



Wisconsin's Health Care Workforce 2011 Report

A report by the Wisconsin Hospital Association

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Executive Overview

Health care remains a stable and strong source of employment in Wisconsin. However, care must be taken to assure that the stability and strength endure beyond the current economic downturn.

Wisconsin has lost over 180,000 jobs since the start of the recession. Hospitals were able to withstand the recession better than most other industries—however, that does not mean hospitals were unaffected by one of the worse economic downturns in recent memory.

Prior to the recession, hospitals were experiencing high vacancy rates across many occupations. Recruitment and hiring to maintain staffing levels was a priority. The beginning of the recession marked a change in the workforce environment in hospitals as employees postponed retirement and increased the number of hours they worked to cope with the uncertain economic environment facing their families. In addition, patient volumes dropped as people—some of whom had lost their employer-sponsored health care—put off or cancelled elective procedures. The combination of employees working more hours, postponing retirement plans, and falling patient volumes reduced the need for hospitals to recruit and hire new employees.

The good news throughout the recession was hospital employment, while slowed, did remain relatively steady. Hospitals remain sought-after employers as the positions they create offer better than average salaries and benefits. However, health care policy changes at both the state and national levels could alter the employment outlook for hospitals. Cost reduction measures are likely to reduce payments to hospitals at the same time utilization of medical services increases as more people gain coverage under the federal health reform law.

National studies and reports suggest that an aging population and increased retirements will create an even greater demand for care leading to more health care employment opportunities than the future workforce will be able to fill. Balance this in an environment where hospitals see more patients that have government-supplied coverage while receiving payments that do not cover the cost of providing the care. This future scenario necessitates careful attention to data and planning for the future health care workforce.

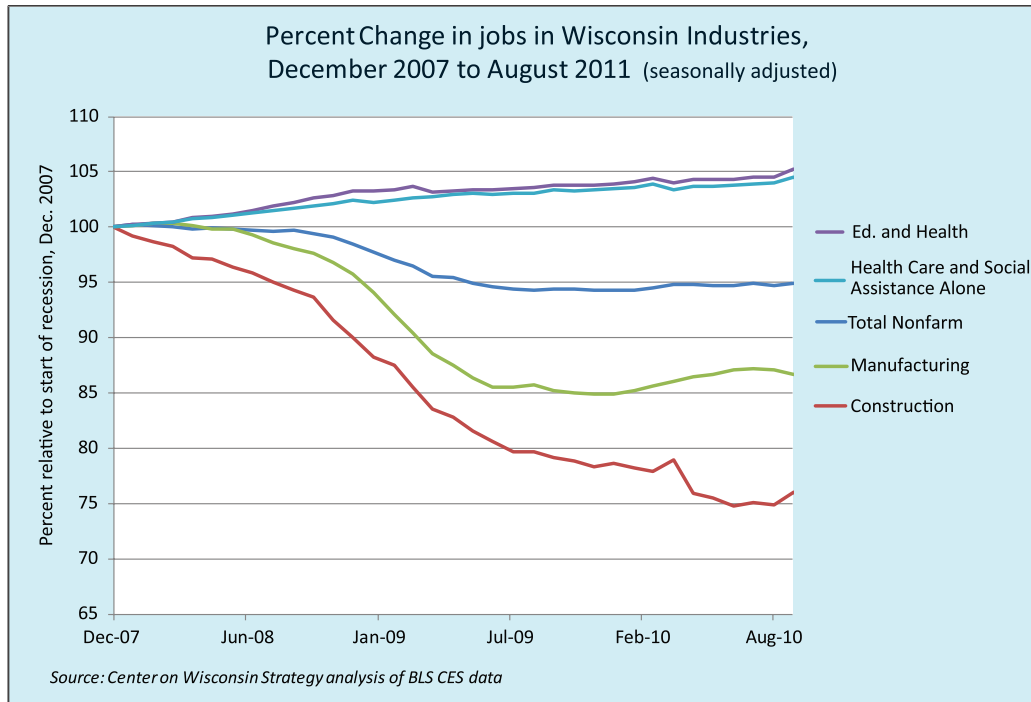
To ensure an adequate future health care workforce, Wisconsin should:

- Address the aging of Wisconsin's population and related reduction in number of individuals in the workforce with an emphasis on workforce planning.
- While current vacancy rates are relatively low now and most positions can be filled in today's economy, economic recovery will result in a large number of retirements and a likely return to workforce shortages.
- Not reduce educational capacity or cease efforts to interest students in health care careers.
- Continue to collect workforce data on health care professions. That collection, which has included registered nurses, licensed practical nurses and physicians, should be expanded, at a minimum to those professions with the greatest proposed future demand/supply disparities.
- Utilize national minimum data sets currently in use for nursing and physicians to allow for state and regional comparisons and reporting.
- Address current and future nurse faculty shortage by increasing the supply of nurses with advanced academic preparation and by making academic positions more attractive to those candidates.

Wisconsin Economy and the Health Care Workforce

Dennis Winters of the Office of Economic Advisors aptly describes Wisconsin's current economy as a "carnival ride—some smooth spots, but mostly ups, downs and spinning." Wisconsin's economic tilt-a-whirl has created unpredictability and concern in the health care sector. While hospitals, a large component of Wisconsin's health care sector, have weathered the recession better than many other industries, until the economy stabilizes, the job growth will remain slow.

There is, however, reason to be optimistic about the employment picture in Wisconsin hospitals. While the current rate of growth is very slow, it is still above the beginning data point in 2007. While other sectors are still experiencing job losses, health care employment remains a positive in Wisconsin.



The Center on Wisconsin Strategy reports annually on jobs and unemployment in Wisconsin. In their 2011 update, the Center reports unemployment remains high in Wisconsin at 7.8 percent, compared to 4.5 percent at the end of 2007 before the current recession. During that time, Wisconsin has lost over 180,000 jobs across almost all industry sectors. The broad category of education and health is an exception to these losses. Jobs in this sector have actually shown an increase. The chart above shows both the broad category of education and health and the smaller grouping of health care and social assistance. Hospital employment is one component of total health care employment. The total health care workforce includes not only hospitals, but ambulatory care facilities, physician office practices, nursing homes and other care facilities.

