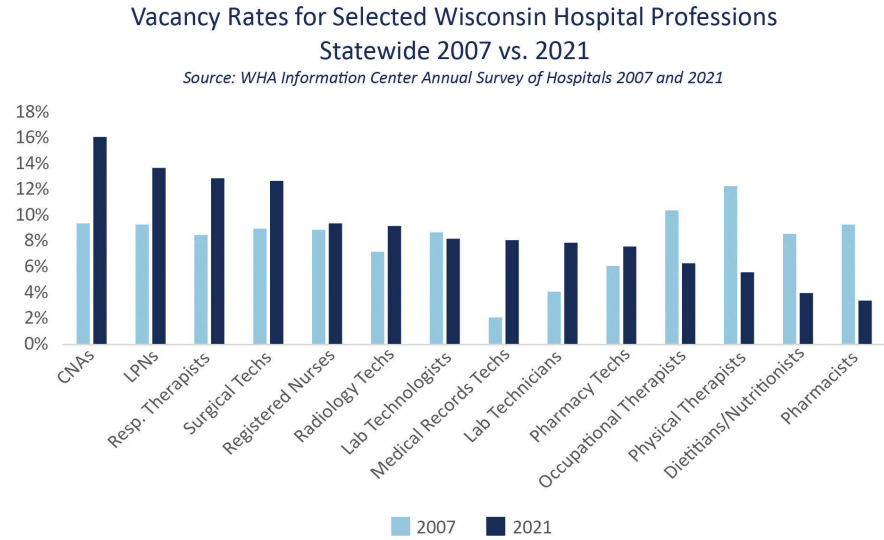
Early in 2021, WHA began hearing from hospitals and health systems reports of greater and greater difficulty filling gaps in health care teams. The 2021 WHA Annual Personnel Survey results show the rapid workforce shifts that occurred between September 30, 2020 and September 30, 2021.



The combination of the Silver Tsunami and a persistent pandemic created increased vacancy rates in 17 of 17 professions tracked in WHA's annual workforce report and double-digit vacancy rates in 4 of 17. The overall hospital vacancy rate increased to 9.9%, up from 5.3% just one year before.

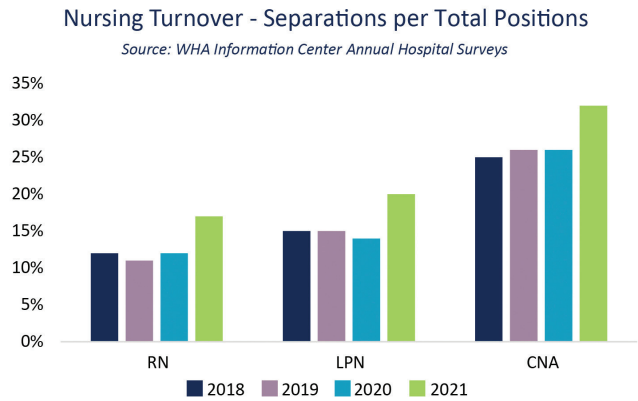
Increases in vacancy rates were especially sharp in nursing and frontline technical positions, such as respiratory therapist, surgical technician and lab technologist. Advanced practice clinicians, such as nurse practitioners (NPs), physician assistants (PAs), pharmacists, physical therapists (PTs) and occupational therapists (OTs), saw more modest increases in vacancy rates. Certified registered nurse anesthetists (CRNAs) were a key exception, perhaps due to a recent change to a doctoral-level degree requirement that increased their runway to practice; in 2021 the Wisconsin CRNA pipeline could not grow fast enough to keep pace.

2021 also heralded a nursing shortage in Wisconsin for the first time since the early 2000s.



The last time Wisconsin nurse vacancy rates approached double digits was in 2007. Top vacancy rates in 2007 were predominantly in professions with a longer runway to practice. PT, OT and pharmacist held three of the top five vacancy rates in 2007, the reverse of the current trend in which those professions hold some of the lowest vacancy rates.

In 2021 hospitals began to experience the same level of churn in the LPN and RN workforce as they have for the past several years in the CNA workforce. 10,915 hospital nurses and nursing assistants changed jobs in fiscal year 2021. The average cost of turnover for a bedside RN is $46,100 and each percent change in turnover costs or saves the average hospital $262,400 annually. (6)



- Prior to 2021, about 1 in 4 CNAs would change jobs; in 2021 that was up to 1 in 3.
- Prior to 2021, about 1 in 6 LPNs would change jobs; in 2021 that was up to 1 in 5.
- Prior to 2021, about 1 in 10 RNs changed jobs annually; in 2021 that was up to nearly 1 in 5.

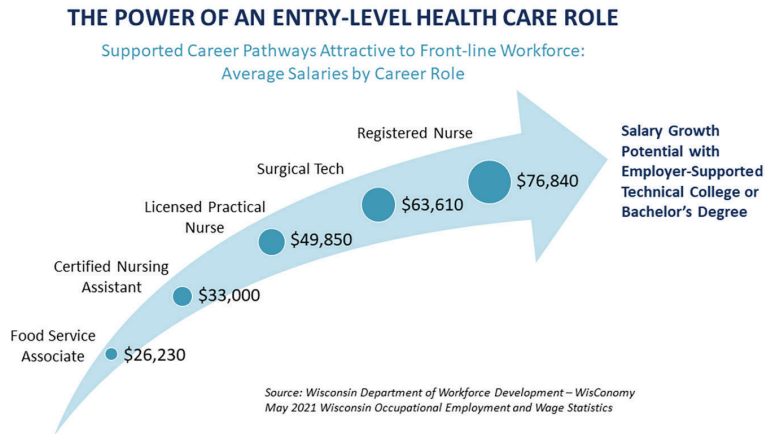
Hospitals and health systems are seeking to hire thousands of individuals for their health care teams. In the two professions that comprise major segments of the hospital and health system workforce, nursing assistants and registered nurses, hospitals were actively recruiting for 3,924 open posted positions for registered nurses and 1,787 open posted positions for certified nursing assistants.

High vacancy rates impact the ability of the hospital to provide care to the communities they serve. Access to a clinic appointment or to a hospital bed relies on staffing that exam room or hospital bed.

High turnover rates impact the financial stability of hospitals and health systems, and the stability of the health care teams that staff exam rooms, diagnostic suites, hospital rooms and ORs across the state.

Accessible and supported career pathways attract and retain team members

For CNA and LPN roles, high turnover is acknowledged by hospitals as the investment necessary to grow the health care workforce. The benefit health care offers over other industries is a visible, easily defined and accessible career pathway for many segments of the workforce.



Hospitals invest time, training and dollars and see their investment help double or triple individual earnings while addressing critical workforce shortages for patients, health care teams and employers.