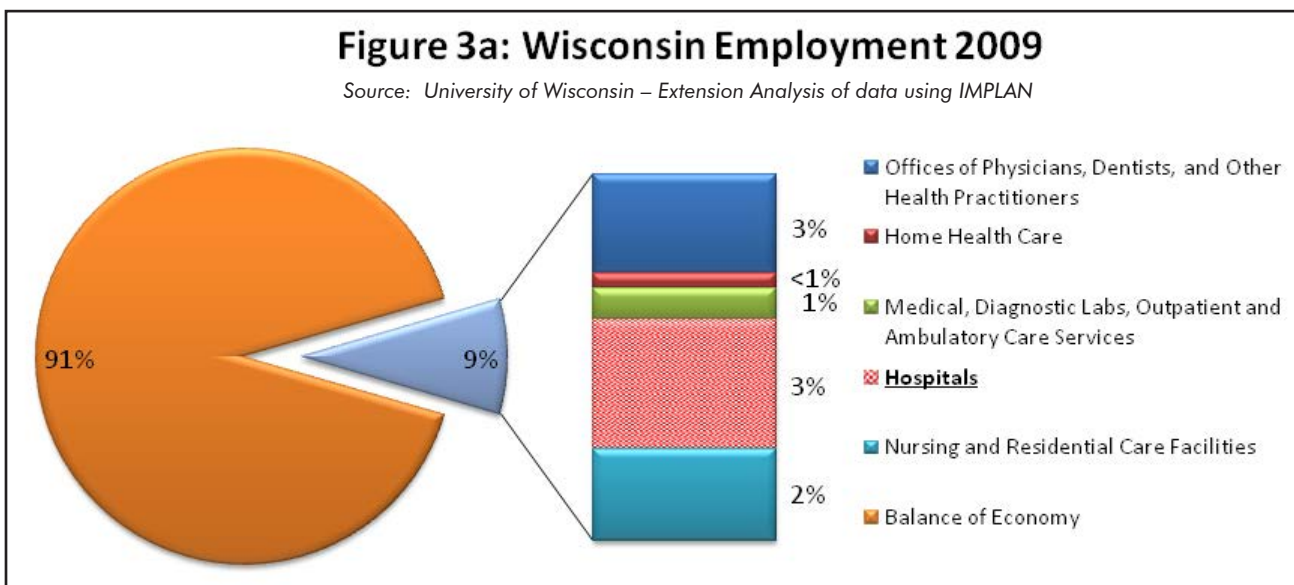
Economic impact of health care jobs in Wisconsin

Clearly, the growth in the health care industry, including but not limited to hospitals, in terms of jobs is significant. During a weak economy, many people tend to focus on jobs as the single metric of the contribution of an industry to the local economy. Increasingly local decision makers and concerned citizens are worried about the wages associated with those jobs. WHA recently released a report of the economic impact of hospitals in Wisconsin which discusses this issue in much greater detail. That report can be read at: www.wha.org/pubarchive/reports/healthyhospitals_appendix_2011.pdf.

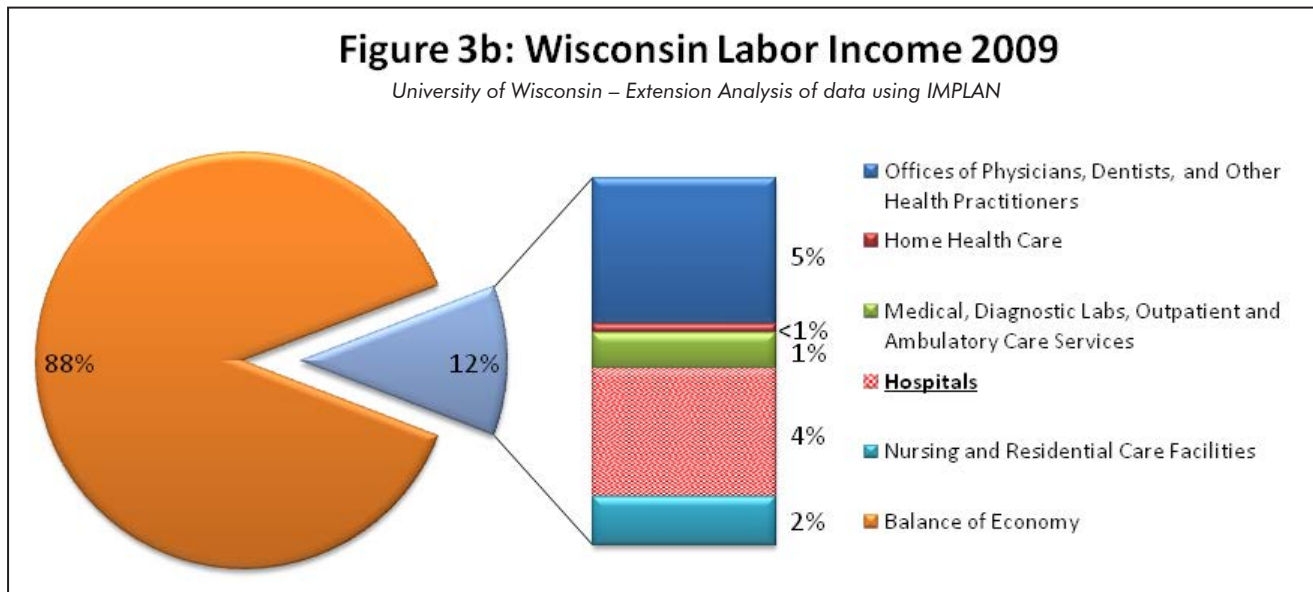
Hospital salaries are above the state average. In Wisconsin, the typical pharmacy aid has a salary of about \$20,800 and a physical therapist aid has a salary of \$24,800. Surgical technologists have an average annual salary of \$44,800, radiologic technologists and technicians earn an average of \$52,760 and dietitians and nutritionists have an average annual salary of \$53,900. Physicians (MDs) have much higher salaries: a general internist has an average salary of \$212,290, family and general practitioners have average annual salaries of \$203,040. For non-medical related jobs the salary range is equally as wide—from \$24,500 for janitors and \$21,170 for non-restaurant food servers to \$98,370 for human resource managers. When comparing employment and labor income shares, it becomes readily apparent that labor income paid in the health care sector is higher than the broad Wisconsin average. Indeed, in 2009 the typical worker in Wisconsin earned about \$44,690 in wages, salary and proprietor income (i.e., labor income), but the average salary in a physician's office was nearly twice that level at \$86,690 and in hospitals it was \$58,300. The average salary in hospitals is lower than in a doctor's office because it includes positions such as food preparation and janitorial staff that are not found in doctor's offices.

When the contributions of hospitals to the local and state economy are considered, it is important to look at not only the number of jobs that are available in hospitals, but also the wages, salaries and benefit packages, and the income that is generated in the community from those factors.

Looking at the contribution of the health care sector, and in particular hospitals, to total employment in Wisconsin in 2009 (the most current year that the data is available), about nine percent of total employment is attributable to health care before any multiplier effects are considered (Figure 3a). Doctors' offices, which include both physicians and dentists, account for about three percent of total employment while hospitals account for another three percent. But for labor income, which includes wages, salaries and proprietor income, health care accounts for 12 percent of labor income (Figure 3b). Doctors' offices account for five percent while hospitals account for four percent of labor income.



In summary, the health care industry has a growing number of jobs in Wisconsin and offers jobs with better than average salary opportunities. Professor Steve Deller, an economist with the University of Wisconsin-Extension, contributed the information included in this section.



Proposed Provider Payment Cuts and Workforce Implications

Another impact of the current economic environment is the implementation of health reform coupled with the necessity to reduce the federal deficit by cutting federal spending. To find savings, some politicians and analysts are targeting the health care industry. While it is unclear what the final outcome of the process will be, reductions in provider payments are more than likely and could negatively impact the number of health care jobs—not because of the supply of health care workers or because of a drop in demand for medical services—but through simple economics.

The American Hospital Association reports that a possible two percent reduction in Medicare payments translates to a projected loss of 194,000 health care jobs nationwide. In a similar vein, The Advisory Board, in their Sept 30, 2011 Daily Briefing reports “that the sluggish economy and looming provider payment cuts have driven more hospitals to consider reducing staff as a way to stabilize their bottom lines.” The Board goes on to report on 13 hospital mass layoffs in August 2011 alone around the country (none in Wisconsin) that resulted in a 2011 loss of more than 8,000 jobs.

The proposed two percent across-the-board cuts to reduce the national deficit are on top of the more than \$2.6 billion in cuts to Wisconsin hospitals that are “baked into” the health reform law. Even small, rural hospitals are under attack for the first time since the mid-1990s.

According to WHA President Steve Brenton, the combination of health reform cuts and deficit reduction related actions mean an era of flat Medicare payments for hospitals and physicians. That environment could destabilize the workforce environment and, in spite of their best efforts to reduce expenses and increase efficiency, cuts in the workforce could be unavoidable in Wisconsin’s hospitals.

And Conversely, the Massachusetts Experience

In 2007, Massachusetts implemented a statewide reform project designed to create health care access for all of its residents. Observations and learnings from that project—specifically those related to employment in health care—may be a predictor of issues that could emerge in the entire country should access to care be widely expanded, which is a possible scenario under the new health reform law.

Preliminary data from Massachusetts suggest that indeed, health care employment grew faster there than health care employment did nationally. While Wisconsin does not have as large an uninsured population as many states, still a warning should be heard that increasing demand created by access for new populations will be experienced everywhere as health reform is implemented and millions of people across the nation gain access to coverage, some for the first time.

Workforce Planning at the National Level

The future supply of health care workers is receiving attention at the national level. In 2010, The Alliance for Health Reform provided Capitol Hill health care briefings on the future supply and demand for health care workers. The Alliance listed some of the key factors affecting the adequacy of the health care workforce, including:

- Growth in the insured population as a result of the health reform law;
- An aging U.S. population;
- An aging health care workforce;
- The diversity of the workforce; and
- The state of the economy.

A physician shortage with vacancy rates as high as 25 percent were predicted and a serious 35 percent shortage of direct care workers (medical and nursing assistants, home health aides and personal care staff) was also in the future forecast. The Alliance expects these and other shortages to continue and reports uncertainty surrounds and confounds workforce planning in the areas of roles and practice scope of non-physician caregivers, payment, technology, and for a continuing—and increasing—demand for medical care.

More recently, the Bipartisan Policy Center published the executive summary of a report titled, “The Complexities of National Health Care Workforce Planning (Oct 2011).” It highlights both the necessity for and the complexity of workforce planning.

“Clearly the health care industry offers consistent and continuous job growth in the United States. There is a pressing need to identify workforce priorities and policies that ensure a properly-trained and effective workforce that leverages technologies and efficient operating models.” The report acknowledges that a comprehensive workforce planning methodology is needed but does not currently exist.

Initiatives are in progress to address health care workforce planning at the national level. A National Health Care Workforce Commission has been named but remains unfunded at this time. The National Center for Health Workforce Analysis is developing minimum workforce data sets across health professions to facilitate data collection and state health care workforce grants have been made. Wisconsin was one of the planning grant recipients. The grant is being used to develop local strategies to address workforce planning including workforce data collection.

Present Wisconsin Hospital Employment

The current economic climate has mitigated the previous dramatic shortages of workers in some health care occupational groups. In general, hospitals report that they are having less difficulty filling important clinical vacancies. Capacity increases in many educational programs have prepared an increasing number of workers, and incumbent workers are not retiring or leaving the workforce at predicted rates. Employees that planned—in better economic times—to retire are now likely to remain in the workforce. Employees that might have reduced their hours and worked only part time have maintained their hours and maybe even asked for more. For most positions, vacancy rates are the lowest that hospitals have seen in many years.

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Clearly, there is much uncertainty in the current economic environment. If and when Wisconsin experiences an economic recovery with a lower unemployment rate, fewer foreclosures and more economic optimism, there will also be a return to difficulty in hiring many of the clinical professionals that provide care in Wisconsin hospitals. Today, Wisconsin has a limited number of health care profession vacancies, but a future scenario indicates a likely return to significant shortages in the health care workforce.