Imbalance in pathways or disruption in the distribution of the workforce impacts recruitment and retention efforts. For instance, as nurses pursue advanced practice, roles in ambulatory settings and remote work through telehealth or temporary employment in staffing agencies, hospitals are experiencing a shortage of nurses and have implemented more intense recruitment and retention programs.

Throughout 2021 and 2022, hospitals and health systems utilized every strategy immediately available to grow and retain their workforce; strategies like retention bonuses, recruitment incentives, overtime and critical needs pay were used.

Hospitals also turned to staffing agencies for temporary workers as never before, and agency charges increased sharply. NSI Nursing Solutions, Inc.'s annual RN staffing report showed that utilizing 20 fewer travel RNs in January 2021 would eliminate on average $3,084,000 in labor expense. By January 2022, that amount had grown by more than one million dollars, to $4,203,000. (6)

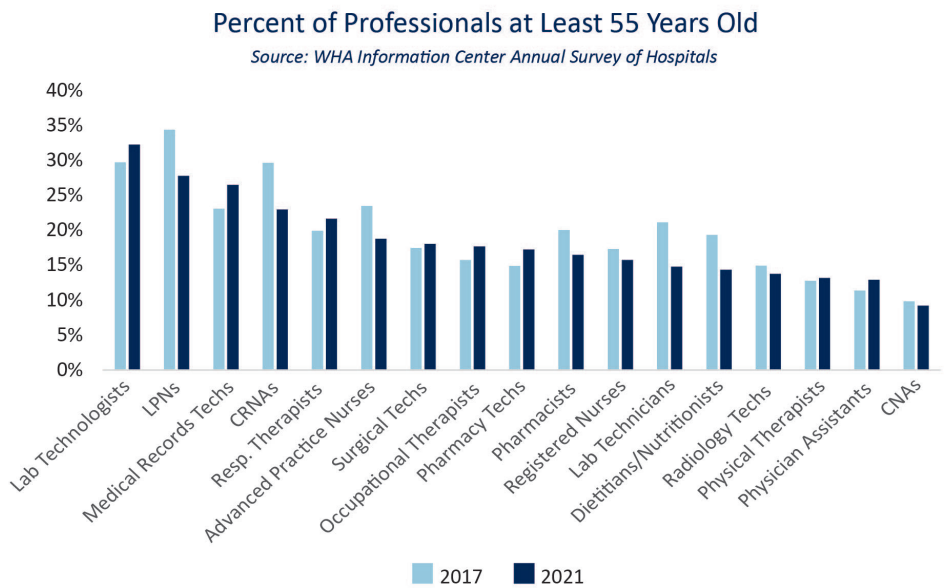
The urgent efforts by health care employers and their workforce helped sustain Wisconsin through successive surges in COVID hospitalizations, but the underlying issues COVID unmasked will require longer term and sustainable solutions if Wisconsin is to weather the Silver Tsunami.

An aging workforce reaches a tipping point

As greater numbers of the baby boom generation retire each day, and millennials, generation X and generation Z all join the workforce, employers must react and appeal to their workforce in new ways.

WHA's annual personnel survey tracks the percentage of health care professionals age 55 years and older for key segments of the workforce. A focus of WHA's annual workforce report for the past several years has been on the aging of the workforce and preparing for impending baby boom retirements.

As these individuals have retired, as health care professions have rapidly expanded to meet demand, and as frontline technical workers have advanced on career pathways, there's been a decrease in the percent of those age 55 years and older for many professions and a generational shift in the hospital workforce.



- Baby boomers are no longer the predominant generation in the hospital and health system workforce.
- The COVID-19 pandemic opened doors to fundamental changes in how we live and work.
- The generational career crunch will further reshape workplace expectations (7).
- The emerging workforce embraces sustainability, flexibility and equity, prioritizing empathy and economic fairness. (7)

THE GENERATIONAL CAREER CRUNCH

Baby Boomers would stay longer – 72% intend to work past retirement age, but only 37% feel they are adequately supported.

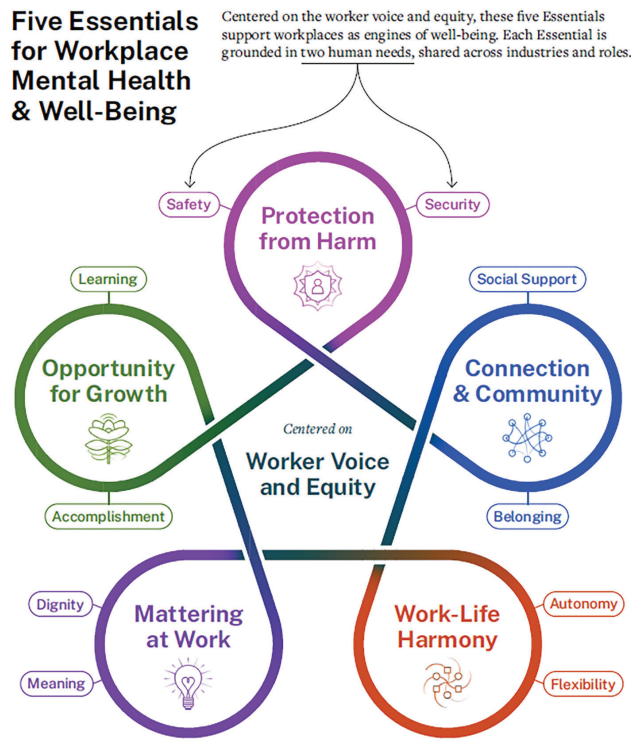
Gen X feels unable to advance – 55% say opportunities to progress in their careers are limited.

Gen Y can't step up or sideways – only 47% feel there is a supportive structure for employees to go through a career change.

Gen Z expects to move quickly – 43% want to be eligible for a promotion after being in a given role 12 months or less, and 53% think their company policy reflects this timeline. (13)

Safe workplaces and meaningful work

A 2022 survey by McKinsey and Company of nurses around the world found that providing meaningful work is important for registered nurses to stay in their current role no matter the country. In the U.S., the top five factors impacting retention, in order, are: meaningful work; caring and trusting teammates; good health; positive interactions; and safe work environment. (8)



These top drivers of workplace well-being are a priority of the U.S. Surgeon General, and of hospitals and health systems in Wisconsin. In October 2022 the U.S. Surgeon General released a framework to build upon that addresses these top five factors. (9)

Hospital Well-Being Efforts

Protection from Harm

Advocate Aurora nurse Christopher Wojnar's mission is to reduce the stigma around clinician mental health. Wojnar, many hospital departments and teams, the Advocate Aurora Employee Assistance Program, and the Advocate Aurora Mission and Spiritual Care Team launched suicide prevention education and awareness resources and the *Together As One* peer support program.