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The Current Hospital Workforce Situation

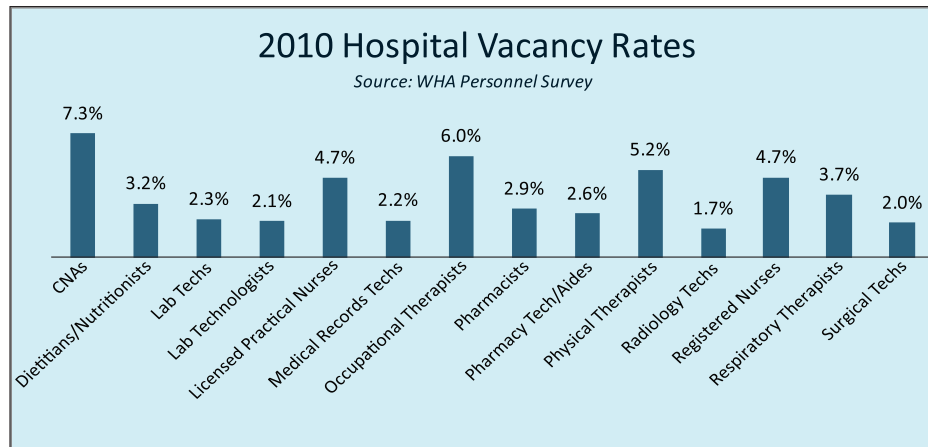
Total Hospital Employment

Hospital employment in Wisconsin has remained relatively stable since the beginning of the current recession, with 2010 monthly annual employment at 123,661, according to DWD's WORKnet website. For the decade previous up until 2008, the health care industry coped with significant numbers of vacant positions for health care professionals and focused on its ability to recruit and hire the staff required to deliver patient care. In response, educational programs have expanded capacity with larger graduating classes and many more students currently enrolled. Since 2008 and the economic crash, employment in health care has become attractive as the industry has been relatively untouched by workforce reductions, unlike other employment sectors in Wisconsin. New employers have been added, existing hospitals have reconfigured employment to match local demand and at least one hospital has closed.

Vacant Clinical Positions in Hospitals

In 2011 the trend of large numbers of vacant positions has, for the moment, been alleviated by the economic environment. Annually, the Wisconsin Hospital Association surveys its hospitals regarding vacancies in a number of clinical positions, with all hospitals reporting. For many of the occupational groups, hospitals report the lowest number of vacancies since the survey began in 2000. Still, results for the 2010 survey, which reflect a single pay period in October 2010, indicate over 3,000 vacant positions for health care professionals.

Certified nursing assistants, occupational therapists and physical therapist vacancies remain above five percent and constitute the best current clinical job opportunities. Registered nurses and licensed practical nurses are below that level but still contain a significant number of open positions.

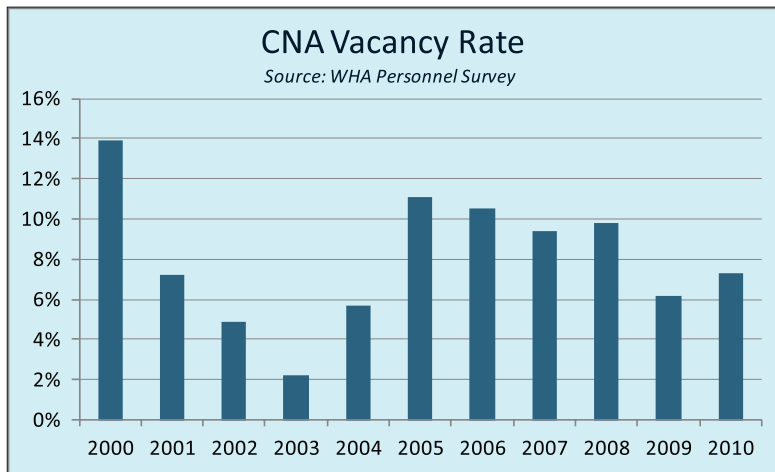


Occupational Openings

Certified Nursing Assistants (CNAs)

The highest vacancy rate in the 2010 survey is for certified nursing assistants (CNAs). Wisconsin hospitals employ about 7,800, with 7.3 percent of those positions being vacant at the time the survey data was collected. The number of vacant positions has been highly variable over the last 11 years. Wisconsin has more than 75 approved nurse aide training programs located in all of the technical college districts, other educational programs, nursing homes, and other care facilities. A list of Wisconsin's approved programs can be found at: <http://www.dhs.wisconsin.gov/caregiver/pdf/natrgprogs.pdf>.

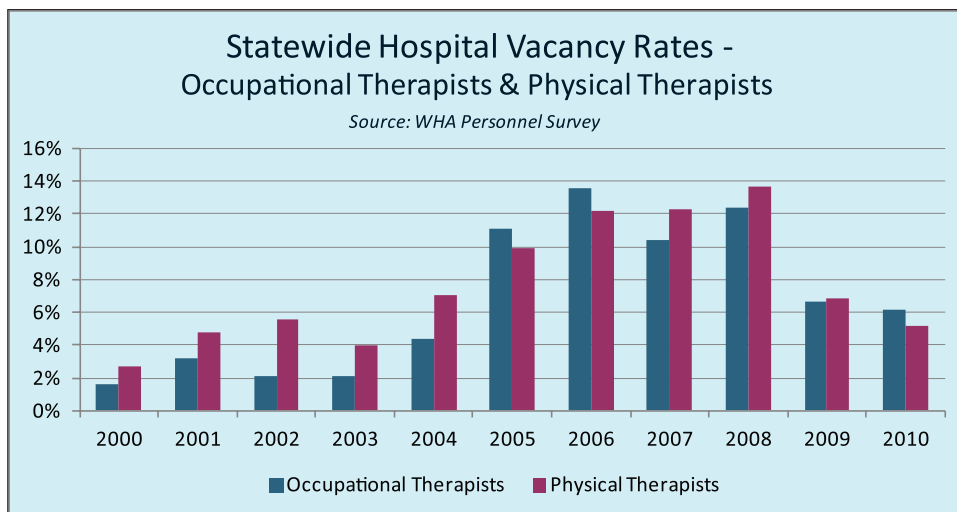
All of Wisconsin's registered nurse educational programs and many other health occupation programs have CNA preparation as a pre-requisite. Completing a CNA program prior to enrollment helps individuals understand the direct care provider role, but it also means that many individuals hold CNA positions only briefly before they enter other educational programs. This requirement allows students to gain great work experience but significant turnover is another result. Certified nursing assistants do not work in all hospital units and their roles may vary depending on the model of nursing care delivery.



A CNA program is a great way to begin a health career. It is also a good long-term career that requires a fairly brief preparatory period but offers a position with benefits in hospitals and other health care environments. Currently, hospitals are likely to have CNA positions open.

Therapist Positions

Occupational therapy (OT) and physical therapy (PT) positions have been particularly difficult positions for hospitals to fill for the last six years. While the vacancy rate for these positions is high compared to other roles, OT and PT vacancies are the lowest they have been since 2005. This is a smaller workforce than CNA or LPN, but still hospitals report 94 vacant physical therapist positions and 63 vacant occupational therapist positions.



Preparation for PT and OT positions requires work beyond a bachelor's degree. These occupations are a good match for individuals with strong backgrounds in science and math.

Licensed Practical Nurses

Hospitals report they have 1,500 licensed practical nurse (LPN) positions, with a vacancy rate of 4.7 percent. Not all hospitals use LPNs for care delivery. LPNs are prepared in 21 education programs approved by the Wisconsin State Board of Nursing.

In 2011, as part of license renewal, LPNs were required to complete a workforce survey similar to the RN survey of 2010. A brief summary can be found at: http://worknet.wisconsin.gov/worknet_info/Publications/lpn_survey_pub.pdf. Similar to the

registered nurse survey, this is a census of all LPNs licensed in Wisconsin, which provides a particularly meaningful report. 14,165 LPNs responded to the survey with 80.7 percent reporting that they are currently working in health care. The work locations for an LPN are very different than the RN workforce with only nine percent of LPNs reporting that they work in inpatient hospital settings (versus 49.9 percent of RNs reporting work in inpatient hospital settings). Hospital-based LPNs are among the oldest LPNs with an average age of 50. Other key findings from the survey identified by the Department of Workforce Development:

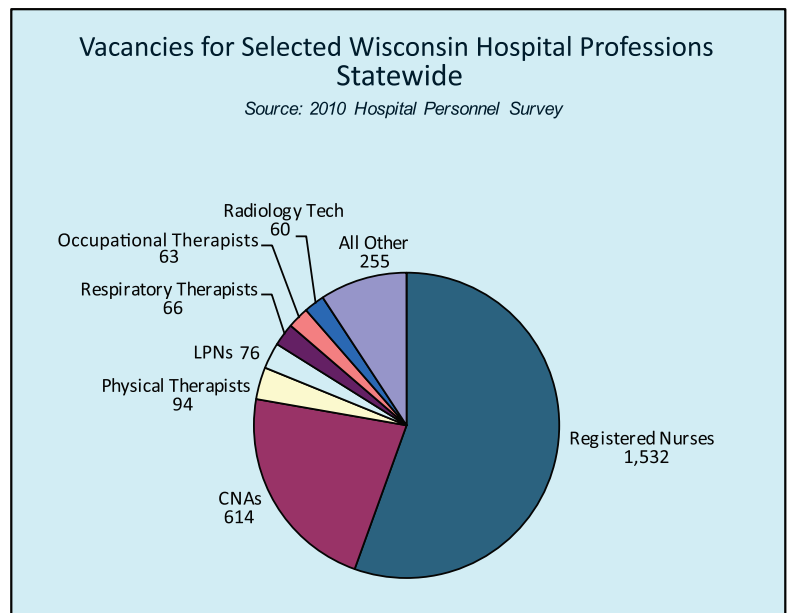
LPN Work Location	Percent employed in this location type	Average age of LPN working in this location type
Ambulatory Care	20.7	49
Corrections	1.7	46
Extended Care	5.9	49
Home Health	5.6	51
Hospice	1.7	50
Inpatient Hospital	9.0	50
Nursing Home	37.2	46
Public Health	2.3	49
Other	15.9	50

- LPNs are as a group older, and 40 percent of those surveyed reported they plan to leave nursing within five years.
- Nearly 60 percent plan to leave within the next 10 years.
- Nearly 40 percent of those answering the survey reported they had been at their primary place of work for less than five years.
- 5.9 percent of respondents reported they were looking for work.
- 8.2 percent reported themselves as retired.
- Less than 5 percent of LPNs reported they speak a second language but of those, more than two percent reported they speak Spanish.

Registered Nurses

The most current registered nurse vacancy rate in hospitals is 4.7 percent. While the rate is below other occupations discussed, because the RN workforce is so much larger than other occupational groups, it still reflects over 1,500 vacant positions. While the number of nursing vacancies is relatively low as a percentage, the largest numbers of vacant hospital clinical positions, by far, are registered nurse positions. At the same time there are reports that new nursing graduates are having difficulty finding a job. It is true that many of the vacant positions require experience. Still, a large number of positions remain available, but they may not be in the geographic region, specialty or with the work schedule that the job-seeking new graduate desires.

The number of individuals taking the nurse licensure exam for the first time in 2010 was 3,135. This is a close estimate of the number of nurses graduating from nursing programs. The number for 2010 is slightly below the record high number of 2008 and higher than 2009 totals.