> *"I thought about what we could do to provide some education and create awareness about what we can do when we see someone struggling."*
> - Christopher Wojnar, RN

Children's Wisconsin is reframing de-escalation and trauma informed care tools into a progression of actions, the SAFER program, designed to prevent or respond to unwelcome behavior and provide a safe and healing environment for their teams, the kids they care for, and their families and visitors, all part of their continued work to establish a zero-tolerance policy toward workplace violence.

Mercyhealth commits to preserving a safe environment. Mercyhealth Manager of Security Mike Van Vleet and his staff, along with Mercyhealth's Emergency Management team, visited more than 60 locations to meet with nearly 2,000 employees to provide safety training. Employees appreciated making training more applicable to their environment by meeting them where they work.

UnityPoint Health-Meriter has enacted several strategies to prevent, mitigate and cope with workplace violence. These include special patient assessments to help better predict and reduce violence; free virtual, ad-hoc, confidential mental health support whenever needed; and Code Lavender debrief events when teams experience a traumatic work event.

Connection and Community

The **Children's Wisconsin** NICU Alumni Squad came back out of retirement to support their peers and their hospital. The Alumni Squad did everything from folding linens to feeding and bathing babies, assisting with procedures and supporting families. While their hands-on assistance helped lighten the load, the perspectives and advice they shared with the newer nursing workforce proved invaluable.

Mercyhealth understands that patient and visitor bias negatively impact both employee well-being and patient care. To celebrate, respect and support the diversity of Mercyhealth's workforce, a policy was developed, in collaboration with Mercyhealth medical staff, to provide a structured process to protect staff, patients and visitors against bias, discrimination, harassment and disrespect.

Grant Regional Health Center is creating connection and community. They used a Nursing Open House to highlight why nurses would want to join their team. A thank you note from an attendee said, "Your nurses really made me feel like part of the team for the time I was there, and I can feel the family bond you all share."

Gundersen Health System's innovation team, Edge, set out with a goal to listen to staff who were tired, frustrated and leaving their workforce, and to fix anything possible as quickly as possible. That goal evolved as Edge listened to more than 200 nurses in over 125 hours of interviews. This listening, and hearing, created a new strategic priority: the People strategy. The People strategy's goal is to have a positive impact on front-line staff, and to improve overall job satisfaction, company pride and employee vitality. Gundersen's workforce is feeling heard as the People teams drive change and value the staff stories entrusted to them through action.

Westfield Hospitals and Clinics is utilizing a New Graduate Nurse Residency Program to foster collaboration and teamwork. The five New Graduate Residents are now viewed as highly qualified RNs and great team members. Seasoned staff are asking if there are sessions they could attend.

Supporting the Health Care Workforce

SSM Health is increasing the diversity of SSM's workforce through a Wisconsin Fast Forward grant to provide a certified medical assistant career pathway.

Work-Life Harmony

Mercyhealth has implemented two new programs to increase paid leave time: additional paid leave after becoming a new parent through birth, adoption or foster care; and additional paid caregiver leave for family members with a serious health condition.

Burnett Medical Center increased access to paid leave by adding a COVID pay benefit for employees who are required to miss work due to a positive COVID test.

Gundersen Health System updated their Weekend Only policy to open the program up to more staff and assist with the increased challenge of staffing weekend shifts. Gundersen also implemented a Patient Attendant role to ease the workload for direct care staff.

Grant Regional Health Center created more flexibility in staffing by restructuring their charge nurse role to create a built-in backup for staffing situations like sick calls or an uptick in patient acuity thereby reducing last-minute messages that interfere with non-work time. Their internal agency is also much appreciated by staff as it proactively fills shifts to keep schedules more predictable.

Bellin Health has embraced technology that balances tasks and enhances the work experience.

Advocate Aurora Health's NASCAR (Non-Acute Support – Corporate and Remote) initiative helps re-deploy team members when demand surges and the Nursing Reserves program gives non-patient facing nurses the opportunity to maintain their bedside competencies and be "called up" in the event of a staffing crisis.

Stoughton Health has taken lessons learned from COVID to shift 10%-15% of their workforce to a remote or a hybrid schedule to support employees achieving work-life harmony.

Mattering at Work

Grant Regional Health Center made a difference for employees with their most recent wage increase. Compensation, education assistance and team environment were the areas identified to have the most direct positive impact by the group of front-line staff that worked closely with Grant Regional's chief clinical officer, administration and human resources to determine strategies to implement.

"As a single mom this makes a huge difference; I can't believe it."
- Grant Regional Employee

Stoughton Health knows the best recruitment referrals come from employees who are invested in Stoughton's mission and vision and so provided "Staff Referral" bonuses. Recognizing the financial stress caused by a drastic reduction in volumes early in the pandemic, Stoughton Health deployed a "Recognition and Recovery" bonus funded by a pay cut implemented for Stoughton Health's administrative team and hospital-contracted physicians. Stoughton followed that program with "Service Recognition" bonuses to recognize and celebrate longevity. Last, but certainly not least, Stoughton has raised the minimum wage for employees twice over the past year and a half.

Hospital Well-Being Efforts

Mattering at Work

Gundersen Health's Frontline Innovation Team engages their workforce in decisions to develop and prioritize innovative solutions to improve the experience of providing care to patients. This team continues to be an avenue for front-line staff and leaders to share ideas and feedback.

Mercyhealth is recognizing the value of a nursing education and of their RN workforce by helping their registered nurses pay off up to $20,000 in student loans.

Advocate Aurora Health understands that competitive compensation is a foundational requirement. Their compensation program's elements include student loan forgiveness, supplemental pay programs, annual merit increases, bonuses and market and compression pay adjustments.

ThedaCare recognizes their 7,000 team members are the heart of ThedaCare's mission to empower all to live their unique best lives. ThedaCare's strategic workforce priorities include competitive wages, thorough and ongoing salary reviews, internal opportunities for advancement and benefit enhancements.

Bellin Health's campaign to attract, develop and retain talented health care professionals places an emphasis on the development and well-being of employees.

"They're at the core of the work we do for our patients and communities, and being a great place to work centers around taking care of them."
- Bellin HR Team Lead Debbie Thompson

Opportunity for Growth

Burnett Medical Center provides career advancement right within their own walls. Burnett launched a certified nursing assistant training program in August 2022.

Stoughton Health's "Workforce Development Grants" are in high demand. Three applicants were pursuing certification as an advanced practice provider, certified medical coder and a nursing educator within two months of the launch of the program.

"I am thankful for this growth opportunity and Stoughton's commitment to growing current staff."
- Stoughton workforce development grant recipient

Gundersen St. Joseph's Hospital and Clinics is using a Wisconsin Department of Health Services Allied Health Training Grant to provide opportunities for career advancement. Two employees are on new health care career pathways as a result.

"It really helped remove the financial stress while in school and getting the hands-on experience in St. Joseph's specialty clinic while attending the Medical Assistant Program helped me excel in the program."
- St. Joseph's CMA Angel Ennis

Supporting the Health Care Workforce

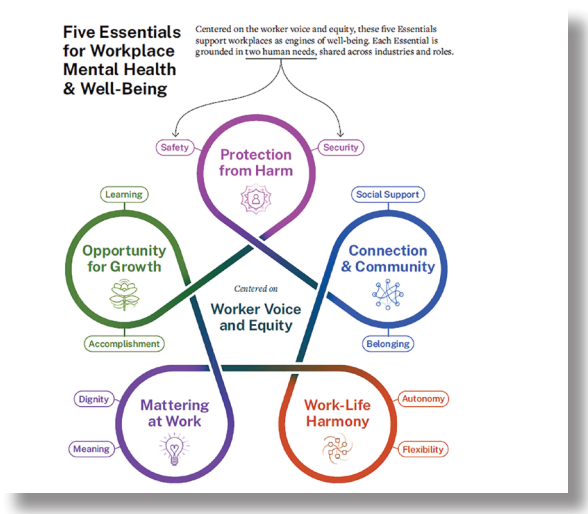
"Removing the financial barrier to learning was a huge help for me and being able to do my clinicals at St. Joe's and within the Gundersen system helped me learn better with people I already had a working relationship with."
- Becky Walker, St. Joseph's Medical Lab Technician

SSM Health is utilizing mentorship apprentice programs, a nursing clinical ladder, and paid educational opportunities in which participants incur no out-of-pocket costs to add new pipelines for the next generation of health care professionals. Key to these efforts is a new education center at SSM Health St. Mary's Hospital in Madison. The new education center will allow for sharing educational programming with 24/7 access across the entire system.

Children's Wisconsin set a goal to double the number of Children's mental health providers. Twelve therapists have already completed Children's fellowship program, and 18 more are in this new clinical training pipeline that has made the impossible possible.

"As a mother with a family to support, the time commitment alone would have made it impossible to pursue further licensure without this program."
- Children's Wisconsin fellowship program participant

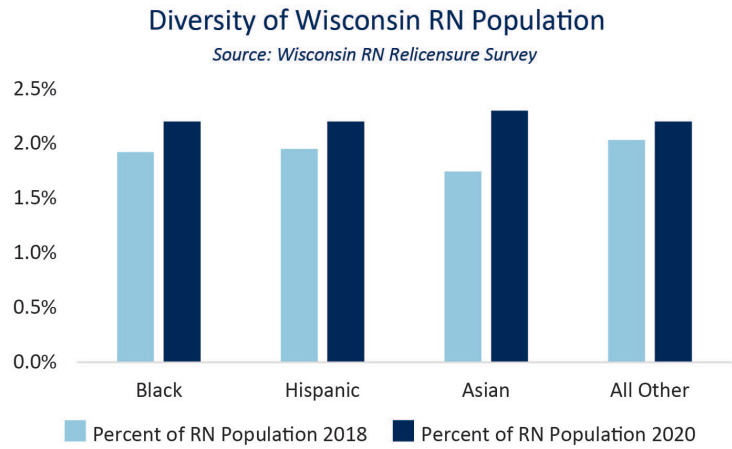
Another Children program used a Fast Forward grant to provide over 100 Children's employees the opportunity to complete a medical assistant associate degree, debt-free, while continuing to work at Children's Wisconsin.



Recruitment and retention strategies must appeal to a multi-generational and inclusive workforce. This is key to competing for and retaining the younger workforce needed to care for an aging population, and communities benefit when cared for by inclusive health care teams that reflect the populations they serve. (10)

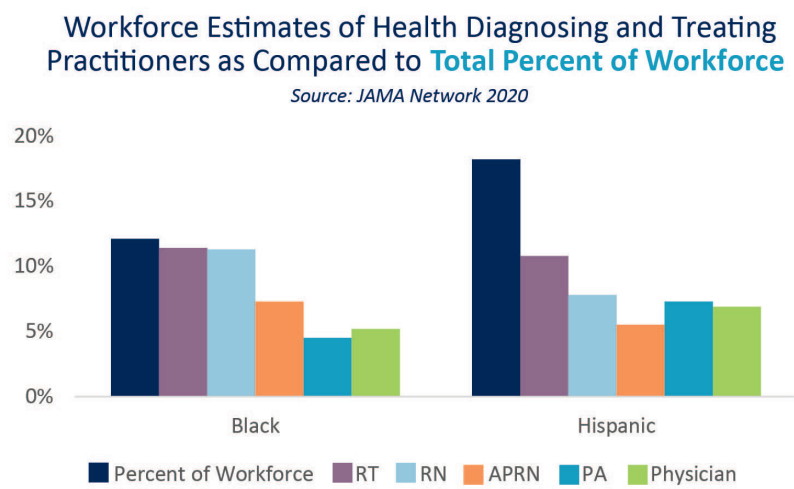
Growing health care workforce diversity

There is more work to be done to grow a health care workforce that reflects the diversity of Wisconsin's population.



Even though increased, Black, Hispanic, Asian and other racial and ethnic groups continue to be under-represented in the Wisconsin RN workforce relative to their percent of the population. While 81% of Wisconsin's population is White, 93% of the state's RN workforce is White. (10)

A study published in the Journal of the American Medical Association includes comparisons of total percent of workforce to percent of the profession to examine racial and ethnic diversity in five key health care professions at a national level. The gap widens as the length of the runway to practice increases. (11)



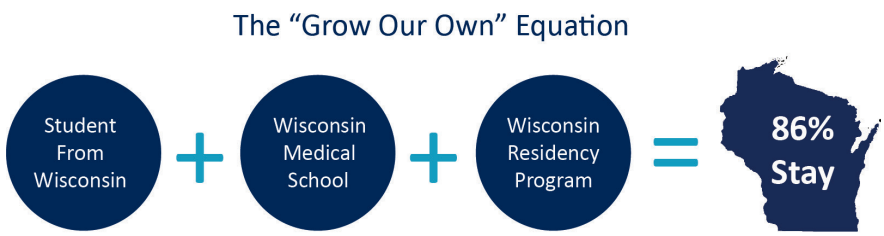
Preceptorships, internships and apprenticeships can break down barriers for a diverse group of individuals who want to join the health care workforce. The challenges created by the COVID crisis and the Silver Tsunami up the ante to make health care careers attractive, rewarding and meaningful.

Hospitals and health systems, educational institutions and state policymakers must continue their work together to break down barriers and meet the challenge of growing a younger and more diverse Wisconsin health care workforce.

Diverse clinical training opportunities recruit and retain to diverse settings

Just as a diverse workforce better serves a diverse population, diverse clinical training opportunities have an impact on recruitment and retention to diverse settings. Clinical training opportunities also provide an opportunity for the workplace and the future health care professional to shine.