RN/LPN Workforce Report

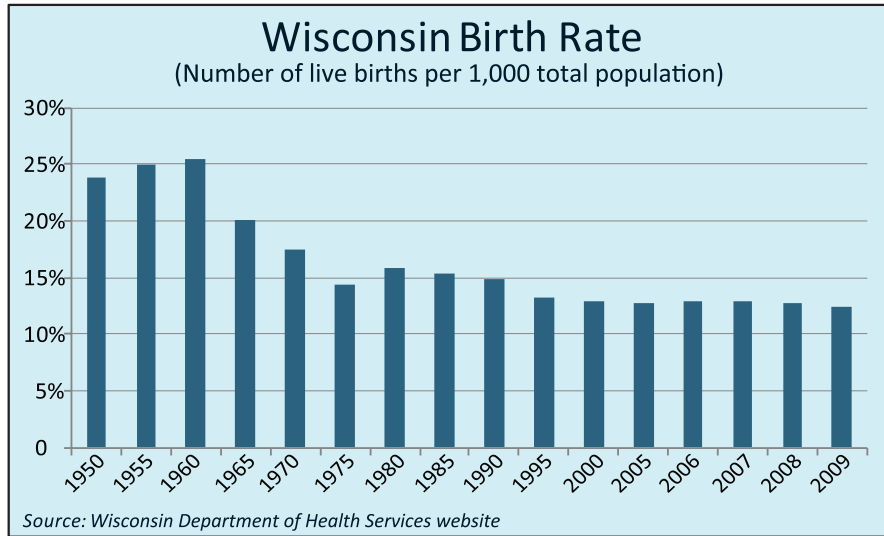
The Department of Workforce Development has provided the Wisconsin Legislature a report of the RN and LPN survey data collected during relicensure. Titled "Findings of the 2010 Registered Nurse and 2011 Licensed Practical Nurse Surveys (Sept 2011)," it can be found at http://worknet.wisconsin.gov/worknet_info/Publications/nurse_surveyfindings.pdf. The report includes the following summary findings.

- Of the 77,553 licensed registered nurses completing the survey in Wisconsin, 74 percent (57,529) were providing direct patient care. For the 14,165 licensed practical nurses completing the survey, 71 percent (10,004) were providing direct patient care.
- The population of nurses is not as diverse as the population at large.
- Most nurses were female, and they represent 93 percent of all registered nurses and 95 percent of all licensed practical nurses.
- Overall, the average age of the registered nurses was 46.8 and for the licensed practical nurses was 49.9.
- It may be appropriate for the state to consider integrating cultural competency as a skill set for the registered nurse and licensed practical nurse populations while trying to diversify the workforce.
- Educational requirements for specializations often include an advanced degree from a college and/or university.
- The largest percentage of Wisconsin registered nurses worked at a hospital setting (49 percent), whereas 49 percent of the licensed practical nurses worked in the nursing home/extended care setting.
- Generally speaking, the older nurses who work in rural areas have less education than those nurses who work in urban areas.
- Those nurses who are licensed in the state, but work outside the state, are generally better trained, older and better paid.

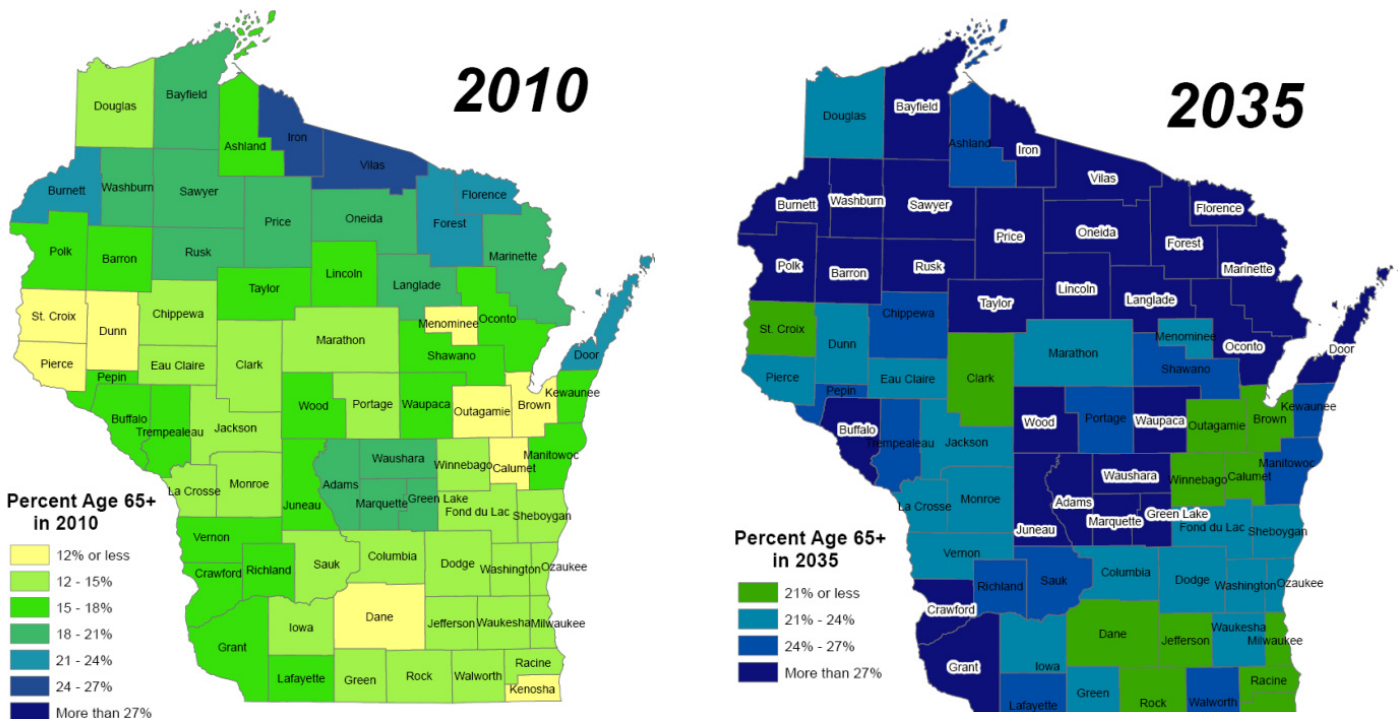
Completion of these surveys is a requirement of licensure for these groups and ensures a complete and accurate understanding of the current workforce. The survey itself contains all of the elements of the proposed national data set for nurses. For this occupational group, Wisconsin is in the forefront with data and a data collection process. It is unfortunate that currently, only data on RNs and LPNs is required in Wisconsin, which means that other health occupations are not as well understood.