WHA's "Grow Our Own" equation, a data-based workforce solution from WHA's 2011 study of the physician workforce, acknowledges the link between where you are from, where you train and where you work. (12)



Since 2013, Grow Our Own grants have created public/private partnerships dedicated to creating and expanding clinical training opportunities for health care professions.

2013 Act 20 created graduate medical education (GME) Grow Our Own grants. GME grants were closely followed by Advanced Practice Clinician (APC) and Allied Health training grants through 2017 Act 57. The Wisconsin Department of Health Services (DHS) rapidly implemented the grants, and hospitals and health systems across the state matched these public dollars to grow Wisconsin's health care workforce.

DHS has awarded 89 total grants, spurring a greater than $56 million investment in new and expanded clinical training programs in Wisconsin.

By 2023, GME Grow Our Own grants will create 149 additional GME residency positions in Wisconsin. When this resident pipeline is full, there will be 54 additional new physicians each year.

COVID-19 highlighted the urgent need to grow Wisconsin's health care workforce faster, and the Silver Tsunami highlights the need to create sustainable long-term strategies to meet the challenge in the decades to come.

Positive practice environment attracts physicians to Wisconsin

Even with intense efforts to grow our physician workforce faster, the Wisconsin Council on Medical Education and Workforce (WCMEW) predicts a physician shortfall in the state over the next 15 years. WCMEW notes that new physician entrants to the state outnumber those lost to attrition by over 1,000, a desired state of in-migration to Wisconsin. This surplus, though, is more than absorbed by changes in work patterns. Add to that an increase in demand that is expected to require more than 2,500 physicians, and Wisconsin could face a shortfall of more than 3,000 physicians by 2035. (13)

Wisconsin's balanced medical malpractice system and peer review protection create a practice environment that has consistently kept new entrants outnumbering those physicians leaving Wisconsin for other states. It is more important than ever to maintain and enhance an environment that proactively addresses key physician and workforce concerns.

Wisconsin's comprehensive and unique medical liability environment protects both patients and professionals. Wisconsin's Quality Improvement Act protects Wisconsin's high-quality health care by advancing quality improvement processes that rely on reporting of incidents and errors without fear of such reports being criminalized or used against a health care worker in a malpractice suit. Top quality and proactive protections keep Wisconsin a desirable place to practice; health care providers want to work in high-quality health care settings.

The Silver Tsunami is here, as is the nursing shortage. These challenges, along with generational changes and the experiences of COVID-19, are driving innovations and investments to grow Wisconsin's health care workforce faster, and to fill the future workforce pipeline to sustain Wisconsin's high-quality, high-value health care.

Meeting Wisconsin's Health Care Needs with the Available Workforce

Even with concerted and targeted effort by employers, educators, policymakers and health care professionals, it is unlikely that a shrinking workforce will be able to grow fast enough to meet the rising demand of the Silver Tsunami.

Hospital and health system teams must be able to work to their full potential, providing hospital-level care at the top of their education, training and experience, enabled by technology and relieved of unnecessary regulatory burden.

Allow health care professionals and teams to reach their full potential

Key to enhancing care for patients and capacity for the workforce is allowing all team members to perform at the top of their skill level. Tasks historically performed by primary care physicians are now being performed by advanced practice clinicians. Front-line team members safely and effectively deliver services delegated to them by a physician, advanced practice clinician or registered nurse.

COVID-19 created the need for teams to function more effectively than ever before. Team members supported each other to maximize their skill sets and conserve team time and clinician expertise.

Certification and training requirements can prohibit individuals from seeking front-line career opportunities. Temporary innovations prompted by COVID-19 helped employers and educators create new models, internal training programs, and expedited career pathways to recruit and train new care providers for Wisconsin's current and future workforce.

Wisconsin 2021 Act 10 is an example of a temporary change to cope with COVID that was made permanent to more quickly welcome health care professionals safely to the Wisconsin health care workforce. At WHA's urging, the Wisconsin Legislature recognized the ability to utilize licensure from another state to bridge the gap until Wisconsin licensure was granted. Once Gov. Tony Evers signed the legislation into law, the state's licensing agency, the Wisconsin Department of Safety and Professional Services (DSPS), quickly implemented this permanent pathway into Wisconsin for out-of-state health care license holders.

Rulemaking by the newly formed Physician Assistant Affiliated Credentialing Board to eventuate 2021 Wisconsin Act 23 changes to physician assistant (PA) licensure, discipline and practice has also proven to be an opportunity for WHA to help create rules that are flexible, consistent with the new law and support PAs practicing to the full extent of their education, training and experience.

Innovations like Wisconsin 2021 Act 10 and 2021 Act 23 are a good step forward, but there is more work to be done. Policymakers, educators, certifying bodies and health care leaders must now partner to determine changes that can be enacted to safely break down barriers to entering and remaining in the health care workforce.

Licensure processes must welcome providers to Wisconsin

WHA was invited to serve on the 2022 Legislative Council Study Committee on Occupational Licensure. WHA's recommendations to the committee are aimed at reducing complexity and breaking down barriers to licensure for those waiting to start working in Wisconsin's health care workforce.

The committee recommended legislative action on WHA's suggestions to lengthen renewal timeframes and to reduce review requirements for remote and isolated minor convictions. Further work is underway on a WHA proposal to recognize national certification exams and employer validation to allow DSPS to issue a preliminary license while the agency completes processing of the new graduate's Wisconsin license.

Leveraging the work employers, certifying bodies and educational institutions already do can streamline processes for DSPS and for health care professionals waiting to join Wisconsin's health care workforce.

Members of the Wisconsin Legislative Council Study Committee on Occupational Licenses, including WHA Senior Vice President of Workforce and Clinical Practice Ann Zenk (far right), deliberate on legislation to be recommended for introduction in the state Legislature.

WHA is also urging action by DSPS and the credentialing boards that provide oversight to Wisconsin's licensed professions to safely eliminate steps in the licensure process. As WHA raised the alarm about increasingly long waits for state approval for the national nurse licensure exam (NCLEX), the Board of Nursing, with the support of DSPS leadership, altered its approval process.

A change in the administrative rule guiding NCLEX approval followed by a change in DSPS processes took a turnaround time of several weeks or more—as evidenced by large numbers of May 2022 graduates waiting well into July for approval—down to just days. December 2022 graduates received prompt approval to take NCLEX, and nursing schools had more time to provide the third-party proof of graduation required for licensure.

State laws, agency rules and licensure requirements must facilitate safe and efficient entry into health care professions and must be modernized to reflect the current practice and capabilities of health care professionals and health care teams.

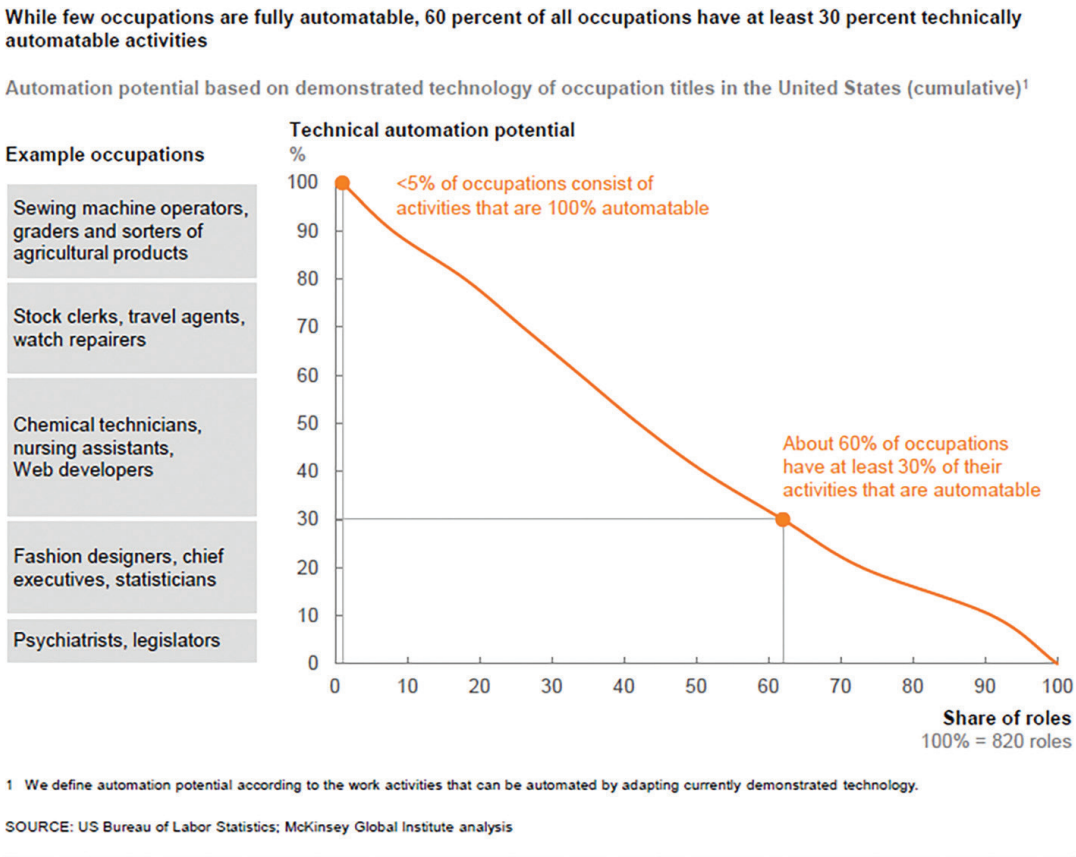
Workforce shortages create imperative to truly leverage technology

COVID-19 has broken down silos of care as patients and providers discovered that care traditionally provided in hospitals could occur in outpatient settings, drive-through sites or in a patient's home, often assisted by technology. Remote care adds patient access but can require additional personnel or require more work by the professional providing the care.

With pervasive workforce shortages, leveraging technology to transform care means improving interventions and outcomes for patients and families and, at the same time, decreasing the amount of time and effort required by clinicians and the teams that support care.

Nations, like Japan, going through the aging trajectory ahead of the U.S. are already experiencing health care demand that is outpacing their available workforce, especially for elder care. Japan is placing large bets that automation will help bridge the gap. In 2017 26% of all Japanese nursing homes already employed technology for care tasks as varied as monitoring, lifting and positioning, communication and increasing self-mobility. (14) This technology is supporting much-needed access to post-acute care.

A 2017 study calculates that 60% of all U.S. occupations have at least 30% of activities that could be aided by technology. Activities such as collecting and processing data or performing predictable physical activities and operating machinery in a predictable environment, have a high technical potential for automation. This same study calculates a 36% automation potential for health care. (15)



Engaging patients in performing tasks with technology has become not just a technological possibility, but a patient expectation. As people experience the benefits of having scheduling, ordering, payment and delivery processes at their fingertips on-demand, they expect to see some of the same convenience when they engage in health care activities.

Hospitals and health systems can utilize technology to automate patient-facing processes like registration and scheduling, so team members can focus on activities that require their full skills, such as helping patients find the right provider for their needs, ensuring that care flows smoothly, and quickly communicating with patients in ways they experience in other industries. Such strategies impact both patient and staff experience and lighten the load for the workforce. Policymakers and educators can provide regulatory, financial and curriculum support.

Remote monitoring and technology can also reduce the workload of bedside caregivers. For example, the 2017 WHA Wisconsin Health Care Workforce Report included a story from UW Health's University of Wisconsin Hospital about a video monitoring program that not only kept patients safe, but also freed up valuable nursing assistants from constant observation duties.

Participants in WHA's 2022 Workforce Forum

Another remote model in Iowa, described as a gamechanger, pairs centralized staff at an offsite virtual nursing digital center to offer support and coordination to bedside teams. Nurses monitor physician orders and test results, participate in meetings with physicians and families and communicate frequently with bedside teams. Patients and their families and nursing staff have expressed great satisfaction with the program, and the inpatient nurses have been better able to care for more patients with fewer available staff. Patient outcomes have improved, and patient engagement scores have increased. (16)

Hospitals and health systems across Wisconsin are already implementing innovative technologic strategies such as apps for staff scheduling, kiosks for self-rooming, and IV pumps that beep not in patient rooms but wherever the clinician is.

Hospital and health system leaders had an opportunity to network about technology they are already utilizing to improve the patient and the care team experience at WHA's Workforce Forum in September 2022.

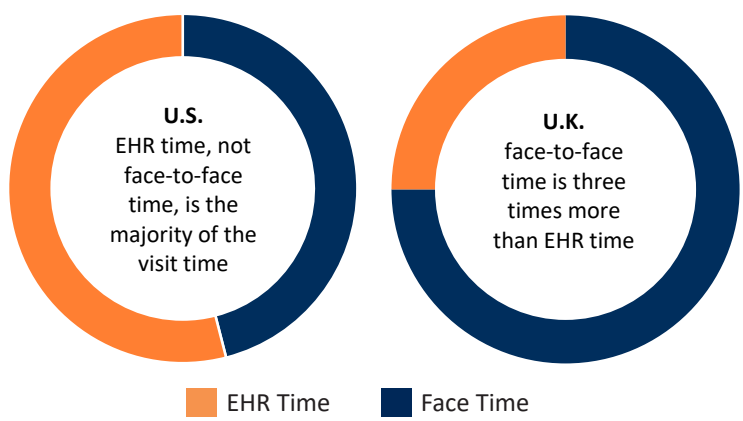
Reduce regulatory requirements that add to workforce burden

Electronic health records (EHRs), documentation requirements, billing and coding, and data reporting requirements have had a profound impact on the workflow of health professionals who are, as a 2017 study published in the *Annals of Family Medicine* noted, "tethered to the EHR." This study reported "Primary care physicians spend more than one-half of their workday, nearly six hours, interacting with the EHR during and after clinic hours." (17)

A 2018 study published in *Family Medicine* tracked patient visits with primary care physicians and found that U.S. family physicians in direct ambulatory patient care now spent more time working in the EHR than they spent in face-to-face time with their patients. Contrast this with a study in the U.K., where the face-to-face time general practitioners spent with patients was three times as much as EHR time and the entire U.K. visit time was less than the time U.S. counterparts spend in the EHR. (18)

Health care professionals, health systems, hospitals and post-acute care providers confront the daunting task of complying with a growing number of regulations, and evidence of compliance is often through expanding documentation in electronic health records.