The Future and Wisconsin's Health Care Workforce

Wisconsin is an aging state. Individuals are living longer—the current life expectancy for a child born in Wisconsin is 79.9 years. At the same time, the birth rate is declining as shown in the chart below.



A growing portion of Wisconsin's residents will be older, as demonstrated by the county age maps below.



Source: Wisconsin Department of Health Services website

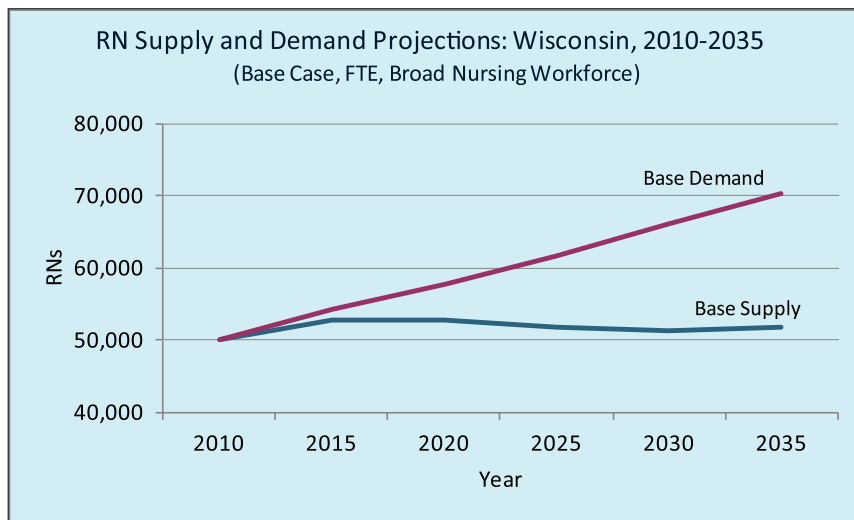
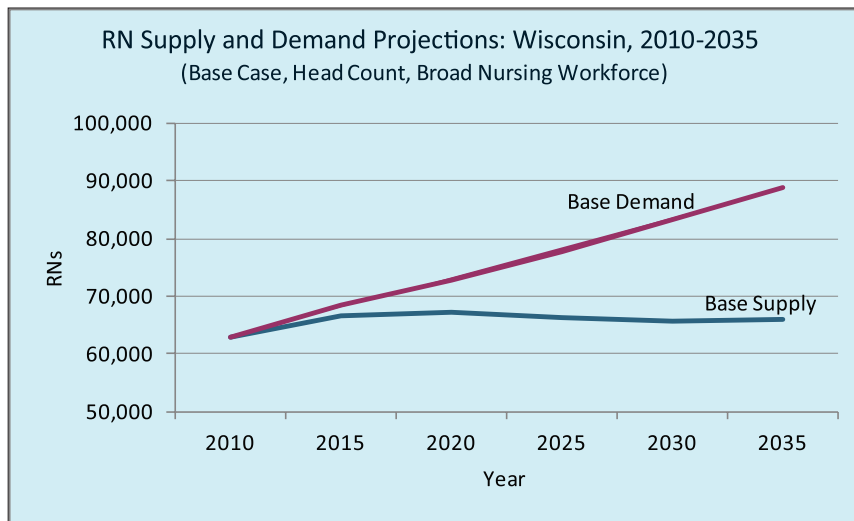
The older population has two serious implications for health care. First, individuals consume more health care as they age, and second, an increasing proportion of the population will be retired and no longer participating in the workforce. When Wisconsin needs an increasing health care workforce to care for the older population, fewer individuals will be available as employees to provide the care. Careful attention needs to be paid to the size of the future workforce and the demand for health care.

Registered Nurse Supply and Demand Forecasts

Without a plan for ensuring the appropriate supply of health care workers, Wisconsin has struggled with alternating periods of excess and shortage in many occupations. The work of the Wisconsin Health Workforce Data Collaborative and funding from the Healthier Wisconsin Partnership Program have allowed for the creation of a Wisconsin-specific prediction model for supply and demand. Beginning with data from the 2010 Survey of the registered nurse population, Victoria Udalova, labor economist, and Tom Walsh, analyst, with the Department of Workforce Development (DWD), created a methodology that uses Wisconsin workforce data and the total population data available from the RN relicensure survey to predict the future need for registered nurses.

The Wisconsin model is unique in many ways, including: it is adaptable to other professions, it allows for projecting nurse educator supply and demand, and the model allows users to generate forecasts based on their own assumptions of the changing environment.

The base model reveals a dramatic future need for nurses with a gap of 5,000 full time equivalent (FTE) of nurse employees by 2020 and 14,800 FTEs by 2025. Because the model can calculate in several ways, those numbers can be translated to over 5,500 nurses by 2020 and 17,600 nurses by 2025. The model allows for graphic representation.



Results	2010	2015	2020	2025	2030	2035
Base Supply	62,962	66,664	67,143	66,267	65,657	66,019
Base Demand	62,962	68,338	72,733	77,776	83,291	88,722
Gap	0	-1,675	-5,589	-11,508	-17,633	-22,703
Percent Gap	0.0%	-2.5%	-8.3%	-17.4%	-26.9%	-34.4%

Results	2010	2015	2020	2025	2030	2035
Base Supply	50,019	52,702	52,766	51,826	51,324	51,771
Base Demand	50,019	54,300	57,795	61,786	66,132	70,382
Gap	0	-1,598	-5,029	-9,960	-14,807	-18,611
Percent Gap	0.0%	-3.0%	-9.5%	-19.2%	-28.9%	-35.9%

Currently low vacancy rates might lead educators, policy makers and even employers to suggest that no expansion of nurse education is necessary or that the predicted shortage of nursing faculty will not be a problem. The model provides strong evidence that Wisconsin will again have a serious nursing shortage in the future if supply factors remain unchanged.

The tool developed by DWD provides a wonderful opportunity for Wisconsin to consider all of the variables that influence the supply of registered nurses—then to change those variables to model future workforce needs. The above information and much more is available on the Department of Workforce Development website under Registered Nurse Forecasting.