Regulation is intended to ensure safe, high-quality care. Not all the rules improve care or safety; all of them require time and action by our health care workforce. An average size hospital dedicates 59 full-time equivalent workers (FTEs) to regulatory compliance. One in four of those engaged in regulatory compliance is a doctor or nurse, making these clinicians unavailable to patients. (19)

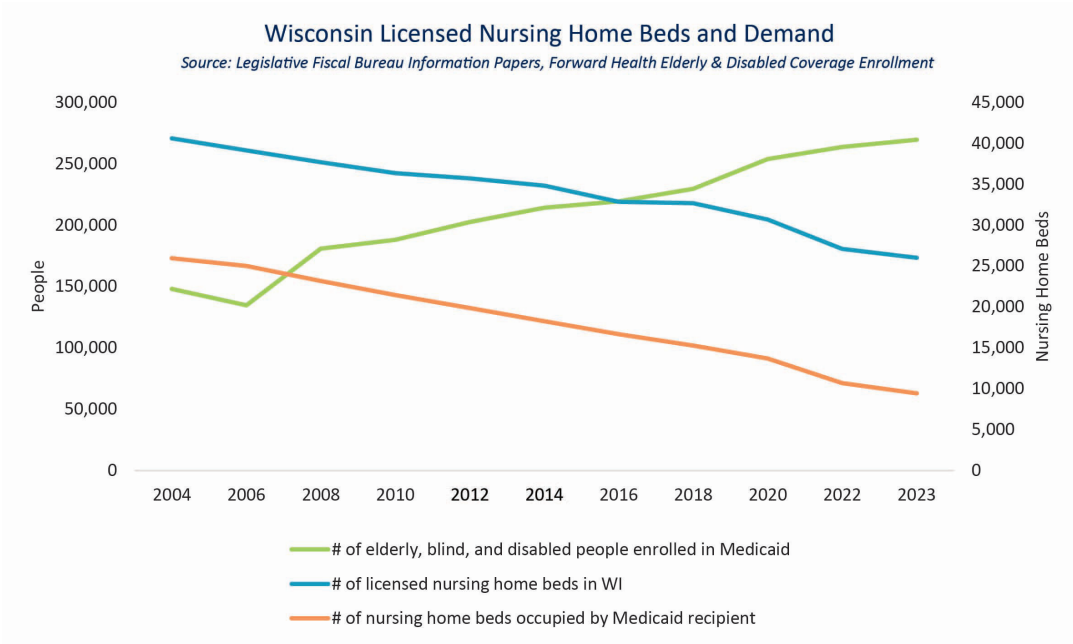


2021 and 2022 brought a revival of payer practices that unnecessarily and/or inadvertently derailed, delayed or denied care. Practices such as backend denials of emergency care, white bagging and mid-contract changes in provider and patient requirements pose a barrier for patients and pull health care teams away from the bedside. Revenue cycle departments and patients are in direct contact with payers, but often need the help of doctors, nurses, pharmacists, case managers and clinical leaders when impacted by these practices.

Policymakers, payers, proponents of care improvement and clinicians themselves must ensure the benefit outweighs the additional work required before adding regulations or documentation requirements. They must also actively seek to reduce the regulatory burden on teams needed to care for patients.

Non-hospital level care crowding out hospital and ED patient care

Post-acute care access challenges existed before the pandemic but have intensified and are keeping Wisconsin citizens from receiving care in the right setting at the right time. Unfortunately, as the burden of COVID on hospitals and health systems has eased, post-acute care access issues have not.



Even with an infusion of funds over the past three years, the number of nursing home beds, especially those available to patients on Medicaid, needing long-term care, or with complex care needs, continues to dwindle.

Every day, hundreds of individuals who are ready to leave the hospital cannot because a post-acute care placement is not available. The hospital workforce cares for everyone in the hospital, and staffing these beds can leave other patients who need hospital care waiting.

The post-acute care bottleneck can result in longer wait times in the emergency department or even transfers to other hospitals for needed care. The bottleneck also reduces the number of patients a hospital can treat—a hospital's core business—and has a significant financial impact on the hospital.

Key short-term actions were taken to stabilize the nursing home workforce and capacity with the goal of decompressing hospitals during COVID surges. For example, state and federal resources and flexibilities were used to expand nurse aide training programs and the WisCaregiver Careers program, support staffing agency contracts, and even train and deploy the

Wisconsin National Guard as nurse aides in nursing homes. But the weaknesses in the health care continuum exposed by the pandemic must be addressed urgently with longer-term solutions.

Wisconsin has dedicated hundreds of millions of dollars in state funding over the last several years to nursing homes and other post-acute care providers to, among other things, maintain and expand the direct care workforce. With that major investment, the state should expect significantly improved access to post-acute care. The use and impact of the investment should be transparent and measurable.

Because many traditional approaches to this issue have not improved access to post-acute care, fresh approaches are needed. New tactics could include revising longstanding policies that create barriers to hospitals providing and being reimbursed for post-acute care, encouraging through reimbursement new care options like acute hospital care at home programs, targeting any additional Medicaid increases for post-acute care in a way that directly addresses the post-acute care bottleneck, and addressing the placement delays related to the current guardianship process.

Wisconsin health care policy and state resources should address barriers to patients receiving the right care in the right setting at the right time.

Pandemic, public health and social assistance gaps stretch the safety net

Hospitals provide a complex set of care and employ a highly skilled workforce that meets the health care needs of their patients but also act as a safety net in filling care and service gaps from public health, long-term care or community settings. The COVID-19 pandemic highlighted this like never before.

Early in the pandemic, it became clear that national and state supply chain and infrastructure were inadequate to provide for the high volume of testing, tracing and support needed to contain COVID-19. Hospitals and health systems often became the source of these community needs, all while meeting the surging demand for medical care for patients in their hospitals.

Throughout the pandemic, and even as COVID-19 has evolved to approach an endemic state, hospitals and health system staff were subject to more stringent infection prevention requirements from the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services than the general public, and they were burdened with trying to explain complex and ever-changing guidelines to their community members and community employers when public health and government partners could not fill this role.

Hospitals and health care providers became the bearer of COVID-19 news and information by default, an association that unfortunately bred resentment in some within their communities and created an additional challenge for the health care workforce. No longer hailed as heroes, the health care workforce reached for the stamina to meet these challenges, and health care leaders began discussing and implementing solutions to sustain the workforce and meet their hospital mission.

The sheer volume of demand for health care and public health intervention created by COVID-19 demonstrated that Wisconsin's medical infrastructure is a finite resource.

As we move forward, the rapid aging of our population is going to compound the issue for decades to come. As people age, not only do they utilize more acute and long-term health care resources, but their need for community support such as home maintenance and transportation also increases. The loss of family and friend support as those around them age too increases the need for social assistance.

The hospital safety net is being stretched increasingly thin as hospital financial pressures rise, workforce challenges increase, and long-term care and public health are unable to meet their obligations.

It is clear hospitals cannot continue to assume both the health care and public health mantle for the state on an ongoing basis without additional resources and supports.

WHA's Wisconsin Health Care Workforce Recommendations

COVID-19 has altered Wisconsin's health care workforce, and the Silver Tsunami's impact will persist for decades to come, requiring a workforce that can flex to demand in new ways, and innovation in recruitment, retention, education, regulation and reimbursement for a new generation of workers.

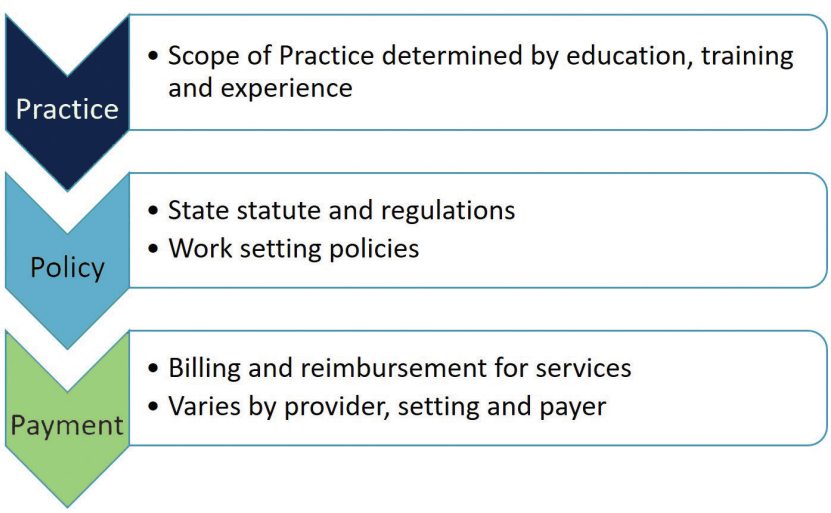
To meet growing demand, with a workforce that can't grow fast enough, both urgent action and long-term sustainable strategies are needed.

Policymakers, educators, employers and health care professionals should act to:

- Create and make clear educational and occupational pathways to attract new entrants to frontline technical and clinical positions in the health care workforce;
- Define innovative strategies to meet the evolving workforce expectations to recruit and retain the health care workforce necessary to meet rising demand;
- Identify practice, policy and payment reforms to advance team-based care and allow health care professionals and teams to reach their full potential;
- Break down barriers to entering and remaining in the health care workforce, including legal, regulatory and payer barriers, burden and burnout;
- Truly leverage technology to both improve care and reduce workforce demands;
- Support care in the best setting – inpatient, outpatient, emergency or post-acute; and
- Adequately resource the safety net hospitals provide while working to reduce over-reliance on hospitals, health systems and the health care workforce to meet public health needs.

WHA's Three Ps

Good health care policy supports high-quality health care. As health care organization leaders and trustees, health care professionals, health care educators, policymakers, community leaders and other key stakeholders make important decisions impacting the health care workforce, the Three Ps provide a pathway to good health care policy.



The Wisconsin Hospital Association's Three Ps framework—aligning Practice, Policy and Payment—creates a pathway for health care organizations, educational institutions, policymakers, community leaders and other key stakeholders to assess recommendations and determine priorities, evaluate feasibility, foresee barriers, and take steps to translate recommendations into policy, practice and payment changes.

The WHA conceptual model outlines three major elements that impact, influence and ultimately determine what specific patient care is delivered in many settings. The Three Ps—Practice, Policy and Payment—are meant to be understood from the top down, progressively narrowing conditions that can limit or enhance the amount of patient care delivery associated with various health care professions. All three elements of the model apply to all health care occupations and professions that have recognized and agreed-upon scopes of practice and are allowed to bill for their services. The first two Ps apply to all health care occupations and professions. The third P, Payment, applies to all health care occupations where the provider bills for their services, and how and where that payment occurs.

Practice

"Practice" pertains to scope of practice. Scope of practice describes the procedures, actions and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. The scope of practice is limited to that which the law allows for specific education, experience and demonstrated competency. This "education, experience and training" model is generally accepted as defining scope of practice for providers in Wisconsin, and language mirroring this definition is evident in several key Wisconsin rules and regulations such as Chapter N8, the Wisconsin rule that defines and regulates the practice of advanced practice nurses, and PA1-4, the administrative rules drafted in 2022 by Wisconsin's newly formed Physician Assistant Affiliated Credentialing Board.

Policy

"Policy" pertains to all policy that further defines, clarifies or restricts the first P, Practice. These policies may be statutes, rules or regulations imposed by lawmakers or policymakers or may include policies instituted and maintained by hospitals, health systems and other health care employers. For instance, state statute may allow a clinician to continue to provide care while his or her Wisconsin licensure or renewal is pending, but employer policy or payer limitation may set time limits or other restrictions on when this state policy can or cannot be followed.

Payment

"Payment" in the Three P model may be the final determination of how actual patient care is delivered. If a particular service or treatment is allowed by the professional's scope of practice and allowed by related statutes, rules, regulations and organizational policies, but is not a service in which payment will be received, this particular treatment or service may be provided by a clinician able to receive payment rather than other professionals allowed by scope and policy to provide the care but not be reimbursed.

The use of surgeons and advanced practice clinicians, instead of surgical assistants as "first assists" is driven by clinician preference and clinical need but may also be impacted by the third P, since surgeons and advanced practice clinicians can bill for these services, and surgical assistants cannot.

Payment also recognizes the expected site of care. Hospitals, clinics, nursing homes and home health are reimbursed for "allowable" services. When the continuum of care is disrupted, this can result in hospitals providing care they cannot and will not be reimbursed when that care cannot be obtained elsewhere.

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