Impact of 2010 Institute of Medicine “Future of Nursing” Report

In October of 2010 the Institute of Medicine (IOM) released a report on the nursing profession. The IOM’s “Future of Nursing” report had eight recommendations:

1. Allow nurses to practice to the full extent of their training and remove restrictions like collaborative agreements between nurse practitioners and physicians;
2. Expand opportunities for nurses to lead quality improvement efforts;
3. Implement nurse residency programs;
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020;
5. Double the number of nurses with a doctorate by 2020;
6. Ensure that nurses engage in lifelong learning;
7. Prepare and enable nurses to be leaders; and,
8. Build an infrastructure for the collection and analysis of inter-professional health care workforce data.

The IOM Future of Nursing Report can be found at:

<http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>.

Recommendation number four is a targeted recommendation that 80 percent of registered nurses should hold a baccalaureate degree by 2020. In Wisconsin, all recommendations are being reviewed, but this specific one is generating much discussion and conversation. The Institute of Medicine has always required that all reports and recommendations be research and data-based, so it is difficult to argue against the basis for the recommendation. In Wisconsin, approximately 52 percent of nurses have a bachelor’s degree or higher. The recommendation sets an expectation that another 28 percent (over 21,000 nurses) obtain that degree by the year 2010. Questions and concerns have already been raised by the recommendation, including but not limited to: Is there adequate access to bachelor’s degree completion programs in

Wisconsin to meet this objective? Who will be responsible for the cost of degree completion? What incentive will compel nurses without a bachelor's degree to return to school? What would Wisconsin expect to gain from a more highly-educated nursing workforce?

To ensure that the recommendations of this report receive attention and create an impact, the Robert Wood Johnson Foundation (funder of the study that created the report) created a campaign for action and encouraged each state to develop an Action Coalition to initiate local and state-level implementation measures. Information on the campaign is found at: <http://thefutureofnursing.org/about>.

In Wisconsin, the Wisconsin Center for Nursing has been designated to lead the Action Coalition. In fall 2011, meetings were held in locations around the state to engage nurses in the development of a statewide strategy. The coalition's aim is to encourage nurses—individually and as a profession—to embrace changes necessary to promote health, prevent illness and care for people in all settings across the lifespan. While it is unclear what actions may be proposed by the Coalition, enhancement of nurses' educational level, increasing the number of nurse faculty, supporting nurses in advance practice roles and strong workforce data collection are strongly supported by the report.

Nursing Faculty

The Institute of Medicine report also speaks to the current and ongoing need for individuals academically prepared for roles as nurse faculty. Wisconsin is fortunate to have a large number of quality programs that prepare licensed practical and registered nurses, but as is true in nearly every other state, the fact is the nursing faculty is aging and new faculty are very difficult to recruit and hire. Nurses with master's degrees comprise 12 percent of Wisconsin's nursing workforce while those with doctoral preparation account for only .9 percent. For nurses with that preparation there are many attractive options—including many jobs in Wisconsin hospitals. Increasing the supply of nurses with advanced preparation and making academic jobs attractive to these nurses is very necessary to ensure that nursing programs can continue at or above current capacity.

Physician Workforce

Wisconsin's physician workforce is a critical component of the health care delivery system and is of concern to patients, physicians and the Wisconsin Hospital Association. Historically, the annual hospital workforce report has not addressed issues around physician supply and demand because WHA has other publications that speak specifically to that issue. This year, a WHA Task Force developed a report entitled "100 New Physicians a Year: An Imperative for Wisconsin." The report was recently released and can be viewed at: <http://www.wha.org/pubarchive/reports/2011physicianreport.pdf>.

Advanced Practice Providers

Expansion of the number of physician assistants (PA) and advanced practice registered nurses (APRN) providing care is often suggested as a strategy for addressing limited availability of physicians resulting in restricted access to health care.

Wisconsin has nine programs that prepare advanced practice nurses and 3,802 individuals reported working as an APRN in the last RN workforce survey. Wisconsin licenses physician assistants and reported 1,805 licensed PAs as of the last department report. A new PA program, Wisconsin's fourth, opened at Carroll University in Waukesha, and there is the possibility of another program opening in the near future.

According to the National Center for Health Statistics, 49 percent of office-based physicians practice with APRNs or PAs, with primary care physicians being more likely to work with these practitioners than other specialties. In their 2009-2010 national survey, the American Academy of Nurse Practitioners report that 27.9 percent of APRNs nationally work in physician offices, and 24 percent work in either inpatient or outpatient hospital settings.

Wisconsin hospitals are currently not reporting difficulty recruiting advanced practice providers but do report increasing the number of positions for these individuals. The Wisconsin Office of Economic Advisors predicts 27 percent growth in physician assistant jobs between 2008 and 2018. Although advanced practice registered nurses are not uniquely reported by the Office, registered nurse jobs are expected to grow by 19.4 percent in the same period. Advanced practice providers are likely to be highly utilized as demand for health care increases.

Summary/Recommendations

While hiring has slowed in Wisconsin hospitals because of the recession, which arguably, is not over, the demand for workers will return, and Wisconsin must be prepared for the future demand. The Wisconsin Hospital Association found, after reviewing the data collected from member hospitals and anecdotal information gleaned from personal visits with hospital executives, the following actions should be considered:

- Wisconsin has an aging population and with that, demand for health care is expected to rise over the next decade and beyond. Workforce planning must consider not only the growing demand for care, but also the fact that the number of individuals available to fill open positions will be limited by competition from other industries for their skills and fewer people in that age cohort.
- While current vacancy rates are relatively low and most positions can be filled in today's economy, when the economy recovers, a large number of retirements will result and a likely return to workforce shortages can be expected. It is not appropriate to reduce educational capacity or cease efforts to interest students in health care careers.
- Wisconsin must continue to collect workforce data on health care professions. That collection, which has included registered nurses, licensed practical nurses and physicians, should be expanded, at a minimum to those professions with the greatest proposed future demand/supply disparities.
- Data collection in Wisconsin should follow national minimum data sets currently in use for nursing and physicians to allow for state and regional comparisons and reporting.
- Wisconsin should address the current and future nurse faculty shortage by increasing the supply of nurses with advanced academic preparation and by making academic positions more attractive to those candidates.

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